



117th Council Meeting

December 13, 2024 – 10:00 a.m. to 2:30 p.m.

Hybrid Meeting held at HUB 601

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

Teleconference via Zoom & YouTube Live Stream

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

AGENDA

Item	Action	Page #
1. Call to Order		
2. Land Acknowledgement We acknowledge that the land we are meeting on is the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples and is now home to many diverse First Nations, Inuit and Métis peoples. We also acknowledge that Toronto is covered by Treaty 13 with the Mississaugas of the Credit.		
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	➤ 118 th Council Meeting – March 7, 2025	
	➤ 119 th Council Meeting – June 13, 2025	
	➤ 120 th Council Meeting – September 12, 2025	
	➤ 121 st Council Meeting – December 5, 2025	

16. Adjournment		
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Conflict of Interest Register

Council – 2024-2025 Term

Committee Member	Conflict(s) of Interest Declared
Lileath Claire Public Member – President (Chair)	<ul style="list-style-type: none"> Public Member, Ontario College of Teachers Investigations & Complaints Roster
Kristine Bailey Public Member – Vice President	None declared
Majid Ahangaran Denturist – District 7	None declared
Abdelatif (Latif) Azzouz Denturist – District 6	None declared
Michael Bakshy Public Member	None declared
Avneet Bhatia Public Member	None declared
Annie Chu Denturist – District 4	<ul style="list-style-type: none"> 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	None declared
Elizabeth (Beth) Gorham-Matthews Denturist – District 8	<ul style="list-style-type: none"> Member, Denturist Association of Ontario
Aisha Hasan Public Member	None declared
Franklin Parada Denturist – District 3	<ul style="list-style-type: none"> Member of Program Advisory Committee, Oxford College (Toronto)
Garnett A.D. Pryce	<ul style="list-style-type: none"> Denturism Instructor, Oxford College (Toronto)



Denturist – District 5	<ul style="list-style-type: none">• Member, Denturist Association of Ontario
Gaganjot Singh Public Member	None declared

Last Updated: December 3, 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, spouse¹, child or sibling), close friends, business partners, dating partner, or other person with whom I have a close personal or professional relationship, have or recently² have had the following direct or indirect affiliations, personal or financial interests or relationships, and/or have taken part in the relevant transactions.

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

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



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

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

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

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

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

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



MISSION STATEMENT

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

MANDATE AND OBJECTIVES

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

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



116th Council Meeting Teleconference

Held via Zoom

September 6, 2024 – 10:00 a.m. to 12:30 p.m.

MINUTES

<u>Members Present:</u>	Lileath Claire, Public Appointee	➤ President
	Garnett A. D. Pryce, Denturist	➤ Vice President
	Majid Ahangaran, Denturist	
	Abdelatif (Latif) Azzouz, Denturist	
	Kristine Bailey, Public Appointee	
	Norbert Gieger, Denturist	
	Elizabeth (Beth) Gorham-Matthews, Denturist	
	Aisha Hasan, Public Appointee	
	Franklin Parada, Denturist	
	Gaganjot Singh, Public Appointee	
<u>Regrets:</u>	Avneet Bhatia, Public Appointee	
<u>Absent:</u>	Michael Bakshy, Public Appointee	
	Annie Chu, Denturist	
<u>Legal Counsel:</u>	Rebecca Durcan, Steinecke, Maciura and LeBlanc	
<u>Guests:</u>	Deanna Williams, Dundee Consulting Group	
<u>Staff:</u>	Roderick Tom-Ying, Registrar and CEO	
	Megan Callaway, Manager, Council and Corporate Services	
	Tera Goldblatt, Manager, Registration & Quality Assurance	
	Meghan Houlton, Manager, Qualifying Examinations & Strategic Initiatives	
	Catherine Mackowski, Manager, Professional Conduct	

1. Call to Order

The Chair called the meeting to order at 10:01 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: G. Pryce

SECONDED: N. Gieger

CARRIED

4. Declaration of Conflicts

Comments on conflict of interest were made by Ms. Rebecca Durcan, College Counsel, Steinecke, Maciura and LeBlanc. The Conflict-of-Interest Register was provided, and no conflicts specific to the agenda were declared. It was noted that a questionnaire will be circulated to Council members following the Council meeting for the purposes of updating the Conflict-of-Interest Register.

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

Items 6.13.1: FY24 Engagement Letter from Auditors and 6.13.2: FY24 Audit Plan were removed from the Consent Agenda.

MOTION: To accept the Consent Agenda, except for items 6.13.1 and 6.13.2.

MOVED: E. Gorham-Matthews

SECONDED: N. Gieger

CARRIED

Clarification was provided regarding the annual audit being completed by third-party auditors, Hilborn LLP. The audit plan provided by Hilborn LLP was reviewed outlining the scope of the audit.

MOTION: To approve the engagement letter and audit plan.

MOVED: N. Gieger

SECONDED: A. Azzouz

CARRIED

7. Registrar's Report

The Registrar provided an update on the operational activities of the College which occurred since the last meeting of Council, including the implementation of the new professional misconduct regulation, a review of the Memorandum of Understanding signed with the Ministry of Colleges and Universities, strategic initiatives for 2024, and the Financial Report for the period of April 1, 2024, to July 31, 2024.

8. Governance – Council External Assessment Report & Draft Competency Profile

Ms. Deanna Williams, Dundee Consulting Group, presented her Governance Review report and the draft Council and Committee Competency Profile.

A discussion took place regarding how incorporating competency-based elements into the election process of the Council members would re-enforce the Council's mandate to protect the public by focusing on the attributes of the electoral candidates versus their geographical districts. If approved, the College and Ms. Deanna Williams will work on an implementation plan for the recommendations.

MOTION: To accept the Governance Review report for consideration and approve the recommendations as presented.

MOVED: F. Parada

SECONDED: M. Ahangaran

CARRIED

MOTION: To approve the draft Competency Profile/Skills Matrix for Council and Committee Members.

MOVED: N. Gieger

SECONDED: G. Pryce

CARRIED

9. Update: Scope of Practice Initiative

Ms. Meghan Hault, Manager of Examinations and Strategic Initiatives, provided an update on the Scope of Practice initiative since its launch on April 26, 2024. Mr. Garnett Pryce was invited to speak to review the patient pathways under the current scope and with the proposed scope changes.

Council members emphasized the advantages of the proposed scope changes for the public, such as cost and time savings, as well as a decrease in risk with the procedures.

MOTION: To ratify the motion approved by the Executive Committee at its July 26, 2024, meeting to select Dentacloud to provide the Scope of Practice Working Group with government relations services.

MOVED: A. Azzouz

SECONDED: M. Ahangaran

CARRIED

10. 2025-2026 Annual Renewal Fees – Schedule 7 of By-Laws

The Registrar introduced a proposed registration renewal fee for the upcoming renewal year, including proposed amendments to Schedule 7 of the College By-laws to reflect the reduced Annual Renewal fee, which has been in place since 2022. It was noted that although the fee reduction may not be permanent, it is important that the By-laws reflect the current fees.

Rebecca Durcan, CDO legal counsel, reviewed the required procedural steps to amend By-Laws related to annual fees pursuant to section 94(2) of the Health Professions Procedural Code (*A by-law shall not be made under clause (1) (l.2), (l.3), (s), (t), (v), (w) or (y) unless the proposed by-law is circulated to every member at least 60 days before it is approved by the Council*).

A discussion took place regarding the consideration of a permanent reduction in fees. There was general agreement that a permanent reduction in fees would not be explored at this time.

MOTION: To set the 2025-2026 Annual Renewal Fee at \$1,700.00 + HST, approve the Inactive Class of Registration Fee Schedule as presented and approve for 60-day public and stakeholder consultation amendments to Schedule 7 of the College By-Laws.

MOVED: L. Azzouz

SECONDED: M. Ahangaran

CARRIED

11. In-Camera Meeting of Council

MOTION: To move the meeting in-camera.

MOVED: N. Gieger

SECONDED: A. Azzouz

CARRIED

Pursuant to section 7(2)(d) of the Health Professions Procedural Code, Schedule 2 to the *Regulated Health Professions Act, 1991*, the meeting was moved in-camera at 12:31 p.m. and ex camera at 1:03 p.m.

12. Other Business

No other business was raised.

13. Next Meeting Date(s)

The following upcoming meeting dates were provided for information.

- CNAR 2024 Conference (Ottawa) – October 7-9, 2024

- 117th Council Meeting – Friday, December 13, 2024 (virtual)

14. Adjournment

MOTION: For the meeting to be adjourned.

MOVED: N. Gieger

SECONDED: A. Hasan

CARRIED

The meeting was adjourned at 1:07 p.m.

Lileath Claire
President

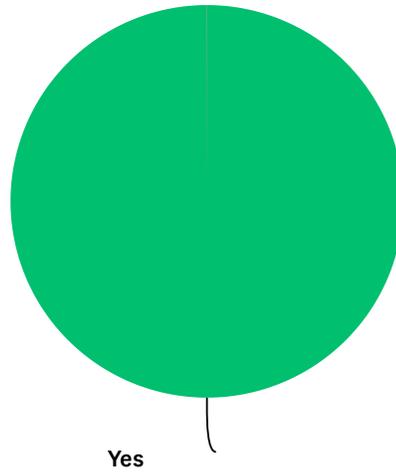
Date

Roderick Tom-Ying
Registrar and CEO

Date

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

Answered: 6 Skipped: 0

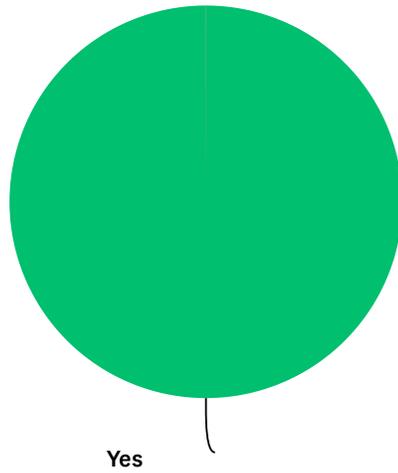


ANSWER CHOICES	RESPONSES	
Yes	100.00%	6
No	0.00%	0
Somewhat	0.00%	0
Don't Know	0.00%	0
TOTAL		6

#	COMMENTS	DATE
	There are no responses.	

Q2 I received this supportive information in a timely manner.

Answered: 6 Skipped: 0

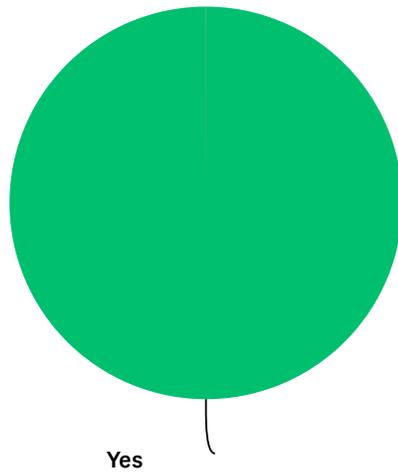


ANSWER CHOICES	RESPONSES	
Yes	100.00%	6
No	0.00%	0
Somewhat	0.00%	0
Don't Know	0.00%	0
TOTAL		6

#	COMMENTS	DATE
	There are no responses.	

Q3 I was prepared for this meeting.

Answered: 6 Skipped: 0



Council Meeting Feedback Survey

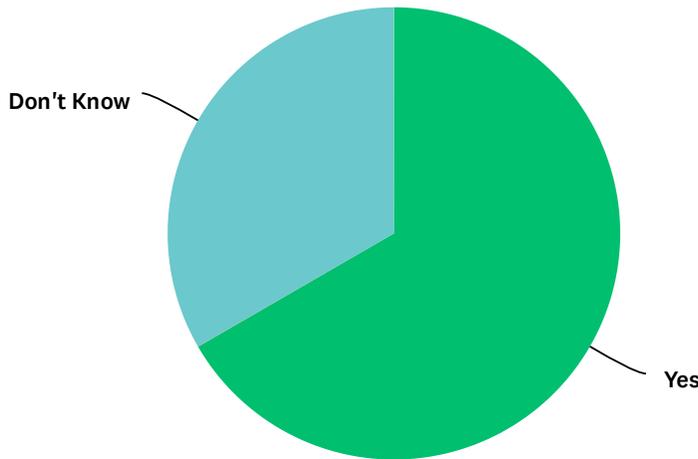
Agenda Item 6.2

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

#	COMMENTS	DATE
	There are no responses.	

Q4 All Council members appeared prepared for this meeting.

Answered: 6 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	66.67%	4
No	0.00%	0
Somewhat	0.00%	0
Don't Know	33.33%	2
TOTAL		6

#	COMMENTS	DATE
1		9/14/2024 10:15 PM

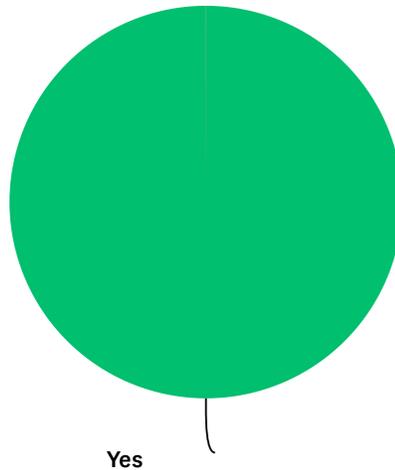
Q5 List any additional supports or resources that would have helped you better prepare for this meeting.

Answered: 2 Skipped: 4

#	RESPONSES	DATE
1	I had to fish and support and resources	9/16/2024 10:02 AM
2	Print out would be nice, if it was sent out to refer people to certain sections	9/10/2024 5:16 PM

Q6 This meeting was effective and efficient.

Answered: 6 Skipped: 0

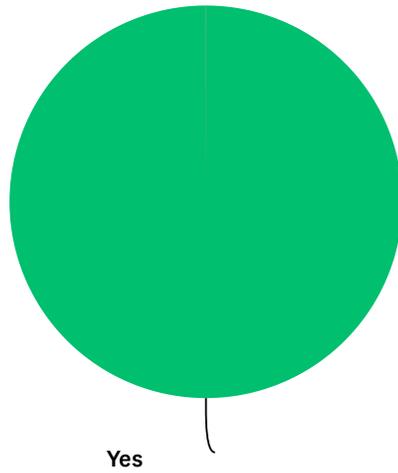


ANSWER CHOICES	RESPONSES
Yes	100.00% 6
No	0.00% 0
Somewhat	0.00% 0
Don't Know	0.00% 0
TOTAL	6

#	COMMENTS	DATE
	There are no responses.	

Q7 The objectives of this meeting were achieved.

Answered: 6 Skipped: 0

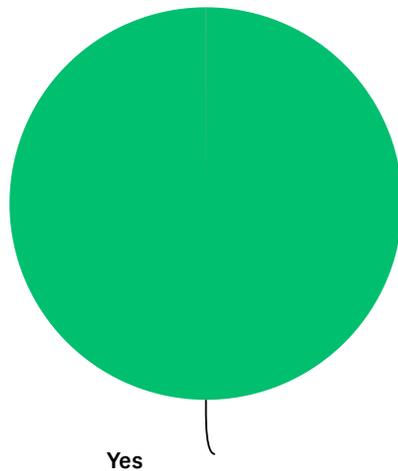


ANSWER CHOICES	RESPONSES	
Yes	100.00%	6
No	0.00%	0
Somewhat	0.00%	0
Don't Know	0.00%	0
TOTAL		6

#	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



Council Meeting Feedback Survey

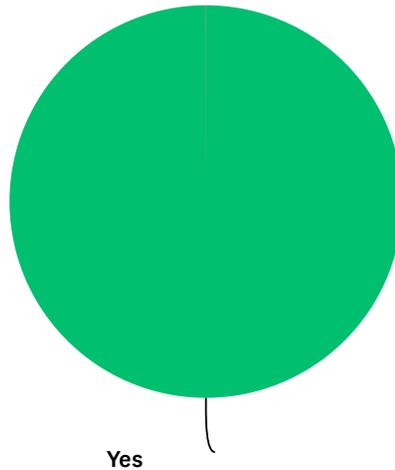
Agenda Item 6.2

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

#	COMMENTS	DATE
	There are no responses.	

Q9 I felt comfortable participating in the Council discussions.

Answered: 6 Skipped: 0



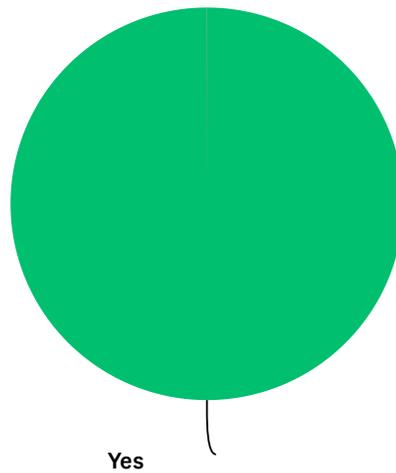
Yes

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

#	COMMENTS	DATE
1	It feels like a very safe environment to participate	9/10/2024 5:02 PM

Q10 The public interest was considered in all discussions.

Answered: 6 Skipped: 0



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

#	COMMENTS	DATE
	There are no responses.	

Q11 List two strengths of this meeting.

Answered: 5 Skipped: 1

#	RESPONSES	DATE
1	Well organized, All relevant information prior to meeting was made available	9/16/2024 10:02 AM
2	Good governance discussion Membersvwere encouraged to provide feedback and ask questions	9/14/2024 10:15 PM
3	Efficient and effective	9/10/2024 5:16 PM
4	1. Public interest is always at the forefront of any questions or decision 2. College staff is very diligent	9/10/2024 5:02 PM
5	Good preparation Good communication	9/10/2024 4:46 PM

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

Answered: 4 Skipped: 2

Council Meeting Feedback Survey

#	RESPONSES	DATE
1	Technically, it was well done, however, I still feel there are many benefits for in person meetings	9/16/2024 10:02 AM
2	All good	9/14/2024 10:15 PM
3	N/a	9/10/2024 5:16 PM
4	None that I can think of	9/10/2024 5:02 PM

Agenda Item 6.2

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

Answered: 4 Skipped: 2

#	RESPONSES	DATE
1	Same as above	9/16/2024 10:02 AM
2	I find the policy stuff quite long. Is there a more expeditious way for these matters to be dealt with?	9/14/2024 10:15 PM
3	Print out sent home to those who prefer a copy.	9/10/2024 5:16 PM
4	Have more frequent meetings and follow up on tasks	9/10/2024 5:02 PM

Q14 Additional Comments

Answered: 1 Skipped: 5

#	RESPONSES	DATE
1	Very lovely meeting. :)	9/10/2024 5:16 PM

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

Answered: 2 Skipped: 4

#	RESPONSES	DATE
1	To probe more fully on the public, is there or could there be a dossier of questions pertaining directly to public	9/14/2024 10:15 PM
2	N/a	9/10/2024 5:16 PM



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Executive Committee**

Reporting Date: **December 13, 2024**

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

On December 9, 2024, the Committee will meet to discuss the Registrar's annual performance evaluation.

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

Report prepared on December 3, 2024



COMMITTEE REPORT TO COUNCIL

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

Reporting Date: **December 13, 2024**

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

Role of the Committee

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

Executive Summary

Since the September 6, 2024, Council meeting, the ICRC has considered 11 complete investigations and made final dispositions in 11 matters.

Decisions Finalized:

Complaints	9
Registrar’s Reports	2
Total	11

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

No Further Action	6
Advice/Reminder	5
Discipline Referral	2

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	2
Relationship with patient		1

Inquiries, Complaints and Reports Committee Report to Council

December 13, 2024

Communication	5	1
Professional Relationships	1	
Clinical skill/execution	2	1

Cases Considered by the Committee:

Complaints **10**
Registrar’s Reports **2**

New Files Received during this period:

Complaints **8**
Registrar’s Reports **0**

HPARB Appeals

Total Appeals pending	4
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Respectfully submitted by Ms. Kristine Bailey
 Chair of the Inquiries, Complaints and Reports Committee



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Discipline Committee**

Reporting Date: **December 13, 2024**

Number of Meetings since
last Council Meeting: **0, 5 hearing days**

Introduction: Role of the Committee

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

Executive Summary

Since the September 6, 2024, Council meeting, a Panel of the Discipline Committee participated in ongoing hearings for one member referred on four matters from the Inquiries, Reports and Complaints Committee. The Discipline Committee did not meet for a formal meeting.

A. Panel Activities

1. The Panel met for ongoing hearings on September 17, 2024, October 22, October 23, November 25, and December 4, 2024. These hearings are expected to continue through 2025.

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



COMMITTEE REPORT TO COUNCIL

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

Reporting Date: **December 13, 2024**

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

There was no activity to report in this quarter.

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



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Patient Relations Committee**

Reporting Date: **December 13, 2024**

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

There was no activity to report in this quarter.

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



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Quality Assurance Committee**

Reporting Date: **December 13, 2024**

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

Role of the Committee

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

Activities during the quarter:

September 10, 2024:

Peer and Practice Assessment Reports

Requirement Considered	Result
2023-2024 Peer & Practice Assessments	• 3 – Satisfactory, file to be closed
2024-2025 Peer & Practice Extension requests	• 3 – Extensions granted

The External Standards of Denture Clinics Standard was discussed as it pertains to an outstanding Peer and Practice Assessment, and guidance was provided by Rebecca Durcan of SML.

November 26, 2024

Peer and Practice Assessment Reports

Requirement Considered	Result
2023-2024 Peer & Practice Assessments	• 1 SCERP ordered

2024-2025 Peer & Practice Assessments	<ul style="list-style-type: none"> • 21 Satisfactory, file to be closed • 1 Additional information required • 1 SCERP ordered • 1 Re-assessment ordered • 1 referral to the Registrar
2024-2025 Peer & Practice Extension requests	<ul style="list-style-type: none"> • 3 – Extensions granted

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



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Registration Committee**

Reporting Date: **December 13, 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 June 14, 2024, on the following dates:

- September 19th, 2024
- November 5th, 2024

September 19, 2024

During this meeting, the Registration Committee considered 2 new academic assessments, both of which were approved by the Committee, and 1 academic assessment which had previously been denied. This application was denied.

Term's Conditions and Limitations in the form of 750 hours of supervision were approved for one applicant.

November 5, 2024

Rebecca Durcan of SML gave a high-level overview of the Inactive Class draft policies and Guidelines as they pertain to the new Regulation. Final additions were suggested by Rebecca Durcan and a motion to approve the drafts and recommend them to Council for implementation when the revised regulation comes into force, was carried.

During this meeting, the Registration Committee considered 6 new academic assessments, which were approved by the Committee.

Term's Conditions and Limitations in the form of 750 hours of supervision were approved for one applicant.

Respectfully submitted by Ms. Elizabeth Gorham-Matthews

Chair of the Registration Committee



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Qualifying Examination Committee**

Reporting Date: **December 13, 2024**

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

Activities during the Quarter:

The Qualifying Examination Committee has not met since its last report to Council on September 6, 2024.

The next examination administration is scheduled for February 12, 2025 (MJMCQ) and February 22-23, 2025 (OSCE). The deadline for registration is January 10, 2025.

The Qualifying Examination Committee will meet in March/April 2025 to complete the examination item review.

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



COMMITTEE REPORT TO COUNCIL

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

Reporting Date: **December 13, 2024**

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

Activities during the Quarter:

The Qualifying Examination Appeals Committee has met twice since its last report to Council on September 6, 2024.

At their September 16, 2024, and September 26, 2024, meetings, the Qualifying Examination Appeals Committee heard from 7 appellants from the June 2024 MJMCQ and OSCE exam administration. The Committee rendered 7 decisions (3 appeals granted, 4 appeals denied) following their meetings, with no outstanding items.

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



To: Council

From: Lileath Claire, President

Date: December 13, 2024

Subject: President's Report

I would like to begin by expressing my sincere thanks to Council, the Registrar, and all College staff for their continued dedication and hard work. Your collective efforts enable the College to fulfill its mandate and continue making meaningful strides in advancing our profession.

I am pleased to present this report outlining key achievements of the College since our last meeting on September 6th, 2024.

A Special Celebration: The Arrival of Baby Miles

It is with great joy that I share the happy news of the birth of baby Miles to Registrar Roderick Tom-Ying and his wife, Emily, on September 24th, 2024. We extend our warmest congratulations to the family and wish them an abundance of love and happiness as they embark on this exciting new chapter in their lives.

Office Move: A New Chapter for the College

On November 8th, the College successfully completed its office move. The official mailing address is now: 175 Bloor Street East, Suite 601, North Tower, Toronto, ON M4W 3R8.

The move to HUB 601 marks an important step in the College's strategic effort to expand office space while managing operational costs. It also promotes collaboration with other regulators, as this space is shared with three other organizations in the regulatory field.

Scope of Practice for Denturists

Our Scope of Practice Working Group, in collaboration with the Denturist Association of Ontario (DAO) and the Denturist Group of Ontario (DGO), is making significant progress on a proposal to update the Scope of Practice for Denturists in Ontario. This proposal, which will be submitted to the Ministry, aims to enhance the authority of Denturists in several key areas that will ultimately improve patient care and case management. The proposed changes may include:

- Working with implant components
- Use of radiographs

- Referrals to other oral health professionals

60-Day Member Consultation: Registration Fees Update

In accordance with its fiduciary duty, Council reviews and sets registration fees annually based on the operational needs of the College. As part of the 60-day consultation, we are proposing updated registration fees for the 2025-2026 Annual Renewal period. Additionally, we are introducing an update to the By-Laws to reflect these changes.

We are also preparing for the potential introduction of an Inactive Class of Registration, with corresponding fee updates anticipated in the future.

2024 CNAR Conference: Council and Staff Engagement

Several members of Council and College staff attended the Canadian Network of Agencies for Regulation (CNAR) regulatory conference held in Ottawa from October 7th to 9th, 2024. The event featured a keynote by Dr. Roberta Bondar, Canada's first female astronaut, who shared insights on 'Considered Risk: Opening Up Possibilities for Change and Growth'. The conference also included presentations from Dr. Alan Clamp of the Professional Standards Authority and renowned regulatory advisor, Harry Cayton.

In addition to the engaging seminars, the conference provided valuable opportunities to connect with fellow regulators, fostering collaboration and enhancing our commitment to excellence in regulatory practices.

