



93rd Council Meeting

Friday, September 14, 2018 – 9:00 a.m. – 3:30 p.m.

HELD AT

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

AGENDA

Item	Action	Page #
1. Call to Order	Decision	
2. Approval of Agenda		1
3. Declaration of Conflict(s)		
4. College Mandate	Information	
5. Governance Training: Financial Literacy for Council Members Presentation: Draft Audited Financial Statements Blair Mackenzie, Hilborn LLP 5.1 Hilborn LLP Audit Agenda 5.2 Hilborn LLP Post-Audit Communication 5.3 2017 – 2018 Draft Audited Financial Statements	Information/ Decision	3 4 7
6. Consent Agenda 6.1 Minutes of the 92nd Council meeting held on June 22, 2018 6.2 Executive Committee Report 6.3 Inquiries, Complaints and Reports Committee Report 6.4 Quality Assurance Committee – Panel A Report 6.5 Quality Assurance Committee – Panel B Report 6.6 Qualifying Examination Committee Report 6.7 Registration Committee Report 6.8 President's Report - Verbal 6.9 Registrar's Report 6.10 Financial Report Memo and YTD Income - Expenses – April 1, 2018 – July 31, 2018 6.11 Update on Strategy Map 2017-2020 Progress 6.12 June 22, 2018 Council Meeting Feedback Survey 6.13 Items of Interest: Legislative Update – August 2018	Decision	24 29 30 32 34 35 36 37 38 41 44 46 53
7. COMMUNICATIONS SURVEY RESULTS 7.1 Briefing Note 7.2 Aggregate Survey Results	Discussion	59 61
8. Draft Standard of Practice: Denturism Educators 8.1 Briefing Note 8.2 Draft Standard of Practice: Denturism Educators 8.3 Draft Guide to the Standard of Practice: Denturism Educators	Discussion/ Decision	74 76 78

9. Key Performance Indicators – Strategy Map 2017 – 2020 9.1 Briefing Note 9.2 Strategy Map 2017 – 2020 9.3 Draft Key Performance Indicators	Discussion	81 82 83
10. Academic Program Accreditation – Commission on Accreditation for Denturism 10.1 Briefing Note 10.2 CAD Operating Budget 2018 10.3 CAD Proposed Membership Dues 2019 10.4 June 13, 2018 letter from Mr. Hoffer, Chair, CAD 10.5 EQual Canada – Health Education Program Accreditation, Program Description	Discussion/ Decision	92 94 96 98 100
LUNCH		
11. Standard of Practice: Advertising – Amendments 11.1 Briefing Note 11.2 Draft Amended Standard of Practice: Advertising 11.3 Guide to the Standard of Practice: Advertising	Decision	114 116 118
12. Policy Item: Criminal Matters and Judicial Matters Check 12.1 Briefing Note 12.2 Criminal Record and Judicial Matters Check Policy (Draft) 12.3 Criminal Record and Judicial Matters Check – Process Guidelines (Draft) 12.4 Legal Counsel Memo re Policy Check Report Policy 12.5 Current Criminal Background Check Report Policy	Decision	119 121 123 125 129
13. Mentoring Program for New Members of Council 13.1 Briefing Note	Discussion/ Decision	132
14. Next Meeting Date Next Council Meeting Date: Friday December 14, 2018	Information	
15. Adjournment		



College of Denturists of Ontario

Agenda for Meeting with the Executive Committee on Sept 7, 2018 and Council on Sept 14, 2018

Overview

- purpose of the audit (detection of material misstatement)
- three parties (mgmt / Executive Committee / Hilborn)
- framework = ASNFPO
- accounting policies (consistent / conservative / best practice)
- management co-operation/ no disagreements
- clean opinion

Audit Process

Pre-audit

Discussions with management

- engagement letter issued for March 31, 2018 year end
- changes in business operations/structure / risk profile
- discuss business and fraud risk factors
- audit risk assessment
- design audit procedures to respond to those areas of risk
- communicate audit strategy / materiality / audit risk

Communication of April 16, 2018 with Executive Committee

- communication of audit strategy / materiality / audit risk

Audit

Year end

- execution of designed audit procedures/no change to audit strategy or to materiality
- confirmation of specific balances / selected transactions with third parties
- vouching to source documents
- analysis and reperformance of calculations
- analytical review procedures/tests of unpredictability
- actual to budget / actual to prior year / related discussions with management
- legal matters: inquiry through discussions with management / legal counsel
- subsequent events review

Meetings with management, Executive Committee and Council

- review of draft financial statements
- adjustments proposed to and recorded by management
- no uncorrected misstatements

Draft financial statements

- changes to financial statement presentation - none
- changes to financial statement notes / new notes – best practice edits
-

Representation letter *(to be obtained upon approval of the draft financial statements by Council)*

Issuance of an unmodified audit opinion

Post Audit

Issuance of post audit communication letter to Executive Committee

Preparation of summary financial statements

Review of Annual Report

Preparation of T1044 Non-profit Organization Return

Preparation of corporate income tax return - T2



PRIVATE & CONFIDENTIAL

September 7, 2018

The Executive Committee of the
College of Denturists of Ontario
365 Bloor Street East, Suite 1606
Toronto, Ontario
M4W 3L4

re: College of Denturists of Ontario

Dear Members of the Executive Committee:

Further to the recent completion of our audit of the College of Denturists of Ontario (the "College") for the year ended March 31, 2018 we wish to communicate with you certain matters that may be of interest to you.

The objective of an audit is to obtain reasonable assurance whether the financial statements are free of material misstatement and it is not designed to identify matters that may be of specific interest to you. Accordingly an audit would not usually identify all such matters.

The following is a summary of matters we have communicated with you through our communication of April 16, 2018 and this correspondence:

Communication of April 16, 2018

- Auditor Independence
 - communicated through the Engagement letter issued for the March 31, 2018 year-end
- Auditors' Responsibility Under Generally Accepted Auditing Standards
 - communicated through the Engagement letter issued for the March 31, 2018 year-end
- Summary of Audit Approach, Materiality and Other Issues

Current Communication

- Auditor Independence
 - we are independent with respect to the College within the meaning of the Chartered Professional Accountants of Ontario Code of Professional Conduct as of September 7, 2018
- The Auditors Responsibility to Consider Fraud
 - we did not note any evidence of fraud during the course of the audit
- Misstatements - Illegal Acts
 - no misstatements of a material nature were identified
 - there were no uncorrected misstatements aggregated during the audit
 - we did not identify any illegal acts during the course of the audit

College of Denturists of Ontario
Toronto, Ontario
September 7, 2018

- Internal Control
 - other than a lack of segregation of incompatible duties, which is inherent in an organization of this size, we did not note any significant weaknesses in internal control during the course of the audit
- Related Party Transactions
 - we did not note any related party transactions during the course of the audit
- Matters Having a Significant Effect on the Qualitative Aspects of Accounting Principles used in the College's Financial Reporting
 - we did not note any significant qualitative aspects, including those detailed below that required communication with the Executive Committee, during the course of the audit:
 - initial selection of and changes in significant accounting policies, including the adoption of new accounting pronouncements
 - effect of significant accounting policies in controversial or emerging areas
 - existence of acceptable alternative policies and methods, and the acceptability of the particular policy or method used by management
 - effect on the financial statements of significant unusual transactions
 - issues involved, and related judgments made by management, in formulating particularly sensitive accounting estimates and disclosures (for example, disclosures related to going concern, subsequent events and contingency issues)
 - basis for the auditor's conclusions regarding the reasonableness of the estimates made by management in the context of the financial statements taken as a whole
 - factors affecting asset and liability carrying values, including the entity's bases for determining useful lives assigned to tangible and intangible assets
 - timing of transactions that affect the recognition of revenues or avoid recognition of expenses
- Annual Report
 - we will review the annual report prior to it being finalized to ensure there are no inconsistencies with the audited financial statements
- Other Issues
 - we did not encounter any serious difficulties while performing the audit, including significant delays in management providing information required for the audit and an unnecessarily brief timetable in which to complete the audit
 - we did not discuss any major issues with management in connection with our re-appointment as the auditor, including, among other matters, discussions regarding the application of accounting principles and auditing standards, and fees
 - we did not note any instances of management consulting with other accountants about auditing and accounting matters
 - we did not note any disagreements with management about matters that individually or in the aggregate could be significant to the entity's financial statements or the auditor's report, whether or not subsequently resolved
 - we did not note any other issues arising from the audit that would be important or relevant to the Executive Committee
 - a management letter was deemed to not be necessary for the March 31, 2018 year-end
 - a representation letter is to be obtained from management upon finalization

College of Denturists of Ontario
Toronto, Ontario
September 7, 2018

This communication is prepared solely for the information of the Executive Committee and is not intended for any other purpose. We accept no responsibility to a third party who uses this communication.

We would be pleased to discuss further any of the matters noted above in more depth or to make further investigations of areas where you may believe there are problems we may assist you with.

Yours very truly,

A handwritten signature in black ink that reads "Hilborn LLP". The signature is written in a cursive, flowing style.

I.B.MacKenzie/hw

Chartered Professional Accountants

COLLEGE OF DENTURISTS OF ONTARIO

FINANCIAL STATEMENTS

MARCH 31, 2018

Draft Statements Subject to Revision

HILBORN LLP

Independent Auditor's Report

To the Council of the
College of Denturists of Ontario

We have audited the accompanying financial statements of the College of Denturists of Ontario, which comprise the statement of financial position as at March 31, 2018, and the statements of operations, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the organization's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organization's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the College of Denturists of Ontario as at March 31, 2018, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Toronto, Ontario
To be determined

Chartered Professional Accountants
Licensed Public Accountants

COLLEGE OF DENTURISTS OF ONTARIO

Statement of Financial Position

March 31	2018 \$	2017 \$
ASSETS		
Current assets		
Cash	2,271,148	1,735,186
Investments	-	203,341
Prepaid expenses	17,788	26,627
	2,288,936	1,965,154
Capital assets (note 3)	86,513	91,439
Intangible assets (note 4)	1,829	1,251
	88,342	92,690
	2,377,278	2,057,844
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities (note 5)	175,176	141,746
Deferred registration fees	331,851	358,732
	507,027	500,478
Deferred lease incentives (note 6)	58,791	67,190
	565,818	567,668
NET ASSETS		
Invested in capital and intangible assets	51,382	50,450
Internally restricted for therapy and counselling (note 8)	10,000	10,000
Internally restricted for complaints and discipline (note 9)	360,000	360,000
Unrestricted	1,390,078	1,069,726
	1,811,460	1,490,176
	2,377,278	2,057,844

The accompanying notes are an integral part of these financial statements

Approved on behalf of the Council:

President

Vice-President

COLLEGE OF DENTURISTS OF ONTARIO

Statement of Operations

Year ended March 31

	2018 \$	2017 \$
Revenues		
Registration fees	1,381,076	1,340,489
Examination fees	230,675	203,250
Administration fees	14,183	16,013
Investment income	15,430	14,868
	1,641,364	1,574,620
Expenses		
Salaries and benefits	481,328	451,563
Examinations	314,991	321,895
Council and committees	19,246	34,173
Professional fees	123,868	124,753
Quality assurance	55,137	27,566
Rent (note 6)	101,687	98,412
Complaints and discipline (note 7)	45,563	100,928
Office and general	154,885	145,606
Amortization of capital assets	22,831	18,661
Amortization of intangible assets	544	536
	1,320,080	1,324,093
Excess of revenues over expenses for year	321,284	250,527

The accompanying notes are an integral part of these financial statements

COLLEGE OF DENTURISTS OF ONTARIO

Statement of Changes in Net Assets

Year ended March 31

	Invested in capital and intangible assets \$	Internally restricted for therapy and counselling \$	Internally restricted for complaints and discipline \$	Unrestricted \$	2018 Total \$
Balance, beginning of year	50,450	10,000	360,000	1,069,726	1,490,176
Excess of revenues over expenses (expenses over revenues) for year	(18,095)	-	-	339,379	321,284
Purchase of capital assets	19,027	-	-	(19,027)	-
Balance, end of year	51,382	10,000	360,000	1,390,078	1,811,460

	Invested in capital and intangible assets \$	Internally restricted for therapy and counselling \$	Internally restricted for complaints and discipline \$	Unrestricted \$	2017 Total \$
Balance, beginning of year	51,236	10,000	360,000	818,413	1,239,649
Excess of revenues over expenses (expenses over revenues) for year	(13,917)	-	-	264,444	250,527
Purchase of capital assets	13,131	-	-	(13,131)	-
Balance, end of year	50,450	10,000	360,000	1,069,726	1,490,176

The accompanying notes are an integral part of these financial statements

COLLEGE OF DENTURISTS OF ONTARIO

Statement of Cash Flows

Year ended March 31	2018 \$	2017 \$
Cash flows from operating activities		
Excess of revenues over expenses for year	321,284	250,527
Adjustments to determine net cash provided by (used in) operating activities		
Amortization of capital assets	22,831	18,661
Amortization of intangible assets	544	536
Interest capitalized on investments	-	(2,262)
Interest received on investments capitalized in prior years	3,341	36,633
Amortization of deferred lease incentives	(8,399)	(8,398)
	339,601	295,697
Change in non-cash working capital items		
Decrease in prepaid expenses	8,839	528
Increase (decrease) in accounts payable and accrued liabilities	33,430	(22,157)
Decrease in deferred registration fees	(26,881)	(16,564)
	354,989	257,504
Cash flows from investing activities		
Proceeds from disposal of investments	200,000	440,000
Purchase of capital assets	(17,905)	(13,131)
Purchase of intangible assets	(1,122)	-
	180,973	426,869
Net change in cash	535,962	684,373
Cash, beginning of year	1,735,186	1,050,813
Cash, end of year	2,271,148	1,735,186

The accompanying notes are an integral part of these financial statements

COLLEGE OF DENTURISTS OF ONTARIO

Notes to Financial Statements

March 31, 2018

Nature and description of the organization

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

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

1. Significant accounting policies

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

(a) Revenue recognition

Registration fees

Registration fees are recognized as revenue in the fiscal year to which they relate. The registration year of the College is April 15 to April 14. Registration fees received in advance of the registration year to which they relate are recorded as deferred registration fees.

Examination fees

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

Administration fees

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

Investment income

Investment income comprises interest from cash and investments.

Revenue is recognized on an accrual basis. Interest on investments is recognized over the terms of the investments using the effective interest method.

(b) Investments

Investments consist of guaranteed investment certificates whose term to maturity is greater than three months from date of acquisition. Investments maturing within twelve months from the year-end date are classified as current.

COLLEGE OF DENTURISTS OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2018

1. Significant accounting policies (continued)

(c) Capital assets

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

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

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

Furniture and fixtures	20% declining balance
Computer equipment	45-55% declining balance

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

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

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

COLLEGE OF DENTURISTS OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2018

1. Significant accounting policies (continued)

(d) Intangible assets

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

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

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

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

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

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

(e) Deferred lease incentives

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

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

(f) Net assets invested in capital and intangible assets

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

COLLEGE OF DENTURISTS OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2018

1. Significant accounting policies (continued)

(g) Financial instruments

(i) Measurement of financial assets and liabilities

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

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

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

Financial assets measured at amortized cost include cash.

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

(ii) Impairment

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

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

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

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

COLLEGE OF DENTURISTS OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2018

1. Significant accounting policies (continued)

(g) Financial instruments (continued)

(ii) Impairment (continued)

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

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

(h) Management estimates

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

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

2. Financial instrument risk management

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

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

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

COLLEGE OF DENTURISTS OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2018

2. Financial instrument risk management (continued)

Credit risk

The College is exposed to credit risk resulting from the possibility that parties may default on their financial obligations, or if there is a concentration of transactions carried out with the same party, or if there is a concentration of financial obligations which have similar economic characteristics that could be similarly affected by changes in economic conditions, such that the College could incur a financial loss. The College does not hold directly any collateral as security for financial obligations of counterparties.

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

	2018 \$	2017 \$
Cash	2,271,148	1,735,186
Investments	-	203,341
	<u>2,271,148</u>	<u>1,938,527</u>

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

Liquidity risk

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

The College meets its liquidity requirements by preparing and monitoring detailed forecasts of cash flows from operations and anticipated investing and financing activities.

Market risk

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

Currency risk

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

The College is not exposed to currency risk.

COLLEGE OF DENTURISTS OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2018

2. Financial instrument risk management (continued)

Interest rate risk

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

The College does not use derivative financial instruments to manage its exposure to interest rate risk.

Other price risk

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

The College is not exposed to other price risk.

Changes in risk

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

3. Capital assets

	Cost \$	Accumulated Amortization \$	2018 Net \$
Furniture and fixtures	86,957	63,451	23,506
Computer equipment	55,410	37,532	17,878
Leasehold improvements	60,173	15,044	45,129
	<u>202,540</u>	<u>116,027</u>	<u>86,513</u>
	Cost \$	Accumulated Amortization \$	2017 Net \$
Furniture and fixtures	86,957	57,574	29,383
Computer equipment	52,090	41,181	10,909
Leasehold improvements	60,173	9,026	51,147
	<u>199,220</u>	<u>107,781</u>	<u>91,439</u>

During the year, capital assets with a net book value of nil (cost and accumulated amortization both of \$14,585) were disposed of for no gain or loss.

COLLEGE OF DENTURISTS OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2018

4. Intangible assets

	Cost \$	Accumulated Amortization \$	2018 Net \$
Computer software	43,330	41,501	1,829
Database application software	31,900	31,900	-
	75,230	73,401	1,829
	Cost \$	Accumulated Amortization \$	2017 Net \$
Computer software	42,208	40,957	1,251
Database application software	31,900	31,900	-
	74,108	72,857	1,251

5. Accounts payable and accrued liabilities

	2018 \$	2017 \$
Trade payables and accrued liabilities	108,742	107,494
Accrued liabilities - complaints and discipline	46,151	24,199
HST payable	20,283	10,053
	175,176	141,746

COLLEGE OF DENTURISTS OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2018

6. Deferred lease incentives

	Cost \$	Accumulated Amortization \$	2018 Net \$
Tenant inducements	52,800	15,840	36,960
Free rent benefits	31,187	9,356	21,831
	<u>83,987</u>	<u>25,196</u>	<u>58,791</u>
	Cost \$	Accumulated Amortization \$	2017 Net \$
Tenant inducements	52,800	10,560	42,240
Free rent benefits	31,187	6,237	24,950
	<u>83,987</u>	<u>16,797</u>	<u>67,190</u>

Pursuant to the lease agreement for the College's office premises, lease incentives totaling \$83,987, comprised of tenant inducements of \$52,800 and free rent benefits of \$31,187 were received in a prior year.

Amortization of lease incentives in the amount of \$8,399 (2017 - \$8,398) was credited to rent expense in the current year.

7. Complaints and discipline

	2018 \$	2017 \$
Complaints and discipline	111,263	121,096
Cost recoveries	<u>(65,700)</u>	<u>(20,168)</u>
	<u>45,563</u>	<u>100,928</u>

8. Net assets internally restricted for therapy and counselling

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

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

COLLEGE OF DENTURISTS OF ONTARIO

Notes to Financial Statements (continued)

March 31, 2018

9. **Net assets internally restricted for complaints and discipline**

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

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

10. **Commitment**

The College is committed to lease its office premises until March 31, 2025. The future annual lease payments, including an estimate of premises common area expenses, are as follows:

	\$
2019	111,212
2020	111,212
2021	116,492
2022	116,492
2023	116,492
Subsequent years	232,985
	<u>804,885</u>

HILBORN

LISTENERS. THINKERS. DOERS.

