

# 90<sup>th</sup> Council Meeting

Friday, December 8, 2017 - \*1 p.m. - 4 p.m.\*

Please note that the 90<sup>th</sup> Council meeting begins at 1 p.m. The morning session will be a Council Governance workshop that will be closed to the public.

#### **HELD AT**

Postmedia Place, 365 Bloor Street E., Suite 1606, Toronto, ON M4W 3L4

# **AGENDA**

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1.	Call to Order		
2.	Approval of Agenda	Decision	1
3.	Declaration of Conflict(s)		
4.	College Mandate	Information	
5.	Consent Agenda	Decision	
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11.	Certificate of Authorization Renewal Fee	Decision	
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	11.2 Schedule 7 of the By-laws – Fee Schedule		113
12.	Next Meeting Date		
	Next Council Meeting Friday, March 9, 2018		
13.	Adjournment		

> Chair



# 89<sup>th</sup> MEETING OF COUNCIL In-Person

365 Bloor Street East, Suite 1606, Toronto, ON M4W 3L4 Friday, October 13, 2017 - 9:00 a.m. to 3:30 p.m.

# **MINUTES**

Members Present: Dr. Ivan McFarlane

Mr. Joey Della Marina Mr. Hanno Weinberger

Mr. Jack Abergel

Ms. Alexia Baker-Lanoue

Mr. Keith Collins Mr. Mark Fenn Mr. Robert C. Gaspar Ms. Anita Kiriakou Ms. Wangari Muriuki\* Mr. Christopher Reis Ms. Barbara Smith

Ms. Arnella Csongradi

Mr. Luc Tran Mr. Michael Vout Jr.

Guests: Ms. Rebecca Durcan, Legal Counsel, Steinecke, Maciura and LeBlanc

Ms. Deanna Williams, President, Dundee Consulting Group Ltd and Expert

> President

Vice President

> Past President

Technical Advisor, MOHLTC

Staff: Dr. Glenn Pettifer, Registrar and CEO

Ms. Fiona Harvey, Recording Secretary

\*Conference Call

Absent:

#### 1. Call to Order

The President called the meeting to order at 9:00 a.m.

#### 2. Approval of Agenda

Mr. Della Marina requested adding an item "Term Limits" after Item 11.

89th Council Meeting Minutes

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**MOTION:** That the agenda be adopted as amended.

MOVED: M. Vout Jr.

**SECONDED:** A. Baker-Lanoue

**CARRIED** 

## 3. College Mandate

# 4. Presentation – Rebecca Durcan SML – Council Governance Training – An Overview of Health Profession Governance and Regulation

Ms. Rebecca Durcan, provided a presentation on Council Governance.

## 5. Ms. Deanna Williams, Expert Technical Advisor, MOHLTC - Update on Activities and Bill 87

Ms. Deanna Williams presented Council with information on her new role.

# 6. Conflict of Interest for Council and Committee Members: General Discussion and Consideration of a Specific Matter

Mr. Della Marina, Mr. Fenn, and Mr. Gaspar declared a conflict of interest with agenda **Item 6.0.** and left the meeting during the deliberation and vote.

MOTION: That Council confirm Mr. Della Marina's appointment to the Qualifying Examination Committee.

MOVED: B. Smith

**SECONDED:** H. Weinberger

**CARRIED** 

#### 7. Consent Agenda

Item removed from the Consent Agenda: 7.12

**MOTION**: That Council adopt the Consent Agenda.

**MOVED:** J. Della Marina **SECONDED:** B. Smith

CARRIED

The Registrar provided an update on Item 7.12 Absentee Council Member.

The Registrar informed Council that the Public Appointment Secretariat is exploring the issue and will inform the College when the matter is settled.

**MOTION:** That Council receive Item **7.12** Absentee Council Member.

MOVED: K. Collins

SECONDED: A. Baker-Lanoue

**CARRIED** 

October 13, 2017

# 8. Council Member(s) - Reports on Qualifying Examination Observation - (verbal)

Mr. Fenn provided Council with his observation of the College's "**Objective Structured Clinical Examination**" this past June.

## Status Report on Action Items Identified in the 2012 PricewaterhouseCoopers Operational Review and Audit

**MOTION:** That Council adopt the report and direct staff to submit it to the Ministry of Health and Long-Term Care with a copy of the College's Strategy Map 2017-2020.

**MOVED:** H. Weinberger **SECONDED:** L. Tran

**CARRIED** 

# 10. Strategy Map 2017-2020 - Year 1 Tactics

The Registrar provided Council with an update on the Strategy Map Year 1 tactics.

#### 11. Meeting Dates for 2018

March 9, 2018 June 22, 2018

# 12. Committee Membership Term Limits

Mr. Della Marina noted that the College does not have Committee membership term limits defined in the College By-laws.

**Action:** Council requested a Briefing Note on the matter of term limits for Committee membership and Committee Chair.

## 13. Confidentiality

The President reminded Council about the importance of confidentiality.

# 14. Next Meeting Date

Friday, December 8, 2017

The meeting was adjourned at 1:04 p.m.

# 15. Adjournment

Mr. Ivan McFarlane President and Chair	Date
Dr. Glenn Pettifer Registrar and CEO	Date



# **COMMITTEE REPORT TO COUNCIL**

Name of Committee: **Executive Committee** 

Reporting Date: **November 20, 2017** 

Number of Meetings since

last Council Meeting: 1

The Executive Committee met once, on November 16, 2017, since its last report to Council on October 13, 2017.

At the Committee's request, the Registrar presented a breakdown indicating the cost levied by other Health Regulated Colleges for COA Initial Registration and Renewal Fees. Included in the report was an estimated breakdown of the administration costs allocated to process an initial Certificate of Authorization and a Renewal.

The Committee discussed a potential decrease in the COA Renewal fee and has referred its recommendation to Council for consideration.

The Committee reviewed and approved the current financial statements covering the period April 1, 2017 – October 31, 2017.

The Committee approved six Clinic name applications.

Respectfully submitted by

Ivan McFarlane, PhD President's Chair, Executive Committee



# **COMMITTEE REPORT TO COUNCIL**

Name of Committee: Inquiries, Complaints and Reports Committee

Reporting Date: **November 20, 2017** 

Number of Meetings since

ings since 2 total meetings.

last Council Meeting: <u>1 teleconference</u> held on October 11, 2017

1 in-person meeting held on November 3, 2017

#### **Decisions finalized**

Investigations closed and draft decisions approved:	10	
a) Complaints		9
b) Registrar's Reports		1
c) Registrar's Reports – Referral from QA		0

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

No Further Action	8
Advice/Recommendation/Reminder	
SCERP (inc. Coaching and training)	0
Written Caution	
Verbal Caution	
Referral to Health Inquiry Panel	
Referral to Discipline	

# Cases considered:

i) Files still open (includes all on-going matters and new files):	19	
a) Complaints		13
b) Registrar's Reports		6
d) Referral from QA		0

ii) New files received during this period:	2	
a) Complaints		1
b) Registrar's Reports		1
c) Referral from QA		0

# **Cases Pending:**

i) Files not yet reviewed (in early stages of investigation):	2	
a) Complaints		1
b) Registrar's Reports		1
c) Fitness to Practise Inquiry		0
d) Referral from QA		0

# **HPARB** appeals:

Total Appeals pending	1
New Appeals	0
ICRC Decision confirmed – case closed	1
ICRC Decision returned to ICRC	0
Appeal withdrawn – case closed	0

Respectfully submitted by Barbara Smith, Chair



### **COMMITTEE REPORT TO COUNCIL**

Name of Committee: Quality Assurance Committee – Panel A

Reporting Date: November 24, 2017

Number of Meetings since last

Council Meeting: 1

Panel A of the Quality Assurance Committee (QAC-A) met once (October 20<sup>th</sup>, 2017) since its last report to Council on October 13, 2017.

The Committee considered most of the remaining 2016-17 Peer and Practice Assessment reports, 3 that were deemed satisfactory and 1 that required some level of remediation.

The Committee considered several 2017-18 Peer and Practice Assessment reports, 5 that were deemed satisfactory and 7 that required some level of remediation.

The Committee reviewed a list of members who were non-compliant with the 2016-17 annual CPD requirements, the 2015-16 annual CPD requirements and members who were non-compliant for the 5-year CPD cycle (2011 – 2016). Members who were non-compliant and/or non-responsive were ordered to participate in CPD Audits and/or Peer and Practice Assessments, or referred to ICRC, per the CPD Compliance Policy. The Committee was provided with a list of members who were in progress with fulfilling the requirements and/or those who were now in compliance. 1 extension request for the 2016-17 annual CPD requirement was discussed.

The Committee continued with the content development phase of the Self-Assessment Tool (SAT) project. The Committee was presented with a project plan update. Upcoming milestones include:

- Complete content development
- Request for Proposals (RFPs) for online tool development

The Committee reviewed some examples of rating scales that can be used in the SAT and discussed their advantages and disadvantages. The Committee was introduced to the idea of Clinical Reasoning within the Quality Assurance framework, including chart stimulated recall activities. The Committee may wish to enhance the SAT in the future with chart stimulated recall.

The Committee discussed how long it took each member to complete the SAT. The average was approximately 1 hour and 10 minutes.

The Committee was presented with the environmental scan results regarding the allotment of CPD credits for completing the SAT. The Committee confirmed that members who are pilot testing the tool should be able to receive CPD credit for that time. Program staff was directed to incorporate problem solving statements/indicators and Standard statements into the 2<sup>nd</sup> draft of the SAT.

The Committee was provided with a verbal update of the peer circle project. The call for item writers was sent out in September. Several members have volunteered to assist with the case writing. The call for facilitators will be sent out in the new year. Program staff reported that there was immediate and significant interest from the membership to participate in this project.

The Committee will be meeting on December 11<sup>th</sup> to continue reviewing Peer & Practice Assessment reports and consider CPD compliance matters. At the February 2018 meeting, the Committee will continue work on the SAT and Peer Circles projects.

Respectfully submitted Keith Collins, Chair



# **COMMITTEE REPORT TO COUNCIL**

Name of Committee: Quality Assurance Committee – Panel B

Reporting Date: November 24, 2017

Number of Meetings since

last Council Meeting: 1

Panel B of the Quality Assurance Committee (QAC-B) met once (November 10<sup>th</sup>, 2017) since its last report to Council on October 13, 2017.

At the November 10<sup>th</sup> meeting, the Committee received an update on the educational launch for the newest Standards approved for implementation by Council – Informed Consent and Confidentiality & Privacy. The Committee reviewed and approved the Draft Guide to the Standard of Practice: Record Keeping.

The Committee reviewed the Consultation Report for the Standard of Practice: Conflict of Interest. Based on the feedback in the report, the Committee recommended that no changes be made, that the Standard be presented to Council for approval and that an implementation date be set. Given the feedback for the Guide, the Committee has recommended one change.

The Committee recommended that the Standard of Practice: Restricted Title and Professional Designations be presented to Council for approval for consultation.

The Committee received the following workplan status update:

Document	Status
Standard of Practice: Record Keeping	In Force – January 1, 2017
Standard of Practice: Informed Consent	In Force – September 1, 2017
Standard of Practice: Confidentiality & Privacy	Effective: January 1, 2018
Standard of Practice: Advertising	Effective: March 1, 2018
Standard of Practice: Conflict of Interest	Consultation Completed
Standard of Practice: Restricted Title and Professional	Recommended for Consultation
Designations	

The Committee reviewed briefing notes and directed staff to begin research and development on the following documents:

Topic	Proposed Documentation	To be Retired
Infection Prevention and Control	Standard & Guideline	Infection Control:
		Instrument Cleaning and
		Sterilization Guidelines
Facilities	Standard	External Standard
Post-Insertion Patient Education	Guideline	n/a
& Continuity of Care		
Denturism Educators	Standard	n/a

Respectfully submitted by Hanno Weinberger, Chair



### **COMMITTEE REPORT TO COUNCIL**

Name of Committee: **Qualifying Examination Committee** 

Reporting Date: **November 20, 2017** 

Number of Meetings since

2017 last Council Meeting:

One teleconference/webinar meeting scheduled for December 5,

The Committee has scheduled a meeting for December 5 to complete the item selection process for the

# Winter 2018 Qualifying Examination (QE)

MCQ (Multiple Choice Question) examination.

Candidate registrations are well underway with final numbers to be confirmed in mid-December. The MCQ component of the QE will be administered on January 18 at Yorkville Conference Centre and the OSCE (Objective Structured Clinical Examination) will be administered at Princess Margaret Hospital on January 20 and 21.

# **Assessor Selection and Training**

Assessor training is critical to the validity of any OSCE process and will be scheduled once the assessor selection process is complete. Each assessor undergoes extensive training specifically for the cases which they are assigned to score.

The cases and scoring checklists have been developed, reviewed, and validated by practising denturists from across Ontario, in conjunction with the University of Toronto Standardized Patient (SP) Program, to ensure clarity, fairness, and relevance to practice. The training ensures that the decisions assessors make are consistent and contribute to valid test scores.

### **Standard Setting**

Recommending the cut (pass) score to the Committee for both components of the QE has been scheduled for December 15-16 and will be facilitated by our assessment consultant.

Using the Angoff Method, a panel of 8 practising denturists in Ontario reflecting a range of professional maturity along with varied experiences have been assembled to form a standard setting group. This group will be trained in the use of the Angoff Method, which is based on an understanding of the concept of "minimal competence". Minimal competency is defined as the level of competence that reflects safe and effective practice and ensures the College's public protection mandate is met.

Candidate scores falling below the established cut score indicate that the candidate has not demonstrated the minimum knowledge, skills and judgement required for entry to practice. For any given examination, it is theoretically possible for all candidates to pass.

# **Other Discussion Items:**

# Continued Development of the QE

An MCQ item writing workshop was held on October 27-29 to develop new questions for various competency areas of the examination blueprint. The QE working groups continue to develop examination materials and content for both the MCQ & OSCE examinations.

Respectfully submitted, Christine Reekie, Chair



### **COMMITTEE REPORT TO COUNCIL**

Name of Committee: Registration Committee

Reporting Date: **November 24, 2017** 

Number of Meetings since

last Council Meeting: 1

The Registration Committee (RC) met once since its last report to Council on October 13, 2017.

At the November 2<sup>nd</sup> meeting, Ms. Rebecca Durcan, Partner, SML-Law, presented an overview of the Committee's roles, responsibilities and powers. The Committee considered 2 members who did not meet the currency requirements as set out in section 3. (3) of the Registration Regulation and provided recommendations to the Registrar. The Committee considered 1 application for registration and 1 request for academic assessment for an internationally educated potential candidate.

Upon review of the submissions made by Georgian College, the Committee determined that their Denturism program is equivalent to a diploma in denturism offered by George Brown College. Students that have successfully graduated from the Denturism program at Georgian College are eligible to attempt the College's Qualifying Examination and will have met the non-exemptible registration requirement set out in section 1. (1)1. ii. of Ontario Regulation 833/93 (Registration) of the *Denturism Act, 1991*.

Council's Strategic Plan 2017-2020, Priority #2 Excellence in Governance includes improving internal policy coordination and priority-setting through establishing an oversight process. As part of this initiative, the Committee reviewed and approved a policy revision schedule. This schedule outlines the current registration policies and provides a recommended order of review based on their approval and revision dates. The Committee has commenced the policy revision process.

The Committee reviewed the changes made to the Jurisprudence Manual regarding Bill 87 and PHIPA and the 4 additional examination questions written by Richard Steinecke at SML Law. The Committee accepted the recommended changes presented in the manual and recommended the Jurisprudence program be presented to Council in the future for approval.

The Committee will be meeting on December 14, 2017 to review additional academic assessment requests ahead of the Winter 2018 Qualifying Examination as well as any applications for registration referred by the Registrar.

Respectfully submitted by Elizabeth Gorham-Matthews, Chair



To: COUNCIL

From: **Dr. Ivan McFarlane** 

Date: November 22, 2017

Subject: President's Report

Since the last Council meeting, I have had several consultations with the Registrar.

I am thoroughly satisfied that his consultative efforts with other dental related colleges constitute a prime example of inter-professional collaboration that promote the college's mandate and are directly in the public interest.

It is on this account that I assure Council that the College's business is being properly administered.

Respectfully submitted by Ivan McFarlane, PhD, President



To: COUNCIL

From: **Dr. Glenn Pettifer** 

Date: December 8, 2017

Subject: Registrar's Report

I am pleased to provide this report to Council.

#### STAKEHOLDER REPRESENTATION

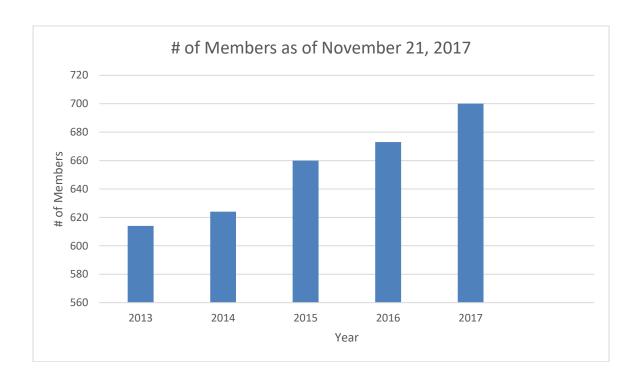
- FHRCO Board Meeting October 30, 2017
- FHRCO Consent and Capacity Working Group October 16, 2017
- Visited CDTO offices and met with Judy Rigby, Registrar & CEO, CDTO regarding operations sharing and other items of mutual interest
- Visited CDHO offices and met with Lisa Taylor, Registrar & CEO, CDHO regarding operations sharing and other items of mutual interest.
- Met with Lisa Rogers, Chair, School of Dental Health, George Brown College.
- Met with Gala Arh, Senior Business Analyst, eHealth Ontario regarding data sharing agreement
- Attended CANDEC (Canadian Denture Education Centre) symposium November 24 & 25, 2017. This was a great opportunity to observe multi-disciplinary education. The conference was attended by denturists (primarily) and also dentists and dental technologists. There was an excellent presentation on the challenges associated with immediate dentures. The College was able to provide input for this presentation regarding the significant representation of immediate denture cases in complaints received by the College. The presenter stressed the need for education and informed consent around expectations related to immediate dentures. I also attended a session on "What the College Can Do" presented by Valerie Wise, a lawyer who practises health regulatory law and frequently represents members in the dealings with the College. This was a very thorough presentation that placed the College's work within the regulatory framework.