Registrar's Updates

Since the last meeting of Council on September 6th, 2024:

- Registration Regulation drafting of policy provisions
 - Jurisprudence Module in development
 - Inactive Class Policy for Council's deliberation
- ODQ 50th Anniversary – October 2nd
- Peer Circles – October 25th, November 7th
- Georgian College Presentation and Tour - November 6th
- GBC Presentation – November 18th
- Personnel updates
 - Paige O'Brien – Joined September 9, 2024
 - Megan Callaway – CDHO January 1, 2025
 - Meghan Hoult - Acting Registrar

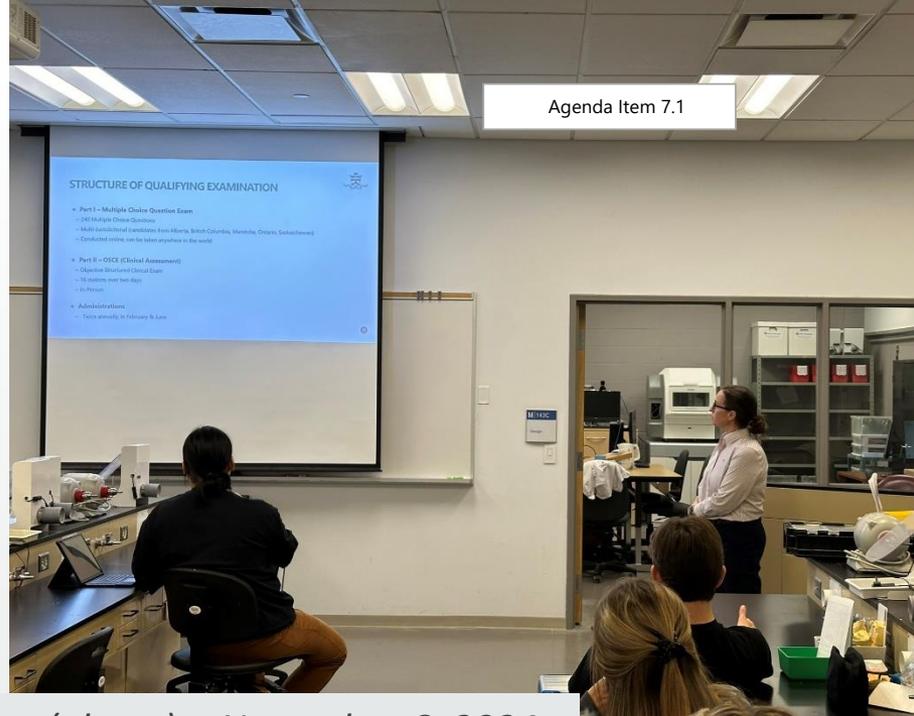




Agenda Item 7.1

*CNAR Regulatory Conference (above) - October 7 – 9, 2024
Peer Circles at Spectrum Day (below) - October 25, 2024*





Georgian College tour and presentation (above) – November 6, 2024
Peer Circles at DGO Con Ed (below) – November 7, 2024



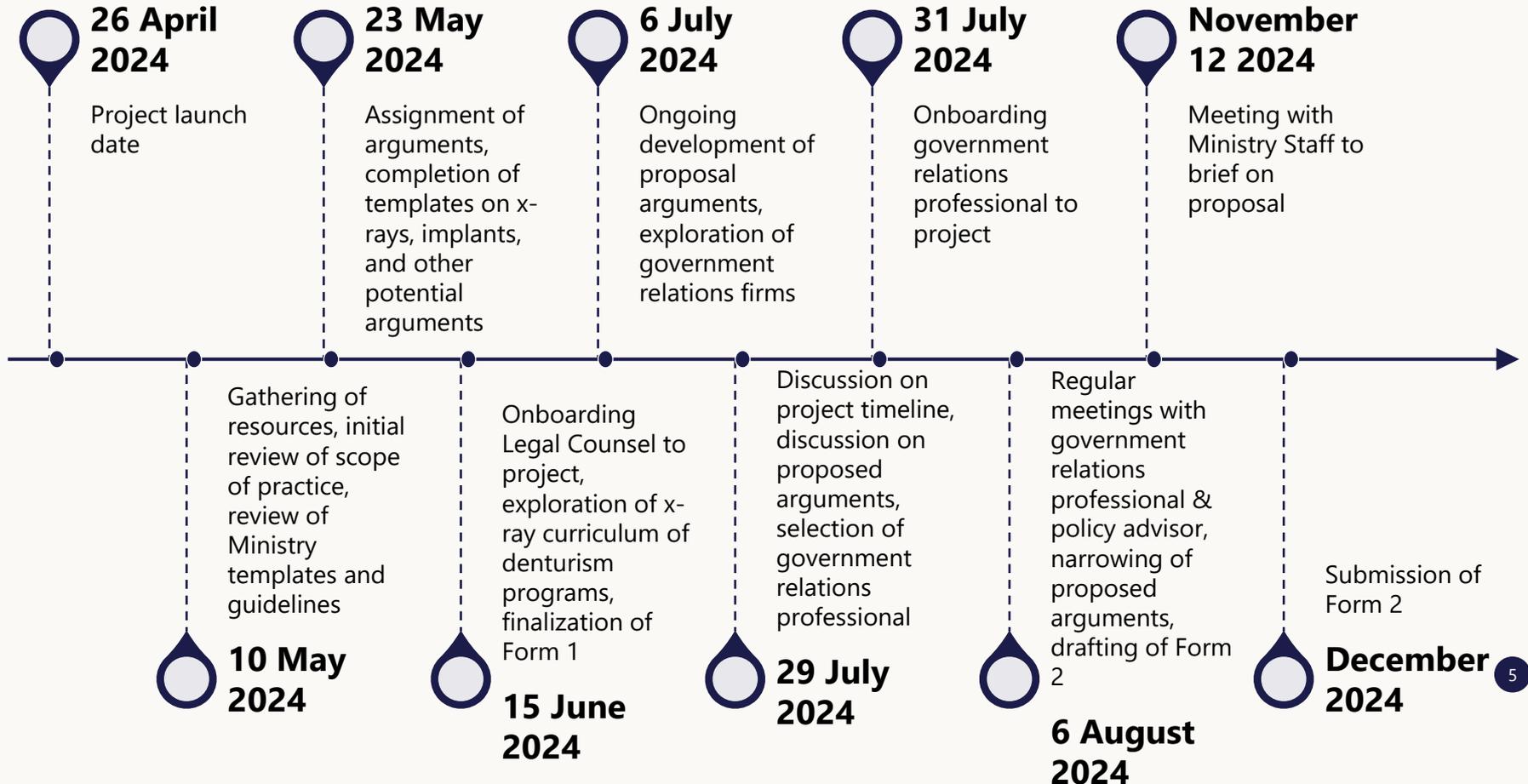


The Road Ahead – Strategic Initiatives in 2024

Agenda Item 7

Strategic Initiatives	Project Leads	Council Lead	Progress
Registration Regulation	Registrar & CEO Manager of Registration	Registration Committee	Near Completion
Professional Misconduct Regulation	Manager of Professional Conduct External Consultant	Council	Completed
Amalgamation	Registrar & CEO Manager of Council and Corporate Services External Consultant(s)	President Executive Committee	On Hold
Scope of Practice	Registrar & CEO Manager of Examination and Policy External Consultant	Vice-President Working Group – composed of 2 CDO Council Member Delegates	Ongoing, Near Completion
Multi-Jurisdictional OSCE Examination	Manager of Qualifying Examinations Chief Examiner Third-Party Psychometricians Regulators: AB, BC, SK, MB	Chair, Qualifying Examination National Examination Advisory Committee	Ongoing
Accreditation	Manager of Qualifying Examinations Accreditation Canada	Chair, Qualifying Examination	Completed

SCOPE OF PRACTICE INITIATIVE UPDATE





NEXT STEPS

- Continued meeting with Ministry Staff on proposal details and patient pathways
- Awaiting Ministry greenlight to begin drafting of proposed regulation amendments
- Public and Stakeholder Consultation of proposed regulation amendments
- Completion of Form 3 – Consultation Feedback Form



BRIEFING NOTE

To: **Council**
From: **Roderick Tom-Ying, Registrar and CEO**
Date: **December 13, 2024**
Subject: **Financial Report: April 1, 2024 – November 15, 2024**

Public Interest Rationale

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

Statement of Operations for period April 1, 2024 – November 15, 2024

The following report provides Council with a forecast of how the 2024-2025 Operating Budget may unfold by the end of fiscal year on March 31, 2025. Due to the extraordinary set of opportunities, circumstances, and events that effected the College over the past few months, it is prudent to examine the Operating Budget and the potential impact these events may have had.

The following took place since the start of the fiscal year on April 1, 2024:

- The College's submitted Professional Misconduct Regulation was accepted and approved by the Government of Ontario to take into force on July 1, 2024.
 - Associated roll out costs including legal guidance, review, consultations, development and hosting of live webinars, development or update of new guidelines, standards of practice and policies.
- The Ministry indicated that work on the submitted Registration Regulation is now taking place for potential 2025 roll out.
- Turnover of two staff members in the first half of 2024.
- Departure of a third staff member in the Council and Corporate Services department and renegotiation of a secondment agreement with CDHO to retain a former staff member to backfill this role for the remainder of 2024 until a new staff member can be onboarded.

- An ongoing complex disciplinary file that has exceeded the complaints budget line item.
- The resumption of routine examination candidate levels for the June 2024 exam administration.
- The launch of a Scope of Practice review initiative in collaboration with the two denturism associations, and retention of external professional services for legal, project management, and government relations assistance.
- Previously scheduled initiatives prior to the new developments above including the accreditation of denturism programs across Canada, ongoing development of the multi-jurisdictional examination, and ongoing governance initiatives with external governance consultant.

The following are notes related to the forecast of the Operating Budget until year end.

Revenue	Forecast Notes
Professional Corporation Fees	A slight increase of 3% in revenue expected over the budget.
Registration Fees	No materials changes to report.
Other Fees	An increase of 49% in revenue captured over the budget due to an increase in late renewal fees. The late fees were contemplated after the grace period ended.
Qualifying Examination Fees	<p>Due to the return of normalized levels for candidates attempting the examination for the first time, and in addition to repeat candidates, the College experienced the largest cohort of candidates on record.</p> <p>In total, there were 58 MCQ candidates and 56 OSCE candidates from Ontario.</p> <p>As a result, the forecasted revenue for examination fees is projected to exceed the budget by 32%. This is based on the estimate of routine average number of candidates for the upcoming February 2025 exam administration (25 candidates estimated) in addition to revenues already collected to date.</p>
Other Income	<p>This budget line item is forecasted to decrease by 42% due to the loss in revenue from the CDHO secondment agreement. The agreement was renegotiated for the CDO to recall a staff member from the sharing arrangement to assist with stabilizing the College’s operations due to the sudden departure of a staff member.</p> <p>The remaining income forecasted is based on bank interest to be collected and smaller revenue from the secondment agreement.</p>

EXPENDITURES	Forecast Notes
Wages & Benefits	Due to staff transitions and to stabilize the operations of the College, a 3% increase in expenditures for this budget line item is forecasted above what was budgeted.
Professional Development	Overall, a decrease of 14% is forecasted.
Professional Fees	Overall, a slight decrease of 7% is forecasted.
Office & General	A slight increase of 3% is forecasted due to an increase in general office expenditures related to the new initiatives undertaken mid-year that were not previously budgeted for.
Rent	No changes forecasted.
Qualifying Examination	No changes forecasted.
Council and Committees	Due to the hosting of 3 Council meetings remotely and once in person, this budget line item is projected to decrease by 67% from what was originally budgeted.
Quality Assurance Peer Circles	No changes forecasted.
Quality Assurance Assessor Expenses	A slight decrease of \$5000 or 14% is forecasted.
Complaints & Discipline	<p>The College is forecasting approximately 684% increase in expenditure on the complaints budget line item due to a series of complex matters that is now before the Discipline Committee.</p> <p>Due to this sole budget line item that is expected to exceed its budget by \$273,722, the College is anticipating tapping into the restricted net reserves for complaints/discipline overflow by year end. The estimated amount required is approximately \$159,147.00 as of best estimates from December 13, 2024.</p> <p>If this budget line item were to have stayed \$40,000 for the year, the College would have forecasted a surplus of approximately \$114,575.00 against a budget surplus of \$55,600.00 initially budgeted.</p> <p>The costs forecasted have been estimated based on reasonable estimates from College Legal Counsel for costs to year end and estimates for all other related costs such as court reporters, independent legal counsel, etc.</p>
Capital Expenditures	No changes forecasted.

Strategic Initiatives Budget for period April 1, 2024 – November 15, 2024

The Strategic Initiatives Budget was updated up to November 15, 2024. Since the last report to Council provided at the September 6, 2024, Council meeting, no other expenses were captured, and no other variances are expected. Future expenses are anticipated including costs for the Scope of Practice proposal, Registration Regulation roll out, and as the College continues with its governance initiatives.

College of Denturists of Ontario

Statement of Operations (April 1 - November 15, 2024)

YTD Budget to Actual	2024-2025 BUDGET	November 15/24 YTD Totals	YTD as Percentage of Budget	Remainder or In Excess of Budgeted Amount*	Forecast to Year End March 31/25	Percentage Change of Budget
REVENUE						
Professional Corporation Fees	\$ 70,000.00	\$ 78,150.00	103%	\$ 8,150.00	\$ 72,000.00	3%
Registration Fees	\$ 1,335,400.00	\$ 1,328,006.42	99%	-\$ 7,393.58	\$ 1,335,400.00	0%
Other Fees	\$ 4,500.00	\$ 12,509.50	149%	\$ 8,009.50	\$ 6,700.00	49%
Qualifying Examination Fees	\$ 250,000.00	\$ 240,100.00	92%	-\$ 9,900.00	\$ 329,775.00	32%
Other Income	\$ 110,000.00	\$ 71,252.72	39%	-\$ 38,747.28	\$ 64,000.00	-42%
TOTAL REVENUE	\$ 1,769,900.00	\$ 1,730,018.64	78%	\$ 39,881.36	\$ 1,807,875.00	2%
EXPENDITURES						
Wages & Benefits	\$ 693,000.00	\$ 423,797.00	35%	\$ 269,203.00	\$ 712,000.00	3%
Professional Development	\$ 70,000.00	\$ 46,403.80	44%	\$ 23,596.20	\$ 60,000.00	-14%
Professional Fees	\$ 140,000.00	\$ 98,069.08	27%	\$ 41,930.92	\$ 130,000.00	-7%
Office & General	\$ 165,000.00	\$ 135,111.74	82%	\$ 29,888.26	\$ 170,000.00	3%
Rent	\$ 151,300.00	\$ 83,974.64	28%	\$ 67,325.36	\$ 151,300.00	0%
Qualifying Examination	\$ 300,000.00	\$ 127,453.03	32%	\$ 172,546.97	\$ 300,000.00	0%
Council and Committees	\$ 45,000.00	\$ 4,581.00	10%	\$ 40,419.00	\$ 15,000.00	-67%
Quality Assurance						
QA Peer Circles	\$ 30,000.00	\$ 27,789.41	1%	\$ 2,210.59	\$ 30,000.00	0%
QA Assessor Expenses	\$ 35,000.00	\$ 18,306.21	13%	\$ 16,693.79	\$ 30,000.00	-14%
Complaints & Discipline						
Complaints	\$ 40,000.00	\$ 181,491.65	454%	-\$ 141,491.65	\$ 313,722.00	684%
Discipline	\$ 30,000.00	\$ 35,917.50	120%	-\$ 5,917.50	\$ 40,000.00	33%
Capital Expenditures	\$ 15,000.00	\$ 6,852.00	32%	\$ 8,148.00	\$ 15,000.00	0%
TOTAL EXPENDITURES	\$ 1,714,300.00	\$ 1,189,747.06	69%	\$ 524,552.94	\$ 1,967,022.00	13%
NET INCOME	\$ 55,600.00	\$ 540,271.58		-\$	\$ 159,147.00	

College of Denturists of Ontario

Statement of Operations (April 1 - November 15, 2024)

Complaints/Discipline Costs Removed

YTD Budget to Actual	2024-2025 BUDGET	November 15/24 YTD Totals	YTD as Percentage of Budget	Remainder or In Excess of Budgeted Amount*	Forecast to Year End March 31/25	Percentage Change of Budget
REVENUE						
Professional Corporation Fees	\$ 70,000.00	\$ 78,150.00	103%	\$ 8,150.00	\$ 72,000.00	3%
Registration Fees	\$ 1,335,400.00	\$ 1,328,006.42	99%	-\$ 7,393.58	\$ 1,335,400.00	0%
Other Fees	\$ 4,500.00	\$ 12,509.50	149%	\$ 8,009.50	\$ 6,700.00	49%
Qualifying Examination Fees	\$ 250,000.00	\$ 240,100.00	92%	-\$ 9,900.00	\$ 329,775.00	32%
Other Income	\$ 110,000.00	\$ 71,252.72	39%	-\$ 38,747.28	\$ 64,000.00	-42%
TOTAL REVENUE	\$ 1,769,900.00	\$ 1,730,018.64	78%	\$ 39,881.36	\$ 1,807,875.00	2%
EXPENDITURES						
Wages & Benefits	\$ 693,000.00	\$ 423,797.00	35%	\$ 269,203.00	\$ 712,000.00	3%
Professional Development	\$ 70,000.00	\$ 46,403.80	44%	\$ 23,596.20	\$ 60,000.00	-14%
Professional Fees	\$ 140,000.00	\$ 98,069.08	27%	\$ 41,930.92	\$ 130,000.00	-7%
Office & General	\$ 165,000.00	\$ 135,111.74	82%	\$ 29,888.26	\$ 170,000.00	3%
Rent	\$ 151,300.00	\$ 83,974.64	28%	\$ 67,325.36	\$ 151,300.00	0%
Qualifying Examination	\$ 300,000.00	\$ 127,453.03	32%	\$ 172,546.97	\$ 300,000.00	0%
Council and Committees	\$ 45,000.00	\$ 4,581.00	10%	\$ 40,419.00	\$ 15,000.00	-67%
Quality Assurance						
QA Peer Circles	\$ 30,000.00	\$ 27,789.41	1%	\$ 2,210.59	\$ 30,000.00	0%
QA Assessor Expenses	\$ 35,000.00	\$ 18,306.21	13%	\$ 16,693.79	\$ 30,000.00	-14%
Complaints & Discipline						
Complaints	\$ 40,000.00	\$ 181,491.65	454%	-\$ 141,491.65	\$ 40,000.00	0%
Discipline	\$ 30,000.00	\$ 35,917.50	120%	-\$ 5,917.50	\$ 40,000.00	33%
Capital Expenditures	\$ 15,000.00	\$ 6,852.00	32%	\$ 8,148.00	\$ 15,000.00	0%
TOTAL EXPENDITURES	\$ 1,714,300.00	\$ 1,189,747.06	69%	\$ 524,552.94	\$ 1,693,300.00	-1%
NET INCOME	\$ 55,600.00	\$ 540,271.58			\$ 114,575.00	

College of Denturists of Ontario
 Strategic Initiatives (April 1, 2024 - July 31, 2024)

YTD Budget to Actual	BUDGET	Project Anticipated Costs	Costs Incurred to Date	YTD Totals November 15/24	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	\$ 3,000.00	\$ 77,930.51	\$ 975.00
Governance - Project 3		\$ 9,040.00	\$ -	\$ -	\$ 77,930.51	\$ 9,040.00
Registration and Professional Misconduct Regulation Implementation		\$ 10,000.00	\$ -	\$ 8,117.27	\$ 69,813.24	\$ 1,882.73
Scope of Practice Review		\$ 50,000.00	\$ -	\$ 10,635.90	\$ 59,177.34	\$ 39,364.10
TOTAL STRATEGIC INITIATIVES	\$ 175,000.00	\$ 163,514.96	\$ 94,069.49	\$ 21,753.17	\$ 59,177.34	\$ 51,261.83

COLLEGE OF DENTURISTS OF ONTARIO

FINANCIAL STATEMENTS

MARCH 31, 2024

Draft Statement Subject to Revision

HILBORN_{LLP}

Independent Auditor's Report

To the Council of the College of Denturists of Ontario

Opinion

We have audited the financial statements of the College of Denturists of Ontario (the "College"), which comprise the statement of financial position as at March 31, 2024, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at March 31, 2024, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

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

Other Information

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

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

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

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

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

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

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

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

Independent Auditor's Report (continued)**Auditor's Responsibilities for the Audit of the Financial Statements**

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

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

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

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

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

Toronto, Ontario
TBD

Chartered Professional Accountants
Licensed Public Accountants

Statement of Financial Position

March 31	2024 \$	2023 \$
ASSETS		
Current assets		
Cash	2,996,307	2,282,149
Amount receivable	5,957	-
Prepaid expenses	35,429	37,167
	3,037,693	2,319,316
Capital assets (note 4)		
Intangible assets (note 5)	22,345	29,304
	1,561	2,230
	23,906	31,534
	3,061,599	2,350,850
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities (note 6)	592,323	289,535
Deferred registration fees	918,400	342,674
	1,510,723	632,209
Deferred lease incentives (note 7)	8,399	16,797
	1,519,122	649,006
NET ASSETS		
Invested in capital and intangible assets	18,626	20,974
Internally restricted for therapy and counselling (note 8)	142,980	148,560
Internally restricted for complaints and discipline (note 9)	360,000	360,000
Internally restricted for strategic initiatives (note 10)	80,930	128,519
Unrestricted	939,941	1,043,791
	1,542,477	1,701,844
	3,061,599	2,350,850

The accompanying notes are an integral part of these financial statements

Approved on behalf of the Council:

President

Vice-President

Statement of Operations

Year ended March 31	2024 \$	2023 \$
Revenues		
Registration fees (note 3)	1,441,490	1,037,971
Examination fees	158,475	271,550
Administration fees	12,985	20,374
Investment income	77,799	33,162
	1,690,749	1,363,057
Expenses		
Salaries and benefits	627,849	564,845
Complaints and discipline	389,453	172,387
Examinations	229,410	223,703
Professional fees (note 8)	116,679	140,037
Rent (note 7)	105,725	104,576
Computer support	88,210	87,545
Office and general	77,043	61,285
Strategic initiatives (note 10)	72,589	21,481
Merchant fees	58,685	38,715
Quality assurance	50,691	63,977
Council and committees	21,874	4,751
Amortization of capital assets	11,239	11,767
Amortization of intangible assets	669	956
	1,850,116	1,496,025
Excess of expenses over revenues for year	(159,367)	(132,968)

The accompanying notes are an integral part of these financial statements

Statement of Changes in Net Assets

Year ended March 31

	Invested in capital and intangible assets \$	Internally restricted for therapy and counselling \$	Internally restricted for complaints and discipline \$	Internally restricted for strategic initiatives \$	Unrestricted \$	2024 Total \$
Balance, beginning of year	20,974	148,560	360,000	128,519	1,043,791	1,701,844
Excess of expenses over revenues for year (notes 8 and 10)	-	(5,580)	-	(72,589)	(81,198)	(159,367)
Amortization of capital and intangible assets	(11,908)	-	-	-	11,908	-
Amortization of deferred tenant inducements	5,280	-	-	-	(5,280)	-
Purchase of capital assets	4,280	-	-	-	(4,280)	-
Internally imposed restriction (note 10)	-	-	-	25,000	(25,000)	-
Balance, end of year	18,626	142,980	360,000	80,930	939,941	1,542,477

The accompanying notes are an integral part of these financial statements

Statement of Changes in Net Assets

Year ended March 31

	Invested in capital and intangible assets \$	Internally restricted for therapy and counselling \$	Internally restricted for complaints and discipline \$	Internally restricted for strategic initiatives \$	Unrestricted \$	2023 Total \$
Balance, beginning of year	26,570	152,630	360,000	-	1,295,612	1,834,812
Excess of expenses over revenues for year (notes 8 and 10)	-	(4,070)	-	(21,481)	(107,417)	(132,968)
Amortization of capital and intangible assets	(12,723)	-	-	-	12,723	-
Amortization of deferred tenant inducements	5,280	-	-	-	(5,280)	-
Purchase of capital assets	1,847	-	-	-	(1,847)	-
Internally imposed restriction (note 10)	-	-	-	150,000	(150,000)	-
Balance, end of year	20,974	148,560	360,000	128,519	1,043,791	1,701,844

The accompanying notes are an integral part of these financial statements

Statement of Cash Flows

Year ended March 31	2024 \$	2023 \$
Cash flows from operating activities		
Excess of expenses over revenues for year	(159,367)	(132,968)
Adjustments to determine net cash provided by (used in) operating activities		
Amortization of capital assets	11,239	11,767
Amortization of intangible assets	669	956
Amortization of deferred lease incentives	(8,398)	(8,399)
	(155,857)	(128,644)
Change in non-cash working capital items		
Increase in amount receivable	(5,957)	-
Decrease (increase) in prepaid expenses	1,738	(5,684)
Increase in accounts payable and accrued liabilities	302,788	122,554
Increase in deferred registration fees	575,726	108,866
	718,438	97,092
Cash flows from investing activities		
Purchase of capital assets	(4,280)	(1,847)
Net change in cash	714,158	95,245
Cash, beginning of year	2,282,149	2,186,904
Cash, end of year	2,996,307	2,282,149

The accompanying notes are an integral part of these financial statements

Notes to Financial Statements

March 31, 2024

Nature and description of the organization

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

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

1. Significant accounting policies

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

(a) Revenue recognition

Registration fees

Registration fees are recognized as revenue in the fiscal year to which they relate. During the year, the registration year of the College, being April 15 to April 14, was changed to coincide with that of the fiscal year of the College, being April 1 to March 31. Registration fees received in advance of the fiscal year to which they relate are recorded as deferred registration fees.