Draft Statements Subject to Revision



92nd MEETING OF COUNCIL In-Person

365 Bloor Street East, Suite 1606, Toronto, ON M4W 3L4
Friday June 22, 2018- 9:00 a.m. to 4:00 p.m.

MINUTES

Members Present:

Mr. Joey Della Marina ➤ Chair
Mr. Hanno Weinberger
Mr. Jack Abergel
Mr. Latif Azzouz
Ms. Alexia Baker-Lanoue
Ms. Anita Kiriakou
Mr. Mark Fenn
Mr. Robert C. Gaspar
Ms. Wangari Muriuki
Ms. Barbara Smith
Mr. Michael Vout Jr.

Regrets:

Dr. Ivan McFarlane
Mr. Keith Collins
Mr. Christopher Reis

Legal Counsel:

Ms. Rebecca Durcan, SML Law

Staff:

Dr. Glenn Pettifer, Registrar and CEO
Ms. Tyneesha Du, Coordinator of Council and Corporate Services

1. Call to Order

The Chair called the meeting to order at 9:06 am.

2. Approval of Agenda

MOTION: That the agenda be approved as presented.

MOVED: Michael Vout Jr.

SECONDED: Alexia Baker-Lanoue

CARRIED

3. Declaration of Conflict of Interest

None noted or declared.

4. College Mandate

The Vice-President presented the College Mandate and the College Mission.

5. Results of Elections – Districts 6,7 & 8

The Registrar confirmed the results of the Elections for Districts 6, 7 & 8

6. Election of Executive Committee and Officers for 2018-2019

The Registrar chaired the election.

MOTION: That Rebecca Durcan and Jennifer Slabodkin act as scrutineers.

MOVED: Wangari Muriuki

CARRIED

SECONDED: Joey Della Marina

Executive Committee for 2016-2017

- Ivan McFarlane – Public Member at Large – Acclaimed
- Joey Della Marina – Vice President – Acclaimed
- Michael Vout Jr – Professional Member at Large – Acclaimed
- Wangari Muriuki - Public Member at Large – Acclaimed
- Alexia Baker-Lanoe – Professional Member at Large - Acclaimed

MOTION: To destroy ballots as election has now been closed and member seating have been acclaimed.

MOVED: Michael Vout Jr.

SECONDED: Wangari Muriuki

CARRIED

7. Confidentiality Agreement

The Chair reminded members of the Committee about the importance of confidentiality related to all matters of Committee business.

8. Nominating Committee's Proposed Slate of Members and Chairs of Statutory and Non-Statutory Committees for 2018-2019

MOTION: That Council approve the proposed slate for Statutory and Non-Statutory Committees and Chairs of Statutory Committees for 2018-2019 as presented.

MOVED: Barbara Smith
SECONDED: Alexia Baker-Lanoue

CARRIED

9. Consent Agenda

9a) Items removed from the Consent Agenda: **9.3 and 9.4, 9.8, 9.9 and 9.14 – Gray Areas**

MOTION: That Council adopt the amended Consent Agenda.

MOVED: Hanno Weinberger
SECONDED: Jack Abergel

CARRIED

9b) Items from the Consent Agenda

9.3 Inquiries, Complaints and Reports Committee Report

Made an update to the report from 3 to 4 health inquiry meetings dated June 20th

MOTION: That Council adopt the ICRC report.

MOVED: Hanno Weinberger
SECONDED: Alexia Baker-Lanoue

9.4 Quality Assurance Committee – Panel A Report

Spelling correction for paragraph two page 18 – “decreasing the changes” should read “decreasing the chances”

MOTION: That Council adopt the QAC Panel A Report.

MOVED: Robert Gaspar
SECONDED: Wangari Muriuki

9.8 President’s Report

The President was absent, and the report was not provided to Council

9.9 Registrar’s Report

MOTION: To adopt the Registrar’s Report.

MOVED: Barbara Smith
SECONDED: Wangari Muriuki

9.14 Items of Interest

MOTION: To adopt the Items of Interest.

MOVED: Michael Vout JR.
SECONDED: Hanno Weinberger

10. Amendment to Article 33.06 of the College By-laws- Additional Information on the Public Register

MOTION: To adopt the proposed amendments to Article 33.06 of the College By-Laws

MOVED: Barbara Smith

SECONDED: Hanno Weinberger

11. Standards of Practice

Standard of Practice: Restricted Title and Professional Designations

MOTION: Postpone approval of this Standard until a decision regarding the creation of a “retired” status is made. Approve the proposed by-law amendment regarding “retired” status and circulate to stakeholders for comment.

MOVED: Barbara Smith

SECONDED: Wangari Muriuki

CARRIED

Standard of Practice: Advertising

MOTION: To postpone further modification of this Standard until a definition of “consultation” has been established. Staff are to develop a number of possible definitions for Council’s consideration.

MOVED: Hanno Weinberger

SECONDED: Michael Vout Jr

CARRIED

12. Professional Misconduct Regulation – Revision

MOTION: To adopt the draft revision with changes noted during discussion, communicate these revisions to the Ministry and update Council as the revision process proceeds.

MOVED: Wangari Muriuki

SECONDED: Hanno Weinberger

13. Registration Regulation – Revisions

MOTION: To confirm the proposed amendments and communicate these revisions to the Ministry of Health and Long-Term care.

MOVED: Barbara Smith

SECONDED: Anita Kiriakou

14. GOVERNANCE TRAINING

Unconscious Bias in Decision Making – Recognition and Strategies for Mitigation – presented by Ms. Deanna Matzanke, Senior Director, Ideas, Insights, and Innovation – Canadian Centre for Diversity and Inclusion

15. Next Meeting Date

Friday September 14, 2018

16. Adjournment

The meeting adjourned at 3:55 pm.



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Executive Committee**

Reporting Date: **September 14, 2018**

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

The Executive Committee has not met since it's last report to Council on June 22, 2018. The Executive Committee will be meeting on Friday September 7, 2018.

The Committee will be reviewing the draft audited financial statements for the 2017-2018 fiscal period which will be presented by Mr. Blair MacKenzie of Hilborn LLP. The Committee will also review the current financial statements for April 1, 2018 – July 31, 2018.

The Committee will be considering 3 Clinic Name applications and 1 Clinic Name appeal request.

Respectfully submitted by Ivan McFarlane, PhD
President



COMMITTEE REPORT TO COUNCIL

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

Reporting Date: **August 30, 2018**

Number of Meetings since last report to Council (June 1, 2018): **5 meetings.**
2 ICRC teleconferences held on June 8, 2018 and August 30, 2018
1 Health Inquiry Panel teleconference held on June 20, 2018.
1 in-person training session on August 1, 2018
1 in-person meeting held on August 2, 2018

Decisions finalized

Investigations closed and draft decisions approved:	8
a) Complaints	7
b) Registrar's Reports	0
c) Registrar's Reports – Referral from QA	1

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

No Further Action	4
Advice/Recommendation/Reminder	0
SCERP	3
Caution	2
Referral to Health Inquiry Panel	0
Referral to Discipline	0

Practice Issues (identified by ICRC when approving decisions)

Practice Issue	Primary Issue	Secondary Issue
Patient harm/Patient Safety		
Clinical knowledge/understanding		
Clinical Skill/Execution	1	
Communication	2	2
Professional Judgment		1
Legislation, standards & ethics	3	
Laboratory Procedures		
Practice Management	2	

HPARB appeals:

Total Appeals pending	7
ICRC Decision confirmed – case closed	0
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: **September 14, 2018**

Number of Meetings since last

Council Meeting: **1**

Panel A of the Quality Assurance Committee (QAC-A) considers Peer & Practice Assessment reports as an indicator of whether or not a member's knowledge, skill and judgement are satisfactory. The Committee also monitors member compliance with the CPD program and develops tools, programs and policies for the College's Quality Assurance Program.

QAC-A met once since its last report to Council on June 22, 2018.

Meeting: July 17, 2018

Requirement Considered	Result
2016-17 Peer & Practice Assessments	• 1 – Remediation required
2017-18 Peer & Practice Assessments	• 1 – Satisfactory (no further action)
2018-19 Peer & Practice Assessments	• 1 – Ordered to participate in a Modified Non-Clinical Peer & Practice Assessment ¹
2017-18 Annual CPD Requirements	• 4 – Ordered to participate in a CPD audit for failure to respond to the requests of the Committee to enter the minimum annual requirement; \$50 + HST administration fee applied • 1 – Satisfactory (no further action)

Peer & Practice Assessment Report Summary:

Renewal Period	Satisfactory	Remediation ²	Reassessment Ordered for Remediation	Modified Non-Clinical Assessment	Referral to ICRC	Resigned
2016-17 (Total = 37)	19	11	1	3	1	2

¹ Modified Non-Clinical Assessment requests may be granted to members who are currently not practising the profession because of illness or other personal circumstances. In these cases, members who have received approval from QAC-A would be required to submit proof of their CPD activities for the previous renewal period to the College for review. Additionally, the member would be required to notify the College of a return to practise so the full Clinical Peer and Practice Assessment can be completed.

² The number of members requiring remediation has increased since the implementation of the Standard of Practice: Record Keeping. 100% of members that required remediation for 2016-17 needed to improve their record keeping practises to meet the Standard. Of the members that required remediation for 2017-18, 65% of them needed to improve record keeping to meet the Standard.

Renewal Period	Satisfactory	Remediation²	Reassessment Ordered for Remediation	Modified Non-Clinical Assessment	Referral to ICRC	Resigned
2017-18 (Total = 35)	17	17	0	1	0	0
2018-19 (Total = 36)				2		

CPD Compliance Summary:

Renewal Period	Extensions Granted	CPD Audit Ordered	Peer & Practice Assessment Ordered	Referred to ICRC for Non-Compliance
2016-17	7	7	0	1
2017-18	2	4	TBA	TBA

The Committee will be meeting in October 2018 to continue considering Peer & Practice Assessment reports, CPD compliance matters, and to continue development on the Self-Assessment Tool and Chart Stimulated Recall projects.

Respectfully submitted Keith Collins, Chair



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Quality Assurance Committee – Panel B**

Reporting Date: **September 14, 2018**

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

Panel B of the Quality Assurance Committee (QAC-B) has not met since its last report to Council on June 22, 2018.

At its next meeting on October 24, 2018, the Committee will review a draft Standard of Practice: Professional Boundaries and accompanying Guide, a draft Standard of Practice: Inter-Professional Collaboration and accompanying Guide, and a draft Code of Ethics.

Respectfully submitted by Hanno Weinberger, Chair



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Qualifying Examination Committee (QEC)**

Reporting Date: **September 14, 2018**

Number of Meetings since last Council Meeting: **Three teleconference meetings: July 17, 23 & 30, 2018**

The Committee met three times to review the item analysis for each component of the June administration of the QE and for the presentation of the final examination results.

Summer - June 2018 - Qualifying Examination

A total of 49 candidates were assessed, 8 of which were reassessments.

QE SUMMER 2018	Total	New	Repeat
Number of candidates	49	41	8
Number of successful candidates	36	31	5
Pass rate (new candidates)	76%		

Other Discussion Items:

Winter 2019 Qualifying Examination

The Committee reviewed the Chief Examiner's report for the summer 2018 Qualifying Examination and adopted the recommendations to extend the dry run time from 30 minutes to one hour and to allow the assessors 50% additional time to complete the marking checklist for each candidate. This would extend the time for candidates to read instructions and material outside each station from two to three minutes.

The Committee agreed that the additional time would be beneficial and assist in ensuring that all assessors and standardized patients are exam ready.

Summer 2019 Qualifying Examination

In March 2018 the Committee agreed to reduce the number of non-interactive OSCE stations from eight to six to optimize the College's resources. The themes of those non-interactive stations will be reallocated to the clinical practice and laboratory competency areas in the MCQ component. This change in distribution of the QE blueprint will be communicated to the educational institutions along with performance reports for the summer 2018 Qualifying Examination results.

Respectfully submitted by Christine Reekie, Chair



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Registration Committee**

Reporting Date: **September 14, 2018**

Number of Meetings since last

Council Meeting: **2**

The Registration Committee (RC) met twice since its last report to Council on June 22, 2018.

At its July 5th, 2018 meeting, the Committee considered 1 application for a Certificate of Registration and 1 currency matter.

At its August 21st, 2018 meeting, the Committee considered 1 application for reinstatement of a Certificate of Registration.

The Committee considered information provided by legal counsel regarding the Police Record Check Reform Act (PRCRA) which comes into force in Ontario on November 1, 2018.

Based on the information provided by legal counsel, the Committee moved to amend the current Criminal Background Check Report Policy to require applicants who apply for a Certificate of Registration on or after November 1, 2018 to provide a Criminal Record and Judicial Matters Check.

Finally, the Committee considered a query from the Ministry of Health and Long-Term Care regarding the Inactive Status provisions in the revised Registration Regulation. The Committee opined that members who resigned during or after 2012 should be eligible to apply for an Inactive Certificate of Registration as that was the last time that the College offered this status to the membership. This will allow anyone who resigned since 2012 in anticipation of the revised regulation coming into force to apply to the Inactive class.

Respectfully submitted by Elizabeth Gorham-Matthews, Chair



To: **Council**

From: **Dr. Ivan McFarlane**

Date: **September 14, 2018**

Subject: **President's Report - Verbal**



To: **Council**

From: **Dr. Glenn Pettifer**

Date: **September 14, 2018**

Subject: **Registrar's Report**

I am pleased to provide this report to the Council. It has been less than 3 months since my last report to Council and the summer months tend to be a bit quieter in the Regulatory world. Nonetheless, with staffing changes, each of us has had lots to do!

STAKEHOLDER REPRESENTATION

- FHRCO Board Meeting – July 5, 2018.
- Two meetings with representatives from the MOHLTC regarding revisions to the Registration, Quality Assurance and Professional Misconduct Regulations.

FINANCE

The 2017-2018 Audit was completed in May and the draft audited financial statements will be presented by Blair McKenzie of Hilborn LLP at this meeting of Council (September 14, 2018). Year-to-date financial reports are also provided.

REGISTRATION

The College currently has 696 registrants.

QUALIFYING EXAMINATION

The summer Qualifying Examination took place on June 21 (MCQ) and June 23-24, 2018 (OSCE). Forty-nine candidates (new and repeat) registered for the examination. The overall pass rate (both MCQ and OSCE examinations) for all candidates was 73.5%. Of those 49 candidates, 36 became eligible to register with the College. To date, only 7 of those individuals have applied for a Certificate of Registration.

ICRC and DISCIPLINE

The College currently has 18 active complaint files, 7 Registrar's Reports/Investigations, , 1 active Health Inquiry Panel, 7 decisions at HPARB, 1 pending Discipline Hearing and 1 scheduled Registration Reinstatement Hearing.

PROGRAM AND POLICY DEVELOPMENT

Jurisprudence Project

We continue in the piloting phase of the development of this project. We anticipate that it will be launched in the fall.

Peer Circle Project

The case writing and facilitator training for this project is complete. Two pilot sessions were carried out over the summer with 15 attendees and 14 facilitators. Participant (attendee and facilitator) feedback from these pilot sessions included:

- "facilitators were integral to making the members feel confident and empowered to participate"
- "the format empowered members to discuss their experience, thoughts, and opinions"
- "the act of exchanging ideas with their peers 'opened their minds'
- "guided discussions kept the group on task

Further dry runs of the Peer Circle will be carried out in October. It will be presented at the DAO-PYP conference on November 1, 2018.

A short informational video is in development. This video will be used to inform members of the profession about the value of peer circle.

Revisions to the Peer and Practice Assessment

The Quality Assurance Committee-Panel A has adopted the Chart Stimulated Recall tool as the central component of the Peer and Practice Assessment. This tool establishes the framework for the conversation between the assessor and the member.

Self-Assessment Tool.

The development of the online self-assessment tool is complete. The user testing phase has just started. The tool will be piloted to registered denturists between September and December, 2018. It will be launched in January 2019.

By-law Revisions

The consultation on the by-law amendment that provides for a "retired" status concludes on September 24, 2018. The results of this consultation will be presented to Council at its December meeting.

Regulation Revisions

The revised draft of the proposed new Registration Regulation, the draft of the proposed new Quality Assurance Regulation and the draft of the proposed new Professional Misconduct Regulation were finalized during several meetings with representatives of the MOHLTC over the summer. The College was asked to complete a regulatory impact analysis for each of the proposed Regulations. This

analysis details any changes in resource investment that will be required from the member when compliant with the proposed regulation.

Document Management Project

The needs assessment was completed in April 2018. A project plan has been developed. Elements of the plan include a physical inventory of onsite records, assessment and selection of an appropriate document management program, development of document retention policies, examination of documents that are currently stored off-site and electronic scanning of retained records.

Infection Prevention and Control Guidelines

The drafting of the revised IPAC Guidelines continues. The College provides information support to Registered Denturists who have questions regarding this area of clinical practice.

CONTINUING PROFESSIONAL DEVELOPMENT INITIATIVES

Educational webinars and self-directed learning assignments have been developed. The College offered live webinars over the past few months for the Standards listed below. Members who attend the webinars have the option to complete self-directed learning assignments for additional CPD credit. Staff have developed on-demand modules for each of these Standards.

Standard	# of Sessions	# of Attendees	On Demand Views
Confidentiality & Privacy	2	14	24
Advertising	2	19	10
Conflict of Interest (New!)	2	20	1



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BRIEFING NOTE/MEMO

To: **Council**

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

Date: **September 14, 2018**

Subject: **Financial Report Memo**

The income statement for April 1, 2018 – July 31, 2018 is attached.

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). This report covers the first 4 months of the fiscal year. Consequently, we anticipate that approximately 33% of a budgeted amount would have been spent. On the revenue side, most of the College's revenue comes from Registration fees and, since the renewal period ended on April 16, the College has obtained approximately 92% of its budgeted revenue.

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 33%. Some items, such as credit card processing fees are expenses that are primarily incurred at one time in the fiscal year. At the CDO, credit card fees are generally incurred during the renewal period (March 1 – April 16) when members renew their Certificates of Registration and pay by credit card. The processing fees are then invoiced and accounted in April/May. In this income statement, the credit card fees are included in the Office & General expense and serve to increase the total line expenditure above the anticipated (33%) amount.

Also included in this line item are expenses for Registrar/Stakeholder meetings. These are slightly above 100% of the budgeted amount. When the budget was formulated for the current fiscal year, this line did not include expenses for attending the annual general meeting of the DAC and parallel meetings of all provincial Registrars and the Commission on Accreditation for Denturism as these meetings hadn't been called. Since we are early in the fiscal year and there are other anticipated stakeholder meetings, further expenditures in excess of 100% of the budgeted amount are anticipated.

In the Complaints and Discipline section, the Complaints line is already at 76% of the budgeted amount. This excess is largely due to an increase in costs associated with investigations and decisions writing. This excess will only increase over the remainder of the fiscal year. We are unable to accurately predict the investigation costs when budgeting because those costs depend on the ICRC matters that arise throughout the year, again something we cannot predict or control. The investigation costs already incurred are related to matters that have included allegations of sexual abuse, member capacity concerns, and scope of practice concerns. ICRC costs associated with legal advice and decision writing are case driven and are already in excess of the expenditure amount for this point in the fiscal year. These cost totals will only increase as the fiscal year unfolds.

Most of the other expense items are at or below the projected expenditure level. The average total expenditure level is 34% of the budget which is almost exactly on target for this point in the fiscal year.