#### **FINANCE**

Year-to-date financial reports are provided.

#### **REGISTRATION**

The College has 703 registered denturists as of November 21, 2017.



#### PROGRAM AND POLICY DEVELOPMENT

# **Strategic Plan Operationalization**

Tactics for year 1 of the Strategic Plan have been identified and were presented to Council at its October 13, 2017 meeting. An update on the progress of the work around the year 1 tactics is presented in the December 8, 2017 Consent Agenda.

#### **Jurisprudence Project**

The jurisprudence project has been reviewed and modified to ensure that the content lines up with the new information in Bill 87. Council will be presented with a demonstration of the online module at the December 8, 2017 meeting.

# **Peer Circle Project**

The Peer Circle Project development began November 11-12. The response to a call for item writers for this project was impressive. The College has had to waitlist individuals who wished to participate in the development of this initiative. The second item writing workshop took place on December 1-2, 2017.

#### Standards/Guides/Guidelines Development

Consultation on the Standard of Practice: Conflict of Interest closed recently. The results of this consultation were considered by the QA – Panel B Committee at its November meeting and will be brought to Council at its December meeting. The Panel B Committee approved a draft Standard and Guide for Restricted Title/Professional Designations that will be presented to Council at its December 8, 2017 meeting.

The College is currently working with the CDHO to draft Infection Control Guidelines. This document will assist the QA Committee in updating the College's current guidelines so that they are compliant with and reflect the new Guidelines published by Public Health Ontario.

#### ICRC AND DISCIPLINE

The College currently has 19 active complaint files. There are currently 6 active Registrar's Investigations. There is currently 1 ICRC decision appealed to HPARB. One ICRC decision that was appealed to HPARB was upheld on review. Two matters have been referred to a Health Inquiry Panel of the ICRC.

One discipline hearing has been scheduled for January 11 and 12, 2018.

#### **CONTINUING PROFESSIONAL DEVELOPMENT INITIATIVES**

The Standards of Practice: Informed Consent, Confidentiality & Privacy, and Advertising were approved by Council for implementation as of September 1, 2017, January 1, 2018, and March 1, 2018, respectively. Educational webinars and self-directed learning assignments have been developed for each Standard. Members who attend the webinars have the option to complete the self-directed learning assignments.

More sessions will be offered throughout the winter to support the implementation of these standards.

Standard	# of Sessions	# of Attendees
Record Keeping	16	431
Informed Consent	10	230
Confidentiality & Privacy	6	141
Advertising	2	93
New Registrant Orientation	2	14

#### STAFF PROFESSIONAL DEVELOPMENT ACTIVITIES

Jennifer Slabodkin is continuing to work toward her Certificate in Nonprofit and Voluntary Sector Management, currently studying critical issues in the sector. She has applied for part-time enrollment in a Masters in Public Policy and Administration program at Ryerson University. Vicci Sakkas is working toward her Certificate in Human Resources Management and Fiona Harvey just attended the FHRCO training day for Communications specialists.



#### **MEMO**

To: COUNCIL

From: **Dr. Glenn Pettifer, Registrar and CEO** 

Date: **November 27, 2017** 

Subject: Financial Report Memo

Financial Reports are attached for the period April 1, 2017 – October 31, 2017.

You will find income and expense statements. I direct your attention to the column "YTD as Percentage of Budget" which indicates the percentage of the budgeted amount that has been spent (or, in the case of income, received). Since this report covers the first 7 months of the fiscal year, we would anticipate that approximately 60% of a budgeted amount would have been spent. On the revenue side, most of it comes from Registration and is close to 100% of the budgeted amount by the end of the Registration renewal period on April 15.

There are some line items that are not expensed over a period of time but are lump sum payments. Depending on when lump sum items are invoiced, these items will show a YTD percentage of budget greater or less than 60%.

#### There are 2 items of note:

- 1. In Revenue line "Other Income" the income is approximately \$35,000.00 more than the budgeted amount (\$12,000.00). At the time that the 2017-2018 budget was constructed, a discipline order was under appeal and it was not clear whether the decision would be upheld. However, the Court of Appeals denied the member's request to appeal the decision, so the decision of the Discipline Committee was upheld, and the cost order of approximately \$80,000.00 stood. To date, the College has received \$36,700.00 in cost recovery which is reflected in the "Other Income" line.
- 2. While not reflected as "over-budget" in the "Professional Fees" Expenditure line, I did want to report to Council that Website redesign expenses that fall under Professional Fees is approximately \$5,000.00 in excess of the budgeted expense. This excess expense arose because of the fees incurred in developing the link between the College's member database and the Public Register that is presented on the website. Much of this work was related in ensuring accuracy of the data that was retrieved from the member database. Some of the additional work arose because of the changes to the public register mandated by Bill 87.

The overall expense percentage is 47% of the total budgeted amounts, well within the anticipated range for this point in the fiscal year.

College of Denturists of Ontario YTD Budget to Actual (April-October 2017 )

YTD Budget to Actual	2017-2018 BUDGET	April-October 2017 YTD Totals	YTD as Percentage of Budget	Remainder or In Excess of Budgeted Amount*
REVENUE				<u> </u>
Professional Corporation Fees	\$ 60,500.00	\$ 56,750.00	94%	\$ 3,750.00
Registration Fees	\$ 1,318,400.00	\$ 1,297,170.00	98%	\$ 21,230.00
Other Fees	\$ 8,700.00	\$ 7,002.74	80%	\$ 1,697.26
Qualifying Examination Fees	\$ 203,000.00	\$ 154,425.00	76%	\$ 48,575.00
Other Income	\$ 12,000.00	\$ 46,890.62	391%	\$ *34,890.62
TOTAL REVENUE	\$ 1,602,600.00	\$ 1,562,238.36	97%	\$ 40,361.64
EXPENDITURES				
Wages & Benefits	\$ 439,128.73	\$ 261,340.27	60%	\$ 177,788.46
Professional Development	\$ 30,000.00	\$ 16,542.66	55%	\$ 13,457.34
Professional Fees	\$ 233,900.00	\$ 67,546.09	29%	\$ 166,353.91
Office & General	\$ 104,000.00	\$ 67,591.57	65%	\$ 36,408.43
Rent	\$ 111,476.60	\$ 62,181.30	56%	\$ 49,295.30
Qualifying Examination	\$ 349,200.00	\$ 163,090.91	47%	\$ 186,109.09
Council and Committees	\$ 22,300.00	\$ 9,177.20	41%	\$ 13,122.80
Quality Assurance				
QA Panel A	\$ 10,000.00	\$ 1,167.93	12%	\$ 8,832.07
QA Panel B	\$ 10,000.00	\$ 1,152.27	12%	\$ 8,847.73
QA Assessments	\$ 31,000.00	\$ 22,667.03	73%	\$ 8,332.97
Complaints & Discipline				
Complaints	\$ 105,000.00	\$ 26,599.86	25%	\$ 78,400.14
Discipline	\$ 105,000.00	\$ 22,861.40	22%	\$ 82,138.60
Capital Expenditures	\$ 20,000.00	\$ 12,721.48	64%	\$ 7,278.52
TOTAL EXPENDITURES	\$ 1,571,005.33	\$ 734,639.97	47%	\$ 836,365.36
NET INCOME	\$ 31,594.67	\$ 827,598.39		



# **BRIEFING NOTE**

To: COUNCIL

From: **Dr. Glenn Pettifer, Registrar & CEO** 

Date: December 8, 2017

Subject: Update on Strategy Map 2017-2020 progress

# Priority 1 - Enhanced Communication and Stakeholder Engagement

Citizen's Advisory Group contracted for: a) feedback on the promotion of public awareness of the College and its mandate, and b) review of the College's website through the combined lenses of transparency and accessibility.

Communications strategy survey is drafted and ready for distribution to the membership in January 2018.

Attended CanDec Symposium November 24-25, 2017.

Introduced Peer Circles and hosted first and second item writing workshops Nov 11-12, 2017 and December 1-2, 2017.

Webinars enhanced with on-demand webinars and materials in the new e-Learning Library accessible through the Member Portal on the College website.

## **Priority 2 – Excellence in Governance**

Ongoing Council and Committee member training – Registration Committee, Quality Assurance Committee Panels A & B, Executive Committee, Inquiries, Complaints and Reports Committee have all received recent training around the Committee's mandates and processes.

Mentoring process for new Council members is being drafted.

Policy Coordination has been introduced to the Registration Committee. A schedule for policy review has been developed and approved.

Standard Coordination has been introduced to Panel B. A revision schedule will be developed once all the standards are developed and implemented.

# **Priority 3 – Enhanced Relations with Educational Institutions**

Progress in some of the items in this area has been hampered by the recently resolved College teacher strike action. Nonetheless, the following items have been completed:

Met with Lisa Rogers, Chair, School of Dental Health, George Brown College to discuss items under Priority 3 of the Strategy Map. First step is to convene a meeting of all of the educational program administrators. Ms. Rogers is quite willing to attend.

Meeting with Dr. Louise Clement, Executive Director, Allied Health Education Accreditation regarding academic program accreditation.

Preliminary conversation with some provincial counterparts regarding the dormant Canadian Federation of Denturist Regulators and the possibility of reviving this organization to serve as a platform for the discussion of national issues such as the national competency profile.



October 26, 2017

Ms. Denise Cole Assistant Deputy Minister Health Workforce Planning and Regulatory Affairs Ministry of Health and Long-Term Care 12th Floor, 56 Wellesley St W, Toronto, ON M5S 2S3

Dear Ms. Cole;

The Council of the College of Denturists of Ontario is pleased to provide the Ministry of Health and Long-Term Care with this report on the status of action items identified in the 2012 PricewaterhouseCoopers Operational Review and Audit.

This audit provided the College with a very comprehensive review of the College processes and policies that were in place at the time the audit was conducted. From this review, risks and potential mitigations were identified. These risks and mitigating actions informed the identification of immediate, intermediate and long-term strategies to address concerns raised in the audit.

We are pleased to provide you with this report that catalogues all the identified risks, suggested actions and the College's resolution of the items. The resolution of the identified items strengthened the College's fulfillment of its statutory duties as well as its mandate to serve and protect the public interest in the access to safe, competent and ethical denturism care and service. Resolution of the identified items fell into one of four broad categories. In some instances, the item was no longer relevant to the current College processes and the risk status is noted as "eliminated". In most cases, the item was addressed, and it is noted as "completed". The feedback provided by PricewaterhouseCoopers was indeed valuable; however, there were instances where the resolution of the item was achieved by an approach modified from that suggested by PricewaterhouseCoopers. These items are noted as "revised approach" in the catalogue. Finally, there are a very small number of items that are marked as "in progress". These few items fall under the umbrella of the College's document management strategy. This project is a longer-term project for the College which we anticipate being completed within two to three years.

This catalogue represents the very significant effort and commitment of many stakeholders including members of the profession, public and professional members of the College Council, non-Council professional members of College Committees and Working Groups, the College's Supervisor, the Ministry, and College staff. This effort has not only served to strengthen the College's fulfillment of its statutory mandate but has also strengthened the commitment and engagement of the profession in the process of professional self-regulation.

As the page turns on the chapter of the College's history that is reflected by both the PricewaterhouseCoopers audit and this report on the resolution of the action items contained in the audit, we are pleased to provide you with the College's Strategy Map 2017-2020: "Promoting Regulatory Excellence – Action Plan for 2017-2020". The 2017-2020 Strategy Map contains three priorities: Enhanced Communication and Stakeholder Engagement, Excellence in Governance, and Enhanced Relations with Educational Institutions. The College Council is committed to achieving the elements articulated in the 2017-2020 Strategy Map and it looks to the future with a strong sense of optimism in the College's ability to realize its goals and promote excellence in professional self-regulation.

Sincerely,

Dr. Ivan McFarlane President

Jack Holing

Mr. Jack Abergel

Mr. Mark Fenn

Ms. Wangari Muriuki

Mr. Luc Tran

Mr. Joey Della Marina Vice President

Ms. Alexia Baker-Lanoue

Mr. Robert C. Gaspar

Mr. Christopher Reis

Mr. Michael Vout Jr.

Mr. Hanno Weinberger

A. K. Wemberg

Past President

Mr. Keith Collins

Ms. Anita Kiriakou

Ms. Barbara Smith

The Council of the College of Denturists of Ontario

c: Allison Henry, Director, Health System Labour Relations and Regulatory Policy Branch
Deanna Williams, former Supervisor of the College and President, Dundee Consulting Group Ltd.



October 17, 2017

Ms. Christine Reekie Reekie Denture Clinic 41 Miller Street Parry Sound, ON P2A1S9

#### Dear Christine;

We write in response to your initial letter of July 21, 2017, sent on behalf of the Qualifying Examination Committee (the Committee) and subsequent email communications.

Council met last Friday, October 13 and considered the matter. The Committee is to be commended for its attention to the potential for matters of conflict of interest in the design and implementation of the Qualifying Examination. Council, including the members of Council who serve on the Committee, explored the concerns around the potential for a conflict of interest given the current Committee membership. This discussion was facilitated by the advice of Rebecca Durcan, the College's legal counsel.

After a comprehensive exploration of the matter, Council adopted a motion to confirm the current membership of the Committee that includes Mr. Della Marina. The thrust of this motion is that there is nothing that precludes Mr. Della Marina's membership on the Committee. However, as with any member of any Committee, the potential for isolated, particular conflicts of interest do arise. To assist the Committee with its deliberations and decision making around potential conflicts of interest, Council agreed to have Ms. Durcan attend any meetings in which advice around conflict of interest matters would be of benefit.

We trust that you will find Council's decision agreeable and will be in a position to chair the Committee as it moves forward. Your contributions are truly appreciated.

Best regards,

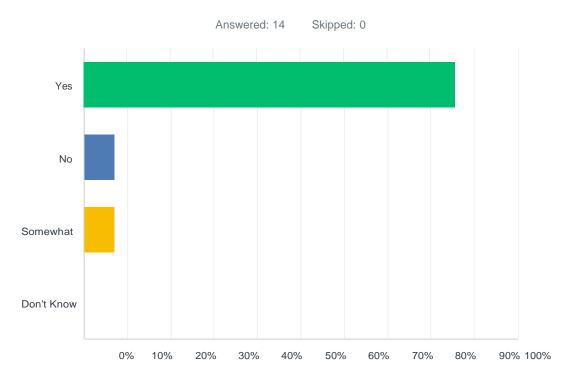
Dr. Ivan McFarlane

Dr. Glenn Pettifer President Registrar and CEO



# Council Meeting Feedback Survey Date of Council Meeting: October 13, 2017

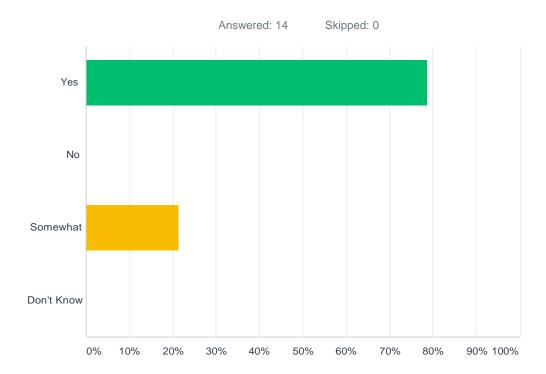
# Q1: I received appropriate, supportive information for this Council meeting.



ANSWER CHOICES	RESPONSES	COUNT
Yes	85.71%	12
No	7.14%	1
Somewhat	7.14%	1
Don't Know	0.00%	0
TOTAL		14

- I appreciate receiving the paper version if possible.
- I did not receive paper materials in a timely manner. However, I was able to read the electronic materials which were received.

# Q2: I received this supportive information in a timelymanner.

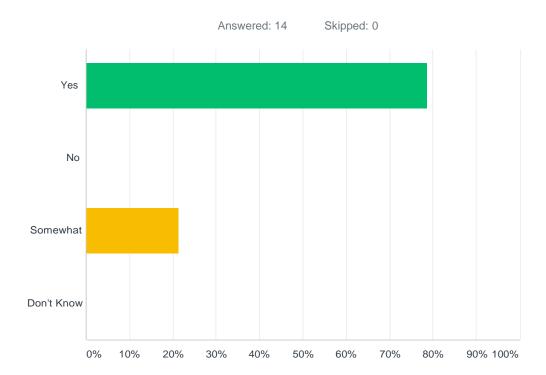


ANSWER CHOICES	RESPONSES	COUNTS
Yes	78.57%	11
No	0.00%	0
Somewhat	21.43%	3
Don't Know	0.00%	0
TOTAL		14

# **Comments:**

• Info. should be sent at least 1 week prior to the meeting.

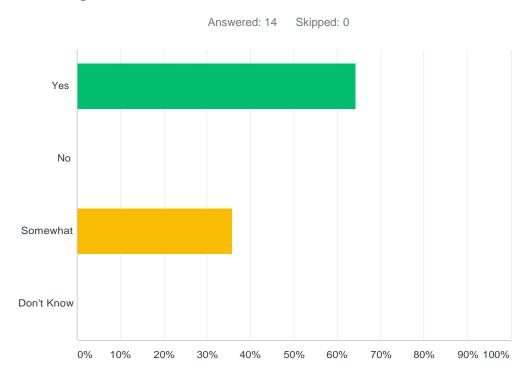
# Q3: This meeting was effective and efficient.



ANSWER CHOICES	RESPONSES	COUNTS
Yes	78.57%	11
No	0.00%	0
Somewhat	21.43%	3
Don't Know	0.00%	0
TOTAL		14

- Some topics seemed to be sticking points. We need to use our new orders more efficiently. I
  appreciate the consent agenda.
- Questions to the President were left unanswered and I was to e-mail my concerns to him.
- I have found the Registrar's memo "Meeting Efficiencies" to be most useful in conducting meeting, and it bolsters my own inclination to stick to the agenda and to dismiss or curtail gratuitous remarks floating about.
- It seems apparent to me that 1 or 2 members of council arrive not having reviewed the material in advance. That causes a problem in the flow and efficiency of the meeting, since they expect to be brought up to speed at the meeting or pose needless questions.

