# COLLEGE OF DENTURISTS OF ONTARIO

# 118th Council Meeting

March 7, 2025 – 10:00 a.m. to 3:00 p.m.

## Teleconference via Zoom & YouTube Live Stream

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

## AGENDA

| Item | | Action | Page # |
|------|------|--------|--------|
| 1. | **Call to Order** | | |
| 2. | **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** | Decision | **1** |
| 4. | **Declaration of Conflicts** 4.1 Conflict of Interest Register | Declaration | **3** |
| 5. | **College Mission and Mandate** | Information | **7** |
| 6. | **Consent Agenda** | Decision | |
| | 6.1 Minutes of the 117th Council meeting – December 13, 2024 | | **9** |
| | 6.2 Feedback Survey Results from the 117th Council meeting | | **14** |
| | 6.3 Executive Committee Report | | **22** |
| | 6.4 Inquiries, Complaints and Reports Committee Report | | **23** |
| | 6.5 Discipline Committee Report | | **25** |
| | 6.6 Fitness to Practise Committee Report | | **26** |
| | 6.7 Patient Relations Committee Report | | **27** |
| | 6.8 Quality Assurance Committee Report | | **28** |
| | 6.9 Registration Committee Report | | **30** |
| | 6.10 Qualifying Examination Committee Report | | **32** |
| | 6.11 Qualifying Examination Appeals Committee Report | | **33** |
| | 6.12 President's Report | | **34** |

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| | | | |
|---|---|---|---|
| **7.** | **Registrar's Report** | | |
| | 7.1  College Update | | **37** |
| | 7.2  Financial Report – April 1, 2024, to January 31, 2025 | | **39** |
| | 7.3  Statement of Operations as of April 1, 2024, to January 31, 2025 | | **43** |
| | 7.4  Strategic Initiatives Budget as of April 1, 2024, to January 31, 2025 | | **44** |
| **8.** | ***In-Camera* Meeting of Council** | | |
| | Pursuant to section 7(2)(b) of the *Health Professions Procedural Code*, being Schedule 2 to the *Regulated Health Professions Act*, 1991. | | |
| **9.** | **2025-2026 Draft Operating Budget & Strategic Initiatives Budget** | | |
| | 9.1  Briefing Note | | **45** |
| | 9.2  Draft 2025-2026 Operating Budget | | **52** |
| | 9.3  Draft Strategic Initiatives Budget | | **53** |
| | 9.4  ***In-Camera* Meeting of Council** - Pursuant to section 7(2)(b)(d) of the *Health Professions Procedural Code*, being Schedule 2 to the *Regulated Health Professions Act*, 1991. | | |
| **10.** | **Approved Denturism Programs Policy** | | |
| | 10.1  Briefing Note | | **54** |
| | 10.2  Draft Denturism Programs Policy | | **59** |
| **11.** | **College Performance Measurement Framework (CPMF) Report** | | |
| | 11.1  Briefing Note | | **61** |
| | 11.2  CPMF Action Items | | **64** |
| | 11.3  2024 CPMF Reporting Tool | | **68** |
| **12.** | **Other Business** | | |
| **13.** | **Next Meeting Date(s)** | | |
| | ➢ 119th Council Meeting – June 13, 2025 | | |
| | ➢ 120th Council Meeting – September 12, 2025 | | |
| | ➢ 121st Council Meeting – December 5, 2025 | | |
| **14.** | **Adjournment** | | |

**COLLEGE OF DENTURISTS OF ONTARIO**

# Conflict of Interest Register

Council – 2024-2025 Term

| Committee Member | Conflict(s) of Interest Declared |
|---|---|
| **Lileath Claire**<br>Public Member – President (Chair) | • Public Member, Ontario College of Teachers Investigations & Complaints Roster |
| **Garnett A.D. Pryce**<br>Denturist – District 5 - Vice President | • Denturism Instructor, Oxford College (Toronto)<br>• Member, Denturist Association of Ontario |
| **Majid Ahangaran**<br>Denturist – District 7 | • Member, Denturist Association of Ontario |
| **Abdelatif (Latif) Azzouz**<br>Denturist – District 6 | None declared |
| **Kristine Bailey**<br>Public Member | None declared |
| **Alexia Baker-Lanoue**<br>Denturist – District 1 | None declared |
| **Michael Bakshy**<br>Public Member | None declared |
| **Avneet Bhatia**<br>Public Member | None declared |
| **Annie Chu**<br>Denturist – District 4 | • Procurement Officer, Build Your Smile Dental Foundation<br>• Member, Denturist Association of Ontario<br>• Fee Guide Committee Member (former), Denturist Association of Ontario<br>• Denturist (On-Call), East Mississauga Community Health Centre |
| **Norbert Gieger**<br>Denturist – District 2 | None declared |
| **Elizabeth (Beth) Gorham-Matthews**<br>Denturist – District 8 | • Member, Denturist Association of Ontario |
| **Aisha Hasan** | None declared |

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| Public Member | |
|---|---|
| **Franklin Parada**<br>Denturist – District 3 | • Member of Program Advisory Committee, Oxford College (Toronto) |
| **Gaganjot Singh**<br>Public Member | None declared |

**Last Updated:** February 13, 2025

# I. Conflict-of-Interest Declaration of Adherence

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

- ✓ I have a duty to carry out my responsibilities in a manner that serves and protects the interest of the public. Therefore, I must not engage in any activities or decision-making about any matters where I have a conflict of interest.

- ✓ I have a duty to uphold and further the intent of the *Denturism Act, 1991* which is to regulate the practice and profession of denturism in Ontario. I must not represent the views of advocacy or special interest groups.

- ✓ I must avoid conflicts between my self-interest and my duty to the College. As part of this Conflict-of-Interest Declaration of Adherence, I have identified below any relationship(s) I currently have or recently have had with any organization that may create a conflict of interest by virtue of having competing fiduciary obligations to the College and the other organization (including, but not limited to, entities of which I am a director or officer).

- ✓ I confirm I have read, considered and understand the College's Conflict-of-Interest by-laws section (section 27), and agree to abide by its provisions.

- ✓ I understand that my completed questionnaire will be included in the appendix to each Council and/or committee meeting package and that I must declare any updates to my responses and conflicts of interest specific to the meeting agenda at the start of each meeting.

- ✓ I recognize that a conflict of interest could bring discredit to the College, amount to a breach of my fiduciary duty to the College and could create liability for the College and/or myself.

- ✓ I understand that any breach of the College's Conflict-of-Interest by-laws section may result in remedial action, censure or removal from office.

# II. Outside Interests

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

I, or one of my family members (e.g., a parent, spouse[1] , child or sibling), close friends, business partners, dating partner, or other person with whom I have a close personal or professional relationship, have or recently[2] have had the following direct or indirect affiliations, personal or financial interests or relationships, and/or have taken part in the relevant transactions.

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[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.

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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.

COLLEGE OF
DENTURISTS
OF ONTARIO

# MISSION STATEMENT

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

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# MANDATE AND OBJECTIVES

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

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

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

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

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

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

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

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

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

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

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

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

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

# COLLEGE OF DENTURISTS OF ONTARIO

## 117ᵗʰ Council Meeting
## Hybrid

**Held at HUB 601 and via Zoom/YouTube Live Stream**
175 Bloor Street East, North Tower, Suite 601, Toronto, ON M4W 3R8
December 13, 2024 – 10:00 a.m. to 2:30 p.m.

## <u>MINUTES</u>

| | | |
|---|---|---|
| Members Present: | Lileath Claire, Public Appointee | ➢ President |
| | Garnett A. D. Pryce, Denturist | ➢ Vice President |
| | 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 | |
| | | |
| Regrets: | Majid Ahangaran, Denturist | |
| | Avneet Bhatia, Public Appointee | |
| Absent: | Michael Bakshy, Public Appointee | |
| | Annie Chu, Denturist | |
| Legal Counsel: | Rebecca Durcan, Steinecke, Maciura and LeBlanc | |
| | | |
| Guests: | Geoff Clute, Principal, Hilborn LLP | |
| | Matthew Marini, Vice-President, Martek Assessments Ltd. | |
| Staff: | Roderick Tom-Ying, Registrar and CEO | |
| | Megan Callaway, Manager, Council and Corporate Services | |
| | Tera Goldblatt, Manager, Quality Assurance and Sexual Abuse Liaison | |
| | Meghan Hoult, Manager, Qualifying Examinations & Strategic Initiatives | |
| | Catherine Mackowski, Manager, Professional Conduct | |
| | Paige O'Brien, Associate Manager, Council and Corporate Services | |

## 1. Call to Order
The Chair called the meeting to order at 10:07 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

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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:** K. Bailey
    **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.

    No conflicts were noted for the meeting and no updates were required to 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**
    Item 6.12: President's Report was removed from the Consent Agenda.

    **MOTION:** To approve the Consent Agenda as amended.
    **MOVED:** G. Pryce
    **SECONDED:** K. Bailey

                                                                                 **CARRIED**

    The President reflected the College's accomplishments from the past year.

    A Council member requested an update on the College's prior discussions regarding amalgamation. An update on this topic was provided during the Registrar's Report.

    **MOTION:** To approve the President's Report
    **MOVED:** N. Gieger
    **SECONDED:** G. Pryce

                                                                                 **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 drafting of Registration Regulation policy

provisions, ODQ 50th Anniversary, Fall Peer Circle events, Georgian College Presentation and Tour, GBC Presentation, personnel updates, Scope of Practice Initiative Update, Strategic Initiatives for 2024 and the financial report for April 1, 2024, to November 15, 2024.

8. **Draft Audited Financial Statements**
Mr. Geoffrey Clute, Hilborn LLP presented the 2023-2024 draft audited financial statements and audit findings communication. No issues of note were identified during the audit. A question was asked and addressed about a specific line item.

**MOTION:** To approve the 2023-2024 draft audited financial statements.
**MOVED:** K. Bailey
**SECONDED:** G. Singh

**CARRIED**

It was asked if there was any reason that Council should not reappoint Hilborn LLP. The Registrar provided information regarding this consideration.

**MOTION:** To reappoint Hilborn LLP as the Auditor for 2024-2025.
**MOVED:** N. Gieger
**SECONDED:** L. Azzouz

**CARRIED**

9. **In-Camera Meeting of Council**

**MOTION:** To move the meeting in-camera.
**MOVED:** L. Azzouz
**SECONDED:** G. Pryce

**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 11:55 p.m. and ex camera at 12:34 p.m.

10. **2025-2026 Annual Renewal Fees – Schedule 7 of By-Laws**
The Registrar provided the results of the 60-day consultation regarding the proposed renewal fee. The Registrar confirmed that no feedback was received from the consultation.

The Registrar clarified that the update to the fees in the By-laws was not intended to permanently set the fees at $1700.00; rather this change is to ensure the By-laws reflect the $1700.00 renewal fee that has been in place for the past two year and for 2025.

**MOTION:** To set the 2024-2025 Annual Renewal Fee at $1700.00 + HST.
**MOVED:** L. Azzouz
**SECONDED:** G. Singh

**CARRIED**

**MOTION:** To rescind previous Motion.
**MOVED:** L. Azzouz
**SECONDED:** G. Singh

**CARRIED**

**MOTION:** To set the 2025-2026 Annual Renewal Fee at $1700.00 + HST, approve the Inactive Class of Registration Fee Schedule as presented, and update Schedule 7 of the College By-Laws to reflect these changes.
**MOVED:** L. Azzouz
**SECONDED:** G. Singh

**CARRIED**

11. **Annual Report**
The Registrar introduced the draft Annual Report for 2023-2024.

**MOTION:** To approve the draft annual report for 2023-2024.
**MOVED:** K. Bailey
**SECONDED:** G. Pryce

**CARRIED**

12. **Multi-Jurisdictional Examination Update & Exam Blueprint for Approval**
Meghan Hoult, Manager of Qualifying Examinations and Strategic Initiatives, provided an update on the progress of the Multi-Jurisdictional Objective Structured Clinical Examination (MJ OSCE), and to present for approval, updated exam blueprints. Matthew Marini, Vice-President of Martek Assessment Ltd., provided an overview of the exam blueprints and responded to questions from Council members regarding the components of the clinical examination stations.

**MOTION:** To approve the updated MJ MCQ and MJ OSCE Blueprints for implementation in June 2025 and February 2026 respectively.
**MOVED:** A. Hasan
**SECONDED:** E. Gorham-Matthews
**ABSTAINED:** N. Gieger                                              **CARRIED**

13. **Registration Regulation – Inactive Class Policy and Guidelines**
Tera Goldblatt, Manager, Registration and Quality Assurance, to discuss the proposed draft policy and guidelines for the Inactive Class of Registration.

The Registrar spoke to practice limitations for members who move to the Inactive Class and that these limitations would be clearly communicated to the membership.