Examination fees

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

Administration fees

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

Investment income

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

(b) Capital assets

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

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

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

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

Notes to Financial Statements (continued)

March 31, 2024

1. Significant accounting policies (continued)

(b) Capital assets (continued)

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

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

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

(c) Intangible assets

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

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

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

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

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

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

(d) Deferred lease incentives

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

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

Notes to Financial Statements (continued)

March 31, 2024

1. Significant accounting policies (continued)**(e) Net assets invested in capital and intangible assets**

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

(f) Financial instruments**Measurement of financial assets and liabilities**

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

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

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

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

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

Impairment

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

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

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

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

Notes to Financial Statements (continued)

March 31, 2024

1. Significant accounting policies (continued)

(f) Financial instruments (continued)

Impairment (continued)

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

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

(g) Management estimates

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

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

2. Financial instrument risk management

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

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

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

Notes to Financial Statements (continued)

March 31, 2024

2. Financial instrument risk management (continued)

Credit risk

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

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

	2024 \$	2023 \$
Cash	2,996,307	2,282,149
Amount receivable	5,957	-
	3,002,264	2,282,149

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

Liquidity risk

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

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

Market risk

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

Currency risk

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

The College is not exposed to currency risk.

Interest rate risk

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

Notes to Financial Statements (continued)

March 31, 2024

2. Financial instrument risk management (continued)**Other price risk**

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

The College is not exposed to other price risk.

Changes in risk

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

3. Impact of COVID-19Fiscal 2023 and 2024

In recognition of the ongoing challenges posed by the pandemic, for the fiscal 2023 registration year, the College approved a fee reduction of \$665 for renewing and new denturists.

For the fiscal 2024 registration year, the College approved a fee reduction of \$200 for renewing and new denturists.

As a result of these reductions in registration fees, there was a decrease, from normal operating levels, in registration fee revenue for each of fiscal 2023 and 2024.

Fiscal 2025

For the fiscal 2025 registration year, the College has approved a fee reduction of \$200 for renewing and new denturists.

In the absence of Covid-19 relief, the annual registration fee is \$1,900.

Notes to Financial Statements (continued)

March 31, 2024

4. Capital assets

	Cost \$	Accumulated Amortization \$	2024 Net \$
Furniture and fixtures	95,505	86,822	8,683
Computer equipment	13,313	8,677	4,636
Leasehold improvements	60,173	51,147	9,026
	<u>168,991</u>	<u>146,646</u>	<u>22,345</u>
	95,505	84,651	10,854
Furniture and fixtures	95,505	84,651	10,854
Computer equipment	68,579	65,172	3,407
Leasehold improvements	60,173	45,130	15,043
	<u>224,257</u>	<u>194,953</u>	<u>29,304</u>

During the year, computer equipment with a net book value of nil (cost and accumulated amortization each of \$59,546) was disposed of for no proceeds resulting in no gain or loss on disposal.

5. Intangible assets

	Cost \$	Accumulated Amortization \$	2024 Net \$
Computer software	52,751	51,190	1,561
Database application software	31,900	31,900	-
	<u>84,651</u>	<u>83,090</u>	<u>1,561</u>
	52,751	50,521	2,230
Computer software	52,751	50,521	2,230
Database application software	31,900	31,900	-
	<u>84,651</u>	<u>82,421</u>	<u>2,230</u>

Notes to Financial Statements (continued)

March 31, 2024

6. Accounts payable and accrued liabilities

	2024 \$	2023 \$
Trade payables and accrued liabilities	123,583	121,564
Accrued liabilities - complaints and discipline	369,661	139,568
HST payable	99,079	28,403
	<u>592,323</u>	<u>289,535</u>

7. Deferred lease incentives

	Cost \$	Accumulated Amortization \$	2024 Net \$
Tenant inducements	52,800	47,520	5,280
Free rent benefits	31,187	28,068	3,119
	<u>83,987</u>	<u>75,588</u>	<u>8,399</u>

	Cost \$	Accumulated Amortization \$	2023 Net \$
Tenant inducements	52,800	42,240	10,560
Free rent benefits	31,187	24,950	6,237
	<u>83,987</u>	<u>67,190</u>	<u>16,797</u>

Amortization of lease incentives in the amount of \$8,398 (2023 - \$8,399) was credited to rent expense in the current year.

Notes to Financial Statements (continued)

March 31, 2024

8. Net assets internally restricted for therapy and counselling

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

In the current year, expenses in the amount of \$5,580 (2023 - \$4,070) were incurred in connection with therapy and counselling and are recorded in professional fees expense in the statement of operations.

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

9. Net assets internally restricted for complaints and discipline

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

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

10. Net assets internally restricted for strategic initiatives

The Council of the College has internally restricted net assets for the purposes of funding strategic initiatives.

In the current year, the Council of the College internally restricted net assets in the amount of \$25,000 (2023 - \$150,000) to fund expenses related to strategic initiatives.

In the current year, expenses in the amount of \$72,589 (2023 - \$21,481) were incurred in connection with strategic initiatives related to applicant and member portal modernization, strategic planning and a regulatory hub, and are recorded in strategic initiatives expense in the statement of operations.

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

11. Commitment

The College is committed to lease its office premises until March 31, 2025. The future lease payments, including an estimate of premises common area expenses, amount to \$117,654.



College of Denturists of Ontario
Audit Findings Communication for the year ended March 31, 2024

A message from Blair MacKenzie to the Council

I am pleased to provide you with the findings of our audit of the financial statements of the College of Denturists of Ontario (“the College”) for the year ended March 31, 2024.

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

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

We look forward to discussing our audit findings with you in detail as well as any other matters that you may wish to address at our meeting scheduled for December 13, 2024 with the Council.



Blair MacKenzie
Managing Partner
Hilborn LLP
December 5, 2024

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



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Your client service team

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

Executive Summary



Audit status

We have substantially completed our audit of the financial statements of the College for the year ended March 31, 2024, with the exception of the following procedures:

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

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



Auditor's report and representations from management

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

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



Independence

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

We have not performed any non-audit related services.



Significant difficulties encountered

No difficulties were encountered while performing the audit and there are no unresolved disagreements. We received full cooperation from management during our audit.



Changes from the audit plan

Our audit approach was consistent with the approach communicated to you in our audit plan dated June 21, 2024.

Final materiality is consistent with preliminary materiality set at \$75,000.

Significant Qualitative Aspects of the College’s Accounting Practices

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

Accounting policies, accounting estimates and financial statement disclosures	Hilborn’s response and views
<p>Management is responsible for the appropriate selection and application of accounting policies under the financial reporting framework of Canadian accounting standards for not-for-profit organizations.</p>	<p>There were no significant changes in the previously adopted accounting policies or their application.</p>
<p>Our role is to review the appropriateness and application of these policies as part of our audit. The accounting policies used by the College are described in Note 1, Significant Accounting Policies, in the financial statements.</p>	<p>Based on the audit work performed, the accounting policies are appropriate for the College and applied consistently.</p>
<p>Management is responsible for the accounting estimates included in the financial statements. Estimates and the related judgments and assumptions are based on management’s knowledge of the business and past experience about current and future events.</p>	<p>Based on the audit work performed, we are satisfied that the estimates made by management are reasonable in the context of the financial statements taken as a whole.</p>
<p>Management is responsible for the disclosures made within the financial statements, including the notes to the financial statements.</p>	<p>Based on the audit work performed, we are satisfied that the overall presentation, structure and content of the financial statements, including the disclosures, represent the underlying transactions and events in a manner that achieves fair presentation.</p>

Accounting policies, accounting estimates and financial statement disclosures	Hilborn’s response and views
Annual report	<p>We acknowledge that a copy of the College’s summary financial statements for the year ended March 31, 2024 and a copy of our audit report related to the summary financial statements will be included in the College’s annual report. As agreed in our engagement letter, we will review the annual report prior to it being finalized to ensure that there are no inconsistencies with the audited financial statements.</p> <p>If, based on the work we will perform on the annual report, we conclude that there is a material inconsistency in the annual report, we will communicate that fact to you.</p>

Other Significant Matters

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

Significant Matter	Discussion
Summary of uncorrected misstatements	We did not identify any misstatements that remain uncorrected in the financial statements.
Corrected misstatements	During the course of the audit, management and Hilborn LLP worked collaboratively to identify adjustments required to the financial statements. All adjustments recorded were reviewed and approved by management.
Significant deficiencies in internal control	<p>An increased risk profile exists at the College relative to the lack of segregation of incompatible duties. Segregation of incompatible duties is a key internal control intended to minimize the occurrence of errors or fraud. The principle of segregating incompatible duties encompasses the division of responsibilities of a key process such that no one individual performs two or more of the functions related to custody, initiation, authorization, execution, recording and reporting.</p> <p>This risk is inherent in small to medium sized organizations and should not be interpreted negatively. From a cost-benefit perspective, it would not be practical to segregate incompatible duties to a sufficient degree to mitigate this risk, as it would require additional personnel that may not be appropriate otherwise.</p>

Significant Matter	Discussion
Fraud and non-compliance with laws and regulations	No fraud or non-compliance with laws and regulations came to our attention during the course of the audit. We would like to reconfirm with the Council that you are not aware of any fraud or non-compliance with laws and regulations not previously communicated with us.
Related party transactions	We did not identify any related parties.
Subsequent events	No subsequent events, which would impact the financial statements have come to our attention.

Additional Services

Those charged with governance have a fiduciary duty to oversee and monitor the entity’s financial reporting processes and internal control environment. The following additional services are available to assist those charged with governance in fulfilling these duties.

Additional Service	Who Would Benefit	Deliverable
<p>Internal Controls Assessment</p>	<p>All organizations should perform a comprehensive review of its system of internal control. Internal controls are more than just policies and procedures manuals; they are actions taken by employees, management and those charged with governance to safeguard assets, produce reliable and accurate financial reports, and comply with laws and regulations. Accordingly, it is prudent to periodically perform a comprehensive review of the system of internal control, particularly when organizations have undergone recent operational changes, expanded services, or have made changes in key personnel.</p>	<p>We work collaboratively with management to deliver a final report, which summarizes positive trends, our findings, and opportunities for improvement. We benchmark the entity against leading practices and help you prioritize and implement our recommendations.</p>
<p>Financial Literacy Training</p>	<p>Audit, Finance and Risk Committees with members who do not have a background in accounting or finance.</p>	<p>We will host a session with those charged with governance to share best practices for exercising oversight over the financial reporting process of the entity, review required fiduciary duties, and provide practical tips for reading and understanding financial statements and insight into evaluating the entity’s financial health.</p> <p>We may also attend a governance meeting to observe and provide feedback on the effectiveness of financial governance discussions.</p>

Additional Service	Who Would Benefit	Deliverable
Fraud Risk Training	Fraud risk management is critical to protect any organization’s assets and reputation. This training is aimed at entities that would like to reinforce the importance of fraud risk identification and mitigation and create an environment that encourages employees to not remain silent when they suspect a fraud is occurring.	We will host a session where we will review common types of fraud, warning signs that could indicate a potential fraud, red flag behaviours of employees committing fraud as well as a discussion on prevention and detection measures that could be put in place within the entity to mitigate the opportunity to commit fraud and encourage employees to do the right thing by reporting suspicious activity in a timely manner.
Compliance Procedures	Audit, Finance and Risk Committees and others charged with governance often request additional procedures outside the scope of an audit in areas of concern, such as employee reimbursements, corporate credit card usage, and procurement practices.	We deliver a report with our findings to assist with the monitoring of compliance with the entity’s financial and operational policies.





BRIEFING NOTE

To: **Council**

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

Date: **December 13, 2024**

Subject: **2025-2026 Renewal Fees – By-Laws – Schedule 7**

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 renewal fees set is fiscally responsible and provides an appropriate amount of funding level for the College to resource its programs and operational costs in order to achieve its mandate.

Updated – 60-day Public and Stakeholder Consultation

At its September 9, 2024, meeting, Council:

- Set the 2025-2026 annual renewal fee at \$1700.00 + HST.
- Approved the updated renewal fees for the inactive class of registration.
- Approved a 60-day public and stakeholder consultation with the proposed renewal fee.

The consultation period opened on September 13, 2024, and concluded on Tuesday, November 12, 2024. At the conclusion of the consultation period, the College received no consultation feedback.

Council is now asked to formalize the renewal fees for 2025-2026, including the updated fees for the inactive class of registration.

2025 – 2026 Registration Renewal Fees

In advance of the registration renewal period that begins on February 14, 2025, Council is asked to deliberate and set an appropriate registration renewal fee for the upcoming renewal year.

The registration renewal fees set in the College By-Laws specifies a renewal fee of \$1900 exclusive of HST. This fee was first implemented in the 2013-2014 renewal year until 2020 when the COVID-19 pandemic occurred. Since 2020, the College’s renewal fees fluctuated due to the fee relief program implemented, the creation of a two-payment schedule, and operational cost-saving initiatives undertaken. Some of the cost-savings found included the move to virtual Council and Committee meetings, the consolidation and use of new software and technology platforms that saved on subscription costs, the move to an online records system and elimination of paper records, creation of an online applicant portal, upgrading of the member portal, and for 2025, the move to a shared office space at the HUB.

While there are upcoming potential headwinds due to the uncertainty of the economy at large, increased CPI, and increased costs of goods and services, there are also mitigating factors that will come into play in 2025. This includes the exiting of the commercial lease agreement for the CDO office space at 365 Bloor Street east and move into 175 Bloor Street East shared space - representing a significant cost savings opportunity for rent expenditures.

As well, the various unprecedented strategic initiatives undertaken in 2023 to 2024 are nearing potential completion in 2025 and the current 3-year strategic plan coming to an end. With the completion of the new member portal and applicant portal, the implementation of the Professional Misconduct Regulation, the completion of the accreditation initiative of Denturism programs across Canada, and the bulk of the deliverables related to the Scope of Practice initiative completed by the end of 2024, the College forecasts that the elevated expenditures will gradually drop over the coming year.

The table below summarizes the renewal fees set by Council and the College’s net income amount:

	Fee Relief	Renewal Fee (excluding HST)	Total (including HST)	College Budget Surplus / (Deficit)
2018-2019	N/A	\$1900.00	\$2147.00	\$273,889
2019-2020	N/A	\$1900.00	\$2147.00	\$333,329
2020-2021	50% - \$950	\$950.00	\$1073.50	(\$337,350)
2021-2022	50% - \$950	\$950.00	\$1073.50	(\$215,104)
2022-2023	35% - \$665	\$1235.00	\$1395.55	(\$132,968)
2023-2024	\$200	\$1700.00	\$1921.00	\$74,394 (unaudited)
2024-2025	\$200	\$1700.00	\$1921.00	Approx \$48,000.00 (projected)
2025-2026	TBD	TBD	TBD	

Inactive Class of Registration Fee

As the inactive class of registration renewal fee is set at 35% of the renewal fee, the inactive class renewal fee needs to be updated should Council agree to set the general class renewal fee at \$1700.00 + HST. Currently, the inactive class renewal fee is set using the general class renewal fee of \$1900.00 + HST. The table below depicts the current fees in red and adjusted pro-rated fees underneath in black should Council set the general class renewal fee at \$1700.00 + HST.

Fees Relating to a Certificate of Registration for Inactive Class			
Fee Item	Fee	H.S.T. 13% <i>(Harmonized Sales Tax)</i>	Total Fee
Certificate of Registration for Inactive Class (application fee and annual renewal fee)	\$665.00 \$595.00	\$86.45 \$77.35	\$751.45 \$672.35
Late Payment Fee	\$75.00 \$150.00	Not applicable Not applicable	\$75.00 \$150.00
Reinstatement Fee	\$250.00	\$32.50	\$282.50
Pro-rated Fees of Transferring back to General Class before Renewal			
April 1 – June 30	\$1,235.00 \$1105.00 (100%)	\$160.00 \$143.65	\$1,395.00 \$1248.65
July 1 – September 30	\$760.00 \$680.00 (75%)	\$120.41 \$88.40	\$1,046.66 \$768.40
October 1 – December 31	\$285.00 \$255.00 (50%)	\$80.28 \$33.15	\$697.78 \$288.15
January 1 – March 31	\$0.00	Not applicable	\$0.00

The inactive class renewal fees and pro-rated fees for transferring back to the general class adheres to the principles of fee fairness. To support Denturists’ return to practice, they can return to the general class of registration from inactivity at any point during the renewal year. The pro-rated fee to return to the general class when added with the initial inactive application fee would equal to the exact amount a general active member would have remitted for the renewal year.

Risk Considerations

Macro-Economic Factors

The Greater Toronto Area and broader economic activity in Canada remains uncertain in the short to medium term. There are reports that overall inflation is slowly beginning to drop as reported by Statistics Canada and the reduction in overnight lending rate by the Bank of Canada since mid 2024.

For the CDO, higher overnight lending rates positively affects CDO’s bottom line as its savings accounts have seen an enormous increase in savings interest rates over the past year. This has tangibly increased

the revenue line-item year over year. On the other hand, while the higher overnight lending rates do not directly affect the CDO (as the CDO does not currently engage in any borrowing), it signals that broadly inflation is high and therefore the services that CDO uses may increase year over year.

Potential Mitigating Factors

- Exiting of 365 Bloor Street Office lease in March 2025 and transition into HUB 601 will net approximately \$100,000 a year in savings for the rent budget line item.

Gradual increase in registrant base year over year, approx. increase of 5-10 net new registrants per year will increase the registration revenues collected.

Other Risk Considerations

- Funding was not built into the operating budget for unexpected initiatives or projects that are borne from externally driven disruptors such as government-imposed modernization.
- The complexity of complaints cases and one-time contested discipline hearings may have a significant negative impact on the operating budget for a regulator this size. The CDO has restricted reserve funds solely for complaints/discipline cases to mitigate the potential financial disruption from one-off cases.
- While budgetary deficits can be absorbed by the College's reserves, it is not prudent or advisable to run operational budget deficits. The annual renewal fee must be set at an appropriate level that permits the College to sustain its operational capacity.

Options

After consideration of these matters, Council may:

1. Set the 2025-2026 annual renewal fee at \$1700.00 + HST; and
 - a. Approve the updated renewal fees for the inactive class of registration.
2. Other

Suggested Motion – That Council sets the 2025-2026 Annual Renewal Fee at \$1700.00 + HST, approves the Inactive Class of Registration Fee Schedule as presented, and update Schedule 7 of the College By-Laws to reflect these changes.

Attachments

- Schedule 7 to the By-Laws – Fee Schedule

SCHEDULE 7 TO THE BY-LAWS

Agenda Item 10.2

Fee Schedule

Fee Item	Fee	H.S.T. 13% (Harmonized Sales Tax)	Total Fee
Fees Relating to Qualifying Examination			
Initial Application Fee	\$75.00	\$9.75	\$84.75
First Attempt at Qualifying Examination	\$4,000.00	\$520.00	\$4,520.00
Subsequent Additional Attempts: Part 1- Multiple Choice Examination (MCQ)	\$800.00	\$104.00	\$904.00
Subsequent Additional Attempts: Part II - Clinical Examination (OSCE)	\$3,200.00	\$416.00	\$3,616.00
Administrative Fee (for late withdrawal of any attempt)	\$100.00	\$13.00	\$113.00
Fees Relating to Applications for Initial Registration for General Class			
Initial Application Fee	\$100.00	\$13.00	\$113.00
Initial Registration Fee (first year of registration pro-rated by quarter in which registered)			
April 1 – June 30	\$1,900.00 \$1700.00	\$247.00 \$221.00	\$2,147.00 \$1921.00
July 1 – September 30	\$1,425.00 \$1275.00	\$185.25 \$165.75	\$1,610.25 \$1440.75
October 1 – December 31	\$950.00 \$850.00	\$123.50 \$110.50	\$1,073.50 \$960.50
January 1 – March 31	\$475.00 \$425.00	\$61.75 \$55.25	\$536.75 \$480.25
Fees Relating to Renewal of a Certificate of Registration for General Class			
Annual Registration Fee	\$1,900.00 \$1700.00	\$247.00 \$221.00	\$2,147.00 \$1921.00
Late Payment Fee	\$150.00	Not applicable	\$150.00
Reinstatement Fee	\$500.00	\$65.00	\$565.00
Fees Relating to a Certificate of Registration for Inactive Class			
Certificate of Registration for Inactive Class (application fee and annual renewal fee)	\$665.00 \$595.00	\$86.45 \$77.35	\$751.45 \$672.35
Late Payment Fee	\$75.00 \$150.00	Not applicable Not applicable	\$75.00 \$150.00
Reinstatement Fee	\$250.00	\$32.50	\$282.50
Pro-rated Fees of Transferring back to General Class before Renewal			
April 1 – June 30	\$1,235.00 \$1105.00	\$160.00 \$143.65	\$1,395.00 \$1248.65
July 1 – September 30	\$760.00 \$680.00	\$120.41 \$88.40	\$1,046.66 \$768.40
October 1 – December 31	\$285.00 \$255.00	\$80.28 \$33.15	\$697.78 \$288.15
January 1 – March 31	\$0.00	Not applicable	\$0.00

Fee Item	Fee	H.S.T. 13% (Harmonized Sales Tax)	Total Fee
Fees Relating to Applications for Initial Registration for Emergency Class			
Initial Application Fee	\$100.00	\$13.00	\$113.00
Initial Registration Fee	\$0.00	Not applicable	\$0.00
Fees Relating to Renewal of a Certificate of Registration for Emergency Class			
Annual Registration Fee	\$0.00	Not applicable	\$0.00
Late Payment Fee	\$150.00	Not applicable	\$150.00
Fees Relating to a Certificate of Registration for Temporary Class			
Initial Application Fee	\$100.00	\$13.00	\$113.00
Registration for a Certificate of Registration for Temporary Class	\$475.00	\$61.75	\$536.75
Fees Relating to a Certificate of Registration for Provisional Class			
Initial Application Fee	\$100.00	\$13.00	\$113.00
Initial Registration Fee (first year of registration pro-rated by quarter in which registered)			
April 1 – June 30	\$950.00	\$123.50	\$1,073.50
July 1 – September 30	\$712.50	\$92.63	\$805.13
October 1 – December 31	\$475.00	\$61.75	\$536.75
January 1 – March 31	\$237.50	\$30.88	\$268.38
Annual Renewal of a Certificate of Registration for Provisional Class	\$950.00	\$123.50	\$1,073.50
Late Payment Fee	\$75.00	Not applicable	\$75.00
Reinstatement Fee	\$250.00	\$32.50	\$282.50
Pro-rated Fees of applying to General Class before Renewal			
April 1 – June 30	\$1,187.50	\$154.38	\$1,341.88
July 1 – September 30	\$950.00	\$123.50	\$1,073.50
October 1 – December 31	\$712.50	\$92.63	\$805.13
January 1 – March 31	\$475.00	\$61.75	\$536.75
Fees Relating to Professional Corporations and Certificates of Authorization			
Initial Registration of a Certificate of Authorization	\$1,000.00	\$130.00	\$1,130.00
Annual Renewal of a Certificate of Authorization	\$350.00	\$45.50	\$395.50
Late Payment Fee	\$150.00	Not applicable	\$150.00
Other Fees			
Jurisprudence Program	\$100.00	\$13.00	\$113.00
Transfer to different Class Fee	\$100.00	\$13.00	\$113.00
QAC Ordered Assessment Fee	\$750.00	\$97.50	\$847.50

Fee Item	Fee	H.S.T. 13% <i>(Harmonized Sales Tax)</i>	Total Fee
Election Recount Fee	\$500.00	\$65.00	\$565.00
Service Charge for declined payments	\$45.00	Not applicable	\$45.00
Duplicate Certificate	\$50.00	\$6.50	\$56.50
Letter of Standing	\$44.25	\$5.75	\$50.00
Clinic Name Registration	\$25.00	\$3.25	\$28.25
Retired Status Application	\$50.00	\$6.50	\$56.50
Retired Status Renewal	\$50.00	\$6.50	\$56.50
Administration Fees for Notices – this fee shall be applied when a notice is sent to a member who has failed to comply with a request to which the member must comply (i.e. updating insurance and CPD credits by the deadline).			
Administration Fee for Notices (First Notice)	\$50.00	\$6.50	\$56.50
Administration Fee for Notices (Subsequent Notices)	\$100.00	\$13.00	\$113.00



College of Denturists of Ontario

ANNUAL REPORT 2023-2024

Team CDO

Abdelatif (Latif) Azzouz

Aisha Hasan

Annie Chu

Avneet Bhatia

Catherine Antrobus

Catherine Mackowski

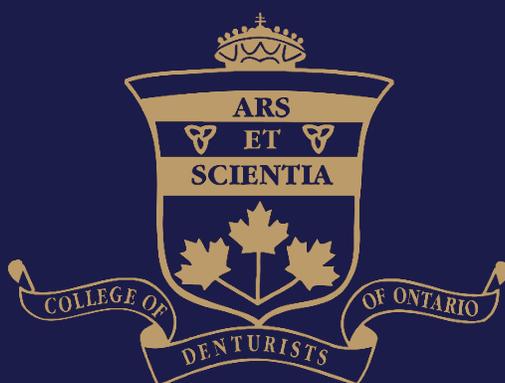
Elaine Lew

Elizabeth Gorham-Matthews

Franklin Parada

Gaganjot Singh

Garnett A. D. Pryce



Kristine Bailey

Lileath Claire

Majid Ahangaran

Megan Callaway

Meghan Hoult

Michael Bakshy

Norbert Gieger

Paige O'Brien

Robert Velensky

Roderick Tom-Ying

Tera Goldblatt

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About the College

The Public Regulator for the Profession of Denturism

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

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

The CDO does this by:

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

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



Message from the President



Ms. Lileath Claire
President (June 2022 - Present)

As we approach the end of 2024, it is fitting to reflect on the significant strides the College has made across various key operational areas. This year, we have not only achieved important milestones but have also reaffirmed our unwavering commitment to uphold the College's Mission and Mandate. Every decision we made has been driven by our dedication to enhancing administrative and operational efficiencies, while also expanding our network of partnerships with local, provincial, and national entities. These efforts continue to benefit all Ontarians and positions the College for continued success.

During the reporting period, the College Council convened several key meetings, including one Special Council meeting and three regular Council meetings (112th – 114th). In addition, the College's seven statutory committees and two non-statutory committees met on regular schedules advancing the legislative priorities of the College. These meetings, which were held both in-person and remotely, enabled Council members to remain engaged and responsive to the evolving needs of the College and its stakeholders.

College Mission and Mandate

The College's mission is to regulate and govern the profession of Denturism in the public interest. Through the enactment of legislation, regulations, standards of practice, and policies, all designed with the public's well-being in mind, the College ensures that registered Denturists are equipped to provide safe, competent, and ethical care to all Ontarians. These frameworks guide Denturists in their professional conduct and are critical to maintaining the trust and confidence of the public in the profession.