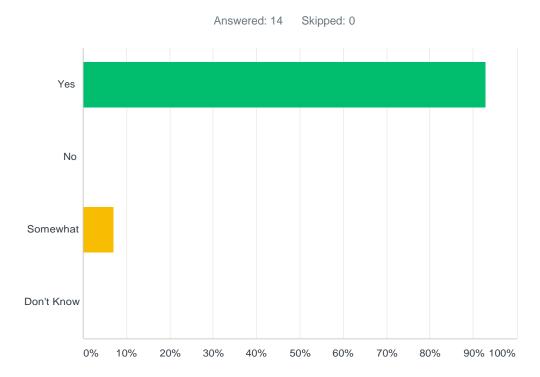
# Q4: The President chaired the meeting in a manner that enhanced Council's performance and decision-making.



ANSWER CHOICES	RESPONSES	COUNTS
Yes	64.29%	9
No	0.00%	0
Somewhat	35.71%	5
Don't Know	0.00%	0
TOTAL		14

- I trust it isn't self-serving for me to rate this highly
- At times, some members of council, carry on secondary conversations. For the chair, the task of
  curbing this, is not always easy. Would this be an appropriate topic for council professional
  development? I feel the position of the chair is to facilitate the agenda and adhere to timelines as
  best as possible. In my opinion, in this last meeting, the chair participated in the discussion more
  often than was necessary.
- The president sometimes called on members in a somewhat strange fashion. I believe he was
  trying to ensure that everyone had a chance to express themselves, but it was somewhat pointed
  and unclear as to what he was trying to achieve.

# Q5: I felt comfortable participating in the Council discussions.

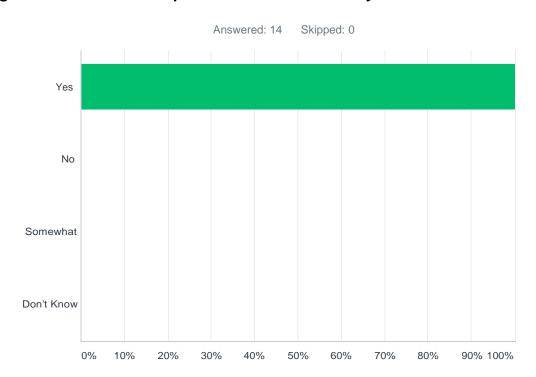


ANSWER CHOICES	RESPONSES	COUNTS
Yes	92.86%	13
No	0.00%	0
Somewhat	7.14%	1
Don't Know	0.00%	0
TOTAL		14

# **Comments:**

No Comments

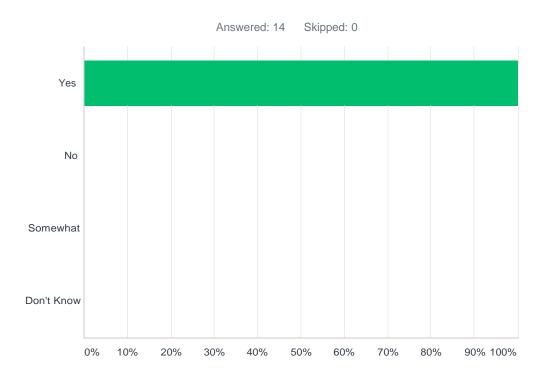
# Q6: The governance education presentation to Council by Rebecca Durcan was useful.



ANSWER CHOICES	RESPONSES	COUNTS
Yes	100.00%	14
No	0.00%	0
Somewhat	0.00%	0
Don't Know	0.00%	0
TOTAL		14

- Absolutely. This education and refresher is always important and there is always something new to be learned as legislation changes and as we continue to work within the Regulation.
- I'd go beyond useful to say instructive and practical.
- I feel strongly that this type of educational presentation is vital. Council as a whole has yet to reach a place where it automatically and consistently considers the public interest. Perhaps in the interim, this message needs to be regularly reinforced by the chair and registrar.

# Q7: The public interest was considered in all discussions.



ANSWER CHOICES	RESPONSES	COUNTS
Yes	100.00%	14
No	0.00%	0
Somewhat	0.00%	0
Don't Know	0.00%	0
TOTAL		14

- I believe all Council members are adhering to the CDO mandate. The discussions suggest that the notion is being operationalized and not given lip service.
- Yes, but not without some reminders.
- I believe so although it was not always specifically mentioned.

# Q8: List two strengths of this meeting.

Answered: 10

Skipped: 4

#### Comments:

- Efficient and robust discussion.
- Relevance and timeliness we discussed the items on the agenda fully. The meeting began and ended on time.
- Afternoon session ran smoothly. Felt that all aspects of all topics were covered in a fair and transparent manner.
- We are all in agreement when it comes to public concerns. We all seem to get along......for now.
- Relevant agenda. Focused discussion in order to move the agenda ahead.
- Informative & transparent.
- Rebecca's presentation some good discussion was generated.
- Good flow of items and efficient.
- Great to have an update from Deanna Williams from the MOH. Lots of emphasis on public interest.
- Agenda was handled effectively. Council members had ample opportunity for discussion.

# Q9: List two ways in which Council meetings could be improved.

Answered: 9

Skipped: 5

- More discussion to allow more new business to be added to agenda, so that members feel comfortable bringing up matters. Getting the package a bit earlier when possible.
- Nothing comes to mind at this time.
- If council does get stuck on a topic to use the new orders.
- All questions and concerns by councilors brought out in the meeting should be dealt with AT THE MEETING!!!
- There is always room for improvement and I'll think more profoundly on this issue.
- Council member and committee play more active roles in selection of topics of guest speakers at the meeting.
- Adhering more closely to the agenda coming prepared and focused on the public interest.
- Can't think of any off hand.
- Timely delivery of paper materials
- More clarity from the President with regards to his comments/questions.

### **Q10: Additional Comments**

Answered: 4 Skipped: 10

#### Comments:

- · Great job overall.
- "Steady as she goes"
- Wonderful effort by everyone involved.
- This was the first meeting chaired by the new President which created a learning curve for him and for us. However, on the whole, I thought the meeting was efficiently handled.

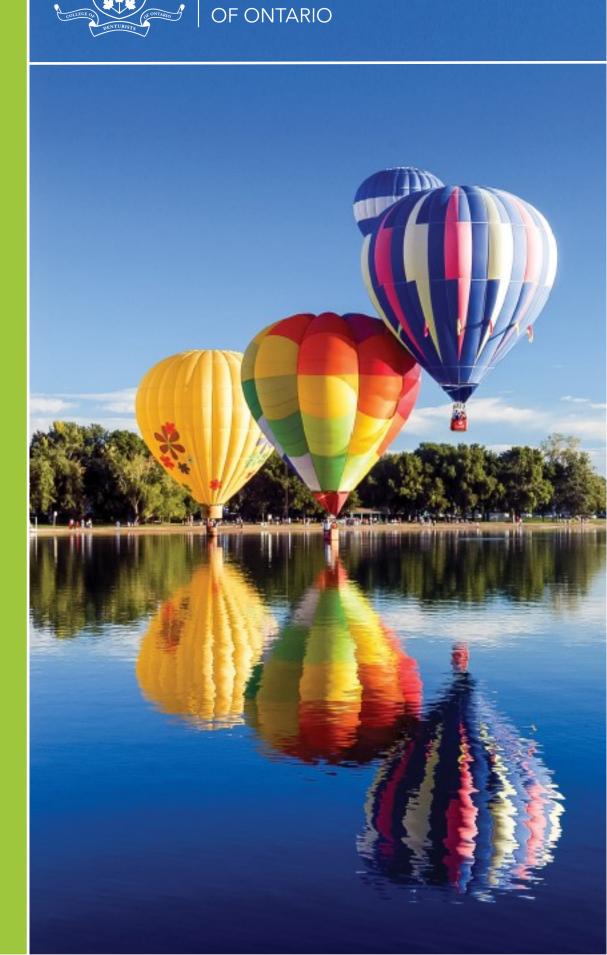
# Q11 Other Questions that Council should be asking in a feedback survey?

Answered: 3 Skipped: 11

- To what extent should CDO move to define the proper role of the professional associations without bruising egos. CDO is the regulatory body: how to disabuse some association members of this legislated fact. When does professionalism exceed died-in-the-wool former practices?
- · Were stakeholders concerns adequately addressed?
- Nothing leaps to mind. I'll ponder this for next time.

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# ANNUAL



**COLLEGE OF DENTURISTS** 



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# ABOUT THE COLLEGE

As a regulatory body, the College of Denturists of Ontario (CDO) supports the public's right to safe, competent and ethical care.

Under Ontario law, 27 health professions can self-regulate. Health Regulatory Colleges are entrusted with carrying out that authority, acting in the public interest. The CDO does this by:

- Setting the requirements to practise denturism in Ontario.
- Issuing certificates of registration to Denturists who meet the professional requirements, enabling them to practise.
- Establishing comprehensive standards and policies that every registered Denturist must follow.
- Administering quality assurance programs so that Denturists stay current and grow their knowledge and skills throughout their careers.
- Giving the public a way to raise issues and holding Denturists accountable for their conduct and practice.

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

# MESSAGE FROM THE PRESIDENT



Hanno Weinberger President

The College's mission is to regulate the profession of denturism in the public interest. The role each member of Council undertakes is critically important to the mandate of the College as it works to serve and protect the public interest in its access to safe, competent, ethical care and service.

I would like to take this opportunity to welcome the new members of Council, both the professional members elected by their peers, and those publicly appointed by the Lieutenant-Governor in Council. It is exciting to have new faces and voices sitting around the table. I know I speak for all of Council when I say that we look forward to working together and welcome the perspective new members bring to Council's discussions and decision making.

To those members who have completed their tenure on Council and moved on to other endeavours, I would like to extend my sincere thanks and gratitude. The commitment these outgoing members have demonstrated and the time and effort they have put into committee and Council work has been greatly appreciated.

Each College, like the health care professions they govern, has a variety of roles and responsibilities. Each role and responsibility is unique, yet all are connected by the singular need to regulate the profession of denturism in the public interest. Through the work of its committees, the College continues to review, update, amend (where necessary) and communicate its standards and directives governing registration, inquiries and complaints, quality assurance and more. This information is communicated in a transparent manner to both the public and the profession alike. Being open about our activities and processes helps the public to take charge of their health care decisions.

As the College enters the second year of its Strategic Plan, we continue to hone in on operational priorities and engage in long-range financial planning. This process and the timelines attached to it allows the College to be proactive. We also continue to focus on and encourage greater participation by our members in various College committees and working groups.

As I complete my second term as President, I would like to take this opportunity to thank my fellow Council members, the College staff and all members of the profession who remain dedicated to the goal of striving to ensure the public's right to the highest standards of denturism services.

It has been an honour to be a part of the College as we learn and grow from our past and shift our focus proactively toward our vision for the future.

A.K. Weinberger

Respectfully submitted by:



# **COLLEGE COUNCIL**

# **WHO WE ARE**

### **Officers**

Hanno Weinberger, Public Member, President Michael Vout Jr., Professional Member, Vice President

## **Professional Members**

Alexia Baker-Lanoue Peter Cassano Keith Collins Joey Della Marina Patrick McCabe Mordey Shuhendler Luc Tran

## **Public Members**

Arnella Csongradi Mark Fenn Anita Kiriakou Dr. Ivan McFarlane Wangari Muriuki (from Sept 2016) Barbara Smith

## WHAT WE DO

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

- Denturists elected by their peers (the registrants of the College); and
- public members appointed by the provincial government.

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

Council meets 3-4 times per year to discuss regulatory policy and make decisions in the public's best interest, as mandated in the *Regulated Health Professions Act, 1991 (RHPA)*.

# **COLLEGE COUNCIL**

## **ACHIEVEMENTS**

- Approved amendments to the College By-laws, aimed at increasing transparency by increasing the information available on the Public Register. This additional information that will be posted on the Public Register pertains primarily to the details of verbal cautions and specified continuing education or remediation program (SCERP) orders. Accountability and transparency dictate that the College is as open as possible about what the College does, why it does it, and about the Denturists it regulates so that people can make the most informed decisions when they are selecting a health care provider.
- Adopted and implemented two Standards of Practice: (Record Keeping; Informed Consent)
  and drafted and sought consultation with stakeholders on two proposed Standards of
  Practice (Advertising; Confidentiality and Privacy). Throughout the year, the College
  hosted educational webinars to assist members in preparing for the implementation of the
  new Standards of Practice.
- Developed and adopted four new policies (Clinic Name Policy; Accessibility Policy;
   Workplace Harassment, Violence and Discrimination Policy; Continuing Professional Development Program Compliance Policy)
- Throughout the year, **governance training** was provided to all Council members to assist in the development of knowledge and skills integral to the position of member of Council.
- In December 2016, Council engaged in a **Strategic Planning** Day where members established the College's mission, vision, core values, and strategic priorities, for 2017-2020.



# **COMMITTEE REPORTS**

# **STATUTORY COMMITTEES**

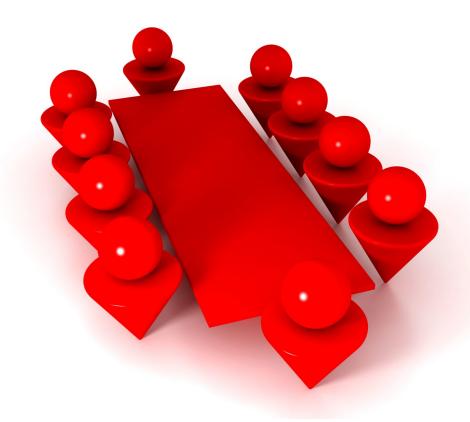
Executive Committee
Inquiries, Complaints and Reports Committee
Registration Committee
Quality Assurance Committee

- Panel A
- Panel B

Patient Relations Committee
Discipline Committee
Fitness to Practise Committee

# **NON-STATUTORY COMMITTEES**

**Qualifying Examination Committee Qualifying Examination Appeals Committee** 



# **EXECUTIVE COMMITTEE**

# **WHO WE ARE**

## Chair

Hanno Weinberger, Public Member, President

## **Professional Members**

Michael Vout Jr., Vice President Joey Della Marina Luc Tran

## **Public Members**

Dr. Ivan McFarlane

# WHAT WE DO

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

# **ACHIEVEMENTS**

As part of its mandate, the Executive Committee provided routine, continuous oversight to the financial management of the College. By-law amendments related to registrant information posted on the Public Register and Schedule 7 to include an "Administrative Fee for Notices" were approved by the Executive Committee for presentation to Council. The Committee considered and approved 21 Clinic Name requests. In this fiscal year, the Executive Committee lead in the Registrar's Annual Performance Assessment process. The work of the Executive Committee provides for consistent, timely College governance on matters that arise in between Council meetings.



# INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

# WHO WE ARE

#### Chair

Barbara Smith. Public Member

### **Professional Members**

Alexia Baker-Lanoue Joey Della Marina Michael Vout Jr.

## **Non-Council Members of the Profession**

Pino DiNardo Norbert Gieger

## **Public Members**

Dr. Ivan McFarlane

# WHAT WE DO

When a concern about a registered Denturist comes to the attention of the College, the Inquiries, Complaints and Reports Committee (ICRC) investigates the matter. This includes a wide range of issues related to a Denturist's conduct or practice, such as:

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

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

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

- Take no further action.
- Offer guidance to the registered Denturist in writing or in person. This is done by the
  Committee when it feels that guidance will help the Denturist to understand how to
  conduct himself or herself in the future.

# INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

# WHAT WE DO — CONT'D

- Direct the Denturist to complete education or remediation to improve his or her practice.
- **Refer the matter** to either the Discipline Committee or to the Fitness to Practise Committee for a hearing.
- Take any other action not inconsistent with the *Regulated Health Professional Act, 1991 (RHPA)*.

# **ACHIEVEMENTS**

- In August 2016, ICRC members participated in a training and orientation session. The session included a presentation that outlined the statutory framework with a focus on ICRC process and current practices. Members were introduced to new decision-making tools including a risk assessment framework and risk assessment flow chart.
- Met 21 times to review 50 cases (13 of them carried forward from 2015-2016). That included 33 complaints and 17 reports. Below are the outcomes of the ICRC deliberations, based on 30 decisions. A decision may involve more than one outcome.

Took no further action	17
Issued reminders or advice to member	8
Required member to appear for an oral caution	3
Required member to complete a SCERP – specified continuing education or remediation program	1
Referred to Discipline Committee	2

# **DISCIPLINE COMMITTEE**

## **WHO WE ARE**

#### Chair

Hanno Weinberger, Public Member

## **Professional Members**

Alexia Baker-Lanoue Peter Cassano Keith Collins Joey Della Marina Patrick McCabe Mordey Shuhendler Luc Tran

# Non-Council Members of the Profession

Carmelo Cino Eugene Cohen Damien Hiorth Garnett Pryce Bruce Selinger

Michael Vout Jr.

#### **Public Members**

Arnella Csongradi Mark Fenn Anita Kiriakou Dr. Ivan McFarlane Wangari Muriuki (from Sept 2016) Barbara Smith

## WHAT WE DO

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

Professional misconduct is a breach of the regulations that reflect the accepted ethical and professional standards for the profession. A Denturist may be incompetent if the care provided displayed a lack of knowledge, skill or judgment, demonstrating that either: 1) he/she is unfit to practise; or 2) his/her practice should be restricted.

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

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

- revoke the Certificate of Registration;
- suspend the Certificate of Registration;
- place terms, conditions and/or limitations on the Certificate of Registration;

# DISCIPLINE COMMITTEE

# WHAT WE DO — CONT'D

- require the Denturist to appear before the panel to be reprimanded; or
- require the Denturist to pay a fine and/or pay the College's legal, investigation and hearing costs, and other expenses.

At the end of the process, the panel issues its written decision and reasons. The College publishes these on its website, on the online listing of registrants (Public Register), and here in the annual report.

This year a panel of the Discipline Committee held 1 hearing. The panel made findings of professional misconduct against the following member:

Drago Vrljic

A Summary of the decision and a full-text version of the Discipline Panel's decision and reasons are available in the member's profile that can be accessed through the College's online **Public Register** (www.denturists-cdo.com).