**MOTION:** To approve 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.
**MOVED:** N. Gieger
**SECONDED:** G. Pryce

**CARRIED**

### 14. Other Business
No other business was raised.

### 15. Next Meeting Date(s)
The following proposed meeting dates for 2025 were provided:
- 118th Council Meeting – March 7, 2025
- 119th Council Meeting – June 13, 2025
- 120th Council Meeting – September 12, 2025
- 121st Council Meeting – December 5, 2025

### 16. Adjournment
The meeting was adjourned at 2:37 p.m.

**MOTION:** For the meeting to be adjourned.
**MOVED:** K. Bailey
**SECONDED:** G. Singh

**CARRIED**

_____          _____
Lileath Claire                                      Date
President

_____          _____
Roderick Tom-Ying                              Date
Registrar and CEO

Agenda Item 6.2

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

Answered: 5    Skipped: 0
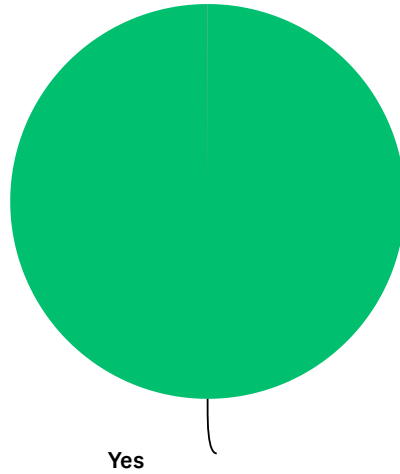


**Yes**

| ANSWER CHOICES | RESPONSES | |
|---|---|---|
| Yes | 100.00% | 5 |
| No | 0.00% | 0 |
| Somewhat | 0.00% | 0 |
| Don't Know | 0.00% | 0 |
| TOTAL | | 5 |

| # | COMMENTS | DATE |
|---|---|---|
| | There are no responses. | |

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

Answered: 5    Skipped: 0
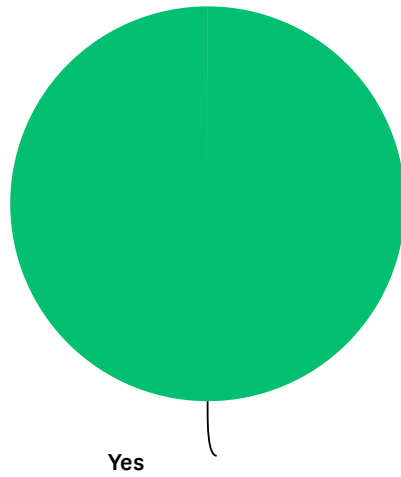
Yes

| ANSWER CHOICES | RESPONSES | |
|---|---|---|
| Yes | 100.00% | 5 |
| No | 0.00% | 0 |
| Somewhat | 0.00% | 0 |
| Don't Know | 0.00% | 0 |
| TOTAL | | 5 |

| # | COMMENTS | DATE |
|---|---|---|
| | There are no responses. | |

# Q3 I was prepared for this meeting.
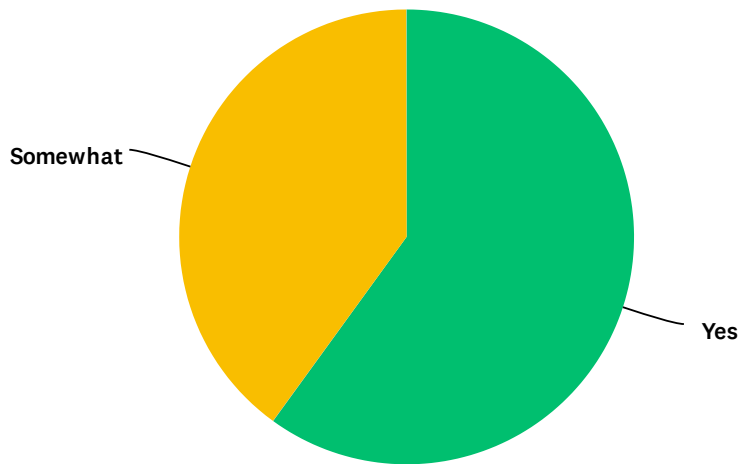
Answered: 5    Skipped: 0

Somewhat

Yes

| ANSWER CHOICES | RESPONSES | Agenda Item 6.2 |
|---|---|---|
| Yes | 60.00% | 3 |
| No | 0.00% | 0 |
| Somewhat | 40.00% | 2 |
| Don't Know | 0.00% | 0 |
| TOTAL | | 5 |

| # | COMMENTS | DATE |
|---|---|---|
| 1 | See comments under number 5. | 12/15/2024 8:41 AM |

## Q4 All Council members appeared prepared for this meeting.
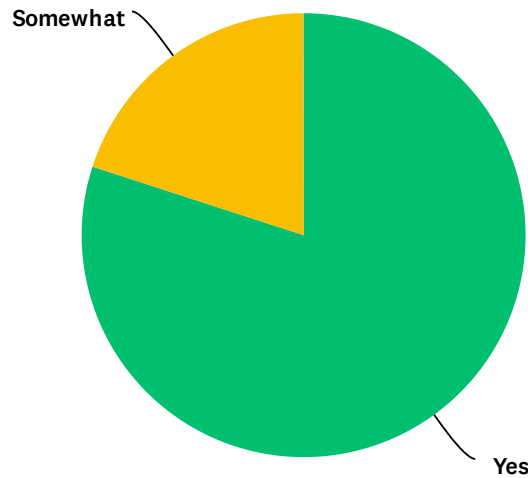
Answered: 5    Skipped: 0



| ANSWER CHOICES | RESPONSES | |
|---|---|---|
| Yes | 80.00% | 4 |
| No | 0.00% | 0 |
| Somewhat | 20.00% | 1 |
| Don't Know | 0.00% | 0 |
| TOTAL | | 5 |

| # | COMMENTS | DATE |
|---|---|---|
| | There are no responses. | |

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

Answered: 3    Skipped: 2

| # | RESPONSES | DATE |
|---|---|---|
| 1 | an email reminder a week prior to meeting | 12/16/2024 2:14 PM |
| 2 | More information for in camera discussion / salary. Better briefing, Regarding National exam progress and rollout. | 12/15/2024 8:41 AM |
| 3 | N/a | 12/13/2024 3:54 PM |

# Q6 This meeting was effective and efficient.

Answered: 5    Skipped: 0
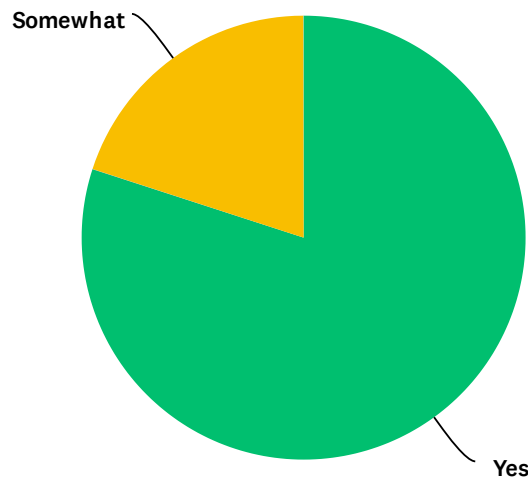


| ANSWER CHOICES | RESPONSES | |
|---|---|---|
| Yes | 80.00% | 4 |
| No | 0.00% | 0 |
| Somewhat | 20.00% | 1 |
| Don't Know | 0.00% | 0 |
| TOTAL | | 5 |

| # | COMMENTS | DATE |
|---|---|---|
| | There are no responses. | |

# Q7 The objectives of this meeting were achieved.

Answered: 5    Skipped: 0
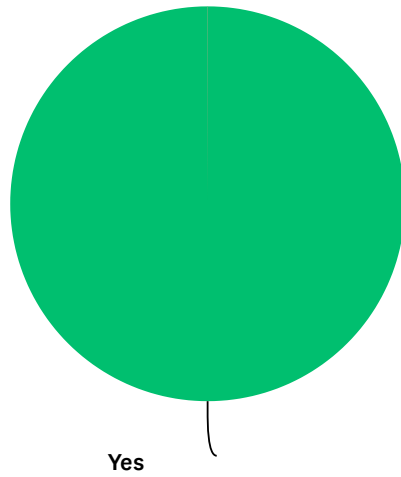
**Yes**

| ANSWER CHOICES | RESPONSES | |
|---|---|---|
| Yes | 100.00% | 5 |
| No | 0.00% | 0 |
| Somewhat | 0.00% | 0 |
| Don't Know | 0.00% | 0 |
| TOTAL | | 5 |

| # | COMMENTS | DATE |
|---|---|---|
| | There are no responses. | |

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

Answered: 5    Skipped: 0
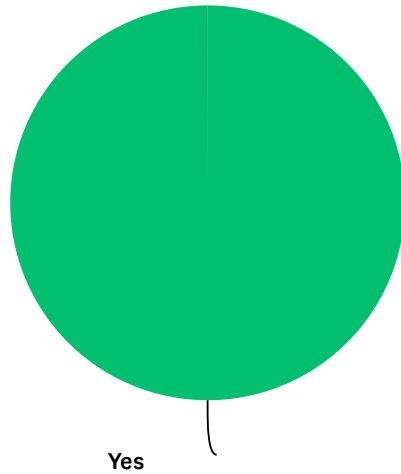
**Yes**

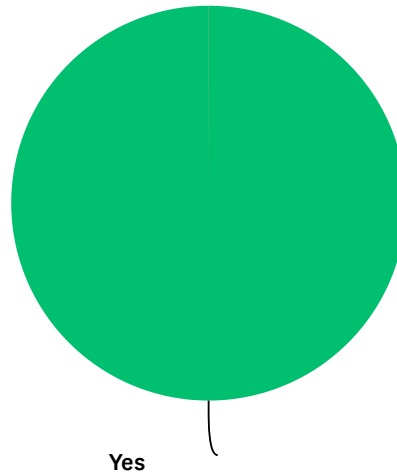| ANSWER CHOICES | RESPONSES | |
|---|---|---|
| | | Agenda Item 6.2 |
| Yes | 100.00% | 5 |
| No | 0.00% | 0 |
| Somewhat | 0.00% | 0 |
| Don't Know | 0.00% | 0 |
| TOTAL | | 5 |

| # | COMMENTS | DATE |
|---|---|---|
| | There are no responses. | |

## Q9 I felt comfortable participating in the Council discussions.

Answered: 5    Skipped: 0



Yes

| ANSWER CHOICES | RESPONSES | |
|---|---|---|
| Yes | 100.00% | 5 |
| No | 0.00% | 0 |
| Somewhat | 0.00% | 0 |
| Don't Know | 0.00% | 0 |
| TOTAL | | 5 |

| # | COMMENTS | DATE |
|---|---|---|
| | There are no responses. | |

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

Answered: 5    Skipped: 0
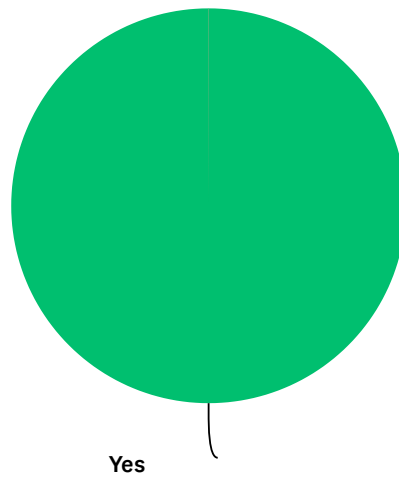
**Yes**

| ANSWER CHOICES | RESPONSES | |
|---|---|---|
| Yes | 100.00% | 5 |
| No | 0.00% | 0 |
| Somewhat | 0.00% | 0 |
| Don't Know | 0.00% | 0 |
| TOTAL | | 5 |

| # | COMMENTS | DATE |
|---|---|---|
| | There are no responses. | |

## Q11 List two strengths of this meeting.

Answered: 4    Skipped: 1

| # | RESPONSES | DATE |
|---|---|---|
| 1 | the ability to stay on topic even when drifting off it. willing to answer all types of questions | 12/16/2024 2:14 PM |
| 2 | Healthy discussions,(I believe in person affect) Registrar was very effective | 12/15/2024 8:41 AM |
| 3 | Good preparation and respect | 12/13/2024 9:11 PM |
| 4 | It went smoothly. We had meaningful conversations. | 12/13/2024 3:54 PM |

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

Answered: 3    Skipped: 2

| # | RESPONSES | DATE |
|---|---|---|
| 1 | the microphone sound dropped a few times but could be connection related. | 12/16/2024 2:14 PM |

| 2 | I can't think of any | Agenda item 6.2<br>12/13/2024 9:11 PM |
|---|---|---|
| 3 | I joined virtually, sometimes the camera would zoom out and the speaker would be hard to hear. | 12/13/2024 3:54 PM |

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

Answered: 2    Skipped: 3

| # | RESPONSES | DATE |
|---|---|---|
| 1 | meet more frequently | 12/16/2024 2:14 PM |
| 2 | Ask, some members for comments on certain discussion topics prior to meeting. (We have a wealth public and member representation. | 12/15/2024 8:41 AM |

## Q14 Additional Comments

Answered: 2    Skipped: 3

| # | RESPONSES | DATE |
|---|---|---|
| 1 | everyone is very professional and welcoming. | 12/16/2024 2:14 PM |
| 2 | Keep the good work | 12/13/2024 9:11 PM |

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

Answered: 1    Skipped: 4

| # | RESPONSES | DATE |
|---|---|---|
| 1 | N/a | 12/13/2024 3:54 PM |

# COLLEGE OF DENTURISTS OF ONTARIO

## COMMITTEE REPORT TO COUNCIL

Name of Committee:        **Executive Committee**

Reporting Date:           **March 7, 2025**

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

The Executive Committee met once since its last report to Council on December 13, 2024.

The Committee met on February 19, 2025, to receive an update on the progress of the Multi-Jurisdictional OSCE Examination development.

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

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# COMMITTEE REPORT TO COUNCIL

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

Reporting Date:              **March 7, 2025**

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

## Role of the Committee

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

## Executive Summary

Since the December 13, 2024, Council meeting, the ICRC has considered five (5) complete investigations and made final dispositions in four (4) matters (4 complaints investigations).