Members of Council & Key Positions

The College Council celebrated the completion of terms on Council for Christopher Reis (two terms) and Paul Karolidis (one term). In recognition of their contributions, they were presented with Certifications of Recognition by the President and Registrar.

We welcomed three new Council members, Mr. Franklin Parada from District 3, Ms. Annie Chu from District 4 and Mr. Majid Ahangaran from District 7. Council also saw the return of Mr. Abdelatif Azzouz from District 6 and Ms. Elizabeth Gorham-Matthews from District 8. District 1 remains vacant. I was also honoured to be reappointed by the Minister of Health as public appointee for another three-year term.



Council appointed Mr. Robert Velensky as Chief Examiner for a three-year term ending February 2027, following a rigorous selection and interview process.

Recognition of 50th Year of Practice

As President, I had the honour of congratulating eleven Denturists who were commemorated by the College for achieving the remarkable milestone of 50 years in practice. Their dedication and hard work have played a pivotal role in the evolution of the profession, contributing to the high standards of care we see today. Through their unwavering commitment to excellence, these individuals have helped shape the future of Denturism, and the people of Ontario have experienced significant improvements in their oral health as a result. Their service as oral health professionals are truly deserving of recognition.

Operational Excellence

College Performance Measurement Framework (CPMF) Reporting

The College Performance Measurement Framework (CPMF) continues to be a cornerstone for ensuring regulatory transparency and operational excellence. Its primary objective is to enhance accountability and oversight across Ontario's health regulatory Colleges, while driving improvements in performance and service delivery. The CPMF operates on an annual reporting cycle, from January 1 to December 31 each year.

For the 2023 reporting cycle, the focus remained on fostering a culture of continuous improvement. In this period, the College updated its CPMF action items, outlining specific initiatives, completion plans, and timelines for implementation. The action items primarily centered on governance initiatives and have been highlighted as benchmarked evidence in the year's CPMF report. These efforts align with the College's broader operational and strategic priorities, ensuring that all actions contribute to its overarching goals of improving performance, service quality, and public trust.

During this reporting period the CDO introduced a new annual conflict of interest questionnaire and confidentiality declaration, which all Council members are required to complete each year. To further strengthen transparency and accountability, the College implemented a conflict-of-interest register, which is publicly accessible as part of every Council and Committee meeting package.

The elements of the newly developed conflict-of-interest and confidentiality forms have also been integrated into an online digital format, making it easier for all Council and Committee members to complete the declarations annually. These completed forms and declarations are included as an appendix in each Council and Committee meeting package, reinforcing the College's commitment to upholding high standards of governance and oversight.

Looking ahead, initiatives slated for completion in 2024/2025 include the development and implementation of competency criteria for Council and Committee members. The College also plans to engage a third-party



assessor to evaluate the effectiveness of these new competency standards, further strengthening the College's governance framework.

Risk Rating for the College

In November 2023, the Office of the Fairness Commissioner (OFC) rolled out the second iteration of its Risk-informed Compliance Framework (RICF). This framework assesses each regulator's operations based on five risk factors that could affect their ability to apply fair registration practices for both domestically trained and internationally trained applicants. The risk assessment process results in one of three risk ratings: low, moderately low, or moderate to high.

As part of this assessment, the OFC conducted a risk analysis for the College and determined that the College falls into the low-risk category for the period from April 1, 2024, to March 31, 2026.

This is a significant achievement, and I extend my congratulations to the College Registrar Roderick Tom-Ying and the entire staff team for their hard work and dedication in achieving this result. This outcome reflects the College's ongoing commitment to advancing fair registration practices and upholding the integrity of the Denturist profession.

Public & Stakeholders Consultations

As a part of its mandate, the College develops or amends regulations, by-laws, policies, standards and practice guidelines necessary to regulate the profession. The following consultations were undertaken to get valuable feedback from the College's stakeholders and the Public:

- Proposed By-Law Amendment Harmonizing Registration Year End with Fiscal Year End
 - New Registration Year – From April 1st to March 31st of the following year
- Proposed By-law Amendment: Fees for new Emergency Class of Registration
- Removal of Unique Identifiers on Patient Charts/Records & Updated Record Keeping Standard of Practice & Guidelines – Implemented
- Standard of Practice Update: Advertising & Clinic Names – To assist Denturists in understanding their legal and professional responsibilities with respect to advertising and clinic naming, replacing the former Standard of Practice: Advertising

The input received from stakeholders helped the College to understand the effectiveness and impact of proposed changes before final approval, and ensure they are being made in the public interest.

As President of the College Council, it is both an honour and a privilege to work alongside the College Registrar & CEO and all members of Council as we strive to fulfill the College's mission. Throughout the year, we have explored and implemented new ways to be more responsive to the evolving needs of Ontarians, strengthened our collaborations with local, regional, and national partners, and remained steadfast in our commitment to the ongoing training and development of both Council members and staff.



The combined efforts of our team—both accomplished and in-progress—serve to reinforce self-regulation and ensure that all Ontarians continue to have access to the highest standards of Denturism services. I want to extend my deepest gratitude to my fellow Council members, the College Registrar & CEO, his dedicated staff, and the members of the profession who remain unwavering in their commitment to our Mission: To regulate and govern the profession of Denturism in the public interest.



CDO Council, Front Row (left to right): Norbert Gieger DD, Abdelatif (Latif) Azzouz DD, Gaganjot Singh, Kristine Bailey, Vice-President, Lileath Claire, President, Garnett Pryce DD, Paul Karolidis DD, Roderick Tom-Ying, Registrar

Back Row (left to right): Tera Goldblatt, Manager of Quality Assurance, Catherine Mackowski, Manager of Professional Conduct, Elaine Lew, Manager of Registration and Qualifying Examinations



College Council

Who We Are

Officers

Kristine Bailey, Public Member – Vice President (until September 2023)

Garnett A.D. Pryce – Vice President (from September 2023)

Lileath Claire, Public Member – President & Chair

Public Members

Michael Bakshy

Avneet Bhatia

Aisha Hasan

Gaganjot Singh

Professional Members

Majid Ahangaran (from September 2023)

Abdelatif (Latif) Azzouz

Annie Chu (from September 2023)

Norbert Gieger

Elizabeth (Beth) Gorham-Matthews

Paul Karolidis (until June 2023)

Adam-Christian Mazzuca (until May 2023)

Franklin Parada (from September 2023)

Garnett A.D. Pryce (until September 2023)

Christopher Reis (until June 2023)

What we Do

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

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

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

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

2023-2025 Strategic Plan

Mission

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

Vision

Leading our registrants to provide exemplary denturism care to Ontarians.

Guiding Principles

Integrity, Honesty, Transparency, Accountability, Fairness, Inclusivity

Key Priorities



Regulatory Effectiveness



Effective Stakeholder Engagement



Ensuring Sustainability



Embracing DEI

2023-2025



Regulatory Effectiveness

CDO continually strengthens and improves its operational and governance framework as an effective and nimble regulator.

Focus Areas:

- Unremitting focus on the Public Interest
- Supporting professional standards and multi-jurisdictional examination processes
- Reviewing and mitigating risks
- Continually meet governmental expectations and standards



Effective Stakeholder Engagement

CDO fosters collaboration and engagement with the public, the profession, and system partners to support Ontarians access to safe, quality, oral health care.

Focus Areas:

- Ensuring necessary relationships are formed, maintained, and appropriate
- Demonstrating to the Public how the CDO and the profession can work together to ensure continued access to quality oral health care



Ensuring Sustainability

CDO positions itself strategically for regulatory success by ensuring it has the appropriate capacity and resources to respond to new and emerging issues.

Focus Areas:

- Staying open to opportunities for collaboration, sharing, or integration
- Maintaining or increasing capacity to stay nimble and effectively respond to change
- Embracing new technologies



Embracing DEI

CDO commits to and embraces the principles of diversity, equity, and inclusion.

Focus Areas:

- Increasing commitment to education and training for Council, Committees, and Denturists in Ontario
- Demonstrating CDO's commitment to embracing DEI



Committee Reports



Statutory Committees

- Executive Committee
- Inquiries, Complaints and Reports Committee
- Discipline Committee
- Fitness to Practise Committee
- Patient Relations Committee
- Quality Assurance Committee
- Registration Committee

Non-Statutory Committees

- Qualifying Examination Committee
- Qualifying Examination Appeals Committee



Executive Committee

Who We Are

Officers

Lileath Claire, Public Member – President & Chair

Kristine Bailey, Public Member – Vice President (until September 2023)

Garnett A.D. Pryce, Professional Member – Vice President (from September 2023)

Public Member-at-Large

Gaganjot Singh (from September 2023)

Professional Members-at-Large

Majid Ahangaran (from September 2023)

Abdelatif (Latif) Azzouz (until September 2023)

Norbert Gieger (until September 2023)

Elizabeth (Beth) Gorham-Mathews

What We Do

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

Achievements

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

- Met four (4) times by teleconference and considered additional matters electronically.
- Due to vacancies, the CDO Council was not constituted as of May 23, 2023, and the 112th Council Meeting originally scheduled for this date was converted to a public meeting of the Executive Committee.
- Considered 14 Clinic Name Registration requests.
- Approved the proposed slate of Committee memberships for 2023-2024 for submission to Council. Normally this slate is developed by the Nominating Committee; however, this year the College relied on the Executive Committee to fulfil this important role.
- Discussed the Ministry of Health's proposed amendments to the Registration Regulation, Emergency Class of Registration, and provided direction to the Registrar to accept the proposed amendments and provide the College's perspective on the matter to the Ministry of Health in a formal letter.



- Re-appointed Mr. Quoc Nguyen as a non-Council member of the Inquiries, Complaints, and Reports Committee (ICRC) for the remainder of the 2023-2024 term and directed the Registrar to report the appointment to Council at its next meeting.
- Received updates from the Registrar on the proposed draft Registration Regulation, Emergency Class of Registration, and the status of Council and current vacancies.
- Discussed the Registrar's annual performance appraisal.



HUB 601 Council Chambers



Inquiries, Complaints and Reports Committee

Who We Are

Chair

Kristine Bailey, Public Member – Chair

Public Members

Michael Bakshy

Gaganjot Singh

Professional Members

Annie Chu

Norbert Gieger

Majid Ahangaran (from June 2023)

Garnett A.D. Pryce

Non-Council Members of the Profession

Jae Won (Eric) Kim (from June 2023)

Emilio Leuzzi

Karla Mendez-Guzman

Minh Quoc (Quoc) Nguyen

What We Do

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

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

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

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

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



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

Achievements

In August 2023, ICRC members participated in a training and orientation session presented by the College’s Legal Counsel. The training session included a presentation outlining the statutory framework for which the ICRC operates in, focusing on the complaints processes, and its current practices.

In addition to the training and orientation session held in August 2023, the Committee reviews literature relevant to its mandate on an ongoing basis and develops administrative guidelines and policies.

The Committee met nine (9) times to review 27 cases that included 26 complaints and one (1) Registrar’s report. Below are the outcomes of the ICRC deliberations where a decision was rendered within the reporting timeframe. The numbers reflect only those cases in which a final decision was made prior to April 1, 2024.

Took no further action	9
Took no further action but issued reminders or advice to member	8
Ordered a SCERP	3
Ordered SCERP and verbal caution	3
Ordered a verbal caution	0
Referred to Discipline	3

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

Practice Issue	Primary Issue
Communication	7
Clinical skill/execution	5
Relationship with patient	5



Discipline Committee

Who We Are

Chair

Elizabeth (Beth) Gorham-Mathews, *Professional Member*

Public Members

Kristine Bailey
Michael Bakshy
Avneet Bhatia
Lileath Claire
Aisha Hasan
Gaganjot Singh

Professional Members

Majid Ahangaran
Abdelatif (Latif) Azzouz
Annie Chu (from September 2023)
Norbert Gieger
Paul Karolidis (until June 2023)
Jae Won (Eric) Kim (from June 2023)
Adam-Christian Mazzuca (until May 2023)
Franklin Parada (from September 2023)
Garnett A.D. Pryce
Christopher Reis (until June 2023)

Non-Council Members of the Profession

Eugene Cohen
Emilio Leuzzi
Karla Mendez-Guzman
Minh Quoc (Quoc) Nguyen (until June 2023)
Bruce Selinger

What We Do

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

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

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



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

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

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

Achievements

The Discipline Committee held two hearings in this fiscal year for two member matters.





Fitness to Practise Committee

Who We Are

Chair

Norbert Gieger, *Professional Member*

Public Members

Kristine Bailey
Michael Bakshy
Avneet Bhatia
Lileath Claire
Aisha Hasan
Gaganjot Singh

Professional Members

Majid Ahangaran (from June 2023)
Abdelatif (Latif) Azzouz
Annie Chu (from September 2023)
Elizabeth (Beth) Gorham-Mathews
Paul Karolidis (until June 2023)
Adam-Christian Mazzuca (until May 2023)
Franklin Parada (from September 2023)
Garnett A.D. Pryce
Christopher Reis (until June 2023)

Non-Council Members of the Profession

Cindy Abramovici-Rotman (from June 2023)
Eugene Cohen (from June 2023)
Karla Mendez-Guzman
Minh Quoc (Quoc) Nguyen (until June 2023)
Vy Nguyen (from June 2023)

What We Do

As with some members of the general population, sometimes a Registered Denturist might be suffering from a physical or mental condition, illness, or ailment. If this renders them unable to practise safely or effectively it is known as incapacity.

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

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

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



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

Achievements

There were no Fitness to Practise hearings this fiscal year.





Patient Relations Committee

Who We Are

Chair

Kristine Bailey, Public Member (until September 2023)

Avneet Bhatia, Public Member (from September 2023)

Public Members

Michael Bakshy (until September 2023)

Avneet Bhatia (until September 2023)

Aisha Hasan (from September 2023)

Professional Members

Elizabeth (Beth) Gorham-Matthews

Paul Karolidis (until June 2023)

Franklin Parada (from September 2023)

Garnett A.D. Pryce (until September 2023)

Christopher Reis (until June 2023)

Non-Council Members of the Profession

Danielle Arsenault

Cindy Abramovici-Rotman (from June 2023)

Deepak Naik

Vy Nguyen (from June 2023)

Rachael Smith (from June 2023)

Majd Zaitouni (from June 2023)

What We Do

The Committee oversees the patient relations program, including implementing measures for preventing or dealing with sexual abuse of patients. The program includes education of the profession, Council, and staff, and the provision of information to the public. The committee also administers the funding program for therapy and counselling for patients who have been sexually abused.

Achievements

The Patient Relations Committee did not meet during this timeframe.



Quality Assurance Committee

Who We Are

Chair

Abdelatif (Latif) Azzouz, *Professional Member*

Public Members

Michael Bakshy

Avneet Bhatia

Aisha Hasan (from June 2023)

Gaganjot Singh

Professional Members

Paul Karolidis (until June 2023)

Garnett A.D. Pryce

Non-Council Members of the Profession

Cindy Abramovici-Rotman

Deepak Naik

Vy Nguyen

Taifi Umbareen

Majd Zaitouni (from June 2023)

What We Do

Registered Denturists must maintain and enhance their knowledge, skills, and judgment throughout their careers as part of the Quality Assurance (QA) Program – with the end goal of providing appropriate high-quality care that the public expects. The QA program is one way that the College gives Registered Denturists the tools and feedback to continually improve their competence.

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

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



Achievements

- The Committee met six times during the year to develop Quality Assurance Program components, monitor compliance with the Continuing Professional Development requirements, and review Peer & Practice Assessment reports.
- The Committee reviewed a total of 62 assessments made up of outstanding assessments from the previous three years. The focus this year was to finalize outstanding Peer and Practice selections.
- Peer & Practice Assessor training was delivered in-person and two new assessors were added to the roster.
- Implemented the Chart Stimulated Recall as an active component of the Peer & Practice Assessments.
- Conducted in-person Peer Circle events, one at PYP for the Denturists Association of Ontario, and the other for the first time ever at the Denturists Group of Ontario's annual conference.
- 18 live Webinars were presented across seven different topics and had 657 live views.



Peer Circles Working Group

The Peer Circles is an innovative continuing professional development tool developed in collaboration between the College of Denturists of Ontario and several members of the profession. Peer Circles typically involves eight to 10 practitioners lead by one group facilitator. The facilitator, who is a practising Denturist themselves, are trained to guide the group as they are presented with realistic and difficult clinical scenarios and how the group would navigate them in their own practices.

In order to keep Peer Circles current, new cases need to be developed and refined. In June 2022, 13 Registered Denturists worked diligently for two days to develop six new cases. These cases continued to be used at events throughout 2023-2024.

Peer Circles was held at the annual Denturists Association of Ontario's Perfecting Your Practice Conference on June 15, 2023. The event was well-received and 100% of participants who submitted the survey indicated they would recommend the activity to a colleague.

November 2, 2023, marked the CDO's second appearance at the Denturist Group of Ontario's continuing education event and from the initial feedback provided, their members found Peer Circles to be exceptionally useful. 100% of participants who submitted the survey also indicated they would recommend the activity to a colleague.

November 4, 2023, saw the Peer Circles taken to Ottawa where we were lucky enough to deliver Peer Circles to 25 local practitioners. Again, the event was well received, and all participants expressed their eagerness to attend again in the future.

The CDO would like to recognize the following Denturists who make Peer Circles happen:

Trained Facilitators:

Hisham (Sean) Akkawi
Annie Chu
William Collings
Sultana Hashimi
Senaa Kadhim
Jae Won (Eric) Kim

Adam Lima
David Mulzac
Christine Reekie
Peter (P.J.) Saberton
David Soto



Peer Circle Group Participants at the DAO event on June 16, 2023



Peer Circle Group participants at the DGO Conference on November 2, 2023



Registration Committee

Who We Are

Chair

Elizabeth (Beth) Gorham-Matthews, *Professional Member*

Public Members

Kristine Bailey

Gaganjot Singh

Professional Members

Adam-Christian Mazzuca (until May 2023)

Annie Chu (from September 2023)

Norbert Gieger (from June 2023)

Non-Council Members of the Profession

Annie Chu (from June 2023)

Paul Conrad (until June 2023)

Taifi Umbareen (from June 2023)

Carlo Zanon (from June 2023)

What We Do

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

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

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

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

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

During 2023-2024, the College had 31 new registrants, 23 members resigned their Certificates of Registration, and 1 member was suspended for non-payment of registration fees. As of March 31, 2024, the College had 780 registrants.



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

Achievements

- Met eight (8) times.
- Conducted 11 academic assessments.
- Considered four (4) approval of terms, conditions, and limitations for registration.
- Considered six (6) retired status applications.

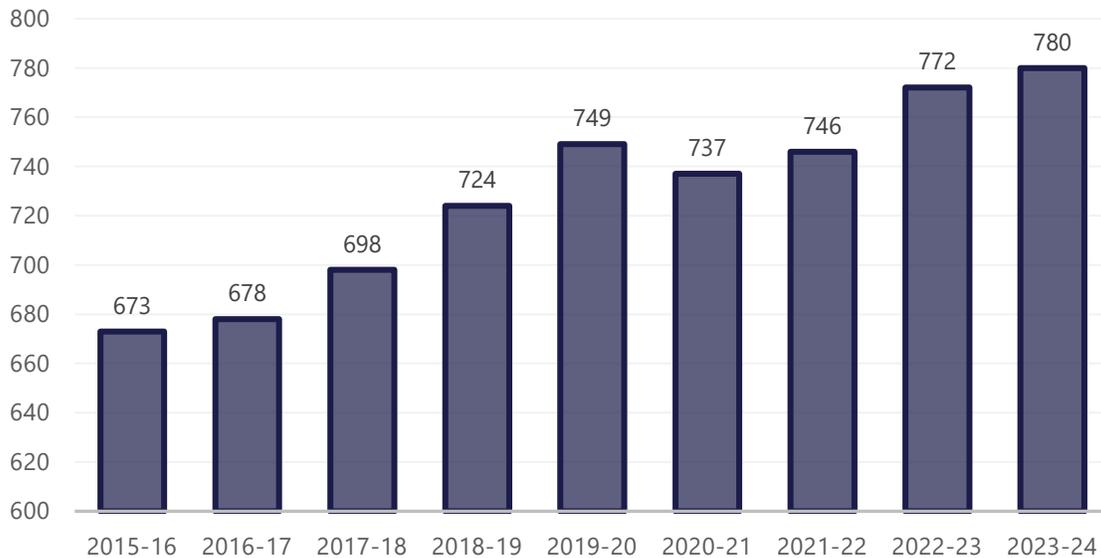
43%

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

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

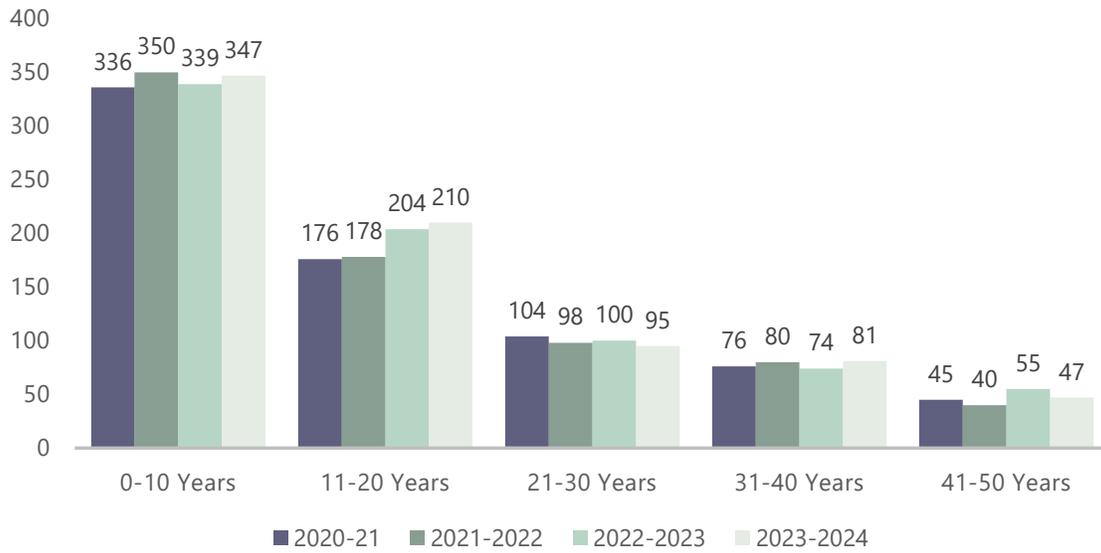
38%

CDO MEMBERSHIP





of Years in Practice





Qualifying Examination Committee

Who We Are

Chair

Abdelatif (Latif) Azzouz, Professional Member

Public Members

Avneet Bhatia

Professional Members

Non-Council Members of the Profession

Annie Chu (until June 2023)

Emilio Leuzzi (from June 2023)

Adam-Christian Mazzuca (until May 2023)

Karla Mendez-Guzman (June 2023 only)

Milania Shahata

Carlo Zanon (from June 2023 until November 2023)

What We Do

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

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

Achievements

- Following each administration of the OSCE component of the Qualifying Examination, the Committee met to review the item analysis. Items identified by low performance were presented and reviewed by the Committee prior to the release of final candidate scores.
- The College continued with the bi-annual schedule of conducting the Qualifying Examinations in June of 2023 and February of 2024.
- The College of Denturists of Ontario, in collaboration with the College of Alberta Denturists and the British Columbia College of Oral Health Professionals, held a common Multi-Jurisdictional MCQ examination component for both the June 2023 and February 2024 administrations.
- The June 2023 Qualifying Examination components were conducted successfully with the Multi-Jurisdictional MCQ examination held on June 12th, 2023, and the OSCE held on June 24th, 2023 and June 25th, 2023.



- The February 2024 Qualifying Examination components were conducted successfully with the Multi-Jurisdictional MCQ examination held on February 15th, 2024, and the OSCE held on February 24th, 2024 and February 25th, 2024.





Qualifying Examination Appeals Committee

Who We Are

Chair

Lileath Claire, Public Member (until June 2023)
Gaganjot Singh, Public Member (from June 2023)

Public Members

Aisha Hasan

Professional Members

Norbert Gieger

Non-Council Members of the Profession

Majid Ahangaran (until June 2023)
Danielle Arsenault
Emilio Leuzzi
Karla Mendez-Guzman (June 2023 only)
Taifi Umbareen (from June 2023)

What We Do

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

Achievements

- Received and adjudicated three appeals from the June 2023 administration of the Multi-Jurisdictional Multiple Choice Qualifying Examination.
- No appeals were received from the February 2024 administration of the Multi-Jurisdictional Multiple Choice Qualifying Examination.



Qualifying Examination Working Group and OSCE Assessors

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

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

Professional Members

Hisham (Sean) Akkawi
Albert Ang
James Durston
Annie Gallipoli
Julian Garber
Sultana Hashimi
Jae Won (Eric) Kim
Adam Lima
Karla Mendez-Guzman
John (Ginadi) Rafailov
Christopher Todd
Luc Tran
Sam Tran
Carlo Zanon

Chief Examiner

Robert Velensky

Consultant

Dr. Anthony Marini, Martek Assessments
Matthew Marini, Martek Assessments



[Placeholder for Summary Financial Statements]



[Placeholder for Summary Financial Statements]



[Placeholder for Summary Financial Statements]



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BRIEFING NOTE

To: **Council**

From: **Meghan Houtt, Manager of Qualifying Examinations and Strategic Initiatives**

Date: **December 13, 2024**

Subject: **Update on Multi-Jurisdictional OSCE Examination & Updated Examination Blueprints for Approval**

Public Interest Rationale

The College of Denturists of Ontario's mandate is to protect the public by ensuring Registered Denturists provide safe, ethical, and competent denturism care and service in Ontario. As part of that mandate, the College hosts its Qualifying Examinations twice a year to ensure a smooth, orderly, and defensible examination process. The application of the updated National Competency Profile for Denturism Practice (2020) and proposed updated blueprints (or weighting of competency areas within each exam) to the Qualifying Examinations ensures a standardized assessment for entry-to-practice candidates and ensures public safety in Ontario and abroad.

Purpose

- College Staff would like to update Council on the progress of the Multi-Jurisdictional Objective Structured Clinical Examination (MJ OSCE) which is currently under development, and to present for approval, updated exam blueprints that will underpin the Multi-Jurisdictional Multiple-Choice Question (MJ MCQ) examination and the MJ OSCE.
- The updated blueprints align with the 2020 National Competency Profile for Denturism Practice and will pave the way for a new Qualifying Examination format for the MJ OSCE.