College of Denturists of Ontario

Income Statement (April 1- July 31, 2018)

YTD Budget to Actual	2018-2019 BUDGET	July 31/18 YTD Totals	YTD as Percentage of Budget	Remainder or In Excess of Budgeted Amount*
REVENUE				
Professional Corporation Fees	\$ 64,950.00	\$ 54,600.00	84%	\$ 10,350.00
Registration Fees	\$ 1,369,625.00	\$ 1,307,035.00	95%	\$ -
Other Fees	\$ 8,484.50	\$ 8,689.49	102%	\$ 2,550.00
Qualifying Examination Fees	\$ 243,750.00	\$ 187,800.00	77%	\$ 26,600.00
Other Income	\$ 37,800.00	\$ 24,493.11	65%	\$ 33,440.00
TOTAL REVENUE	\$ 1,724,609.50	\$ 1,582,617.60	92%	\$ 62,590.00
EXPENDITURES				
Wages & Benefits	\$ 505,770.17	\$ 166,503.25	33%	\$ 339,266.92
Professional Development	\$ 35,000.00	\$ 11,333.00	32%	\$ 23,667.00
Professional Fees	\$ 209,900.00	\$ 32,085.71	15%	\$ 177,814.29
Office & General	\$ 137,957.05	\$ 59,424.99	43%	\$ 78,608.68
Rent	\$ 117,756.80	\$ 36,235.87	31%	\$ 81,520.93
Qualifying Examination	\$ 321,750.00	\$ 153,651.40	48%	\$ 168,098.60
Council and Committees	\$ 40,000.00	\$ 5,261.93	13%	\$ 32,238.07
Quality Assurance				
QA Panel A	\$ 4,000.00	\$ 497.52	12%	\$ 3,502.48
QA Panel B	\$ 5,000.00	\$ -	0%	\$ 5,000.00
QA Assessments	\$ 18,300.00	\$ 2,055.58	11%	\$ 16,244.42
Complaints & Discipline				
Complaints	\$ 66,000.00	\$ 50,073.96	76%	\$ 26,426.25
Discipline	\$ 80,000.00	\$ -	0%	\$ 80,000.00
Capital Expenditures	\$ 15,000.00	\$ 6,202.81	41%	\$ 8,797.19
TOTAL EXPENDITURES	\$ 1,556,434.02	\$ 523,326.02	34%	\$ 1,041,184.83
NET INCOME	\$ 168,175.48	\$ 1,059,291.58		



BRIEFING NOTE

To: **COUNCIL**

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

Date: **September 14, 2018**

Subject: **Update on Strategy Map 2017-2020 progress**

Priority 1 – Enhanced Communication and Stakeholder Engagement

Citizen's Advisory Group met on January 20, 2018 and considered the College items that were included on the agenda. The report from the CAG was included in the March 9, 2018 Council package. Since that time, the report has been evaluated and a work plan of elements arising from the report has been outlined. This work plan was included in the Consent Agenda for the June 22, 2018 meeting.

Communications strategy survey has been completed and the results will be collated and presented to Council at its September 2018 meeting.

Facilitator training workshops for the Peer Circle project were held on March 2 & 3, 2018. Two pilot administrations of the Peer Circle tool were carried out in July and August. There will be another pilot session prior to launching this tool at the DAO PYP in November.

Educational webinars and self-directed learning assignments have been developed for the Standards listed below. Members who attend the webinars have the option to complete self-directed learning assignments for additional CPD credit. Staff have developed on-demand modules for each of these Standards.

Here are the user statistics since inception.

Standard	# of Sessions	# of Attendees	On Demand Views
Record Keeping	19	483	71
Informed Consent	14	264	63
Confidentiality & Privacy	12	183	139
Advertising	8	163	84
Conflict of Interest	4	88	1

The summer series has just concluded. More sessions will be offered during the fall.

CAG has provided feedback on website accessibility. This feedback has been assessed and catalogued and a work plan for website modifications and select communication initiatives has been drafted. Some of the website modifications have been completed. Amendments to the design of the public register to add to its accessibility are underway.

Priority 2 – Excellence in Governance

Ongoing Council and Committee member training – With the new slate of Committee membership, each Committee will receive training around the Committee's mandates and processes. Council, Committee Members and Peer Advisors have recently engaged in training sessions on Unconscious Bias. Some training on financial literacy will be provided by Blair MacKenzie at the June 2018 Council meeting.

A 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. Included under this initiative is the development of a document management strategy. The needs assessment for the College's document management processes was completed. The next steps are a physical inventory of in-house file materials and a inspection and assessment of document management platforms.

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

College staff attended all 3 academic institutions to deliver a presentation on the College, its role in the regulation of the profession of denturism, registration requirements, qualifying examination processes and opportunities for engagement.

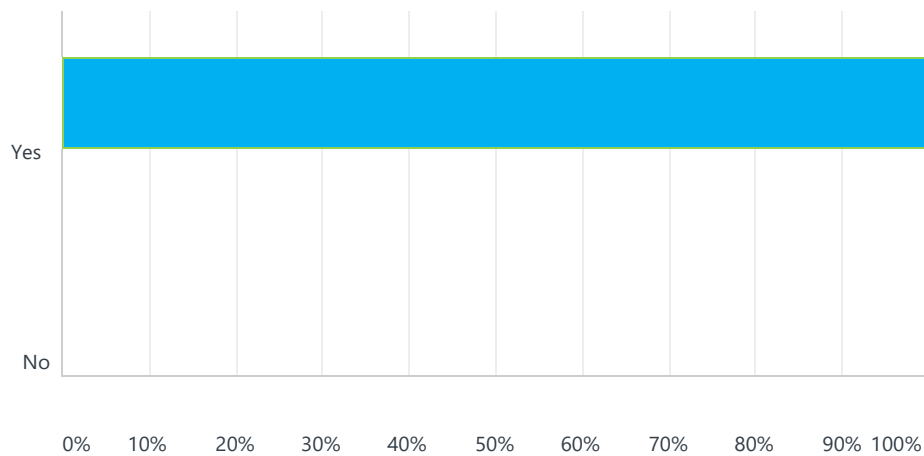
The Registrar convened a meeting of provincial registrars (or others who serve in this capacity) in St. Andrews, NB where the DAC was holding its annual meeting. The Commission on Accreditation of Denturism was also holding its meeting in the same location. The provincial registrars discussed many items including: regulatory best practices, the use of the DD designation, regulator/association relationships, national competency profile, national qualifying examination and academic program accreditation. This was a very productive meeting, specifically in terms of relationship building. All the registrars attended the CAD meeting.



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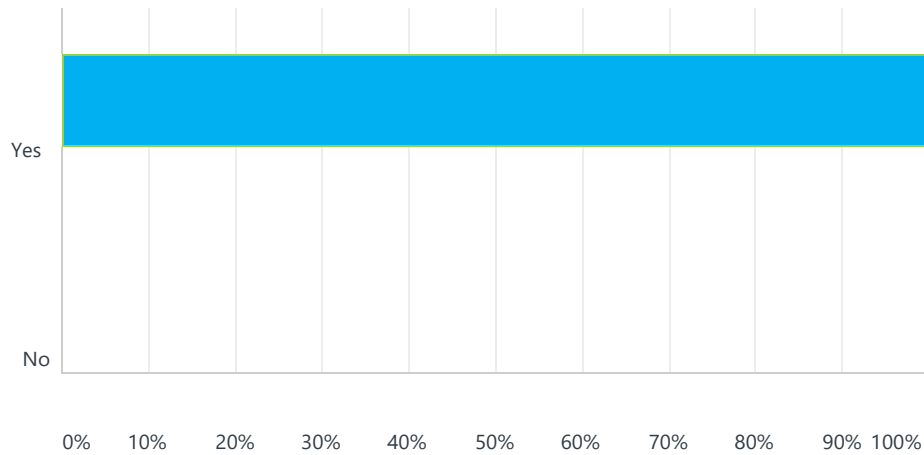
Council Meeting June 22, 2018 – Feedback Survey

I received appropriate, supportive information for this Council meeting:



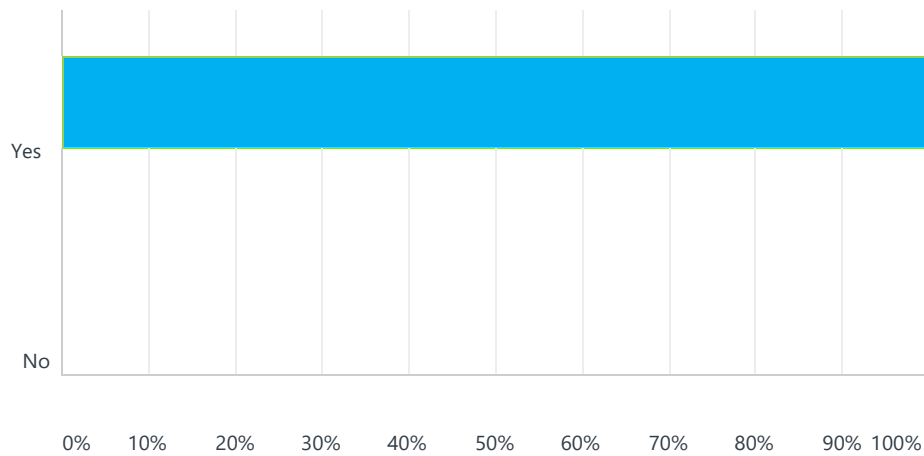
ANSWER CHOICES	RESPONSES	
Yes	100.00%	9
No	0.00%	0
TOTAL		9

I received this supportive information in a timely manner:



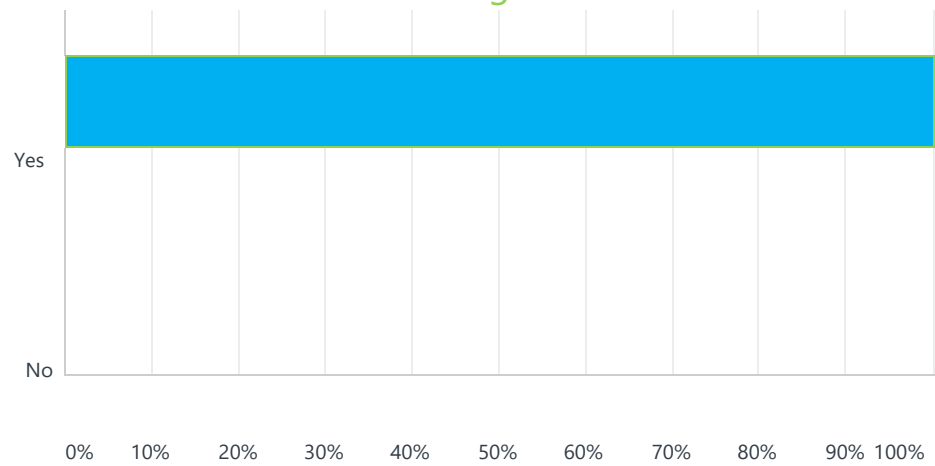
ANSWER CHOICES	RESPONSES	
Yes	100.00%	9
No	0.00%	0
TOTAL		9

This meeting was effective and efficient:



ANSWER CHOICES	RESPONSES	
Yes	100.00%	9
No	0.00%	0
TOTAL		9

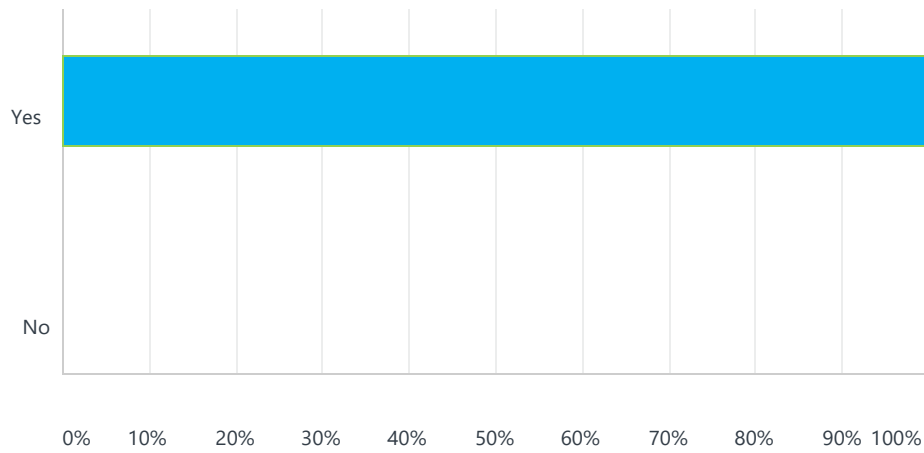
The meeting was chaired in a manner that enhanced Council’s performance and decision-making:



ANSWER CHOICES	RESPONSES	
Yes	100.00%	9
No	0.00%	0
TOTAL		9

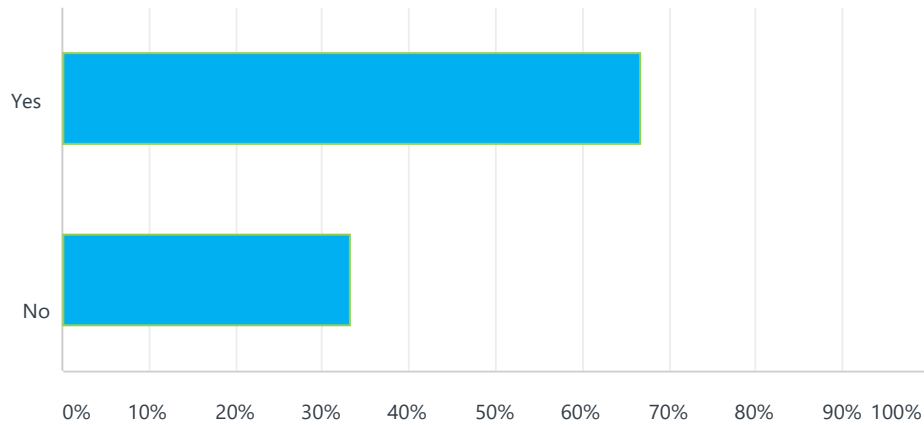
#	COMMENTS
1	Refreshing and efficient.
2	For the most part. A bit rushed for the lunch break

I felt comfortable participating in the Council discussions:



ANSWER CHOICES	RESPONSES	
Yes	100.00%	9
No	0.00%	0
TOTAL		9

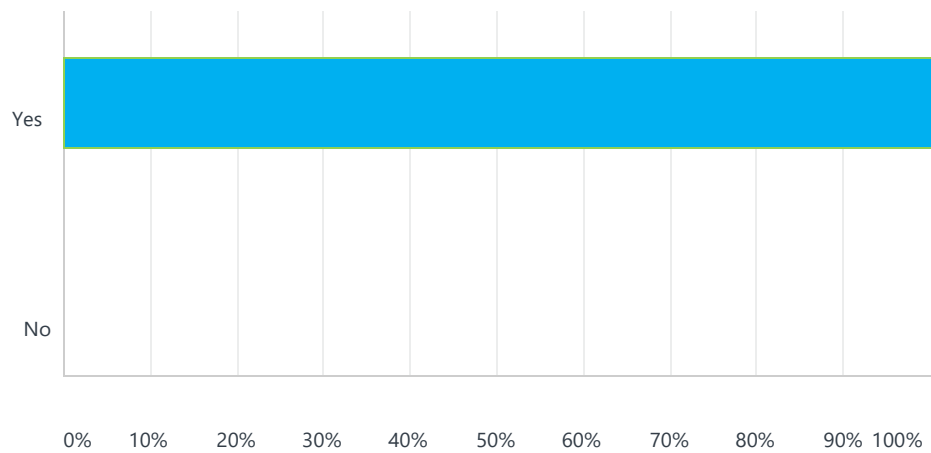
The presentation on Unconscious Bias presentation was useful:



ANSWER CHOICES	RESPONSES	
Yes	66.67%	6
No	33.33%	3
TOTAL		9

#	COMMENTS
1	But I could be biased...lol
2	Absorbing and fascinating; I'm still not sure how it really impacts on what we actually do in Committees.
3	The presentation was most timely and useful. Hopefully Counsel Members will continue to reflect on the discussions had and the issues raised. I feel Counsel would benefit from further presentations of a similar nature.
4	My unconscious tells me there was a bias about this presenter. I felt she had a fight to pick and

The public interest was considered in all discussions:



ANSWER CHOICES	RESPONSES	
Yes	100.00%	9
No	0.00%	0
TOTAL		9

List two strengths of this meeting:

#	RESPONSES
1	New material Good interactions
2	Good humored. The Registrar seemed to have a ready answer to questions posed.
3	1. Presentation on Unconscious Bias 2. Advise/comments offered by College Counsel
4	Getting through the agenda in a timely manner is probably a great strength, with allowing discussion. Efficient and of great quality (minus the workshop).
5	We accomplished a very heavy agenda. There was good participation in the discussions.
6	1) We have an excellent VP to run meetings when the president is absent. 2) The Lunch menu was fantastic.

List two ways in which Council meetings could be improved:

#	RESPONSES
1	Don't know.
2	The Unconscious Bias Presentation - though fascinating, no doubt - seemed to last a very long time.
3	1. Maintaining a speaker's list to encourage more orderly participation 2. On-going professional development on timely topics
4	Proper workshops and not some one's opinion-based arguments. These sorts of discussions can be geared to manipulate the audience to subscribe to the presenter's bias. After all, we all have different opinions and that is what makes this country great.
5	More timely "bio breaks" but keep them brief.
6	Have multiple choices as to who will be and what the next speaker will lecture on and have council vote on it.

Additional Comments?

#	RESPONSES
1	Will the input provided by these surveys alter the way meetings are organized and run?

Other Questions that Council should be asking in this feedback survey?

#	RESPONSES
1	Why doesn't council get a say as to which presenter and or topics for presentation to be
2	n/a

Prepared by Richard Steinecke

In this Issue:

- Regulation expands and clarifies duty to report drivers with medical conditions, see p. 1

Bonus Features:

- Combined Investigations Upheld, see p. 2
- Jurisdiction Over Conduct Before Registration, see pp. 2-3
- Crossing the Line, see p. 3
- Further Clarity on the Mental Intent for Professional Misconduct, see p. 4
- Scope of Investigations, see p. 4
- Controlled Acts Injunction, see pp. 5-6
- Practising Law is Practising Law, see p. 6

Ontario Bills

(See: <https://www.ola.org>)

There was no relevant legislative activity this month.

Proclamations

(See www.ontario.ca/en/ontgazette/gazlat/index.htm)

There were no relevant proclamations this month.

Regulations

(See www.ontario.ca/en/ontgazette/gazlat/index.htm)

Highway Traffic Act – Earlier this year, the reporting provisions for conditions that could impair a patient’s ability to drive were amended. Nurse practitioners were added to the list of practitioners (previously physicians and optometrists) who had to report such conditions. More objective criteria were provided to assist practitioners in determining whether a report had to be made. In addition, occupational therapists were given the authority to make voluntary reports. Adding this category of practitioners entitled to make voluntary reports increases the risk for other practitioners who make voluntary reports as it is less clear whether they will have immunity for making such reports in good faith. (See: O.Reg. 38/18).

Proposed Regulations Registry

(See <http://www.ontariocanada.com/registry>)

There were no relevant consultations this month.