## Decisions Finalized:

| | |
|---|---|
| **Complaints** | **4** |
| **Registrar's Reports** | **0** |
| **Total** | **4** |

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

| | |
|---|---|
| No Further Action | 2 |
| Advice/Recommendation/Reminder | 2 |
| Deferred | 1 |

## Practice Issues (identified by ICRC at the time the decision is made)
### *Some cases may not have a Secondary Issue*

| Practice Issue | Primary Issue | Secondary Issue |
|---|---|---|
| Clinical knowledge/understanding | | 1 |

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| Communication | 3 | |
|---|---|---|
| Professional judgement | 1 | |

## Cases Considered by the Committee:

| | |
|---|---|
| **Complaints** | **5** |
| **Registrar's Reports** | **0** |
| **Health Inquiries** | **0** |

## New Files Received during this period:

| | |
|---|---|
| **Complaints** | **2** |
| **Registrar's Reports** | **0** |
| **Health Inquiries** | **0** |

## HPARB appeals

| Total Appeals pending | 3 |
|---|---|

Respectfully submitted by Kristine Bailey
Chair of the Inquiries, Complaints and Reports Committee

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# COMMITTEE REPORT TO COUNCIL

Name of Committee:        **Discipline Committee**

Reporting Date:            **March 7, 2025**

Number of Meetings since
last Council Meeting:      **1 meeting, 4 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 December 13, 2024, Council meeting, two (2) Panels of the Discipline Committee have participated in the following:

### A.  Panel Activities

Two panels have participated in ongoing hearings in two active referred matters. Both matters have concluded, and the respective panels are drafting their decision and reasons.

### B.  Discipline Committee Meetings

There has not been a Discipline Committee meeting in this quarter.

Respectfully submitted by Elizabeth Gorham-Mathews
Chair of the Discipline Committee

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# COMMITTEE REPORT TO COUNCIL

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

Reporting Date: **March 7, 2025**

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

Activities during the quarter: 0

There was no activity to report for this quarter.

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

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# COMMITTEE REPORT TO COUNCIL

Name of Committee:          **Patient Relations Committee**

Reporting Date:             **March 7, 2025**

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

Activities during the quarter: 0

There was no activity to report for this quarter.

Respectfully submitted by Avneet Bhatia
Chair of the Patient Relations Committee

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# COLLEGE OF DENTURISTS OF ONTARIO

# COMMITTEE REPORT TO COUNCIL

Name of Committee: **Quality Assurance Committee**

Reporting Date: **March 7, 2025**

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

## Role of the Committee

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

The Quality Assurance Committee met one (1) time since its last report to Council on December 13, 2024:

## January 30, 2025

Peer & Practice Assessment Report Summary:

| Renewal Period | Satisfactory | Additional information required | SCERP ordered/required follow up | Reassessment Ordered | Modified Assessment | Referral to ICRC | Resigned |
|---|---|---|---|---|---|---|---|
| 2024-2025 | 16 | 1 | 1 | | | | |

CPD Compliance Summary:

| Renewal Period | Extensions Granted | CPD Audit Ordered | Peer & Practice Assessment Ordered | Referred to ICRC for Non-Compliance |
|---|---|---|---|---|
| N/A | | | | |

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Program Development:

Staff reported that there are a growing number of registrants who have requested repeated extensions for their PPAs because they currently work in a lab environment and do not see patients.

After some discussion it was decided that these members should still undergo a modified, in-person assessment and the assessors should mark "N/A" on the areas of the report which do not apply to denturists who do not see patients. In addition, no Chart Stimulated Recall is necessary.

These registrants' PPAs will remain open with the College so that if they do begin to see patients, they can undergo a more fulsome assessment. These registrants will be asked to inform the CDO if, and when they start to see patients, and staff will contact them annually to confirm.

Conducting these modified assessments will eliminate the need for staff to conduct a CPD audit annually, as well as the need for these registrants to request repeated extensions, while also having the benefit of having them undergo an assessment albeit a modified one.

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

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# COMMITTEE REPORT TO COUNCIL

| | |
|---|---|
| Name of Committee: | **Registration Committee** |
| Reporting Date: | **March 7, 2025** |
| Number of Meetings since last Council Meeting: | **4** |

Activities during the Quarter:

The Registration Committee met four (4) times since its last report to Council on December 13, 2024, on the following dates:

- December 19, 2024
- January 9, 2025
- January 22, 2025
- February 25, 2025

**December 19, 2024**
During this meeting, the Registration Committee considered four (4) new academic assessments, three (3) of which were approved, and one (1) of which was denied by the Committee.

One registrant had their Certificate of Registration reinstated.

**January 9, 2025**
During this meeting, the Registration Committee considered three (3) new academic assessments, all of which were approved by the Committee.

**January 22, 2025**
During this meeting, the Registration Committee considered one (1) new academic assessment, which was approved by the Committee.

One registrant applied for honorary retired status. The request was approved by the Committee.

**February 25, 2025**

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During this meeting, the Registration Committee considered one (1) new academic assessment, which was approved by the Committee.

The Registrar attended this meeting to present the draft Approved Educational Programs Policy to the Committee. This policy outlines that for a program to be deemed equivalent to George Brown College, the program must be accredited by Accreditation Canada. This would reduce further barriers to registration for graduates of accredited programs across Canada. The alternate pathway for internationally trained applicants and applicants from unaccredited programs will still be preserved to ensure multiple avenues to licensure.

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

# COMMITTEE REPORT TO COUNCIL

| | |
|---|---|
| Name of Committee: | **Qualifying Examination Committee** |
| Reporting Date: | **March 7, 2025** |
| Number of Meetings since last Council Meeting: | **0** |

Activities during the Quarter:

The Qualifying Examination Committee (QEC) has not met since its last report to Council on December 13, 2024.

The Qualifying Exams were administered on February 12, 2025 (MJMCQ) and February 22-23, 2025 (OSCE).

The QEC will meet in late March or early April 2025 to complete the examination item review.

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

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# COMMITTEE REPORT TO COUNCIL

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

Reporting Date:               **March 7, 2025**

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

Activities during the Quarter:

The Qualifying Examination Appeals Committee (QEAC) has not met since its last report to Council on December 13, 2024.

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

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# COLLEGE OF DENTURISTS OF ONTARIO

| | |
|---|---|
| To: | **Council** |
| From: | **Lileath Claire, President** |
| Date: | **March 7, 2025** |
| Subject: | **President's Report** |

The year 2024 marked a period of significant achievement for the College of Denturists of Ontario (CDO), with notable successes across operational activities, substantial progress on strategic initiatives, and a dedicated focus on governance in the public interest. The collective efforts of the Council, Registrar, College staff, and stakeholders have played a pivotal role in strengthening strategic partnerships that will drive greater efficiencies both now and, in the years, ahead.

I have personally been inspired by the unwavering dedication demonstrated throughout this organization. As we enter 2025, I am confident that we are well-prepared to tackle both the challenges and opportunities that lie ahead.

I would like to take this opportunity to acknowledge and commend the commitment of our Council members, the Registrar and College staff, our various partners, and the professionals who consistently deliver high-quality services and care to all Ontarians across this great province.

It is with pleasure that I present this report, which highlights key messages and outlines the College's activities since our last meeting on December 13th, 2024.

**Membership on Council and College Personnel**

**Avneet Bhatia** was reappointed by the Ministry of Health for another three-year period, commencing December 12, 2024. Avneet has been a public member since December 22, 2021.

Confirmation was also received on **Aisha Hasan's** reappointment. Her new term is effective until March 4, 2028. We are excited to have these two Council members continue in their role as Public Members on Council.

**Michael Bakshy's** term on Council ends March 31, 2025. Michael has served as a public member for the College from April 1, 2021, and most recently served on five statutory Committees: Inquiries Complaints and Reports, Quality Assurance, Patient Relations, Discipline and Fitness to Practise. We thank Michael

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for his contribution on the various committees and on Council. It was a pleasure working alongside you.

**Alexia Baker-Lanoue** was acclaimed in the District 1 By-election. This Council meeting will be her first in the term and she will serve until June 2025, as Districts 1 and 2 are up for another election cycle this year. Alexia previously served on council for the College from 2016-2021. While on Council she participated in various committees such as the Quality Assurance, Discipline, and Inquiries, Complaints and Reports committees. During the end of her last term on council, she served as the chair of the Patient Relations Committee and Vice-President of Council. Welcome back on Council Alexia, thrilled to have you.

**On the staff front there were three personnel changes:**

**Meghan Hoult** has been appointed as the College's Deputy Registrar effective January 1st 2025. As Deputy Registrar, Meghan will provide strategic oversight of the College's operations and support the Registrar and Council on matters of policy and strategy. Meghan will also continue her duties overseeing the College's Qualifying Examinations.

**Paige O'Brien** has been promoted to Manager of Council and Corporate Services (from Associate Manager of Council and Corporate Services). Paige will continue her role in supporting the College's Council, operations, and being the subject matter expert of all things CDO.

**Megan Callaway** has moved on to a new role outside the College. Megan first started at the College in 2019, tasked with rebuilding the processes of CDO's council and corporate services department. Over the past five (5) years, Megan has been instrumental in elevating the standards of the College Staff team with her expertise in records and information management, development of the records and information policy, documents retention policy, organizational efficiency, tactful approach to supporting Council, transition from paper based to electronic, clean up of the Certificate Of Authorizations process, implementation of SharePoint, and many more initiatives! She truly is a master administrator and a regulator with her immense wealth of knowledge and expertise. Megan, thank you for your contribution to CDO. We wish you all the best in your future endeavors! You've been an incredible part of our team.

Council members, Registrar, and staff—both present and outgoing—thank you for your unwavering commitment and exceptional service to the College. Your contributions have been nothing short of invaluable. The passion you bring to our cause and your dedication to our mission have been truly inspiring. To those who are moving on, we extend our very best wishes for your future endeavors. Your impact here will be felt for years to come.

**Scope of Practice Proposal**

The Scope of Practice Project seeks to develop a proposal for submission to the Ministry of Health aimed at enhancing the authority of Denturists in several key areas, ultimately improving patient care

and case management. Since the project's initiation in April 2024, we have made steady progress.

In the first week of January 2025, the working group completed the Ministry's required Form 2, and the College's Registrar formally submitted the proposal to the Ministry for consideration. This comprehensive proposal, if adopted, would provide the Government of Ontario with incremental solutions that would significantly enhance the patient experience for those receiving denturism care, while also reducing barriers to interprofessional collaboration between Denturists and Dentists/Dental Surgeons.

Following the submission, the Ministry will review the form and provide feedback on whether to proceed with the proposed scope of practice changes. Should they decide to proceed, the next step will involve submitting an additional Form 3 and conduct public and stakeholder consultation.

**Governance – Election of Officers**

I would like to take this opportunity to provide advance notice of the Council's election of officers for the upcoming year, which will take place at the next scheduled Council meeting. Below are the relevant articles of the By-laws:

**Pursuant to Article 24.01 of the By-laws:** "The Executive Committee shall be composed of the President, the Vice-President and at least three (3) other members of Council. At least three (3) members of the Executive Committee shall be Members and at least two (2) members of the Executive Committee shall be Public Members…" Please note that the number of members of the Executive Committee is not capped.

**Pursuant to Article 6.01 of the By-laws**: "Only a member of Council is eligible for nomination or election as an officer of the College, and only a member of Council who has been appointed by the Lieutenant Governor in Council is eligible for nomination or election as President."

# Registrar's Updates

*Since the last meeting of Council on December 13th, 2024:*

- Scope of Practice Proposal – Form 2 - submitted to Ministry January 15, 2025

- Annual Renewal opened February 14– deadline to Renew March 31st

- New Digital Service Offerings:
  - Duplicate Wall Certificate
  - Letter of Good Standing
  - Name Change Requests

- January 29th - Multi-Jurisdictional OSCE Examination Workshop, Vancouver BC

- February 12th – MCQ Examination

- February 22nd – OSCE Examination

- CPMF Report due March 31st

- OFC Fair Registration Practices Report due March 31st





*David Braley Health Sciences Centre, Hamilton, February 22, 2025*

# The Road Ahead – Strategic Initiatives in 2025

| Strategic Initiatives | Project Leads | Council Lead | Progress |
| --- | --- | --- | --- |
| Registration Regulation | Registrar & CEO<br><br>Manager of Registration | Registration Committee | At Ministry |
| Scope of Practice | Registrar & CEO<br><br>Deputy Registrar<br><br>External Consultant | Vice-President<br><br>Working Group – composed of 2 CDO Council Member Delegates | Ongoing |
| Multi-Jurisdictional OSCE Examination | Deputy Registrar<br><br>Chief Examiner<br><br>Third-Party Psychometricians<br><br>Regulators: AB, BC, SK, MB | Chair, Qualifying Examination<br><br>National Examination Advisory Committee | Ongoing |
| Governance Modernization (Council Recruitment, Risk Register, Terminology update) | Registrar & CEO<br><br>Deputy Registrar<br><br>Governance Consultant | President<br><br>All of Council | Developing project plan with Governance Consultant |
| Alternate Dispute Resolution Process & Complaints Feedback Survey | Manager of Professional Conduct | ICRC | Awaiting Start |

COLLEGE OF
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**BRIEFING NOTE**

To:             **Council**

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

Date:         **March 7, 2025**

Subject:     **Financial Report: April 1, 2024 – January 31, 2025**

**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 – January 31, 2025**

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.