# FITNESS TO PRACTISE COMMITTEE

# **WHO WE ARE**

### Chair

**Mordey Shuhendler,** *Professional Member* 

## **Professional Members**

Alexia Baker-Lanoue Peter Cassano Keith Collins Joey Della Marina Patrick McCabe Luc Tran Michael Vout Jr.

## **Non-Council Members of the Profession**

Abdelatif Azzouz Bruce Selinger

## **Public Members**

Arnella Csongradi Mark Fenn Anita Kiriakou Dr. Ivan McFarlane Wangari Muriuki (from Sept 2016) Barbara Smith Hanno Weinberger

# WHAT WE DO

Sometimes, a Denturist might be suffering from a physical or mental condition, illness or ailment. If it affects his or her ability to practise safely or effectively, that's called "incapacity".

The College is mandated to address these situations, to ensure that care to the public is not compromised and it does so through the Fitness to Practise Committee. The Committee is responsible for holding hearings to determine incapacity. The burden of proof rests with the College.

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

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

The panel may also specify criteria that must be satisfied before lifting a suspension, or removing terms, conditions or limitations. The public is entitled to know the results of all proceedings where a Denturist is found to be incapacitated. This information is available on the Public Register.

There were no Fitness to Practise hearings this fiscal year.

# PATIENT RELATIONS COMMITTEE

# **WHO WE ARE**

#### Chair

**Dr. Ivan McFarlane,** Public Member

#### **Professional Members**

Keith Collins
Patrick McCabe

## **Non-Council Members of the Profession**

**Elizabeth Gorham-Matthews Christine Reekie** 

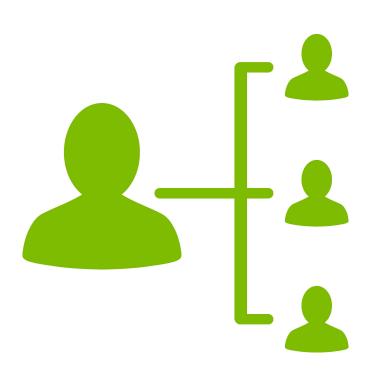
#### **Public Members**

Mark Fenn

# WHAT WE DO

The Committee oversees the patient relations program, including implementing measures for preventing or dealing with sexual abuse of patients. It administers the funding program for therapy and counselling for patients who have been sexually abused. The Patient Relations Committee also advises the Council on a program to enhance relations between Denturists and their patients. The program includes education of the profession, Council and staff and the provision of information to the public.

The Committee did not meet during this fiscal year.



# **QUALITY ASSURANCE COMMITTEE**

# WHO WE ARE

# Panel A

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?YJh\ '7c``]bgžDfcZYgg]cbU`'A Ya VYf'

**Professional Members** 

Peter Cassano Joey Della Marina **Public Members** 

Arnella Csongradi Anita Kiriakou Wangari Muriuki (from Sept 2016) Hanno Weinberger

**Non-Council Members of the Profession** 

Abdelatif Azzouz Robert Velensky

## WHAT WE DO

As part of belonging to a College, Denturists must maintain and enhance their knowledge, skill and judgment – all to keep providing appropriate high-quality care that the public expects. The Quality Assurance (QA) program is one way that the College gives registered Denturists the tools and feedback to continually improve their competence. That adds to public protection.

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

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

# **QUALITY ASSURANCE COMMITTEE**

## Panel A

# **ACHIEVEMENTS**

- Met 7 times during the year to monitor compliance with the Continuing Professional
   Development requirements, and review Peer & Practice Assessment Reports. Of the 36 assessments, 21 were satisfactory, 11 required remedial action, and 4 are still outstanding.
- Began development on the new Self-Assessment Tool and Peer Circle project.
- Developed and approved the Peer Assessor Eligibility and Appointment Policy and the Continuing Professional Development Program Compliance Policy.
- Referred 8 members to the Inquiries, Complaints and Reports Committee for non-compliance with the Quality Assurance Program.

# **WHO WE ARE**

# Panel B

## 7\U]f

Patrick McCabež DfcZYgg]cbU 'A Ya VYf'

#### **Professional Members**

Alexia Baker-Lanoue Mordey Shuhendler

#### **Non-Council Members of the Profession**

Tom Bardgett
Theodore Dalios
Damien Hiorth

### **Public Members**

Barbara Smith Hanno Weinberger

# **ACHIEVEMENTS**

- Met 4 times, with a mandate to recommend to Council new or revised Standards of Practice, and guidelines associated with providing patient care. Standards describe the generally accepted expectations for professional practice. The Standards of Practice approved by Council for implementation include: Record Keeping and Informed Consent. In progress are Standards of Practice for: Advertising; and Confidentiality and Privacy, Conflict of Interest, Restricted Title, and Infection Prevention and Control.
- Offered webinars to educate members of the profession about the Standards of Practice on Record Keeping, ensuring understanding and compliance with applicable legislation and regulations.

# REGISTRATION COMMITTEE

# WHO WE ARE

#### Chair

**Elizabeth Gorham-Matthews,** Non-Council Member

#### **Professional Members**

Peter Cassano Luc Tran

#### **Public Members**

Mark Fenn Anita Kiriakou Wangari Muriuki (from Sept 2016)

## **Non-Council Members of the Profession**

**Damien Hiorth** 

# WHAT WE DO

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

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

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

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

During the year, the College had 32 new registrants, 17 resignations and 12 suspensions for non-payment of fees. As of March 31, 2017, the College had 678 registrants. The public can be confident that everyone registered to practise denturism in Ontario is responsible for meeting the entry-to-practice requirements, standards of practice, quality assurance requirements and other criteria of the College.

# **REGISTRATION COMMITTEE**

# **ACHIEVEMENTS**

- Continued development of the Jurisprudence program. The purpose is to give Denturists a deeper understanding of their legal responsibilities and how they affect day-to-day practice. To do that, a manual will be made available via the College website. Once the revised regulation is in force, an online exam will be a requirement for new registrants. The College may also ask existing members to participate in the exam to refresh their knowledge.
- Developed and approved new policies and revised existing policies to ensure that registration practices and procedures are fair, transparent, objective and impartial.
- The Committee continued to review academic program accreditation models to assist in developing an accreditation process that will ensure consistency among denturism programs.



# QUALIFYING EXAMINATION COMMITTEE

# **WHO WE ARE**

Chair

Michael Deegan, Non-Council Member

**Professional Members** 

**Peter Cassano** 

**Public Members** 

**Mark Fenn** 

**Non-Council Members of the Profession** 

Abdelatif Azzouz Christine Reekie

# WHAT WE DO

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

In 2014-2015, the College introduced a new Qualifying Examination format based on the newly developed *National Competency Profile* for Denturists. The new format grounds the examination in professional judgment and provides for a more comprehensive assessment of entry to practice skills.

# **ACHIEVEMENTS**

- Aligned the Multiple-Choice Question (MCQ) component of the exam to the competency -based exam blueprint.
- Approved the development and production of two instructional videos for the Objective Structured Clinical Examination (OSCE) component of the Qualifying Examination: a candidate orientation video and a sample OSCE station video. These videos have been made available on the College's website and will be used for future exam orientation sessions.
- Reviewed the post-administration analysis of the Qualifying Examination compiled by the
  assessment consultant. These activities, along with selecting the exam material, ensure
  that the examination is fair, transparent, and defensible.

# QE Working Group Members & OSCE Assessors

# **WHO WE ARE**

## **Professional Members**

**Adam-Christian Mazzuca** 

**Adita Shirzad** 

Akram Ghassemiyan

**Albert Ang** 

**Artour Eldarov** 

**Ben Vorano** 

**Braden Neron** 

**Brandon Lilliman** 

**Carlo Zanon** 

**Carman Burgess** 

**Chi-Sam Tran** 

**David Barrick** 

**David Mulzac** 

**Dean McTaggart** 

**Eric Kukucka** 

**Eugene Cohen** 

Ivana Culum

**Jack Abergel** 

James Durston

Jim Harrison Joe Adamec

John Rafailov

Marianne Dyczka

**Matthew Barclay-Culp** 

**Norbert Gieger** 

**Paul Conrad** 

Ricardo Iaboni

**Robert MacLeay** 

**Robert Velensky** 

Sultana Hashimi Tyler Ballantyne

# **Consultants**

Dr. Anthony Marini, Assessment Consultant Richard Bondy, Chief Examiner & Development Consultant



# **QE WORKING GROUP MEMBERS & OSCE ASSESSORS**

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

# QUALIFYING EXAMINATION APPEALS COMMITTEE

# **WHO WE ARE**

Chair

Michael Vout Jr, Professional Member

**Public Members** 

Dr. Ivan McFarlane

**Non-Council Members of the Profession** 

**Carmelo Cino** 

# **WHAT WE DO**

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

# **ACHIEVEMENTS**

• Received and adjudicated 3 appeals from the summer 2016 administration of the exam.



## **COLLEGE OF DENTURISTS OF ONTARIO**

SUMMARY FINANCIAL STATEMENTS

MARCH 31, 2017





## Report of the Independent Auditor on the Summary Financial Statements

To the Council of the

#### College of Denturists of Ontario

The accompanying summary financial statements, which comprise the summary statement of financial position as at March 31, 2017, and the summary statement of operations for the year then ended, and related note, are derived from the audited financial statements of the College of Denturists of Ontario for the year ended March 31, 2017. We expressed an unmodified audit opinion on those financial statements in our report dated June 23, 2017.

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of the College of Denturists of Ontario.

#### Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of a summary of the audited financial statements on the basis described in the note to the summary financial statements.

#### Auditor's Responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, "Engagements to Report on Summary Financial Statements".

#### Opinion

In our opinion, the summary financial statements derived from the audited financial statements of the College of Denturists of Ontario for the year ended March 31, 2017 are a fair summary of those financial statements, on the basis described in the note to the summary financial statements.

Toronto, Ontario June 23, 2017 Chartered Professional Accountants Licensed Public Accountants

Hilbon LLP



## **COLLEGE OF DENTURISTS OF ONTARIO**

March 31	2017 \$	2016 \$
ASSETS		
Current assets Cash Investments Prepaid expenses	1,735,186 203,341 26,627	1,050,813 476,633 27,155
	1,965,154	1,554,601
Investments Capital assets Intangible assets	- 91,439 1,251	201,079 96,969 1,787
	92,690	299,835
	2,057,844	1,854,436
LIABILITIES		
Current liabilities Accounts payable and accrued liabilities Deferred registration fees	141,746 358,732	163,903 375,296
	500,478	539,199
Deferred lease incentives	67,190	75,588
	567,668	614,787
NET ASSETS		
Invested in capital and intangible assets Internally restricted for therapy and counselling Internally restricted for complaints and discipline Unrestricted	50,450 10,000 360,000 	51,236 10,000 360,000 818,413
	1,490,176	1,239,649
	2,057,844	1,854,436

## **COLLEGE OF DENTURISTS OF ONTARIO**

# **Summary Statement of Operations**

Year ended March 31	2017 \$	2016 \$
Revenues Registration fees Examination fees Administration fees Investment income	1,340,489 203,250 16,013 14,868	1,315,552 176,000 11,701 22,988
	1,574,620	1,526,241
Expenses Salaries and benefits Examinations Council and committees Professional fees Quality assurance Rent Complaints and discipline Office and general Amortization of capital assets Amortization of intangible assets	451,563 321,895 37,081 124,753 24,658 98,412 100,928 145,606 18,661	455,950 347,329 27,190 127,439 20,067 100,453 111,152 135,476 10,421 766
	1,324,093	1,336,243
Excess of revenues over expenses for the year	250,527	189,998

## **COLLEGE OF DENTURISTS OF ONTARIO**

## **Note to Summary Financial Statements**

March 31, 2017

#### 1. Basis of presentation

These summary financial statements have been prepared from the audited financial statements of the College of Denturists of Ontario (the "College") for the year ended March 31, 2017, on a basis that is consistent, in all material respects, with the audited financial statements of the College except that the information presented in respect of changes in net assets and cash flows has not been presented and information disclosed in the notes to the financial statements has been reduced.

Complete audited financial statements are available to members upon request from the College.



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College of Denturists of Ontario 365 Bloor Street East, Suite 1606 Toronto, ON, M4W 3L4

E:mail: info@denturists-cdo.com Website: www.denturists-cdo.com

Agenda Item 8.1



## **BRIEFING NOTE**

To: Council

From: **Dr. Glenn Pettifer, Registrar & CEO** 

Date: December 8, 2017

Subject: Standard of Practice: Conflict of Interest

## **Background**

The draft Standard of Practice: Conflict of Interest was formatted into the new, concise Standard format and a Guide to the Standard was drafted. Both were approved by the QA Panel B on June 8, 2017 and presented for Council's consideration at its June 23, 2017 meeting. At that time, Council approved the draft Standard and Guide for release for stakeholder consultation.

The aggregate stakeholder feedback was provided to Quality Assurance Panel B at its November 10, 2017 meeting and some suggested revisions to the Guide around the question of fee-splitting were drafted.

The stakeholder feedback summary and suggested revisions to the Guide are presented for Council's consideration.

## **Options**

After review and consideration of the stakeholder feedback and the suggested revision of the Guide provided by QA Panel B, Council may elect to:

- 1. Approve the draft Standard and Guide and set a date for implementation of the Standard.
- 2. Request amendments to the draft Standard and/or Guide, approve the documents as amended and set a date for implementation of the Standard.
- 3. Request amendments and further drafting of the Standard and Guide and re-review the new draft at the next Council meeting.
- 4. Other

## **Current Standard Implementation Schedule**

Document	Status
Standard of Practice: Record Keeping	In Force – January 1, 2017
Standard of Practice: Informed Consent	In Force – September 1, 2017
Standard of Practice: Confidentiality & Privacy	Effective: January 1, 2018
Standard of Practice: Advertising	Effective: March 1, 2018
Standard of Practice: Conflict of Interest	Consultation - at Council
Standard of Practice: Restricted Title	Drafted – at Council

## **Attachments**

Stakeholder Consultation - Summary

Draft Standard of Practice: Conflict of Interest

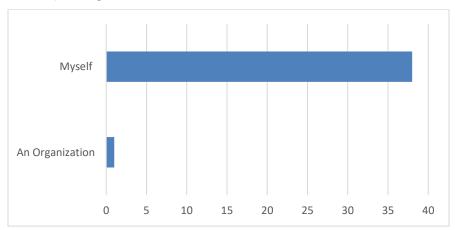
Draft Guide to the Standard of Practice: Conflict of Interest



# Standard of Practice: Conflict of Interest Consultation Ending September 15, 2017

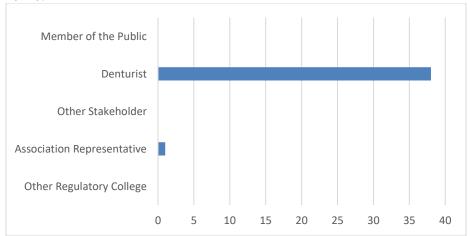
Total responses: 39

I am responding on behalf of:



Response	Count
An organization	1
Myself	38

## I am a:



Response	Count
Other Regulatory College	0
Association Representative (DAO)	1
Other Stakeholder	0
Denturist	38
Member of the Public	0

Agree

Disagree/Needs explanation

Please provide your feedback for each of the standard statements:

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

1. Identifies an actual, potential or perceived conflict of interest.

#### No comment

This is a broad statement that may trap professionals in the sense that most inter professional conflicts may start out innocent and develop to be a conflict over time. I'm assuming obvious conflicts are a given though. Using the decision tree helps but is vague and undefined to a certain extent.

#### No comment

yes

agreed

All Health Professionals are responsible for recognizing and anticipating these situations. In most cases conflict of interest scenarios can be effectively managed using the DORM principle. Disclosure, Options, Reassurance and Modification.

conflict of interest can be real, potential, or perceived and can be direct or indirect. not all instances of conflict of interest involve a financial benefit.

agree

yes

We are the front end person

Correct

agree

Yes, it's always the patients best interest

2. Addresses, manages and/or avoids actual, potential or perceived conflicts of interest in a proactive manner.

## No comment

Sounds practical, some examples or situations would be helpful.

No comment

yes

agreed

This can be accomplished using the THE PERSONAL INTEREST TEST, THE PROFESSIONAL JUDGEMENT TEST, THE IMPROPER INFLUENCE TEST AND THE REASONABLE PERSON TEST.

denturists allow their personal or private interests to interfere with their patients best interests they erode the public trust and confidence in the profession.

strongly agree

Yes

Being owners/Denturist we must make every issue a priority

Correct,

agree

Yes, proactive is better then reactive

3. Maintains a professional Denturist-Patient relationship when avoiding or managing a real or perceived conflict of interest.

#### No comment

This is difficult when your identified by a patient to other business owners in public. How do you manage your denturist patient relationship in a business setting. This is especially concerning for a perceived conflict. Need some round table discussion to clarify.

#### No comment

yes

## As it should be

Denturists have access to sensitive and personal information and often work with people who may be vulnerable in many different ways. Because of this, Dentusists have a responsibility to uphold the fundamental values of respect and trust.

primary concern and duty as professional denturist - patients relationship is to protect and promote patient's interests and well being.

agreeagree

Yes

Common sense really

correct

agree

The public safety is the minimal professional standards when health is concern

4. Ensures that safeguards to eliminate concerns are applied when a conflict of interest cannot be avoided.

#### No comment

I'm not sure what this means, does it mean a conflict is ok if it cannot be avoided? Need more discussion on this topic.

some patient denied seeing the dentist for the exam and the dental treatment. The patient just wants the denture only. In that situation, I can not make the denture for the patient without the dental treatment from the dentist office (Ex: cleaning the teeth or filling). I just wondering If it is a conflict of interest because I didn't do what the patient wants

## yes

## Agreed

Managing a conflict is important because it encompasses the principals the values of honesty, fairness, accountability and transparency. Engaging in reflective practice and critically at can help health professionals identify the measures that can be used to manage the situation that may lead to a conflict of interest. ,

such conflicts of interest exist when a person interest of a denturist or that of a family, or a corporation over which a denturist or family member may have substantial control.

agree

Yes

Learning from mistakes

correct

agree

Agreed

5. Documents in the medical record any potential, real, or perceived conflict of interest and how it was managed.

#### No comment

I'm a little unclear about this, if there was a perceived conflict out of the office last evening just say in a business forum with a patient, does this mean you are to pull their file the next day and enter the potential conflict. Not sure how this works.