Bonus Features

(Includes Excerpts from our Blog and Twitter feed found at www.sml-law.com)

Combined Investigations Upheld

The Ontario Court of Appeal has held that, under the *Regulated Health Professions Act*, the regulator is permitted to combine various processes into a single investigation. In *Abdul v Ontario College of Pharmacists* 2018 ONCA 699, <http://canlii.ca/t/htpdg>, the regulator received both a formal complaint and additional, overlapping, information about the conduct of the practitioner. The regulator discussed the options with the complainant who agreed to withdraw her complaint so that the entire matter could be investigated through a single Registrar's investigation. This use of the Registrar's investigation process was challenged, in part, on the basis that the complaints process, requiring the Registrar to notify the practitioner early on, was not followed. The Divisional Court accepted this argument concluding that there was no mechanism for allowing the withdrawal of the complaint and that the mandatory complaints procedures were not followed. The Divisional Court would have required parallel investigations of the two matters. The Court of Appeal reversed the decision of the Divisional Court, concluding that the legislation did not prohibit the withdrawal of a complaint (with the consent of the regulator) and that combining the matters into a single Registrar's investigation was both practical and authorized. The Court of Appeal found that there was no denial of procedural fairness by using the alternative investigative process (the requirements of which had been followed).

The Court of Appeal held that the use of the alternative process was subject to abuse of process safeguards but found there was no prejudice to the practitioner (which is often required to establish an abuse of process) on the facts of this case. In reaching this decision, the Court sidestepped the either/or dichotomy to the narrow/liberal interpretation of legislation dispute and indicated that the legislation should be interpreted in a manner that protects the public but is still fair to the practitioner. The regulator was allowed to proceed with its discipline hearing.

Jurisdiction Over Conduct Before Registration

For over a century and a half, there has been debate and inconsistent court decisions about whether regulators have jurisdiction over members for their unprofessional conduct before they were registered. On the one hand, it seems odd for a person to be accountable for their behaviour when the rules they are said to have breached did not apply to them at the time. On the other hand, the conduct could well reflect on their suitability to be a member of the profession. The Divisional Court has attempted to reconcile the case law in *Association of Professional Engineers of Ontario v. Leung*, 2018 ONSC 4527, <http://canlii.ca/t/htl3k>. In that case, the allegations included conduct by a certificate holder relating to what amounted to illegal practice of the profession prior to obtaining the certificate. The Discipline Committee concluded it had no jurisdiction over the conduct. The regulator appealed.

The Divisional Court said that the issue was one of interpreting the intent of the legislation. Thus, the answer could well be different under different statutes. Under the *Professional Engineers Act*, which was silent on the issue, there seemed to be a distinction between the disciplinary enforcement

mechanism, which applies only to members and certificate holders, and certain offence provisions that applies to others as well. In fact, there was a specific offence for offering services to the public without a certificate. The Court concluded that it was both reasonable and correct to view the discipline process to be available for pre-registration conduct only where the conduct continued to when the person was registered or where there was “conduct that resulted in the fraudulent procurement of a licence which negatively affected the individual’s fitness to practice”.

This approach to the jurisdiction over conduct that occurs before registration might become the starting point of the analysis for other regulators whose statutes are silent on the issue.

Crossing the Line

Practitioners are entitled to criticize their regulators and colleagues, to a point. However, when the tone and content of the criticism undermines the integrity of the regulatory process or brings the profession into disrepute, it crosses the line. That is what the Alberta Court of Appeal concluded in *Zuk v Alberta Dental Association and College*, 2018 ABCA 270, <http://canlii.ca/t/htl8m>.

Dr. Zuk, a general dentist, made numerous statements online, to traditional media and in a book alleging that orthodontic specialists and the regulator were, in effect, conspiring to prevent him and other general dentists from providing certain beneficial services to the public. The tone and language of some of the statements were disrespectful (e.g., “veneer Nazis”). The Court of appeal upheld the discipline finding was reasonable. The Court found that the statements could be viewed as advertisements in the broad sense of the term and that Dr. Zuk’s freedom of expression was not infringed by the decision (applying the *Doré* analysis). It was not necessary for the regulator to establish harm to the public in order to make this finding of misconduct.

The Court also upheld a finding that Dr. Zuk had threatened the regulator by demanding it withdraw the complaints within seven days or face counter-complaints and a messy process.

However, the Court set aside as unreasonable the findings that Dr. Zuk had breached a historic undertaking that did not clearly and unambiguously cover the conduct in issue. Despite the fact that the disciplinary tribunal had otherwise handled the issue of sanction well (including considering mitigating factors), the one-year suspension and \$175,000 costs award was set aside because the reversed breach of undertaking finding was significant to those conclusions.

On the matter of crossing the line, the regulator was assisted somewhat by its attempts to communicate with Dr. Zuk on the issue before commencing disciplinary action.

Further Clarity on the Mental Intent for Professional Misconduct

A recent decision of the Ontario Court of Appeal further clarifies that the required intent for a finding of professional misconduct depends on the nature of the definition of professional misconduct. As previously reported, in *The Law Society of Upper Canada v. Nguyen*, 2018 ONCA 709), <http://canlii.ca/t/htqbc>, a lawyer was found to have engaged in professional misconduct by failing to advise his clients (mortgage lenders) of material facts (relating to credits the purchasers received on closing). There was no dispute about those findings. The information was material and it was not disclosed. The lawyer's intent was irrelevant. However, there was a dispute as to whether the lawyer had also participated in mortgage fraud. A finding of mortgage fraud would result in a much more serious sanction.

The Court of Appeal accepted the finding of failing to maintain the standard of practice of the profession but indicated that a finding of mortgage fraud would require dishonesty, willful blindness or recklessness on the part of the practitioner. Since the hearing panel found that the practitioner had made an honest mistake, the intent requirement was not met and no finding of mortgage fraud could be made. The Court of Appeal declined to order the matter back for a new hearing on the issue as desired by the internal appeal tribunal and the Divisional Court.

Scope of Investigations

A recurring issue for regulators is the scope of investigations. In *Yu v College of Dental Surgeons of British Columbia*, 2018 BCSC 1315, <http://canlii.ca/t/htc3c>, a complaint was made about Dr. Yu's approach to orthodontics. Concerns were identified and an undertaking was proposed. Dr. Yu declined to provide the undertaking. The committee learned that Dr. Yu had more orthodontic patients than he had previously indicated and initiated a review of a larger sampling of files. Dr. Yu sought an injunction to halt the review, in part, because the regulator was expanding the scope of the original complaint.

The Court was of the view that since there were broader concerns and since the committee had the authority to initiate an investigation on its own authority, the review was not of concern. However, the Court found there was an issue to consider about whether the strong expression of opinion by one of the committee members about Dr. Yu's approach to orthodontics (which the committee member called "unscientific") may have influenced the decision to conduct the review even though the committee member had been removed from the committee. However, the Court concluded that Dr. Yu had not established irreparable harm and the balance of convenience favoured allowing the file review to proceed. The Court concluded:

The public's need to be assured that the profession is being regulated and that they are protected from incompetent practice, far outweighs the needs of the individual dentist. The individual dentist never had a high expectation of privacy or right to practice without inspection and regulation.

Controlled Acts Injunction

Under the *Regulated Health Professions Act*, a College can obtain an order under the statute to prohibit unauthorized persons from performing certain activities or using protected titles. A number of recent cases have set out the criteria used by the courts to determine when to make an order. Those cases are nicely summarized in *College of Physicians and Surgeons of Ontario v Canon*, 2018 ONSC 4815, <http://canlii.ca/t/htkjf>. In that case, there was uncontroverted evidence that the respondent had used protected titles (e.g., Dr., osteopath), had communicated a diagnosis (e.g., slipped disc in her lower back with bursitis in both shoulders), administered injections, made spinal adjustments and had performed procedures below the dermis of patients. Interestingly, some persuasive evidence (against the individual) came from patient testimonials from his website. The Court summarized the approach on such applications by citing judicial comments in another case:

In *Canada v. IPSCO Recycling Inc.*, at para. 51, Justice Dawson of the Federal Court summarized the legal principles that are to be applied in determining whether to grant a statutory injunction, as follows:

51. On the basis of the authorities cited by the parties I am satisfied that where a statute provides a remedy by way of injunction, different considerations govern the exercise of the court's discretion than apply when an Attorney General sues at common law to enforce public rights. The following general principles apply when an injunction is authorized by statute:

- (i) The court's discretion is more fettered. The factors considered by a court when considering equitable relief will have a more limited application.
- (ii) Specifically, an applicant will not have to prove that damages are inadequate or that irreparable harm will result if the injunction is refused.
- (iii) There is no need for other enforcement remedies to have been pursued.
- (iv) The Court retains a discretion as to whether to grant injunctive relief. Hardship from the imposition and enforcement of an injunction will generally not outweigh the public interest in having the law obeyed. However, an injunction will not issue where it would be of questionable utility or inequitable.
- (v) It remains more difficult to obtain a mandatory injunction. [internal citations omitted]

The Court went on to say:

Proof of damages or proof of harm to the public is not an element of the legal test to obtain a statutory injunction.

Where a public authority applies to the court to enforce legislation, and a clear breach of the legislation is established, only in exceptional circumstances will the court refuse an injunction to restrain the continued breach. The onus to raise the exceptional circumstances lies with the respondent, and those circumstances are limited; for example, to where there was a right that pre-existed the enactment contravened or where the events do not give rise to the mischief the enactment was intended to preclude. *[citations omitted]*

The restraining order was granted.

Practising Law is Practising Law

In *Law Society of Ontario v Leahy*, 2018 ONSC 4722, <http://canlii.ca/t/ht9nq>, the regulator sought an injunction against Mr. Leahy for practising law. Mr. Leahy did not dispute the facts but raised a number of legal defences. The Court rejected all of them including the following:

- The fact that Mr. Leahy initially received authorization to practice from the courts prior to the new regulatory regime requiring a licence to provide legal services did not require the revocation of the original authorization in order to revoke Mr. Leahy's licence to practice law.
- Federal paramountcy principles did not authorize the practising of law before a federal tribunal, at least where the federal legislation did not expressly authorize such practice.
- The exception for individuals providing services to their corporate employer did not allow the corporation to provide legal services to the public.
- The location of the corporation outside of Ontario did not oust the regulator's jurisdiction where the clients received services in Ontario.
- The exception for practitioners of other professions providing services in the scope of that profession has no application where Mr. Leahy was not registered with another profession.

The injunction was granted.



BRIEFING NOTE

To: **Council**

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

Date: **September 14, 2018**

Subject: **RESULTS OF COMMUNICATIONS SURVEY**

Priority 1 of the CDO Strategy Map 2017-2020: **"Enhanced Communication and Stakeholder Engagement"** includes "Modernizing member communications strategy." Part of that modernization process includes "undertaking a communication needs survey."

The communications survey was released to members of the profession in the spring of 2018 (March – April). The results have been collated and are presented to Council for consideration.

The survey response was impressive (199 responses – approximately 28.6% of the current membership). External surveys typically generate 10-15% response rates. The College is fortunate that the engagement of registered denturists in the work of the College is this significant.

Generally, it appears that the respondents don't contact the College that much, say 1-2 times a year. Most contact the College by phone, the remainder largely by email. Most of the contacts are initiated regarding registration/licensing, practice advice, quality assurance, or matters related to health profession corporations.

Satisfaction with College contact is high (96.1% of respondents were satisfied)!

Most respondents (91.6%) believe that email is the most efficient means for the College to communicate with members. A few prefer that the College contact them by phone or by letter send by post.

Many respondents (96.3%) read emails that the College sends.

One of the questions that was central to this survey was designed to determine the frequency with which members of the profession wished to receive communications from the College. These occasional communications are updates on College initiatives, Council happenings, and legislative news. There was almost an even number of respondents who preferred to receive these updates every month, every 3 months, or on an as-needed basis but at least once a year.

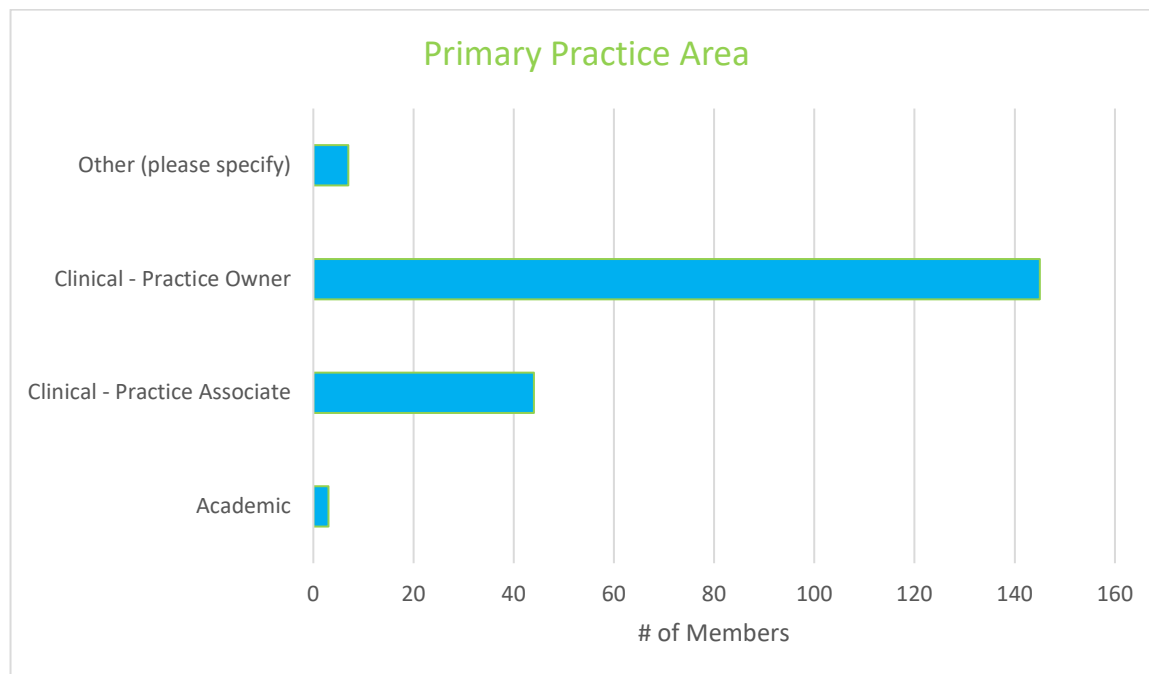
Staff are seeking Council's insight on elements of this survey. The current recommendation from staff regarding the frequency of communication with the membership is that it follows the Council meeting calendar (every 3 months or thereabouts) unless something is more urgent and requires immediate communication to the membership. These quarterly communications would include highlights from the Council meeting, updates on other College initiatives and legislative news.



COLLEGE OF
DENTURISTS
OF ONTARIO

Communication Survey Results – May 2018

Question 1: My primary practice area is:

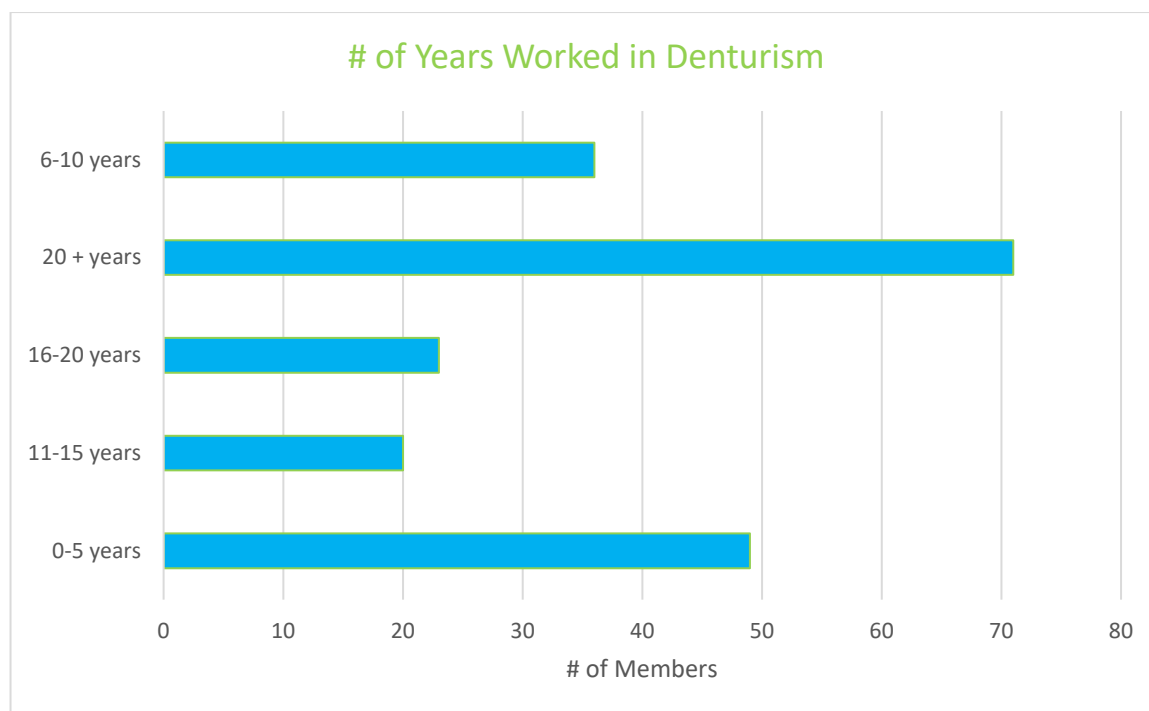


Practice Area	# of Members
Academic	3
Clinical - Practice Associate	44
Clinical - Practice Owner	145
Other (please specify)	7
Grand Total	199

Other:

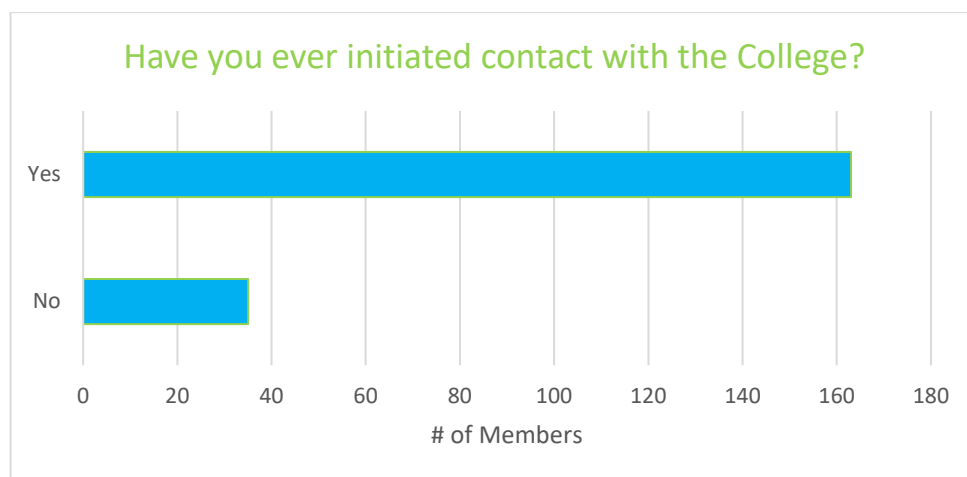
Working with the dentist
Administration
Educational Institution
Dental offices
No comment

Question 2: How many years have you worked in the denturism profession?