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- 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 | An increase of 15% in revenue expected over the budget. |
| Registration Fees | No materials changes to report. |
| Other Fees | An increase of 203% in revenue captured over the budget due to a very large increase in late renewal fees, duplicate wall certificate requests, and reinstatement fees. The late fees were contemplated after the grace period ended. |
| Qualifying Examination Fees | 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 for the June 2024 examination and an above number of candidates for the February 2025 examination.<br><br>As a result, the forecasted revenue for examination fees is projected to exceed the budget by 54%. |
| Other Income | This budget line item is forecasted to decrease by 17% 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. |

| | The remaining income forecasted is based on bank interest to be collected and smaller revenue from the secondment agreement. |
|---|---|

| 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, an increase of 14% is forecasted due to implementation of professional misconduct regulation including new webinars and legal guidance. |
| 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 78% from what was originally budgeted. |
| Quality Assurance Peer Circles | An increase of 10% is forecasted due to additional item writing sessions hosted in the summer. |
| Quality Assurance Assessor Expenses | A slight decrease of $5000 or 14% is forecasted. |
| Complaints & Discipline | 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.<br><br>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. |

| | 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. |
|---|---|
| Capital Expenditures | No changes forecasted other than expenses booked to date. |

**Strategic Initiatives Budget for period April 1, 2024 – January 31, 2025**

The Strategic Initiatives Budget was updated up to January 31, 2025. Since the last report to Council provided at the December 13, 2024, Council meeting, further expenses were captured related to the Scope of Practice project. No other variances are expected. Expenses are anticipated for the potential Registration Regulation roll out and any future governance initiatives.

**College of Denturists of Ontario**
Statement of Operations (April 1 - January 31, 2025)

| YTD Budget to Actual | 2024-2025 BUDGET | January 31, 2025 YTD Totals | YTD as Percentage of Budget | Remainder or In Excess of Budgeted Amount* | Forecast to Year End March 31, 2025 | Percentage Change of Budget |
|---|---|---|---|---|---|---|
| **REVENUE** | | | | | | |
| Professional Corporation Fees | $ 70,000.00 | $ 80,150.00 | 115% | $ 10,150.00* | $ 80,150.00 | 15% |
| Registration Fees | $ 1,335,400.00 | $ 1,341,453.09 | 100% | $ 6,053.09* | $ 1,341,453.09 | 0% |
| Other Fees | $ 4,500.00 | $ 13,648.00 | 303% | $ 9,148.00* | $ 13,648.00 | 203% |
| Qualifying Examination Fees | $ 250,000.00 | $ 385,600.00 | 154% | $ 135,600.00* | $ 385,600.00 | 54% |
| Other Income | $ 110,000.00 | $ 91,134.27 | 83% | $ 18,865.73 | $ 91,134.27 | -17% |
| **TOTAL REVENUE** | **$ 1,769,900.00** | **$ 1,911,985.36** | **108%** | **$ 142,085.36*** | **$ 1,911,985.36** | **7%** |
| | | | | | | |
| **EXPENDITURES** | | | | | | |
| Wages & Benefits | $ 693,000.00 | $ 589,825.47 | 85% | $ 103,174.53 | $ 712,000.00 | 3% |
| Professional Development | $ 70,000.00 | $ 56,314.29 | 80% | $ 13,685.71 | $ 60,000.00 | -14% |
| Professional Fees | $ 140,000.00 | $ 159,453.26 | 114% | $ 19,453.26* | $ 159,453.26 | 14% |
| Office & General | $ 165,000.00 | $ 168,721.08 | 102% | $ 3,721.08* | $ 170,000.00 | 3% |
| Rent | $ 151,300.00 | $ 105,019.02 | 69% | $ 46,280.98 | $ 151,300.00 | 0% |
| Qualifying Examination | $ 300,000.00 | $ 127,987.85 | 43% | $ 172,012.15 | $ 300,000.00 | 0% |
| Council and Committees | $ 45,000.00 | $ 8,904.05 | 20% | $ 36,095.95 | $ 10,000.00 | -78% |
| Quality Assurance | | | | | | |
| QA Peer Circles | $ 30,000.00 | $ 32,978.40 | 110% | $ 2,978.40* | $ 32,978.40 | 10% |
| QA Assessor Expenses | $ 35,000.00 | $ 25,243.35 | 72% | $ 9,756.65 | $ 30,000.00 | -14% |
| Complaints & Discipline | | | | | | |
| Complaints | $ 40,000.00 | $ 211,225.12 | 528% | $ 171,225.12* | $ 313,722.00 | 684% |
| Discipline | $ 30,000.00 | $ 57,103.00 | 190% | $ 27,103.00* | $ 57,103.00 | 90% |
| Capital Expenditures | $ 15,000.00 | $ 6,852.00 | 46% | $ 8,148.00 | $ 6,852.00 | -54% |
| **TOTAL EXPENDITURES** | **$ 1,714,300.00** | **$ 1,549,626.89** | **90%** | **$ 164,673.11** | **$ 2,003,408.66** | **14%** |
| | | | | | | |
| **NET INCOME** | **$ 55,600.00** | **$ 362,358.47** | | **-$ 91,423.30** | | |

**College of Denturists of Ontario**
Strategic Initiatives (April 1, 2024-January 31, 2025)

| YTD Budget to Actual | BUDGET | Project Anticipated Costs | Costs Incurred to Date | YTD Totals January 31, 2025 | 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 | $ - | $ 10,869.09 | $ 67,061.42 | -$ 869.09 |
| Scope of Practice Review | | $ 50,000.00 | $ - | $ 37,539.35 | $ 29,522.07 | $ 12,460.65 |
| **TOTAL STRATEGIC INITIATIVES** | **$ 175,000.00** | **$ 163,514.96** | **$ 94,069.49** | **$ 51,408.44** | **$ 29,522.07** | **$ 21,606.56** |

COLLEGE OF
DENTURISTS
OF ONTARIO

To: **Council**

From: **Roderick Tom-Ying**

Date: **March 7, 2025**

Subject: **2025-2026 Draft Operating Budget & Strategic Initiatives Budget**

**Public Interest Rationale**

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

**2025 – 2026 Draft Operating Budget**

The College Management team has proposed an operating budget for the 2025-2026 fiscal year with total expenditures of $1,700,450.00 against a projected revenue of $1,826,825.00. The College expects a surplus of $126,375.00 for the 2025-2026 budget.

The 2025-2026 draft operating budget was constructed with the following factors in mind:

- The Certificate of Registration renewal fee is set at $1700.00 + HST.

- Council meetings will occur in person once or twice a year and meet remotely for the remainder of meetings. Any unexpected special Council meetings may occur in-person or remotely. Committees of the College will continue to meet remotely.

- The Strategic Initiatives budget will be used to fund new and emerging projects e.g. governance initiatives, strategic planning, member portal upgrade. Once those project deliverables are

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completed, the ongoing work and maintenance will be incorporated into the operating budget.

- Potential changes to the College's Registration Regulation, including the creation of the Inactive Class of Registration, may reduce the College's revenues collected from annual renewal significantly. As the implementation of the regulation has not yet been scheduled, and the initiative is currently in review by the Ministry of Health, it is very difficult for the College to provide a timeline for when material changes could occur.

- The fixed costs demonstrate modest increases year over year generally aligned with CPI. This has been accounted for in the proposed budget.

**New Changes for the 2025 – 2026 Draft Operating Budget:**

*Complaints and Discipline Budget*

The College has seen an unprecedented surge in costs related to the complaints and discipline line item due to several concurrent discipline hearings and associated costs. This has resulted in the complaints and discipline budget line items to be over budget for 2023-2024 and 2024-2025. As well, with the introduction of the federal Dental Care Plan, the College envisions an increase in the number of complaints in the coming months and years forming a new elevated base line. While the College applauds important access to care initiatives with more patients seeking denturism care, there are implications to the increased uptick of oral health services and eventual complaints. The College needs to adapt once more by exploring regulatory solutions such as an alternate dispute resolution process that would provide another avenue for complaints resolution. The 2025-2026 operating budget needs to provide the College with the financial funding and support required to implement such regulatory changes.

In an effort to stabilize the complaints and discipline budget line items and to ensure that unforeseen costs are accounted for, the College is proposing to significantly increase the combined complaints and discipline budget of $70,000 to a combined total of $200,000. This would account for the remainder of hearings expenses to completion in 2025-2026, provide cushion for new referrals or hearings, and potentially fund the exploration of an alternate dispute resolution process at the CDO.

Due to the College's existing processes for case tracking from initial complaints intake, adjudication before the ICRC committee, disposal of the case or subsequent referral to the Discipline Committee, and the hearings stage to completion, it is difficult to budget for complaints separate from discipline. As the College's management team is unable to predict the direction of new complaints and any subsequent actions taken by the ICRC committee, it is difficult to differentiate the two budget line items.

Accordingly, for the 2025-2026 operating budget, the College is proposing to collapse the standalone budget line items for complaints and discipline and merge them into a unified Complaints and Discipline line item. This permits the College to fund both departments and line items with more cushion to account for unexpected costs. This would also reduce the administrative burden on College staff by removing the requirement to code expenses related to the same case file and differentiate whether they were expenses related to the complaints department or discipline hearing. By having a unified budget, the College can accurately track expenses related to the same case file from initial complaint intake all the way to case completion and decision and reasons rendered by a discipline panel.

For the 2025-2026 operating budget, the College is proposing an initial $200,000 budget. In subsequent budget years, the College could reduce or increase the allotted amount accordingly.

**2025 – 2026 Draft Strategic Initiatives Budget:**

The College Management team is not proposing any changes to the current Strategic Initiatives Budget at this time. The College would like to see continued progress on the deliverables of the current strategic initiatives before recommending to Council the addition of new funding or initiatives.

**Budget Assumptions**

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

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

**Budget Notes**

| Revenue | Budget Notes |
|---|---|
| Professional Corporation Fees | Based on the College's projections of 200 current active corporations, and a neutral outlook for new applications vs. closures, the College is not proposing any changes to last year's budget. |

| | |
|---|---|
| Registration Fees | The 2025-2026 budget assumes a base of 794 registrants, the current number of registrants at the time of publication. Based on new applications balanced by resignations, the College is budgeting a very minor 1% increase in registration fees.<br><br>The Certificate of Registration renewal is set at $1700.00 + HST.<br><br>*Potential Risk:* If the inactive class comes into force mid-year, it is uncertain how many registrants may choose to transfer over. College Staff foresee a possible loss of registration renewal fee revenue for an indeterminate amount of registrants. Should it come into force, each registrant may forgo one half of the registration renewal fee, representing a possible loss of $850 + HST. College Staff are not yet preparing for this potential risk as there is no material progress on the draft Registration Regulation coming into force at the time of publication. |
| Other Fees | No changes in year over year assumptions. Other fees include Clinic Name Applications, Reinstatement, Duplicate Certificate, Late Fees, and Misc Income. |
| Qualifying Examination Fees | The College is forecasting approximately 87 new candidates challenging the June 2025 and February 2026 qualifying examinations. This represents an increase of approximately 17 net new candidates year over year.<br><br>The three Denturism educational institutions in Ontario are forecasting growth in new students over the coming years. All three educational institutions have invested in upgrades in their denturism facilities and laboratories over the past couple of years in order to invest in new equipment, adopt digital technologies, and create additional capacity to intake more students.<br><br>The College is forecasting an increase in the number of examination candidates over the next 5 years as the new cohorts begin to graduate from the three-year program and undertake the Qualifying Examinations. The College is projecting roughly around 20 additional candidates per year over the 60-70 average (post covid). This will have implications on whether the College's examination format has the capacity to examine additional students and whether structural changes may be required. |

| Other Income | For this budget year, the College conservatively estimates that its investment income (all cash savings interest) will return approximately 2.5% in annualized interest for the 2025-2026 year.<br><br>The significant decrease in this budget line item is due to the completion of the secondment agreement between the CDO and the CDHO for the sharing of a CDO staff member and subsequent recovery of income from the CDHO. |
|---|---|

| EXPENDITURES | Budget Notes |
|---|---|
| Wages & Benefits | The College is anticipating routine increases due to CPI in the Greater Toronto Area. An overall decrease in the budget line item is expected as the College no longer requires an additional staff member that was retained to stabilize the operations of the College when it was down two staff members earlier in 2024. |
| Professional Development | College Staff is recommending a return to a new elevated level for this budget line item for the 2025-2026 budget. In 2024-2025, the College increased the professional development line item to facilitate Council and Staff's attendance at the CNAR conference that was hosted in Ontario.<br><br>Due to operating cost savings due to the move to a shared office environment, the College can invest more funds into professional development for Council and Staff.<br><br>2019-2020 - $40,000<br>2020-2021 - $45,000<br>2021-2022 - $40,000<br>2022-2023 - $30,000<br>2023-2024 - $40,000<br>2024-2025 - $70,000<br>2025-2026 - $60,000 |
| Professional Fees | An increase of $10,000 is forecasted year over year. |
| Office & General | An increase of $5,000 is forecasted year over year. |
| Rent | The College will have fully vacated its office at 365 Bloor Street East by March 31, 2025, and have already moved into HUB 601. |

| | This budget item also accounts for additional expenses related to shared utilities and building common area expenses at 365 Bloor Street East office for the period of January 2025 to March 2025. |
|---|---|
| Qualifying Examination | 2025-2026 examination year will include June 2025 OSCE & MCQ and February 2026 OSCE & MCQ administrations.<br><br>**NOTE:** the presented budget contemplates the administration of the OSCE examination based on the current CDO OSCE examination format. Should the College switch to the Multi-Jurisdictional OSCE examination, the College forecasts an increase of approximately $135,000 to administer the new examination format. This would result in total Qualifying Examination expenses for 2025-2026 to be approximately $435,000.<br><br>Accordingly, the overall proposed budget would project a net income of approximately $43,725 over the current projected net income of $178,725.<br><br>The cost estimates are based on the previous year's actual costs and approximate estimation – usually the costs of hosting a two-track full examination are around $150,000 per administration. |
| Council and Committees | No changes are contemplated year over year. The College proposes to keep the budget amount, even if it may be unused, to ensure Council has the financial capability to meet in person or undertake new council related activities. |
| QA Peer Circles | No changes are contemplated year over year. |
| QA Assessor Expenses | No changes are contemplated year over year. |
| Complaints & Discipline | For the 2025-2026 budget year, the College is proposing to combine both budget line items into one sole budget line item.<br><br>The combined budget would increase to $200,000, up from a combined total of $70,000 the previous fiscal year. This would account for the remainder of hearings expenses to completion in 2025-2026, provide cushion for new referrals or hearings, and potentially fund the exploration of an alternate dispute resolution process at the CDO. |
| Capital Expenditures | No changes are contemplated year over year |