Should keep all the document in the records to determine whether or not a conflict of interest exists ves

No document, no defense.

Denturists must document all suspected conflicts of interest and keep that information in there records. When requested Denturists must provide the college with any documents, explanations or information regarding a suspected conflict of interest. Such information and documentation assist the college in determining if there is a conflict of interest or a concern.

documents in the medical and dental record real or perceived conflict of interest managed by keeping them in a safe place same environment like locked and seal cabinets where only medical and dental staff can reach and also backed up in the computer hard drive in case of fire or theft situations.

## agree

Not in the medical record but in the chart

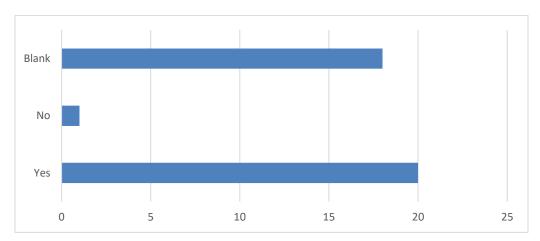
To make sure you are covering yourself

Correct

agree

Agreed, transparency

Was the Guide useful in helping you interpret the expectations in the Standard?



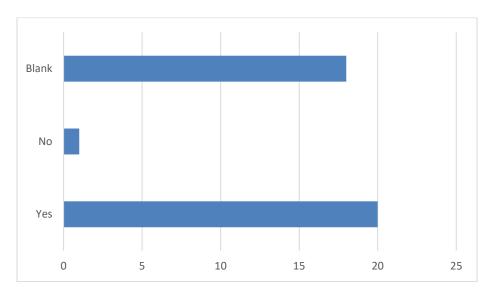
Response	Count
No	1
Yes	20
(blank)	18
Total	39

#### Comments:

Basically yes for generally understood conflicts but unclear of some wording which doesn't identify a conflict per say but I have to use my imagination to decode the wording. Not clearly understood.

Look out for the public safety and your self in a professional manner and avoid conflicts .

Was the information presented in the Guide understandable?



Response	Count
No	1
Yes	20
(blank)	18
Total	39

#### Comments:

Some parts yes and other parts no.
Thank you

Are there other questions and/or answers that you think would be a useful component of the Guide?

No	
I'm sure there are many, round table discussion would be beneficial.	
no	
yes	
i think that's quite significance components to the guide line.	
no	
No pretty self explanatory	
no	
no	
No, very straight forward	

Please provide any additional comments or questions in the space provided below.

#### No

In regards to working with dentists in their offices, I have some queries. Denturists work with dentists and dentists work for denturists as an inter professional relationship already in Ontario. I noticed a clause in the section under can I fee/income split with anyone other than a denturist. It is my understanding that there are denturists who employ dentists and these relationships exist legally in Ontario. However with regards to how everyone gets paid, I recall years ago there was a federal court ruling in British Columbia btw Walmart and the College of Optometrists of British Columbia which was used by an Ontario legal counsel to allow a denturist to hire dentists. I have to look up the ruling from the federal court and will forward it to you at the college. I think this is a grey area that has a legal decision defining its legitimacy in federal court. Basically I'm not sure if we are up to date on this issue in regards to working relationships. I believe this can affect denturists in Ontario if misunderstood.

I think the section on Fee splitting needs to be modified to reflect the real world. There are many denturists that work entirely out of DDS offices with a fee splitting arrangment. DDS are allowed to fee split with hygienists. Why is there an issue with denturists splitting fees with a DDS.

#### no comment

Provide proper paperwork and information for patient safety as well as for your self.

A seminar/webinar may be helpful to some Denturists

As i mention above that we covered pretty much every thing about conflict of interest subject. so no comments.

In the 2nd example of the denturist receiving benefit from advertising of the tooth manufacturer's teeth to the public you should be aware that in Canada it is not permitted for drug companies nor medical device companies to advertise directly to the public. They are only permitted to advertise directly medical and dental professionals. This is not the case in the USA which is why you can still see ads on cable (from US stations) and in american websites and publications. But in Canada there would actually be no exposure to the public... Which is why you never see ads by Henry Schein or Nobel Biocare or Dentsply in the newspaper. It's not because they don't want to be in there. It is because they cannot be in there... unless of course there is a recall or some safety concern that Heath Canada requires the public to be aware of... and then the content of that publication is very restricted to the safety issue and cannot have any promotional content....Anyways, you might want to revise your scenario.

well prepared. Also webinar courses have been very informative and helpful to understand the guide lines. of the standard of Practice

none

#### None, very straightforward guide

I have to point out that I have serious concerns about the restriction of income splitting with any member of another health care profession other than another denturist. This is an issue that the College has been dealing with for the last 30 years. We have met with the RCDSO on several occasions to try and resolve this issue in the past. Richard Steineke had written to the RCDS as well as the Ministry of Health, on several occasions, to try and resolve this issue. The Ministry had set up a meeting of both parties in the hopes of working out our issues to no avail. I remember that the registrar of the RCDSO suggested that this item is not even on his radar when questioned about this by the chair of the meeting who was a representative of the MOH. The ministry at the time indicated that it may very well be a barrier to inter-professional collaboration and not a conflict of interest, but preferred that we work this issue out on our own. The RCDSO, to date, maintains this position in an attempt to control their members from working with denturists. The only acceptable relationship was the employment of Denturists by dentists or a consistent monthly rental fee, neither of which are practical. They were the only profession that had these restrictions on their members.

The fact that a significant number of dentists are currently engaged in an income splitting

arrangement with denturists tells us that they are strongly opposed to this barrier. It is interesting to note that in their current Conflict of Interest proposal, they have allowed income splitting with hygienists but not denturists. I took comfort in the fact that our College's position has always been a non interference policy in the business arrangements between a dentist and a denturist.

I am concerned at the impact this will have on our members. I believe that at least 60% are currently engaged in an income split arrangement and I also believe that that's the preferred arrangement that dentist want. A change in that policy may deter both members from working together. I would strongly urge the College to reconsider this proposed position which has nothing to do with our mandated public protection.



September 15th, 2017

Dr. Glenn Pettifer, Registrar College of Denturists of Ontario 365 Bloor Street East, Suite 1606 Toronto, ON M4W 3L4

Via Email

#### Re: DAO Input on Proposed Standard of Practice: Conflict of Interest

Dear Dr. Pettifer,

The Denturist Association of Ontario (DAO) welcomes the opportunity to provide stakeholder input on the proposed <u>Standard of Practice</u>: <u>Conflict of Interest</u>.

The DAO has no concern with the proposed Standard of Practice: Conflict of Interest; however, we do have some serious concerns with interpretation of the proposed standard found in the *Guide to Standard of Practice: Conflict of Interest*, which we have outlined herein.

The proposed *Guide to Standard of Practice: Conflict of Interest* addresses actual, potential or perceived conflict of interests that a denturist may face. The DAO understands the concept of real and potential Conflicts of Interest but seeks clarification on *Perceived Conflict of Interest*.

The DAO wants clarification on specifically: who determines a perceived conflict on interest? t

The *Guide to Standard of Practice: Conflict of Interest* is the CDO's interpretation of the *Standard of Practice: Conflict of Interest* and includes a "Reasonable Persons Test" which states:

4) The Reasonable Person Test: What would a reasonable person think? Always consider what a colleague or neutral observer would think of the situation. Could a reasonable person conclude that the denturist is making a decision that was influenced by the promise of personal gain? Whether or not the denturist's professional judgement is actually compromised does not matter. The fact that a reasonable person might perceive a conflict of interest is enough. Often a perceived or potential conflict of interest can be as significant as a real conflict of interest. For example, if a denturist refers a patient to a health store owned by the denturist's spouse, a reasonable person would question whether the practitioner recommended that product because the patient needed it or because the referral would benefit the denturist's spouse.

The DAO feels it would be more appropriate if the *Reasonable Person Test* were included in the *Standard of Practice: Conflict of Interest* and not only in the *Guide to Standard of Practice: Conflict of Interest*. This is to ensure that future councils do not misinterpret the meaning of Perceived Conflict.

The DAO would recommend inclusion of the following definition of perceived conflict of interest in the standard:

a. a reasonable person knowing the relevant facts would conclude or perceive that the exercise of the member's judgement was likely to have been influenced by the personal or financial interest of the member or by the personal or financial interest of a related person or related corporation of that member, or

b. a reasonable person knowing the relevant facts would conclude or perceive that the exercise of the member's judgement was likely to have been influenced by the member's responsibilities or duties to another organization in which the member holds a position.

The DAO strongly supports Denturists associating as a means of support and mentorship. We have always encouraged DAO members to collaborate with members of other health professions. This may include other dental professionals but also Chiropractors, Speech Pathologists or any other RHPA professional who share the public's interest. Providers who have developed good working relationships can collaborate effectively as a team to provide prompt affordable service to the public under one roof.

The Implant Position Paper published in the spring 2009 College contacts (V16 Issue1)

#### The CDO states:

"Denturist should take in order to be viewed as prepared to engage as a member of an Implant Team (professional members of the College of Denturists of Ontario, Royal College of Dental Surgeons of Ontario and College of Dental Technologists of Ontario)"

Additional restrictions imposed by regulatory bodies would mean these Implant teams would be less likely to develop. The RCDSO recognizing the importance of inter-professional collaboration are seeking to allow dental hygienists to work in dental offices as independent contractors.

The proposed guide reads:

#### Can I fee or income-split?

Denturists may not fee or income split with anyone other than:

- An associate a denturist who engages in the practice of denturism as an employee; or
  - Another denturist who engages in the practice of denturism as a partner;

As a result, a contractual arrangement such as a lease or use of premises or equipment that provides for fee or income splitting creates a conflict of interest. Denturists who rent space or equipment may not charge rent based on billings.

The DAO has very serious concerns that the College would prohibit denturists from fee splitting with denturist associates working in their clinics as independent subcontractor or with other health professionals. As mentioned more and more dental offices have multiple providers all part of a dental team providing quality care to Ontarians. Inter-professional relationships are crucial to the public's access to affordable, quality health care, and their wellbeing. The DAO believes placing restrictions on inter-professional relationships based on whether a professional is an employee vs sub-contractor is not in the publics' or the CDO's best interest. The Canada Revenue Agency (CRA) has established very strict guidelines in this regard.

The DAO asks: How does it affect the public's interest whether a provider is a sub-contractor or employee? The Standard seeks to protect the best interests of the patient in a patient-denturist relationship. Denturists working together in any business arrangement does not affect the denturist-patient relationship in any negative way. The

DAO believes if we encourage dental professionals to work as a team the patients will benefit from the affiliation. There are many denturists who have independent subcontracted denturist associates that having been working in their clinics for years serving to the benefit of the public. The DAO believes that if the CDO places restrictions on association between health professionals that many dental teams would be forced to sever ties and no longer work together. We believe this would be an unfortunate and detrimental for patient care throughout the provinceHaving said this the DAO would strongly suggest the inclusion of:

#### Can I fee or income-split?

Denturists may not fee or income split with anyone other than:

- An associate a denturist who engages in the practice of denturism as an employee;
- Another denturist who engages in the practice of denturism as a partner; or
  - another denturist or other health practitioner who, while not employed, comes to your office to provide services to your patients as an independent contractor;

As long as the health practitioner is a member of an RHPA regulatory college.

On behalf of the Board of Directors

Regards,

Frank Odorico, B.Sc., DD

Frank Oderico

President

The Denturist Association of Ontario

Cc: The CDO Executive Committee



November 30, 2017

To: The Council
College of Denturists of Ontario
365 Bloor Street East, Suite 1606
Toronto, ON M4W 3L4

Re: Proposed Standard of Practice: Conflict of Interest

#### Dear Council Members.

On September 15, 2017 the Denturist Association of Ontario (DAO, Association) provided stakeholder input to the College of Denturists of Ontario (CDO, College) regarding the CDO's proposed Standard of Practice and Guide to the Standard for Conflict of Interest (COI).

At that time, the DAO raised serious concerns with interpretation of the proposed standard found in the Guide pertaining to fee or income splitting. According to the Guide, denturists can only fee split with other denturists who are either an employee or a partner. The College would prohibit denturists from fee splitting with denturist associates practicing denturism as independent contractors, as well as, with other health professionals.

To be clear, the DAO is not advocating for splitting fees with a person who has referred a patient. The Association views a referral fee to be a conflict of interest. We want to clarify our view pertaining to fee or income splitting for the services provided by denturists.

The Association voiced concern that there are many denturists who have independent subcontracted denturist associates that having been working in their clinics for years to the benefit of the public. These relationships and patient-denturist relationships will be at risk under the fee or income splitting restrictions proposed in the Guide. Also, association between denturists and health professionals, and inter-professional collaboration will be adversely impacted to the detriment of the public.

Subsequent to the Association's submission, we have become aware of additional important information that the DAO Board believes needs to be brought to the attention of the Council.

#### **DAO Poll of Members**

The DAO conducted a poll of its membership to determine the impact of the proposed standard of practice on the profession. We found that working relationships in our profession are significantly weighted on fee splitting between denturists and their denturist associates. Of the 48% that associate with other denturists, 40% fee split and 38% work as independent contractors. Prohibiting fee or income splitting with denturists who are independent contractors will result in severed working relationships that will adversely affect denturist-patient relationships and the public's access to services. This would not serve public interest.

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Website: <a href="mailto:www.denturistassociation.ca">www.denturistassociation.ca</a> E-Mail: info@denturistassociation.ca

The rationale for permitting fee splitting with a denturist employee but prohibiting fee splitting with a denturist independent contractor is not clear. Denturist associates who are employees will have to be productive and meet the expectations of their denturist employer in order to cover the expenses of their employment and to generate a profit for the employer. Likewise denturists in their own practices, and denturist associates who are independent contractors need to be productive in order to cover costs and generate income. Patient-denturist relationships are unaffected by practitioners fee or income splitting. It is noteworthy that the Royal College of Dental Surgeons of Ontario (RCDSO) permits dentists to fee split with other dentists who are independent contractors and also with members of another health profession.

The DAO poll also found that denturists currently have working relationships with dentists and dental hygienists that would be negatively impacted by the proposed CDO standard of practice for COI. It would be a barrier to inter-professional collaboration restricting the public's access to affordable, quality health care. It is the view of the Association that the College should encourage and assist members to foster inter-professional relationships to support and provide excellent care for Ontarians.

#### First Nations and Inuit

The DAO attended and participated in The Denturist Association of Canada (DAC) Annual General Meeting September 25-26, 2017. Dr. James Taylor, Chief Dental Officer of Canada was a guest. He showed particular interest in how denturists in Canada are providing services to our First Nations and Inuit populations. There is a great need for denture services and Ontario denturists are primary providers.

Some Ontario denturist teams, which include dentists and dental hygienists, offer services to remote indigenous communities on a fly-in basis. In general these team members are independent contractors who are paid according to production. It would be financially impractical for these teams if they were restricted to an hourly rate or remunerated using a business model that was based on rent. The restrictions proposed in the standard of practice for COI prohibiting fee splitting would leave remote villages without adequate dental services.

Current First Nation and Inuit patient-denturist relationships are not adversely affected by denturists splitting fees. The dental needs of First Nations and Inuit populations are covered by the Federal Government under the Non-Insured Health Benefits Program (NIHB) which guarantees a certain percentage of coverage and prohibits surcharges by the provider.

#### In Conclusion

The interpretation of the Standard of Practice: Conflict of Interest found in the Guide proposes to prohibit fee or income splitting between a denturist and a denturist associate who is an independent contractor, as well as, with other health professions. This will create barriers for the public to gain access to affordable, quality health care, and to inter-professional collaboration. It will undo current working relationships between denturists and other health care professionals that are benefitting the public, their health and their wellbeing. The Denturist Association of Ontario urges the College of Denturists of Ontario to amend the proposed standard to permit fee or income splitting between

denturists and denturist associates who are independent contractors, and with members of other health professionals.

On behalf of the Board of Directors
Regards,

Frank Odorico, B.Sc., DD

President

The Denturist Association of Ontario Cc: Dr. Glenn Pettifer, Registrar

Agenda Item 8.3



#### Standard of Practice: Conflict of Interest

#### **Preamble**

Within the context of the denturist-patient relationship, the primary concern and duty of the denturist must be the protection and promotion of a patient's best interests and well-being.

Situations where competing interests are present do arise for a denturist. Such conflicts of interest exist when a personal interest of a denturist or that of a family member, or a corporation over which a denturist or family member may have substantial control, would reasonably affect a denturist's professional judgment. A conflict of interest can be real, potential, or perceived and can be direct or indirect. Not all instances of conflict of interest involve a financial benefit.

If denturists allow their personal or private interests to interfere with their patients' best interests, they erode the public's trust and confidence in the profession. It is the College's expectation that denturists reflect on and recognize any potential, real or perceived conflicts of interest that may exist within the context of the denturist-patient relationship and that they take the appropriate steps to acknowledge and manage such conflicts. Practising the profession while in a conflict of interest is a serious matter and is expressly prohibited by the College's Professional Misconduct Regulation.

#### The Standard

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

- 1. Identifies an actual, potential or perceived conflict of interest.
- 2. Addresses, manages and/or avoids actual, potential or perceived conflicts of interest in a proactive manner.
- 3. Maintains a professional Denturist-Patient relationship when avoiding or managing a real or perceived conflict of interest.
- 4. Ensures that safeguards to eliminate concerns are applied when a conflict of interest cannot be avoided.
- 5. Documents in the medical record any potential, real, or perceived conflict of interest and how it was managed.

#### **Legislative References**

O. Reg. 854/93: Professional Misconduct, paragraph 8 http://www.ontario.ca/laws/regulation/930854

#### **Other References**

Guide to the Standard of Practice: Conflict of Interest, College of Denturists of Ontario

*Important Legal Principles Practitioners Need to Know*, Jurisprudence Handbook, College of Denturists of Ontario, 2016.



#### Guide to Standard of Practice: Conflict of Interest

The College's Standard of Practice: Conflict of Interest establishes the College's expectations for Registered Denturists in regards to the anticipation, recognition and management of situations that present actual, potential or perceived conflicts of interest. This Guide to the Standard describes some examples of conflict of interest situations and the application of elements of the Standard.