Background – Multi-Jurisdictional Qualifying Examination Working Group & Multi-Jurisdictional Examinations

In June 2021, the College of Denturists of Ontario, in collaboration with the College of Alberta Denturists and the British Columbia College of Oral Health Professionals (the Multi-Jurisdictional

Qualifying Examination Working Group) began administering the MJ MCQ Qualifying Examination component. This exam is administered simultaneously in real time for all candidates from each province. This commonality ensures that every exam candidate is afforded a fair and defensible assessment that is standard across the provinces.

Since 2021, the Multi-Jurisdictional Qualifying Examination Working Group has grown and expanded and currently is represented by the provinces of British Columbia, Alberta, Saskatchewan, Manitoba and Ontario.

Currently, the OSCE Qualifying Examination component is administered by each province independently (in British Columbia, Alberta and Ontario). The Multi-Jurisdictional Qualifying Examination Working Group has been working to implement a MJ OSCE which would, as with the MJ MCQ, be administered simultaneously for all candidates from each province and would have identical, standardized content (in Alberta and Ontario).

Background – Examination Development Cycle

The administration of the MCQ exam and OSCE, their format, competencies tested, and logistics are the final product of an exam development cycle.

The foundational document that underpins all exam work is known as a competency profile. A competency profile is a list of the skills, knowledge, and specific proficiencies which define the minimum requirements in order to become a minimally competent Denturist. The competency profile defines these competencies in concrete measurable terms including listing performance indicators that provide demonstrable indicators that the candidate is meeting the competencies.

The development of a competency profile requires substantial collaboration and consultation amongst health regulators, professional associations, educational institutions, and members of the profession across diverse factors such as rural vs. urban, solo practitioner vs. multi-professional clinic, years of experience, etc. As the competency profile speaks directly to foundational skills required of Denturists, it is created by a group of practitioners, regulators, provincial/national professional associations and educators so that a broad perspective is captured. The development or updating of a competency profile is a significant endeavour that often lasts months up to years. The usual validity length of a competency profile is anywhere from 5-7 years.

Once a competency profile is developed, validated, and consulted upon by the membership, Council approves the competency profile for implementation. The competency profile for the Denturism profession includes five competency areas: jurisprudence, ethics and professional responsibilities, patient-centred clinical practice, records management, laboratory procedures, and business management.

From there, exam blueprints are developed based on the competency profile mirroring the competency areas. Weighting of competency categories is determined, and the testing environment for each competency area is discussed amongst stakeholders (e.g. is this specific competency best tested in schools, on the licensing examination, or in live practice). Testing environments may include where that specific competency should be tested, and the best format to test that competency (i.e. whether it is on the MCQ exam or on the clinical/practical OSCE).

The blueprints, therefore, are a culmination of another set of consultative work (that can last months) that best interpret the competency profile and specify how those competencies should be tested on the MCQ exam and OSCE. The blueprints also specify the number of questions, competency weighting, and number of OSCE stations.

Currently, there is a National Competency Profile developed in 2020 and approved by Denturism regulators across Canada. There is also a 2015 competency profile developed by Ontario for the Ontario examinations, which is rooted in the original 2013 National Competency Profile.

As the Multi-Jurisdictional exam format is being rolled out, there will be a period where different competency profiles are linked to different exam components. The 2020 National Competency Profile will underpin the June 2025 MJ MCQ exam for *both* Alberta and Ontario, and the Alberta MJ OSCE only.

As the 2025 CDO OSCEs are administered locally, they will be underpinned by the 2015 competency profile. Once the MJ OSCE exam is rolled out in 2026, the CDO would then move over to the 2020 National Competency Profile for both the MJ MCQ and MJ OSCE.

New Multi-Jurisdictional Exam Blueprint

In order to launch the Multi-Jurisdictional exams and transfer from the provincially administered exams, a Multi-Jurisdictional exam blueprint was developed and approved by the respective provincial denturism regulators. The MJ MCQ blueprint was last developed in January 2023 and did not represent substantial changes from Ontario's original MCQ blueprint. The OSCE blueprint was last updated in March 2019.

Under the guidance of the Colleges' third-party psychometricians, the Multi-Jurisdictional Qualifying Exam Working Group composed of Denturists from across Canada have updated and developed the exam blueprints for both the MJ MCQ and MJ OSCE for implementation in 2025 onwards to better reflect the importance (and weighting) of each of the core competencies. The newly developed exam blueprints also pave the way for new enhanced exam formats including the use of images, visual models, or diagrams on the MCQ examination. Currently the MCQ exam is all text-based questioning with a question posed and four potential answers. With the new exam blueprint, the MCQ exam can provide an image or video of a model and provide four potential answers.

For the OSCE, the CDO's adoption of the MJ OSCE and blueprint allows for the CDO to incorporate common practice in testing, including reducing the OSCE from two days to one day of testing. Currently, the CDO is the only health regulator that has a two day OSCE licensing exam. The CDO's counterparts in optometry, opticianry, chiropractic, pharmacy, medicine, physiotherapy, and massage therapy all administer a one-day practical exam. The College of Alberta Denturists also administers a one-day OSCE.

While the final details and logistics of the updated MJ OSCE are not yet finalized as it is currently under development, Council is asked to approve the exam blueprint so that the developmental work can continue.

The College of Alberta Denturists (in collaboration with the British Columbia College of Oral Health Professionals) will be the first to adopt the MJ OSCE format with its June 2025 administration. The CDO will follow Alberta/BC's lead with a current targeted goal of February 2026 for the MJ OSCE implementation. Both regulators are currently administering the MJ MCQ examination. With the new blueprint, some slight modifications to the MJ MCQ examination may occur including the use of images or diagrams for some multiple-choice questions. Any changes to the MJ MCQ examination will be launched at the June 2025 administration at the earliest.

Next Steps

There are many moving parts and variables before Ontario can launch the MJ OSCE examination. Consultative work including informing the educational institutions, denturism associations, and the membership at large will need to occur to roll out the change in exam format, allow candidates adequate time to adjust to the new format, and for the Standardized Patient Program to implement the logistical changes. We believe that this will occur throughout 2025 in advance of a projected February 2026 trial launch.

Additional rationale for a staggered MJ OSCE implementation takes into account the differing scales of the exam between Alberta and Ontario, with Alberta having a smaller-scale, single day exam, where the level of recruitment has been consistent. Ontario's format is anticipated to change more considerably, on a larger scale with more schools in the province, higher recruitment, and a change from a two day exam to a single day exam. The anticipated Ontario launch in 2026 will allow for the CDO to make adjustments based on the feedback from the Alberta roll out.

Prior to the important consultative work with stakeholders, the Multi-Jurisdictional Qualifying Examination Working Group must continue developing new OSCE cases, standardize them, and validate them for accuracy and testing performance. College Staff will have to work with all stakeholders to communicate the changes well in advance and sort out any logistical issues. New examination assessors will need to be recruited, onboarded, and provided with training prior to administering the new MJ

OSCE. Updating the OSCE requires a slow and orderly roll out due to the high stakes nature of a licensing examination.

Risk Consideration

Due to the high-stakes environment and nature of the Qualifying Examinations, significant operational risk exists surrounding examination administrations, whether in local or Multi-Jurisdictional format. The involvement of third-party consultants and experts mitigates operational risk by having knowledgeable and experienced advisors to assist with the creation and implementation of the examination in a Multi-Jurisdictional format.

The College will mitigate its risk by continuing to work closely with its advisors, the College of Alberta Denturists, and other provinces to develop the MJ OSCE prior to its anticipated launch in Ontario in February 2026.

Options

Council is asked to approve to the following:

1. The updated MJ MCQ Blueprint (for implementation in June 2025) and MJ OSCE Blueprint (for implementation in February 2026).
2. Other

After consideration of these matters, Council may:

Suggested Motion – That Council approves the updated MJ MCQ and MJ OSCE Blueprints for implementation in June 2025 and February 2026 respectively.

Attachments

1. Current MJ MCQ and OSCE Blueprints
2. Updated MJ MCQ and MJ OSCE Blueprints
3. National Competency Profile for Denturism Practice (2020)
4. Essential Competencies for Denturism Practice in Ontario (2015)



MCQ Blueprint

The content of the Canadian dentist multijurisdictional registration exam is largely determined by the National Competency Profile for Denturists and the nationwide survey of denturists shortly after. The survey provided weightings of importance to each of the six core competencies. Candidates are encouraged to review the National Competency Profile and the breakdown of each category. In addition, the global rating scale is applied.

BLUEPRINT

The multiple choice (MCQ) component of the multijurisdictional registration exam reflects those competencies in content and importance, and are as follows:

Multiple Choice Exam (MCQ) – 240 questions	
Competency Area	% of Questions
Clinical Practice	35%
Laboratory Procedures	26%
Professional Collaboration	13%
Practice Management	16%
Jurisprudence, Ethics, and professional responsibility	10%
Communication	N/A
TOTAL	100%



OSCE Blueprint

The content of the Objective Structured Clinical Examination is determined by the [Essential Competencies for Denturism Practice in Ontario](#). Candidates are encouraged to review the Competency Profile and the breakdown of each category including performance indicators and practice illustrations. The OSCE portion of the Qualifying Examination is administered provincially.

BLUEPRINT

The clinical (OSCE) component of the Qualifying Examination reflects those competencies in content and importance, and are as follows:

Objective Structured Clinical Examination (OSCE) – 16 Stations Total		
Competency Area	Competency Weighting	# of Stations
Clinical Practice	31.25%	5
Laboratory Procedures	25%	4
Professional Collaboration	12.5%	2
Practice Management	6.25%	1
Jurisprudence, Ethics, and professional responsibility	12.5%	2
Communication	12.5%	2
TOTAL	100%	16

MCQ Blueprint

The content of the Canadian denturist multijurisdictional registration examination aligns with the [National Competency Profile for Denturists \(2020\)](#) and the nationwide survey of denturists shortly after. The survey provided weightings of importance to each of the six core competencies. Candidates are encouraged to review the National Competency Profile and the breakdown of each category. In addition, the global rating scale is applied.

This blueprint is effective for the June 2025 administration of the multijurisdictional exam multiple-choice component.

BLUEPRINT

The multiple choice (MCQ) component of the multijurisdictional registration exam reflects those competencies in content and importance, and are as follows:

Multiple Choice Examination (MCQ) – 220 questions	
Competency Area	% of Questions
Jurisprudence, Ethics, and Professional Responsibilities	16%
Patient-Centred Clinical Practice	42%
Records Management	8%
Laboratory Procedures	25%
Business Management	9%
TOTAL	100%

OSCE Blueprint

The content of the Canadian denturist multijurisdictional registration examination aligns with the [National Competency Profile for Denturists \(2020\)](#) and the nationwide survey of denturists shortly after. The survey provided weightings of importance to each of the six core competencies. Candidates are encouraged to review the National Competency Profile and the breakdown of each category. In addition, the global rating scale is applied.

This blueprint is effective for the June 2025 administration of the multijurisdictional exam objective structured clinical examination (OSCE) component.

BLUEPRINT

The Objective Structured Clinical Examination (OSCE) component of the multijurisdictional registration exam reflects those competencies in content and importance, and are as follows:

Objectively Structured Clinical Examination (OSCE) - 12 stations	
Competency Area	# of Stations
Jurisprudence, Ethics, and Professional Responsibilities	1
Patient-Centred Clinical Practice	6
Records Management	N/A ¹
Laboratory Procedures	4
Business Management	1
TOTAL	12

GLOBAL RATING SCALE

In all interactions of an exam candidate during the OSCE, the global rating scale is applied. This scale refers to your overall performance and includes:

-  empathy
-  coherence
-  verbal communication
-  non-verbal communication
-  overall knowledge and skill

¹ Records Management is assessed on the multiple-choice component of the examination

National Competency Profile – Canada

Denturists

May 2020

This competency profile, together with provincial Standards of Practice and Codes of Ethics, describes the practice requirements and expectations of Canadian denturists at entry-to-practice. That is, these competencies identify the minimum learning outcomes required of denturists at entry-to-practice. These competencies have been validated with information obtained through a broad national consultation with members of the profession and other stakeholders.

Purpose

The competency profile is a foundational document that describes a national standard that supports the provision of safe, effective and ethical patient care by denturists at entry-to-practice.

This document is the primary source of information used in the creation of blueprints for the Canadian multi-jurisdictional denturist regulatory examinations.

The competency profiles will be of value to registered and aspiring members of the profession, students, educators, regulators, patients and members of the public. However, this competency profile is not to be considered a curriculum guide. Educational institutions should determine the educational approach to establishing the necessary relationship between successful completion of a denturism academic program and meeting the entry-to-practice competency at the expected level of proficiency set out by provincial regulators.

History

The national entry-to-practice competencies for denturists were originally developed and approved in 2013. An extensive review and revision of the 2013 profile involving denturists across the country, educators and other stakeholders took place in 2019. This resulting revised profile was approved, in 2020, by the denturism regulators in British Columbia, Alberta and Ontario. This competency profile is a living document that will be reviewed regularly to capture the evolving entry-to-practice standards that support the provision of safe, effective and ethical patient care by denturists at entry-to-practice.

Structure

The complete competency profile for an entry-to-practice denturist is organized into five broad Competency Areas:

- Jurisprudence, ethics and professional responsibilities
- Patient-centred clinical care
- Records management
- Laboratory procedures
- Business management

Entry-to-practice competencies are articulated for each Competency Area. For each competency, performance indicators articulate how proficiency in the competency is demonstrated.

Assessment Vehicles

A competency or performance indicator may be appropriately assessed in one or more assessment environments. An assessment vehicle is a way to determine how the individual's competence in the competency or performance indicator is best completed. Five assessment vehicles are provided in the competency profile table and include:

- Regulatory Exam (MCQ): a multiple-choice question examination that is approved by the regulator

- Regulatory Exam (OSCE): an objective structured clinical assessment that is approved by the regulator
- Academic – Academic: assessment of competencies in the didactic setting provided by the dentist program
- Academic – Simulated: assessment of competencies in a standardized, simulated environment, provided by the dentist program
- Academic – Clinical: assessment of competencies in a clinical environment provided by the dentist program in an onsite clinic or through preceptorship or mentoring

Competency Area 1: Jurisprudence, Ethics and Professional Responsibilities

Competency		Performance Indicators	
1.1	Adheres to applicable legislation, regulatory requirements, Standards of Practice and guidelines in all aspects of professional practice.	1.1.1	Adheres to mandatory reporting obligations articulated in applicable legislation, regulatory requirements, Standards of Practice and guidelines.
		1.1.2	Adheres to applicable legislation, regulatory requirements, Standards of Practice and guidelines as they pertain to human resource management.
		1.1.3	Adheres to applicable legislation, regulatory requirements, Standards of Practice and guidelines as they pertain to business financial management.
		1.1.4	Adheres to applicable legislation, regulatory requirements, Standards of Practice and guidelines as they pertain to occupational health and safety.
		1.1.5	Adheres to applicable legislation, regulatory requirements, Standards of Practice and guidelines as they pertain to infection prevention and control.
		1.1.6	Adheres to applicable legislation, regulatory requirements, Standards of Practice and guidelines as they pertain to patient records and data protection.
		1.1.7	Adheres to applicable legislation, regulatory requirements, Standards of Practice and guidelines as they pertain to patient rights.
1.2	Adheres to a Code of Ethics.	1.2.1	Demonstrates responsibility and accountability for professional actions and decisions.
		1.2.2	Demonstrates fair, transparent, respectful and truthful professional behaviour, including communicating professional title and designation accurately.
		1.2.3	Declares and manages real, potential and perceived conflicts of interest.
		1.2.4	Maintains professional boundaries and recognizes and manages inequalities in the power imbalance between the dentist, patient, substitute decision-maker, staff and practicum students.
1.3	Demonstrates a commitment to continuing professional development.	1.3.1	Recognizes personal areas of professional expertise and opportunities for improvement.
		1.3.2	Maintains an awareness of changes and emerging trends in clinical practice.
		1.3.3	Engages in self-assessment, self-reflection, peer and practice assessment, continuous learning and professional development.
		1.3.4	Supports and encourages the professional development of staff and practicum students.
		1.3.5	Shares professional knowledge with staff, patients, practicum students and colleagues.

1.4	Establishes collaborative professional relationships with other health care providers and consults with them in a timely manner, as required.	1.4.1	Builds professional relationships with other health care providers based on mutual trust and respect.
		1.4.2	Demonstrates knowledge of other healthcare providers' scopes of practice.
		1.4.3	Collaborates with other healthcare providers to develop treatment plans and dental prostheses or oral devices.
		1.4.4	Manages differences of opinion and misunderstandings in a manner that promotes positive interprofessional collaboration.
		1.4.5	Refers patients to other healthcare professionals when the required services are beyond the dentist's knowledge, skill, judgement or scope of practice.
		1.4.6	Provides information and support to help the patient seek and obtain funding and required services.

Competency Area 2: Patient-Centred Clinical Practice

Competency		Performance Indicators	
2.1	Performs and manages clinical procedures competently and safely.	2.1.1	Identifies the foundational knowledge, skills and judgement that are required to meet the patient's denturism needs.
		2.1.2	Determines whether the proposed clinical procedure is within the legislated denturism scope of practice.
		2.1.3	Identifies the personal knowledge, skills and judgement required to perform a procedure.
		2.1.4	Consults with other professionals, as needed, to confirm treatment direction.
		2.1.5	Understands how physical and psychosocial factors may affect the provision of denturism services and treatment outcomes.
		2.1.6	Understands how assessment results may affect the treatment plan and expected outcomes.
		2.1.7	Determines and manages the risk of undesirable outcomes associated with a clinical procedure.
		2.1.8	Incorporates knowledge and assessment of relative contraindications for specific materials and patient limitations into proposed treatment plans.
		2.1.9	Applies foundational knowledge and follows up-to-date, evidence-informed practice to produce accurate, functional results.
		2.1.10	Knows when denturism services may be discontinued and discontinues treatment appropriately.
2.2	Determines the appropriateness of a requested service.	2.2.1	Demonstrates knowledge of requested services.
		2.2.2	Understands the indications for a requested service
		2.2.3	Discusses expected short- and long-term outcomes of the treatment with the patient and the referral source.

Competency		Performance Indicators	
		2.2.4	Manages the patient's expectations in light of pre-existing medical conditions.
2.3	Assesses the patient to determine a treatment plan.	2.3.1	Gathers, assesses and documents information about the patient's general and oral health history.
		2.3.2	Gathers, assesses and documents information about the patient's current prescription and over-the-counter medication use.
		2.3.3	Gathers, assesses and documents information about the patient's lifestyle (e.g., cigarette smoking, pipe use, coffee drinking) and the patient's ancillary medical devices (i.e., oxygen tanks, mobility aids) that may affect the treatment plan.
		2.3.4	Gathers, assesses and documents information about the patient's use of snoring or obstructive sleep apnea treatment devices or aids (e.g., CPAP, recreational or breathing regulators) that may affect the treatment plan.
		2.3.5	Assesses the patient's attitude to dental services and their readiness to accept a dental prosthesis or oral device.
		2.3.6	Performs intra- and extra-oral examinations to assess for abnormal and normal oral structure and function and any associated indications of systemic disease (e.g., ulcers, oral thrush, denture-induced fibrosis).
		2.3.7	Assesses the function of the patient's temporomandibular joint.
		2.3.8	Assesses the patient's current dental prosthesis or oral device, if any, to determine fit and patterns of function and wear.
		2.3.9	Considers the information in the patient's radiographic report and incorporates that information into the treatment plan, as appropriate.
2.4	Communicates in a clear, respectful and effective manner.	2.4.1	Provides accurate and timely verbal and written information.
		2.4.2	Assesses the patient's communication skills.
		2.4.3	Identifies barriers to effective communication with the patient.
		2.4.4	Modifies communication style to meet the patient's needs.
		2.4.5	Communicates in a manner that respects the patient's needs and beliefs.
		2.4.6	Uses active listening techniques.
		2.4.7	Demonstrates cultural sensitivity and competence to support the delivery of respectful, unbiased and professional patient care and services.
		2.4.8	Uses profession-specific abbreviations and terminology, where appropriate.
2.5	Obtains informed consent from patients.	2.5.1	Assesses the patient's capacity to provide informed consent and addresses barriers to obtaining informed consent when they exist.
		2.5.2	Identifies a substitute decision-maker and involves the substitute decision-maker in the patient's care, when appropriate.
		2.5.3	Obtains informed consent from the patient, in accordance with applicable legislation, regulatory requirements, Standards of Practice and guidelines, for the services to be provided and for the staff members who will be providing the services, prior to initiating or changing a treatment plan.

Competency		Performance Indicators	
2.6	Develops a treatment plan in collaboration with the patient.	2.6.1	Ensures the patient understands the assessment findings and clinical implications of the assessment.
		2.6.2	Develops treatment options based on the results of the assessment and the patient's medical history, needs and goals.
		2.6.3	Determines the treatment plan in collaboration with the patient.
		2.6.4	Identifies the contraindications, benefits, disadvantages and risks of the treatment options.
		2.6.5	Discusses the treatment options with the patient, ensuring the patient understands the benefits, disadvantages, contraindications, risks and reasonable expected outcomes for each treatment option.
		2.6.6	Ensures the patient understands the associated costs of and payment options for each suggested treatment option.
		2.6.7	Assesses progress and modifies the treatment plan as required, informing the patient of any changes, the rationale for such changes, and whether the changes will affect the treatment outcome.
		2.6.8	Takes measurements or impressions, as appropriate, to establish the ideal restoration that would maximize comfort, fit, function and aesthetics.
		2.6.9	Selects the most suitable impression material that fits with the patient's anatomical conditions and variations.
		2.6.10	Assesses and addresses the patient's safety and comfort when taking measurements or impressions.
2.7	Fulfills a laboratory design prescription to support the fabrication of the dental prosthesis or oral device.	2.7.1	Determines, in collaboration with the patient, the colour, size and tooth arrangement to be used in the dental prosthesis.
		2.7.2	Uses the assessment results to fulfill the laboratory design prescription.
		2.7.3	Documents the desired materials and fabrication instructions in the design prescription, as appropriate.
		2.7.4	Communicates the laboratory design prescription to the dental technologist/technician and ensures the technologist/technician understands the prescription, as appropriate.
2.8	Ensures that the dental prosthesis or oral device meets Standards of Practice and the patient's needs.	2.8.1	Assesses the fit of the dental prosthesis or oral device.
		2.8.2	Verifies the aesthetics of and phonetics associated with the dental prosthesis or oral device.
		2.8.3	Discusses the use, care and maintenance of the dental prosthesis or oral device with the patient.
		2.8.4	Confirms acceptance of the dental prosthesis or oral device by the patient.
		2.8.5	Schedules follow-up appointments, as required.
		2.8.6	Ensures that the patient understands when they should seek urgent follow-up treatment.
2.9	Provides the patient with education about oral healthcare and how to use,	2.9.1	Assesses the patient's educational needs in relation to the patient's medical and dental history, their ability to understand and comply with the treatment

Competency		Performance Indicators	
	care for and maintain the dental prosthesis or oral device.		plan, and the services being provided.
		2.9.2	Modifies educational materials and delivery methods to meet the needs of the patient.
		2.9.3	Provides education appropriate to the patient and the required services.
		2.9.4	Assesses the effectiveness of patient education materials.
2.10	Conducts follow-up appointments to assess and address the comfort, fit, function, biocompatibility and aesthetics of the dental prosthesis or oral device.	2.10.1	Assesses the patient's oral cavity during follow-up assessments
		2.10.2	Makes appropriate modifications to the patient's dental prosthesis or oral device to address patient concerns and irregularities of the dental prosthesis or oral device.

Competency Area 3: Records Management

Competency		Performance Indicators	
3.1	Maintains the confidentiality and privacy of patient information, including information in the patient record.	3.1.1	Protects patient privacy and confidentiality in accordance with applicable legislation, Standards of Practice, regulatory requirements and guidelines.
		3.1.2	Obtains consent to collect, disclose, store and use patient information.
		3.1.3	Knows when patient information may be released without the consent of the patient.
3.2	Maintains patient records.	3.2.1	Maintains complete patient records that include necessary and accurate information about other healthcare providers involved in the patient's care.
		3.2.2	Documents patient communications in a clear, concise, comprehensive and timely manner, in accordance with applicable legislation, regulatory requirements, Standards of Practice and guidelines.
		3.2.3	Understands a patient's right to access their record.
		3.2.4	Understands that a denturist's professional regulatory body has a right to access patient records.
		3.2.5	Provides a patient with access to their record upon request.
		3.2.6	Transfers a patient record in accordance with applicable legislation, regulatory requirements, Standards of Practice and guidelines when closing or selling a practice.
		3.2.7	Obtains contact information for relevant professionals associated with the patient's care, including the patient's dentist, physician or nursing services, and other past or present medical professionals, as indicated.

Competency Area 4: Laboratory Procedures

Competency		Performance Indicators	
4.1	Fabricates dental prostheses and oral devices to ensure structural integrity, comfort, fit, function, biocompatibility and aesthetics.	4.1.1	Understands the key factors involved in selecting dental materials used to fabricate dental prostheses or oral devices, including the characteristics of the materials, the patient's presentation and goals, manufacturer instructions, contraindications for use and recommendations.
		4.1.2	Prepares and uses fabrication materials according to manufacturer instructions.
		4.1.3	Chooses occlusal strategies based on patient assessment, condition and requirements, including the condition of the ridges, the maxillomandibular relationship and other case-specific measures.
		4.1.4	Operates fabrication equipment and tools safely and appropriately.
		4.1.5	Uses dental materials safely and appropriately.
		4.1.6	Assesses laboratory and fabricated components to ensure they comply with the laboratory design prescription.
4.2	Performs corrective procedures on dental prostheses or oral devices to ensure structural integrity, comfort, fit, function, biocompatibility and aesthetics.	4.2.1	Assesses defective or broken dental prostheses or oral devices to determine the reason for the defect or breakage.
		4.2.2	Identifies the materials used in the dental prosthesis or oral device.
		4.2.3	Determines options to correct any defect in the dental prosthesis or oral device, as appropriate, and recognizes when a dental prosthesis or oral device is irreparable.
		4.2.4	Assesses the compatibility of the materials used in repairs with the existing materials, patient assessments and history of the dental prosthesis or oral device.
		4.2.5	Uses evidence-informed practice to correct the defect or breakage.
		4.2.6	Repairs the dental prosthesis or oral device to ensure structural integrity, comfort, fit, function, biocompatibility and aesthetics.
		4.2.7	Consults with or seeks service from an external laboratory, as required.
4.3	Adjusts or alters dental prostheses or oral devices, as required.	4.3.1	Determines the reason for the adjustment or alteration.
		4.3.2	Takes measurements or impressions to facilitate laboratory procedures.
		4.3.3	Informs the laboratory of the reasons for the adjustment or alteration.
		4.3.4	Makes the adjustment or alteration, taking into consideration structural integrity, comfort, fit, function, biocompatibility and aesthetics.
		4.3.5	Encourages the patient to book a follow-up appointment to reassess the fit and function of dental prosthesis or oral device after an adjustment or alteration.