## Options

Council is asked to review and approve the following:

1. Draft 2025-2026 Operating Budget and 2025-2026 Strategic Initiatives Budget

After consideration of these matters, Council may:

***Suggested Motion – That Council approves the proposed 2025-2026 Operating Budget, and 2025-2026 Strategic Initiatives Budget as presented.***

## Attachments

1. 2025-2026 Draft Operating Budget

2. 2025-2026 Strategic Initiatives Budget

**College of Denturists of Ontario**
Proposed 2025-2026 Budget

| YTD Budget to Actual | 2024-2025 BUDGET | Forecast to Year End March 31, 2025 | Proposed 2025-2026 BUDGET | % Change |
|---|---|---|---|---|
| **REVENUE** | | | | |
| Professional Corporation Fees | $ 70,000.00 | $ 80,150.00 | $ 70,000.00 | 0% |
| Registration Fees | $ 1,335,400.00 | $ 1,341,453.09 | $ 1,352,800.00 | 1% |
| Other Fees | $ 4,500.00 | $ 13,648.00 | $ 4,500.00 | 0% |
| Qualifying Examination Fees | $ 250,000.00 | $ 385,600.00 | $ 354,525.00 | 42% |
| Other Income | $ 110,000.00 | $ 91,134.27 | $ 45,000.00 | -59% |
| **TOTAL REVENUE** | **$ 1,769,900.00** | **$ 1,911,985.36** | **$ 1,826,825.00** | **3%** |
| | | | | |
| **EXPENDITURES** | | | | |
| Wages & Benefits | $ 693,000.00 | $ 712,000.00 | $ 673,500.00 | -3% |
| Professional Development | $ 70,000.00 | $ 60,000.00 | $ 60,000.00 | -14% |
| Professional Fees | $ 140,000.00 | $ 159,453.26 | $ 150,000.00 | 7% |
| Office & General | $ 165,000.00 | $ 170,000.00 | $ 170,000.00 | 3% |
| Rent | $ 151,300.00 | $ 151,300.00 | $ 21,950.00 | -85% |
| Qualifying Examination | $ 300,000.00 | $ 300,000.00 | $ 300,000.00 | 0% |
| Council and Committees | $ 45,000.00 | $ 10,000.00 | $ 45,000.00 | 0% |
| Quality Assurance | | | | |
| QA Peer Circles | $ 30,000.00 | $ 32,978.40 | $ 30,000.00 | 0% |
| QA Assessor Expenses | $ 35,000.00 | $ 30,000.00 | $ 35,000.00 | 0% |
| Complaints & Discipline | | | | |
| Complaints | $ 40,000.00 | $ 313,722.00 | $ - | -100% |
| Discipline | $ 30,000.00 | $ 57,103.00 | $ - | -100% |
| **New!** Complaints & Discipline | $ - | $ - | $ 200,000.00 | |
| Capital Expenditures | $ 15,000.00 | $ 6,852.00 | $ 15,000.00 | 0% |
| **TOTAL EXPENDITURES** | **$ 1,714,300.00** | **$ 2,003,408.66** | **$ 1,700,450.00** | **-1%** |
| | | | | |
| **NET INCOME** | **$ 55,600.00** | **-$ 91,423.30** | **$ 126,375.00** | |

**College of Denturists of Ontario**
2025-2026 Strategic Initiatives Budget

| YTD Budget to Actual | BUDGET | Project Anticipated Costs | Costs Incurred to Date | YTD Totals 31-Dec-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 - Strategic Planning & Council Competency Profile | | $ 8,475.00 | $ 4,500.00 | $ 3,000.00 | $ 77,930.51 | Project Completed |
| Governance - Project 3 - Third Party Governance Assessment | | $ 9,040.00 | $ - | $ - | $ 77,930.51 | Project Completed |
| Registration and Professional Misconduct Regulation Implementation | | $ 10,000.00 | $ - | $ 10,869.09 | $ 67,061.42 | -$ 869.09 |
| Scope of Practice Review | | $ 50,000.00 | $ - | $ 37,539.35 | $ 29,522.07 | $ 12,460.65 |
| | | | | | | |
| **TOTAL STRATEGIC INITIATIVES** | $ 175,000.00 | $ 163,514.96 | $ 94,069.49 | $ 51,408.44 | $ 29,522.07 | $ 11,591.56 |

COLLEGE OF
DENTURISTS
OF ONTARIO

# BRIEFING NOTE

To:        **Council**

From:      **Tera Goldblatt, Manager of Registration & Quality Assurance**

Date:      **March 7, 2025**

Subject:   **Draft Approved Denturism Programs Policy**

## 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 applicants for a Certificate of Registration must meet non-exemptible registration requirements including graduating from an approved Denturism program. This draft policy lists the educational institutions and programs that have successfully undergone accreditation and will be deemed an approved program for the purposes of registration.

## Purpose

- The accreditation of Denturism programs across Canada have been completed in late 2024. The College is now proposing a policy that lists approved programs for the purposes of registration that have successfully undergone accreditation.

## Background

The College's Registration Regulation states that as one of its non-exemptible requirements for registration, applicants must have successfully completed a Denturism program from:

   i.  George Brown College of Applied Arts and Technology,

   ii.  any other institution that, in the opinion of the Registration Committee, issues an equivalent diploma or degree.

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Currently, the Registration Committee and the College have deemed that the Denturism programs of Georgian College and Oxford College of Applied Arts and Technology are equivalent to George Brown College through Registration Committee case file precedents and internal program evaluations of their curriculums.

Any graduates of Denturism programs outside of Ontario (even within Canada) or from other countries must undergo an Academic Assessment process before they can attempt the Qualifying Examinations. The Academic Assessment process is completed by the Registration Committee directly and requires applicants to submit their course curriculums, course descriptions, and to complete a mapping exercise (Academic Assessment Form) of the College's required educational courses with those they completed during their studies.

The Registration Committee then reviews their Academic Assessment document (mapping exercise), any additional documentation provided and determines whether the applicant's educational program is equivalent to George Brown College's Denturism program. If deemed equivalent, the applicant can then proceed to register for the Qualifying Examinations.

## Accreditation Background

The College, around 2018, joined with its provincial regulatory counterparts to canvass interested accreditation providers. The College Council at its March 22, 2019, meeting, appointed EQual Canada (Accreditation Canada) as the academic program accreditation service provider.

Since then, significant work was undertaken by the health regulators, Accreditation Canada, and the denturism program educational institutions to onboard to the accreditation process, train surveyors with denturism practice experience, and undergo an initial accreditation survey.

From 2021 – 2024, denturism programs from Alberta, British Columbia, and Ontario have undergone their accreditation survey and an accreditation decision was rendered. Due to the COVID-19 pandemic, off-site (remote) surveys were conducted in lieu of in-person on-site surveys.

## Accreditation Process

Accreditation of educational programs is a lengthy and significant process where an educational program is evaluated against pre-determined benchmark standards and competencies. Accreditation involves the evaluation of program staff, faculties, facilities, curriculum, and clinical experience, through a series of on-site or off-site visits by trained accreditation surveyors. A checklist of standards and criteria (high priority, medium priority, and low priority) is used during the accreditation process to evaluate the program.

Accreditation Canada benchmarks educational programs against the following standards:

- **Student Attainment of Competence** - The health education program enables students to attain the required competencies in the competency profile for the profession.

- **Student Interests and Rights** - The educational institution and/or health education program supports students' educational interests and protects their rights.

- **Educational Program Resources** - The health education program's resources help students learn and attain the required competencies.

- **Educational Program Management, Oversight, Administration, and Structure** - The health education program is managed effectively, and its structure supports student learning.

- **Quality Improvement and Innovation -** The health education program's processes continuously improve the quality of the program and support innovation.

For each standard listed above, many sub-standards and criteria must also be met. Each criteria have also been prioritized as high priority, medium priority, and low priority.

An educational program is deemed to be accredited if 100% of high priority criteria are met and over 80% of all total criteria have been satisfied. Programs that meet 50-99% of high priority criteria and 60-79% of total criteria are deemed accredited with condition. Anything threshold below these standards, the programs are deemed not accredited.

**Alternate Pathway for Graduates of Non-Accredited Programs**

The College's internal academic assessment process conducted by the Registration Committee will continue to provide applicants of non-accredited programs with a pathway for licensure. The Registration Committee will continue to review academic assessments of internationally trained applicants or applicants from non-accredited programs to determine equivalency to an approved program as stipulated in the Registration Regulation.

The Approved Educational Programs Policy is not intended to create additional barriers for internationally trained applicants or graduates from non-accredited programs but rather reduce the barriers to licensure for graduates of accredited programs. Graduates of accredited denturism programs (outside of Ontario) can now by-pass the academic assessment process and is eligible to attempt the Qualifying Examinations with less barriers.

**Approved Denturism Programs Policy**

In recognition that all Denturism programs across Canada (with the exception of Quebec) have undergone their first attempt at accreditation, the College has developed a draft policy with College Legal Counsel to implement an approved denturism programs requirement for the College. The policy stipulates that programs with the status Accredited or Accredited with Conditions are deemed equivalent for the purposes of meeting the non-exemptible educational requirements for registration as per CDO's Registration Regulation.

As of January 1, 2025, the following Denturism Programs received full accreditation:
- Northern Alberta Institute of Technology
- Oxford College of Arts, Business and Technology
- Georgian College of Applied Arts and Technology
- George Brown College

**Risk Consideration**

**Compromised Education Quality:** Without a standardized accreditation process, there is no objective benchmarking that Denturism programs meet consistent educational standards. This variability can lead to disparities in the quality of education, potentially resulting in graduates who are inadequately prepared for professional practice.

**Public Safety Concerns:** Denturists play a crucial role in oral health care. If educational programs lack proper accreditation, there is a risk that practitioners may not possess the necessary knowledge, skills, and training required to successfully challenge the Qualifying Examinations.

**Limited Professional Recognition:** Accreditation often serves as a benchmark for professional recognition. Without it, denturism graduates may face additional barriers during the registration/licensing process due to non-equivalence of their educational programs. In Ontario, applicants from non-accredited programs must undergo the additional step of academic assessments to determine educational equivalency.

**Potential Legal and Financial Implications:** Accredited programs adhere to the strict standards of Accreditation Canada including standards related to student accommodations, student refunds, and student appeals processes. Non-accredited programs have not been assessed to determiner whether they meet all the requirements that provide students with adequate protections and support.

**Registration Committee Meeting – February 25, 2025**

The Registration Committee met on February 25, 2025, to review the draft policy and hear from the College's Registrar regarding work to date on the accreditation of Denturism programs across Canada, the accreditation process, the implications of the draft policy, and the preservation of alternate pathways to registration for non-accredited candidates and internationally trained applicants.

The Registration Committee was satisfied that the draft policy was appropriate and in the public interest. As such, the Committee approved a formal motion to recommend to Council its approval of the draft policy for implementation.

**Options**

Council is asked to review the following draft policy for implementation:

1. **Approve** the Approved Denturism Programs Policy.

2. Approve the Approved Denturism Programs Policy as **modified**.

3. **Not approve** the Approved Denturism Programs Policy.

4. Other

After consideration of these matters, Council may:

***Suggested Motion – That Council approves the Approved Denturism Programs Policy for implementation.***

**Attachments**

1. Draft Approved Denturism Programs Policy

# COLLEGE OF DENTURISTS OF ONTARIO

| TYPE | Registration |
|---|---|
| NAME | **Approved Denturism Programs Policy** |
| DATE APPROVED BY COUNCIL | **TBD** |
| DATE REVISED BY COUNCIL | **N/A** |

## INTENT

In accordance with Ontario Regulation 833/93 (Registration) made under the *Denturism Act, 1991*, it is a non-exemptible requirement for a General class certificate for an applicant to have a diploma in denture therapy or denturism from:

       i.  George Brown College of Applied Arts and Technology (GBC),

       ii.  any other institution that, in the opinion of the Registration Committee, issues an equivalent diploma or degree.

The Registration Committee has determined that, for a program to be deemed equivalent to GBC, the program will be accredited by Accreditation Canada.