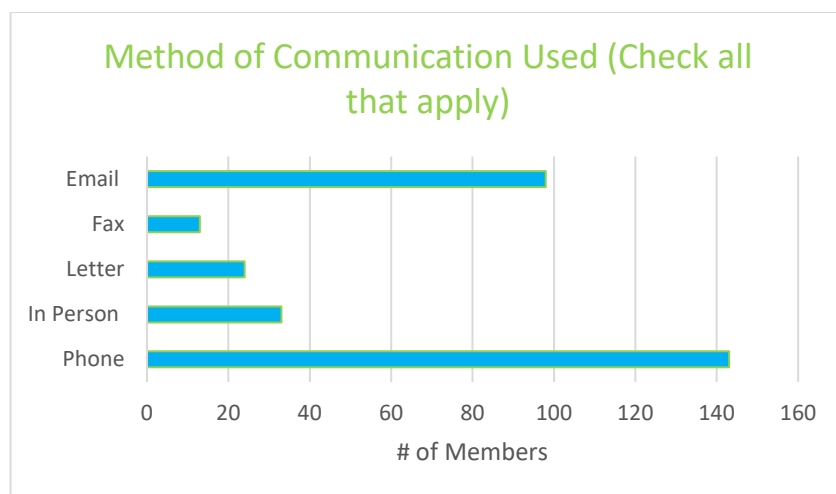
# of Year of Service	# of Members
0-5 years	49
11-15 years	20
16-20 years	23
20 + years	71
6-10 years	36
Grand Total	199

Question 3: Have you ever initiated contact with the College?



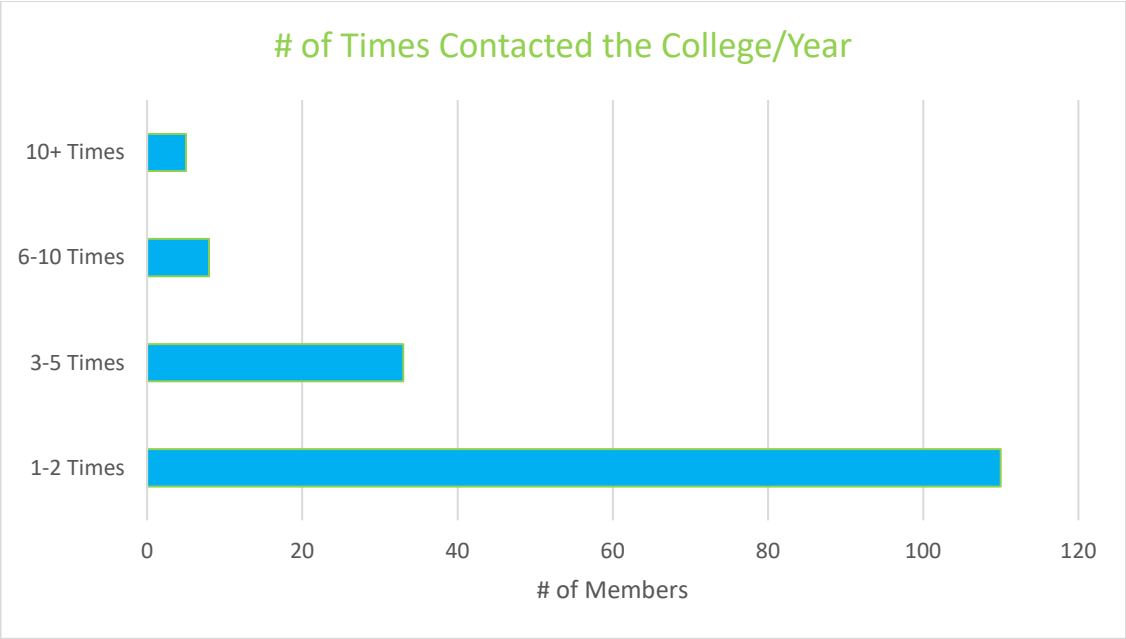
Response	# of Members
No	35
Yes	163
Grand Total	198

Question 4: If yes, how did you contact the College?



Response	# of Members
Phone	143
In Person	33
Letter	24
Fax	13
Email	98

Question 5: If you do contact the College, on average, how many times a year do you contact us?



# of Times	# of Members
1-2 Times	110
3-5 Times	33
6-10 Times	8
10+ Times	5
Grand Total	156

Question 6: When you initiate contact with the College, is it regarding (please check all that apply):



Response	# of Members
Registration/Licensing	103
Certificate of Authorization for Health Profession Corporation	32
Practice Guidance/Advice	63
Quality Assurance	52
Complaints/Discipline	12
Advertising	17
Qualifying Examination	15
Other	18

Other:

Educational collaboration and invitations for Program Advisory Committee Meetings
web site issues - registration
name of my clinical approval
continuing education how to enter credits
Peer circle, question make up for exam and peer circle facilitator training
Contact With Vicci Sakkas regarding examination/OSCE/MCQ events and times, location etc.
continuing education
committee work
continuing education
Continuing education questions
Continuing Education

Working on committees
Volunteer with college qualification exam, peer circle and multiple-choice exam questions...
CE
When the college decides to charge its members fees that are not applicable. For example, a notification fee. This is racketeering.
Registration, survey and respond to CDO messages
Survey respond,
IPAC/PIDAC issues and why the delay from CDO on action.

Question 7: When you initiate contact with the College, are you satisfied with the experience?

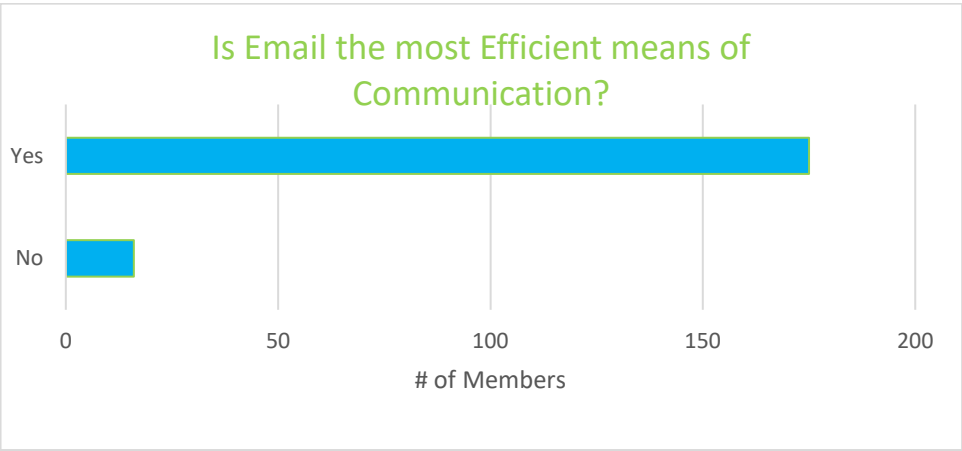


Satisfied with Experience?	# of Members
No	6
Yes	150
Grand Total	156

Question 8: If not, why?

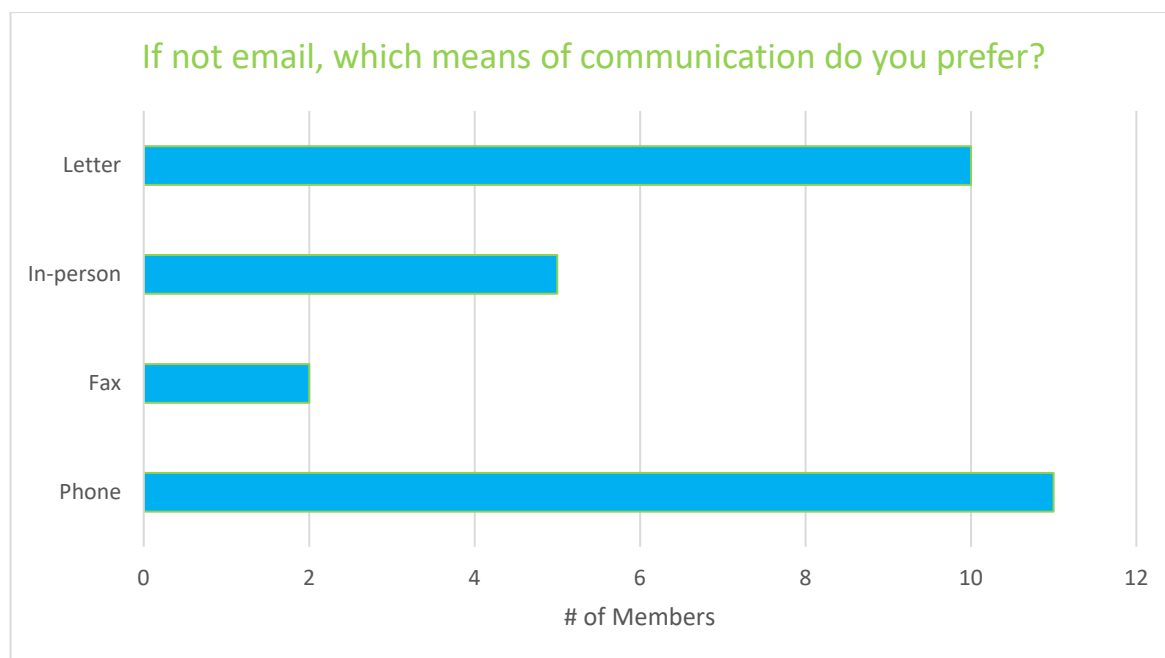
The document (resignation doc) had errors in it and was poorly worded. It is easier for me to have the register indicate that I am suspended for nonpayment of fees
I understand that the staff at the CDO Can be busy sometimes, However, as a registered member, that pays over \$2000 a year for membership, I personally feel that more can be done to accommodate the professional needs of the interest of the denturists. Not only that, it is also imperative that the college must be fair and professional when dealing with disputes.
The college does not respond back to its members. And They are not willing to address any of the members concerns.
I always get voice message box. I leave the message and takes a long time to get return call

Question 9: We believe that the most efficient means for the College to communicate with its members is by email. Do you agree?



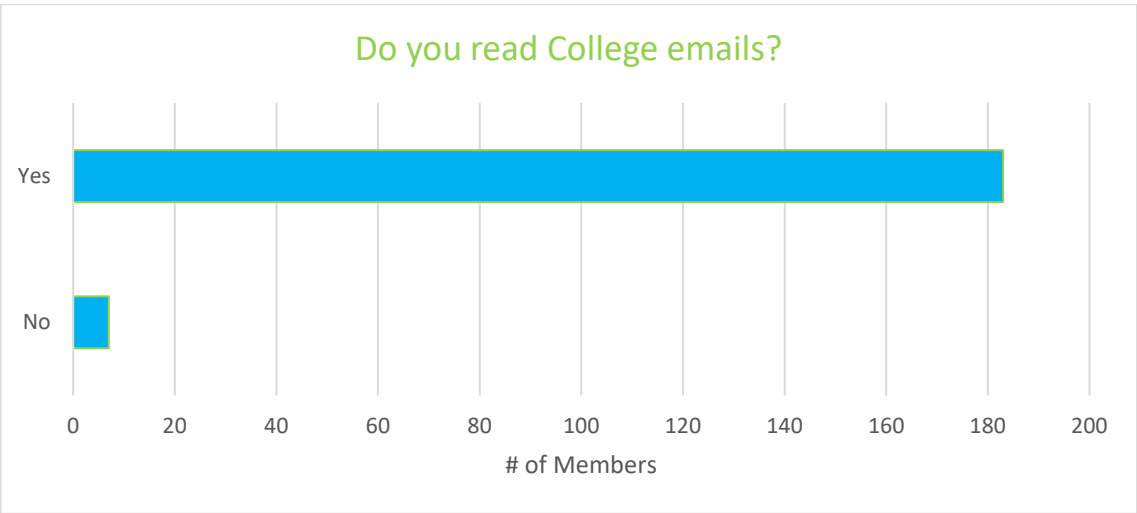
Emailing is the most efficient means of Communication	# of Members
No	16
Yes	175
Grand Total	191

Question 10: If not, which means of communication do you prefer?



	Phone	Fax	In-person	Letter
# of Members	11	2	5	10
Grand Total	11	2	5	10

Question 11: Do you read emails that you received from the College?

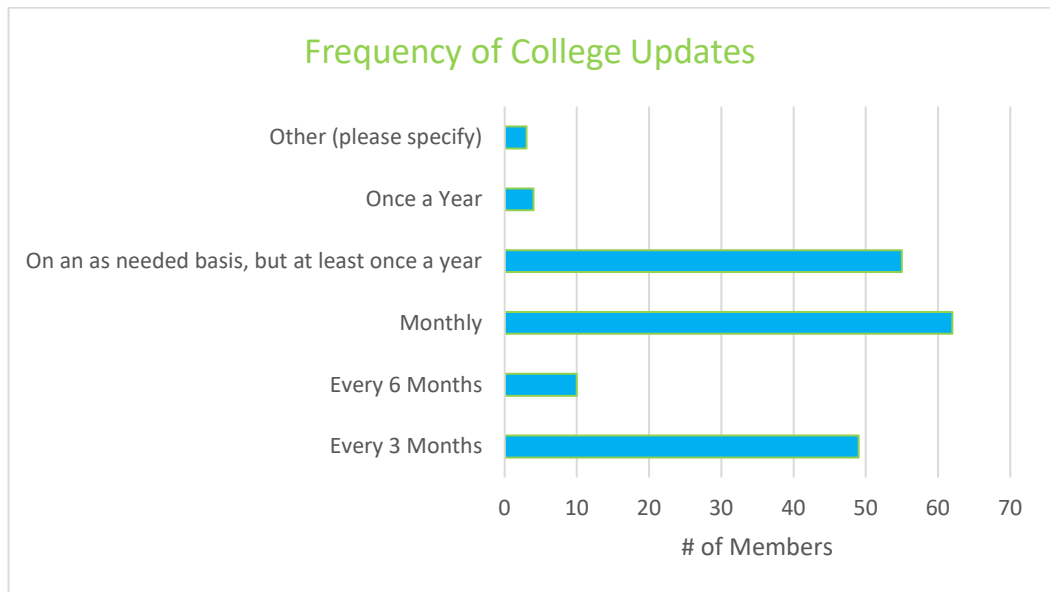


Do you read College emails?	# of Members
No	7
Yes	183
Grand Total	190

Question 12: If not, why not? Is there anything that the College can change to increase the likelihood that you will read College emails?

So many e-mails. We can't read all of them. If not vital gets discarded. Mail is more serious, and I tend to read them more.
If you send the emails in letter form I will read it. If it is important I prefer someone call me.
Unless it is directly related to my yearly registration, or to complete the surveys you send, I don't read them.
Some mail is not relevant to my practice.
The college sends a lot of spam, junk and mail that do not apply to me.

Question 13: How frequently would you like to receive updates on College initiatives, Council happenings, and legislative news?



Frequency of College Updates	# of Members
Every 3 Months	49
Every 6 Months	10
Monthly	62
On an as needed basis, but at least once a year	55
Once a Year	4
Other (please specify)	3
Grand Total	183

Other:

Every 3 months or following council meetings, with additional time sensitive updates on a as needed basis
3-month frequency is generally best. Obviously important information that falls in category "c" however warrants increased frequency of contact.
at least every 3 months or sooner if needed

Question 14: Any other thoughts about communicating with the College?

Telephonic conversations are sometimes absolutely necessary as e-mail may result-in /cause miscommunication/misinterpretation of the original /intended message as there is very little opportunity to clarify details except through writing of more e-mails on the same topic back & forth which may not always be possible. A telephonic conversation / message may thus sometimes be a better alternative. The updates on CDO website also offer a great method of communication. Personal meetings if and when possible/necessary at least once a year-- through various fora-- such as visits to the educational institutions (lectures, meetings) / provincial professional association etc. would always help reinforce contact and communication between the College and members.
I would like to see the College publish information like the RCDSO does in its Dispatch. Namely information that is learned from de-identified complaints and practice assessments. In other words, what trends is the CDO observing in their activities accompanied by suggestions that we could use to improve our practices.
no
Seems fine ,don't recall having a problem
General Meeting once a year
the less the better. Less stress.
No
It is important for the members to feel comfortable, even warm, with their relationship with the College. The College is a regulatory and governing body. It is natural for a member to take the college as a 'feared' entity. Same thing for the Quality Assurance Department or their Assessors. They should be more thought of as an Ambassador or Teacher(Advisor) to the members. Not as Prosecutors.
Email communication is the best method for me.
Always want to know about important courses infection control etc. Thank -You.
I have communication with Jennifer Slabodkin, she was very efficient in helping me.
Staff are great
Thank you very much to the staff in not only their frequency of contact but quality and professionalism.
No
Technology does not always work. I prefer regular mail or phone calls.
I normally call if I have a question and the response has always been quick and effective. I don't mind email either
It was helpful.
no
When I call, I EXPECT SOMEONE TO PICK UP THE PHONE!
Communicating is a two-way flow. Showing members, the % of response will let them know when a higher % is required for helpful outcome.
we are often inundated with emails in our busy day I am concerned that it will be too easy to miss an important CDO message. Letters never get missed.

Perhaps an open forum and a moderator would help
College Contact was valuable communication tool.
If there are any outstanding balances or any concerns that the college has with its members, the college take more than just one Method of Contacting its members. Not communicating and then penalizing its members is absolutely unacceptable.
no
no
Emails are indeed the best way to communicate. Also, one communication per quarter is necessary.



BRIEFING NOTE

To: **Council**

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

Date: **September 14, 2018**

Subject: **Draft Standard of Practice: Denturism Educators**

The College does not currently articulate requirements or Standards for Registered Denturists employed as denturism educators. That there are no articulated Standards for denturism educators may be surprising given that a denturist who teaches denturism for at least 12 months in the preceding 3-year period is deemed to have met the currency requirements for a Certificate of Registration.

In the absence of such formal documentation, at its November 10th, 2017 meeting, the QAC-Panel B agreed to proceed with developing a Standard of Practice that communicates the expectations that are intended to ensure that denturism educators:

- a) provide an environment that facilitates learning,
- b) utilize effective teaching strategies, and
- c) incorporate the expectations articulated in the College's Standards of Practice in their curricula.

Program staff performed an environmental scan of other regulators. The information gathered with this scan was used to assist in the development of a draft Standard and Guide to the Standard.

At its April 26th, 2018 meeting, the QAC-Panel B moved to recommend the draft Standard and Guide to Council its consideration. The draft Standard and Guide with this Briefing Note contain language that refers to expectations of pedagogical competence. This language has been red-lined for removal following discussion by the QAC-Panel B. Council's opinions on this element and the Standard and Guide, generally, are sought.

Options:

1. Approve the draft Standard of Practice: Denturism Educators and Guide to the Standard for stakeholder consultation.
2. Amend the draft Standard of Practice: Denturism Educators and/or Guide and approve these amended documents for stakeholder consultation.
3. Request further modifications of the draft Standard and/or Guide back by QAC - Panel B and return the amended draft to Council for further consideration.
4. Other.

Attachments:

1. Draft Standard of Practice: Denturism Educators
2. Draft Guide to the Standard of Practice: Denturism Educators



Standard of Practice: Denturism Educators

Introduction

Education of Registered Denturists includes both academic and practical learning. Experiential learning is a fundamental, essential component of denturism education in Ontario. Learner participation in denturism care supports the profession and enhances the care that is delivered. During the educational process, both the denturism educator and the learner are responsible for their own actions, while sharing accountability for the outcome of a knowledge exchange.

Purpose of the Standard

The intent of this Standard is to identify and communicate the obligations of denturist educators who are engaged in teaching elements of the profession of denturism. The Standard reinforces the expectations that educators provide an environment that facilitates learning, employ effective teaching strategies, and incorporate principles expressed in the College's Standards of Practice.

With the public interest at the forefront, the College of Denturists of Ontario supports the role of denturism educators in denturism education and confirms the continuing accountability of educators in the provision of safe, competent, and ethical care and service.

This Standard reflects the CDO's mission to regulate the practice of denturism in the public interest and its vision to lead denturists in the provision of exemplary denturism care in Ontario.