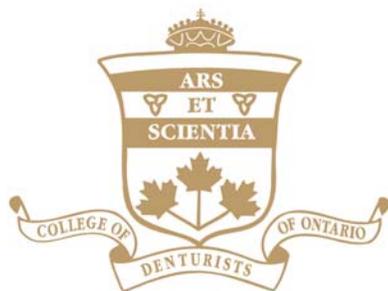
Competency Area 5: Business Management

Competency		Performance Indicators	
5.1	Manages risks and ensures the safety of patients, staff and practicum students.	5.1.1	Continually assesses the clinic or other environment to identify potential risks to the safety of patients, staff and practicum students.
		5.1.2	Has a plan to address emergency situations in the clinic or other environment that includes a periodic review of fire extinguisher locations, emergency exits, muster points, and roles and responsibilities, and disseminates this information to staff and practicum students.
		5.1.3	Maintains certification, as required, in cardiopulmonary resuscitation, first aid and management of medical emergencies.
		5.1.4	Takes appropriate steps to mitigate identified risks to safety for self, patients, staff and practicum students.
		5.1.5	Educates staff and practicum students about safety and emergency procedures.
		5.1.6	Integrates safety practices into daily practice activities.
		5.1.7	Establishes policies and protocols to prevent, and manage abusive workplace behaviour, when necessary
		5.1.8	Ensures that clinic and laboratory policies and procedures align with applicable legislation, Standards of Practice, regulatory requirements and guidelines.
		5.1.9	Complies with infection prevention and control legislation, guidelines and Standards of Practice.
		5.1.10	Ensures that staff and practicum students are trained in the appropriate use of personal protective equipment (PPE), and ensures that PPE is used when required.
5.2	Manages day-to-day and emergency practice processes.	5.2.1	Manages workload with respect to patient services, practice requirements, and professional responsibilities.
		5.2.2	Provides necessary professional services based on thorough assessments and professional judgement.
		5.2.3	Uses professional judgement, insight, and empathy to communicate with patients regarding their treatment requests, expectations, or outcomes.
		5.2.4	Responds promptly to patients who are experiencing medical emergencies.
		5.2.5	Measures, monitors, and reflects on productivity to support efficient, timely service delivery.

Competency		Performance Indicators	
5.3	Manages human resource activities.	5.3.1	Adheres to applicable legislation, regulatory requirements, Standards of Practice and guidelines in the supervision of staff and practicum students.
		5.3.2	Provides an orientation session for new staff and practicum students.
		5.3.3	Provides regular, documented feedback to staff and practicum students.
		5.3.4	Communicates changes in policies, processes and services to staff, practicum students, patients and others.
		5.3.5	Ensures that staff and practicum students comply with applicable legislation, regulatory requirements, Standards of Practice and guidelines; and clinic or other practice environment policies, procedures and systems.
		5.3.6	Ensures that staff and practicum students work within their scope of practice.
5.4	Uses ethical advertising practices.	5.4.1	Ensures that practice-related advertising is true, accurate, verifiable and professional.
		5.4.2	Acts with professional courtesy and in accordance with applicable legislation, regulatory requirements, Standards of Practice and guidelines with regard to professional competition.
5.5	Uses appropriate financial management practices.	5.5.1	Ensures financial records are accurate, current and adhere to applicable legislation, Standards of Practice, regulatory requirements or guidelines.
		5.5.2	Ensures accounting and bookkeeping systems are accurate, current and adhere to applicable legislation, Standards of Practice, regulatory requirements and guidelines.
		5.5.3	Maintains copies of all invoices and payment receipts and provides them on request, as appropriate.
		5.5.4	Informs patients about payment, refund and warranty policies.
		5.5.5	Ensures clinic fee structures are transparent.

Aesthetics	The contribution of a prosthetic or denture to a patient's appearance that is determined by acrylic colour, tooth shade, position, size and alignment and the interaction of the device with the patient's existing physical features.
Biocompatibility	A characteristic of a material that describes its lack of deleterious effects on vital tissue of the host or patient. Deleterious effects can include non-specific tissue irritation or inflammation, carcinogenicity or genetic toxicity.
Code of Ethics	A statement of moral conduct, ethical principles and values that guides professional conduct and usually includes traits such as honesty, trust, transparency, respect, fairness and accountability.
Competence	The degree to which an individual uses the knowledge, skills and judgement associated with the profession to perform effectively in the domain of professional encounters within the scope of professional practice. ¹
Competency	An observable task that can be performed with entry-level proficiency and that, in conjunction with all of the other competencies, ensures safe, competent and ethical practice.
Laboratory design prescription	A document that identifies specifications, measurements and/or fabrication instructions. May also be called a design document or laboratory prescription.
Evidence-informed practice	Practice that is based on successful strategies that improve patient outcomes and are derived from various sources of evidence that include a patient's perspective, research, guidelines, policies, consensus statements, expert opinion and quality improvement data.
Patient	The person requesting or receiving treatment. May also refer to a legally identified substitute decision-maker where appropriate as defined in the Standards of Practice.
Patient-centred	A value that is demonstrated by respecting the patient, encouraging a patient's involvement in their treatment decisions, advocating for the patient's needs and acknowledging the patient's experience and knowledge.
Informed consent	Permission given by a patient after the patient has been fully informed of the nature, benefits, risks and side effects of an assessment, treatment or intervention; and the likely consequence of not having the assessment, treatment or intervention. During the informed consent process the patient is given the opportunity to ask questions and efforts are made to ensure the patient fully understands the information provided.
Performance indicator	A measurable behaviour that is indicative of, or related to, a competency.
Scope of practice	The procedures, actions and processes that members of a particular profession are, as codified in statute, authorized to perform.
Standard of practice	The minimum expectation defined by a profession as articulated in a specific jurisdiction.
Stakeholders	The significant participants in any given process. May include the public, patients, health professionals, support staff and employers.
Substitute decision-maker	A person who legally makes decisions for someone who is incapable of making their own decisions. These decisions can be associated with consent to, or refusal of healthcare. In many cases a substitute decision-maker is a family member or partner; however, it may be another individual appointed by the patient (as an Attorney for Personal Care), or a court, board, public guardian or trustee. Please note the legal requirements in your province to ensure that instructions are taken from the actual and appropriate substitute decision maker.

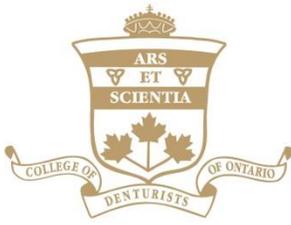
¹ https://med.uottawa.ca/department-innovation/sites/med.uottawa.ca.department-innovation/files/example1_successful_aim_e_grant.pdf



The College of Denturists of Ontario

Essential Competencies

for Denturism Practice in Ontario, 2015

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An Introduction to the *Essential Competencies for Denturism Practice in Ontario, 2015*

The College of Denturist of Ontario (CDO) regulates and governs the profession of denturists in Ontario in the public interest. The CDO has a legal obligation to develop standards of practice and to ensure denturists are practicing to those standards. The CDO in consultation with practising denturists developed and validated the overarching and foundational standard known as the *Essential Competencies for Denturism Practice in Ontario, 2015*.

The *Essential Competencies for Denturisms Practice in Ontario, 2015 document* defines the minimum knowledge, skill, judgement and attitude requirements for the denturists' practice in Ontario. The essential competencies provide a structure that helps identify, evaluate and develop the behaviours that ensure safe, competent, and ethical denturism practice.

The CDO recognizes that a denturist's practice evolves and changes overtime to meet the needs of the health care environment and to adapt to the introduction of new technologies, techniques and materials. Denturists also apply critical thinking and decision-making working within the legislative scope of practice framework. To this end, the competencies are written to be broad in nature to ensure practice relevance and to allow flexibility in defining practice, beyond promoting a task list.

Not all competencies are demonstrated by all denturists. Application of specific competencies depends on the denturist's practice and the services he/she offers patients. Also, it may not be possible or necessary for denturists to apply certain competencies in a specific practice context. Therefore, the essential competencies are applied and interpreted in light of the requirements of the practice context and a particular situation. However, regardless how infrequently the competency is demonstrated in practice, denturists are expected to demonstrate the level of knowledge, skill, judgement and attitude described in *Essential Competencies for Denturism Practice in Ontario, 2015*.



Purpose of essential competencies

The CDO has a legislative obligation under the *Regulated Health Professions Act, 1991* to define standards of practice and communicate those standards to the public. Denturists have a legislative obligation to meet the standards and demonstrate ongoing competency.

The essential competencies:

- define practice expectations on the initial certificate of registration and throughout a denturist's career;
- guide continuing professional development and ongoing competence;
- ensure that the denturist is meeting the minimum practice expectations, and;
- communicate the denturist's role and standards of practice to stakeholders, such as employers, other health care professionals and the public.

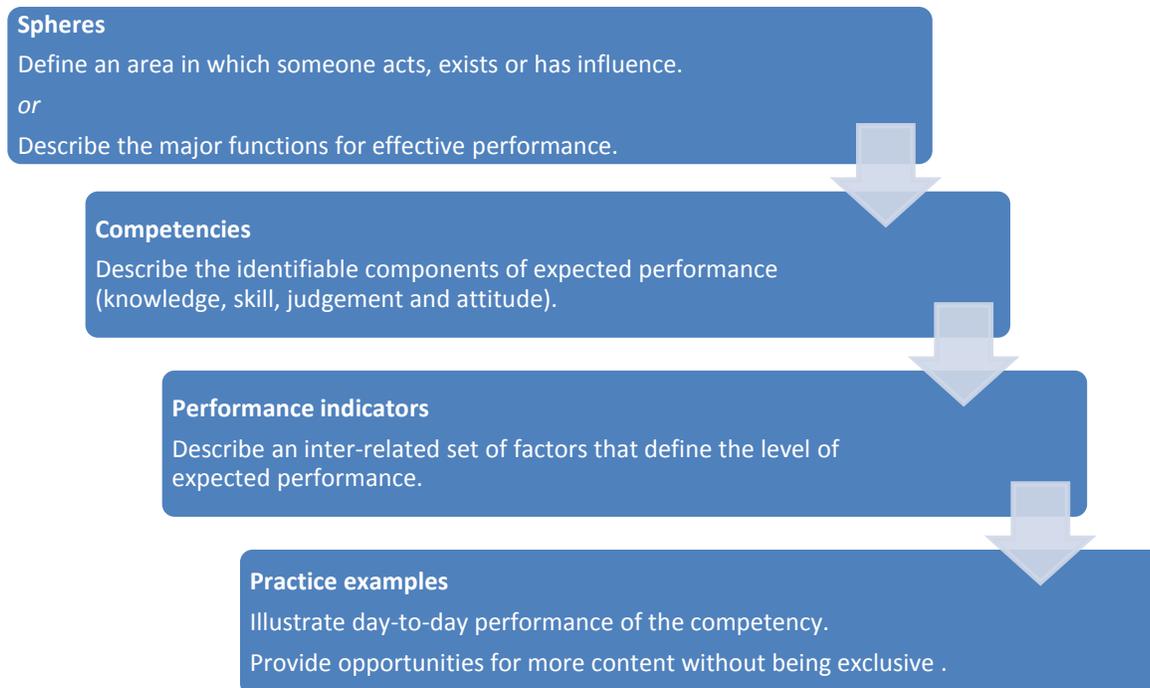
Project process

The development and validation of the essential competencies for denturism involved six key steps:

- 1) literature review and global environmental scan of essential competencies,
- 2) development of the competency framework and outline,
- 3) competencies writing session,
- 4) stakeholder consultations,
- 5) provincial validation of the essential competencies, and
- 6) finalization and CDO Council adoption of the essential competencies for the profession.

To establish an outline and framework for the competencies, the CDO held initial webinars with 19 denturists practising in a variety of roles across Ontario. The proposed draft outline was based on the entry-level *National Competency Profile for Denturists, 2013* competencies and incorporated the additions and changes recommended by webinar participants. The CDO's Professional Practice Committee further developed the outline and established a functional framework comprising of four hierarchical levels. Changes were made to the outline based on feedback from a second round of webinars with the practising denturists.

Functional framework



A standard-setting exercise was conducted with the Professional Practice Committee to define the required depth and breadth of the competencies and the Committee then met numerous times to write the essential competencies based on the established outline and framework. College documents including the *National Competency Profile for Denturists*, current standards, legislation, regulations, and legal interpretative briefs were referenced during the writing process.

A total of 27 competencies and 131 performance indicators were developed within a framework of the following six units:

Unit 1: Clinical Practice

Unit 2: Laboratory Procedures

Unit 3: Professional Collaboration

Unit 4: Practice Management

Unit 5: Jurisprudence, Ethics and Professional Responsibilities

Unit 6: Communications

Provincial validation study

To review the relevance of the competencies and performance indicators and assess their importance to practice and the public interest, an online validation survey was developed and sent to approximately 650 members. One-hundred and twenty (128) denturists had logged on to participate in the survey, where they obtained general information on the competencies and their intended purpose. Given the length of the survey, the number of respondents progressively decreased from 128 to 67 respondents.

The survey exhibited a marginal confidence level at 0.90 with a 9% error of margin. The competencies and performance indicators ranked high with an average ranking of 4.41 on a five-point scale for importance, and an average ranking of 4.53 on a five-point scale for frequently performed. Thus, demonstrating reliable criteria for measuring and communicating practice expectations.

Acknowledgements

The development of the *Essential Practice Competencies for Denturist Practice in Ontario, 2015* was made possible through the participation of many denturists who donated their professional time and expertise to this project. The CDO extends a special thanks to all who participated!

The following individuals represented the CDO on this project.

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Essential Competencies

Competency Area 1: Clinical Practice		
Competency	Performance Indicators	Practice Illustrations
1.1 Determines the appropriateness of the denturist's services.	1.1.1 Clarifies expectations of the denturist's role with the patient, substitute decision-maker and/or referral source.	<ul style="list-style-type: none"> • Communicates realistic expectations and limitations to the patient. • Communicates the benefits of and limitations to a denturist's practice. • Determines the patient's priority issues and goals. • Asks the patient and/or substitute decision-maker for his or her reason for visiting. • Asks the referral source for his or her reason for referring. • Reviews the referral source documentation. • Differentiates between addressing immediate, short-term and long-term needs. • Determines if the patient's needs are within the denturist's scope of practice. • Establishes and presents possible approaches to restorative solutions along with each approach's prognosis of success. • Confirms whether services are related to an existing or new appliance.
	1.1.2 Identifies the required knowledge, skill and judgement necessary to meet the needs of the patient.	<ul style="list-style-type: none"> • Obtains the required training to perform a procedure. • Keeps abreast of new technology, techniques and information. • Engages in mentorship with colleagues.
	1.1.3 Obtains contact information for the relevant professionals associated with the patient's care (relevant professionals include, but are not limited to, the patient's dentist, nursing services and other medical professionals).	<ul style="list-style-type: none"> • Obtains the contact information for the patient's dentist and physician.



Competency Area 1: Clinical Practice		
Competency	Performance Indicators	Practice Illustrations
	1.1.4 Recognizes when denturism services may be discontinued according to the professional misconduct regulation.	Discontinue services if: <ul style="list-style-type: none"> • An agreement between the dentist and the patient has expired; or • The member has given the patient five working days notice; and the patient has had a reasonable opportunity to arrange for another member or alternative services; or • The services are no longer required; or • The patient requests the discontinuation of services.
1.2 Conducts an assessment to determine the treatment plan and to inform decision-making relevant to the patient's needs.	1.2.1 Obtains the patient's health and dental history.	<ul style="list-style-type: none"> • Identifies the recent history of the patient's dental and medical appointments. • Obtains information related to previous dental and dentist work that was completed and work that is pending. • Identifies medical history that may affect treatment planning (e.g., stroke, facial surgery, facial paralysis, dry mouth syndrome, radiation treatment, sleep apnea). • Identifies changes in dental and/or medical history at each visit. • Obtains the diagnosis from the patient's physician prior to conducting an assessment for the construction of an anti-snoring device.
	1.2.2 Collects information related to the patient's current medication use and determines the treatment implications.	<ul style="list-style-type: none"> • Documents the current use of prescription and over-the-counter medications. Identifies medications that may affect oral health and/or the treatment plan. • Understands how medications can affect scheduling or length of visits.
	1.2.3 Collects information about the patient's lifestyle and use of devices that may affect the treatment plan.	<ul style="list-style-type: none"> • Identifies current use of sleep treatment devices/aids (e.g., CPAP, recreational and/or breathing regulators). • Identifies lifestyle choices that may affect oral health and/or prosthesis including cigarette smoking, pipe use, and drinking coffee and/or black tea.

Competency Area 1: Clinical Practice		
Competency	Performance Indicators	Practice Illustrations
	1.2.4 Performs an intraoral and extra-oral examination to identify abnormalities and the presence of suspected oral disease.	<ul style="list-style-type: none"> • Uses assessment tools (e.g., LED light (Velscope) and chair light) to support visual observations and screening. • Conducts a visual observation of the oral anatomy to: <ul style="list-style-type: none"> ○ verify deglutition and salivation, ○ observe mandible movement, ○ determine orodental sensitivity, and ○ determine orodental structures. • Identifies anatomical limitations and pathologic abnormalities or omissions. • Conducts a digital/palpation exam. • Measures the mobility of the remaining teeth. • Assesses the condition of the remaining teeth.
	1.2.5 Assesses the patient's attitudes and behaviours in relationship to dental services, readiness for prosthetic acceptance and adaptability.	<ul style="list-style-type: none"> • Notes apprehensiveness to the visit and/or to receiving services. • Determines the patient's acceptance of his or her edentulous state. • Interprets verbal and non-verbal behaviours. • Recognizes the patient's capacity for adaptation. • Identifies personal values that will likely influence care.
	1.2.6 Assesses and considers the functional characteristics of the head and neck.	<ul style="list-style-type: none"> • Determines if the patient demonstrates impaired neck and/or head movement. • Recognizes when impaired movement will affect the procedure and/or patient positioning.
	1.2.7 Assesses the existing prosthesis and/or oral appliance to determine patterns of function and para-function.	<ul style="list-style-type: none"> • Assesses the function, aesthetics and phonetics of the existing prosthesis and/or oral appliance. • Determines evidence of bruxism (grinding), clenching, tongue habits (thrusting) and habitual chewing (e.g., of gum, mints, nuts).
	1.2.8 Conducts a non-diagnostic interpretation of the available radiographs and/or radiography reports.	<ul style="list-style-type: none"> • Reads the radiography report and determines if the radiographer has noted abnormalities. • Recognizes abnormalities and deficiencies noted in the radiographs (e.g., bone deficiency, component compatibility).

Competency Area 1: Clinical Practice		
Competency	Performance Indicators	Practice Illustrations
	1.2.9 Assesses the patient's financial acceptance of the treatment options.	<ul style="list-style-type: none"> • Considers the patient's capabilities, tolerance and budgetary concerns. • Considers the cost of the materials associated with different treatment modalities. • Evaluates the cost of laboratory services.
1.3 Analyzes and synthesizes assessment data to inform clinical decision-making and establish a professional opinion.	1.3.1 Recognizes abnormal and normal oral health and oral manifestations of systemic disease.	<ul style="list-style-type: none"> • Recognizes the signs and symptoms of abnormal presentations (e.g., resorption of bone, tissue shrinkage). • Observes potential abnormal oral lesions and/or signs of infection and refers the patient to the appropriate professional. • Observes abnormalities in the radiograph that are confirmed by the radiography report. • Recognizes the relationship between general health and oral health. • Recognizes the signs of an unhealthy orodental system.
	1.3.2 Applies his or her foundational knowledge of the biomechanical and dental sciences.	<ul style="list-style-type: none"> • Considers current dental engineering technologies and material sciences.
	1.3.3 Understands the impact of the assessment data on the treatment plan and anticipated outcome.	<ul style="list-style-type: none"> • Associates the characteristics of the oral environment with the potential prosthetic treatment.
	1.3.4 Determines the physical and psychosocial factors that may affect the provision of denturist services.	<ul style="list-style-type: none"> • Recognizes the patient's physical limitations to care for the appliance. • Adapts to the emotional responses or anxieties that may affect the treatment.
	1.3.5 Communicates the assessment findings and clinical determinants to the patient and/or relevant others.	<ul style="list-style-type: none"> • Informs the patient of a visual abnormality that indicates the need for a referral for further investigation. • Communicates treatment requiring regular dental care or hygiene.



Competency Area 1: Clinical Practice		
Competency	Performance Indicators	Practice Illustrations
1.4 Develops a treatment plan in collaboration with the patient and relevant others.	1.4.1 Takes into consideration the patient's health status, the assessment data and the financial implications to determine treatment options.	<ul style="list-style-type: none"> • Modifies recommendations and/or the treatment plan if the health of the patient is deteriorating (e.g., repair or reline options as opposed to a new prosthesis). • Obtains implant specifications from the patient's implant provider. • Provides a range of treatment options and communicates all of the relevant information to support the patient's ability to make an informed decision. • Communicates with family members and/or caregivers when the patient's understanding may be compromised.
	1.4.2 Integrates the patient's needs and goals into the proposed treatment plan.	<ul style="list-style-type: none"> • Ensures a clear understanding of the patient's short- and long-term goals (e.g., develops a plan to fabricate a new prosthesis versus repairing a partial denture). • Integrates consultations with others when the patient prefers an implant over a partial denture. • Makes a requested repair to an existing prosthesis after explaining the limitations of the repair to the patient.
	1.4.3 Considers the contraindications, benefits, disadvantages and risks of treatment options.	<ul style="list-style-type: none"> • Recognizes that contraindications include patient allergies, tooth materials and inappropriate treatment modalities for the existing oral condition. • Considers the patient's health implications (e.g., allergic reactions, aphasiac dexterity).
	1.4.4 Establishes expectations in collaboration with the patient and relevant others.	<ul style="list-style-type: none"> • Explains the adjustment period. • Communicates the average life of the prosthesis.
	1.4.5 Implements the treatment plan in collaboration with the patient and relevant others.	<ul style="list-style-type: none"> • Discusses the anticipated adjustment period, as well as the benefits and disadvantages of the different treatment options with the patient. • Discusses the financial implications to determine materials. • Communicates the treatment plan to the patient's substitute decision-maker, caregiver, family member, physician, dental surgeon and/or laboratory.



Competency Area 1: Clinical Practice		
Competency	Performance Indicators	Practice Illustrations
	1.4.6 Evaluates the effectiveness of the plan and makes modifications as required.	<ul style="list-style-type: none"> • Confirms that the treatment objectives have been achieved. • Recognizes when an appliance requires modification for fit, function and/or aesthetics.
1.5 Performs and manages clinical procedures in a competent and safe manner.	1.5.1 Determines if the procedure is within the legislated scope of practice.	<ul style="list-style-type: none"> • Identifies activities that are defined as a controlled act under the <i>Regulated Health Professions Act, 1991</i>. • Only accepts the delegation of a controlled act when the delegating professional has the authority to delegate that controlled act to a denturist. • Seeks consultation from the College of Denturists of Ontario (the “College”).
	1.5.2 Identifies the personal knowledge, skill and judgement required to perform a procedure.	<ul style="list-style-type: none"> • Obtains additional training and develops skills in performing a procedure when needed. • Consults with others to confirm direction. • Identifies routine procedures performed competently numerous times.
	1.5.3 Foresees and manages potential negative outcomes associated with performing a procedure.	<ul style="list-style-type: none"> • Identifies incompatible components. • Considers the availability of materials, supplies and/or resources. • Identifies patients and/or situations that present a high risk and takes action to reduce that risk (e.g., refers the patient to other resources, reschedules the appointment, modifies the procedure, assigns additional staff to assist with the procedure). • Determines the required equipment and materials before starting the procedure. • Identifies health implications that may affect an outcome.
	1.5.4 Considers and takes corrective actions to address contraindications of the materials and/or limitations of the patient.	<ul style="list-style-type: none"> • Alters techniques to address abnormalities in the anatomic presentation (e.g., undercuts, tooth mobility). • Provides head support and/or seeks assistance from other staff members.



Competency Area 1: Clinical Practice		
Competency	Performance Indicators	Practice Illustrations
	1.5.5 Takes appropriate measurements and/or impressions to establish the ideal restoration, and maximize aesthetics and function.	<ul style="list-style-type: none"> Understands that measurements may include vertical dimensions, abutment height and bite registration.
	1.5.6 Applies foundational knowledge and evidence-informed practice to produce accurate, functional results.	<ul style="list-style-type: none"> Demonstrates skill in impression techniques and methods. Applies medical device methodology and biochemical concepts when manufacturing and/or restoring a prosthesis and/or oral appliance (e.g., repairing dentures and/or relines).
	1.5.7 Takes into consideration the anatomical presentation and makes appropriate modifications when needed.	<ul style="list-style-type: none"> Considers the material's ability and limitations. Incorporates a soft lining for a flat ridge. Identifies a lack of interocclusal space to determine if a metal reinforcement is required.
	1.5.8 Takes the patient's safety, physical comfort and emotional state into consideration.	<ul style="list-style-type: none"> Modifies patient positioning, equipment selection and/or environment as needed. Provides emotional support. Demonstrates open and clear communication before starting a procedure.
	1.5.9 Evaluates the outcome of the procedure and makes modifications as required.	<ul style="list-style-type: none"> Recognizes when a prosthesis needs modifications to produce desirable outcomes (e.g., change in bone structure, identifies extra tooth loss or over eruption of a tooth). Confirms anatomical accuracy during the impression procedure. Confirms the physiological accuracy (e.g., centric relation, occlusal accuracy, cosmetic outcome) during the fitting and delivery. Adjusts and modifies for fit and patient comfort. Evaluates processing outcomes to ensure integrity and accuracy.