Program accreditation ensures that the educational programs and the graduates of the programs are prepared to practice Denturism safely, competently, and ethically, in line with the College of Denturists of Ontario's mandate to protect the public.

## THE POLICY

Pursuant to Section 1.(1)ii of the Registration Regulation, graduates of an approved program are considered to have met the non-exemptible educational requirement for registration in the General Class.

In addition, Denturism programs holding the accreditation status of accredited or accredited with conditions from Equal (Accreditation Canada) are considered approved programs.

The following are programs currently approved by Accreditation Canada:

| Educational Institution | City | Name of Program |
|---|---|---|
| George Brown College | Toronto | Denturism |
| Georgian College of Applied Arts and Technology | Barrie | Denturism |
| Oxford College of Arts, Business and Technology | Toronto | Denturism |
| Northern Alberta Institute of Technology | Edmonton | Denturist Technology |

**RELATED LEGISLATION AND DOCUMENTS**

Denturism Act, 1991
Ontario Regulation 833/93 (Registration)

**REVISION CONTROL**

| Date | Revision | Effective |
|---|---|---|
| | | |

# College of Denturists of Ontario

## BRIEFING NOTE

| | |
|---|---|
| To: | **Council** |
| From: | **Roderick Tom-Ying, Registrar & CEO** |
| Date: | **March 7, 2025** |
| Subject: | **2024 CPMF Report and CPMF Action Items** |

**Public Interest Rationale**

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

**CPMF Background**

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

This information will:

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

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

**Benchmarked Evidence**. The CPMF consists of a series of qualitative and quantitative benchmarks. Benchmarks marked as Benchmarked Evidence were identified as attributes of an excellent regulator,

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and Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is required to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark. In subsequent CPMF reports, Colleges will be expected to report on their progress in meeting the benchmarked Evidence.

***What has changed in 2024?***

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

**CDO Updated Action Plan**

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

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

**2024 Completed Items**

In calendar year 2024, the CDO completed two items related to governance improvements: the approval of a Council and Committee Member competency profile and undergoing an external third-party evaluation of Council's performance.

- **Council approved a competency profile for Council and Committee members at its September 6, 2024, Council Meeting**

- **Third-Party Governance Consultant conducted an assessment from September 2023 – June 2024. Final report issued to Council at its September 6, 2024, Meeting.**

    o Council accepted the findings of the external report and approved for implementation all the recommendations presented by the governance consultant.

**Options**

None, for information only.

**Attachments**

1. CPMF List of Action Items
2. 2024 CPMF Report

COLLEGE OF
DENTURISTS
OF ONTARIO

# College Performance Measurement Framework – Action Items – As of March 7, 2025

| Domain: Standard: Measure: Evidence | Evidence Narrative | Action | Priority (H/M/L) | Timing | Status* | Next Step |
|---|---|---|---|---|---|---|
| 1.1.1.a.i; 1.1.b.i | Professional members are eligible to stand for election to Council only after meeting pre-defined competency / suitability criteria<br><br>Statutory Committee candidates have: met pre-defined competency / suitability criteria, | **Council will develop and implement a competency criterion for Council and Committee members.** | **M** | **Q2-Q3 2024** | **Completed** | **Council approved a competency profile for Council and Committee members at its September 6, 2024, Council Meeting** |
| 11.1.a.iii | The College enables and supports anyone who raises a concern about a registrant | **College Staff to develop voluntary feedback survey for complaints process** | **M** | **TBD** | **In Progress** | **Staff liaised with other regulators on their processes. Staff to beta test a voluntary feedback survey in second half of 2025.** |
| 1.2.b | The framework includes a third-party assessment of Council effectiveness at a minimum every three years. | **Council will engage a third-party assessor to evaluate its effectiveness.** | **M** | **Q3 2023 – Q2 2024** | **Completed** | **Third-Party Governance Consultant conducted assessment from September 2023 – June 2024. Final report issued to Council at its September 6, 2024, Meeting.** |

| Ref | Description | Action | Type | Date | Status | Update |
|---|---|---|---|---|---|---|
| 4.1.c.i | Council regularly reviews and updates written operational policies | **Council to develop a Human Resource and Professional Development Framework or Policy** | **M** | **TBD** | **In Progress** | **Council to receive presentation on Human Resources Framework at its March 7, 2025 Council Meeting.** |
| 7.15.1.b | Council uses performance and risk information to regularly assess the College's progress against stated strategic objectives and regulatory outcomes. | **The College will be developing a risk register to identify internal and external risks that may impact strategic objectives and regulatory outcomes.** | **M** | **TBD** | **In Project Docket** | **College Staff to explore the creation of a risk register.** |
| 3.3a. 3.3b. | The DEI plan is reflected in the Council's strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g. DEI training for staff).  The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. | **The College to explore the creation of an Equity Impact Assessment process.** | **M** | **TBD** | **In Project Docket** | **Council engaged the services of CCDI to deliver DEI training sessions throughout 2022 and 2023.**  **DEI constitutes one of the key priorities as articulated in the CDO's 2023-2025 Strategic Plan**  **Awaiting direction from HPRO's DEI working group and Executive Committee on the progress of this joint regulatory initiative.** |
| 2.1 | The College Council has a Code of Conduct and Conflict of Interest policy that is reviewed at least every three years | **Council will review its Code of Conduct and Conflict of Interest Policy with DEI lens** | **M** | **TBD** | **In Project Docket** | **Council to review Code of Conduct and Conflict of Interest Policy with DEI lens.** |
| 1.2.1.c | The College has a conflict of interest questionnaire that all Council members must complete annually. | **Council will develop and introduce a conflict of interest questionnaire that can be utilized for Council and Committee meetings.** | **M** | **2023** | **Completed** | **Legal has drafted a Conflict-of-Interest Questionnaire for Consideration by Council at its June 2023 Meeting (after elections)** |

| | | | | | | |
|---|---|---|---|---|---|---|
| 1.2.a.i,ii | Council has developed and implemented a framework to regularly evaluate the effectiveness of Council meetings and Council. | **Council will develop a framework for regularly evaluating the effectiveness of Council and its meetings.** | **M** | **2022** | **Completed** | **Council reviews the feedback survey and comments received at each Council meeting. A post-Council feedback survey is sent to all Council members following each Council meeting.** |
| 1.2.1.d | Meeting materials for Council enable the public to clearly identify the public interest rationale (See Appendix A) and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note). | **Briefing Notes will include a section that identifies the Public Interest in the matter at hand. This section will also include a more explicit explanation of the relationship of the agenda item to the College's strategic direction or regulatory processes.** | **H** | **Instituted September 2021** | **Completed** | **College Staff and other Briefing Note Authors to Include in Future Notes.** |
| 1.3.1.b | The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information). the meeting date; the rationale for the meeting; a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and if decisions will be ratified by Council. | **In the 2021 reporting period, the College will provide information regarding Executive Meetings, including the meeting date, rationale for the meeting, a report on discussions and decisions when the Committee acts as Council or discusses/deliberates on matter or materials that will be brought forward to Council, and if decisions will be ratified by Council.** | **M** | **Instituted December 2021** | **Completed** | **College Staff to Post Summary Information on Website** |

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

# College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2024 – December 2024

November 2024

# Contents

# Introduction

## The College Performance Measurement Framework (CPMF)

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

1. Strengthens accountability and oversight of Ontario's health regulatory Colleges; and

2. Supports Colleges in improving their performance.

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

**Table 1:** CPMF Measurement Domains and Components

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

## CPMF Model

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

**Figure 1:** CPMF Model for Measuring Regulatory Excellence

Organizational Focus

Applicant/ Registrant Focus

Results & Improvement

### 1 Governance
- ✓ College efforts to ensure Council and Committees have the required knowledge and skills to warrant good governance.
- ✓ Integrity in Council decision making.
- ✓ College efforts in disclosing how decisions are made, planned to be made, and actions taken that are communicated in ways that are accessible to, timely and useful for relevant audiences

### 2 Resources
The College's ability to have the financial and human resources to meet its statutory objects and regulatory mandate, now and in the future

### 3 System Partner
Extent to which a College works with other Colleges/ system partners, as appropriate, to help execute its mandate effectively, efficiently and/or coordinated manner to ensure it responds to changing public expectation.

### 4 Information Management
College efforts to ensure its confidential information is retained securely and used appropriately in administering regulatory activities, legislative duties and objects.

### 5 Regulatory Policies
The College's policies, standards of practice, and practice guidelines are based on the best available evidence, reflect current best practices, are aligned with changing publications and where appropriate aligned with other Colleges.

### 6 Suitability to Practice
College efforts to ensure that only those individuals who are qualified, skilled and competent are registered, and only those registrants who remain competent, safe and ethical continue to practice the profession.

### 7 Measurement, Reporting and Improvement
- ✓ The College continuously assesses risks, and measures, evaluates, and improves its performance.
- ✓ The College is transparent about its performance and improvement activities.

**Figure 2:** CPMF Domains and Standards

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

## The CPMF Reporting Tool

The College Performance Measurement Framework (CPMF) remains a cornerstone of regulatory transparency and excellence in Ontario. Through this fifth iteration, the CPMF will continue to provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges during 2024.

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

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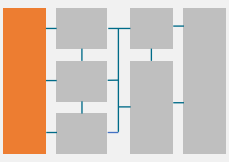
While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual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

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

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

Where a College fully met Evidence in 2023 and 2024, the College may opt to respond with 'Met in 2023 and Continues to Meet in 2024'. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to or referencing College documents.

## Part 1: Measurement Domains

<table>
<tr>
<td colspan="3"><strong>Measure:</strong><br><strong>1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.</strong></td>
</tr>
<tr>
<td rowspan="2" style="writing-mode: vertical">DOMAIN 1: GOVERNANCE</td>
<td rowspan="2" style="writing-mode: vertical">STANDARD 1</td>
<td><strong>Required Evidence</strong></td>
<td colspan="2"><strong>College Response</strong></td>
</tr>
<tr>
<td>a. Professional members are eligible to stand for election to Council only after:<br><br>i.   meeting pre-defined competency and suitability criteria; and<br><br>*Benchmarked Evidence*</td>
<td>The College fulfills this requirement:<br><br>• The competency and suitability criteria are public: Choose an item.<br>    *If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.*<br><br><br><br>*If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.*</td>
<td>Choose an item.</td>
</tr>
</table>

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

| | | | *If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.* | |
|---|---|---|---|---|
| | | ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities. | The College fulfills this requirement: | Choose an item. |
| | | | • Duration of each Statutory Committee orientation training.<br><br>• Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).<br><br>• Please insert a link and indicate the page number if training topics are public **OR** list orientation training topics for Statutory Committee. | |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item. |
| | | | *Additional comments for clarification (optional):* | |

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

| | | **Measure:** |
| --- | --- | --- |
| | | **1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.** |

| | **Required Evidence** | **College Response** | |
| --- | --- | --- | --- |
| | a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:<br><br>  i. Council meetings; and<br><br>  ii. Council. | The College fulfills this requirement:<br><br>• Please provide the year when Framework was developed **OR** last updated.<br><br>• Please insert a link to Framework **OR** link to Council meeting materials and indicate the page number where the Framework is found and was approved.<br><br>• Evaluation and assessment results are discussed at public Council meeting: Choose an item.<br><br>• *If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.* | Choose an item. |
| | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item. |
| | | *Additional comments for clarification (optional)* | |

| | | b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years. | The College fulfills this requirement: | Choose an item. |
|---|---|---|---|---|
| | | | • Has a third party been engaged by the College for evaluation of Council effectiveness? Choose an item. | |
| | | | • *If yes, how often do they occur?* | |
| | | | • Please indicate the year of last third-party evaluation. | |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item. |
| | | | *Additional comments for clarification (optional)* | |

| | | c. Ongoing training provided to Council and Committee members has been informed by:<br><br>i. the outcome of relevant evaluation(s);<br><br>ii. the needs identified by Council and Committee members; and/or | The College fulfills this requirement: | Choose an item. |
| --- | --- | --- | --- | --- |
| | | | • Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers.<br><br>• Please insert a link to Council meeting materials and indicate the page number where this information is found **OR**<br><br>• Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. | |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item. |
| | | | *Additional comments for clarification (optional):* | |

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

| DOMAIN 1: GOVERNANCE | STANDARD 2 | **Measure:**<br><br>**2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.** | | |
|---|---|---|---|---|
| | | **Required Evidence** | **College Response** | |
| | | a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is:<br><br>i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and<br><br>Further clarification:<br><br>Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession. | The College fulfills this requirement:<br><br>• Please provide the year when the Council Code of Conduct and 'Conflict of Interest' Policy was last evaluated/updated.<br><br>• Please briefly describe any changes made to the Council Code of Conduct and 'Conflict of Interest Policy' resulting from the last review. | Choose an item. |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item. |
| | | | *Additional comments for clarification (optional)* | |

| | | | | |
|---|---|---|---|---|
| | | ii. accessible to the public. | The College fulfills this requirement: | Choose an item. |
| | | | • Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy **OR** Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. | |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item. |
| | | | *Additional comments for clarification (optional)* | |
| | | b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods).<br><br>Further clarification:<br>Colleges may provide additional methods not listed here by which they meet the evidence. | The College fulfills this requirement: | Choose an item. |
| | | | • Cooling off period is enforced through: Choose an item.<br><br>• Please provide the year that the cooling off period policy was developed **OR** last evaluated/updated.<br><br>• Please provide the length of the cooling off period.<br><br>• How does the College define the cooling off period?<br><br>   − Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number;<br><br>   − Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; **OR**<br><br>   − Where not publicly available, please briefly describe the cooling off policy. | |