#### What is a conflict of interest?

A conflict of interest exists when a personal interest or that of a family member, or a corporation over which you or that family member has substantial control, would reasonably affect a denturist's professional judgment. Not all instances of conflict of interest involve a financial benefit.

#### What is a perceived conflict of interest?

This is a situation where the *appearance* of a conflict of interest exists, where others may believe there is a conflict that results in erosion of the trust, confidence and respect of the individual perceived to be operating in a conflict of interest situation.

#### What is a potential conflict of interest?

This is a situation that has all of the necessary components for a conflict of interest (i.e. competing interests) but an actual conflict of interest has not been realized or is not perceived to exist.

#### What are some examples of conflicts of interest?

Some examples of conflicts of interest are as follows:

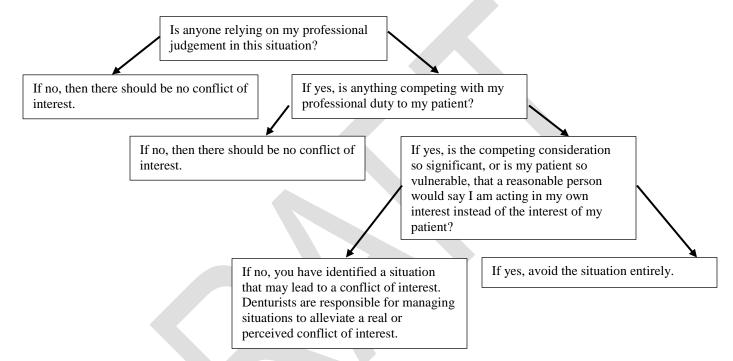
- Splitting fees with a person who has referred a patient;
- Receiving benefits from suppliers or persons receiving referrals from the denturist;
- Giving gifts or other inducements to patients who use the denturist's services where the service is paid for by a third party;
- Offering or giving a financial incentive or other benefit for receiving a patient referral;
- Receiving compensation directly from a student or examination candidate working under the supervision of the denturist, where the supervision involves providing an assessment or evaluation of the student or examination candidate's competence;
- Working under the direction of an unregistered person who can interfere with professional decisions; and
- Using or referring a patient to a business in which one has a financial interest.

Determining whether or not a conflict of interest exists in these examples relies on an evaluation of the reasonableness of the circumstances.

#### How do I identify or anticipate real, potential or perceived conflicts of interest?

Using professional judgement and knowledge, denturists must identify potential and perceived competing interests, including their own self-interests. All health professionals are responsible for recognizing and anticipating these situations. The following framework may be used to assist denturists in identifying conflicts of interest:

The Personal Interest Test: Am I receiving any personal benefit? The denturist has a personal interest when he/she receives any personal benefit from an action or decision made with respect to patients. Benefits can include, but are not limited to, gifts, advantages, discounts, status, rebate, credit and preferential treatment. The interest may be monetary or non-monetary and could be direct (to the denturist) or indirect (to someone associated with the denturist, such as a family member or corporation). For example, a denturist who receives a benefit, such as money or free advertising, for referring patients to a dentist would be directly involved in a conflict of interest situation. The patient is relying on the denturists' professional judgement to provide a referral to a health professional that would best serve the needs of the patient, not those of the denturist or dentist. Additionally, patients should only be referred to a denturist because they need their services and not because the referring person will be receiving a benefit.



- 2) The Professional Judgement Test: Will this action compromise my objectivity? Denturists must always consider whether personal interests influence, or have the potential to influence, their professional objectivity related to an action, or a decision about a program, product and/or treatment recommendation. For example, denturists cannot use their professional status to promote products commercially, even if they are not being paid. Denturists should not be making any clinical recommendations in the absence of an appropriate, individual patient assessment. Denturists may give advice on products and services provided that this advice is based on professional judgment regarding a patient's individual needs following a proper assessment.
- 3) The Improper Influence Test: Am I changing my actions so that I can realize a benefit? A personal interest can improperly influence a denturist. For example, denturists must provide reasonable treatment plan options to their patients, even if the patient may seek service elsewhere. The denturist must not change their actions (i.e. provide or not provide a treatment option) so that they can realize a benefit (i.e. not referring a patient to another health care practitioner so that the denturist can provide the services).
- 4) The Reasonable Person Test: What would a reasonable person think? Always consider what a colleague or neutral observer would think of the situation. Could a reasonable person conclude that the denturist is making a decision that was influenced by the promise of personal gain? Whether or not the denturist's professional judgement is actually compromised does not matter. The fact that a reasonable person might perceive a conflict of interest is enough. Often a

perceived or potential conflict of interest can be as significant as a real conflict of interest. For example, if a denturist refers a patient to a health store owned by the denturist's spouse, a reasonable person would question whether the practitioner recommended that product because the patient needed it or because the referral would benefit the denturist's spouse.

## How do I manage conflict of interest situations? What kinds of safeguards can be applied to eliminate concerns over these situations?

In circumstances where a conflict of interest cannot be avoided or such action may not be in the best interest of the patient, denturists are expected to effectively manage the conflict while demonstrating professional integrity and care for the patient. Managing a conflict of interest is important because it encompasses the principles that support the values of honesty, fairness, accountability and transparency. Engaging in reflective practice and critical thinking can help health professionals identify the measures that can be used to manage situations that may lead to conflict of interest.

Some conflicts of interest are prohibited outright. However, there are certain circumstances where safeguards could remove the concern. In most cases, conflict of interest scenarios can be effectively managed using the **DORM** Principle:

**Disclosure**: at the earliest opportunity, the denturist should disclose the nature of the conflict to the patient:

**Options:** inform the patient of his/her alternatives and assist in arranging for alternatives where requested;

**Reassurance:** reassure patients that choosing another product or services will not affect the quality of professional care to them;

**Modification:** making small modifications can remove or greatly reduce the potential for conflict of interest.

## How do I maintain the professional Denturist-Patient relationship when avoiding or managing a real or perceived conflict of interest?

In order to maintain a professional Denturist-Patient relationship, denturists must recognize that they are in a position of authority and have a duty to meet the best interest of the patients who rely on them. Denturists have access to sensitive, personal, information and often work with people who may be vulnerable in many different ways. Because of this, denturists have a professional responsibility to uphold the fundamental values of respect and trust.

Denturists are permitted to practice denturism in a way that enables them to earn an income from their professional knowledge, education and experience. However, certain kinds of businesses and business relationships or arrangements are inherently inconsistent with denturists' professional obligations to their patients. In other cases, the relationship or arrangement is only acceptable if appropriate safeguards, as discussed above, are put in place.

#### Why do I have to document suspected conflicts of interest?

Denturists must document all suspected conflicts of interest and keep that information in their records. When requested, Denturists must provide the College with any documents, explanations or information regarding a suspected conflict of interest. Such information and documentation assists the College in determining if there is a conflict of interest of concern.

As an example, consider a situation where the College receives information that a denturist is making "unusual" payments to a nursing home that refers patients to the practitioner. The College may ask for an explanation of those payments and any related financial records. This information would assist the College in determining whether or not a conflict of interest exists.

#### Is offering an incentive considered a conflict of interest?

Denturists must not offer incentives for individuals to become patients, remain patients and/or refer patients to them. Denturists must not promote or advertise their practice by offering incentives, including gifts, rebates, credits or other benefits.

#### Can I fee or income-split?

Denturists may not fee or income split with anyone other than:

- An associate a denturist who engages in the practice of denturism as an employee; or
- Another denturist who engages in the practice of denturism as a partner;

As a result, a contractual arrangement such as a lease or use of premises or equipment that provides for fee or income splitting creates a conflict of interest. Denturists who rent space or equipment may not charge rent based on billings.

A fee for service can be proportioned to individual oral health care providers who have had a role in the delivery of care to a patient.

This includes the payment of overhead to an individual, group or health corporation as compensation for the use of a physical space and/or equipment.

The payment or receipt of money solely as a result of a patient referral is prohibited.

#### Conflict of Interest Case Scenario No. 1

Michelle, a denturist, owns a practice down the street from a retirement home. She has been practicing there for less than a year. She is trying to build her practice and wants people to know she is new to the neighbourhood. Michelle offers to give the Administrator of the retirement home a free cruise to the Mediterranean in return for having him and his staff refer patients to her practice. The Administrator of the retirement home thinks this is a great idea and offers Michelle a free large screen television if she also refers patients to his retirement home.

While this may seem like a good business decision, Michelle is in a conflict of interest for two reasons:

- Michelle cannot give a free trip to the Administrator of the retirement home in order to get referrals as this would constitute a collateral (or side) benefit. Patients should be referred to Michelle because they need her services and not because the referring person is getting a free cruise.
- 2) Michelle cannot accept a free television as this would conflict with her duty to refer patients to a retirement home only if she honestly believed that this would be in their best interest. The referrals should be based on professional judgment and not on any 'kickbacks' she may receive.

#### Conflict of Interest Scenario No. 2

Nick is a denturist who has a busy and successful practice. Recently, he began using a new acrylic tooth that he has noticed appears quite natural for his patients. They are quite realistic. He calls the company to tell them his feedback from his patients, that he likes using the product and to place an order for more. The company asks him if he would like to be in a new advertising campaign they are going to put into some magazines aimed at retired people. Nick would repeat what he has just said so that the company could promote the teeth. The company plans to put a picture of Nick in the advertisement and identify him by name and title. The company cannot pay Nick because they are still a new company and don't have the budget for it. Nick thinks, why not? He likes the product and, since he is not getting paid, he is not inappropriately benefiting from the relationship.

Unfortunately, this would still likely be a conflict of interest and would be professional misconduct. Denturists cannot use their professional status to promote products commercially, even if they are not being paid. Nick can still benefit from the advertisement in some indirect manner (for example, he may

have more patients from those who see the advertisement). Also, without making any observations or assessments of an individual, the denturists should not be making any sort of clinical recommendations. Nick can give advice on products and remedies, including choosing what type of tooth to use, provided that it is based on professional judgment regarding a patient's individual needs through proper assessment.

#### **Legislative References**

O. Reg. 854/93: Professional Misconduct, paragraph 8 http://www.ontario.ca/laws/regulation/930854

#### References

Standard of Practice: Conflict of Interest, College of Denturists of Ontario.

*Important Legal Principles Practitioners Need to Know*, Jurisprudence Handbook, College of Denturists of Ontario, 2016.

#### **Related Standards of Practice**

Standard of Practice: Advertising

Agenda Item 8.5



#### **BRIEFING NOTE**

To: COUNCIL

From: **Dr. Glenn Pettifer, Registrar & CEO** 

Date: December 8, 2017

Subject: Draft Standard of Practice: Restricted Title and

**Professional Designations** 

This draft of the Standard of Practice: Restricted Title and Professional Designations is presented to Council by Panel B of the Quality Assurance Committee for consideration.

#### **Background**

A Standard of Practice: Restricted Title and Professional Designations provides Registered Denturists with the College's expectations regarding what title and/or designation may be used to reflect a current, valid registration with the College. Only individuals who have a current, valid registration may use a restricted title or professional designation. Such a Standard serves the public interest in accessing safe, competent care from health professionals who are registered with, and governed by, a regulatory College and, because of that registration, are granted access to restricted title(s) and/or designations.

In the Committee's conversation regarding the elements of the draft Standard of Practice: Restricted Title and Professional Designations, it was apparent that the Standard needed to include direction around the use of the "DD" designation. Since "DD" has come to "be the face of denturism" in the province (and in other jurisdictions) and is commonly understood to represent a denturist who holds a Certificate of Registration with the College, it made sense to formalize the relationship between registration with the College and the use of the "DD" designation. Formalizing such a relationship would allow the College to control the use of "DD" and ensure that such use was only undertaken by an individual who holds a Certificate of Registration with the College<sup>1</sup>.

Control of the "DD" designation by the College could be obtained by registering it as an "Official Mark". The College's legal counsel was asked to provide background and an opinion on registering both "DD" and "Registered Denturist" as Official Marks. The legal opinion is attached.

<sup>&</sup>lt;sup>1</sup> This element has a long history that includes a legal challenge of the DAC's trademark of the "DD" designation. The court deemed the Canadian Trademark Registration No. TMA 427,676 for the certification mark DD invalid for non-distinctiveness and ordered that it be struck from the Register of Trademarks. The trademark was expunged on January 28, 2015, leaving "DD" in the public domain.

The College applied for Official Mark status for both "DD" and "Registered Denturist". These applications were granted to the College and the College now owns and controls both Official Marks: "DD" and "Registered Denturist". The individual Certificates are attached.

Official mark status for "DD" and "Registered Denturist" is not the only remedy available to the College to bring "DD" or "Registered Denturist" under its control. The restricted use of these designations could also be articulated in the Registration Regulation. The College has received advice from the Ministry that elements restricting the use of "DD" or "Registered Denturist" to individuals who hold a valid registration with the College can be included in the current draft revision of the Registration Regulation without impeding its progress through the government regulation approval matrix.

These modifications to the proposed revised Registration Regulation are currently being drafted and will be presented to Council for consideration.

Regardless of the source of authority for restricting the use of "DD" or "Registered Denturist" to an individual registered by the College, the College does now have that authority. The draft Standard: Restricted Title and Professional Designations and Guide to the Standard are presented to Council for consideration.

#### **Options**

After consideration and discussion of the draft Standard and Guide to the Standard, the Committee may:

- 1. Approve the draft Standard of Practice: Restricted Title and Professional Designations and Guide to the Standard for stakeholder consultation.
- 2. Amend the draft Standard of Practice: Restricted Title and Professional Designations and/or Guide and approve these amended documents for stakeholder consultation.
- 3. Send the draft Standard and/or Guide back to Panel B Quality Assurance Committee for revision and return to Council for further consideration.
- 4. Other.

#### **Attachments:**

- 1. Legal Opinion Official Marks Cathi Mietkiewicz, Steinecke, Maciura & LeBlanc, November 16, 2016.
- 2. Certificates of Official Mark Status for "Registered Denturist" and "DD".



**Cathi Mietkiewicz** 

Direct Line: (416) 583-2551 E-mail: cmietkiewicz@sml-law.com

November 16, 2016

#### DELIVERED VIA EMAIL (GPettifer@denturists-cdo.com)

Dr. Glenn Pettifer
Registrar and CEO
College of Denturists of Ontario
365 Bloor Street East, Suite 1606
Toronto, ON M4W 3L4

Dear Glenn:

#### Re: Official Marks

You have asked for a memo explaining official marks. What follows is an explanation of the law governing Official Marks, how they can be enforced and some information about allowing other entities to use Official Marks.

#### What is an Official Mark?

The Federal Government defines trade-marks and Official Marks as follows:

Trade-mark

A mark that is used by a person to distinguish goods or services manufactured, sold, leased, hired or performed by that person from those manufactured, sold, leased, hired or performed by others.

Prohibited mark; official mark

This includes any mark protected under sub-paragraph 9(1)(n)(iii) of the Trade-marks Act—any badge, crest, emblem or mark adopted and used by any public authority (an organization or body that is under some government control) in Canada as an official mark for goods or services.<sup>1</sup>

<sup>&</sup>lt;sup>1</sup> https://www.ic.gc.ca/eic/site/cipointernet-internetopic.nsf/eng/wr03109.html

Trade-marks and Official Marks are governed by the *Trade-marks Act* (the "Act"), which is federal legislation. Official Marks are protected under the Act by the following provision:

- 9 (1) No person shall adopt in connection with a business, as a trade-mark or otherwise, any mark consisting of, or so nearly resembling as to be likely to be mistaken for,
- (n) any badge, crest, emblem or mark
- (iii) adopted and used by any public authority, in Canada as an official mark for goods or services,

in respect of which the Registrar has, at the request of Her Majesty or of the university or public authority, as the case may be, given public notice of its adoption and use;

Once an Official Mark has been published in the Canadian Trade-marks Journal, that Official Mark becomes a prohibited mark under the Act and cannot be adopted or used by others without permission from the owner.

Only a "public authority" may register an Official Mark. There is a common law test to determine whether an entity is a "public authority". In essence, the case law says that the entity must be under significant Canadian government control and performing an activity for the benefit of the public. Suffice to say, a regulator of a profession such as the College meets the test.

Once the status as an Official Mark has been acquired, it need not be renewed and cannot be challenged merely because it has not been used.

#### Official Marks vs. Title Protection

The division of constitutional powers in Canada is such that the federal government regulates trade-marks and related intellectual property and the provinces regulate professions. The courts have held that trade-marks (and their cousins, certification marks and Official Marks) cannot be used to suggest that an organization is entitled to regulate a profession under federal law.

If a federal law is inconsistent with a provincial law, the federal law is paramount. However, the courts interpret any alleged inconsistency quite narrowly. If it is reasonably possible for individuals to comply with both federal and provincial laws at the same time, courts will be loath to declare them inconsistent. That means that a court will interpret title sections of provincial acts to be valid unless they are truly inconsistent with federal trade-mark law. For example, see Section 8 of the Ontario *Denturism Act* which reads as follows:

#### Restricted titles

8. (1) No person other than a member shall use the title "denturist", a variation or abbreviation or an equivalent in another language.

#### Idem

(2) No person shall use the title "denture therapist" or a variation or abbreviation of it.

#### Representations of qualifications, etc.

(3) No person other than a member shall hold himself or herself out as a person who is qualified to practise in Ontario as a denturist or in a specialty of denturism.

#### Definition

(5) In this section,

"abbreviation" includes an abbreviation of a variation.

This gives title protection to the title "denturist" or a variation or abbreviation thereof or an equivalent in another language. The *Denturism Act* is a provincial statute and so gives the CDO the ability to restrict the use of "denturist" (in Ontario) to members of the CDO.

In Ontario, in terms of Section 8(1), the only things protected are the various forms of "denturist". Since this is an absolute protection (e.g., technically one cannot even call oneself a denturist in a purely social setting), courts will interpret the provision narrowly. This will be true for any province in Canada where denturists are regulated and the provincial statute offers title protection.