Definitions

Denturism Educator – An individual who is responsible for teaching courses as part of a denturism diploma program. ~~An educator is a person who has specialized knowledge of the theory and practice of education. Educators have a thorough understanding of pedagogy and creatively integrate this knowledge into instruction and design of education programs for which they are responsible.~~

Learner – Any person enrolled in an approved denturism program.

Pedagogy – principles and practices of teaching

The Standard

A registered denturist meets the expectations in the Standard of Practice: Denturism Educators when he/she:

1. Is committed to the education and success of students.
2. Provides a safe learning environment.

- 3. Demonstrates professional ~~and pedagogical~~ competence.
- 4. Demonstrates professional behaviour and relationships.
- 5. Ensures public safety in clinical education.

DRAFT



Guide to the Standard of Practice: Denturism Educators

The Standard of Practice: Denturism Educators articulates the College's expectations of Registered Denturists who are engaged in teaching elements of the profession. This Guide to the Standard provides information on how these expectations may be met. The Guide also includes Practice Scenarios which illustrate how elements of the Standard are applied in practice.

How do I demonstrate that I am responsible and committed to students and student learning?

Denturism educators demonstrate responsibility and commitment to students and their success when they:

- Participate in respectful practice;
- Understand factors that influence individual student learning;
- Protect the privacy and dignity of all students;
- Work collaboratively with other educators and faculty;
- Promote intra-professional collaboration;
- Model positive behaviour;
- Provide adequate, respectful supervision and direction; and
- Provide honest, objective and timely feedback to learners, with clear expectations of how performance can be improved.

What are the criteria for a safe learning environment?

Denturism educators provide a safe learning environment when they:

- Prevent sexual harassment and other forms of discrimination;
- Model and encourage inclusive practice and professionalism;
- Ensure the health and safety of learners and patients; and
- Act on matters that negatively affect the health and safety of learners, patients, co-workers, family and communities.

~~What is meant by pedagogical competence?~~

~~Denturism educators demonstrate pedagogical competence when they:~~

- ~~• Use appropriate pedagogy, assessment and evaluation, resources and technology to promote individual learning;~~
- ~~• Obtain knowledge of diverse instructional methods or strategies and use methods of instruction that are effective for learning;~~
- ~~• Ensure that they obtain adequate education and engage in the professional development necessary to effectively teach the required curriculum;~~
- ~~• Ensure that course content is current, accurate, representative and appropriate;~~

- ~~Participate in ongoing professional learning aimed at expanding competence in the appropriate area of teaching;~~
- ~~Use ongoing inquiry, dialogue and reflection to refine teaching practices that promote learning and success;~~
- ~~Possess additional education or experience if the area being taught is beyond the scope of an educator's original denturism training and education; and~~
- ~~Possess significant teaching experience before assuming a management or program oversight role.~~

What is meant by professional competence?

Denturism educators demonstrate professional competence when they:

- Hold an active Certificate of Registration with the College or another regulated health profession (as applicable);
- Participate in the College's Quality Assurance Program as required by legislation;
- Promote ethical conduct among colleagues and learners;
- Have a working knowledge of the Regulated Health Professions Act, 1991, the Denturism Act, 1991, the CDO regulations, Standards of Practice, policies and guidelines; and
- Comply with recommendations from the CDO and requirements made by relevant government agencies.

How do I demonstrate professional behaviour and relationships?

Denturism educators demonstrate professional behaviour and relationships when they:

- Avoid using inappropriate words, actions or inactions that interfere with the ability to function well with others;
 - Are mindful of the power differential in their relationships with the learners by ensuring that the relationships are free from conflict of interest or bias that could influence, or appear to influence, the educator's ability to provide an objective and impartial evaluation of a learner's competence. In this context, educators must disclose any personal relationships with a learner (i.e. family, dating, business, friendship etc.) to the educational institution to determine if the relationship is free from conflict of interest.
- Model appropriate and compassionate care of patients.

How do I ensure public safety as a denturism educator?

Denturism educators ensure public safety when they:

- Evaluate the knowledge, skills and judgement of learner in advance of learner-provided patient care;
- Ensure that tasks assigned to the learners are appropriate to their education, experience, skills and confidence and that learners have the necessary competencies to safely perform the task;
- Verify that informed consent and all appropriate documentation has been obtained from the patient prior to involving learners in their care;
- Supervise learners at a level appropriate for the nature of the procedure and the skill level of the individual performing the procedure.
- Immediately discontinue learner involvement in patient care when a learner's action or lack of competence places the patient at risk or where the patient withdraws consent; and
- Retain professional accountability for all aspects of denturism care and service assigned to learners.

Practice Scenarios

Denturism Educators No. 1

Barry is a registered denturist with the College and is employed as a clinical instructor for a denturism diploma program. After a couple of weeks, Barry notices that one of his students is not adhering to the infection prevention and control protocols required by the school's dental clinic. Patients of the clinic may be exposed to contagious materials as a result of this breach in protocol.

Knowing that he is responsible for ensuring a safe learning environment and accountable for public safety, Barry discusses the correct protocol with the student. Over the next couple of weeks, Barry supervises the student closely to ensure that they adhere to all infection prevention and control protocols.

Denturism Educators No. 2

Amina is a registered denturist with the College and is employed as a clinical instructor for a denturism diploma program. During class, Amina overhears two students making jokes about a patient that has a disability. Having just completed instructor training regarding discrimination in the classroom, and through her own professional practice, Amina is aware that she must model appropriate and compassionate care of patients.

Amina asks to speak to the two students privately and explains why their actions were inappropriate and unprofessional. Amina also develops additional training and education about professional behaviour and plans to deliver this information to her current and future classes.

Denturism Educators No. 3

Initially, Sam was excited to discovered that the Denturist program at the local College had offered her a course to teach. Sam loved the idea of teaching and looked forward to sharing her practice experiences with her students. After she received material from the college related to the course she was to teach, she began to grow anxious about how she would teach the material. Having no previous experience, she had questions regarding the best methods of instruction, effective assessment techniques to determine learning outcomes and concerns about how to management the class interactions.

Determined to make the course a valuable learning experience, Sam contacted the course coordinator who had offered her the job. The coordinator was able to address some of the issues Sam had and then directed Sam to other resources including previous course instructors and the College's Teaching Development Centre which had various workshops on helping prepare new instructors for the classroom responsibilities.



BRIEFING NOTE

To: **Council**

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

Date: **September 14, 2018**

Subject: **Key Performance Indicators – Strategy Map – 2017 - 2020**

Included with this Briefing Note is a copy of the CDO Strategy Map 2017-2020. Used effectively, a Strategy Map charts the course of the work of an organization over a defined period. Since adopting the Strategy Map – 2017 – 2020, Council has been addressing elements identified in the three Priorities.

In conjunction with the development of a Strategic Plan or Map is the need for the development of a means of determining whether the Priorities and associated items are accomplished. Documenting outcomes is essential to determining the effectiveness of an organization in reaching the goals it has articulated in its Strategic Plan.

Staff drafted a set of Key Performance Indicators for each of the items identified under each of the three Priorities in the College Strategy Map – 2017 – 2020. In some cases, the Key Performance Indicators are clear. An example of this would be the Key Performance Indicator for “Undertake communications survey” listed under Priority 1. In this case, the Key Performance Indicator is whether or not the survey is complete. Easy.

In other cases, how the progress on an item can be assessed is not clear. For example, the promotion of “public awareness of the CDO’s role in the safe delivery of denturism” is also included under Priority 1. Determining whether the College has accomplished this promotion of awareness is multi-faceted and there is not one single objective measure that Council can assess.

These draft Key Performance Indicators are provided to Council for consideration and comment. Staff are seeking confirmation and/or amendments of the objective indicators listed in the draft document. There are some of the more complex items for which the identification of the Key Performance Indicators will benefit from Council’s insight and discussion.

CDO STRATEGY MAP 2017–2020

MISSION

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

VISION

Leading our members to provide exemplary denturism care to Ontarians.

PROMOTING REGULATORY EXCELLENCE - ACTION PLAN FOR 2017–2020



Priority 1

Enhanced Communication and Stakeholder Engagement:

- a. Promote public awareness of CDO role in safe delivery of denturism
 - i. Public awareness campaign
- b. Modernize member communications strategy
 - i. Undertake communications needs survey
 - ii. Attend Association conferences
 - iii. Introduce peer circles
 - iv. Enhance CDO webinars
- c. Promote transparency of CDO operations
 - i. Improve accessibility of website
 - ii. Ensure public register reflects highest goals of transparency
 - iii. Bring public interest and transparency lenses to Council and Committee work
- d. Foster interprofessional collaboration
 - i. Attend regular meetings of Ontario dental health regulators
 - ii. Provide collaboration guidance to members through communications strategy

Priority 2

Excellence in Governance:

- a. Promote culture of public interest and transparency
 - i. Embed public interest in all College, Council and Committee decisions
- b. Review and clarify Council and Committee roles
 - i. Review through public interest & transparency lenses
 - ii. Articulate Council and Committee competencies
- c. Improve Council and Committee member training
 - i. Leverage technology to enhance training and work of Council and Committees
 - ii. Implement mentoring process for new Council members
 - iii. Ensure agility of training that allows for response to changes in legislation and the broader regulatory landscape
 - iv. Provide regular orientation for all Council members
- d. Improve internal policy coordination and priority-setting
 - i. Establish policy coordination and oversight process

Priority 3

Enhanced Relations with Educational Institutions:

- a. Strengthen relationship between CDO and educational program administrators
 - i. Coordinate regular meetings between CDO and Ontario educational program leadership
- b. Explore whether denturism competency profile is synchronized to new registrant needs
 - i. Supplement identified deficiencies through CDO continuing education/QA program requirements
- c. Encourage quality and consistency in program content among educational programs
 - i. Explore accreditation model options
 - ii. Engage provincial counterparts in conversation exploring role of national denturism competency profile

GUIDING PRINCIPLES

Integrity, Honesty, Transparency, Accountability, Fairness, Inclusivity



Priority #1 Enhanced Communication and Stakeholder Engagement:

Goals	Actions	Expected Outcomes, Results, and/or Milestones	Key Performance Indicators	How do we measure these performance indicators?
Promote public awareness of CDO role in safe delivery of denturism	Public awareness campaign	<ul style="list-style-type: none">- There is a high public awareness of the denturism profession.- There is a high public awareness of the College's role.	<ul style="list-style-type: none">- The public understands the role of a denturist.- The public understands the scope of practice for denturism.- The public can identify the key responsibilities of the College.- The public understands how to file a complaint.	Seeking Council's advice
Modernize member communications strategy	Communication needs survey	<ul style="list-style-type: none">- The survey will inform the member communication strategy.	<ul style="list-style-type: none">- Click rates on electronic communications- # of phone calls and emails received after an electronic communication is sent- Response rate to requests for participation- Response rate to requests for information- Response rate to stakeholder consultations- Follow up survey responses	Key Performance Indicators are objective. No need to measure further

Goals	Actions	Expected Outcomes, Results, and/or Milestones	Key Performance Indicators	How do we measure these performance indicators?
	Attend association conferences	<ul style="list-style-type: none"> - Facilitates communication of College related matters to members of the profession 	<ul style="list-style-type: none"> - # of conferences attended by the College - # of members attending each conference - # of follow up communications received 	Key Performance Indicators are objective. No need to measure further
	Introduce Peer Circles	<ul style="list-style-type: none"> - Provide opportunities to enhance member communication skills - Improve member familiarity with College Standards of Practice 	<ul style="list-style-type: none"> - # of members volunteering to write cases - # of members volunteering to facilitate Peer Circles - # of members attending Peer Circle events - # of respondents to post-event surveys 	Key Performance Indicators are objective. No need to measure further
	Enhance CDO webinars	<ul style="list-style-type: none"> - Improve member familiarity with and understanding of Standards of Practice - Improve member access to educational resources 	<ul style="list-style-type: none"> - # of webinars developed - # of webinars administered - # of members attending live webinars - # of members watching on-demand webinars - # of CPD credits entered for participating in College webinars - % of participants that would recommend the webinars to a colleague 	Key Performance Indicators are objective. No need to measure further
Promote transparency of CDO operations	Improve accessibility of website	<ul style="list-style-type: none"> - French translation services - 	<ul style="list-style-type: none"> - # of requests from the public for help navigating the website - # of requests from members for help navigating the website 	Key Performance Indicators are objective. No need to measure further

Goals	Actions	Expected Outcomes, Results, and/or Milestones	Key Performance Indicators	How do we measure these performance indicators?
			- # of requests to provide information in French	
	Ensure public register reflects transparency	- Add “i” tags to public register terms (i.e. undertaking, SCERP etc.)	- # of requests to explain information on the website - Click rate on “i” tags	Key Performance Indicators are objective. No need to measure further
	Bring public interest and transparency lenses to Council and Committee work	- Public interest is readily apparent in Council and Committee discussions and work. - Posting of Council packages and meeting minutes on website.	- Decisions of Council and Committees reflect impact on public interest - Click rate on Council packages and meeting minutes	Seeking Council’s advice
Foster inter-professional collaboration	Attend regular meetings of Ontario dental health regulators	- Improved inter-professional collaboration between oral health professionals	- # of meetings attended - # of Colleges and stakeholders represented at the meetings.	Key Performance Indicators are objective. No need to measure further
	Provide collaboration guidance to members through communication strategy	- Improved inter-professional collaboration between oral health professionals	- Develop Standard of Practice: Inter-professional Collaboration - Members understand the importance of inter-professional collaboration - # of members that collaborate with other health practitioners - # of members that work in multi-disciplinary settings	Key Performance Indicators are objective. No need to measure further

DRAFT



Priority #2 Excellence in Governance:

Goals	Actions	Expected Outcomes, Results, and/or Milestones	Key Performance Indicators	How do we measure these performance indicators?
Promote culture of public interest and transparency	Embed public interest in all College, Council and Committee decisions	<ul style="list-style-type: none">- That the public interest is addressed in all Council and Committee actions and decisions- Incorporating cues for discussion of public interest in all Council and Committee work	<ul style="list-style-type: none">- Minutes incorporate summaries of public interest discussions around each agenda item	<ul style="list-style-type: none">- Review of all Committee and Council minutes for evidence of public interest discussion
Review and clarify Council and Committee roles	Review through public interest & transparency lenses	<ul style="list-style-type: none">- Description of the public interest aspects of Council and Committee structure and function articulated in Council and Committee manuals	<ul style="list-style-type: none">- Review and modification of all Council and Committee manuals to provide for the incorporation of these elements	<ul style="list-style-type: none">- Examination and periodic review of training manuals to ensure that these elements are included and are current
	Articulate Council and Committee competencies	<ul style="list-style-type: none">- Council and Committee competencies are identified and articulated in the appropriate training/orientation manual- Competencies are used to inform selection of Committee members	<ul style="list-style-type: none">- Development and inclusion of relevant competencies in the appropriate training manuals- Competencies are articulated in requests for participation- Competency training occurs at the Council and Committee level	<ul style="list-style-type: none">- Examination and periodic review of training manuals to ensure that these elements are included and are current- Review of request for participation documents to determine if competency language is present

Goals	Actions	Expected Outcomes, Results, and/or Milestones	Key Performance Indicators	How do we measure these performance indicators?
		<ul style="list-style-type: none"> - Competencies are used to inform Council and Committee member training topics. 		<ul style="list-style-type: none"> - Examination and review of training agendas for Committee and Council to determine if competency training has been incorporated.
Improve Council and Committee member training	Leverage technology to enhance training and work of Council and Committees	<ul style="list-style-type: none"> - Engage a consultant to provide the College with a review of how technology can be leveraged - Survey of Council and Committee members for insight into perceived options 	<ul style="list-style-type: none"> - Comprehensive information on leveraging technology is available to the College - Technology is appropriately leveraged 	<ul style="list-style-type: none"> - Rate of attendance at training/orientation sessions and meetings improves - Providing opportunities for feedback on technology in post-meeting satisfaction surveys
	Implement mentoring process for new Council members	<ul style="list-style-type: none"> - Engage in an environmental scan with other regulators to identify strategies for developing a mentorship framework - New Council members are matched with experienced Council members for mentorship 	<ul style="list-style-type: none"> - A program is developed - New Council members feel prepared to participate in their role in Council and within Committees 	<ul style="list-style-type: none"> - Program is in place and satisfaction and success is appropriately monitored
	Ensure agility of training that allows for response to changes in legislation and the broader regulatory landscape	<ul style="list-style-type: none"> - Council and Committee members receive timely updates regarding changes in legislation and the regulatory landscape - Council and Committee members receive training in 	<ul style="list-style-type: none"> - A mechanism for communicating legislative changes to Council and Committee members is established and utilized 	<ul style="list-style-type: none"> - Evidence of training and utilization of communication process

Goals	Actions	Expected Outcomes, Results, and/or Milestones	Key Performance Indicators	How do we measure these performance indicators?
		competency areas that promote response agility		
	Provide regular orientation for all Council members	<ul style="list-style-type: none"> - Council members are routinely informed and updated on their responsibilities 	<ul style="list-style-type: none"> - Council members understand their responsibilities 	<ul style="list-style-type: none"> - Orientation sessions for Council members are routinely scheduled
Improve internal policy coordination and priority-setting	Establish policy coordination and oversight process	<ul style="list-style-type: none"> - Policy revision schedule is in place - Policies are reviewed and updated on a routine basis 	<ul style="list-style-type: none"> - Policies are current and reflect changes to regulatory landscape 	<ul style="list-style-type: none"> - Policy review is current and follows the defined schedule - Council and Committee are aware of revision timelines for individual policies - Revision dates noted in policies are current



Priority #3 Enhanced Relations with Educational Institutions:

Goals	Actions	Expected Outcomes, Results, and/or Milestones	Key Performance Indicators	How do we measure these performance indicators?
Strengthen relationship between CDO and educational program administrators	Coordinate regular meetings between CDO and Ontario educational program leadership	<ul style="list-style-type: none"> - Improved communication between CDO and educational institutions - Improved relationship between educational institutions and the CDO - 	<ul style="list-style-type: none"> - Establish a group composed of College representative (Registrar) and representatives from each of the educational institutions. - Schedule and attend regular meetings 	<ul style="list-style-type: none"> - Track the number of meetings, attendance at each meeting and any outcomes
Explore whether denturism competency profile is synchronized to new registrant needs	Supplement identified deficiencies through CDO continuing education/QA program requirements	<ul style="list-style-type: none"> - Complete gap analysis - Develop QA materials to address gaps - Communicate with program administrators regarding identified gaps. 	<ul style="list-style-type: none"> - Gaps identified - QA tools are developed to address gaps - Curricular modifications are made to address gaps 	<ul style="list-style-type: none"> - Repeat gap analysis in the future (5 years?)
Encourage quality and consistency in program content among educational programs	Explore accreditation model options	<ul style="list-style-type: none"> - Determine if an accreditation model is appropriate <ul style="list-style-type: none"> o If so, develop an accreditation framework - Consistency in denturism education across educational programs 	<ul style="list-style-type: none"> - Engage in a national level conversation regarding the accreditation of denturism academic programs. - Position the CDO and other provincial regulators to adopt a national level accreditation program 	<ul style="list-style-type: none"> -A national level conversation occurs (regular meetings, collaborative effort is evidenced); a framework for an accreditation process is in place.

Goals	Actions	Expected Outcomes, Results, and/or Milestones	Key Performance Indicators	How do we measure these performance indicators?
	Engage provincial counterparts in conversation exploring role of national denturism competency profile	<ul style="list-style-type: none"> - Consistency in denturism education across jurisdictions 	<ul style="list-style-type: none"> - National level conversation regarding national denturism competency profile is initiated and sustained. - Processes for revision of a national level competency profile are identified. - A revision process is selected and initiated. 	A revised national level competency profile is produced.