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

| | | d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note). | The College fulfills this requirement: | Choose an item. |
|---|---|---|---|---|
| | | | • Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public.<br><br>• Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. | |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item. |
| | | | *Additional comments for clarification (if needed)* | |

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

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

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

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

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

| **Measure:** |
| --- |
| **3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.** |

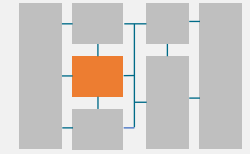| **Required Evidence** | **College Response** | |
| --- | --- | --- |
| a. The DEI plan is reflected in the Council's strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff). | The College fulfills this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

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

| | | **Measure:** |
|---|---|---|
| | | **4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.** |

<table>
<tr>
<td rowspan="4" style="writing-mode:vertical-lr">DOMAIN 2: RESOURCES</td>
<td rowspan="4" style="writing-mode:vertical-lr">STANDARD 4</td>
<td colspan="2"><strong>Required Evidence</strong></td>
<td colspan="2"><strong>College Response</strong></td>
</tr>
<tr>
<td colspan="2">a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.<br><br>Further clarification:<br>A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.</td>
<td>The College fulfills this requirement:<br><br>• Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan **AND** a link to the most recent approved budget and indicate the page number.<br><br>• Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.</td>
<td>Choose an item.</td>
</tr>
<tr>
<td colspan="2"></td>
<td>*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?*</td>
<td>Choose an item.</td>
</tr>
<tr>
<td colspan="2"></td>
<td colspan="2">*Additional comments for clarification (optional)*</td>
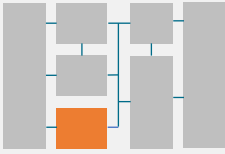</tr>
</table>

| b. The College:<br>  i. has a "financial reserve policy" that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and<br>  ii. possesses the level of reserve set out in its "financial reserve policy". | The College fulfills this requirement: | Choose an item. |
|---|---|---|
| | • Please insert a link to the "financial reserve policy" **OR** Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number.<br><br>• Please insert the most recent date when the "financial reserve policy" has been developed **OR** reviewed/updated.<br><br>• Has the financial reserve policy been validated by a financial auditor? Choose an item. | |
| | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item. |
| | *Additional comments for clarification (if needed)* | |

| | | c. Council is accountable for the success and sustainability of the organization it governs. This includes:<br><br>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement). | The College fulfills this requirement: | Choose an item. |
|---|---|---|---|---|
| | | | • Please insert a link to the College's written operational policies which address staffing complement to address current and future needs.<br><br>• Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number.<br><br>**Note:** Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success. | |
| | | *Benchmarked Evidence* | *If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.* | |

| | | | The College fulfills this requirement: | Choose an item. |
|---|---|---|---|---|
| | | ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases). | • Please insert a link to the College's data and technology plan which speaks to improving College processes **OR** please briefly describe the plan. | |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item. |
| | | | *Additional comments for clarification (optional)* | |

# DOMAIN 3: SYSTEM PARTNER

## STANDARD 5 and STANDARD 6

| Measure / Required evidence: N/A | College response |
|---|---|
| | *Colleges are requested to provide a narrative that highlights their organization's best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.* <br><br> *Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.* |
| The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no 'best practice' regarding the execution of these two standards. <br><br> Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry</u>. <br><br> Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners. | **Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.** <br><br> Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on: <br><br> • *How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).* |

| | |
|---|---|
| | **Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.**<br><br>The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner.<br><br>• *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*<br><br>• *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).* |

| | | **Measure:** |
|---|---|---|
| | | **7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.** |

| DOMAIN 4: INFORMATION MANAGEMENT | STANDARD 7 | **Required Evidence** | **College Response** | |
|---|---|---|---|---|
| | | a. The College demonstrates how it:<br>  i. uses policies and processes to govern the disclosure of, and requests for information; | The College fulfills this requirement:<br><br>• Please insert a link to policies and processes **OR** please briefly describe the respective policies and processes that addresses disclosure and requests for information. | Choose an item. |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item. |
| | | | *Additional comments for clarification (optional)* | |

| | | | | |
|---|---|---|---|---|
| | | ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and<br><br>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.<br><br>**Benchmarked Evidence** | The College fulfills this requirement:<br><br>• Please insert a link to policies and processes **OR** please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. | Choose an item. |
| | | | *If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.* | |

| | | **Measure:** | |
|---|---|---|---|
| | | **8.1** All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology). | |

| DOMAIN 5: REGULATORY POLICIES | STANDARD 8 | **Required Evidence** | **College Response** | |
|---|---|---|---|---|
| | | a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.<br><br>*Benchmarked Evidence* | The College fulfills this requirement: | Choose an item. |
| | | | • Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) **OR** please briefly describe the College's evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). | |
| | | | *If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.* | |

| b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:<br><br>i. evidence and data;<br><br>ii. the risk posed to patients / the public;<br><br>iii. the current practice environment;<br><br>iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap);<br><br>v. expectations of the public; and<br><br>vi. stakeholder views and feedback.<br><br>*Benchmarked Evidence* | The College fulfills this requirement: | Choose an item. |
|---|---|---|
| | • Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) **OR** please briefly describe the College's development and amendment process. | |
| | *If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.* | |

| | | c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College. | The College fulfills this requirement: | Choose an item. |
|---|---|---|---|---|
| | | | • Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. <br> • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. | |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item. |
| | | | *Additional comments for clarification (optional)* | |

| | | **Measure:**<br><br>**9.1 Applicants meet all College requirements before they are able to practice.** | |
|---|---|---|---|

| | | **Required Evidence** | **College Response** | |
|---|---|---|---|---|
| DOMAIN 6: SUITABILITY TO PRACTICE | STANDARD 9 | a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)[1]. | The College fulfills this requirement:<br><br>• Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number **OR** please briefly describe in a few words the processes and checks that are carried out.<br><br>• Please insert a link and indicate the page number **OR** please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). | Choose an item. |

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

| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item. |
|---|---|---|---|---|
| | | | *Additional comments for clarification (optional)* | |
| | | b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.). | The College fulfills this requirement:<br><br>• Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers **OR** please briefly describe the process and checks that are carried out.<br><br>• Please provide the date when the criteria to assess registration requirements was last reviewed and updated. | Choose an item. |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item. |
| | | | *Additional comments for clarification (optional)* | |

| Measure: | | |
|---|---|---|
| **9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.** | | |
| c. A risk-based approach is used to ensure that currency[2] and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.). | The College fulfills this requirement:<br><br>• Please briefly describe the currency and competency requirements registrants are required to meet.<br><br>• Please briefly describe how the College identified currency and competency requirements.<br><br>• Please provide the date when currency and competency requirements were last reviewed and updated.<br><br>• Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done. | Choose an item. |
| | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item. |
| | *Additional comments for clarification (optional)* | |

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

| | | | |
|---|---|---|---|
| | **Measure:** | | |
| | **9.3 Registration practices are transparent, objective, impartial, and fair.** | | |
| | a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC). | The College fulfills this requirement: | Choose an item. |
| | | • Please insert a link to the most recent assessment report by the OFC **OR** please provide a summary of outcome assessment report.<br><br>• Where an action plan was issued, is it: Choose an item. | |
| | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item. |
| | | *Additional comments for clarification (if needed)* | |

| | | **Measure:** |
|---|---|---|
| | | **10.1    The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.** |

<table>
<tr>
<td rowspan="4" style="writing-mode:vertical"><strong>DOMAIN 6: SUITABILITY TO PRACTICE</strong></td>
<td rowspan="4" style="writing-mode:vertical"><strong>STANDARD 10</strong></td>
<td><strong>Required Evidence</strong></td>
<td colspan="2"><strong>College Response</strong></td>
</tr>
<tr>
<td rowspan="2">a.  Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).<br><br><u>Further clarification:</u><br><br>Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.</td>
<td>The College fulfills this requirement:</td>
<td>Choose an item.</td>
</tr>
<tr>
<td>
<ul>
<li>Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:
  <ul>
  <li>Name of Standard</li>
  <li>Duration of period that support was provided</li>
  <li>Activities undertaken to support registrants</li>
  <li>% of registrants reached/participated by each activity</li>
  <li>Evaluation conducted on effectiveness of support provided</li>
  </ul>
</li>
</ul>
<ul>
<li>Does the College always provide this level of support:      Choose an item.<br>
<em>If not, please provide a brief explanation:</em></li>
</ul>
</td>
<td></td>
</tr>
<tr>
<td><em>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</em><br><br><em>Additional comments for clarification (optional)</em></td>
<td>Choose an item.</td>
</tr>
</table>

| | Measure: |
| --- | --- |
| | **10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation[3].** |

| | a. The College has processes and policies in place outlining: <br><br> i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice; | The College fulfills this requirement: | Choose an item. |
| --- | --- | --- | --- |
| | | • Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified **OR** please insert a link to the website where this information can be found and indicate the page number. <br><br> • Is the process taken above for identifying priority areas codified in a policy: Choose an item. <br><br> • *If yes, please insert link to the policy.* | |
| | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item. |
| | | *Additional comments for clarification (optional)* | |

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

| | | ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and | The College fulfills this requirement: | Choose an item. |
|---|---|---|---|---|
| | | | • Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). *OR* please briefly describe right touch approach and evidence used. <br><br> • Please provide the year the right touch approach was implemented *OR* when it was evaluated/updated (if applicable). <br> *If evaluated/updated, did the college engage the following stakeholders in the evaluation:* <br><br> − *Public*   Choose an item. <br> − *Employers*   Choose an item. <br> − *Registrants*   Choose an item. <br> − *other stakeholders*   Choose an item. | |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item. |
| | | | *Additional comments for clarification (optional)* | |
| | | iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary. | The College fulfills this requirement: | Choose an item. |
| | | | • Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number *OR* list criteria. | |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item. |

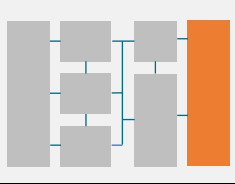| Measure: | | |
|---|---|---|
| **10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.** | | |
| a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing. | The College fulfills this requirement:<br><br>• Please insert a link to the College's process for monitoring whether registrant's complete remediation activities **OR** please briefly describe the process.<br><br>• Please insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation **OR** please briefly describe the process. | Choose an item. |
| | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item. |
| | *Additional comments for clarification (if needed)* | |

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

| | | | |
|---|---|---|---|
| iii. evaluated by the College to ensure the information provided to complainants is clear and useful. | The College fulfills this requirement: | | Choose an item. |
| | • Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. | | |
| *Benchmarked Evidence* | *If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.* | | |
| b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary. | The College fulfills this requirement: | | Choose an item. |
| | Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures). | | |
| | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | | Choose an item. |
| | *Additional comments for clarification (optional)* | | |

| | | | | |
|---|---|---|---|---|
| | | c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.). | The College fulfills this requirement: <br><br> • Please list supports available for the public during the complaints process. <br><br> • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. | Choose an item. |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item. |
| | | | *Additional comments for clarification (optional)* | |

<table>
<tr><td colspan="5"><strong>Measure:</strong><br><strong>11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</strong></td></tr>
<tr><td></td><td></td><td>a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).</td><td>The College fulfills this requirement:<br><br> • Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) <strong><em>OR</em></strong> please provide a brief description.<br><br> • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) <strong><em>OR</em></strong> please provide a brief description.</td><td>Choose an item.</td></tr>
<tr><td></td><td></td><td></td><td><em>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</em></td><td>Choose an item.</td></tr>
</table>

| | | |
|---|---|---|
| **DOMAIN 6: SUITABILITY TO PRACTICE** | **STANDARD 12** | **Measure:** <br> **12.1 The College addresses complaints in a right touch manner.** |

| | | |
|---|---|---|
| a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol). | The College fulfills this requirement: <br><br> • Please insert a link to guidance document and indicate the page number **OR** please briefly describe the framework and how it is being applied. <br><br> • Please provide the year when it was implemented **OR** evaluated/updated (if applicable). | Choose an item. |
| | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item. |
| | *Additional comments for clarification (optional)* | |

| DOMAIN 6: SUITABILITY TO PRACTICE | STANDARD 13 | **Measure:**<br><br>**13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).** | | |
|---|---|---|---|---|
| | | a. The College's policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results. | The College fulfills this requirement:<br><br>• Please insert a link to the policy and indicate page number **OR** please briefly describe the policy.<br><br>• Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as 'hospital', or 'long-term care home'). | Choose an item. |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item. |
| | | | *Additional comments for clarification (if needed)* | |

| | | **Measure:** |
|---|---|---|
| | | **14.1** Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance. |

| **DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT** | **STANDARD 14** | **Required Evidence** | **College Response** | |
|---|---|---|---|---|
| | | a. Outline the College's KPIs, including a clear rationale for why each is important. | The College fulfills this requirement: | Choose an item. |
| | | | • Please insert a link to a document that list College's KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number **OR** list KPIs and rationale for selection. | |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item. |

| | | | *Additional comments for clarification (if needed)* | |
|---|---|---|---|---|
| | | b. The College regularly reports to Council on its performance and risk review against:<br><br>i. stated strategic objectives (i.e., the objectives set out in a College's strategic plan);<br><br>ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and<br><br>iii. its risk management approach. | The College fulfills this requirement:<br><br>• Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes and indicate the page number. | Choose an item. |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item. |
| | | | *Additional comments for clarification (if needed)* | |

| Measure: | | | |
|---|---|---|---|
| **14.2 Council directs action in response to College performance on its KPIs and risk reviews.** | | | |
| a. Council uses performance and risk review findings to identify where improvement activities are needed.<br><br>*Benchmarked Evidence* | The College fulfills this requirement: | | Choose an item. |
| | • Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number. | | |
| | *If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.* | | |

| Measure: | | | |
|---|---|---|---|
| **14.3 The College regularly reports publicly on its performance.** | | | |
| a. Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website. | The College fulfills this requirement: | | Choose an item. |
| | • Please insert a link to the College's dashboard or relevant section of the College's website. | | |
| | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | | Choose an item. |
| | *Additional comments for clarification (if needed)* | | |