The College may be able to register other terms related to denturism as Official Marks. For example, it may be possible to obtain an Official Mark for the designation "DD".<sup>2</sup>

As the owners of certain Official Marks, the CDO would have the legal authority to enforce its rights in those Marks. This means that the CDO could pursue people for using those Marks without permission. This is different than getting an injunction in Divisional Court under the *Denturism Act* to stop someone from holding themselves out as a denturist or for using any of the protected title denturist.

#### **Enforcement**

If the CDO decided that it wanted to enforce its rights to Official Marks, then the first step would be to send a cease and desist letter. If it had no effect (or not an effect that is satisfactory to the CDO) then the CDO would need to bring an application in Federal Court under the Act asking for an order that the infringing party stop using the Official Mark.

<sup>&</sup>lt;sup>2</sup> Note, I have not done any research on whether this term would meet the requirements for an Official Mark. If the College determines that there are any terms that it would like to adopt as Official Marks I would be pleased to assist in determining if it is possible.

If a situation arose where the CDO felt that a Mark should be enforced, it should be remembered that an application for judicial review in the Federal Court is a very risky venture with no guarantee of success. A negotiated settlement with an entity infringing on one or more of the Marks is likely a better way to proceed with this issue in order to ask such an entity to stop using the designation. Further, the costs associated with litigation are unpredictable and an assessment of the likelihood of success should be undertaken before pursuing that option.

#### **How to Let Others Use the Marks**

In order to permit another entity to use an Official Mark, the CDO would notify the Companies Office of its consent for that entity to use the Mark(s). If the CDO wanted to maintain control over how an entity used the Mark(s) the CDO could enter into a licensing agreement with that entity setting out the parameters for use of the Mark(s).

#### **Do Other Colleges own Official Marks?**

A number of colleges have obtained Official Marks for certain words, phrases and initials. Below is a sampling of Official Marks registered to Colleges that can be found on the Canadian Trademarks Database:

Official Mark	Registered To
LICENSED OPTICIAN	College of Opticians of Ontario
REFRACTING OPTICIAN	College of Opticians of Ontario
YOUR VISION, OUR FOCUS	College of Opticians of Ontario
MASSAGE THERAPIST	College of Massage Therapists of Ontario
MASSAGE THERAPY	College of Massage Therapists of Ontario
REGISTERED MASSAGE	College of Massage Therapists of Ontario
THERAPIST	
M.T.	College of Massage Therapists of Ontario
R.M.T.	College of Massage Therapists of Ontario
RRT	College of Respiratory Therapists of Ontario
R. TCMP	College of Traditional Chinese Medicine Practitioners and
	Acupuncturists of Ontario

I hope this is of assistance. Please let me know if you would like to discuss this further.

Yours very truly,

STEINECKE MACIURA LEBLANC

Cathi Mietkiewicz

CM/ms



# Certificat

Il est par la présente certifié que, dans le

Journal des marques de commerce daté
du 06 septembre 2017, le registraire
des marques de commerce a
donné, en vertu du sous-alinéa
9(1)(n)(iii) de la Loi sur les
marques de commerce, un
avis public d'adoption et emploi
au Canada par l'autorité
publique identifiée
ci-dessous de la marque
reproduite ci-après
comme marque

officielle pour des produits et services.

# Certificate

This is to certify that in the Trade-marks

Journal dated September 06, 2017,

the Registrar of Trade-marks

gave public notice under

subparagraph 9(1)(n)(iii)

of the Trade-marks Act

of the adoption and

use in Canada by the

public authority identified

below of the mark shown

below as an official

mark for goods and services.

### **Registered Denturist**

Numéro de dossier File Number

924682

Autorité publique Public Authority the College of Denturists of Ontario

Registraire des marques de commerce Régistrar of Trade-marks Innovation, Science and Economic Development Canada Canadian Intellectual Property Office



Certificate

Il est par la présente certifié que, dans le Journal des marques de commerce daté du 15 février 2017, le registraire des marques de commerce a donné, en vertu du sous-alinéa 9(1)(n)(iii) de la Loi sur les marques de commerce, un avis public d'adoption et emploi au Canada par l'autorité publique identifiée ci-dessous de la marque reproduite ci-après

officielle pour des produits et services.

This is to certify that in the Trade-marks

Journal dated February 15, 2017,

the Registrar of Trade-marks
gave public notice under
subparagraph 9(1)(n)(iii)
of the Trade-marks Act
of the adoption and
use in Canada by the
public authority identified
below of the mark shown
below as an official
mark for goods and services.

DD

CANADA 150

Numéro de dossier File Number

comme marque

924445

Autorité publique Public Authority the College of Denturists of Ontario

Registraire des marques de commerce Registrar of Trade-marks



#### **Standard of Practice: Restricted Title and Professional Designations**

#### Introduction

The intent of this Standard is to advise registered denturists with respect to the title that may be used to reflect a current, valid registration with the College of Denturists of Ontario.

#### **Definitions**

**Credentials:** a term for a variety of degrees, diplomas, qualifications or designations that are granted by agencies, including professional associations, academic institutions, and educational bodies.

**Restricted Title:** a professional designation authorized and protected by law, which may only be issued by a regulatory body.

**Official Mark:** any badge, crest, emblem or mark adopted and used by any public authority (an organization or body that is under government control) in Canada

#### **Legislative Authority**

The Denturism Act, 1991

Ontario Regulation 854/93 - Professional Misconduct Regulation

Ontario Regulation 833/93 (revised) – Registration Regulation

#### The Standard

A registered denturist meets the expectations in the Standard of Practice: Restricted Title and Professional Designations when he/she:

- 1. Uses the restricted title "denturist" and/or official mark "DD" or "Registered Denturist" to reflect a current, valid registration with the College.
- 2. Accurately communicates an inactive or temporary registration class in association with the use of the restricted title "denturist" or official mark "DD or "Registered Denturist" <sup>1</sup>.
- 3. Identifies his/her professional qualifications in a manner that is accurate, understandable, and transparent.
- 4. Uses any additional credential(s) accurately, honestly, and in accordance with any applicable legal restrictions on their use.
- 5. Does not use a term, title or designation indicating or implying a specialization in an area of the practice of denturism.

<sup>&</sup>lt;sup>1</sup> This expectation of the Standard anticipates the creation of new registration classes when the draft revised Registration Regulation is approved and comes into force.

Agenda Item 8.7



#### Guide to the Standard of Practice: Restricted Title and Professional Designations

The College's Standard of Practice: Restricted Title and Professional Designations explains how denturists can use the title to reflect a current, valid registration. This Guide to the Standard offers further information regarding the use of restricted titles and professional designations and how to apply the Standard in practice. The Guide includes Practice Scenarios that illustrate how to use restricted title and professional designations.

#### What is the difference between a trade-mark and a prohibited or official mark?

The Federal Government defines trade-marks and Official Marks as follows:

#### **Trade-mark**

A mark that is used by a person to distinguish goods or services manufactured, sold, leased, hired or performed by that person from those manufactured, sold, leased, hired or performed by others.

#### Prohibited mark; official mark

This includes any mark protected under sub-paragraph 9(1)(n)(iii) of the Trade-marks Act—any badge, crest, emblem or mark adopted and used by any public authority (an organization or body that is under government control) in Canada as an official mark for goods or services.

Trade-marks and Official Marks are governed by the Trade-marks Act (the "Act"), which is federal legislation.

Once an Official Mark has been published in the Canadian Trade-marks Journal, that Official Mark becomes a prohibited mark under the Act and cannot be adopted or used by others without permission from the owner.

Further, once the status as an Official Mark has been acquired, it need not be renewed and cannot be challenged merely because it has not been used.

#### What does DD stand for?

Over time, "DD" has come to represent a designation which signifies that an individual practising in Ontario using "DD" is a denturist who is or has been officially registered with the College of Denturists of Ontario. Individuals using the "DD" designation in other Canadian jurisdictions will rely on the interpretation of "DD" by the regulatory body with which they are registered.

#### What is the difference between D.D. and DD?

"DD" is an Official Mark of the College of Denturists of Ontario that has been approved by federal government.

"D.D." is an advanced degree in divinity and stands for *Doctor of Divinity* or *Divinitatis Doctor*.

## Am I allowed to use the title "Denturist" or either official mark "DD" or "Registered Denturist" if I am retired?

Members who hold a valid Certificate of Registration with the College may use the title "Denturist" or either of the official marks "DD" or "Registered Denturist". Members who hold an inactive Certificate of Registration may not practise denturism, nor hold themselves out as denturists, but may use the title "Denturist(Inactive)" or either official mark "DD(Inactive)" or "Registered Denturist(Inactive)".

## Can registrants holding temporary certificates of registration use the official marks "DD" or "Registered Denturist"?

Yes. Members holding temporary Certificates of Registration are permitted to use the title "Denturist (Temp.) and either official mark "DD(Temp.)" or "Registered Denturist(Temp.)" during the time in which they are registered. Use of the title "denturist" or either official mark "DD" or "Registered Denturist" must cease when the temporary Certificate of Registration expires.

#### Can I use a title or designation that implies a specialization?

Since the profession does not have recognized specialties, practitioners cannot use titles or designations implying specialist status or certification (e.g., paediatrician, gerontologist). However, practitioners are free to describe their areas of practice so long as it does not imply specialist status or certification (e.g., practice limited to partial dentures).

#### **Practice Scenarios**

#### **Restricted Title No. 1**

Jackie, is a Registered Denturist whose office assistant refers to her as "Doctor" when booking patients.

The title "Doctor" is a protected title. This means that only members of those professions who are authorized by law to use the title "Doctor" can legally do so. If a person is not a member of one of the authorized health professions, he/she cannot use the title in a clinical setting, even if that person holds a PhD. Under this provision, an individual who holds a PhD can use the title "Doctor" in social or academic settings where they are not seeing patients.

Allowing a staff person to call a practitioner Doctor when he/she is not authorized to use the title is prohibited.

#### **Restricted Title No. 2**

Adam, a denturist, teaches at a school that trains denturists. Adam supervises the students in the teaching clinic. The students refer to him as "Doctor Adam" in the clinic. The Dean of the school pulls Adam aside and tells him to ask his students to stop calling him "Doctor" in the clinic where there are patients. Adam reviews the Regulated Health Professions Act and realizes that the Dean is correct. Adam is assisting in the treatment of patients in the teaching clinic and is not permitted to call himself (or allow others to call him) "Doctor" in that setting. Adam also recognizes that he was being a poor role model for the students.

Agenda Item 9.1



#### **BRIEFING NOTE**

To: COUNCIL

From: **Dr. Glenn Pettifer, Registrar & CEO** 

Date: December 8, 2017

Subject: Term Limits for Committee Members and Committee Chairs

#### **Background**

At its October 13, 2017 meeting, Council raised the question about term limits for Committee membership or Committee Chairs. The College currently has no such term limits. Council directed the Registrar to survey whether other Colleges have such limits in place and to provide information on the rationale for term limits. This information was gathered in consultation with the College's legal counsel.

A chart that sets out what each of the other RHPA colleges do with respect to term limits is attached. While the chart shows that there is no single consistent approach among the Colleges, a summary follows.

#### Summary

Most Colleges do not put a limit on how many years an individual can serve on a committee. Of the few Colleges that do, two of them (CMTO and CDHO) ensure that any term limit would not prevent an individual from serving on the discipline or fitness to practice committees if required.

Only four Colleges, CASLPO, CCO, CNO and CMTO limit the number of terms an individual can serve as Chair of a committee. However, approximately half of the colleges limit how many terms an individual can serve as President (or Vice-President), thus limiting the number of terms that an individual can be the Chair of the Executive Committee.

#### **Rationale**

The varied approach to term limits of the Colleges reflects the fact that there is no norm or best practice accepted by either regulators or not-for-profit organizations generally. Organizations typically decide on whether to impose term limits based on what is most suitable for the individual organization.

To assist Council in making its decision here are some factors to consider.

#### **Advantages**

Term limits for committees or chairs means that the committee (and the leader of the committee) is refreshed every few years. This brings in fresh ideas and perspectives to a committee. Relying on a small number of seasoned members to carry the workload of committees can lead to stagnation. Additionally, new members are sometimes reluctant to express their views on a committee if they are the only new member. Term limits can help ensure that there is mix of seasoned and new members on each committee which can encourage full participation.

Further, as Council evaluates the types of skills that each committee requires, term limits permits the Council to appoint individuals with that skill set to a committee (Note however that this can also be accomplished without term limits as the committees are re-appointed each year).

Term limits also allow the Council to let go of under-performing committee members or chairs without having to go through the process of removal or disqualification, because they will eventually no longer be eligible to serve on the committee or act as chair.

#### **Disadvantages**

While term limits will ensure that individuals cannot serve indefinitely on a committee or as a chair, this can also be accomplished by the nomination and election process. When the Council appoints the committees at the beginning of the year, it can and should choose the members best suited for each committee. A disadvantage of term limits is that Council may be prevented from appointing the most suitable individual to a committee because term limitations have disqualified that individual from serving.

Another disadvantage that term limits can cause is an unwanted disruption of a committee's work or the coherence of a team. In other words, the change to a committee for no other reason than a forced end of an individual's term may slow down the work of a committee as a new member gets up to speed for no reason other than a term limit.

#### **Process**

If the Council would like to impose term limits on committee members or chairs, this would have to be done through amendments to the by-laws. The changes are relatively straightforward once Council has decided what, if any, limits it wishes to impose. The RHPA does not require these changes to be circulated to the members.

#### **Appointment of Committee Chairs**

The College's by-laws provide for Council's appointment of the Chair or Chairs of each Statutory Committee and the Chair or Chairs of each non-Statutory Committee is appointed by the members of that Committee. If Council wishes to maintain more control over who chairs a non-Statutory Committee, they may choose to revoke that provision in the by-laws so that Council (on the recommendation of the Nominating Committee) retains control of the appointment of Chairs of non-Statutory Committees.

Statutory Committees include: Registration, ICRC, Discipline, Quality Assurance, Fitness to Practise, Patient Relations, and Executive (which operates under a different set of rules since its members must be elected and there are specific term limits for the President (Chair) and Vice-President defined in the by-laws). Non-Statutory Committees include: Nominating, Qualifying Examination, Qualifying Examination Appeals.

#### **Options**

After considering the information before it and, in consideration of the needs of the College as an organization, Council may elect to:

- 1. Impose specified term limits for committee members and/or committee chairs;
- Direct the Nominating Committee to consider the advantages and disadvantages of committee member and chair renewal in its annual deliberations around the slate of committee membership and chairs it recommends to Council;
- 3. Amend Article 24.11 of the College by-laws which reads:

"24.11 Chairs

Unless stated otherwise in these by-laws, the Chair or Chairs of each Statutory Committee shall be appointed by the Council and the Chair or Chairs of each non-Statutory Committee shall be appointed by the members of that Committee." to read:

24.11 Chairs

Unless stated otherwise in these by-laws, the Chair or Chairs of each Statutory and non-Statutory Committee shall be appointed by the Council;

4. Other.

# Ontario Health Profession Regulatory Colleges

#### Term Limits for Committee Members and Chairs

College	Committee Terms	Chair Terms	Other
Denturists	None	None	The president and vice- president of Council are eligible for election to a maximum of two consecutive full-year terms.
Audiologists	The term of office of a Committee member appointed under Article 9.5.2 is for one year, which may be renewed. No Council member may be a member of the same Committee for more than six consecutive terms.	No member can be chair of a Committee for more than three consecutive years.	
Chiropodists	Unless specifically provided otherwise, any eligible person may be re-appointed to a committee.		
Chiropractors	A non-council member may only serve on CCO committees for nine consecutive years, whether the time is served as a council member or as a non-council member.  A non-council member who has served on CCO committee (s) for nine consecutive years is not eligible to be re-appointed to any CCO committee until at least three years have passed since the member last served on a CCO Committee.	The chair of every statutory and non-statutory committee shall be eligible for election to a maximum of two consecutive one-year terms.	The president of Council shall be eligible for election to a maximum of two consecutive one-year terms in the presidency.  The vice-president shall be eligible for election to a maximum of two consecutive one-year terms in the vice-presidency.  The treasurer shall be eligible for election to a maximum of two consecutive one- year terms in the office.

College	Committee Terms	Chair Terms	Other
Dental Hygienists	Except as otherwise provided in the bylaw, appointments to all Committees, other than Executive, Discipline or Fitness to Practise, shall be for a one-year term and Committee Members may be reappointed for a maximum of two more consecutive terms. Subject to the other provisions of the bylaw relating to the Executive, Discipline and Fitness to Practise Committees, under special circumstances that Council identifies at the meeting and documents in the minutes of the meeting, a person may be reappointed to a Committee despite serving on that Committee for three consecutive years.	None	No Council Member may serve as President for more than an aggregate of three years.  No Council Member may serve as Vice-President for more than an aggregate of three years.  a Council Member may serve on the Executive Committee for more than three consecutive years including as President and Vice-President so long as the aggregate number of years as President is not more than three, the aggregate number of years as Vice-President is not more than three and the aggregate number of years serving as a member of the Executive Committee while not President or Vice-President is three  a Committee Member who has served the maximum term of three consecutive years on any respective Committee, other than the Executive, Discipline and Fitness to Practise Committees, is deemed ineligible for re-appointment to that Committee for a period of at least 12 months following the expiry of her or his final term of office.
Dental Technologists	None	None	
Dentists	None	None	
Dietitians	None	None	

College	Committee Terms	Chair Terms	Other
Homeopaths	None	None	The maximum consecutive term in one office (i.e. President and Vice-President) is three consecutive, full-year terms.
Kinesiologists	None	None	
Massage Therapists	With the exception of the Discipline and Fitness to Practise Committees, a Council member or a registrant may be re-appointed to a committee for three consecutive years on the committee and upon re-appointment her/his membership on the committee shall be deemed to be continuous.	A person may be a Chair for more than one-term but no person may be Chair for more than three consecutive years.	
Medical Laboratory Technologists	None	None	
Medical Radiation Technologists	None	None	
Midwives	None	None	
Naturopaths	None	None	The maximum term in one office (i.e. President or Vice-President) is three (3) consecutive, full-year terms
Nurses	None	No person shall be eligible to serve as a chair of a committee for more than two consecutive terms.	A councillor is not eligible for nomination or election as a Council Officer (i.e. President or Vice-President) if the councillor held that elected position during the previous two consecutive terms.
Occupational Therapists	None	None	No Non-Council member may be a member of the same committee of the College for more than six consecutive years.
Opticians	None	None	The President may serve a maximum of two consecutive one-year terms
Optometrists	None	None	

College	Committee Terms	Chair Terms	Other
Pharmacists	None	None	
Physicians and Surgeons	None	None	
Physiotherapists	None	None	Non-Council Members can serve a maximum of nine years
Psychologists	None	None	
Psychotherapists	None	None	The maximum consecutive term in one office (i.e. President or Vice-President) is three consecutive, full-year terms
Respiratory Therapists	None	None	The maximum length of service of a Non-Council Committee member is three terms or nine consecutive years
Traditional Chinese Medicine and Acupuncturists	None	None	

Agenda Item 10.1



#### **BRIEFING NOTE**

To: COUNCIL

Jennifer Slabodkin, Manager, Registration,

From: **Quality Assurance & Policy** 

Date: December 8, 2017

Subject: Jurisprudence Program

The draft revised Registration Regulation includes the completion of a jurisprudence program as one of the requirements for registration with the College.