Competency Area 1: Clinical Practice		
Competency	Performance Indicators	Practice Illustrations
1.6 Creates a design document (laboratory prescription) to support the fabrication of the oral appliance or prosthetic device.	1.6.1 Determines the colour, size and tooth arrangement in collaboration with the patient.	<ul style="list-style-type: none"> Reviews resources (e.g., old photographs, facial measurements, previous prostheses).
	1.6.2 Takes into consideration the assessment data to inform the laboratory design prescription.	<ul style="list-style-type: none"> Considers tooth mould, colour, position and limiting factors with natural dentition.
	1.6.3 Documents the desired materials and fabrication instructions.	<ul style="list-style-type: none"> Records information specific to the design of a partial denture or implant framework. Records the type of materials to be used (e.g., metals, alloys, acrylic specifications).
	1.6.4 Communicates relevant information to the technician and ensures that the technician understands the prescription.	<ul style="list-style-type: none"> Communicates the desired completion time to the technician. Provides a written specification to the technician. Encourages the technician to ask questions to clarify his or her understanding of the prescription and the desired outcome.
1.7 Delivers an oral appliance and/or prosthesis that meets clinical standards and satisfies the patient.	1.7.1 Assesses the fit of the oral appliance or prosthetic device.	<ul style="list-style-type: none"> Assesses retention, stability and patient comfort.
	1.7.2 Verifies the aesthetics and phonetics of the delivered oral appliance or prosthetic device.	<ul style="list-style-type: none"> Uses knowledge, skill and judgement relevant to the fabrication of oral and prosthetic devices.
	1.7.3 Discusses and confirms the acceptance of the inserted oral appliance or prosthetic device with the patient.	<ul style="list-style-type: none"> Confirms initial patient comfort and acceptance of the aesthetics. Obtains the details of the patient's concerns and the required modifications of the oral appliance or prosthetic device.
	1.7.4 Discusses with the patient the appropriate post-insertion care and recall expectation.	<ul style="list-style-type: none"> Communicates the adjustment period expectations. Provides patient-specific instructions regarding the limitations of prosthetic devices. Discusses with the patient the ability to augment the device to maximize comfort and stability.

Competency Area 1: Clinical Practice		
Competency	Performance Indicators	Practice Illustrations
	1.7.5 Ensures that the patient understands when to seek immediate treatment.	<ul style="list-style-type: none"> Asks questions to confirm that the patient understands the provided instructions. Provides information about the level of pain and/or discomfort that should be expected.
1.8 Conducts follow-up appointments to determine the comfort, fit and function of the oral appliance or prosthetic.	1.8.1 Assesses the condition and health of the patient's oral cavity.	<ul style="list-style-type: none"> Notes any irritation, ulceration or areas of discomfort or concern. Confirms that the tissue is healthy and that the bite is acceptable.
	1.8.2 Makes modifications to address the patient's concerns and/or observed irregularities.	<ul style="list-style-type: none"> Performs procedures, including trimming and polishing, to relieve discomfort. Adjusts tissue or occlusal surfaces and border extensions to address areas of concern.

Competency Area 2: Laboratory Procedures		
Competency	Performance Indicators	Practice Illustrations
2.1 Fabricates an oral appliance and/or prosthetic device ensuring fit, function and aesthetics.	2.1.1 Takes into consideration the key factors when selecting the dental materials used for fabrication.	<ul style="list-style-type: none"> Considers the desired strength, appearance and composition of the materials. Considers the limitations of the patient's anatomy and physiology and their impact on care. Identifies the manufacturer's specifications and contraindications, and follows the manufacturer's instructions. Considers the patient's treatment objectives.
	2.1.2 Prepares and uses materials according to the manufacturer's instructions.	<ul style="list-style-type: none"> Demonstrates knowledge of fabrication technologies. Makes a decision about the appropriateness of using heat-accelerated curing versus self-curing techniques. Reads and follows the <i>Material Safety Data Sheet</i> (MSDS). Mixes materials in the proper ratio.



Competency Area 2: Laboratory Procedures		
Competency	Performance Indicators	Practice Illustrations
	2.1.3 Chooses the occlusal strategy relative to the patient's condition and requirements.	<ul style="list-style-type: none"> Establishes a step-by-step strategy for optimum success and maximum predictability. Identifies potential occlusal warning signs and/or risks prior to treatment.
	2.1.4 Demonstrates the safe operation of all of the equipment and tools used in fabrication.	<ul style="list-style-type: none"> Uses safety glasses or shields. Uses dust and fume extraction devices. Follows safety protocols when operating equipment.
	2.1.5 Demonstrates appropriate and safe use of dental materials.	<ul style="list-style-type: none"> Ensures material compatibility. Cleans appliances using the recommended solutions. Follows the manufacturer's guidelines and WHIMIS protocols.
	2.1.6 Evaluates laboratory and fabricated components to ensure compliance with the laboratory prescription.	<ul style="list-style-type: none"> Evaluates a cast framework intra- and extra-orally, based on its conformation. Evaluates outcome against established criteria for acceptance of all laboratory-created elements.
2.2 Performs corrective procedures ensuring fit, function and aesthetics.	2.2.1 Identifies and assesses the appliance and determines the reason for the defect or breakage.	<ul style="list-style-type: none"> Lists defects and identifies areas of weakness or occlusal discrepancies. Determines the need to rebase and/or repair to maintain existing oral device or prosthesis.
	2.2.2 Identifies the dental materials used in the original dental appliance.	<ul style="list-style-type: none"> Uses skill and judgement to recognize acrylic versus thermoplastic materials, or chrome versus titanium.
	2.2.3 Considers the different options to correct and/or repair the defect or breakage.	<ul style="list-style-type: none"> Weighs the benefits and disadvantages to repairing as opposed to recommending the manufacture of a new oral appliance or prosthesis. Considers different options to reinforce weak areas or occlusal correction. Considers the different materials and/or procedures that will generate the best outcome.
	2.2.4 Considers the compatibility of the materials with the existing materials, patient assessment data and appliance history.	<ul style="list-style-type: none"> Considers metal or acrylic-based allergies. Recognizes the need for palatal reinforcement in a patient with a history of denture fracture.



Competency Area 2: Laboratory Procedures		
Competency	Performance Indicators	Practice Illustrations
	2.2.5 Uses evidence-informed practice to correct the defect or breakage.	<ul style="list-style-type: none"> Keeps abreast of current materials and the manufacturer's guidelines. Observes effective interventions by colleagues. Applies new techniques based on published, peer-reviewed papers.
	2.2.6 Repairs the dental appliance ensuring the structural integrity, fit, function, aesthetic acceptance and biocompatibility.	<ul style="list-style-type: none"> Ensures appropriate shade selection. Ensures proper placement of the tooth or teeth.
	2.2.7 Seeks a consultation and/or service from an external laboratory if required.	<ul style="list-style-type: none"> Refers to the laboratory for laser welding and chrome frame construction.
2.3 Adjusts and/or makes alterations to existing prostheses.	2.3.1 Obtains information from the patient and/or relevant others to determine the reason for the adjustment and/or alteration.	<ul style="list-style-type: none"> Observes areas of concern or discomfort including irritation, ulceration, thickness and extension. Identifies concerns related to relining, rebasing and/or the resetting of the dental prosthesis and/or oral appliance. Identifies the mobile tooth or teeth.
	2.3.2 Takes the required measurements and/or impressions to facilitate laboratory procedures.	<ul style="list-style-type: none"> Applies knowledge of anatomy and physiology to determine anatomical landmarks and limitations. Uses the appropriate shade of teeth or acrylics. Takes impressions if a re-fit is required.
	2.3.3 Communicates the reasons for the required modifications and/or adjustments to the patient and/or family members, and the laboratory.	<ul style="list-style-type: none"> Shares with the patient the steps taken to modify or adjust the appliance. Recognizes indications of irritation, ulceration and discomfort as well as occlusal discrepancies.
	2.3.4 Makes the required adjustments and/or alterations to optimize fit, comfort and aesthetics.	<ul style="list-style-type: none"> Performs procedures, including trimming and polishing, to relieve discomfort. Adjusts tissue or occlusal surfaces and border extensions to address areas of concern.
	2.3.5 Conducts a reassessment after an adjustment and/or alteration to determine the fit and function.	<ul style="list-style-type: none"> Conducts an occlusal assessment and evaluates comfort.



Competency Area 3: Professional Collaboration		
Competency	Performance Indicators	Practice Illustrations
3.1 Collaborates with other health care providers to enhance continuity, access to care and patient outcomes.	3.1.1 Builds rapport and trust in professional relationships (professional relationships include, but are not limited to, those with oral surgeons, dentists, medical doctors, dietitians, kinesiologists, chiropractors, allergists, pharmacists, dental lab technologists and students).	<ul style="list-style-type: none"> • Seeks and/or accepts consultations and referrals from others. • Demonstrates respect, and acknowledges the opinions, values, beliefs and perspectives of others.
	3.1.2 Demonstrates knowledge of other professionals' scopes of practice.	<ul style="list-style-type: none"> • Understands the role of the patient's health care team. • Recognizes the strengths and limitations of office and laboratory staff. • Facilitates an understanding and appreciation of the differences among team members and how each contributes to the overall care of the patients.
	3.1.3 Collaborates with others to develop a treatment plan and/or the required oral appliance and/or prosthesis.	<ul style="list-style-type: none"> • Encourages others (e.g., patients, staff, other health care professionals) to ask questions and seek clarification. • Recognizes the value that others bring to the situation, the patient and the environment. • Engages in active discussions with others to establish a method to best meet and serve the needs of the patient.
	3.1.4 In an effective and diplomatic manner, manages differences, misunderstandings and limitations that may contribute to interprofessional tensions.	<ul style="list-style-type: none"> • Applies the principles of collaboration and negotiation in teamwork. • Models behaviours that maximize group participation by consulting, listening and communicating clearly. • Promotes a friendly and co-operative environment. • Engages others in decision-making and problem-solving.
	3.1.5 Informs others of the role and scope of a denturist's practice.	<ul style="list-style-type: none"> • Communicates that "the practice of denturism is the assessment of arches missing some or all teeth and the design, construction, repair, alteration, ordering and fitting of removable dentures" (<i>Denturism Act, 1991, section 3</i>).



Competency Area 3: Professional Collaboration		
Competency	Performance Indicators	Practice Illustrations
3.2 Demonstrates effective, appropriate and timely consultations with others.	3.2.1 Demonstrates knowledge of others' roles and responsibilities, competence and scope of practice.	<ul style="list-style-type: none"> Recognizes the strengths and weaknesses of team members and colleagues.
	3.2.2 Refers the patient to others when services are beyond his or her knowledge, skill, judgement and/or professional scope of practice.	<ul style="list-style-type: none"> Immediately seeks emergency services when required. Refers the patient to the appropriate professional when a potential medical issue is identified. Seeks a consultation and/or referral to support the timely delivery of an appliance. Seeks a consultation and/or referral for business matters (e.g., accounting, human resource issues). Responds in a timely manner to requests for information. Refers the patient to a dental surgeon when the treatment plan includes surgery. Refers the patient to other practitioners when a potential issue is identified that requires medical attention and/or investigation.
	3.2.3 Supports the patient in seeking and/or obtaining funding and required services.	<ul style="list-style-type: none"> Recommends the involvement of social services and/or community groups when appropriate. Completes paperwork to support funding applications.

Competency Area 4: Practice Management		
Competency	Performance Indicators	Practice Illustrations
4.1 Manages day-to-day practice processes.	4.1.1 Manages time with respect to patient services, practice requirements and professional responsibilities.	<ul style="list-style-type: none"> Prioritizes emergency situations. Prioritizes patient care needs with business management responsibilities. Takes immediate action on an identified risk to patients, staff, himself or herself and/or others. Organizes workload according to patient needs and anticipated visit lengths. Seeks support from an external laboratory when the workload is heavy and there is the potential for delayed delivery.



Competency Area 4: Practice Management		
Competency	Performance Indicators	Practice Illustrations
		<ul style="list-style-type: none"> Balances office duties with patient time to ensure that professional responsibilities (e.g., accounting, documentation) are met. Communicates with patients when services and/or an appointment will be delayed.
	4.1.2 Measures and monitors productivity to support efficient services.	<ul style="list-style-type: none"> Monitors the timely delivery of products. Tracks the use and waste of supplies. Tracks the number of patients that are seen for services. Monitors the number of critical incidents (e.g., breach of confidentiality, patient/staff injury) and outcomes. Seeks input and suggestions from staff members on how to maximize productivity.
	4.1.3 Makes the appropriate arrangements to transfer patient records when closing and/or selling practice, according to the standards of the profession.	<ul style="list-style-type: none"> Informs patients of the transfer of the health records to the new custodian, including the custodian's name and address. Securely transfer all patient records to the new custodian.
4.2 Manages the assignment of services to support staff and others under the dentist's supervision.	4.2.1 Adheres to regulatory requirements and/or guidelines when assigning tasks and supervising staff and others.	<ul style="list-style-type: none"> Confirms the knowledge, skill and judgement of staff directed to perform tasks. Only assigns dentist students the tasks that are within the dentist's scope of practice and defined controlled acts model.
	4.2.2 Provides regular informative feedback to staff and others.	<ul style="list-style-type: none"> Conducts and/or participates in formal performance reviews. Provides constructive feedback to colleagues and/or students to support ongoing competence.
	4.2.3 Communicates process changes to the staff, patients and others.	<ul style="list-style-type: none"> Advises staff and others of changes to laboratory services. Provides an orientation session for new staff to explain routine processes. Develops a policy manual to communicate common processes and the office rules.



Competency Area 4: Practice Management		
Competency	Performance Indicators	Practice Illustrations
	4.2.4 Obtains informed consent from patients for the involvement of staff and/or other services.	<ul style="list-style-type: none"> Communicates to patients which procedures and/or activities will be performed by himself or herself, staff and others (e.g., external laboratory). Ensures that the patient agrees to the involvement of others before assigning the task.
4.3 Manages human resource activities in accordance with legislation and regulations.	4.3.1 Supports staff compliance of applicable laws, policies, procedures and established systems.	<ul style="list-style-type: none"> Participates in and/or initiates the development of organizational guidelines and/or policies. Educates staff on relevant legislation (e.g., privacy and confidentiality, health care consent), guidelines and policies (e.g., documentation requirements). Posts applicable standards, guidelines and external information for staff review.
	4.3.2 Applies human resource legislation and regulations.	<ul style="list-style-type: none"> Demonstrates knowledge of and references the <i>Ontario Human Rights Code</i> and the <i>Ontario Labour and Employment Legislation, 2014</i>. Ensures that the protocol for employment termination is in keeping with legislation and regulations.
	4.3.3 Ensures that each staff member works within his or her knowledge, skill and judgement.	<ul style="list-style-type: none"> Confirms that each staff member has the required knowledge and skill to work within his or her role. Clearly documents and communicates role expectations. Collaborates with staff to set realistic roles and responsibilities. Observes staff performance and takes action when staff demonstrates a level of incompetence (e.g., lack of knowledge, skill, judgement). Initiates and manages staff remediation and termination processes, applying applicable legislation and labour agreements.
4.4 Applies principles of ethical marketing and advertising practices in accordance with the regulation of the profession.	4.4.1 Ensures that marketing information is truthful, accurate, verifiable and professional.	<ul style="list-style-type: none"> Provides and/or references evidence-based literature to support claims. Ensures information for the public can be clearly understood.

Competency Area 4: Practice Management		
Competency	Performance Indicators	Practice Illustrations
		<ul style="list-style-type: none"> Ensures information does not include false claims or statements. Includes all relevant information to ensure that messaging is not deceptive. Ensures that all information related to pricing is accurate and complete.
	4.4.2 Acts with professional courtesy to competitors and adheres to the misconduct regulation.	<ul style="list-style-type: none"> Ensures marketing and advertising materials do not claim superiority over another practice or member. Demonstrates respect for other service providers.
	4.4.3 Ensures that all claims used in testimonials or endorsements are true and verifiable.	<ul style="list-style-type: none"> Ensures that information does not use fear to motivate the public. Ensures that all claims in testimonials are true and accurately communicated.
4.5 Utilizes financial management practices that ensure the appropriate provision of patient care.	4.5.1 Maintains accurate, current and legible financial records that adhere to provincial and federal legislation.	<ul style="list-style-type: none"> Completes the appropriate forms and follows processes to maximize reimbursement. Maintains a record of expenditures and income. Maintains a record of HST collected and submitted.
	4.5.2 Ensures that accounting and/or bookkeeping systems are in place and adhere to legislation and regulations.	<ul style="list-style-type: none"> Uses bookkeeping software to support accurate, timely record keeping. Consults with a bookkeeper and/or accountant when required.
	4.5.3 Provides and maintains a copy of all invoices and payment receipts.	<ul style="list-style-type: none"> Sends invoices to contractors (e.g., laboratory, building services) and maintains a copy. Maintains a copy of payment received from patients.
	4.5.4 Communicates payment, refund and warranty policies to patients.	<ul style="list-style-type: none"> Discusses with patients and/or family members the payment required for services and the payment schedule. Posts the refund warranty policy and directs patients and/or family members to review policies as part of the informed consent process.



Competency Area 4: Practice Management		
Competency	Performance Indicators	Practice Illustrations
	4.5.5 Ensures that fees are fair, transparent and consistent within the acceptable range for the industry.	<ul style="list-style-type: none"> Records and maintains a fee-for-service price list. Conducts an environmental scan to determine fair and consistent fees.
4.6 Takes action to manage risks and ensure the safety of patients, staff and himself or herself.	4.6.1 Observes the whole environment, thinking ahead and reviewing potential risks, options and consequences.	<ul style="list-style-type: none"> Regularly inspects equipment, tools and building premises (e.g., fire alarms, potentially icy or snowy areas, stairwells). Reports any need for building maintenance. Removes risks to reduce accidents and injuries. Considers the environment from the patients' view (e.g., cleanliness and tidiness of patient areas). Becomes familiar with the facility policies for infection prevention and during an infectious outbreak when working at an external facility (e.g., long-term care home).
	4.6.2 Recognizes safety problems in real time and responds by correcting them to prevent them from affecting the patient and/or others.	<ul style="list-style-type: none"> Identifies broken equipment and takes action to repair or remove the equipment from use. Identifies and removes anything that increases the risk of falls (e.g., wipes up spills, removes throw rugs).
	4.6.3 Educates staff on safety and emergency procedures and protocols.	<ul style="list-style-type: none"> Conducts and/or facilitates regular fire drills. Identifies and communicates situations that require emergency services. Educates staff and relevant others on the proper use of equipment.
	4.6.4 Integrates safety practices into daily activities.	<ul style="list-style-type: none"> Follows infection prevention and control protocols. Sterilizes equipment and tools.
	4.6.5 Establishes protocols and policies to manage abusive and aggressive behaviours on the part of patients and/or family members.	<ul style="list-style-type: none"> Documents behaviour considered to be abusive and/or aggressive, the consequences of that behaviour, and the actions that staff and/or he or she may take to resolve the situation. Communicates policies to staff, patients and/or family members.

Competency Area 4: Practice Management		
Competency	Performance Indicators	Practice Illustrations
	4.6.6 Takes appropriate action to align practice environment policies with regulatory requirements.	<ul style="list-style-type: none"> Aligns documentation practices with the College's standards of practice. Confirms that the computer systems meet the requirements of privacy legislation and documentation standards.
	4.6.7 Complies with infection prevention and control policies, industry guidelines and the standards of the profession.	<ul style="list-style-type: none"> Identifies the contamination source. Follows appropriate procedures for disinfecting patient care and public areas. Follows appropriate procedures for sterilizing all tools. Keeps abreast of current infectious diseases and precautions. Uses protective equipment as required.

Competency Area 5: Jurisprudence, Ethics and Professional Responsibilities		
Competency	Performance Indicators	Practice Illustrations
5.1 Maintains the confidentiality and privacy of all personal information in accordance with legislation, regulations and the standards of the profession.	5.1.1 Takes action to minimize foreseeable risks to privacy and confidentiality.	<ul style="list-style-type: none"> Ensures that records are not left unattended in public areas, but instead are maintained in a secured location. Ensures that only authorized individuals have access to records. Advises all staff of the confidentiality requirements. Speaks with patients in a private area. Uses encryption and password protection when transmitting electronic files that contain patient information.
	5.1.2 Obtains consent for the collection, disclosure, storage and use of patient information.	<ul style="list-style-type: none"> Ensures that patients understand the purpose of collecting information and its intended use. Communicates the risks associated with transmitting information electronically.



Competency Area 5: Jurisprudence, Ethics and Professional Responsibilities		
Competency	Performance Indicators	Practice Illustrations
	5.1.3 Demonstrates knowledge of when information can be withheld and/or released without the consent of the patient or substitute decision-maker.	<ul style="list-style-type: none"> Understands the actions required when a subpoena is received from a court to release specific aspects of a patient record. Releases records for College activities (e.g., mandatory reports, investigation purposes, to meet Quality Assurance Program requirements).
	5.1.4 Demonstrates knowledge of the patient's right to request and access a copy of his or her records.	<ul style="list-style-type: none"> Releases records in a timely manner after receiving a written request from the patient and/or substitute decision-maker. Knows that professionals may charge a reasonable fee for photocopying records.
5.2 Adheres to the legislation, regulations, code of ethics, and standards of the profession.	5.2.1 Demonstrates responsibility and accountability for his or her actions and decisions.	<ul style="list-style-type: none"> Demonstrates knowledge of patient rights and how to handle patient complaints. Ensures that staff knows the procedure for the patient to submit a complaint. Demonstrates transparency in reporting errors. Follows through with actions and/or promises. Communicates reasons for decisions.
	5.2.2 Demonstrates fair, transparent, respectful and truthful professional behaviours.	<ul style="list-style-type: none"> Practises in a manner that respects diversity and avoids prejudicial actions toward an individual, group or population. Communicates fees, policies and the schedule in advance of starting treatment. Completes tasks within the stated timeframes. Respects the patients' time when scheduling appointments.
	5.2.3 Recognizes the impact of the patient's values and beliefs on services.	<ul style="list-style-type: none"> Recognizes when personal beliefs conflict with those of the patient. Modifies the treatment plan and/or procedure when personal beliefs affect the usual process (e.g., allows a family member in the room during an examination, discusses alternatives to removing a head covering).

Competency Area 5: Jurisprudence, Ethics and Professional Responsibilities		
Competency	Performance Indicators	Practice Illustrations
	5.2.4 Recognizes, manages and declares real, potential and perceived conflicts of interest.	<ul style="list-style-type: none"> • Refuses to endorse one product over others. • Discloses a personal relationship when making a referral.
	5.2.5 Recognizes warning signs of a potential and/or actual boundary crossing and takes action to manage the situation.	<ul style="list-style-type: none"> • Remains alert to the changing nature of interactions with the patient. • Avoids inappropriate disclosure of personal information. • Avoids receiving or exchanging gifts. • Avoids billing irregularities that may signal special favours.
	5.2.6 Recognizes and manages inequalities in the power imbalance between the dentist, the patient, substitute decision-maker and staff.	<ul style="list-style-type: none"> • Does not exploit relationships for any form of non-therapeutic or personal gain, benefit or advantage. • Assumes responsibility for anticipating, establishing and maintaining appropriate boundaries.
	5.2.7 Accurately communicates his or her professional title and designation.	<ul style="list-style-type: none"> • Documents his or her title, using the appropriate professional designation (“Dentist”) and/or a College approved abbreviation of dentist. • Informs patients and others of his or her professional designation. • Ensures that the College’s registry is kept current with his or her name and employment address.
	5.2.8 Adheres to the mandatory reporting obligations outlined in legislation and regulations.	<ul style="list-style-type: none"> • Reports suspected child abuse to the Children’s Aid Society. • Reports suspected sexual abuse of a patient to the member’s regulatory college. • Reports unethical and/or incompetent behaviour to the member’s regulatory college. • Reports the intent to terminate or the termination of a regulated health professional to the professional’s regulatory college.
5.3 Demonstrates a commitment to continuing education and professional development.	5.3.1 Demonstrates insight into personal expertise and limitations.	<ul style="list-style-type: none"> • Recognizes areas of strength and weakness in practice. • Seeks feedback on his or her practice from patients, family members, colleagues and staff members.



Competency Area 5: Jurisprudence, Ethics and Professional Responsibilities		
Competency	Performance Indicators	Practice Illustrations
	5.3.2 Regularly reflects on the practice and changes in the practice environment.	<ul style="list-style-type: none"> • Considers the outcome of the services provided and reflects on what he or she would do differently next time. • Keeps abreast of new technologies, techniques and materials.
	5.3.3 Engages in self-assessment, peer and practice assessment, continuous learning and professional development in accordance with the College's Quality Assurance Program.	<ul style="list-style-type: none"> • Completes the College's required self-assessment tool. • Participates in peer and practice assessment when selected by the College. • Participates in continuing learning activities to support professional development and growth. • Evaluates personal competence in the use of technology (e.g., electronic records, accounting software).
	5.3.4 Encourages others to engage in personal and professional development activities for career growth and skill enhancement.	<ul style="list-style-type: none"> • Seeks opportunities for staff development. • Posts new literature for staff to review.
	5.3.5 Takes an active role in sharing information and knowledge.	<ul style="list-style-type: none"> • Presents at conferences and/or seminars. • Shares new knowledge with staff and colleagues. • Develops patient education materials. • Writes and publishes articles. • Posts current literature for others to review. • Discusses new technology, techniques and materials with his or her colleagues. • Mentors denturist students and new graduates.
5.4 Engages patients in the informed consent process in accordance with legislation.	5.4.1 Determines the patient's capacity to make an informed decision.	<ul style="list-style-type: none"> • Adheres to the <i>Health Care Consent Act, 1996</i> and the <i>Substitute Decision-Makers Act, 1992</i>. • Evaluates the patient's ability to fully understand the information needed to make an informed decision. • Determines the patient's maturity to understand the information (age is not a factor for providing informed consent).