BRIEFING NOTE

To: **Council**

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

Date: **September 14, 2018**

Subject: **Academic Program Accreditation: Commission on Accreditation of Denturism, EQual Canada – Health Education Program Accreditation**

The matter of academic program accreditation (Who should do it? How should it be done?) has been around, to greater or lesser degrees, for some time. The College's goal has been to continue to communicate with the national organization that seeks to be responsible for all denturism academic program accreditation (now called the Commission on Accreditation of Denturism – CAD) to see if there is a way forward to establishing a national accreditation body which serves the interests of all stakeholders. Progress on this matter is notably slow. New iterations of the proposed organizational and program structure and processes created in response to requests for modifications from stakeholders are provided after quite significant gaps in time. In this regard, it is important to note that CAD is largely a volunteer organization and many of the individuals involved in the organization are practicing denturists.

I attended the first meeting of the CAD this past June. The meeting took place in conjunction with the Annual General Meeting of the Denturism Association of Canada.

By my estimation, this meeting was valuable in its creation of an opportunity for all stakeholders to be in the same room at the same time. Specific outcomes from the meeting were less profound. I used the meeting to gather information about the proposed accreditation program and associated costs.

I include pages from the meeting package that presented the operating budget for 2018 and anticipated membership costs for 2019. Given the proposed annual membership fees for the CDO of approximately 25,000.00 and a five year inspection/accreditation cycle for the 3 programs offered in Ontario at this time, the total cost to the College for accrediting these programs in one cycle would be 125,000.00.

I am also attaching a copy of the follow-up letter to stakeholders from Mr. Hoffer, the Chair of the CAD. In this letter, he reiterates the goals and associated outcomes of the CAD. In these, one could perceive a scope of activity that extends beyond academic program accreditation.

Finally, I include a copy of a program description brochure from EQual Canada – Health Education Program Accreditation. EQual Canada is a national organization that currently accredits 13 health

profession academic programs. The College has had conversations with the Executive Director regarding denturism program accreditation by EQual Canada.

You will note in the June 13, 2018 letter from Mr. Hoffer that the CAD is seeking comments from stakeholders. There is also an expectation of an indication of commitment to the 2019 membership dues.

I bring this material to Council for discussion and direction on the next steps in this somewhat complicated process.

Attachments:

CAD 2018 Projected Operating Budget

CAD 2019 Proposed Membership Dues

June 13, 2018 letter from Mr. Hoffer, Chair, CAD

EQual Canada – Health Education Program Accreditation, Program Description

VIA EMAIL

June 13, 2018

Dear Colleagues,

I would first like to take this opportunity to thank all those who attended the first AGM of the newly formed Commission on Accreditation for Denturism (CAD), last week in St. Andrews, NB. It was wonderful to have everyone there to further open lines of communication, so that we at the CAD can explain what we are about and what we are trying to accomplish for our profession. I appreciate the effort in attending, and your willingness to participate while sharing information.

I am writing this letter to you, in hopes that this will aid you in your council meetings, to help clarify what the CAD is about and what we are asking for, with regards to your financial commitment. Please understand that a greater number of participants will reduce the cost per denturist, and we are committed to bringing those costs down as much as possible.

The goals of the corporation as stated in the Articles of Incorporation and the Guide to Accreditation are as follows:

1. To promote a high and uniform standard of education for graduates of denturist/denturologiste programs;
2. To promote the acceptance of denturist/denturologiste graduates as part of the dental health care team;
3. To provide an external audit for denturist/denturologiste programs to supplement program self evaluation;
4. To offer guidance to and grant accreditation of denturist/denturologiste education programs;
5. To encourage the incorporation of changing patterns of practice, including but not limited to the national competencies, baseline competencies and developments in denturism, into the delivery of denturism/denturologiste education programs.

One of the points brought to our attention at our meeting was a need to clarify exactly what you would be paying for and what the benefits of membership to the CAD are:

1. This a process of collegial evaluation through review of program documents provided by educational institutions and “On-site” inspection of facilities, with the intent of ensuring that graduates are being provided a safe and adequately equipped learning environment. Such that they are properly prepared to be admitted into an Internship process (as required by most provincial regulatory bodies) or examined for entry-level denturist practise, which is safe to patients.

2. This has proven to be a highly respected accreditation process for Denturism Programs for over 20 years and will help to bring about National Accreditation Standards which include the National Baseline Competency Profile for our profession, as developed through collaboration of stakeholders in September of 2013.
3. Equal voice and representation by all stakeholders ensures that ***ALL Denturists*** assume the responsibility to establish and maintain the benchmarks for these accreditation standards and processes and will serve to insure the future of the profession.
4. The CAD also provides a national forum for networking and information sharing on all sides of the profession to discuss pertinent issues, such as concerns over “gaps” in labor mobility and scopes of practice. This would be the only body in Canada that allows the profession and all stakeholders to be united on a single front.

We at The CAD value everyone’s comments and suggestions above all else, and to this we ask you to read all the attachments provided with this letter and return any necessary comments and suggestions to us, to help make the documents equal for all. We would like to have all responses back by October 15, 2018, to allow us to compile the responses before our teleconference meeting in the beginning of November.

Our next in person Annual General Meeting will take place in Winnipeg, Manitoba August 7, 2019, we are asking once again for your commitment to take part in this meeting, so that we can continue to move forward in a positive direction with regards to the CAD.

On behalf of the Commission on Accreditation for Denturism, I look forward to continuing our open communications with all stakeholders, and if there are any concerns or issues, I encourage you to please contact myself or Tasha Prevost at our office by email to cadaccreditation@gmail.com, or by phone at 1-613-877-2238.

Sincerely,



Nathan J. Hoffer, DD
Chair, Commission on Accreditation for Denturism
(613) 877-2238 Ext. 2

- (1) By-Laws
- (2) Guide to Accreditation
- (3) Accreditation Document Requirements
- (4) Glossary_of_Terms_and_Surveyors_Handbook
- (4) Proposed Membership Dues for January 1, 2019



EQual™ Canada

Health Education Accreditation Program

At Accreditation Canada and Health Standards Organization we are starting a movement and unleashing the power and potential of people around the world who share our passion for achieving quality health services for all!



Health Standards Organization (HSO) builds and delivers world class standards, assessment methodologies, new technologies and activation services for accreditation bodies, governments, associations and others.



Accreditation Canada offers high impact, high value assessment programs including certification and accreditation to Canadian and international clients.

EQual™ - Education Quality

Education accreditation is a quality improvement process that supports health education programs in preparing graduates to deliver safe and effective care at entry to practice.

Starting February 1st , 2018, Accreditation Canada's EQual™ Program will be used to accredit education programs in 13 health professions by using each profession's competency profile to inform the accreditation standards/requirements.

Guiding principles to drive how we innovate

Better
connect with
one another.

Listen to all
voices.

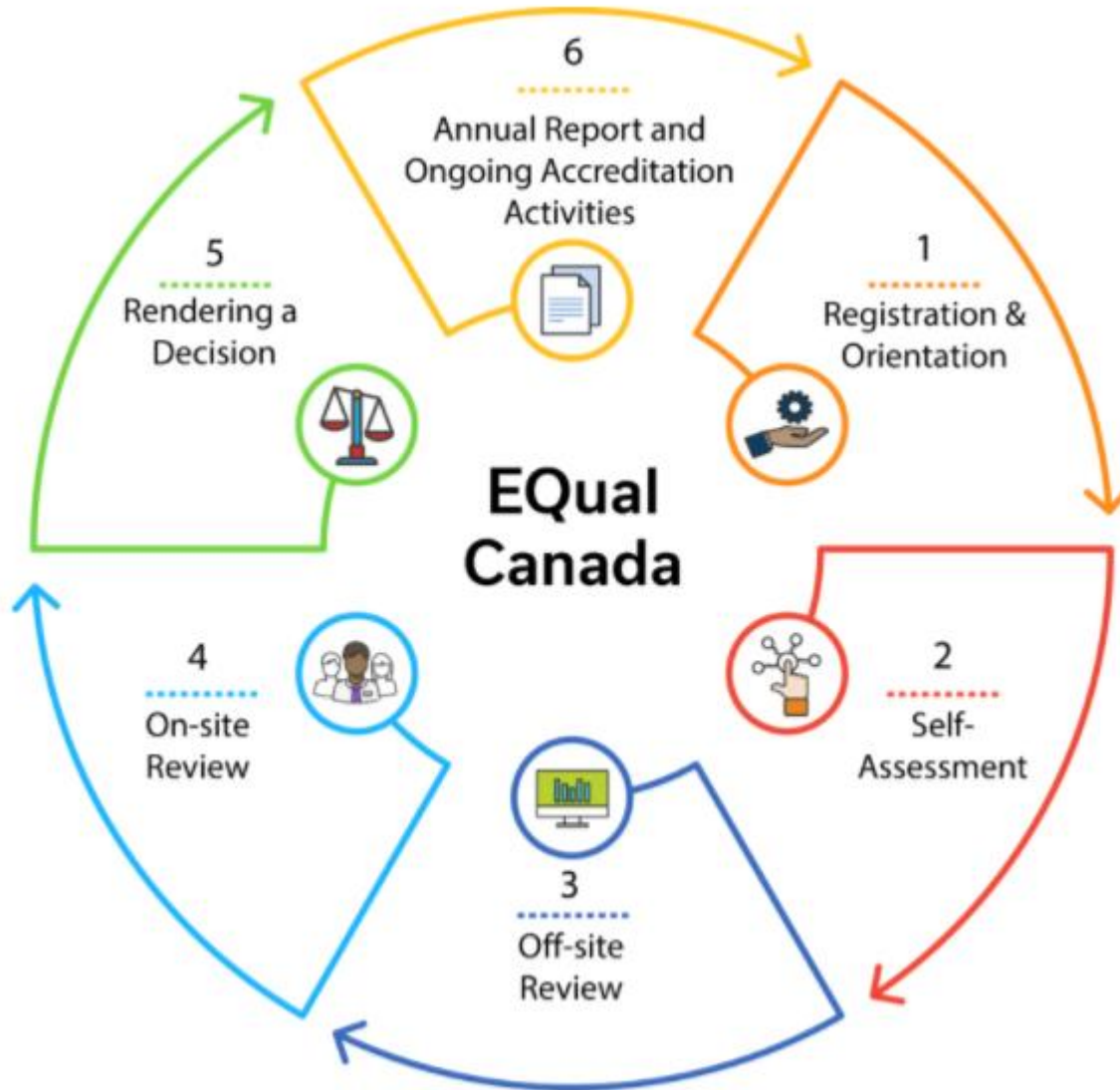
Boil it down to
what matters.

Design systems and solutions
for people.

Make it easier
to do the right
thing.

Link data, decisions, and
practices to better health.

ACCREDITATION PROCESS



The EQual™
Accreditation Cycle is
6 years in duration

Accreditation Client



Educational Institutions

- EQual™ supports educational programs to prepare individuals for competent, safe and effective practice at entry to their respective health professions



National Program Client



National Professional Associations/ Certification Bodies

- Rely on the accreditation status to provide graduates of accredited educational programs access to their certification examinations



Provincial Program Client



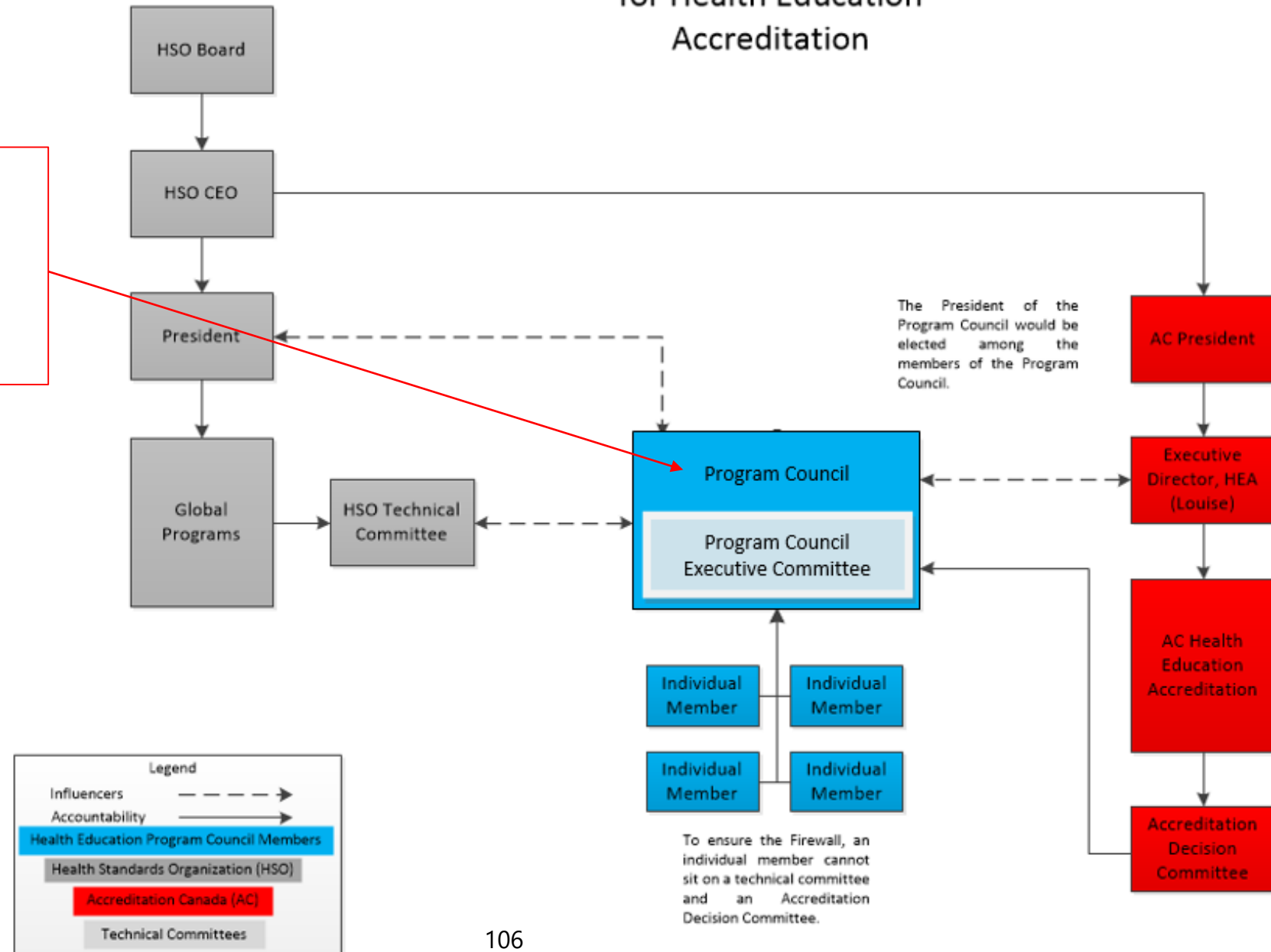
Regulatory Bodies

- Rely on the accreditation process as a standard by which to approve the educational programs that enable graduates to be issued a license to practice the profession

PROGRAM GOVERNANCE

Enterprise Governance Model for Health Education Accreditation

The Program Council is comprised of representatives of each Program Client (National and Provincial)



Program Council

The Program Council is composed of one representative from each program client and:

- ✓ Makes decisions based on the recommendations put forth by the Program Council Executive Committee.
- ✓ Ensures the EQual™ program is developed, implemented and maintained in a manner that ensures that educational programs sufficiently prepare individuals for competent, safe and effective practice at entry to their respective professions.
- ✓ Ensures that the accreditation program is responding to the needs of the professional associations, regulators, educational programs and students
- ✓ Accepts, uses, and endorses the standards created by the HSO Technical Committee
- ✓ Recommends technical committee members to HSO
- ✓ Appoints members to the Accreditation Decision Committee

Decision making by the Program Council is based on the Consensus Oriented Decision Making (CODM) model.

Program Client benefits:

- ✓ A seat within the EQual™ Canada Program Council which provides a voice and influence over the design and direction of the Program
- ✓ Receive a copy of the accreditation decision letter
- ✓ Appoint a member to the Accreditation Decision Committee

Additionally, Provincial Program Clients have:

- ✓ The ability to appoint a Regulatory Representative to the survey team
- ✓ The ability to define Provincial Requirements exceeding the National Competency Profile
- ✓ Receive a copy of the Accreditation Report

Program Client responsibilities:

- ☐ Sign an EQual™ Program Client Agreement
- ☐ Appoint a representative to the Program Council
- ☐ Pay Annual fees as per the terms in the EQual™ Program Client Agreement
- ☐ In the case of Provincial Program Clients -Cover the travel, accommodation and maintenance for Representatives who participate on survey teams

INNOVATING TO CREATE VALUE FOR OUR CLIENTS

- **EQual™** will use **technology as an enabler** through the development and deployment of proprietary software



- **EQual™** will use a **co-design** approach to ensure the program meets stakeholder and client needs
- **EQual™** will be **sustainable and cost-effective** while ensuring rigour
- **EQual™** will have **revised standards** for its clients by 2019

Health Standards Organization (HSO) has officially been accredited by the Standards Council of Canada (SCC) to develop National Standards of Canada in health and social services. HSO is the only Standards Development Organization in Canada solely dedicated to developing health and social service standards.

New Standards will be developed for use in the EQual™ Program following the process outlined on the next slide. 



STANDARDS REVIEW AND DEVELOPMENT PROCESS

IDENTIFY



Identify opportunities for standard review.

STUDY



Preliminary study & preparation of a draft outline.

PUBLIC REVIEW



Public Review of the draft standard.

PUBLISH



Publish the standard.



Finalize project proposal & establish technical committee

COMMITTEE



Committee meetings & consensus building on the draft.

CONSENSUS



Vote on the draft standard.

APPROVE

Fee Type	Program Client-National	Program Client-Provincial	Accreditation Client
Who?	National professional associations, national certification bodies	Provincial regulatory bodies	Educational programs
Number of fee categories	10	5	9
Fee category based on	Number of active members	Number of active members	Number of didactic and clinical sites



We would be happy to answer any questions you may have regarding the EQual™ Canada Program

Louise Clément, Executive Director
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BRIEFING NOTE

To: **COUNCIL**

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

Date: **September 14, 2018**

Subject: **Amendments to Standard of Practice: Advertising,
Standard Statement #3**

Background

The Standard Statement #3 of the Standard of Practice: Advertising currently states:

*A denturist meets the Standard of Practice: Advertising when he/she:
Does not market a reduction or discount in fees or offer or provide coupons for services.*

The current interpretation of this statement includes a prohibition on advertising a “complimentary” or “free” consultation as this is viewed as a 100% reduction in a fee.

Following consideration of correspondence from several stakeholders at its March 9, 2018 meeting, Council proposed the following amendment to the Standard and approved it for circulation to stakeholders for comment:

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

At the June 22nd, 2018 meeting, Council considered the consultation report for this amendment.

Much of the feedback received by the College asserts that prohibiting the advertising of “complimentary” consultations is a barrier to the access to care and service since it is in the public interest to know if a clinic offers free consultations.

In its consideration of this potential amendment, Council contemplated the definition of “consultation” and directed staff to draft some options for such a definition. Clarity around the definition of consultation will assist the profession in meeting the expectations articulated in the Standard.