In November 2015, the Registration Committee received approval from the Executive Committee to proceed with the development of the program. The Committee contracted Richard Steinecke to develop the Jurisprudence Manual and exam questions.

Development of both the manual and the online exam are complete. The College will be piloting this program to registered denturists prior to the revised Registration Regulation coming into force. In the pilot phase of this program, registered denturists will be able to access the Jurisprudence program and CPD credits are available to those members who successfully complete the online program, including the online summative exam. Successful completion of the Jurisprudence program may be used as a component of a Specified Continuing Education or Remediation Program (SCERP) ordered by the ICRC or Discipline Committee.

During the pilot phase of the program, voluntary participation by registered denturists will be free of charge. Once the pilot phase concludes and the revised Registration Regulation is in force, applicants for registration with the College will be required to complete the program. Registered denturists will have continued access to the program after the Registration Regulation comes into force. Once the pilot phase is completed, a fee of \$100 (+ HST) will be charged to applicants or registered denturists for participation in the program.

Agenda Item 11.1



#### **BRIEFING NOTE**

To: COUNCIL

From: **Dr. Glenn Pettifer, Registrar and CEO** 

Date: **November 27, 2017** 

Subject: Certificate of Authorization Renewal Fees Briefing Note

At its meeting on October 5, 2017, the Executive Committee considered the information provided to the Committee by staff regarding the cost of renewal of a Certificate of Authorization for a Health Profession Corporation across other health regulatory colleges. A summary of this information is presented in Table 1. It was noted that the CDO's current renewal fee of \$350.00 is below the calculated average of COA renewal fees for all health regulatory Colleges of \$403.49.

During discussion of this information, the question arose regarding the actual cost of processing a COA renewal. Staff agreed to provide information on such an estimate.

In the attached documents, Administrative Report - Initial COA (Appendix 1) and Administrative Report – Renewal COA (Appendix 2), the detailed steps in processing either an initial or renewal COA are enumerated. As you will see, the steps in processing either a renewal or initial application are numerous. Some of the steps are incorporated into larger College activities (such as renewal communications) and are difficult to separate into component parts. In addition, the renewal activity reaches across many positions for contributions. As a result of all of these factors, it is difficult to arrive at an estimate of the cost of processing a COA renewal fee with true accuracy. That said, in consideration of all the steps involved in processing a renewal, a rough estimate of the cost likely falls in the neighbourhood of \$50-\$70. Again, this is a rough estimate.

After considering this information at its November 16, 2017 meeting, the Executive Committee adopted a motion to recommend to Council that the fee for renewal of a Certification of Authorization for a health profession corporation be reduced to \$250.00 from \$350.00.

#### **Options:**

After review of this information, the Council may:

- 1. Leave the current fee structure as outlined in Schedule 7 of the College By-laws as is.
- 2. Approve a suggested reduction in the fee for Renewal of a Certificate of Authorization of a Health Profession Corporation to \$250.00 (or some other amount less than the current fee) for stakeholder consultation on a suggested by-law revision pursuant to s. 94 (2) of the Code.
- 3. Approve a suggested increase in the fee for Renewal of a Certificate of Authorization of a Health Profession Corporation for stakeholder consultation on a suggested by-law revision pursuant to s. 94 (20 of the Code.
- 4. Other

#### **Attachments:**

Table 1. Certificate of Authorization Application and Renewal Fees

Appendix 1. COA Administrative Report for Initial Applications

Appendix 2. COA Administrative Report for Renewals

### Table 1

College	COA Renewal Fees	Initial Application & Admin Fees
College of Dental Hygienists of Ontario	\$100.00	\$750.00
College of Physicians and Surgeons of Ontario	\$175.00	\$400.00
Royal College of Dental Surgeons of Ontario	\$175.00	\$750.00
College of Massage Therapists of Ontario	\$200.00	\$200.00
College of Chiropractors of Ontario	\$200.00	\$650.00
College of Naturopaths of Ontario	\$200.00	\$750.00
College of Midwives of Ontario	\$250.00	\$500.00
College of Nurses of Ontario	\$250.00	\$500.00
College of Occupational Therapists of Ontario	\$250.00	\$500.00
College of Physiotherapists of Ontario	\$250.00	\$700.00
Ontario College of Pharmacists	\$300.00	\$1,000.00
College of Optometrists of Ontario	\$315.00	\$656.00
College of Medical Laboratory Technologists of Ontario	\$340.00	\$100.00
College of Psychologists of Ontario	\$350.00	\$500.00
College of Denturists of Ontario	\$350.00	\$1,000.00
College of Opticians of Ontario	\$380.00	\$773.67
College of Kinesiologists of Ontario	\$400.00	\$200.00
College of Registered Psychotherapists of Ontario	\$400.00	\$600.00
College of Medical Radiation Technologists of Ontario	\$425.00	\$500.00
College of Chiropodists of Ontario	\$475.00	\$1,050.00
College of Audiologists and Speech-Language Pathologists of Ontario	\$500.00	\$300.00
College of Respiratory Therapists of Ontario	\$500.00	\$550.00
College of Dietitians of Ontario	\$500.00	\$685.00
College of Homeopaths of Ontario	\$900.00	\$1,100.00
College of Traditional Chinese Medicine Practitioners and		
Acupuncturists of Ontario	\$1,085.76	\$1,248.52
College of Dental Technologists of Ontario	\$1,220.00	\$1,332.00
Average Fee is:	\$403.49	\$665.19

## **Appendix 1**

Subject	Initial COA Administrative Tasks
	Date Stamp Application and record in the Mail Log as "Received"
	Review Application Documents
	Review database to make sure member meets all requirements
	Email or talk to staff to confirm all requirements are met as per legislation and regulations (i.e. non-payment of fees/complaints)
	Confirm receipt of documents with member or lawyer by email or phone
	Record COA information on the COA Tracking Sheet and assign the Corporation with COA ID number
	Send application and all supporting documents to Registrar for review
	Registrar reviews and signs off on the application
	Process COA application in the database
	Make copy of cheque for hard file and Accounting
	Scan cheque for electronic file
	Print copy of invoice paid for hard file
	Save copy of invoice for electronic file
	Prepare Electronic folder for COA
	Scan application & supporting documents, and save in the electronic folder
	Write approval letter
Processing	Print two copies of approval letter
Initial COA Application	Write Steps to Access Professional Corporation (includes instructions to access the database (user name and password)
	Print two copies of Access to Professional Corporation Document
	Print copy of Notice of Shareholder Change Form
	Prepare Certificate of Authorization
	Print COA
	Add Seal
	Registrar sign COA
	Scan signed COA and save in electronic file
	Print copy of COA for hard file
	Save all documents in electronic file
	Prepare envelope and hard file labels
	Prepare hard file folder and save all documents in the folder
	Mail COA, approval letter, and all supporting documents to member
	Record COA mailed in Mail Log
	Update COA tracking sheet of date approved and COA is now current
	Accounting deposits cheque
	Accounting reviews payment in back end - end of month
	Accounting enters into QuickBooks - reconciliation - end of month

	Answer questions and requirements to set up a Corporation from members or lawyers - phone and/or email
Other Issues	Missing documents - prepare email to send to member or their lawyer
	Credit card declined - prepare email to send to member or call
	Date Stamp Notice of Shareholder Form and record in the Mail Log as "Received"
Processing	Review Notice of Shareholder Form
Notice of Shareholder	Update information in the database
Form	Scan and save Notice of Shareholder form in electronic file
	File Notice of Shareholder form in hard file
	Review legislation when required
	Draft updates to the website if changes required
	Registrar reviews draft updates
Undates	Make changes on the website
Updates	Update COA Application Form, Guide or Policy when required
	Registrar Review updates
	Finalize updates
	Upload updated Documents to the website
	Update COA tracking sheet with members who have closed their Professional Corporation
Closures	Update database listing COA as closed
Ciosures	Update electronic COA file and mark as closed
	Write on hard file as closed and refile in closed/revoked filing drawer

## Appendix 2

Subject	COA Renewal Administrative Tasks	Date
	Draft Communications Strategy	
	Staff review and prepare for Registrar	
	Review Com Strategy with Registrar	
	Finalize Communication Strategy	
	Input Communications Dates in the Communications Calendar	
Communications Strategy	Draft First Communication piece for Mail Chimp	January
Strategy	Registrar Review	
	Finalize First Communication piece for Mail Chimp	
	Draft First Communication piece for Database	
	Registrar Review	
	Finalize First Communication piece for Database	
	Pull Report from Database of all members who hold a COA and	
	prepare Mail Chimp Mailing List	4
	Input First Communication piece into MailChimp and create Campaign	
Prepare and Send First	Test Campaign	Fobruary
Communication	Fix any issues and then send	_ February
	Prepare report in the database of all members who hold a	1
	corporation	
	Send First Communication piece through the Database	
	Prepare new folder for Renewal Year	
	Prepare Renewal and Payment Tracking Sheet	
Prepare for	Prepare Certificate of Authorization template for the new year	February
Renewal	Draft Renewal Letter	Tebluary
	Registrar Review	
	Finalize Renewal Letter template	
	Pull Report from Database of members who have not yet renewed	
	their COA and prepare Mail Chimp Mailing List	
	Input reminder communication piece into MailChimp and create	1
	Campaign	
Dranara and Sand	Tost Campaign	_
Prepare and Send Reminder	Test Campaign	February
Communication	Fix any issues and then send	March April
Pieces		- 7,0111
	Prepare report in the database of all members who have not renewed their corporation yet	
	Tomorous and Corporation yet	
	Send reminder communication piece through the Database	

	Review Accounting Report and compare with all COA renewals docs	
	Run database report to compare	-
	Update COA Renewal and Payment Tracking Sheet	-
	Update Renewal in the Database	-
	Prepare Letters - Mail Merge	_
	Print Letters	-
	Save PDF's of Letters in Renewal Folder	
	Prepare Certificates - Mail Merge	5-Mar-18
	Print Certificates	9-Mar-18
	Put Seal on Certificates	16-Mar-18 23-Mar-18
Process Renewals	Have Registrar sign Certificates or if large number include electronic signature	30-Mar-18 6-Apr-18
	Scan Certificates and save in Electronical Renewal Folder	13-Apr-18
	Print labels - Mail Merge	16-Apr-18
	Stuff envelopes	
	Stamp envelopes	
	Record Mailing of letter and COA in Mail Log	
	Update Renewal and Payment Tracking Sheet	
	Accounting deposits cheques received	_
	Accounting reviews payment in back end - end of month	_
	Accounting enters into QuickBooks - reconciliation - end of month	
	Run report in database to see who has not renewed	
	Draft letter template - Notice of Intent to Revoke COA	
	Registrar Review	
	Finalize letter and create a mail merge	
Late Fee and	Save electronic copy of PDF of Letters in Late Fee Charges & Revocation folder	
Revocation	Print Letters	20-Apr-18
	Mail merge and print labels	_
	Stuff envelopes	_
	Stamp envelopes	
	Record Mailing of letter in Mail Log	
	Update Renewal and Payment Tracking Sheet	
	Review Accounting Report and compare with late COA renewals docs	
Process late	Run database report to compare	From April
renewals	Update COA Renewal and Payment Tracking Sheet	20th until
	Update Renewal in the Database	deadline of
	Prepare Letter	revocation
	Print Letter	
	Save PDF of Letter in Renewal Folder	

	Prepare Certificate of Authorization template for the new year		
	Print Certificates		
Process late renewals cont'd	Put Seal on Certificate		
	Have Registrar sign Certificate	_	
	Scan Certificate and save in Electronical Renewal Folder		
	Print labels - Mail Merge		
	Stuff envelope	-	
	Stamp envelope	-	
	Record Mailing of letter and COA in Mail Log		
	Update Renewal and Payment Tracking Sheet	-	
	Accounting deposits any cheques received	-	
	Accounting reviews payment in back end - end of month		
	Accounting enters into QuickBooks - reconciliation - end of month		
	Update COA tracking sheet with any closers		
Closures	Update database - listing COA as closed	ongoing throughout renewal period	
	Update Renewal and Payment Tracking Sheet		
	Update electronic COA file and mark as closed		
	Mark hard file as closed and refile in closed/revoked filing drawer	]	
	Update COA tracking sheet with any revocations	60 days after	
Revocations	Database update listing COA as revocation	notice given approx. June	
	Update electronic COA file and mark as revoked		
	Mark hard file as closed and refile in closed/revoked filing drawer	21, 2018	

#### **SCHEDULE 7 TO THE BY-LAWS**

### **Fee Schedule**

Fee Item	Fee	H.S.T. 13% (Harmonized Sales Tax)	Total Fee			
Fees Relating to Qualifying Examination						
Initial Application Fee	\$75.00	\$9.75	\$84.75			
First Attempt at Qualifying Examination	\$4,000.00	\$520.00	\$4,520.00			
Subsequent Additional Attempts:						
Part 1- Multiple Choice Examination (MCQ)	\$800.00	\$104.00	\$904.00			
Subsequent Additional Attempts:						
Part II - Clinical Examination (OSCE)	\$3,200.00	\$416.00	\$3,616.00			
Administrative Fee (for late withdrawal of any attempt)	\$100.00	\$13.00	\$113.00			
Fees Relating to Applications for Initial Registration for General Class						
Initial Application Fee	\$100.00	\$13.00	\$113.00			
Initial Registration Fee (first year of registration pro-rated by quarter in which registered)						
April 15 – July 14	\$1,900.00	\$247.00	\$2,147.00			
July 15 – October 14	\$1,425.00	\$185.25	\$1,610.25			
October 15 – January 14	\$950.00	\$123.50	\$1,073.50			
January 15 – April 14	\$475.00	\$61.75	\$536.75			
Fees Relating to Renewal of a Certificate of Registration fo	r General Class					
Annual Registration Fee	\$1,900.00	\$247.00	\$2,147.00			
Late Payment Fee	\$150.00	Not applicable	\$150.00			
Reinstatement Fee	\$500.00	\$65.00	\$565.00			
Fees Relating to a Certificate of Registration for Inactive Cl	ass					
Certificate of Registration for Inactive Class	\$665.00	\$86.45	\$751.45			
Late Payment Fee	\$75.00	Not applicable	\$75.00			
Reinstatement Fee	\$250.00	\$32.50	\$282.50			
Pro-rated Fees of Transferring back to General Class befor	e Renewal	•				
April 15 – July 14	\$1,401.25	\$182.16	\$1,583.41			
July 15 – October 14	\$1,092.50	\$142.03	\$1,234.53			
October 15 – January 14	\$783.75	\$101.89	\$885.64			
January 15 – April 14	\$475.00	\$61.75	\$536.75			

Fees Relating to a Certificate of Registration for Temporary Class						
Initial Application Fee	\$100.00	\$13.00	\$113.00			
Registration for a Certificate of Registration for Temporary Class	\$475.00	\$61.75	\$536.75			
Fees Relating to a Certificate of Registration for Provisional Class						
Initial Application Fee	\$100.00	\$13.00	\$113.00			
Initial Registration Fee (first year of registration pro-rated by quarter in which registered)						
April 15 – July 14	\$950.00	\$123.50	\$1,073.50			
July 15 – October 14	\$712.50	\$92.63	\$805.13			
October 15 – January 14	\$475.00	\$61.75	\$536.75			
January 15 – April 14	\$237.50	\$30.88	\$268.38			
Annual Renewal of a Certificate of Registration for Provisional Class	\$950.00	\$123.50	\$1,073.50			
Late Payment Fee	\$75.00	Not applicable	\$75.00			
Reinstatement Fee	\$250.00	\$32.50	\$282.50			
Pro-rated Fees of applying to General Class before Renewal						
April 15 – July 14	\$1,187.50	\$154.38	\$1,341.88			
July 15 – October 14	\$950.00	\$123.50	\$1,073.50			
October 15 – January 14	\$712.50	\$92.63	\$805.13			
January 15 – April 14	\$475.00	\$61.75	\$536.75			
Fees Relating to Professional Corporations and Certificates of A	uthorization					
Initial Registration of a Certificate of Authorization	\$1,000.00	\$130.00	\$1,130.00			
Annual Renewal of a Certificate of Authorization	\$350.00	\$45.50	\$395.50			
Late Payment Fee	\$150.00	Not applicable	\$150.00			
Other Fees						
Jurisprudence Program	\$100.00	\$13.00	\$113.00			
Transfer to different Class Fee	\$100.00	\$13.00	\$113.00			
QAC Ordered Assessment Fee	\$750.00	\$97.50	\$847.50			
Election Recount Fee	\$500.00	\$65.00	\$565.00			
Service Charge for declined payments	\$45.00	Not applicable	\$45.00			
Duplicate Certificate	\$50.00	\$6.50	\$56.50			
Letter of Standing	\$44.25	\$5.75	\$50.00			
Clinic Name Registration	\$25.00	\$3.25	\$28.25			
<b>Administration Fees for Notices</b> – this fee shall be applied when a notice is sent to a member who has failed to comply with a request to which the member must comply (i.e. updating insurance and CPD credits by the deadline).						
Administration Fee for Notices (First Notice)	\$50.00	\$6.50	\$56.50			
Administration Fee for Notices (Subsequent Notices)	\$100.00	\$13.00	\$113.00			