Competency Area 5: Jurisprudence, Ethics and Professional Responsibilities		
Competency	Performance Indicators	Practice Illustrations
	5.4.2 Identifies situations in which obtaining informed consent may be problematic, and then takes steps to address the issue.	<ul style="list-style-type: none"> Identifies language barriers and arranges for a translator to be present. Determines when the patient is incapable of providing informed consent. Uses drawings and/or written materials to communicate with patients and/or substitute decision-makers.
	5.4.3 Involves the substitute decision-maker in the informed consent process when the patient's capacity and/or maturity prevents him or her from fully understanding the information.	<ul style="list-style-type: none"> Refers to the <i>Health Care Consent Act, 1996</i> (substitute decision-maker hierarchy) to ensure that the appropriate person provides informed consent.
	5.4.4 Discusses the cost of services and payment options with the patient.	<ul style="list-style-type: none"> Provides the patient with a fee schedule that itemizes costs and services. Allows the patient adequate time to ask questions about and discuss the itemized list.
	5.4.5 Obtains informed consent prior to initiating services and/or changing the service plan.	<ul style="list-style-type: none"> Communicates to the patient and/or substitute decision-maker the purpose, risks, benefits, disadvantages, alternatives and cost of the proposed treatment plan. Communicates the potential negative outcomes of not obtaining the treatment or following through with wearing instructions (e.g., drifting of teeth, over erupting of teeth). Ensures that the patient reasonably understands the information required to make an informed decision before initiating an assessment and/or treatment.

Competency Area 6: Communication		
Competency	Performance Indicators	Practice Illustrations
6.1 Communicates with patients and stakeholders in a timely, accurate and effective manner.	6.1.1 Verifies accuracy of verbal and written communications.	<ul style="list-style-type: none"> Confirms information with the referral source and/or patient. Validates information against current literature. Ensures that information posted on the company website is accurate and evidence-informed.



Competency Area 6: Communication		
Competency	Performance Indicators	Practice Illustrations
	6.1.2 Maintains patient records according to the standards of the profession.	<ul style="list-style-type: none"> • Maintains records in a safe and secure location for a period of at least seven years from the date of the patient's last visit. • Ensures the safe and secure storage of records.
	6.1.3 Adheres to the standards of the profession by documenting all patient encounters in a clear, concise, comprehensive and timely manner.	<ul style="list-style-type: none"> • Records notes in a timely manner. • Ensures that the documentation is clear and concise, and uses correct spelling, grammar and punctuation. • Organizes records systematically. • Ensures that records are truthful, factual, and without prejudice or exaggeration. • Ensures that dates and record notes are in the order in which they occurred. • Ensures that the meaning of any entry is immediately clear to any reader. • Dates and signs his or her professional designation on each entry. • Documents all patient interactions including those by phone, email, and those that are in person. • Documents assessment findings, clinical impressions, treatment plans, and modifications to the treatment plan and/or appliance. • Documents the informed consent process. • Documents the information and/or education provided to the patient. • Documents the design layout and materials used. • Documents and maintains a copy of laboratory prescriptions in the patient record. • Documents telephone conversations with the patient's dentist.
	6.1.4 Uses industry-accepted abbreviations and maintains a master abbreviation list.	<ul style="list-style-type: none"> • Maintains a master list of abbreviations and what each abbreviation stands for.



Competency Area 6: Communication		
Competency	Performance Indicators	Practice Illustrations
6.2 Demonstrates appropriate, clear and effective oral and written communication with patients, their support systems and other team members.	6.2.1 Uses a wide range of communication strategies.	<ul style="list-style-type: none"> • Demonstrates awareness of verbal and non-verbal communication. • Engages in active listening and delivers a response (e.g., re-phrases). • Uses all types of media (e.g., written, electronic, internet-based, social media). • Gathers information and encourages others to contribute to the dialogue.
	6.2.2 Communicates in a manner that is respectful of the patient’s needs and beliefs.	<ul style="list-style-type: none"> • Communicates in a non-judgemental tone. • Delivers information and opinions in a respectful, professional manner. • Respects the individual’s age, values, religious beliefs, sexual orientation, lifestyle and socioeconomic status.
	6.2.3 Uses effective dialogue that employs a variety of questions to elicit information.	<ul style="list-style-type: none"> • Asks open-ended questions. • Re-phrases questions and asks for clarification.
6.3 Modifies communication to meet the needs of the individual.	6.3.1 Assesses the communication needs of the individual patient and/or support system.	<ul style="list-style-type: none"> • Assesses the cognitive level of the individual. • Determines the patient’s current understanding of the information and/or services.
	6.3.2 Identifies barriers to effective communication.	<ul style="list-style-type: none"> • Identifies possible communication barriers such as language, visual impairment, hearing impairment, age and/or cognitive level.
	6.3.3 Modifies communication style and medium to meet individual needs.	<ul style="list-style-type: none"> • Provides written information in large print. • Incorporates the use of pictures and diagrams. • Employs the use of translators. • Selects the appropriate terminology based on the patient and/or support system’s level of experience and understanding.



Competency Area 6: Communication		
Competency	Performance Indicators	Practice Illustrations
6.4 Provides patient education regarding the use, care and maintenance of the dental prosthesis or oral appliance; and oral health care.	6.4.1 Assesses the patient's educational needs relevant to his or her age/history and the services being provided.	<ul style="list-style-type: none"> Assesses the patient's preferred learning style and personal learning needs. Determines the patient's prior use of appliances and his or her understanding of the treatment plan. Determines barriers to learning (e.g., language, literacy level, hearing, vision, age, cognitive level).
	6.4.2 Modifies educational materials and delivery methods to meet the needs of patients and others.	<ul style="list-style-type: none"> Provides large-font materials for those who are vision impaired. Incorporates pictures, diagrams and/or videos. Modifies educational materials and/or communication according to the patient's age, cognitive abilities and level of independence. Provides education to other health care providers and to family members when the patient is incapable of understanding the education presented.
	6.4.3 Delivers relevant education that is suitable for the patient and to the services being provided.	<ul style="list-style-type: none"> Provides information that reinforces the patient's realistic expectations of comfort and success of the appliance. Educates the patient on the care and average life of the oral appliance and/or prosthesis. Provides handouts and/or written instructions to support the retention of the presented information. Refers the patient and/or caregiver to a website to re-enforce learning.
	6.4.4 Evaluates the effectiveness of the education provided.	<ul style="list-style-type: none"> Ensures that the patient understands the care and maintenance of the appliance. Asks the patient to provide a demonstration to confirm his or her understanding of the provided education. Seeks feedback on the educational materials that have been provided.

Glossary

Client-centred	A value within the practice of the profession. Demonstrated through respect for the client, client involvement in decision-making; advocacy with and for the client's needs; recognition of the client's experience and knowledge.
Code of ethics	A statement of moral conduct, ethical principles and values that guide the professional (e.g. honesty, trust, transparency, respect, fairness, accountability).
Competence	An individual's possesses the required knowledge, skill and judgement to function efficiently, safely and ethically, which meets or exceeds the minimum expectation of the profession. In relation to a discipline proceeding, Subsection 52(1) of the <i>Health Professions Procedural Code</i> defines in competence as, "professional care of a patient [that] display[s] a lack of knowledge, skill or judgement of a nature or to an extent that demonstrates that the member is unfit to continue to practice or that the member's practice should be restricted".
Competency	An outcome statement that defines the minimum knowledge, skill, judgement and attitude requirements for practice. Competencies provide a structure that helps identify, evaluate and develop the behaviours that ensure safe, competent, ethical practice.
Design document	A document that states the specifications, measurements, and/or fabrication instructions. Also described as the laboratory prescription.
Evidence-based	Evidence-based practice involves systematically finding research evidence and assessing its validity, applicability and importance to practice decisions; and is based on the best available evidence in the context of the practice situation.
Informed consent	The process of securing agreement from the patient for assessment, treatment or other healthcare intervention only after they have been fully informed of the nature, benefits, material risks and side-effects and the likely consequence of not having the assessment, treatment or intervention. During the informed consent process the patient is given the opportunity to ask questions and fully understand the information presented.
Performance indicator	The inter-related set of measureable behaviours related to a given competency.
Standards of practice	The minimum expectation, as defined by the profession.
Stakeholder	The significant participants in a given process, such as the public, patients, other health professionals, support staff and/or employers.
Substitute-decision make	A person who makes decisions for someone who is incapable of making his/her own decisions, and who is authorized to give or refuse consent to an intervention on behalf of a person who is incapable with respect to the intervention. In most cases this will be a family member or partner. In others, this may be an individual specifically selected by the client, or appointed by the Court, the Board or Public Guardian and Trustee Office.



References

Legislation and Regulations

By-laws of the College of Denturists of Ontario under the Denturism Act, 1991

Denturism Act, 1991, S.O. 1991, c. 25

Health Care Consent Act, 1996, S.O. 1996

Ontario Regulation 107/96: Controlled Acts

Ontario Regulation 854/93: Professional Misconduct under Denturism Act, 1991, S.O. 1991, c.25

Personal Health Information Protection Act, 2004

Regulated Health Professions Act, 1991, c. 18, Sch. 2, the Procedural Code

Source Documents

Advertising and Professional Designation Policy, College of Denturists of Ontario, 2012

International Federation of Denturists Baseline Competencies and Examination Criteria for the Education and Training of Denturists, date unknown

National Competency Profile for Denturists, College of Denturists of Ontario, Sept 2013

Code of Ethics / Conduct, College of Denturists of Ontario, 2003

Patient Record Keeping Policy, College of Denturists of Ontario, 2012

Professional Attributes and Competencies of the Newly Qualified Dental Prosthetist, Australian Dental Council, 2014

Competency Framework

Strategies for Developing Competency Models: A. Marrieli, J. Tondora, M. Hoge; Administration and Policy in Mental Health, Vol. 32, 2005

The Essential Practice Competencies for the Commission on Dietetic Registration's Credentialed Nutrition and Dietetics Practitioners: L. Worsfold, B. Grant, G. Barnhill, Academy of Nutrition and Dietetics; 2212-2672; 2015





BRIEFING NOTE

To: **Council**

From: **Tera Goldblatt, Manager, Registration and Quality Assurance**

Date: **December 13, 2024**

Subject: **Draft Inactive Class Policy and Guidelines for Approval**

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 Registration Regulation will be updated to strengthen provisions for public protection while balancing right touch regulation in the areas of registration requirements. In advance of its potential implementation, the College has drafted several policy documents to ensure an orderly roll out of the new regulations once it comes into force.

Purpose

- To review the proposed draft policy and guidelines for the Inactive Class of Registration.
- The policy and guidelines specify the requirements to enter the inactive class and the requirements to return to the active General class while meeting the currency requirements of the College.

Background

The draft revised Registration Regulation is currently in the final stages of submission with the Ministry of Health (MOH). The College has been working closely with the MOH and anticipate a potential timeline for the regulation to come into force sometime in 2025 barring no external circumstances that may affect the Government of Ontario's legislative calendar.

The draft revised Registration Regulation will introduce an inactive class of registration for the first time for the College. Several historical attempts were made over the past 30 years including petitioning to the Ministry to update the Registration Regulation and modifying the College By-Laws to create an informal inactive class that was ultimately struck down as inappropriate around the 2010s.

The Inactive Class of Registration is a class of registration for Denturists who will not be practising for an extended period but wishes to maintain their registration with the CDO. Reasons to apply for an Inactive Certificate of Registration may include:

- Family/parental leave
- Medical/personal leave
- Educational leave/returning to school
- Temporary move to another jurisdiction
- Sabbatical leave
- Retirement/career change
- Other

College Staff developed the initial policy and guidelines in early 2024 with assistance from College Legal Counsel. Work on the policy was reprioritized when the College received an update that the Ministry will go ahead with the Professional Misconduct Regulation before the Registration Regulation. In the fall of 2024, the Ministry informed the College that it is now working on the Registration Regulation.

At its November 5th, 2024, meeting, the Registration Committee were provided with the draft copies for their review. College Legal Counsel provided a high-level overview of the draft policy and guidelines with further additions.

The Committee approved a motion to incorporate the final additions, approved the drafts, and recommended them to Council for implementation when the revised Registration Regulation comes into force.

Embracing Diversity, Equity, and Inclusion

The creation of the inactive class aligns with the College's 2023-2025 strategic priority of embracing diversity, equity, and inclusion. Historically, registrants who involuntarily cease practising due to severe medical issues, personal emergencies, or for paternity leave were required to maintain an active General Class of Registration. All the requirements to maintain the General Class were also expected including remitting the full renewal fee, maintaining active professional liability insurance, maintaining 1500 hours of currency over a three-year rolling period, and participating in CPD activities.

As no other classes of registration were available, should a non-practising registrant not maintain their General Class certificate, regulatory interventions may occur. Historically, the College and the College's

Registrar worked with College Legal Counsel to ensure such regulatory interventions were proportionate, fair, and reasonable to the personal circumstances that precipitated the registrant's non-practising status. The College used its limited discretionary powers up to its full extent provided by the *Regulated Health Professions Act, 1991*, and the *Denturist Act, 1991* to assist where it could. Examples included providing payment plans, extending timelines for CPD activities, and extending regulatory deadlines where possible.

The new Registration Regulation along with the creation of the Inactive Class of Registration would provide registrants with greater registration status flexibility and would serve to better enhance equity and inclusion principles.

Risk Consideration

Should the College not publish its policy and guidelines for the inactive class of registration, regulatory confusion may occur. Specific requirements to enter the inactive class and return to practice would not be clearly articulated and unintended consequences may occur when registrants seek to apply for the inactive class or return to the general class and interpret the regulatory requirements without the College's guidance.

No other legal, financial, or governance risks were identified in relation to the review and approval of the inactive class policy and guidelines.

Options

Council is asked to approve to the following:

1. Draft Transfer from Inactive Class to General Class Policy
2. Inactive Class of Registration Guidelines

After consideration of these matters, Council may:

Suggested Motion – That Council approves the Transfer from Inactive Class to General Class Policy and the Inactive Class of Registration Guidelines for implementation on the day the updated Registration Regulation comes into force.

Attachments

1. Draft Transfer from Inactive Class to General Class Policy
2. Draft Inactive Class of Registration Guidelines



TYPE	Registration
NAME	Transfer from Inactive Class to General Class Policy
DATE APPROVED BY COUNCIL	
DATE REVISED BY COUNCIL	

INTENT

Ontario Regulation XX/XX (Registration) allows for four classes of Certificates of Registration:

- General
- Inactive
- Temporary
- Emergency

This policy describes how the Registration Committee interprets the currency requirement (s. 10(f) of Ontario Regulation xx/xx (Registration)) for Registrants who wish to transfer from the Inactive Class to the General Class.

THE POLICY

A Registrant is permitted to transfer from the Inactive class to the General class if the Registrant meets the specified requirements as set out in s. 10 of Ontario Regulation xx/xx (Registration).

The Registrant must satisfy a panel of the Registration Committee that they possess the current knowledge, skills, and judgement relating to the practice of the profession that would be expected of a Member holding the General Certificate of Registration (section 10(f)).

The Registration Committee has determined that the length of time the Registrant has remained in the Inactive Class will factor into its assessment.

Transferring from Inactive Class to General Class Within Three Years

If the Registrant applies to transfer to the General Class **within three years** of receiving the Inactive Class Certificate, the Registrant must:

- Successfully complete the Self-Assessment Tool that identifies and assesses any gaps in knowledge, skills, and judgment and identified learning goals to address the gaps.

- Successfully complete the Jurisprudence Module within one month of submitting their application.
- Submit documentation evidencing any education or training that has been successfully completed by the Registrant.

Transferring from Inactive Class to General Class Over Three Years

If the Registrant applies to transfer to the General Class after being in the Inactive Class **for three years or more**, the Registrar may refer the application to the Registration Committee pursuant to s. 15(2)(a) of the Health Professions Procedural Code. The Registrant will be advised of the referral and will be provided an opportunity to make submissions to the Registration Committee.

Note that the Registrant may wish to include information relating to the following non-exhaustive criteria in their submissions to the Registration Committee:

- The circumstances that motivated the registrant to enter the Inactive Class
- The time elapsed since the registrant last practised denturism
- The nature and intensity of the last time the registrant practised denturism
- The quality and quantity of efforts to maintain currency while not practising
- Any education or training that was undertaken by the registrant
- The registrant's potential re-entry plan, including planned Continuing Professional Development and Quality Assurance activities and/or clinical supervision or mentorship arrangements.

The Registration Committee will review the application and the submissions and make one or more of the following orders as per s. 18(2) of the Health Professions Procedural Code:

1. Direct the Registrar to impose specified terms, conditions, and limitations on a certificate of registration in the General Class and specifying a limitation on the Registrant's right to apply under subsection 19 (1). Note that the terms, conditions, and limitations could include the following:
 - i. A temporary supervision requirement for a specified period of time upon return to practice
 - ii. To undergo a Registrar approved assessment within 3 months of returning to practice for an assessment of their knowledge, skills, and judgement.
 - iii. To submit records of continuing professional development activities within 6 months of the transfer to the General Class
2. Direct the Registrar to issue a certificate of registration in the General Class if the Registrant successfully completes additional training specified by the panel that may include a refresher program, continuing education, or a remediation program.

3. Direct the Registrar to issue a certificate of registration in the General Class if the Registrant successfully completes examinations set or approved by the panel. Note that this could include the MCQ, OSCE, or both portions of the Qualifying Examinations.
4. Direct the Registrar to issue a certificate of registration in the General Class.
5. Direct the Registrar to refuse to issue a certificate of registration in the General Class.

RELATED LEGISLATION AND DOCUMENTS

[Denturism Act, 1991](#)

[Ontario Regulation XX/XX \(Registration\)](#)

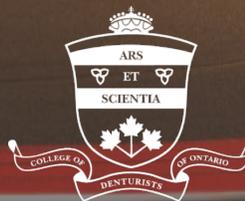
Health Professions Procedural Code (which is Schedule II to the *Regulated Health Professions Act*)

Refresher Program Policy

Practising the Profession Policy

REVISION CONTROL

Date	Revision	Effective



COLLEGE OF
DENTURISTS
OF ONTARIO

Inactive Class of Registration Guidelines



Overview

The Inactive Class of Registration is a class of registration for Denturists who will not be practising for an extended period but wishes to maintain their registration with the CDO. Reasons to apply for an Inactive Certificate of Registration may include:

- Family/parental leave
- Medical/personal leave
- Educational leave/returning to school
- Temporary move to another jurisdiction
- Sabbatical leave
- Retirement/career change
- Other

The Inactive Class is designed for longer-term absences and is not intended for short-term absences from practice (e.g., temporary unemployment, extended vacation, etc.). Denturists who no longer wish to practise as a Denturist in Ontario may also consider resigning.

Denturists in the Inactive Class cannot practise Denturism in Ontario even under the supervision of another Denturist. They pay a reduced annual fee and are not required to maintain professional liability insurance coverage for the period in which they are not practising (other than tail-end coverage). Denturists in the Inactive Class will still be required to undertake CPD activities throughout the three-year CPD cycle, unless exempted due to personal circumstances. For those who are unable to undertake CPD activities, the CDO's Quality Assurance Committee will determine next steps upon their return to the General Class.

Non-Practising Status as a Denturist

Here are some important notes for what it means to be in the Inactive Class:

- DDs in the Inactive Class cannot practise as a Denturist in Ontario or perform the controlled act, even on a volunteer or temporary basis. This includes working under the supervision of another Denturist or oral health care professional. This also includes working on the bench or in a laboratory for another Denturist.
- DDs in the Inactive Class cannot supervise or teach the practice of Denturism.
- DDs in the Inactive Class are not required to carry active Professional Liability Insurance for the period in which they are not practising. They are still required to hold "tail coverage" for the



period in which they were practising. Tail coverage is a required provision usually found within existing Professional Liability Insurance policies, but Denturists should confirm that this coverage exists.

- DDs in the Inactive Class are still required to participate in CPD activities and will remain in their CPD cycle.
 - While DDs should use their best efforts to continue their professional development journeys, If the reasons for inactivity interferes with the ability to undertake CPD activities, the CDO's Quality Assurance Committee will determine next steps upon their return to the General Class.
- DDs in the Inactive Class cannot make any claims or representations that they are currently authorized to practise Denturism.
- Since DDs in the Inactive Class cannot practise Denturism, they also cannot submit, or bill claims to insurance providers including any governmental dental care programs during the inactive period. This may be considered an act of professional misconduct and engaging in insurance fraud.
 - It is important for Denturists to confirm the exact dates of their application approval date to avoid any unnecessary mistakes due to the timing of the application.

To determine whether you are practising as a Denturist, consider the following questions:

- Am I performing any component of the controlled act (i.e., design, construction, repair, or alteration of removable dentures for patients)?
- Do I use the title "Denturist" or "Registered Denturist" while providing clinical treatment, advice, education, or other services within the scope of denturism?
- Am I relying on my knowledge, skills, and judgment as a Denturist to perform my duties?
- Are clients seeking a treatment or service from me because of my training as a Denturist?

If you answered "yes" to any of the above, you are likely practising and would not be permitted to hold a Certificate of Registration in the Inactive Class.



Eligibility for the Inactive Class

You are eligible to apply for the Inactive Class if you:

- Are a current holder of a General Class Certificate of Registration,
- Are not in default of any fees, penalties, or other amount owing to the CDO,
- Have provided the CDO with any outstanding requests for information.

Denturists can apply for the Inactive Class by submitting a request through the [online Member Portal](#).

Use of the Title

Denturists in the Inactive Class may use the following titles while inactive:

- Denturist (Inactive)
- Registered Denturist (Inactive)
- DD (Inactive)

Returning to Practice

Denturists can apply or return to practice from the Inactive Class to the General Class at any time throughout the year. Please ensure you apply for a transfer well in advance of your anticipated date of return to practice as it takes time to process your application, and it may be referred to the Registration Committee.

Depending on whether you have been inactive for less than three years or more than three years, there are additional requirements before you can return. These requirements are due to the Currency Hours provisions set in legislation that requires all Denturists to provide evidence that they still retain the knowledge, skill, and judgement required when returning to practice.

Denturists in the Inactive Class can return to practice by applying to transfer back into the General Certificate of Registration by:



1. Completing the online application found on the Member Portal
2. Paying the pro-rated registration fee (based on month of return) as stated in the College's By-Laws
 - a. Please note, the CDO does not provide any mid-year refunds on any renewal fees already paid when entering or leaving the Inactive Class.
3. Obtaining Professional Liability Insurance before your first day of practice
4. Paying any outstanding amounts or penalties owed to the CDO (if any)
5. **Completing additional regulatory requirements based on length of inactivity**

Additional Regulatory Requirements Based on Length of Inactivity

- **Inactive less than three years:** provide the Registrar with evidence of completion of the required activities in the chart below.
- **Inactive more than three years:** The application will be referred to the Registration Committee to determine what additional regulatory activities are necessary to facilitate a safe and gradual return to practice. Denturists will be provided with an opportunity to make written submissions to support their application and provide their narrative on the factors listed below.

Factors the Registration Committee will use to render their decision include:

- The circumstances that motivated the registrant to enter the Inactive Class
- The time elapsed since the Registrant last practised denturism
- The nature and intensity of the last time the registrant practised denturism
- The quality and quantity of efforts to maintain currency while not practising
- Any education or training that was undertaken by the registrant
- The registrant's potential re-entry plan, including planned Continuing Professional Development and Quality Assurance activities and/or clinical supervision or mentorship arrangements.



Inactive less than three years	Inactive more than three years
<p>Completion of the following:</p> <ul style="list-style-type: none"> • Completion of the Self-Assessment Tool to identify and assess any gaps in skills or knowledge that may have occurred in the time since the registrant last practised the profession and set learning goals to address those gaps. • Successful completion of the online Jurisprudence Module. • (if applicable) Providing evidence of completion of additional training and/or education acceptable to the Registrar. 	<p>Registration Committee will review the application and order one or more of the following:</p> <ul style="list-style-type: none"> • A temporary supervision requirement upon return to practice e.g. first 750 hours of supervised practice. • Undergo a Registrar approved on-site assessment within 3 months of returning to practice to meet with a College mentor for an assessment of their knowledge, skills, and judgement. • Submit previous records of continuing professional development activities. • Complete a refresher program, continuing education, or remediation program. • Successfully pass the Qualifying Examinations (MCQ, OSCE, or any portions of the Qualifying Examinations).

Application and Registration Fees

There are fees associated with applying for the Inactive Class and a pro-rated registration fee when returning to practice. It is a requirement to renew the Inactive class every year and remit the annual renewal fee for the Inactive Class during the Annual Renewal period of mid February to end of March.

The fees that apply for the Inactive Class is set by Council and is found in Schedule 7 of the College’s By-Laws [here](#).



Denturists who wish to transfer from the Inactive Class to the General Class will remit a pro-rated registration fee (based on the month they wish to return to practice) once their application has been approved. The pro-rated fees are designed so that when a Denturist returns to the General Class, they would have remitted a similar amount of fees that a renewing Active General Class registrant would have remitted for that registration year. This principle adopted by the CDO Council helps facilitate Denturists timely return to the workforce in a fair manner for all registrants.

Please note, the CDO does not provide any mid-year refunds on any renewal fees already remitted when entering or leaving the Inactive Class during the year.

To avoid any excess fees remitted, the CDO encourages Denturists to apply or return to practice during the Annual Renewal period of each year if possible. This allows for a clean break between renewal periods.

Inactive Class vs. Resigning

The CDO understands that Denturists may encounter situations in their professional careers where they may consider resigning their certificates of registration and leave the profession permanently.

Resigning your certificate of registration is a very important professional decision with significant implications. Should a Denturist wish to return to the profession after resigning their certificate, they will be required to fully apply as a new applicant including the need to undergo the Qualifying Examinations and meet all registration requirements at that time.

The Inactive Class provides Denturists with flexibility in returning as the administrative, financial, and time commitment to return to practice is significantly less burdensome than applying as a new applicant. The CDO encourages non-practising Denturists who are unsure about their professional pathway to consider applying in the Inactive Class and staying there until they are certain they are ready to resign their certificates of registration permanently.

Appendix List of Revisions

Date	Revision
2024	First publication date.