Possible Definitions of Consultation:

One of the variables in the definition of a consultation is the degree of detail that is obtained during the assessment. The following two definitions embody different levels of detail in the assessment or examination.

1. A cursory assessment, not a detailed examination, the information from which is used to provide a general description of options for treatment.
2. The creation of advice or professional opinion following an examination and detailed assessment, the information from which is used to create a patient-specific description of options for treatment.

Options:

After discussion and consideration of this matter, Council may elect to:

1. Identify a preferred definition of "consultation" for inclusion in the Guide to the Standard and adopt the proposed amendments to the Standard of Practice: Advertising.
2. Modify the proposed amendments, adopt the modified amendments and re-circulate them for stakeholder consultation.
3. Other.

Attachments:

Draft Standard of Practice: Advertising
Guide to the Standard of Practice: Advertising
Consultation Report



Standard of Practice: Advertising

Preamble

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

Definition

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

The Standard

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

1. Uses advertising that:
 - a. Is true, accurate, and verifiable;
 - b. Is easy to understand, not misleading or intentionally confusing;
 - c. Contains no comparisons to, or claims of superiority over, another member's practice or expertise;
 - d. Contains no superlatives or comparative terms;
 - e. Contains no stated or implied guarantees of treatment results;
 - f. Contains no direct, indirect or implied testimonials or endorsements;
 - g. Contains no references to third-party websites or publications that carry testimonials or endorsements of denturists;
 - h. Clearly states the fees and services covered by any advertised fees so that anyone reading the advertisement will know what is being offered and how much it will cost.
2. Retains responsibility for any advertisement communicated on their behalf in any medium or platform (Facebook, Twitter, LinkedIn). This responsibility does not extend to messages communicated by individuals on third-party websites.
3. Does not market a reduction or discount in fees or offer or provide coupons for services, **with the exception of a complimentary consultation.**
4. Applies advertised fees to all patients, regardless of whether they were aware of an advertisement and regardless of whether they have dental insurance coverage.
5. Includes the member's name and the approved name of the member's clinic on any advertising.
6. Does not contact or communicate, directly or indirectly (through the actions of another person), by any means, including face-to-face, telephone, or electronic modes of communication in an attempt to solicit patients.
7. Does not advertise money-back guarantees or warranties.

References

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

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

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

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

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

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

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

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

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

Council Approval Date	June 23, 2017
Effective Date	March 1, 2018



Guide to Standard of Practice: Advertising

The College's Standard of Practice: Advertising establishes the College's expectations of Registered Denturists in relation to advertising activities. This Guide to the Standard offers further information regarding elements surrounding advertising and how to apply the Standard in practice.

What is a testimonial?

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

What is an endorsement?

An endorsement is the act of giving public approval or support to someone or something. Endorsements are a specific type of advertising that usually employ a celebrity or a professional to say good things about a product or service. Sometimes an endorsement and a testimonial might be the same thing.

How can I make sure that claims made in advertisements are true, accurate and verifiable?

Whatever you say in your advertisement must have some independent proof to verify it. Ask yourself how you could prove to the College that the statements in the advertisement were true.

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

For example, a claim about clinical outcomes might require the same kinds and level of proof that you would see in a peer-reviewed journal.

Other types of statements, such as saying "parking is free for patients" would simply require that the claim be true and could be double checked by the College if necessary.

I work in a multi-discipline practice and my employer takes care of all of the advertising. Am I still responsible for the advertising of the denturism services in the practice?

Yes. The denturist is responsible for any advertising that refers to denturism services. This means that you must take all reasonable steps to change any advertising that you are aware of that does not meet the Standard.

This might include:

1. Making the employer aware of the expectations in the College's Standard of Practice: Advertising.
2. Requesting changes in writing to any advertising that does not meet the Standard.
3. Following up to make sure the changes have been made.



BRIEFING NOTE

To: **COUNCIL**

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

Date: **September 14, 2018**

Subject: **Criminal Record and Judicial Matters Check Policy**

Background

The Registration Committee considered information provided by legal counsel regarding the Police Record Check Reform Act (PRCRA) which comes into force in Ontario on November 1, 2018. The memo from legal counsel is included.

The PRCRA clarifies the previous inconsistencies between police forces regarding the scope and content of a criminal record check. Under the new law, there are three distinct types of background checks (now called “police record checks”): The Criminal Record Check, the Criminal Record and Judicial Matters Check, and the Vulnerable Sector Check. The College’s current Policy requires applicants to provide a background check based on name and date of birth. As outlined above, under the new Act, the College may now request one of three defined types of police record check.

Based on the information provided by legal counsel, the Committee moved to amend the current Criminal Background Check Report Policy to require applicants who apply for a Certificate of Registration on or after November 1, 2018 to provide a Criminal Record and Judicial Matters Check. The amended draft policy is attached. The attached Criminal Record and Judicial Matters Check Process Guidelines document outlines the process and procedures relevant to requesting and submitting a Criminal Record and Judicial Matters Check as part of the application for a Certificate of Registration. The current policy is also attached.

Options:

After discussion and consideration of this matter, Council may elect to:

1. Adopt the proposed amendments to the Criminal Background Check Policy (new name: Criminal Record and Judicial Matters Check Policy).
2. Modify the proposed amendments.
3. Other.

Attachments:

Criminal Record and Judicial Matters Check Policy (Draft)

Criminal Record and Judicial Matters Check – Process Guidelines (Draft)

Legal Counsel Memo re Policy Check Report Policy

Current Criminal Background Check Report Policy



TYPE	Registration
NAME	Criminal Record and Judicial Matters Check Policy Criminal Background Check Policy
DATE APPROVED BY COUNCIL	December 12, 2014

INTENT

To outline the registration requirement for all applicants to provide a criminal record and judicial matters check with their application.

THE POLICY

The College's mandate is to protect the public interest in access to safe, competent and ethical care and service by Registered Denturists. Findings of guilt, courts orders, or outstanding charges or warrants to arrest may bring into question an applicant's character or fitness to practise. These concerns may be linked to justifiable concerns regarding public safety. Consequently, a criminal record and judicial matters check is required for all applicants who apply on or after November 1, 2018. The criminal record and judicial matters check must be dated within 6 months of the date of application for a Certificate of Registration.

While not normally required, a vulnerable sector check may be requested, at the discretion of the Registration Committee.

PURPOSE & PRINCIPLES

Under the *Police Record Checks Reform Act, 2015*, there are three types of police record checks:

- i. Criminal record check;
- ii. **Criminal record and judicial matters check**; and
- iii. Vulnerable sector check.

Applicants are responsible for ensuring they request the correct type of police record check, pay the applicable fees, and account for the amount of time it takes to process their request. **Unless requested, an applicant shall only provide the results of the criminal record and judicial matters check.**

RELATED LEGISLATION AND DOCUMENTS

Denturism Act, 1991

Ontario Regulation 833/93 (Registration)

Police Record Checks Reform Act, 2015

Criminal Records Act

Registration Guide

Referral of a Registration Application to the Registration Committee Policy

RESOURCES

Toronto Police Services <http://www.torontopolice.on.ca/recordsmanagement/clearance.php>

York Regional Police Services <http://www.yrp.ca/pcrc.aspx> Ontario Provincial

Police Services

<http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR&TAB=PROFILE&SRCH=&ENV=WWE&TIT=LE219&NO=026-LE219E>

REVISION CONTROL

Date	Revision	Effective
September 14, 2018	<ul style="list-style-type: none">• Name of policy• Require the criminal record and judicial matters check, per the Police Record Checks Reform Act, 2015, for applications received on or after November 1, 2018• Moved Process & Procedures into a Guideline document<ul style="list-style-type: none">○ Removed requirement for accessing information from the CPIC database to ensure that the information set out in the Schedule of the PRCRA is captured.	November 1, 2018



Criminal Record and Judicial Matters Check – Process Guidelines

1. Individuals applying for a Certificate of Registration who apply on or after November 1, 2018 must submit a criminal record and judicial matters check.
2. These records can be obtained from your local police station. Please note that there are three types of police record checks in Ontario. Applicants are required to provide a criminal record and judicial matters check.
3. Applicants who are unable to obtain a criminal record and judicial matters check because they reside outside of the province of Ontario, must provide a police record check containing information as indicated in Column 3 (criminal record and judicial matters check) of the [Schedule to the Police Record Reform Act, 2015](#).
4. The report must be dated no more than 6 months before the date of application.
5. The report must include all information as indicated in Column 3 (criminal record and judicial matters check) of the [Schedule to the Police Record Reform Act, 2015](#).
6. The name and date of birth on the report must match the name that appears on the application for a Certificate of Registration.
7. The report must indicate that a search was completed on all names the applicant is currently using or has used.
8. Online background checks by commercial vendors are not acceptable.
9. If the report indicates a finding of guilt, court order, and/or outstanding charge or warrant to arrest, applicants may be required to submit sufficient documentation regarding the finding(s) of guilt, court order(s), and/or outstanding charge(s) or warrant(s) to arrest to facilitate an assessment of the report by the Registration Committee.
10. The application may be referred to the Registration Committee, please see Referral of a Registration Application to the Registration Committee Policy for more information.

11. If an applicant foresees that his/her application may be referred, including sufficient documentation which addresses the reason for the potential referral with his/her application will reduce the wait time of a decision being rendered by the Registration Committee.
12. Sufficient documentation may include, but is not limited to:
- a. Court transcripts and proceedings, particularly criminal finding and sentencing
 - b. Decisions and reasons for civil court orders
 - c. Transcripts
 - d. Parole Officer's report
 - e. Probation Officer's report
 - f. The circumstances of the finding(s) of guilt, court order(s) and/or outstanding charge(s) or warrant(s) to arrest and particulars of any offence(s)
 - g. Efforts made at rehabilitation, likelihood of recurrences, and accomplishments since the offence
 - h. Length of time since the offence(s) occurred

MEMO

TO: Jennifer Slabodkin

FROM: Rebecca Durcan and Anastasia-Maria Hountalas

DATE: July 16, 2018

RE: *Police Record Checks Reform Act, 2015* and revisions to the Criminal Background Check Report Policy

You asked us to provide an opinion on whether the College’s Criminal Background Check Report Policy (the “Policy”) should be updated in light of the *Police Record Checks Reform Act, 2015* (the “Act”), which will come into force in Ontario on November 1, 2018. Specifically, you asked whether the College should request a Criminal Record and Judicial Matters Check instead of a Criminal Record Check.

Short Answer

The Act clarifies the previous inconsistencies between police forces regarding the scope and content of a criminal record check. Under the new law, there are three distinct types of background checks (now called “police record checks”): the Criminal Record Check, the Criminal Record and Judicial Matters Check, and the Vulnerable Sector Check. The information provided (and not provided) in each type of police record check is outlined in detail below. Based on our review of the new legislation and the different categories of police record checks, we recommend that the College require that applicants for registration be required to provide a Criminal Record and Judicial Matters Check.

Three Types of Police Record Checks

The College’s current Policy requires applicants to provide a background check based on name and date of birth. As outlined above, under the new Act, the College may now request one of three defined types of police record check.

Type 1: Criminal Record Check

A Criminal Record Check is the most basic type of police record check. It will show every conviction for which there has been no pardon and some youth convictions (depending on when they occurred). The Criminal Record Check does not disclose summary convictions, which

are often considered less-serious offences, if the request is made more than five years after the date of the summary conviction.

Type 2: Criminal Record and Judicial Matters Check

The second type of police record check is more comprehensive. A Criminal Record and Judicial Matters Check includes the same information captured by the Criminal Record Check, as well as the following additional information:

- Every criminal offence of which the individual has been found guilty and received an absolute discharge within the past year.
 - An absolute discharge is a finding of guilt without a conviction. Essentially, once the judge has entered a finding of guilt, she or he may hear submissions on penalty. If the judge finds that there is a reason that the individual should not be burdened with a criminal record (under a basic Criminal Record Check), for instance if she or he is a first time offender, the judge may enter an absolute discharge instead of a conviction. This information will allow the College to be aware of all recent findings of guilt made against an applicant for registration.
- Every criminal offence of which the individual has been found guilty and received a conditional discharge on conditions set out in a probation order within the past three years.
 - A conditional discharge is a finding of guilt where terms or conditions are imposed on the individual in question. As stated above, it is important for the College to be aware of all recent findings of guilt made against an applicant for registration, as well as any conditions and/or terms of probation by which the applicant must abide.
- Every criminal offence for which there is an outstanding charge or warrant to arrest in respect of the individual.
 - This information will make the College aware of any outstanding charges and/or warrants to arrest against an applicant for registration. However, in considering this information, it is important for the College to bear in mind that it relates to unproven charges and no finding of guilt has been made. Nevertheless, it is important for the College to be aware of any ongoing proceedings against an applicant for registration.
- Every court order made against the individual, with the exception of:
 - a. findings made under the *Mental Health Act* or under the mental disorder provisions of the *Criminal Code*;

- b. court orders made in relation to a charge that has been withdrawn; and
- c. restraining orders made against the individual under the *Family Law Act*, the *Children's Law Reform Act* or the *Child and Family Services Act*.
 - This information is important for the College, as it will indicate any civil order made against the applicant for registration. Specifically, it could provide useful in the event that the applicant for registration was the subject of an injunction from another College or a provincial offences finding for practising without a licence.

Type 3: Vulnerable Sector Check

A Vulnerable Sector Check is the most comprehensive type of police record check. It includes all of the information captured by the Criminal Record and Judicial Matters Check, as well as the following additional information:

- Every criminal offence with which the individual has been charged that resulted in a finding of not criminally responsible on account of mental disorder within the past five years, unless the individual received an absolute discharge.
- Any non-conviction information authorized for exceptional disclosure in accordance with section 10 of the *Act*.
 - Section 10 of the *Act* captures information regarding charges where there was no conviction, if the victim was a child or vulnerable person. In order to release this information, the police record check provider must have reasonable grounds to believe that the individual has been engaged in “a pattern of predation indicating that the individual presents a risk of harm to a child or a vulnerable person”.
 - Section 10 of the *Act* includes a non-exhaustive list of factors to be considered when assessing whether the individual engaged in a pattern of predation, including whether the target of the individual's behaviour was a child or vulnerable person, the nature of the individual's behaviour, when the behaviour occurred, the number of incidents, and the reason(s) why the behaviour did not result in a conviction.
 - Non-conviction information captured under this section is set out in Regulation 350/18 to the *Act* and includes various sexual offences, murder, assault, abduction and other serious offences under the *Criminal Code*.

Recommendation

It is therefore our recommendation that the Criminal Record and Judicial Matters Check is the best option for screening applicants for registration. It is our opinion that the basic Criminal Record Check is insufficient to capture the information necessary for the College to comply with its public protection obligations and that the Vulnerable Sector Check may be unnecessary as a general requirement for all applicants for registration (although it may be requested by the College in certain cases, as outlined in the College's Policy).

As such, we recommend that the College revise its Policy to reflect the new legislation and require that all applicants for registration who apply on or after November 1, 2018, when the *Act* comes into force, provide a Criminal Record and Judicial Matters Check. We have attached a copy of the College's Policy with draft revisions.

We hope that the above is helpful.

Thank you.



COLLEGE OF
DENTURISTS
OF ONTARIO

TYPE	Registration
NAME	Criminal Background Check Report Policy
DATE APPROVED BY COUNCIL	December 12, 2014

INTENT

To outline the registration requirement of all applicants to provide a criminal background check with their application and the process by which one can be obtained.

THE POLICY

The College's mandate is to protect the public by attempting to ensure that only competent, safe and ethical practitioners are registered. Criminal convictions may call into question an applicant's character, fitness to practice and actual or potential danger to the public. Therefore, for registration purposes, a criminal background check based on name and birth date is required. The criminal background check must be dated within 6 months of applying for registration; otherwise, a subsequent background check will be requested.

If an applicant receives an "incomplete" query or indication that more information is available on the results of his/her criminal background check, a complete criminal background check including fingerprinting may be required. A vulnerable sector police check is not usually required, however, may be requested at the discretion of the Registration Committee.

Purpose and Principles

Although the names vary by municipality, there are typically three types of criminal background checks:

- i. **Criminal Record Check based on name and birth date;**
- ii. Information Check which is an in-depth review for individuals working with vulnerable persons which may include fingerprinting; and
- iii. Vulnerable Sector Check which typically always includes fingerprinting.

Applicants are responsible for ensuring they request the correct type of criminal record check, pay the applicable fees, and account for the amount of time it takes to process their request. **Please note that, unless requested, an applicant shall provide the results of the Criminal Record Check (based on name and birth date) only.**

RELATED LEGISLATION AND DOCUMENTS

Denturism Act, 1991

Ontario Regulation 833/93 (Registration)

Criminal Records Act

Registration Guide

Referral of a Registration Application to the Registration Committee Policy

PROCESS AND PROCEDURES

1. All applicants for registration with the College of Denturists of Ontario must submit with their application form a Criminal Background Check Report.
2. Contact your local police station and fill out the necessary forms to complete the background check. Please note the name of the background check varies in each jurisdiction. To ensure an applicant acquires the correct background check, the information has to be accessed using the database of the Canadian Police Information Centre (CPIC) operated by the RCMP.
3. The cost of report and timelines vary depending on which local police station is utilized.
4. The report must show that the search of the CPIC database was conducted no more than 6 months before the date of application.
5. The report must include all records of discharge which have not been removed from the CPIC system in accordance with the *Criminal Records Act*, and records of outstanding criminal charges of which the police are aware.
6. The name and date of birth on the report must match the name that appears on the applicant's registration application.
7. The report must indicate that a search was completed on all names the applicant is currently using or has used.
8. Online checks by commercial vendors will not be accepted.
9. If the report indicates a criminal record, applicants may be required to submit sufficient documentation regarding the criminal charge(s) to facilitate an assessment of the report by the Registration Committee.
10. The application may be referred to the Registration Committee, please see *Referral of a Registration Application to the Registration Committee Policy* for more information.
11. If an applicant foresees that his/her application maybe referred, including sufficient documentation with his/her application will reduce the wait time of a decision being rendered by the Registration Committee.
12. Sufficient documentation includes, but is not limited to:
 - a. Court transcripts and proceedings, particularly sentencing
 - b. transcripts
 - c. Parole Officer's report
 - d. Probation Officer's report
 - e. The circumstances of the charge(s) or conviction and particulars of the offence
 - f. Efforts made at rehabilitation, likelihood of recurrences, and accomplishments since the offence
 - g. Length of time since the offence occurred
 - h. Any other documentation requested by the Registration Committee

DEFINITIONS

“Act” means the *Denturism Act, 1991* and includes the regulations made under it

RESOURCES

Toronto Police Services

<http://www.torontopolice.on.ca/recordsmanagement/clearance.php>

York Regional Police Services <http://www.yrp.ca/pcrc.aspx>

Ontario Provincial Police Services

<http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR&TAB=PROFILE&SRCH=&ENV=WWE&TIT=LE219&NO=026-LE219E>

REVISION CONTROL

Date	Revision	Effective



BRIEFING NOTE

To: **Council**

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

Date: **September 14, 2018**

Subject: **Mentoring Program for New Members of Council**

Priority 2 of the CDO Strategy map 2017-2020 includes Item c (ii): "Implement mentoring process for new Council members". This mentoring process has not been established.

This mentoring process could be informal or a more structured, defined process. The current College process includes a meeting of new Council members with the President, Vice President and Registrar to discuss the regulatory framework and the work of the College in the regulation of the denturism profession.

Amendments to this current process could include pairing new Council members with current members. The framework for such a relationship or other elements of a mentoring program would benefit from Council's insight and discussion.