# Part 2: Context Measures

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College's performance related to the standards.  The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are 'good' or 'bad' without having a more in-depth understanding of what specifically drives those results.
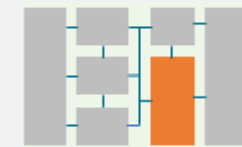
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g., due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

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

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

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

**Table 1 – Context Measure 1**

| DOMAIN 6: SUITABILITY TO PRACTICE | |
|---|---|
| **STANDARD 10** | |

| Statistical data collected in accordance with the recommended method or the College's own method: Choose an item. *If a College method is used, please specify the rationale for its use:* | |
|---|---|

| Context Measure (CM) | |
|---|---|

| CM 1.    Type and distribution of QA/QI activities and assessments used in CY 2024* | | |
|---|---|---|
| Type of QA/QI activity or assessment: | # | *What does this information tell us?  Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).* |
| i.    *<Insert QA activity or assessment>* | | |
| ii.    *<Insert QA activity or assessment>* | | |
| iii.    *<Insert QA activity or assessment>* | | |
| iv.    *<Insert QA activity or assessment>* | | *The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2024. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.* |
| v.    *<Insert QA activity or assessment>* | | |
| vi.    *<Insert QA activity or assessment>* | | |
| vii.    *<Insert QA activity or assessment>* | | |
| viii.    *<Insert QA activity or assessment>* | | |
| ix.    *<Insert QA activity or assessment>* | | |
| x.    *<Insert QA activity or assessment>* | | |

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

*NR* | |
|---|---|
| *Additional comments for clarification (if needed)* | |

–

**Table 2 – Context Measures 2 and 3**
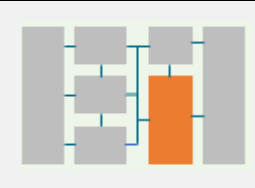
| DOMAIN 6: SUITABILITY TO PRACTICE | | | |
|---|---|---|---|
| **STANDARD 10** | | | |

| Statistical data collected in accordance with the recommended method or the College own method: Choose an item. | | | |
|---|---|---|---|
| *If a College method is used, please specify the rationale for its use:* | | | |

| **Context Measure (CM)** | | | |
|---|---|---|---|
| | # | % | *What does this information tell us? If a registrant's knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer them to the College's QA Committee.* |
| **CM 2.** Total number of registrants who participated in the QA Program CY 2024 | | | |
| **CM 3.** Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2024. | | | *The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2024, understanding that some cases may carry over.* |
| *NR* | | | |
| *Additional comments for clarification (if needed)*<br>‑ | | | |

**Table 3 – Context Measure 4**
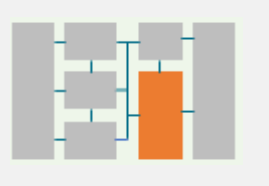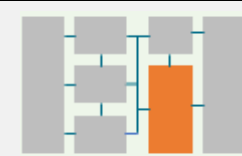
<table>
<tr>
<td colspan="4">DOMAIN 6: SUITABILITY TO PRACTICE<br>**STANDARD 10**</td>
<td></td>
</tr>
<tr>
<td colspan="5">Statistical data collected in accordance with the recommended method or the College's own method: Choose an item.<br><br>*If a College method is used, please specify the rationale for its use:*</td>
</tr>
<tr>
<td colspan="2">**Context Measure (CM)**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td colspan="2">**CM 4.** Outcome of remedial activities as at the end of CY 2024:**</td>
<td>#</td>
<td>%</td>
<td rowspan="3">*What does this information tell us? This information provides insight into the outcome of the College's remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its "QA remediation activities". Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.*</td>
</tr>
<tr>
<td>I.</td>
<td>Registrants who demonstrated required knowledge, skills, and judgement following remediation*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>II.</td>
<td>Registrants still undertaking remediation (i.e., remediation in progress)</td>
<td></td>
<td></td>
</tr>
<tr>
<td colspan="5"><u>NR</u><br>* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2024.<br>**This measure may include any outcomes from the previous year that were carried over into CY 2024.</td>
</tr>
<tr>
<td colspan="5">*Additional comments for clarification (if needed)*<br><br>–</td>
</tr>
</table>

**Table 4 – Context Measure 5**

<table>
<tr><td colspan="6">DOMAIN 6: SUITABILITY TO PRACTICE</td><td></td></tr>
<tr><td colspan="6">STANDARD 12</td><td></td></tr>
</table>

| DOMAIN 6: SUITABILITY TO PRACTICE | | | | | |
|---|---|---|---|---|---|
| **STANDARD 12** | | | | | |

Statistical data is collected in accordance with the recommended method or the College's own method: Choose an item.
*If a College method is used, please specify the rationale for its use:*

**Context Measure (CM)**

| **CM 5.** Distribution of formal complaints and Registrar's Investigations by theme in CY 2024 | Formal Complaints received | | Registrar Investigations initiated | | What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar's Investigations undertaken by a College. |
|---|---|---|---|---|---|
| Themes: | # | % | # | % | |
| I.   Advertising | | | | | |
| II.   Billing and Fees | | | | | |
| III.   Communication | | | | | |
| IV.   Competence / Patient Care | | | | | |
| V.   Intent to Mislead including Fraud | | | | | |
| VI.   Professional Conduct & Behaviour | | | | | |
| VII.   Record keeping | | | | | |
| VIII.   Sexual Abuse | | | | | |
| IX.   Harassment / Boundary Violations | | | | | |
| X.   Unauthorized Practice | | | | | |
| XI.   Other *<please specify>* | | | | | |
| **Total number of formal complaints and Registrar's Investigations**\*\* | | **100%** | | **100%** | |

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

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

| DOMAIN 6: SUITABILITY TO PRACTICE | |
|---|---|
| **STANDARD 12** | |

| | |
|---|---|
| Statistical data collected in accordance with the recommended method or the College's own method: Choose an item. | |
| *If a College method is used, please specify the rationale for its use:* | |

| **Context Measure (CM)** | | | |
|---|---|---|---|
| **CM 6.** Total number of formal complaints that were brought forward to the ICRC in CY 2024 | | | |
| **CM 7.** Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2024 | | | |
| **CM 8.** Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2024 | | | |
| **CM 9.** Of the formal complaints and Registrar's Investigations received in CY 2024\*\*: | # | % | *What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar's Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College's Inquiries, Complaints and Reports Committee.* |
| I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR) | | | |
| II. Formal complaints that were resolved through ADR | | | |
| III. Formal complaints that were disposed of by ICRC | | | |
| IV. Formal complaints that proceeded to ICRC and are still pending | | | |
| V. Formal complaints withdrawn by Registrar at the request of a complainant | | | |
| VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious | | | |

| | | | |
|---|---|---|---|
| VII. Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee | | | |

ADR
Disposal
Formal Complaints
Formal Complaints withdrawn by Registrar at the request of a complainant
*NR*
Registrar's Investigation

*# May relate to Registrar's Investigations that were brought to the ICRC in the previous year.*

*\*\* The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.*

*Additional comments for clarification (if needed)*

**Table 6 – Context Measure 10**

| DOMAIN 6: SUITABILITY TO PRACTICE |
| --- |
| **STANDARD 12** |

Statistical data collected in accordance with the recommended method or the College's own method: Choose an item.

*If a College method is used, please specify the rationale for its use:*

| Context Measure (CM) | |
| --- | --- |
| **CM 10.** Total number of ICRC decisions in 2024 | |
| Distribution of ICRC decisions by theme in 2024* | # of ICRC Decisions++ |

| Nature of Decision | Take no action | Proves advice or recommendations | Issues a caution (oral or written) | Orders a specified continuing education or remediation program | Agrees to undertaking | Refers specified allegations to the Discipline Committee | Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws. |
| --- | --- | --- | --- | --- | --- | --- | --- |
| I. Advertising | | | | | | | |
| II. Billing and Fees | | | | | | | |
| III. Communication | | | | | | | |
| IV. Competence / Patient Care | | | | | | | |
| V. Intent to Mislead Including Fraud | | | | | | | |
| VI. Professional Conduct & Behaviour | | | | | | | |
| VII. Record Keeping | | | | | | | |
| VIII. Sexual Abuse | | | | | | | |
| IX. Harassment / Boundary Violations | | | | | | | |

| X. | Unauthorized Practice | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| XI. | Other *<please specify>* | | | | | | | |

- *Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2024.*
*++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations, or decisions.*
*NR*

*What does this information tell us?  This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar's Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.*

*Additional comments for clarification (if needed)*
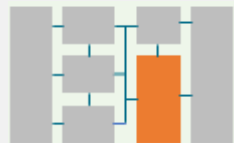
**Table 7 – Context Measure 11**

| DOMAIN 6: SUITABILITY TO PRACTICE | |
|---|---|
| **STANDARD 12** | |

Statistical data collected in accordance with the recommended method or the College own method: Choose an item.

*If College method is used, please specify the rationale for its use:*

| Context Measure (CM) | | |
|---|---|---|
| **CM 11.** 90th Percentile disposal of: | Days | *What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar's investigations are being disposed by the College.* |
| I.  A formal complaint in working days in CY 2024 | | *The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar's investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar's investigation undertaken by, the College.* |
| II.  A Registrar's investigation in working days in CY 2024 | | |

[Disposal](#)

*Additional comments for clarification (if needed)*
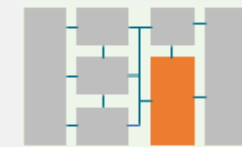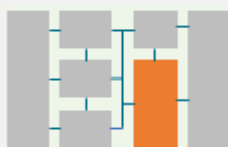
‒

**Table 8 – Context Measure 12**

| DOMAIN 6: SUITABILITY TO PRACTICE | |
|---|---|
| **STANDARD 12** | |

Statistical data collected in accordance with the recommended method or the College's own method: *Choose an item.*

*If a College method is used, please specify the rationale for its use:*

| Context Measure (CM) | | |
|---|---|---|
| **CM 12.** 90th Percentile disposal of: | Days | *What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.* |
| I.     An uncontested discipline hearing in working days in CY 2024 | | *The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.* |
| II.     A contested discipline hearing in working days in CY 2024 | | |

Disposal
Uncontested Discipline Hearing
Contested Discipline Hearing

*Additional comments for clarification (if needed)*
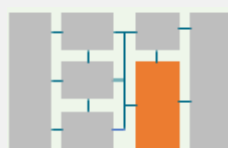
## Table 9 – Context Measure 13

| DOMAIN 6: SUITABILITY TO PRACTICE | |
|---|---|
| **STANDARD 12** | |

Statistical data collected in accordance with the recommended method or the College's own method: Choose an item.

*If College method is used, please specify the rationale for its use:*

| Context Measure (CM) | | |
|---|---|---|
| **CM 13.** Distribution of Discipline finding by type* | | |
| Type | # | |
| I. Sexual abuse | | |
| II. Incompetence | | |
| III. Fail to maintain Standard | | |
| IV. Improper use of a controlled act | | |
| V. Conduct unbecoming | | *What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar's Investigation is referred to the Discipline Committee by the ICRC.* |
| VI. Dishonourable, disgraceful, unprofessional | | |
| VII. Offence conviction | | |
| VIII. Contravene certificate restrictions | | |
| IX. Findings in another jurisdiction | | |
| X. Breach of orders and/or undertaking | | |
| XI. Falsifying records | | |
| XII. False or misleading document | | |
| XIII. Contravene relevant Acts | | |

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

*Additional comments for clarification (if needed)*

**Table 10 – Context Measure 14**

| DOMAIN 6: SUITABILITY TO PRACTICE | |
|---|---|
| **STANDARD 12** | |

| Statistical data collected in accordance with the recommended method or the College own method: Choose an item. | |
|---|---|
| *If a College method is used, please specify the rationale for its use:* | |

| **Context Measure (CM)** | |
|---|---|

| **CM 14.** Distribution of Discipline orders by type* | | |
|---|---|---|
| Type | # | *What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.* |
| I.  Revocation | | |
| II.  Suspension | | |
| III.  Terms, Conditions and Limitations on a Certificate of Registration | | |
| IV.  Reprimand | | |
| V.  Undertaking | | |

*\* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.*
Revocation
Suspension
Terms, Conditions and Limitations
Reprimand
Undertaking
NR       _

*Additional comments for clarification (if needed)*

# Glossary

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

Return to: Table 5

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

Return to: Table 8

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

Return to:  Table 5, Table 7, Table 8

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

Return to: Table 4, Table 5

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

Return to: Table 5

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

Return to: Table 1, Table 2, Table 3, Table 4, Table 5, Table 6, Table 9, Table 10

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

Return to:

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

Return to:

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

- Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g., doctor, nurse),

- Practice the profession in Ontario, or

- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

Return to:

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

Return to:

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

Return to:

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

Return to:

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

Return to: