



95th Council Meeting

Friday, March 22, 2019 – 9:00 a.m. – 3:30 p.m.

HELD AT

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

AGENDA

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1. Call to Order	Decision	
2. Introduction of Ms. Kris Bailey, Public Member of Council	Information	
3. Approval of Agenda	Decision	1
4. Declaration of Conflict(s)	Decision	
5. College Mandate	Information	
6. Consent Agenda	Decision	
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16.1 Briefing Note		
17. Governance Training – The College's Inquiries, Complaints and Reports Committee and the Discipline and Fitness to Practice Committees – What Do They Do and How Do They Do It? Rebecca Durcan, College Counsel, Partner, Steinecke Maciura LeBlanc	Information Discussion	
18. Lunch	Eat	
19. In Camera Meeting of Council, pursuant to Schedule 2, the Health Professions Procedural Code of the Regulated Health Professions Act (1991), Section 7 ss (2) (e) of the Regulated Health Professions Act (1991).		
20. Next Meeting Date Next Meeting Date: Friday June 14, 2019		
19. Adjournment		



**94th Council Meeting
In-Person**

**365 Bloor Street East, Suite 1606, Toronto, ON M4W 3L4
Friday December 14, 2018- 9:00 a.m. to 3:30 p.m.**

MINUTES

Members Present:

Dr. Ivan McFarlane
Mr. Joey Della Marina
Mr. Hanno Weinberger
Mr. Latif Azzouz
Ms. Alexia Baker-Lanoue
Ms. Anita Kiriakou
Mr. Mark Fenn
Mr. Keith Collins
Ms. Barbara Smith
Mr. Michael Vout Jr.
Mr. Christopher Reis
Ms. Wangari Muriuki

Regrets:

Mr. Keith Collins
Mr. Jack Abergel

Legal Counsel:

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

Invited Guests:

Dr. Louise Clement, Executive Director, Health Education Assessment & Clinical Partnership
Ms. Sarah Ingimundson, Program Director, EQual
Tara Breckenridge, Senior Policy Analyst, Regulatory Oversight and Performance Unit, Health Workforce Regulatory Oversight Branch Strategic Policy and Planning Division, Ministry of Health and Long-Term Care
Thomas Custers, Manager, Regulatory Oversight and Performance Unit, Health Workforce Regulatory Oversight Branch Strategic Policy and Planning Division, Ministry of Health and Long-Term Care

Staff:

Dr. Glenn Pettifer, Registrar and CEO
Ms. Tyneesha Du, Coordinator of Council and Corporate Services
Ms. Jennifer Slabodkin, Manager, Registration, Quality Assurance & Policy

1. Call to Order

The President called the meeting to order at 9:01 am.

2. Approval of Agenda

MOTION: That the agenda be approved as amended.

MOVED: Mark Fenn

SECONDED: Joey Della Marina

CARRIED

3. Declaration of Conflict of Interest

Barbara Smith has a conflict with item number 12.

4. College Mandate

The President presented the College Mandate and the College Mission.

5. Denturism Academic Program Accreditation Presentation on Health Education Program Accreditation, Accreditation Canada. Ms. Louise Clement, Executive Director and Ms. Sarah Ingimundson, Director, EQual Canada.

6. Health Regulatory College Performance Measurement Presentation, Tara Breckenridge, Senior Policy Analyst & Thomas Custers, Manager, Regulatory Oversight and Performance Unit, Health Workforce Regulatory Oversight Branch Strategic Policy and Planning Division, Ministry of Health and Long-Term Care.

7. Consent Agenda

7.1 Minutes of the 92nd Council meeting held on Friday, September 14, 2018.

7.2 Executive Committee Report

7.3 Inquiries, Complaints and Reports Committee Report

7.4 Quality Assurance Committee – Panel A Report

7.5 Quality Assurance Committee – Panel B Report

7.6 Qualifying Examination Committee Report

7.7 Qualifying Examinations Appeals Committee Report

7.8 Registration Committee Report

7.9 Patient Relations Committee

- 7.10 President's Report – Verbal
- 7.11 Registrar's Report
- 7.12 Financial Report Memo and YTD Statements – April 1, 2018 – October 31, 2018
- 7.13 Update on Strategy Map 2017-2020 Progress
- 7.14 Legislative Update – October 2018
- 7.15 Correspondence – Commission on Accreditation for Denturism

Items removed from the Consent Agenda:

- 7.1 Minutes of the 92nd Council meeting held on Friday, September 14, 2018.
- 7.4 Quality Assurance Committee – Panel A
- 7.5 Quality Assurance Committee – Panel B
- 7.10 President's Report- Verbal
- 7.11 Registrar's Report
- 7.14 Legislative Update – October 2018

MOTION: That Council approve the Consent Agenda as amended.

MOVED: Mark Fenn

SECONDED: Joey Della Marina

CARRIED

- 7.1 Minutes of the 92nd Council meeting held on Friday, September 14, 2018.

MOTION: To approve minutes as amended

MOVED: Alexia Baker-Lanoue

SECONDED: Michael Vout Jr.

- 7.4 Quality Assurance Committee – Panel A

MOTION: That Council accept the Quality Assurance Committee – Panel A report.

MOVED: Michael Vout Jr.

SECONDED: Alexia Baker-Lanoue

CARRIED

- 7.5 Quality Assurance Committee – Panel B

MOTION: That Council accept the Quality Assurance Committee - Panel B report.

MOVED: Barbara Smith

SECONDED: Anita Kiriakou

CARRIED

- 7.10 President's Report – Verbal

MOTION: To accept President's verbal report.

MOVED: Hanno Weinberger

SECONDED: Joey Della Marina

CARRIED

7.11 Registrar's Report

MOTION: To accept the Registrar's report.

MOVED: Wangari Muriuki

SECONDED: Mark Fenn

CARRIED

7.14 Legislative Update – October 2018

MOTION: To accept the legislative update for October 2018.

MOVED: Joey Della Marina

SECONDED: Michael Vout Jr.

CARRIED

8.0 Consideration of the College's Document Retention Schedule

MOTION: To adopt the proposed retention schedule.

MOVED: Hanno Weinberger

SECONDED: Wangari Muriuki

CARRIED

9.0 Waiving the Fee Increase for 2019-2020 – By-law Article 31.05

MOTION: To waive the fee increase prescribed by By-law Article 31.05 for the 2019-2020 fiscal year.

MOVED: Michael Vout Jr.

SECONDED: Joey Della Marina

CARRIED

10. Consideration of the Draft of the College's 2017-2018 Annual Report

MOTION: To adopt the draft 2017-2018 annual report as amended.

MOVED: Alexia Baker-Lanoue

SECONDED: Barbara Smith

CARRIED

11. *In Camera* Meeting of Council, pursuant to Schedule 2, the Health Professions Procedural Code of the Regulated Health Professions Act (1991), Section 7 ss (2) (e) of the Regulated Health Professions Act (1991).

12. A By-law amendment to allow for members of the public to be appointed to College Committees

MOTION: To adopt the proposed amendments to By-laws and the changes within.

MOVED: Wangari Muriuki

SECONDED: Anita Kiriakou

CARRIED

13. Draft Terms of Reference – Patient Relations Committee

MOTION: To approve the draft Terms of Reference as amended.

MOVED: Hanno Weinberger

SECONDED: Alexia Bake- Lanoue

CARRIED

14. Consultation Report – Proposed Amendment to College By-laws to Provide for an “Honourary” status for retired Denturists

MOTION: To return the draft amendments with clarifying comments and information for a second, but shorter (30 day) consultation.

MOVED: Barbara Smith

SECONDED: Wangari Muriuki

CARRIED

15. Proposed Amendments to the Supervision of Students and Examination Candidates Policy

MOTION: To adopt the proposed amendments to the Supervision of Students and Examination Candidates Policy (New Policy Name: Clinical Supervision of Students, Examination Candidates, and Potential Examination Candidates Policy).

MOVED: Anita Kiriakou

SECONDED: Robert Gaspar

CARRIED

16. Next Meeting Date: March 22, 2019

17. Adjournment

The meeting adjourned at 2:45 pm.



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Executive Committee**

Reporting Date: **March 12, 2019**

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

The Executive Committee met by teleconference on Friday February 22, 2019.

The Committee considered the appointment of a public member of Council to the Patient Relations Committee following the expiration of the appointment of Mr. Fenn to Council.

The Committee received advice from the College's legal counsel regarding the possibility of an unconstituted Council and any procedural remedies should such a situation arise.

The Committee reviewed the current financial statements for April 1, 2018 – to January 30, 2019.

The Committee reviewed the proposed 2019 – 2020 budget and adopted a motion to forward the proposed budget to Council for approval.

The Committee considered 9 Clinic Name applications and correspondence regarding a clinic naming dispute.

Respectfully submitted by
Dr. Ivan McFarlane
President of Council and Chair of the Executive Committee



COMMITTEE REPORT TO COUNCIL

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

Reporting Date: **March 11, 2019**

Number of Meetings since last Council Meeting: **5 total meetings.**
1 Health Inquiry Panel teleconference held on February 19, 2019
1 Health Inquiry Panel in-person meeting held on January 11, 2019
3 in-person meetings held on January 10, 2019, January 11, 2019, March 1, 2019

Decisions finalized:

Investigations closed and draft decisions approved:	6
a) Complaints	6
b) Registrar's Reports	0
c) Registrar's Reports – Referral from QA	0

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

No Further Action	6
Advice/Recommendation/Reminder	0
SCERP (incl. Coaching and Training)	0
Written Caution	0
Verbal Caution	0
Referral to Health Inquiry Panel	0
Referral to Discipline	0

Practice Issues (identified by ICRC at the time the decision is made)

** Some cases may not have a Secondary Issue*

Practice Issue	Primary Issue	Secondary Issue
Patient harm/Patient Safety		
Clinical knowledge/understanding		1
Clinical Skill/Execution	5	
Communication		2
Relationship with Patient	1	3
Professional Judgment		3
Legislation, standards & ethics	4	

Laboratory Procedures		
Practice Management	4	

Cases considered:

i) Files still open (includes all on-going matters and new files):	26
a) Complaints	15
b) Registrar's Reports	6
c) Health Inquiries	5

ii) New files received during this period:	13
a) Complaints	10
b) Health Inquiries	3

Cases Pending:

i) Files not yet reviewed (in early stages of investigation):	12
a) Complaints	8
b) Registrar's Reports	1
c) Fitness to Practise Inquiries	3
d) Referrals from QA	0

HPARB appeals:

Total Appeals pending	2
New Appeals	0
ICRC Decision confirmed – case closed	3
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: **March 22, 2019**

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 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 December 14, 2018.

Meeting: January 25, 2019

Requirement Considered	Result
2016-17 Peer & Practice Assessments	<ul style="list-style-type: none">• 1 – Remedial submission considered and deemed satisfactory
2018-19 Peer & Practice Assessments	<ul style="list-style-type: none">• 12 – Satisfactory (no further action)• 2 – Satisfactory Modified Non-Clinical Peer & Practice Assessments¹• 5 – Remedial submissions considered and deemed satisfactory• 7 – Remedial action required
2017-18 Annual CPD Requirements	<ul style="list-style-type: none">• 3 – Satisfactory (no further action)

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.

Peer & Practice Assessment Report Summary:

Renewal Period	Satisfactory	Remediation	Reassessment Ordered for Remediation	Modified Non-Clinical Assessment	Referral to ICRC	Resigned	Files Still In Progress
2016-17 (Total = 37)	19	11	1	3	1	2	4
2017-18 (Total = 35)	17	17	0	1	0	0	0
2018-19 (Total = 36)	15	13	2	4			4

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	0	0

Program Development:

The Committee moved to require completion of a prevention of sexual abuse of patients CPD module once per CPD cycle by all Registered Denturists. The module will be a requirement of the CPD program once it is developed.

The Committee considered amendments to the Peer Assessor Eligibility and Appointments Policy and moved to recommend the revised policy to Council.

The Committee re-appointed 7 Peer Assessors for the 2019-2022 term and was provided with a verbal update regarding the Peer Circles and Self-Assessment Tool projects. Peer Circle events will be scheduled in Windsor, Ottawa and Sudbury over the next couple of months.

The Committee will be meeting in April 2019 for further review of Peer & Practice Assessment reports, CPD compliance matters, and discussion on the development of the Chart Stimulated Recall component of the Peer and Practice Assessment.

Respectfully submitted Keith Collins, Chair



COMMITTEE REPORT TO COUNCIL

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

Reporting Date: **March 22, 2019**

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 December 14, 2018.

At its next meeting on May 31, 2019, the Committee will review drafts of the Mandatory Reporting Guideline, the Electronic Communication Guideline, and the Closing a Practice Guideline.

Respectfully submitted by Hanno Weinberger, Chair



COMMITTEE REPORT TO COUNCIL

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

Reporting Date: **March 22, 2019**

Number of Meetings since
last Council Meeting: **Two teleconference meetings: February 12 & 27, 2019**

The Committee met on two occasions following the January 2019 Qualifying Examination to review the item analysis for each component of the QE and for the presentation of the final examination results.

Winter 2019 Qualifying Examination

The QE was administered over a three-day period in January 2019. A total of 21 candidates were assessed, 9 of which were reassessments. The College's assessment consultant, Dr. Anthony Marini, conducts a complete item analysis after each administration. Items identified as problematic in this analysis were presented and reviewed by the Committee prior to the release of final candidate scores.

<u>QE WINTER 2019 – OVERALL</u>	Total	New	Repeat
Number of candidates	21	12	9
Number of successful candidates	10	6	4
Pass rate (expressed as a percentage of new candidates)	60%		

Other Discussion Items:

Qualifying Examination Policy Revision

The Committee approved a policy revision schedule outlining the current QE policies with a recommended order of review based on their approval and revision dates. This is in line with the Council's Strategic Plan for 2017-2020, Priority #2 Excellence in Governance which includes improving internal policy coordination and priority-setting through establishing an oversight process.

Respectfully submitted by Christine Reekie, Chair



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Registration Committee**

Reporting Date: **March 22, 2019**

Number of Meetings since last

Council Meeting: **1**

The Registration Committee (RC) met once since its last report to Council on December 14, 2018.

At the January 8th, 2019 meeting, the Committee considered 1 application for a Certificate of Registration.

The Committee will be meeting on March 25th, 2019 to consider requests for academic assessments for individuals who may be eligible to attempt the Summer 2019 Qualifying Examination.

Respectfully submitted by Elizabeth Gorham-Matthews, Chair



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Patient Relations Committee**

Reporting Date: **March 22, 2019**

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

The Patient Relations Committee ("PRC") met on January 24, 2019 and March 7, 2019. At these meetings the Committee, with the assistance of Cathi Mietkiewicz of Mietkiewicz Law, considered the legislative framework surrounding the PRC and its mandated responsibilities related to program items, including funding support for therapy and counselling for victims of alleged sexual abuse by members of the College.

The Committee considered the elements of a sexual abuse prevention program that is a legislated responsibility of the Committee and focused on the elements for which it had directed staff to provide further information.

At its November meeting, the Committee directed staff to review and update the information sheets and the application forms for members of the public to apply for funding for therapy. The PRC is happy to report that not only are new and improved application forms for funding for therapy available, but that the PRC is confident that the information sheets and the application forms will assist in streamlining the application process – both from a patient and a College perspective. To ensure that patients are being served and the College is being responsive, the PRC will continue to have an oversight role of applications for funding.

At the November meeting, the Committee focused its attention on the sexual abuse prevention program. This discussion included considerations of education for members, education for students, guidelines for the conduct of members, training for College staff, provision of information to the public, funding for therapy and counselling and a process for the evaluation of the program's effectiveness.

At the meetings in February and March the PRC considered:

- Broader criteria for eligibility for funding counselling and therapy;
- Providing additional funding for expenses associated with accessing counselling and therapy;
- Amendments to the existing Guidelines for the Prevention of Sexual Abuse;
- Methods to enhance and support the sexual abuse prevention education in denturism program curricula

The Committee looks forward to presenting proposed policies and guidelines to Council at future Council meetings.

Respectfully submitted,

Alexia Baker-Lanoué



To: **Council**

From: **Dr. Ivan McFarlane**

Date: **March 22, 2019**

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



To: **Council**
From: **Dr. Glenn Pettifer**
Reporting Date: **March 22, 2019**
Subject: **Registrar's Report**

I am pleased to provide this report to Council

STAKEHOLDER REPRESENTATION

December 3, 2018 – FHRCO Board of Directors Meeting

December 4, 2018 – George Brown College, 3rd year Denturism Students – presentations on "Regulation of the Denturism Profession in Ontario" and "Requirements for Registration with the College of Denturists of Ontario" by the Registrar and the Manager, Registration, Quality Assurance and Policy

December 5, 2018 – New Registrant Orientation to the College – Webinar Presentation – by the Registrar and the Manager, Registration, Quality Assurance and Policy

December 13, 2018 – FHRCO Strategic Planning Day

January 17 – 20 – hosted Registrar and Chair of Registration Committee of the College of Denturists of BC who travelled to Ontario to observe the OSCE portion of the College's Qualifying Examination.

January 18 – 19, 2019 – attended the Assessor training and "dry run" of the OSCE portion of the College's Qualifying Examination.

December 10, 2018 and January 25, February 26, 2019 - MOHLTC Working Group on College Performance Measurement

January 29, 2019 – met with Mr. Harry Cayton, Retired CEO of the Professional Standards Authority and the Registrars of the CDHO and CDTO to discuss College amalgamation.

Met with Registrars of the CDHO and CDTO on several occasions regarding College amalgamation.

February 13, 2019 hosted representatives of EQual Canada and Denturism academic program staff and administrators from George Brown College, Oxford College and Georgian College to discuss the EQual Canada approach to academic program accreditation.

January 2019 – several teleconferences with Registrars of Alberta and British Columbia Regulatory Colleges to discuss items of mutual interest: updating the National Competency Profile, nationalizing the Qualifying Examination and academic program accreditation at the national level.

FINANCE

Year-to-date financial reports are provided and the proposed budget for the 2019 – 2020 fiscal year is presented in this agenda.

ICRC & DISCIPLINE

There are currently 15 active complaint files, 6 Registrar's Reports/Investigations, two health inquiry panels, two decisions at HPARB. Three ICRC decisions have been confirmed by HPARB. There are currently three matters awaiting discipline hearings.

The case of the member who has been charged with multiple counts of sexual abuse of patients went to judicial pre-trial hearing and assignment court the week of February 4, 2019. The trial date was set for February 2020. The alleged victims have all received information from the College through the Crown attorney regarding the funding for therapy and counselling program.

REGISTRATION

There are currently 720 individuals holding Certificates of Registration. Registration renewal opened on March 1, 2019. All systems have been working well to this point. We have modified the process for the renewal of Certificates of Authorization for Health Profession Corporations to provide for digital (online) delivery of the Certificate of Authorization. Once a member has renewed their Certificate, they can download it from the College website. In previous years, a Certificate was mailed to the member by the College once the HPC was renewed.

PROGRAM AND POLICY DEVELOPMENT

Agenda Item 6.10

Jurisprudence Project

The Jurisprudence Project was piloted successfully. The Jurisprudence Manual and test questions have been updated. The entire program was launched on March 13, 2019. This program will be available to members to participate in on a voluntary basis until the end of the next 3-year CPD cycle. Once the revised Registration Regulation comes into force, new applicants for a Certificate of Registration will be required to complete the program as part of their registration requirements.

Peer Circle Project

The Peer Circle project was piloted at the recent DAO PYP Annual Education Conference. The pilot went very well, and the College received very positive comments from participants. We are currently planning for delivery of the Peer Circle Project in communities outside of the GTA (Ottawa, Windsor, the near North – Thunder Bay, Sault Ste. Marie, Sudbury). We are also exploring ways in which we can leverage technology to allow us to provide the Peer Circle tool for Registered Denturists who are not located near a centre where the Peer Circle Project is offered in person.

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.

Self-Assessment Tool.

The College is finishing up online testing of this tool. Once, this testing is complete, the tool will be piloted to all Registered Denturists over the next three years to coincide with the Continuing Professional Development cycle.

Document Management Project

The needs assessment was completed in April 2018. The document classification structure was developed. A software program for document management was identified, purchased and installed on the College servers. The current College documentation will be sorted and migrated to the new document management program in late spring.

CONTINUING PROFESSIONAL DEVELOPMENT INITIATIVES

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 (Strategic Plan Priority 1). The table below details the number of attendees at a variety of online webinars this winter. There is also an accounting of the number of on-demand viewings there have been for each webinar in the online library.

Standard	# of Sessions	# of Attendees	On Demand Views
Record Keeping	2	15	30
Informed Consent	2	22	19
Confidentiality & Privacy	2	27	26
Advertising	2	25	30
Conflict of Interest	2	29	39

OPERATIONS

Conducted a search for an individual to assume the position of Coordinator, Council and Corporate Services and was successful in identifying a suitable individual who will start on April 2, 2019.

STAFF PROFESSIONAL DEVELOPMENT ACTIVITIES

Jennifer is enrolled in the online Masters in Public Administration (Management) offered by Dalhousie University. Her first course began in January.

Vicci is completing courses in Project Management and Occupational Health and Safety.

I am enrolled in the Certificate Program in Health Law offered by Osgoode Hall Law School Professional Development.



BRIEFING NOTE

To: **Council**
From: **Dr. Glenn Pettifer, Registrar and CEO**
Reporting Date: **March 22, 2019**
Subject: **Financial Memo**

The financial statements for April 1, 2018 – January 31, 2019 are attached.

You will find income and expense statements. I direct your attention to the column "YTD as Percentage of Budget" which indicates the percentage of the budgeted amount that has been spent (or, in the case of income, received). Since this report covers the 10 months of the fiscal year, mathematically we would anticipate that approximately 83% (10/12) of the budgeted amount would have been spent. However, not every line item adheres to this because some expenses are not expensed over time but are lump sum payments.

Items of note:

Income:

Save two line items, all the income lines are at least above 83% and, in many cases, well above the total predicted income.

Expenses:

Line 47 – Bank Charges are at 331% of the budgeted amount due to an increase in our credit card fees.

Line 67 – Patient Relations Committee. This Committee has been engaging in a significant amount of work over the past couple of months. The work associated with developing a program for the prevention of patient sexual abuse, drafting the appropriate documentation, developing the program for the funding of therapy and counselling and associated documentation and application forms has involved significant input from legal counsel. The costs for the legal counsel are reflected in the overbudget expense line for the Patient Relations Committee

Lines 73-76 – Costs associated with ICRC and Discipline. Costs associated with decision writing, legal advice and investigation costs are well above the budgeted amounts. This has arisen because of the increase in the number of complaints since the budget was formulated. The increase in decision writing costs arises as a result of staffing changes and the identified need for the College to improve the quality of its ICRC decision and reasons.

The overall expense percentage is 75% which is well within the anticipated range for this point in the fiscal year.

College of Denturists of Ontario

Income Statement (April 1, 2018- January 31, 2019)

	Budget Category	Budget 2018-2019	YTD Income January 31/19	YTD as Percentage of Budget	Remainder or In Excess of Budgeted Revenue*
LINE	REVENUE				
	Professional Corporation Fees				
1	Renewal	\$ 47,950.00	\$ 47,950.00	100%	\$ -
2	Initial Application	\$ 17,000.00	\$ 13,000.00	76%	\$ 4,000.00
3	Sub-total Professional Corporation Fees	\$ 64,950.00	\$ 60,950.00	94%	\$ 4,000.00
	Registration Fees				
4	Application for COR	\$ 4,000.00	\$ 4,650.00	116%	\$ 650.00*
5	COR New Registrants	\$ 47,025.00	\$ 53,675.00	114%	\$ 6,650.00*
6	COR Renewals	\$ 1,318,600.00	\$ 1,343,886.00	102%	\$ 25,286.00*
7	Sub-total Registration Fees	\$ 1,369,625.00	\$ 1,402,211.00	102%	\$ 32,586.00*
	Other Fees				
8	Clinic Name Application	\$ 600.00	\$ 450.00	75%	\$ 150.00
9	Reinstatement	\$ 1,000.00	\$ 2,000.00	200%	\$ 1,000.00*
10	Duplicate Certificate	\$ 200.00	\$ 550.00	275%	\$ 350.00*
11	Late Fees	\$ 4,684.50	\$ 6,750.00	144%	\$ 2,065.50*
12	Misc Income	\$ 2,000.00	\$ 2,188.99	109%	\$ 188.99*
13	Sub-total Other Fees	\$ 8,484.50	\$ 11,938.99	141%	\$ 3,454.49*
	Qualifying Examination Fees				
14	Initial Application	\$ 3,750.00	\$ 3,825.00	102%	\$ 75.00*
15	Written (MCQ)	\$ 48,000.00	\$ 46,400.00	97%	\$ 1,600.00
16	Clinical (OSCE)	\$ 192,000.00	\$ 202,400.00	105%	\$ 10,400.00*
17	Sub-total Qualifying Examination Fees	\$ 243,750.00	\$ 252,625.00	104%	\$ 8,875.00*
	Other Income				
18	Deposit Interest	\$ 15,000.00	\$ 15,614.17	104%	\$ 614.17*
19	Discipline Costs Recovery	\$ 22,800.00	\$ 20,300.00	89%	\$ 2,500.00
20	Sub-total Other Income	\$ 37,800.00	\$ 35,914.17	95%	\$ 1,885.83
21	TOTAL REVENUE	\$ 1,724,609.50	\$ 1,763,639.16	102%	\$ 39,029.66*
22	Less Expenditures (from page 2)	\$ (1,556,434.02)	\$ (1,160,855.29)	75%	\$ 395,578.73
23	NET INCOME	\$ 168,175.48	\$ 602,783.87		

College of Denturists of Ontario

Income Statement (April 1, 2018- January 31, 2019)

	Budget Category	Budget 2018-2019	YTD Spending January 31/19	YTD as Percentage of Budget	Remainder or In Excess of Budgeted Expenditures*
LINE	EXPENDITURES				
	Wages & Benefits				
24	Salaries	\$ 421,456.25	\$ 331,930.21	79%	\$ 89,526.04
25	CPP/EI	\$ 18,976.55	\$ 15,070.41	79%	\$ 3,906.14
26	Benefits	\$ 60,337.37	\$ 49,612.42	82%	\$ 10,724.95
27	Temp staff	\$ 5,000.00	\$ -	0%	\$ 5,000.00
28	Sub-total Wages & Benefits	\$ 505,770.17	\$ 396,613.04	78%	\$ 109,157.13
	Professional Development				
29	Education/Training - Staff	\$ 25,000.00	\$ 14,019.88	56%	\$ 10,980.12
30	Org. Membership	\$ 10,000.00	\$ 8,805.63	88%	\$ 1,194.37
31	Sub-total Professional Development	\$ 35,000.00	\$ 22,825.51	65%	\$ 12,174.49
	Professional Fees				
	Financial				
32	Audit	\$ 21,000.00	\$ -	0%	\$ 21,000.00
33	Long Range Forecasting Project	\$ 12,500.00	\$ -	0%	\$ 12,500.00
34	Bookkeeper	\$ 26,400.00	\$ 11,430.00	43%	\$ 14,970.00
	Consultants				
35	Programs & Policy Development	\$ 100,000.00	\$ 73,766.11	74%	\$ 26,233.89
	Legal				
36	General	\$ 50,000.00	\$ 25,905.18	52%	\$ 24,094.82
37	Sub-total Professional Fees	\$ 209,900.00	\$ 111,101.29	53%	\$ 98,798.71
	Office & General				
38	Telephone	\$ 11,000.00	\$ 8,571.88	78%	\$ 2,428.12
39	Postage/Courier	\$ 6,000.00	\$ 4,127.05	69%	\$ 1,872.95
40	IT Support	\$ 12,000.00	\$ 11,581.21	97%	\$ 418.79
41	IT Security Audit	\$ 10,000.00	\$ 1,750.00	18%	\$ 8,250.00
42	Member Database	\$ 18,300.00	\$ 13,087.47	72%	\$ 5,212.53
43	Website Maintenance/Upgrades	\$ 10,000.00	\$ 4,800.00	48%	\$ 5,200.00
44	Insurance	\$ 4,200.00	\$ 4,650.48	111%	\$ 450.48*
45	Office Expense	\$ 22,000.00	\$ 20,579.14	94%	\$ 1,420.86
46	Registrar/Stakeholder Meetings	\$ 2,000.00	\$ 2,693.01	135%	\$ 693.01*
47	Bank Charges, Penalties & Interest	\$ 100.00	\$ 330.50	331%	\$ 230.50*
48	Electronic Payment Processing fees	\$ 5,500.00	\$ 2,922.53	53%	\$ 2,577.47
49	Credit card processing fees	\$ 36,857.05	\$ 32,191.94	87%	\$ 4,665.11
50	Rent	\$ 117,756.80	\$ 100,007.20	85%	\$ 17,749.60
51	Sub-total Office & General	\$ 255,713.85	\$ 207,292.41	81%	\$ 48,421.44

	Budget Category	Budget 2018-2019	YTD Spending January 31/19	YTD as Percentage of Budget	Remainder or In Excess of Budgeted Expenditures*
	Qualifying Examination				
52	QE Committee	\$ 4,000.00	\$ 2,182.50	55%	\$ 1,817.50
53	QE Appeals Committee	\$ 250.00	\$ 37.50	15%	\$ 212.50
54	QE Candidate Orientation	\$ 2,000.00	\$ 2,159.54	108%	\$ 159.54*
55	Written (MCQ) Administration	\$ 5,500.00	\$ 4,618.09	84%	\$ 881.91
56	Clinical (OSCE) Administration	\$ 170,000.00	\$ 121,264.82	71%	\$ 48,735.18
57	QE Analysis	\$ 40,000.00	\$ 40,000.00	100%	\$ -
58	Examination Maintenance/Modifications	\$ 100,000.00	\$ 68,712.80	69%	\$ 31,287.20
59	Sub-total Qualifying Examination	\$ 321,750.00	\$ 238,975.25	74%	\$ 82,774.75
	Council & Executive Committee				
60	Per Diems	\$ 6,000.00	\$ 2,550.00	43%	\$ 3,450.00
61	Expenses	\$ 10,000.00	\$ 5,005.04	50%	\$ 4,994.96
62	Election Costs	\$ 1,500.00	\$ -	0%	\$ 1,500.00
63	Governance Training	\$ 15,000.00	\$ 5,353.32	36%	\$ 9,646.68
64	Sub-total Council & Executive Committee	\$ 32,500.00	\$ 12,908.36	40%	\$ 19,591.64
	Committees				
65	Registration	\$ 2,000.00	\$ 1,808.26	90%	\$ 191.74
66	Registration Legal	\$ 2,500.00	\$ 1,973.00	79%	\$ 527.00
67	Patient Relations	\$ 3,000.00	\$ 6,754.59	225%	\$ 3754.59*
68	Sub-total Council & Executive Committee	\$ 7,500.00	\$ 10,535.85	140%	\$ 3035.85*
	QA				
69	QA Panel A	\$ 4,000.00	\$ 2,631.00	66%	\$ 1,369.00
70	QA Panel B	\$ 5,000.00	\$ 442.00	9%	\$ 4,558.00
71	QA Assessor Expenses	\$ 18,300.00	\$ 15,575.42	85%	\$ 2,724.58
72	Sub-total QA	\$ 27,300.00	\$ 18,648.42	68%	\$ 8,651.58
	Complaints & Discipline				
73	ICRC Committee	\$ 17,000.00	\$ 10,968.37	65%	\$ 6,031.63
74	ICRC Legal/Decision Writing	\$ 12,000.00	\$ 27,339.86	228%	\$ 15,339.86*
75	ICRC Legal	\$ 12,000.00	\$ 19,839.99	165%	\$ 7,839.99*
76	ICRC Investigations	\$ 25,000.00	\$ 60,244.45	241%	\$ 35,244.45*
77	Discipline Committee	\$ 5,000.00	\$ 196.56	4%	\$ 4,803.44
78	Discipline Legal	\$ 50,000.00	\$ 11,902.92	24%	\$ 38,097.08
79	Discipline Hearings	\$ 25,000.00	\$ -	0%	\$ 25,000.00
80	Sub-total Complaints & Discipline	\$ 146,000.00	\$ 130,492.15	89%	\$ 15,507.85
81	Sub total Expenditures	\$ 1,541,434.02	\$ 1,149,392.28	75%	\$ 392,041.74
82	Capital Expenses	\$ 15,000.00	\$ 11,463.01	76%	\$ 3,536.99
83	TOTAL EXPENDITURES	\$ 1,556,434.02	\$ 1,160,855.29	75%	\$ 395,578.73



BRIEFING NOTE

To: **Council**

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

Reporting Date: **March 22, 2019**

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

Priority 1 – Enhanced Communication and Stakeholder Engagement

The Peer Circle project was piloted at the fall DAO PYP Annual Education Conference. The pilot went very well, and the College received very positive comments from participants. We are currently planning for delivery of the Peer Circle Project in communities outside of the GTA (Ottawa, Windsor, the near North – Thunder Bay, Sault Ste. Marie, Sudbury) in May/June. We are also exploring ways in which we can leverage technology to allow us to provide the Peer Circle tool for Registered Denturists who are not located near a centre where the Peer Circle Project is offered in person.

The Citizens Advisory Group was consulted at its February 2, 2019 meeting. The group was asked to provide opinions on the public confidence in the health profession regulatory process, and amendments to the process (specifically regulatory College governance) that would enhance the public's confidence in the College regulation of health professions.

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 (Strategic Plan Priority 1). The table below details the number of attendees at a variety of online webinars this past fall. There is also an accounting of the number of on-demand viewings there have been for each webinar in the online library.

Standard	# of Sessions	# of Attendees	On Demand Views
Record Keeping	3	62	33
Informed Consent	3	34	24
Confidentiality & Privacy	3	45	45
Advertising	1	72	47
Conflict of Interest	2	26	46

Interprofessional collaboration has been an item of discussion at meetings with the Registrars of the CDHO and CDTO.

Priority 2 – Excellence in Governance

Council, Committee Members and Peer Advisors have engaged in training sessions on Unconscious Bias. Training on financial literacy was provided by Blair MacKenzie at the June 2018 Council meeting. Councillors requested a presentation on the College's Inquiries, Complaints and Reports, Discipline and Fitness to Practise Committees. This presentation will be provided by College counsel at its March 22, 2019 meeting.

The mentoring process for new Council members is under development.

Policy Coordination has been introduced to both the Registration, Quality Assurance and Qualifying Examination Committees. Schedules for policy review in these areas have been developed and approved. A revision schedule for the Standards of Practice will be developed once all the Standards are developed and implemented. This will be expanded across all policy areas of the College.

Included under this policy coordination initiative is the development of a document management strategy. The needs assessment has concluded, a classification structure has been developed, a retention schedule has been adopted by Council and, a suitable file management software program identified and purchased. Transfer of existing files will begin in May/June.

Priority 3 – Enhanced Relations with Educational Institutions

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

The College also provides presentations to current denturism students on Standards of Practice of the College.

The College continues to explore accreditation model options. The College has engaged each of Ontario's Denturism Program administrators in this conversation. Council will be considering further information regarding accreditation service providers at its March 22, 2019 meeting.

The CDO has initiated conversations with some of our provincial counterparts regarding revisions to the National Competency Profile, a National Qualifying Examination framework and a National Academic Program Accreditation Process.



Memo

To: Council

From: Glenn Pettifer, Registrar & CEO and Interim Secretary to the Executive Committee

Date: January 3, 2019

Re: Appointment to Inquiries, Complaints and Reports Committee

On January 3, 2019, the Executive Committee adopted a motion to approve the appointment of Ms. Barbara Smith to the Inquiries, Complaints and Reports Committee. This vacancy arose with the expiration of Ms. Smith's appointment to Council on December 31, 2018. In addition, the Executive Committee adopted a motion to approve the appointment of Ms. Smith as Chair of the Inquiries, Complaints and Reports Committee.

Pursuant to By-law Article 24.09 "the Executive Committee may, where vacancies arise during the Council year, appoint Members, including members of Council, and persons, to any Committee or working group and report such appointment(s) to Council."

This memo will serve as report of this appointment to Council.



Memo

To: Council

From: Glenn Pettifer, Registrar & CEO and Interim Secretary to the Executive Committee

Date: February 22, 2019

Re: Appointment to Public Relations Committee

On February 22, 2019, at its regular meeting, the Executive Committee adopted a motion to approve the appointment of Ms. Anita Kiriakou to the Patient Relations Committee. This vacancy arose with the expiration of Mr. Fenn's appointment to Council.

Pursuant to By-law Article 24.09 "the Executive Committee may, where vacancies arise during the Council year, appoint Members, including members of Council, and persons, to any Committee or working group and report such appointment(s) to Council."

This memo will serve as report of this appointment to Council.

Prepared by Richard Steinecke

In this Issue:

- Proclamation of police regulation reform legislation is revoked, see p. 1
- Consultation on the reform of the regulation of real estate professionals, see p. 1

Bonus Features:

- Mistakes vs. Misconduct, see p. 2
- Staying out of Civil Proceedings, see p. 3
- Holding Out, see p. 3
- Evidence in Judicial Review of Examination Appeals, see p. 4
- Public Interest Litigation Against Investigators, see pp. 4-5
- Limits to Accommodating Self-Represented Practitioners, see p. 5

Ontario Bills

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

The Legislative Assembly is scheduled to return on February 19, 2019.

Proclamations

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

The Cabinet revoked the proclamation of the *Safer Ontario Act* which significantly reformed the oversight and regulation of the police in Ontario (Gazetted on January 19, 2019).

Regulations

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

Proposed Regulations Registry

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

Real Estate and Business Brokers Act – This consultation is on the regulation of real estate professionals including modernizing the regulatory approach, reviewing the Code of Ethics and reconsidering the rules related to disclosure of repeated offers (e.g., perhaps disclosing the amount of each offer to competing offerees). Comments are due by March 15, 2019.

Bonus Features

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

Mistakes vs. Misconduct

It is generally accepted that not all mistakes by practitioners constitute professional misconduct. Sometimes drawing that line is difficult. In other cases, it is relatively easy. In *Strother v Law Society of British Columbia*, 2018 BCCA 481, <<http://canlii.ca/t/hwqtx>>, a lawyer advised Client A that their business model was no longer possible under income tax law. Client A wound down the business as a result of the lawyer's advice. Later Client B (a competitor of Client A) pointed out to the lawyer another approach that might make the business model feasible. The lawyer changed his opinion and went into business with Client B. Client A was not informed of either the change of opinion or of the lawyer's participating in a competitor's business.

The lawyer argued that he was honestly of the view that his fiduciary obligations to Client A had ended and that this mistake should not constitute professional misconduct. The lawyer suggested the line between mistakes and misconduct should be articulated as follows:

... professional misconduct is conduct that no reasonable and well-informed lawyer acting with care and deliberation would fail to recognize as wrong; that is, conduct on which there could be no serious dispute among reasonable and well-informed lawyers that it was a breach of professional obligations.

The Court indicated that this formulation was too restrictive. The Court described the actual test as follows:

However, in my view, it is important to state with clarity the accepted test for professional misconduct. The test is that articulated by the Law Society in *Martin* and *Lawyer 12*: a hearing panel will consider whether the lawyer's conduct was a marked departure from the conduct expected of lawyers. Put another way, the lawyer's conduct must display culpability of a gross or aggravated nature, rather than a mere failure to exercise ordinary care. While I agree with Mr. Strother that not every breach of professional obligations constitutes professional misconduct, the operationalized definition he proposes adds a different focus.

The Court also said that comments by judges in a civil case as to whether the conduct of the lawyer was unlawful were irrelevant to the issue of whether his conduct was unethical or unprofessional.

Given the finding of the hearing panel that the lawyer had failed to make disclosure to Client A because of his own financial interests, the finding that the lawyer had a conflict of interest was upheld. So was the five month suspension order.

Staying out of Civil Proceedings

Most regulators have a statutory confidentiality provision. Some, but not all, of those provisions protect regulators from having to produce information or act as a witness in civil disputes: *F. (M.) v Dr. Sutherland*, 2000 CanLII 5761 (ON CA), <<http://canlii.ca/t/1cwt9>>. A recent decision addressed the right of a claimant to obtain a *Norwich* order providing access to information about security trades to ascertain whether other, unknown, persons had manipulated the market: *Harrington Global Opportunities Fund S.A.R.L. v Investment Industry Regulatory Organization of Canada*, 2018 ONSC 7739 (CanLII), <<http://canlii.ca/t/hwqz7>>. The regulator, IIROC, did not have a statutory provision protecting it from such involvement. This decision articulates the rationale for these confidentiality provisions.

The Court refused to issue the disclosure order primarily on the basis that IIROC's regulatory role required it to process complaints and, where appropriate, take regulatory action. Such a role did not create a "proximity" to the claimant such that it should be required to assist the claimant in their private claim. IIROC's decision to maintain confidentiality about the evidence gathered in its investigations resulted from its regulatory role, respect of individuals' privacy, and desire to maintain access to sources of information for future investigations. In some respects, the claimant's application was a collateral attack against the decision of the regulator not to proceed with the claimant's complaint to IIROC.

The Court also held that the regulator's interest in preserving its investigative processes outweighed the claimant's interest in pursuing its civil claims for damages.

Holding Out

Unregistered persons can be creative in the use of language to describe themselves and their services. When there is a risk that members of the public might confuse those unregistered persons with regulated practitioners protected by a "holding out" clause, the Courts can be invoked. That occurred in the case of the *College of Physicians and Surgeons of New Brunswick v Anhorn*, 2018 NBQB 246 (CanLII), <<http://canlii.ca/t/hww05>>. In New Brunswick, the naturopathy profession is not regulated. The issue in the case was whether naturopaths using phrases like "medically trained" and "practice of family medicine" to describe themselves or their naturopathy practice could reasonably be viewed as holding themselves out as physicians. The Court was of the view that the phrases "are misleading because that assumes that people understand what exactly is naturopathy" and concluded there was holding out.

This case should be read with some caution, at least in the five jurisdictions in Canada (including Ontario), where naturopaths are regulated and are subject to various requirements when describing themselves and their practice. The *Anhorn* case is a lower court decision from another province and from a Court that was, it was evident, unfamiliar with naturopathy. However, the case reinforces the proposition that whether there is "holding out" should be assessed from the perspective of a consumer who is not familiar with the professions in issue.

Evidence in Judicial Review of Examination Appeals

Courts are generally hesitant to accept new evidence on an appeal or judicial review as that tends to make the proceeding a brand new hearing rather than a review of the decision made at the time. In *Wan v The National Dental Examining Board of Canada*, 2019 BCSC 32 (CanLII), <<http://canlii.ca/t/hwz7b>>, the Examining Board was permitted to file an affidavit explaining the process from an expert familiar with the process. The applicant objected, arguing that the evidence offended the fresh evidence rule. The Court admitted the evidence finding that it really was appropriate to the context:

In contrast to the objectionable fresh evidence in *Air Canada* [2018 BCCA 387], I find that the evidence the petitioner identifies as objectionable in the Gerrow Affidavit is not fresh evidence. It does not seek to adduce evidence of facts that were not before the tribunal, nor does it somehow reconstruct or step outside of the bounds of the Decision. Rather, in general, it is evidence that relates to the policies and procedures employed by this specialized tribunal and which would have been known to the Appeals Committee members. It permissibly summarizes, explains and consolidates some of the more technical information contained in the documents that make up the record; provides general background information that assists me in understanding the history and nature of the case; contains a written description of the physical evidence that is not before me but that forms part of the record before the Appeals Committee; and provides information on matters that are of common understanding to those in the dentistry field and the foundation from which the Appeals Committee approaches an appeal. Overall, the evidence contained within the Gerrow Affidavit helps educate me on matters that are within the specialized expertise of the Appeals Committee and which form the common understanding of those who operate in this highly particular field.

Examining appeal bodies can use this decision to provide guidance as to what should and should not be included in their affidavits on judicial review. Prudent examination bodies might include much of this information as part of their record when processing the examination in the first place (e.g., by notifying applicants of the background documents) in all cases so no affidavit is necessary.

Public Interest Litigation Against Investigators

Can the courts be used to effect change in the way that investigators conduct their inquiries? That issue is squarely raised in *Williams v London Police Services Board*, 2019 ONSC 227, <<http://canlii.ca/t/hwxbr>>. Representative plaintiffs and a well-known legal aid clinic that focusses on addressing violence against women sued a municipal police service for systematically declaring complaints of sexual assault as unfounded “based on sexual stereotypes and myths about sexual assault and sexual assault complainants”. The plaintiffs sought a declaration that the rights of sexual assault complaints under s. 15 of the *Canadian Charter of Rights and Freedom* were infringed, implementing a “Court appointed external review panel to review all LPS sexual assault cases that have been closed as ‘unfounded’” and damages. The police service moved to strike out the claim on

various grounds including that claims were frivolous, that the legal aid clinic did not have standing to be a party, and that the relief sought was not available in law.

The Court rejected those arguments and allowed the claim to continue. The Court held that it was not clear and certain the claim would fail and that it should be allowed to proceed. The Court did require some changes to the pleadings, but nothing that altered the ability of the action to proceed.

Regulators should be aware that claims for systemic discrimination against investigators are possible in Canada.

Limits to Accommodating Self-Represented Practitioners

Courts are, justifiably, quite concerned about the plight of litigants appearing at hearings without legal assistance. Courts have imposed a number of duties on tribunals including an ongoing duty to explain the process and ensure that the party is able to fully participate. Tribunals even have some obligation to raise legal concerns that a party may not appreciate. However, Courts do not view these accommodations as unlimited.

For example, in *Hill v College of Physicians and Surgeons of Ontario*, 2018 ONSC 5833, <<http://canlii.ca/t/hvd70>>, the physician was without legal counsel for the hearing itself. The Court upheld the decision of the hearing panel to exclude expert evidence where the witness was not available for cross-examination. The Court also supported the panel's decision to exclude irrelevant good character evidence at the hearing of finding. Additionally, the Court found that there was no duty of the panel to then consider the previously excluded (but perhaps now relevant) evidence on the issue of penalty when the practitioner did not attend the penalty portion of the hearing. The panel was commended for providing many procedural accommodations (including multiple adjournments) but was not required to accommodate the practitioner on substantive law.

Prepared by Richard Steinecke

In this Issue:

- Bill 74, *People's Health Care Act*, introduced, see pp. 1 -2
- Bill 70 to modernize regulation of professional planners introduced, see p. 2
- Bill 68 to replace Liberal Act on oversight of police introduced, see p. 2
- Bill 66 to permit alternative rules that only require Minister's approval, see p. 2
- Consultation on the reform of the regulation of real estate professionals, see p. 3

Bonus Features:

- Staying Discipline Orders During an Appeal, see p. 3
- Regulators Have No Vicarious Liability for Actions of Practitioners, see pp. 3-4
- Removing Information from the Public Register, see p. 4

Ontario Bills

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

Bill 74, *The People's Health Care Act, 2019* – (*government Bill – passed first reading*) On Tuesday, February 26, 2019, the Ontario Government announced plans to implement a significant restructuring of the provision of health care services in Ontario. The move was billed as a centralization of 20 agencies into one body called Ontario Health that will include the 14 LHINs, and:

- Cancer Care Ontario
- eHealth Ontario
- Trillium Gift of Life Network
- Health Shared Services
- Health Quality Ontario
- HealthForce Ontario Marketing and Recruitment Agency

However, the plan also envisions decentralization in the form of 30-50 provider groups each providing coordinated care to about 300,000 persons each on average. The government is anticipating health care providers (likely anchored by at least one hospital) will make proposals that will be accepted by the government.

Details are scarce and so the impact on *RHPA* Colleges is unclear at this time. The most likely sources of impact are:

1. the push to finally develop centralized electronic health records for patients,
2. competition with Ontario Health as to who sets standards of practice,
3. competition as to who provides quality assurance, and
4. overlap between Ontario Health's investigative powers (re. quality of care provided) and the investigative and disciplinary power of *RHPA* Colleges.

For more information, you can view the following:

1. Two detailed summaries in the Toronto Star:
<https://www.thestar.com/politics/provincial/2019/02/26/massive-health-care-overhaul-called-biggest-change-since-medicare.html> and
<https://www.thestar.com/politics/provincial/2019/02/25/new-ontario-health-agency-would-overhaul-disconnected-medical-system-minister-says.html>
2. A summary on CBC: <https://www.cbc.ca/news/canada/toronto/doug-ford-ontario-health-super-agency-lhin-cancer-care-1.5032830>
3. The Ontario Government Newsroom release:
https://news.ontario.ca/mohltc/en/2019/02/ontarios-government-for-the-people-to-break-down-barriers-to-better-patient-care.html?utm_source=ondemand&utm_medium=email&utm_campaign=p
4. The enabling legislation: https://www.ola.org/sites/default/files/node-files/bill/document/pdf/2019/2019-02/b074_e.pdf.

This is a developing story.

Bill 70, *Registered Professional Planners Act, 2019* – (*private member’s Bill – passed first reading*) Bill 70 creates a more modern statute for the regulation of professional planners.

Bill 68, *Comprehensive Ontario Police Services Act, 2019* – (*government Bill – passed first and second reading; referred to the Standing Committee on Justice Policy*) Bill 68 replaces the comprehensive legislation enacted by the Liberal government, but not yet proclaimed, on the regulation of police officers. The provisions reduce the civilian oversight of police officers somewhat from the Liberal statute.

Bill 66, *Restoring Ontario's Competitiveness Act, 2018* - (*government Bill – second reading debate*) Bill 66 reduces regulation in a number of sectors including long-term care (permitting temporary and emergency licences) and employment standards (allowing additional hours of work). Perhaps of most interest to regulators are changes to the legislation for the Technical Standards and Safety Authority permitting the authority to make “alternate rules” in areas currently covered by regulation that would supersede existing regulations. Alternate rules need only to be approved by the Minister, not cabinet. This seems to be a new model for making subordinate legislation.

Proclamations

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

There were no relevant proclamations in February.

Regulations

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

There were no relevant regulations gazetted in February.

Proposed Regulations Registry

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

Real Estate and Business Brokers Act – This consultation is on the regulation of real estate professionals including modernizing the regulatory approach, reviewing the Code of Ethics and reconsidering the rules related to disclosure of repeated offers (e.g., perhaps disclosing the amount of each offer to competing offerees). Comments are due by March 15, 2019.

Bonus Features

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

Staying Discipline Orders During an Appeal

Various statutes take different approaches as to whether an appeal to a court stays (or halts) the discipline order (e.g., suspension or revocation) pending the court hearing. In *Abrametz v The Law Society of Saskatchewan*, 2019 SKCA 21, <<http://canlii.ca/t/hxp2j>>, the legislation provided that the disbarment of the practitioner took effect immediately subject to a possible stay by the court. Mr. Abrametz was disbarred for conduct related to his management of trust accounts. Mr. Abrametz requested a stay of the order until the appeal was heard, with conditions of ongoing supervision. The Law Society opposed the request and argued that the Court had no jurisdiction to impose conditions (just to impose a stay or not).

The Court found that the authority to impose a stay included the authority to impose terms and conditions on the stay.

The usual three-part test applied to the motion. Mr. Abrametz raised some arguable issues. The Court indicated that common sense indicated that he would suffer irreparable harm by way of significant economic hardship in having to close his practice and then rebuild it up again if he was successful on the appeal. In addition, his clients would experience delays and additional costs in having to locate another lawyer mid-way through their cases. The Court considered the public interest in commencing the sanction, now that a finding was made, and maintaining public confidence in profession. However, those considerations were outweighed by the harm to the practitioner on the facts of this case. On this balance of convenience assessment, the Court was particularly influenced by the fact that the public would be protected by the supervision terms and conditions. They were similar to those imposed on the practitioner for the almost six years while the investigation and hearing took place. Also, the hearing of the appeal was scheduled on an extremely timely basis.

The Court indicated that stay decisions would depend very much on the facts of the case.

Regulators Have No Vicarious Liability for Actions of Practitioners

The Courts have affirmed yet again that regulators are not vicariously liable for the conduct of the people they regulate. Vicarious liability is legal responsibility for the damage caused by a third party.

An example would be that an employer might be vicariously liable for the harm done by its employee arising from the employee's performance of work duties. Vicarious liability is often accompanied by a claim that the third party breached a duty to properly supervise the person causing the harm.

In *Yashcheshen v College of Physicians and Surgeons of Saskatchewan*, 2019 SKQB 43, <<http://canlii.ca/t/hxq6r>>, a self-represented litigant sued both a physician (Dr. Bowen) and the physician's regulator for the denial of insurance benefits because of an unsupportive medical report. In respect of the regulator, Ms. Yashcheshen claimed that the regulator's handling of her complaint against the physician amounted to "systematic negligence, which occurs within their complaints process to purposefully evade responsibility for their member".

On the issue of vicarious liability, the Court said:

There must be some sort of nexus or relationship between Dr. Bowen and the College in order to meet the test for vicarious liability and such a relationship simply does not exist. Dr. Bowen is not an employee of the College. He is a member of the College, as a statutory body, by virtue of being a physician in Saskatchewan. The College is Dr. Bowen's governing professional body but that relationship does not create vicarious liability on the part of the College in the circumstances of this case.

This decision is consistent with past decisions on the issue.

Removing Information from the Public Register

There is increasing pressure on regulators to provide more information about practitioners who have engaged in behaviour of concern. As a result, there is increasing reluctance by regulators to remove information from the public register once it is posted. Practitioners, however, often feel it is unfair that public register information remains public permanently. Those issues came to a head in *De Santis v Ontario College of Teachers*, 2019 ONSC 1344, <<http://canlii.ca/t/hxqb8>>.

In 2014, Ms. De Santis was disciplined and, following a joint submission, was reprimanded and required to engage in remedial activities. She completed the remedial activities at which point the details of that term, condition and limitation was removed from the public register. She asked for the reference to the reprimand be removed as well. The Registrar declined the request because the by-laws indicated removal would only occur if a reprimand was the only sanctioned order. Ms. De Santis sought judicial review.

The Court upheld the Registrar's decision. The wording of the by-law was clear. More than a reprimand had been ordered. The removal of the specifics of the remedial program from the public register did not alter the nature of the original order. The Court declined to evaluate the public policy rationale (or reasonableness) of the by-law.



Friday, February 22, 2019

Dr. Glenn Pettifer
Registrar & CEO, College of Denturists of Ontario (CDO)
365 Bloor Street East
Toronto, Ontario, M4W 3L4
Telephone: 416-925-6331

Dear Glenn,

I am writing on behalf of the Commission on Accreditation for Denturism (CAD).

At our Board Members meeting on January 24th, 2019, the Board discussed your letter from September 14, 2018, along with other pertinent communications/discussions that have resulted from the CDOs' decision regarding support of our efforts to ensure that the process by which Denturism Programs in Canada are both independently and autonomously achieved. In your letter, you voiced some concerns, and in discussion with other stakeholders, it has become apparent that I may need to clarify a few things from my last letter in August of 2018.

The Commission did not intend to portray that it was the mandate of the CAD to influence "scope of practice" issues. We understand that this is not our responsibility. We have reviewed our goals of the corporation and do see where this could be interpreted under the listed goal number 5, which states: ***"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 denturists/denturologiste education programs"***. Our board has discussed this issue at great length and understand that the language of this goal may need to be amended. I would ask for your input regarding suggestions/comments as to what you and your council would recommend for the re-wording of this stated goal. I would like to reiterate that at no time, in the language of our documents or previous letters, did we intend for it to be interpreted that the CAD were putting the best interest of the profession ahead of the public's best interest. We value input from all stakeholders with respect to our documents, as they are living documents, and should be constantly reviewed and updated to keep them current.

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Commission on Accreditation for Denturism
#30A – 2325 Preston Avenue, Saskatoon, Saskatchewan, S7J 2G2
Telephone/Fax – (613) 877-2238 Email – cadaccreditation@gmail.com

The mention of a “business plan” in your letter leads me to believe that you require more clarification than was attached in our previous communications. As I have previously indicated, the projected revenue required to operate this Commission (the CAD), is based on historical numbers resulting from the previous 6-7 years of operations as the Curriculum Advisory Committee, which existed within The Denturist Association of Canada. We do anticipate some change will be required. We feel that the numbers presented to our members in a meeting on November 6, 2018 (of which I am attaching a copy) do represent a fair/appropriate requirement for our 2019 operating budget. This is our first year operating from revenues generated entirely by CAD members. I would anticipate that, if anything, membership fees should be able to be reduced within a few years, *with adequate participation by all stakeholders*.

This is an accreditation process which mirrors the structure of the Commission on Dental Accreditation of Canada (CDAC). Since initial conception, we have endeavored to ensure the equal participation and shared fiscal responsibility by *every individual Denturist* in Canada. With the status of the CAD being a totally independent non-profit corporation, the funding cannot come from the professional associations in this country. It must be funded independently, thus free from any outside influence, implied or direct. Through support of this Commission, your Regulatory College would participate in ensuring that *all Denturism program graduates* in Canada have achieved a level of education which meets/exceeds the baseline Accreditation Requirements, established by the CAD. This encompasses the National Competency Profile for Denturists established in part by your organization in September 2013.

Please understand that this Commission is endeavoring to be absent of any influence from Denturism “member-services advocates” (associations). This is why the membership is structured as it is, with participation by **all** Canadian Denturists, and Public representation on the Board of Directors. This will ensure both transparency of operations, and ultimately the protection of public interest.

In your letter you state "In its discussion, Council focussed on its responsibility, under its governing legislation, to create and support a process of approval and accreditation of denturism academic programs in the province of Ontario. To date the thrust of Council's attention in this regard has been on academic program approval. It is now interested in extending those efforts to create a framework that includes both academic program approval and cyclic accreditation. Marrying this with the College's responsibility to attend to the public interest in all it's activities, Council was clear in its opinion that such a process must be fiscally responsible and that it must reflect best practises in health profession academic program accreditation". Our Board is **definitely in agreement with this statement**, and would assume that this would be the desire of all Regulatory Bodies. The practices used by the CAD are, in our view, consistent with those used by the CDAC, which we view as an industry standard. We believe that we have developed a

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structure which is both efficient and effective. If there is an issue with these practices, we would appreciate having them identified so that this can be addressed.

I would ask that you please distribute this letter to your Council members, and let them know that I would welcome their phone calls/emails, should they have any further questions. I might also suggest that I would gladly make myself available to participate in person at the next meeting of the Council of the CDO, in hope of clarifying any questions they may have. I am hoping that we can keep lines of communication open, in order to work together towards what I believe to be a common goal for all Denturists in Canada.

In closing, I would respectfully ask that your Council reconsider their position in regards to supporting our initiative to provide a completely autonomous and unbiased avenue for Denturism programs in Canada to be accredited.

Sincerely,



Nathan J. Hoffer, DD
Chair - Commission on Accreditation for Denturism

Enclosures: 1) 2019 Operating Budget
2) Motion to establish membership fees (for information purposes only)
3) 2018 Annual Summary (for information purposes only)

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1)

**Commission on Accreditation for Denturism
2019 Projected Operating Budget @ \$35/Denturist**

	2019
Income	
Accreditation Application Fee	
Membership Dues (see outline for more detail) - start 2019	\$ 35,215.00
Total Income	\$ 35,215.00
Expenses	
Accounting	\$ 2,000.00
AGM Expenses	
Bank Charges	\$ 350.00
Meeting Expenses via Teleconference	\$ 1,300.00
AAAC (Association of Accrediting Agencies of Canada)	\$ 920.00
Insurance - Directors & Officers / E&O	\$ 2,950.00
Legals - General	\$ 1,000.00
Management Services (12 Hrs/week at \$20.02/Hr)	\$ 12,500.00
Office Expenses	\$ 1,500.00
Office Supplies	\$ 200.00
Postage	\$ 100.00
Rental of Office Space (\$353.13/month)	\$ 4,500.00
Telephone Expense	\$ 600.00
Website Hosting & Maintenance	\$ 300.00
Total Expenses	\$ 28,220.00
Total Revenue - Total Expenses = Profit/(Loss):	\$ 6,995.00

- 2) **MOTION:** To accept and establish the membership fees as presented at \$35 per licensed dentist.

Moved by Maureen Hope

2nd by Craig Martin

All in Favor – Carried

Lisa Rogers from GBC, Joe Rodrigues from CDI abstained from voting.

Membership Dues for January 2019		
Member Name	Number of Denturists/Members	Membership Dues @ \$35.00
George Brown College		\$ 1,000.00
Northern Alberta Institute of Technology		\$ 1,000.00
CDI College		\$ 1,000.00
The Denturist Association of Canada	11 Members	\$ 6,000.00
College of Denturist of British Columbia	228 Licensed Denturists	\$ 7,980.00
Denturist Association of British Columbia	206 Members	\$ -
College of Alberta Denturists	302 Licensed Denturists	\$ 10,570.00
Denturist Association of Alberta	226 Members	\$ -
The Denturist Society of Saskatchewan	67 Members	\$ 2,345.00
Denturist Association of Manitoba aka Denturist Board of Manitoba	49 Members	\$ 1,715.00
College of Denturists of Ontario		
The Denturist Association of Ontario		
L'Order des Denturologistes du Quebec		
L'Association des Denturologistes du Quebec		
The New Brunswick Denturists Society	33 Members	\$ 1,155.00
Denturist Society of Nova Scotia aka Denturist Licensing Board of Nova Scotia	40 Members	\$ 1,400.00
Denturist Society of Prince Edward Island	4 Members	\$ 140.00
Denturist Association of Newfoundland & Labrador aka Newfoundland Labrador Denturists Board	24 Members	\$ 840.00
Yukon Denturist Association	2 Members	\$ 70.00
		\$ 35,215.00

3)

THE COMMISSION ON ACCREDITATION FOR DENTURISM
2018 ANNUAL SUMMARY

OBJECTIVES

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

MEMBERSHIP

- There are 10 Board of directors. There are 15 members of the CAD (all accredited educational institutions, The DAC, Provincial associations and Regulatory Bodies)
- The CAD is a member of the Association of Accrediting Agencies of Canada.
- Membership dues were set at \$35.00/denturists, membership dues \$1,000.00 for accredited schools and the accreditation application fee is \$1,500.00.

BOARD OF DIRECTORS

- Nathan Hoffer- Chair
- William Lloy- 1st Vice-Chair
- Husseing Amery- 2nd Vice-Chair
- David Hick – Secretary
- Lisa Coffin-Treasurer
- Shelley Schlesiger- School Rep
- Jennifer Roff- Regulatory Body Rep
- Michael Vout- The DAC Rep

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- Peter Portlock- Member at Large
- Esther Schwenning.

MEETINGS

- Meetings are mainly done by conference calls; our 2018 Annual General Meeting was held in St. Andrews, New Brunswick on June, 6 2018.
- 2019 Annual General Meeting will be held via teleconference on October 15, 2019.

ADMINISTRATION

- Maintain Website (<http://www.cadaccreditation.com>)
- Tasha Prevost handles the administration of the CAD. Her duties include but are not limited to the following:
 1. Day-to-Day administration of the Commission
 2. Assist the Chair and Board Members as required
 3. Organization of Executive Meetings/Conference Calls
 4. Preparation of accreditation and site visits

ACCREDITED SCHOOLS

- CDI College- Site Visit- March 6-9, 2017. Accredited status until- March 20, 2019
- George Brown College- Site Visit- March 25, 2014. Accredited status until June 20, 2019
- Northern Alberta Institute of Technology- Site Visit- March 6-7, 2017. Accredited status until April 9, 2023.

ACCREDITATION DOCUMENTS

- Accreditation Document Requirements
- Guide to Accreditation
- Glossary of Terms and Site Visit Team Member Handbook



Tuesday, September 25, 2018

Via Email: cadaccreditation@gmail.com

Nathan J. Hoffer, DD
Chair, Commission on Accreditation for Denturism
#30 A 2325 Preston Avenue
Saskatoon, Saskatchewan, S7J 2G2.
Telephone: 613-977-2238

Dear Nathan;

I write on behalf of the Council of the College of Denturists of Ontario.

At its meeting on Friday September 14, 2018, Council considered information regarding the Commission on Accreditation of Denturism that you provided. Since Council was being asked to contribute to the financial support of the CAD, they were particularly interested in information related to medium and long-range business plans for the Commission. Council was also very interested in the information you provided regarding both the goals of the corporation and the benefits of members of the CAD.

In its discussion, Council focussed on its responsibility, under its governing legislation, to create and support a process of approval and accreditation of denturism academic programs in the province of Ontario. To date, the thrust of Council's attention in this regard has been on academic program approval. It is now interested in extending those efforts to create a framework that includes both academic program approval and cyclic accreditation. Marrying this with the College's responsibility to attend to the public interest in all its activities, Council was clear in its opinion that such a process must be fiscally responsible and that it must reflect best practices in health profession academic program accreditation.

To those ends, Council was very clear in its opinion that supporting an academic program accreditation process cannot be combined with efforts to support the interests of the profession as they relate to "pertinent issues" including "scopes of practice". This is not the work of the College. Its mission is to "regulate and govern the profession of Denturism in the public interest". It is the work of the professional associations, both provincial and national, to advance the interests of the profession. The interests of the profession are credible, but they cannot, in the opinion of Council, be combined with the goals of academic program accreditation. I do not think that this is a new conversation. This complete divorce of the accreditation of denturism academic programs from advocacy of the interests of the profession is a challenge that the DAC, the CAC and now the CAD have faced and will continue to face.

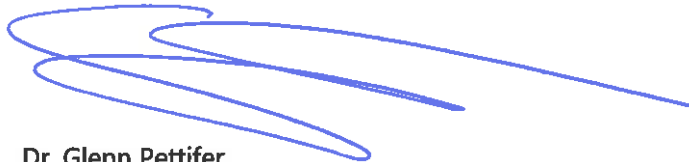
Because of its desire to support an accreditation process that is completely independent of advocacy of the interests of the profession, Council has turned its attention to developing an accreditation framework and process with a national, independent, third-party health profession academic program accreditation organization. This will support Council's desire to focus the efforts of this work solely on accrediting

academic programs, in the public interest of access to safe, competent and ethical denturism care and service.

Council was also mindful of its responsibility to invest the College's resources in a manner that supports its public protection mandate. Within the context of academic program accreditation, it was unsure as to the CAD's medium to long-range business plans. Nor was Council convinced that the financial burden for academic program accreditation should be carried by the regulatory bodies.

For these reasons Council has instructed me to inform you that the College will not be supporting the work of the CAD, in principle or financially. I realize that this news may be disappointing to you and the CAD but it was a decision made carefully by Council, in consideration of all of the information before it, with the execution of its mandate to serve the public interest at the forefront.

Sincerely



Dr. Glenn Pettifer
Registrar & CEO



MEMO

To: **Council**
From: **Dr. Glenn Pettifer, Registrar and CEO**
Date: **March 11, 2019**
Subject: **Proposed Budget 2019 - 2020**

The proposed budget for the 2019 – 2020 fiscal year is attached. The attached budget notes provide comments for specific line items. The line number in the far-left column of the budget sheets indicates the corresponding comment number in the attached operating budget notes. The Executive Committee received and approved this proposed budget for submission to Council at its meeting on February 22, 2019.

The following general comments are included for your consideration:

Income/Revenue

- The revenue streams are well characterized in the operating budget notes. Overall, there is a projected modest increase in revenue that arises because of a modest increase in the number of individuals attempting the Qualifying Examination, the number of individuals obtaining a Certificate of Registration for the first time and the number of individuals renewing a Certificate of Registration. The discipline cost recovery of 22,800.00 for 2018-2019 is not mirrored in the 2019-2020 budget where discipline cost recoveries are projected at only 4,000.00.

Expenses

- The largest expense categories are:
 - Wages and Benefits
 - In the proposed 2019 – 2020 budget, salaries for a complement of 5 staff are included. A Cost of Living increase of 2.6% determined by Stats Can as the percentage change in the Consumer Price Index over the last year for metropolitan Toronto is suggested. The percentage of total budget dedicated to salaries and benefits (33.5%) is less than the same figure reported by the CDHO (45.8%), CDTO (51.5%) and the RCDSO (48.3%). The average (salaries + benefits) / total expenses ratio across all the Colleges is approximately 49.5%. The same figure for Health Profession Regulatory Colleges with less than 1000 registrants is 50.0%. This expense is the largest single expense for the College but is still well below the norm determined by the data above.

○ Consultants, Programs and Policy Development

- This category supports the “operationalization” of much of the College’s strategic plan and includes estimated expenses associated with completion of several College projects:
 - Development of the Chart Stimulated Recall Tool for the Quality Assurance Peer and Practice Assessment Program. Once incorporated into the PPA, the tool will provide a framework for discussion between the Assessor and the member regarding record keeping, compliance with College Standards, and other elements associated with safe, competent practice.
 - Completion of the Self-Assessment Tool
 - Final Stages of the Document Management Strategy
 - Completion of the Data Collection and Analysis aimed at assessing whether any gaps exist between the Competency Profiles and Entry to Practice requirements.
 - Development of the College’s Academic Program Accreditation Model
 - Infection Prevention and Control Guidelines Development

○ Qualifying Examination administration, maintenance and modification

- The Qualifying Examination is a significant expense for the College. This expense is necessitated by the complexity of the examination development and administration processes. It is noteworthy that the Qualifying Examination (unlike most other expense areas such as Complaints and Discipline), also generates a significant amount of revenue (approximately 14% of the total revenue in the current fiscal year) for the College. In the proposed budget for 2019-2020, the College’s contribution to the examination expenses is \$50,000.00 less than the same expenses for 2018-2019, the lowest it has been since development of the examination was initiated. This year, this gain has been offset by the very recent communication from Princess Margaret Hospital (where we administer the OSCE portion of the examination at a very minimal cost) that, because of extensive hospital renovations this year, we unable to use PMH for our OSCE examination. We have had to look elsewhere for an examination site and have added \$20,000.00 to cover the facility costs for the OSCE exam administrations.

○ Complaints and Discipline

- The complaints and discipline processes consume significant resources as the College meets its statutory mandates in this regard. In this proposed budget for 2019-2020, the budgeted amount is approximately \$10,000.00 more than that the anticipated expenditure in this area for 2018-2019. Accurate budgeting in this area is challenging because of the unpredictability associated with the volume and nature of complaints as well as the number of matters that may be referred to the Discipline Committee. In this regard we are left with using the previous year’s expenditures as the guidepost.
- This proposed budget includes an appreciable excess of revenue over expenses. This excess is notably less than that predicted for the current fiscal year (2018 – 2020). The reduction in this revenue excess arises from increases in expenses related to program and policy development, wages and benefits,

quality assurance assessor costs and, as noted above, an increase in the facility costs for the OSCE portion of the Qualifying Examination. Despite this increase in expenses for the College, an appreciable excess of revenue over expenses remains. Overall, this proposed budget places the College in a continued strong financial position and supports significant activity as the College meets its statutory mandates and operationalizes its strategic plan 2017-2020.

Options

Following review and discussion of this proposed budget for the 2019 – 2020 fiscal year, Council may elect to:

1. Approve the budget as presented.
2. Request amendments to the proposed budget and approve the budget as amended.
3. Other

Note	Budget Category	Budget 2018-2019	Total Income April-January 2019	\$ Variance (Overbudget)	Forecast March 31/19	Budget 2019-2020
	REVENUE					
	Professional Corporation Fees					
1	Renewal	\$ 47,950.00	\$ 47,950.00	\$ -	\$ 47,950.00	\$ 52,500.00
2	Initial Application	\$ 17,000.00	\$ 13,000.00	\$ 4,000.00	\$ 13,000.00	\$ 15,000.00
	Sub-total Professional Corporation Fees	\$ 64,950.00	\$ 60,950.00	\$ 4,000.00	\$ 60,950.00	\$ 67,500.00
	Registration Fees					
3	Application for COR	\$ 4,000.00	\$ 4,650.00	\$ (650.00)	\$ 5,150.00	\$ 4,500.00
4	COR New Registrants	\$ 47,025.00	\$ 53,675.00	\$ (6,650.00)	\$ 54,625.00	\$ 55,000.00
5	COR Renewals	\$ 1,318,600.00	\$ 1,343,886.00	\$ (25,286.00)	\$ 1,343,886.00	\$ 1,358,500.00
6	Jurisprudence	\$ -	\$ -	\$ -	\$ -	\$ -
	Sub-total Registration Fees	\$ 1,369,625.00	\$ 1,402,211.00	\$ (32,586.00)	\$ 1,403,661.00	\$ 1,418,000.00
	Other Fees					
7	Clinic Name Application	\$ 600.00	\$ 450.00	\$ 150.00	\$ 500.00	\$ 600.00
8	Reinstatement	\$ 1,000.00	\$ 2,000.00	\$ (1,000.00)	\$ 2,000.00	\$ 1,000.00
9	Duplicate Certificate	\$ 200.00	\$ 550.00	\$ (350.00)	\$ 550.00	\$ 500.00
10	Late Fees	\$ 4,684.50	\$ 6,750.00	\$ (2,065.50)	\$ 6,750.00	\$ 6,000.00
11	Misc. Income	\$ 2,000.00	\$ 2,188.99	\$ (188.99)	\$ 2,188.99	\$ 2,000.00
	Sub-total Other Fees	\$ 8,484.50	\$ 11,938.99	\$ (3,454.49)	\$ 11,988.99	\$ 10,100.00
	Qualifying Examination Fees					
12	Initial Application	\$ 3,750.00	\$ 3,825.00	\$ (75.00)	\$ 4,125.00	\$ 4,125.00
13	Written (MCQ)	\$ 48,000.00	\$ 46,400.00	\$ 1,600.00	\$ 46,400.00	\$ 52,000.00
14	Clinical (OSCE)	\$ 192,000.00	\$ 202,400.00	\$ (10,400.00)	\$ 202,400.00	\$ 224,000.00
	Sub-total Qualifying Examination Fees	\$ 243,750.00	\$ 252,625.00	\$ (8,875.00)	\$ 252,625.00	\$ 280,125.00
	Other Income					
15	Deposit Interest	\$ 15,000.00	\$ 15,614.17	\$ (614.17)	\$ 17,614.17	\$ 12,000.00
16	Discipline Costs Recovery	\$ 22,800.00	\$ 20,300.00	\$ 2,500.00	\$ 22,800.00	\$ 4,000.00
	Sub-total Other Income	\$ 37,800.00	\$ 35,914.17	\$ 1,885.83	\$ 40,414.17	\$ 16,000.00
	TOTAL REVENUE	\$ 1,724,609.50	\$ 1,763,639.16	\$ (39,029.66)	\$ 1,769,639.16	\$ 1,791,725.00
	Less Expenditures (from page 3)	\$ (1,556,434.02)	\$ (1,160,855.29)	\$ (395,578.73)	\$ (1,465,361.84)	\$ (1,692,037.40)
	NET INCOME	\$ 168,175.48	\$ 602,783.87		\$ 304,277.33	\$ 99,687.60

Note	Budget Category	Budget 2018-2019	YTD Spending April-January 2019	\$ Variance (Overbudget)	Forecast March 31/19	Budget 2019-2020
	EXPENDITURES					
	Wages & Benefits					
17	Salaries	\$ 421,456.25	\$ 331,930.21	\$ 89,526.04	\$ 401,992.09	\$ 454,509.00
18	CPP/EI	\$ 18,976.55	\$ 15,070.41	\$ 3,906.14	\$ 18,070.41	\$ 19,766.04
19	Benefits	\$ 60,337.37	\$ 49,612.42	\$ 10,724.95	\$ 59,612.42	\$ 74,005.56
20	Temp staff	\$ 5,000.00	\$ -	\$ 5,000.00	\$ -	\$ 5,000.00
	Sub-total Wages & Benefits	\$ 505,770.17	\$ 396,613.04	\$ 109,157.13	\$ 479,674.92	\$ 553,280.60
	Professional Development					
21	Education/Training - Staff	\$ 25,000.00	\$ 14,019.88	\$ 10,980.12	\$ 19,019.88	\$ 30,000.00
22	Org. Membership	\$ 10,000.00	\$ 8,805.63	\$ 1,194.37	\$ 9,460.63	\$ 10,000.00
	Sub-total Professional Development	\$ 35,000.00	\$ 22,825.51	\$ 12,174.49	\$ 28,480.51	\$ 40,000.00
	Professional Fees					
	Financial					
23	Audit	\$ 21,000.00	\$ -	\$ 21,000.00	\$ 23,675.00	\$ 24,000.00
24	Long Range Forecasting Project	\$ 12,500.00	\$ -	\$ 12,500.00	\$ -	\$ 12,500.00
25	Bookkeeper	\$ 26,400.00	\$ 11,430.00	\$ 14,970.00	\$ 15,000.00	\$ 12,000.00
	Consultants, Programs and Policy Development					
26	Programs & Policy Development	\$ 75,000.00	\$ 49,240.80	\$ 25,759.20	\$ 58,990.80	\$ 110,000.00
27	QA Peer Circles	\$ 25,000.00	\$ 24,525.31	\$ 474.69	\$ 24,525.31	\$ 35,000.00
	Legal					
28	General	\$ 50,000.00	\$ 25,905.18	\$ 24,094.82	\$ 34,540.24	\$ 50,000.00
	Sub-total Professional Fees	\$ 209,900.00	\$ 111,101.29	\$ 98,798.71	\$ 156,731.35	\$ 243,500.00
	Office & General					
29	Telephone	\$ 11,000.00	\$ 8,571.88	\$ 2,428.12	\$ 10,286.26	\$ 11,000.00
30	Postage/Courier	\$ 6,000.00	\$ 4,127.05	\$ 1,872.95	\$ 5,502.73	\$ 6,000.00
31	IT Support	\$ 12,000.00	\$ 11,581.21	\$ 418.79	\$ 12,558.49	\$ 13,000.00
32	IT security audit	\$ 10,000.00	\$ 1,750.00	\$ 8,250.00	\$ 1,750.00	\$ -
33	Computer software/hardware	\$ -	\$ -	\$ -	\$ -	\$ 4,000.00
34	Member Database	\$ 18,300.00	\$ 13,087.47	\$ 5,212.53	\$ 17,449.96	\$ 18,000.00
35	Website Hosting/Maintenance/Upgrades	\$ 10,000.00	\$ 4,800.00	\$ 5,200.00	\$ 10,071.43	\$ 20,400.00
36	Insurance	\$ 4,200.00	\$ 4,650.48	\$ (450.48)	\$ 4,650.48	\$ 5,000.00
37	Office Expense	\$ 22,000.00	\$ 20,579.14	\$ 1,420.86	\$ 26,115.83	\$ 25,000.00
38	Registrar /Stakeholder Meetings	\$ 2,000.00	\$ 2,693.01	\$ (693.01)	\$ 3,231.62	\$ 5,000.00
39	Bank Charges, Penalties & Interest	\$ 100.00	\$ 330.50	\$ (230.50)	\$ 330.50	\$ 300.00
40	Electronic payment processing fees	\$ 5,500.00	\$ 2,922.53	\$ 2,577.47	\$ 3,507.04	\$ 5,500.00
41	Credit card payment processing fees	\$ 36,857.05	\$ 32,191.94	\$ 4,665.11	\$ 38,630.33	\$ 40,000.00
42	Rent	\$ 117,756.80	\$ 100,007.20	\$ 17,749.60	\$ 110,117.39	\$ 117,756.80
	Sub-total Office & General	\$ 255,713.85	\$ 207,292.41	\$ 48,421.44	\$ 244,202.06	\$ 270,956.80

Note	Budget Category	Budget 2018-2019	YTD Spending April-January 2019	\$ Variance (Overbudget)	Forecast March 31/19	Budget 2019-2020
	EXPENDITURES					
	Qualifying Examination					
43	QE Committee	\$ 4,000.00	\$ 2,182.50	\$ 1,817.50	\$ 2,626.50	\$ 4,000.00
44	QE Appeals Committee	\$ 250.00	\$ 37.50	\$ 212.50	\$ 75.00	\$ 250.00
45	QE Candidate Orientation	\$ 2,000.00	\$ 2,159.54	\$ (159.54)	\$ 3,048.28	\$ 3,000.00
46	Written (MCQ) Administration	\$ 5,500.00	\$ 4,618.09	\$ 881.91	\$ 5,718.09	\$ 11,500.00
47	Clinical (OSCE) Administration	\$ 170,000.00	\$ 121,264.82	\$ 48,735.18	\$ 174,553.50	\$ 195,000.00
48	QE Analysis	\$ 40,000.00	\$ 40,000.00	\$ -	\$ 40,000.00	\$ 38,400.00
49	Examination Maintenance /Modifications	\$ 100,000.00	\$ 68,712.80	\$ 31,287.20	\$ 93,354.46	\$ 51,000.00
	Sub-total Qualifying Examination	\$ 321,750.00	\$ 238,975.25	\$ 82,774.75	\$ 319,375.83	\$ 303,150.00
	Council & Executive Committee					
50	Per Diems	\$ 6,000.00	\$ 2,550.00	\$ 3,450.00	\$ 4,350.00	\$ 5,000.00
51	Expenses	\$ 10,000.00	\$ 5,005.04	\$ 4,994.96	\$ 8,605.04	\$ 10,000.00
52	Elections	\$ 1,500.00	\$ -	\$ 1,500.00	\$ -	\$ 1,500.00
53	Governance Training	\$ 15,000.00	\$ 5,353.32	\$ 9,646.68	\$ 8,603.32	\$ 10,000.00
	Sub-total Council & Executive Committee	\$ 32,500.00	\$ 12,908.36	\$ 19,591.64	\$ 21,558.36	\$ 26,500.00
	Committees					
54	Registration	\$ 2,000.00	\$ 1,808.26	\$ 191.74	\$ 1,974.51	\$ 2,000.00
55	Registration Legal	\$ 2,500.00	\$ 1,973.00	\$ 527.00	\$ 2,367.60	\$ 2,500.00
56	Patient Relations	\$ 3,000.00	\$ 1,079.97	\$ 1,920.03	\$ 5,579.97	\$ 7,500.00
57	Patient Relations Legal	\$ -	\$ 5,674.62	\$ (5,674.62)	\$ 8,970.62	\$ 8,000.00
	QA					
58	QA Panel A	\$ 4,000.00	\$ 2,631.00	\$ 1,369.00	\$ 4,131.00	\$ 6,000.00
59	QA Panel B	\$ 5,000.00	\$ 442.00	\$ 4,558.00	\$ 1,000.00	\$ 5,000.00
60	QA Assessor Expenses	\$ 18,300.00	\$ 15,575.42	\$ 2,724.58	\$ 18,375.42	\$ 37,650.00
	Sub-total QA	\$ 27,300.00	\$ 18,648.42	\$ 8,651.58	\$ 23,506.42	\$ 48,650.00
	Complaints & Discipline					
61	ICRC Committee	\$ 17,000.00	\$ 10,968.37	\$ 6,031.63	\$ 18,468.37	\$ 19,000.00
62	ICRC Legal/Decision Writing	\$ 12,000.00	\$ 27,339.86	\$ (15,339.86)	\$ 30,839.86	\$ 22,000.00
63	ICRC Legal	\$ 12,000.00	\$ 19,839.99	\$ (7,839.99)	\$ 23,807.99	\$ 25,000.00
64	ICRC Investigations	\$ 25,000.00	\$ 60,244.45	\$ (35,244.45)	\$ 72,293.34	\$ 60,000.00
65	Discipline Committee	\$ 5,000.00	\$ 196.56	\$ 4,803.44	\$ 196.56	\$ 5,000.00
66	Discipline Legal	\$ 50,000.00	\$ 11,902.92	\$ 38,097.08	\$ 15,870.56	\$ 20,000.00
67	Discipline Hearings	\$ 25,000.00	\$ -	\$ 25,000.00	\$ -	\$ 20,000.00
	Sub-total Complaints & Discipline	\$ 146,000.00	\$ 130,492.15	\$ 15,507.85	\$ 161,476.68	\$ 171,000.00
	Sub total Expenditures	\$ 1,541,434.02	\$ 1,149,392.28	\$ 392,041.74	\$ 1,453,898.83	\$ 1,677,037.40
68	**Capital Expenses	\$ 15,000.00	\$ 11,463.01	\$ 3,536.99	\$ 11,463.01	\$ 15,000.00
	Total Expenditures	\$ 1,556,434.02	\$ 1,160,855.29	\$ 395,578.73	\$ 1,465,361.84	\$ 1,692,037.40

OPERATING BUDGET NOTES 2019-20

REVENUE

Professional Corporation Fees	
1. Renewal	Renewal of Certificates of Authorization for Health Profession Corporations. Estimate is based on the total number of Certificates issued for 2018/2019 (renewals plus new minus closed corporations). (150 x \$350)
2. Initial Application	Income derived from the application fee for new Certificates of Authorization for Health Profession Corporations. Estimate is based on the number of new applications processed in 2018/2019 (13) plus a modest increase in the number for 2019/2020. 15 new applications are estimated for 2019/2020. (15 x \$1000)
Registration Fees	
3. Application for COR	Income derived from applications for new Certificates of Registration. The estimate is based on the number of candidates who are anticipated to successfully complete the Qualifying Examination (45) during this fiscal year. This estimate is tied to the number of students expected to graduate from George Brown College, Georgian College and Oxford College Denturism programs in 2019 plus an increase in the number of candidates educated in other provincial and international jurisdictions.
4. COR New Registrants	Not all individuals who successfully complete the Qualifying Examination will immediately apply for a Certificate of Registration. Registration fees for the first year of registration are pro-rated by quarter depending on when the applicant registers. This estimate is based on the pro-rated fees collected in the preceding three years plus a modest increase arising from an anticipated increase in the number of new registrants.
5. COR Renewals	Renewal of Certificates of Registration of currently registered members (720) minus anticipated resignations (5). [(720-5) x \$1900]. 7 members resigned in 2018-2019, 10 members resigned in 2017-2018, 16 members resigned in 2016-2017.
6. Jurisprudence	The development of this program is complete. No revenue is anticipated until the new proposed Registration Regulation comes into force and new applicants will be required to complete the Jurisprudence program as a requirement for a COR.
Other Fees	

OPERATING BUDGET NOTES 2019-20

7. Clinic Name Application	Income derived from processing new clinic name applications (\$25). The estimate for 2019 - 2020 is based on the number of new clinic name applications processed in 2018 - 19 and assumes similar growth (24 x \$25).
8. Reinstatement	Income (\$500 per reinstatement) from reinstatement of a member's Certificate of Registration following suspension, usually due to non-payment of registration fees. The estimate is based on the historical data of the number of members who have had their Certificates suspended and subsequently applied for reinstatement.
9. Duplicate Certificate	10 duplicate Certificates of Registration (10 x \$50). Estimate is based on the number of requests for duplicate Certificates in the previous year.
10. Late Fees	Income from processing Certificate of Registration renewals after the deadline for renewal has passed (\$150 late fee). Estimate is based on the number of late renewals processed for 2018/19, approximately 5.5% of the membership.
11. Miscellaneous	Income derived from the preparation of Letters of Standing, QAC ordered PPAs, and Administration Fees for Notices.
Qualifying Examination Fees	
12. Initial Application	This income is derived from initial applications submitted by potential examination candidates prior to their first attempt of the Qualifying Examination. This estimate is informed by the number of students who are expected to graduate from George Brown College, Georgian College and Oxford College Denturism programs in 2019 in addition to potential candidates who are educated in other provincial or international jurisdictions (55 x \$75).
13. Written (MCQ)	Income derived from examination fees. This estimate assumes 65 examination candidates (45 in summer 2019 & 20 in winter 2020). This number is informed by the number of students expected to graduate from the George Brown College, Georgian College and Oxford College Denturism programs, historical numbers of candidates educated outside of Ontario and the number of candidates who will likely already be in the examination process.
14. Clinical (OSCE)	
Other Income	
15. Deposit Interest	Interest from TD investor savings account currently 0.95%.

OPERATING BUDGET NOTES 2019-20

16. Discipline Costs Recovery	This amount arises from one discipline matter to which the member has agreed to a Joint Submission on Penalty. The matter is scheduled to be heard by the Discipline Committee in April 2019. There are currently no other Discipline Matters before the Committee.
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EXPENSES

Wages & Benefits	
17. Salaries	Salaries for a complement of 5 staff are included. A 2.6% cost of living increase evidenced by Stats Canada data for metropolitan Toronto is included. The percentage of total budget dedicated to salaries and benefits (33.5%) is less than the same figure reported by the CDHO (45.8%), CDTO (51.5%) and the RCDSO (48.3%). The average salaries + benefits / total expenses ratio across all the Colleges is approximately 49.5%. The same figure for Colleges with less than 1000 registrants is 50.0%.
18. CPP & EI	Employer contributions of statutory payroll deductions: CPP (5.1% - \$53900 maximum pensionable earnings) & EI (1.62% @ 1.4 - \$53100 maximum insurable earnings)
19. Benefits	Employer costs for College benefit plan premiums, Healthcare Spending Account, a 6% employer RRSP for each staff member, and discretionary, performance-based bonuses are included in this line.
20. Temp Staff	As needed during peak periods of activity or support for specific project completion.
Professional Development	
21. Education & Training - Staff	Attendance at conferences, training, and continuing education for all staff members.
22. Organizational Memberships	Federation of Health Regulatory Colleges of Ontario (FHRCO), Council on Licensure Enforcement & Regulation (CLEAR), Canadian Network of Agencies for Regulation (CNAR), Canadian Payroll Association (CPA) memberships
Professional Fees	
Financial	
23. Auditor	This line represents the fees paid to Hilborn LLP for the College's yearly audit plus financial management advice throughout the year.

OPERATING BUDGET NOTES 2019-20

24. Long Range Forecasting Project	Once completed, this project will provide Council with a longer-range picture of the College's financial position over time. Such information will be used to determine whether any adjustments to income/fees are appropriate.
25. Bookkeeper	This line represents the annual fees paid to the College's bookkeeper. This is a significant reduction in bookkeeping costs as a new bookkeeper was engaged with expanded service and substantially lower costs.
Consultants, Programs and Policy Development	
26. Consultants, Programs & Policy Development	<p>Expenses in this line are associated with completion of several College projects:</p> <ul style="list-style-type: none"> • Development of the Chart Stimulated Recall Tool for the Quality Assurance Peer and Practice Assessment Program. Once incorporated into the PPA, the tool will provide a framework for discussion between the Assessor and the member regarding record keeping, compliance with College Standards, and other elements associated with safe, competent practice. • Completion of the Self-Assessment Tool • Final Stages of the Document Management Strategy • Completion of the Data Collection and Analysis aimed at assessing whether any gaps exist between the Competency Profiles and Entry to Practice requirements. • Development of the College's Academic Program Accreditation Model • Infection Prevention and Control Guidelines Development
27. Peer Circles	Expenses related to the delivery of 5 peer circle events in non-GTA locations (Windsor, Ottawa, Sudbury, Sault Ste. Marie, Thunder Bay), and the exploration and development of a video-conferencing means of delivering the Peer Circle material.
Legal	
28. General	College general legal counsel – Steineke Maciura LeBlanc
Office & General	
29. Telephone & Internet	Includes phones, internet, webinar, and teleconference services.
30. Postage & Courier	Postage machine rental contract, Canada Post & various courier services.
31. IT Support	Third party IT services provided by Syscomm.
32. IT Security Audit	Project completed in 2018. No further costs anticipated.

OPERATING BUDGET NOTES 2019-20

33. Computer Software/Hardware	Annual software subscription costs and computer hardware costs under \$500 that are not part of the capital budget. These costs were previously accounted in the "Office Expense" line but are of enough magnitude to be accounted individually.
34. Member Database	In1touch secure registrant database management and support provided by Olatech.
35. Website Hosting/ Maintenance/Upgrades	Third party maintenance of College website, hosting fees and ongoing, routine public register updates.
36. Insurance	HIROC (Healthcare Insurance Reciprocal of Canada) Liability Insurance & Property Insurance.
37. Office	Iron Mountain – document storage, Shred-it – secure document destruction, copier lease & usage charges, general office supplies and miscellaneous office expenses.
38. Registrar/Stakeholder Meetings	Stakeholder meeting expenses.
39. Bank Charges	Annual credit card fees.
40. Electronic Payment Processing Fees	Monthly fees for direct deposit payments made to vendors and ADP payroll processing fees.
41. Credit Card Payment Processing Fees	Estimate based on 2018/2019 - 2.2 % of total revenues (excluding other income).
Rent	
42. Rent	Office lease payments at 365 Bloor (\$9,646 monthly for 2641 sq. ft.) plus annual adjustments (utilities and property taxes) based on the terms of the lease.
Qualifying Examination	
43. Qualifying Examination Committee	Costs associated with per diems, travel, meals, accommodations, and teleconference fees for professional members. Estimate is based on the current composition of the Committee and anticipated activity.
44. Qualifying Examination Appeals Committee (QEAC)	Costs associated with teleconference fees for professional members for the Committee business of adjudicating appeals of examination results.
45. QE Candidate Orientation	Costs associated with in-person, mandatory candidate orientation to the Qualifying Examination process for both the summer 2019 & winter 2020 Qualifying Examinations. Costs include facility rental and reimbursement of expenses for speakers at the sessions

OPERATING BUDGET NOTES 2019-20

46. Written (MCQ) Administration	Costs associated with the summer 2019 & winter 2020 administrations of the Qualifying Examination. Estimate assumes a total of 65 candidates for the two MCQ examinations and 70 candidates for the two OSCE examinations. The costs are associated with examiner training, per diem fees, all ancillary expenses (printing of materials etc.), standard setting working group expenses, facility rental, and standardized patient program costs.
47. Clinical (OSCE) Administration	
48. QE Analysis	Psychometrician consulting fees for determining the examination cut score (standard setting) and analysis and analysis reports of the candidate qualifying examination performance scores.
49. Examination Maintenance/Modifications	Costs associated with the support of examination working groups engaged in the development of new OSCE and MCQ items. Includes psychometrician consulting fees.
Council & Executive Committee	
50. Per Diems	Estimate is based on the current composition of Council and the Executive Committee. Costs are related to in-person meeting per diems paid for professional members' attendance (\$150 per diem): Council: 4 meetings (quarterly) – 8 members Note: Some variance is possible depending on any changes to Committee membership and consequent changes in travel and accommodation expenses.
51. Expenses (meetings)	Estimate is based on Council & committee composition and the number of anticipated meetings. Estimate includes travel, meals and accommodation expenses & teleconference/webinar reimbursement to professional members.
52. Elections	Costs associated with administration of the electronic voting process if an election occurs.
53. Governance Training	Governance training for Council and Committee members.
Committees	
54. Registration	Two in-person meetings - professional member per diems, travel, meals, accommodation expenses & teleconference reimbursement. Estimate is based on the current composition and recent activity of the Committee.

OPERATING BUDGET NOTES 2019-20

55. Registration Legal	Legal advice on registration matters.
56. Patient Relations	Professional member per diems, travel, meals, accommodation expenses & teleconference reimbursement to professional members. Estimate is based on the current composition of the Committee and anticipated Committee activity.
57. Patient Relations Legal	Legal support for Committee.
Quality Assurance	
58. QA Panel A	Estimate based on four in-person meetings - professional member per diems, travel, meals, accommodation expenses & teleconference reimbursement to professional members
59. QA Panel B	Estimate based on two in-person meetings - professional member per diems, travel, meals, accommodation expenses & teleconference reimbursement to professional members.
60. QA Assessor Expenses	Includes assessor per diems & associated expenses. Estimate is based on 72 assessments to be completed this year (10% of current membership plus five elective assessments).
Complaints & Discipline	
61. ICRC	Includes costs associated with eight in-person meetings - professional member per diems, travel, meals, accommodation expenses & teleconference reimbursement to professional members. This estimate is based on the current composition of the Committee and anticipated number of meetings.
62. ICRC Decision Writing	Third party decision writing and support for ICRC meetings.
63. ICRC Legal	Legal fees for ICRC advice.
64. ICRC Investigations	Costs of investigation of complaints, third party denture assessments and Registrar's Investigations.
65. Discipline Committee	Expenses associated with meetings of the discipline committee. Such meetings occur infrequently. Since hearings occur infrequently, training is done on an "as needed" basis rather than annual training of the entire Discipline Committee/Council.
66. Discipline Legal	Legal advice regarding discipline matters, exclusive of attendance at hearings.

OPERATING BUDGET NOTES 2019-20

67. Discipline Hearings	Includes all costs related to a discipline hearing: per diems for panel members and associated expenses, independent legal counsel, facility rentals, court reported, College legal counsel, etc. There is one hearing scheduled for 2019-2020 thus far.
Other	
68. Capital Expenses	Associated with modification of office space and office hardware acquisition.



BRIEFING NOTE

To: **Council**

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

Date: **March 12, 2019**

Subject: **Denturism Academic Program Accreditation**

This matter addresses how denturism academic program accreditation should be carried out and who should be responsible for doing it. This matter has been around, to greater or lesser degrees, for some time. Until September 2018, the College was engaged in conversation with the national organization (now called the Commission on Accreditation of Denturism – CAD) that sought to be responsible for all denturism academic program accreditation.

At its September 14, 2018 meeting, Council, in consideration of all of the information, adopted a motion to inform the CAD that the College would not be participating in the proposed CAD accreditation program. In addition, Council directed the Registrar to invite representatives from EQual Canada to attend the December Council meeting to provide Council with an overview of the EQual Canada academic program accreditation process.

Dr. Louise Clement, Executive Director of EQual, Health Education Assessment & Clinical Partnership and Ms. Sarah Ingimundson, Program Director, EQual, attended the December 14, 2018 Council meeting and provided Council with an overview of the EQual health education program accreditation process.

Following this presentation, Council directed the Registrar to gather information from a comparative program/process. This information would be used by Council in its decision-making process around selection of an appropriate accreditation service provider.

A proposal for development of an accreditation process and the associated costing was requested from Ms. Kathrina Loeffler, Executive Director of FICS. Ms. Loeffler is an accomplished educationalist who worked with Accreditation Canada prior to establishing her own business. Her company currently manages the academic program accreditation process for the Canadian Massage Therapy Council for Accreditation. The attached proposal describes the development of a denturism academic program accreditation process. You will find from the attached costing schedule that the total cost associated with the development of the FICS-proposed program is 157,296.00. If FICS was selected as the service provider, the CDO would be responsible for most of these costs.

The slide deck used in the EQual presentation is included for Council's comparison. The two fees of interest are III-D (5,440) and IV-C (7,381) on Slide 18. These are the fees that an educational institution

would be charged annually to participate in the EQual accreditation program. The annual cost to the regulatory body as the oversight partner is approximately \$1,500.00.

The difference between the FICS proposed fee schedule and that proposed by EQual lies in the fact that the FICS group would need to develop all of the standards against which the academic programs would be assessed. Since there are many common domains of assessment across all health profession academic programs, EQual already has these standards, negating the need to develop a whole new set of standards.

If EQual is chosen as the accreditation service provider, the costs to the College would be minimal. There may be one-time start-up costs (less than 10,000.00) that the College would share with the academic institutions.

As part of its strategy of increasing the College's engagement with our academic partners, representatives from George Brown, Oxford and Georgian Colleges attended an information session with the EQual representatives at the College offices on February 13, 2019.

This was a very useful meeting as it provided all educational program administrators with an opportunity to obtain details regarding the EQual accreditation process. The comments on the program were all positive except for the anticipated annual costs. In our discussion with the EQual representatives, we were able to come to an agreement on a modified fee schedule that was acceptable to all.

Options

Following consideration of this information and further discussion, Council may:

1. Adopt a motion to appoint an Academic Program Accreditation service provider
2. Request further information
3. Other

Attachments

1. FICS Proposal
2. FICS Cost Schedule
3. EQual Canada – Presentation Slides



Agenda Item 9.2

Proposal: FICS Provision of Accreditation Services to the College of Denturists Ontario February 18th, 2019

February 18th, 2019

Dr. Glenn Pettifer, CEO
College of Denturists of Ontario (CDO)
365 Bloor St. E., Suite 1606
Toronto, ON 3L4
M4W

Dear Glenn,

Re: Accreditation Services Proposal

FICS-FASE Facilitated Improvement for Corporate Success (FICS), Inc. is pleased to submit this proposal to provide accreditation services to the College of Denturists Ontario (CDO). FICS will endeavour to exceed the expectations of the CDO by providing leading edge accreditation services for the accreditation of Denturist education programs.

FICS brings a great deal of expertise to the provision of accreditation services including: the development of clear, quality standards, a leading edge review process, reviewing excellence and, the tenets of quality education and organizational practices. The depth of FICS expertise is extensive and will build on the expectations and objectives of CDO for the accreditation of quality education programs.

As the Founder and Executive Director of FICS, I am an educator and leader who has spent my career analyzing and managing highly successful teams and organizations and the components that contribute to that success. I bring that expertise to the development of quality standards and accreditation processes. In addition, I am a seasoned facilitator, project manager, adult educator and quality improvement expert. I have been working in the area of accreditation for the past 15 years. FICS has been in existence for almost 8 years and we have been providing accreditation services as our core business offering for the past 3.5 years.

I am supported by a skilled group of professionals who work at FICS both full-time and part-time and we also work with contracted consultants all of whom have accreditation expertise. FICS staff and associates are committed to staying on the leading edge of developing and providing accreditation services that benefit and add value to all stakeholders. We will ensure that the accreditation services and products that we develop are well researched and based on evidence informed best practices.

I will be the key contact person for this proposal. I have a clear and comprehensive knowledge of the deliverables required to develop an accreditation program and deliver quality accreditation services and confirm that there is no conflict of interest in submitting this proposal. I also confirm that the information provided in this proposal is accurate. As Founder and Executive Director of FICS, I have the authority to bind on behalf of FICS.

Respectfully submitted,



Kathrina Loeffler
Founder and Executive Director
Facilitated Improvement for Corporate Success, Inc.
Tel: 416.466.3427
Cell: 613.882.3299
Email: kathrina.loeffler@fics.ca

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Executive Summary

A culture of Quality Improvement is critical to the success of any profession and particularly when it comes to providing healthcare services to the public where client safety is of the utmost importance. Accreditation provides the motivation and encouragement to educational institutions to meet quality standards and embed a culture of continuous quality improvement when training healthcare professionals. The College of Denturists Ontario (CDO) is seeking an organization to develop and manage an accreditation program to accredit Denturist education programs.

Accreditation provides an objective external lens on the quality of education provided to students attending post-secondary education programs. It also provides assurance to the profession as a whole that graduates entering the profession will maintain the credibility of the profession. In its best form, accreditation keeps education programs on the leading edge of what's required to educate students in the 21st century. Quality accreditation processes should provide both assurance of a quality education program and should also commit an education program to begin a journey toward continuous quality improvement whereby they continually strive for excellence. This is achieved through both a self-assessment and an external peer review whereby the programs assess themselves and are externally assessed against standards of excellence identifying the strengths and areas for improvement in their education programs. More often than not, it takes an unbiased external perspective to identify the gaps that need to be filled to take an education program to the next level of success. Most importantly, accreditation provides a vehicle to ensure that the profession's practice competencies and performance indicators for entry to practice are embedded into the curricula delivered to effectively educate denturists to deliver competent and safe quality care and services to clients.

Facilitated Improvement for Corporate Success, Inc. (FICS) provides third party accreditation services for the accreditation of education programs. As professional educators, the leaders of FICS understand quality learning outcomes and bring that expertise to their many years of accreditation expertise. Their passion is to deliver high quality third party accreditation services to post-secondary education programs producing quality learning outcomes.

The services that (FICS) offers to manage third party accreditation include: the facilitation of the development of customized quality standards using a highly consultative method to gather the content of the standards from subject matter experts representing the profession; the design of an accreditation process that ensures consistent and equitable assessment of organizations against the standards; and, management of accreditation services. In addition, FICS designs and develops supporting education services to clients of the accreditation process including the development of Learning Management Systems and e-learning modules to support clients as they prepare to become accredited. Furthermore, FICS expertise includes recruitment and training of peer reviewers to ensure that reviews are carried out with consistent, quality results.

Kathrina Loeffler is proposed as the lead for this project to develop an accreditation program and manage the accreditation process for denturist education programs.

In the last almost 8 years, Kathrina has worked with a number of health care organizations to prepare them for accreditation. Kathrina is an expert in accreditation and skilled at providing and supervising accreditation services. Kathrina is a Certified Health Executive (CHE) with the Canadian College of Health Leaders, a Licensed LEADS Facilitator, a Certified Professional Facilitator (CPF) and an expert in Quality

Improvement, accreditation, leadership effectiveness, Lean process analysis and intercultural communication.

Background Information

Accreditation provides an objective perspective of quality and ensures that formally established provincial standards are maintained and up-to-date to meet the needs and desires of Ontarians.

Third party accreditation provides the best practice in accreditation because its mandate is not confused with other mandates that an organization may have. It allows the accreditation process to be the constant first priority and therefore all resources are allocated to that specific mandate producing high quality results and an organization entirely focussed on staying on the leading edge of accreditation practices. Members of the Denturist profession are tapped for their subject matter expertise and chosen as committee members, reviewers and decision makers. They are recruited objectively using rigorous screening processes to ensure that representation from across the profession is assured.

FICS currently provides third party accreditation services to the Canadian Massage Therapy Council for Accreditation (CMTCA); the accrediting body of Canadian massage therapy education programs. The accreditation services provided by FICS has included the development, delivery and management of accreditation to massage therapy education programs across Canada. FICS began the work of establishing CMTCA as an organization and developing the accreditation program in July 2015. There are approximately 120 massage therapy education programs in Canada. The mandate of CMTCA was to bring together all stakeholders to produce a quality accreditation program based on the newly revised Practice Competencies and Performance Indicators for Massage Therapists at Entry-to-Practice. FICS is proud to state that that goal was accomplished and the program was officially launched April 2017. FICS supports and reports to the CMTCA Board of Directors.

More specifically, over the course of a year FICS successfully engaged all stakeholders (associations, regulators and education programs) in the CMTCA accreditation process by:

- Facilitating the development of customized standards for the profession's education
- Developing and facilitating a rigorous standards development process inclusive of all stakeholders through the recruitment of a standards advisory committee, national consultation and pilot surveys
- Introducing a leading edge review process that makes the collection of information authentic, objective and accurate
- Developing in-depth quality education to train reviewers on the details and importance of their role
- Developing accreditation champions who spread passion and excitement about accreditation and its value
- Developing processes to administer and manage the accreditation process that are efficient and responsive
- Developing supporting materials that facilitate the accreditation process for education programs across the country
- Meeting all deadlines committed to in the original proposal

In addition, FICS is in the process of facilitating the development of pan-Canadian standards for Humane Canada with the purpose of accrediting Humane Societies and SPCA's across the country.

FICS offers a "one-stop" shop of accreditation services to clients including the potential formation of a third party accreditation body and the development and management of accreditation services for the third party accreditation program. In addition, FICS has the capacity to develop all supporting system structures and education programs, training and support to peer reviewers and the marketing and communications needed to make the program credible and sustainable.

Using a facilitative approach FICS develops and manages programs that exceed client expectations by providing the focus and attention required for developing and managing high quality accreditation services to clients. FICS expertise in accreditation, adult education, quality improvement, and reviewer excellence provides a one-stop-shop for organizations requiring accreditation services. Accreditation is the core business of FICS and its highest priority.

FICS is a registered, incorporated Canadian company owned by Kathrina Loeffler and Christian Vulpe.

Capacity

Kathrina Loeffler, Executive Director

Kathrina is the Executive Director of Facilitated Improvement for Corporate success and the Executive Director of the Canadian Massage Therapy Council for Accreditation (CMTCA), a not-for-profit registered organization. For the latter role, she acts as the liaison between the CMTCA board and advisory committees and plans and facilitates board and advisory committee meetings. She is the first point of contact for the CMTCA and supervises the development of all products including accreditation standards and processes, systems, education and reviewer orientation programs. She also supervises all communications with clients, stakeholders and reviewers. It is recommended that Kathrina lead the development of the accreditation program proposed for the College of Denturists of Ontario.

Kathrina's experience with accreditation is extensive. In addition to her experience with CMTCA, for 8 years she worked in multiple roles at Accreditation Canada and as such learned the detail required to develop quality standards, design an accreditation process and manage an effective accrediting body. Having been a member of the leadership team at Accreditation Canada, Kathrina is very familiar with the development of an Accreditation program including the cycle, the decision making process, the development of standards and indicators, and the development of a useful report provided to clients after the review visit. Her expertise ranges from the facilitation of standards development to reviewer and client preparation for accreditation. When she worked at Accreditation Canada, Kathrina worked with a number of countries to set up their healthcare accreditation programs including Albania, Saudi Arabia and Kuwait. Kathrina is also a professional facilitator and leader who trains leaders to lead high performance teams. Kathrina's educational background includes a Master of Education in Organizational Studies, a Bachelor of Education and an Honours Bachelor of Arts. Kathrina is a Certified Health Executive (CHE), Certified Professional Facilitator (CPF), a Licensed LEADS Facilitator, a Certified Lean Practitioner and an Affiliate member of the John Maxwell team, a group committed to effective leadership practices.

Christian Vulpe, FICS Partner, General Manager and Education Specialist (bilingual)

Kathrina is supported by a strong team including Christian Vulpe who is a FICS partner and responsible for internal operations of both CMTCA and FICS. Christian's responsibilities include human resources management, financial planning, overall management and reporting and he supervises IT services. Christian also develops education curricula for FICS. He was responsible for developing a multiple session Quality Improvement Curricula currently being delivered by Primary Health Care Corporation trainers in Qatar to over 5,000 employees in 23 primary healthcare organizations. He is a certified teacher and has a Master of Education degree in Educational Psychology from McGill University. Christian is a certified John Maxwell Team member and recently completed a diploma in adult education from St. Francis Xavier University. Christian also acts as a CMTCA staff representative for quality control purposes during accreditation site visits. In addition, Christian provides valuable support to the services provided to FICS clients. He is an expert in accreditation and provides advice and support to all of CMTCA's clients and reviewers. Christian is also involved in the development and management of learning management systems and e-learning modules. In addition, Christian has expertise in the forming of incorporated and not-for-profit organizations and liaises with Revenue Canada and Corporations Canada on behalf of both FICS and CMTCA. Christian is fluently bilingual. If, for any reason, Kathrina is unable to lead a FICS project, Christian Vulpe is fully equipped to take over the responsibility on Kathrina Loeffler's behalf.

Gail Williams, Communications, Standards Writer and Report Specialist

Gail Williams is an experienced communications professional specializing in the healthcare not-for-profit field. She honed her skills at Accreditation Canada, the Public Health Agency of Canada, and the Canadian Diabetes Association before branching out as a freelance writer, editor, and project consultant in 2015. Since then, she has provided ongoing editing and communications support to the Canadian Massage Therapy Council for Accreditation, The Lung Association, and Accreditation Canada, among others. Over the course of her career, she has planned, researched, written, edited, and consulted on reports, manuals, newsletters, position statements, websites, and the myriad of other materials that are part and parcel of "getting the word out" in the not-for-profit world. Gail brings an established reputation as a meticulous editor who respects the author and the audience, an insightful writer who searches out new approaches, and a trusted colleague and facilitator who works effectively with diverse interests to identify common themes. A firm proponent of plain language, she takes pride in creating clear, concise, and credible content and shows a particular flair for making the complex comprehensible.

Gail has worked contractually with FICS for the past 3.5 years. She provides her analysis and extensive communications skills to revise and refine the CMTCA and Humane Canada accreditation standards which incorporated feedback from many stakeholders. She has also worked on numerous communications to stakeholders regarding the progress and development of the CMTCA accreditation process. Gail supports Kathrina and Christian as a key communications specialist responsible for writing and editing standards and incorporating changes into the standards as required. She is responsible to ensure that standards, communications and reports are clear and concise.

Julia Rogers, Administrative and Support Services

Julia provides support services to FICS and CMTCA. She supports the accreditation program by coordinating and preparing meeting agendas, taking minutes of Board meetings, both online and in-person. She also coordinates and oversees the logistics of events such as trainings, seminars, and accreditation reviews and visits. Julia also creates and manages records and filing systems and handles phone calls and manages email inquiries from clients.

Additional Contractual Staff

FICS is well supported by a number of contractual staff that provide services to FICS as needed. They are all familiar with accreditation and available to work when workload requirements extend beyond FICS' internal capacity. In essence, they provide surge capacity to FICS operations.

Translation Services

FICS uses the services of Fox Translators to translate documents into both official languages as needed.

FICS Office

FICS headquarters is currently located in Ottawa. Full-time staff work from that office and the FICS bookkeeper, Ye Liu, works from her home office in Toronto where she maintains all financial records for both FICS and CMTCA. The FICS Communications Specialist, Gail Williams works from her home office in Ottawa, ON. In addition, as part of the work with CMTCA, FICS staff trained and manages the work of 44 accreditation reviewers.

Development and Implementation

Recruit a Standards Advisory Committee

The first step in the development of quality standards is to recruit a Standards Advisory Committee all of whom are subject matter experts in denturist education. The Standards Advisory Committee also serves to engage stakeholders prior to the launch of the accreditation process. It is recommended that the Standards Advisory Committee be brought together in-person at the beginning of the process to take part in a facilitated meeting whereby they are walked through a structured process to glean the content they deem essential to ensure quality learning outcomes in education programs. Follow-up meetings and communications can be held by teleconference and through email. Kathrina is well versed in working with committees and advisory groups to ensure that the Accreditation Program that is developed is appropriate to the needs of stakeholders and value-added for all clients. This is accomplished through a thorough consultative process with stakeholders. Kathrina's facilitation expertise is invaluable to this process. She has been facilitating for over 30 years and is a Certified Professional Facilitator with the International Association of Facilitators.

Develop the Standards

The FICS development of standards follows an extensive process of research, review, consultation, and revision. The result is a thorough and rigorous set of pan-Canadian or provincial standards that guide organizations toward excellence and give the public confidence in their ability to offer quality education programs to their students.

FICS standards aim to be specific without being overly prescriptive, allowing for flexibility in delivering quality education programs. FICS believes that standards should reflect a commitment to quality education and quality learning outcomes expected of Denturists at entry to practice.

Literature review and initial drafts

1. Initially the Standards Advisory Committee (SAC), with membership consisting of representatives from quality education programs across the province, is struck.

2. Using the vision for accreditation as a starting point and armed with an outline of key topics necessary to ensure quality learning outcomes, FICS facilitates an intensive two-day session. Members of the SAC work in small groups to discuss and evaluate other versions of standards and start to identify relevant content for the standards.
3. Based on this work, an initial draft of the standards is revised or developed and sent to the SAC for review and feedback.

Consultation and feedback

4. The final version of the draft standards is then distributed for province-wide consultation to stakeholders across the province. Extensive and detailed feedback is usually received through this process and it allows a sneak peak of the standards. The process has been conducted previously through Survey Monkey and by email and phone.
5. Following a thorough analysis of the feedback, the standards are revised to address common themes and issues identified through the consultation process. SAC members are provided the feedback and a discussion is facilitated on the suggested changes.
6. The standards and the accreditation process is then pilot tested to gain more intelligence on the process. Piloting the accreditation process further engages stakeholders in the accreditation process. Piloting involves:
 - Identifying the pilot test sites, providing them with the draft standards and information on the process, obtaining necessary consents, and developing site visit schedules
 - Recruiting, selecting, and training reviewers, some of whom some will participate in the pilot tests
 - Developing an evaluation framework and analyzing evaluation results
7. Pilot test evaluation results are then analyzed and suggestions for improvement are incorporated as appropriate into the standards and the accreditation process, following which the Standards Advisory Committee completes a final review.

Approval

The standards and the accreditation process would then be approved by the College of Denturists of Ontario. Of course, as with any quality improvement program, ongoing review and revision is a vital part of the process going forward. FICS recommends that standards be reviewed and potentially revised every 2-3 years.

Train a Pool of Reviewers

Accreditation reviewers are the face of accreditation and quality reviews (electronic and site visits) are key to the success of quality accreditation programs. It is, therefore, critical that reviewers are adequately trained to conduct site visits effectively with strong interpersonal skills, a strong background in the subject matter that they are assessing and a clear understanding of education program effectiveness.

In the past 15 years, Kathrina has trained many reviewers to ensure quality reviews. Accreditation Canada continued to ask her for her expertise long after she chose to leave because she established the most effective orientation program for new reviewers and she knows the interpersonal skills required to conduct site visits most effectively. She was also responsible for helping to establish Accreditation Canada's reviewer competencies and evaluation framework. Furthermore, Kathrina put into place the world's first reviewer certification program to ensure quality site visit practices at Accreditation Canada.

The FICS team complements her expertise in that they are all very familiar with what is required to recruit, train and maintain quality reviewing practices. For CMTCA, FICS facilitates an in-depth 5 day training program with approximately 25 potential reviewers (at a time) to prepare them to effectively conduct site visits of massage therapy education programs. Each one of those reviewers has become a champion for accreditation and has embedded quality improvement strategies into their own workplaces. It is recommended that the CDO support the training of reviewers in a similar way to that done for the CMTCA.

Experience

FICS brings a great deal of expertise to the development of an accreditation program for the CDO including: a background in accreditation, quality improvement and, reviewing excellence and, the tenets of what's required to support accreditation services including the ability to build an LMS and develop e-learning modules. FICS also has adult education and curriculum development expertise. In addition, FICS has been responsible to prepare organizations for successful accreditation by helping them to embed the ingredients needed to produce a culture of quality improvement. The depth of FICS expertise in accreditation is extensive.

More specifically, Kathrina Loeffler previously worked as the Director of Learning and Development at Accreditation Canada and prior to that was responsible for Quality and Risk Management also at Accreditation Canada. Accreditation Canada is accredited by an international accrediting body called the International Society for Quality in Health Care (ISQua). Kathrina was responsible for preparing Accreditation Canada for successful accreditation by ISQua in 2006. When she was Director of Learning and Development she volunteered and prepared her department to participate in the new ISQua accreditation program for training departments and was successful in achieving full accreditation in 2010. As Director of Learning and Development, Kathrina managed the department responsible for helping over 3000 clients prepare to meet accreditation requirements by learning how to effectively plan for change, implement quality systems and integrate services across the continuum of care. She was also responsible for the ongoing training of over 600 Canadian reviewers and pioneered a reviewer certification program; an international first for healthcare accreditation programs.

Specific Examples

Humane Canada

In April 2018, FICS submitted a proposal and won the Humane Canada contract to develop an accreditation program to accredit all of Canada's Humane Societies and SPCAs. This included the recruitment of a Standards Advisory Committee, the facilitation of the development and review of multiple drafts of standards, the facilitation of a national consultation on the content of the standards and the development of the accreditation process. It also includes piloting the accreditation process and training reviewers to assess compliance with the standards on-site at organizations. The development of

the accreditation program is well on its way and the goal is to launch the accreditation program Fall 2019.

Canadian Massage Therapy Council for Accreditation

In April 2015, FICS submitted a proposal to the Canadian Massage Therapy Council for Accreditation (CMTCA) to provide accreditation services to CMTCA including the development, delivery and management of accreditation to massage therapy education programs across Canada. The RFP was a national process and FICS was selected to manage CMTCA based on our background in healthcare accreditation, facilitation and education. FICS began the work of establishing CMTCA as an organization and developing the accreditation program in July 2015. There are approximately 120 massage therapy education programs in Canada. One of the provinces, BC, already had in place an accreditation program through the College of Massage Therapy of BC, however, the provincial government had indicated that a third party accreditation program was needed to replace that program. As a result, there was pressure to ensure that accreditation services would continue, uninterrupted, in that province imminently. Furthermore, accreditation planning discussions had been happening across the country for many years and there was desire to bring together all groups including regulators, associations, education programs and massage therapy professionals to deliver a quality national accreditation program as soon as possible. Massage therapy is regulated in only 4 provinces in Canada. Associations represent massage therapists in the other provinces and there are varying mandates and priorities for massage therapy by both regulators and associations. The mandate of CMTCA was to bring together all stakeholders to produce a flexible accreditation program based on the newly revised Practice Competencies and Performance Indicators for Massage Therapists at Entry-to-Practice. FICS is proud to state that that goal was accomplished and the program was launched April 2017.

Scarborough Centre for Healthy Communities (SCHC)

In 2014/15, FICS worked over the period of 6 months to help the SCHC prepare for accreditation with Accreditation Canada. The services provided to SCHC included the preparation of key foundational plans (Ethics Framework, Disaster and Emergency Preparedness Plan, Infection Prevention and Control Plan, Managing Medication Plan, Client Safety Plan, etc.), policies and procedures and communications to all stakeholders regarding the accreditation program (this included client and staff communications). In addition, FICS developed and provided administrative services to assist SCHC to become accredited successfully. The result was that SCHC was accredited successfully and the reviewers commented to SCHC on their wise selection of working with FICS. SCHC continues to use the facilitation services of FICS to support and develop leadership in the organization.

Coalition of 10 Community Health Service Organizations, Ottawa

In 2013, FICS worked with a coalition of 10 Community Health Centres in Ottawa to help them put together key plans, policies and procedures so that they would be successful with accreditation (with the Canadian Centre for Accreditation). FICS services included the coordination of the collection of best practices, interpretation of the standards for the coalition, advising on the selection of key documents and providing communications to all of the centres to coordinate the selection of best practice documents.

Accreditation Canada

From 2004-2011, Kathrina Loeffler worked at Accreditation Canada in a variety of roles. She began as an Education Specialist where she developed educational materials for delivery to over 3,000 clients and 600 reviewers. She was then responsible for managing the Quality and Risk Management portfolio during which time she provided support and education to the Board of Directors including the development of the information that they needed to make decisions and the production of the President's and Quality Report provided to the Board quarterly. She was also responsible for the production of a Quality newsletter to maintain communications internally on Quality Improvement initiatives. In addition, Kathrina was responsible for establishing the organization-wide Balanced Scorecard which included developing indicators for each team that corresponded to the Strategic Directions and the reporting of those indicators at the leadership and board level. Kathrina was also responsible for the design and production of two IT systems; one to manage client feedback and one to automate indicator reporting (a dashboard). During this time she also managed the accreditation process whereby Accreditation Canada was accredited by the International Society for Quality in Health Care, the accreditor of health care accrediting bodies.

Kathrina was then promoted to the role of Director of Learning and Development where she managed a staff of 11 in the only revenue generating department in the organization. She managed a budget of between \$2.6 to 3.6 million. Kathrina was responsible for supervising all of the administrative services and put into place some key initiatives to increase the quality of education provided to both clients and reviewers. Of importance to mention is that she put into place the first reviewer certification program in the world. The program was considered contentious but was managed with thorough input from stakeholders. As a result, it was received with applause and gratitude from the reviewer community and has been shared around the world as a leading practice. In addition, while in this role, Kathrina was a member of the senior leadership team and contributed to the directions and development of the national and international accreditation program.

References

Company Name:	Canadian Massage Therapy Council for Accreditation
Company Address:	3-343 Danforth Ave., Toronto, ON
Contact Name:	Iain Robertson, Chair, CMTCA Board of Directors
Contact Information:	Tel: 705-728-1968 x5351 Email: iain.robertson@georgiancollege.ca
Date Work Undertaken:	July 2015 – ongoing
Nature of Assignment:	FICS develops and delivers accreditation services for massage therapy education programs across Canada. Iain is the current Chair of the CMTCA Board of Directors and was on the board when FICS was selected to provide CMTCA accreditation services. In addition, his college participated in the piloting of the new accreditation process. He is very familiar with the accreditation program developed by FICS and the reasons that FICS was selected to manage the program.

Company Name:	Accreditation Canada
Company Address:	1500 Cyrville Rd., Ottawa, ON
Contact Name:	Wendy Nicklin, Former CEO Accreditation Canada
Contact Information:	Tel: 613-614-2189 email: wendynicklin2189@gmail.com
Date Work Undertaken:	January 2004 – August 2011
Nature of Assignment:	Kathrina, Founder and Executive Director of FICS, occupied a number of roles while she worked at Accreditation Canada the last of which was Director of Learning and Development when she was a member of the leadership team and as such participated in setting strategic directions and was involved in organization-wide operations. Wendy was the CEO of Accreditation Canada at that time and Kathrina worked closely with her then and continues to seek Wendy's advice as she manages the delivery of quality accreditation services.

Company Name:	Scarborough Centre for Healthy Communities (SCHC)
Company Address:	629 Markham Road, Toronto, ON
Contact Name:	Jeanie Joaquin
Contact Information:	416.847.4091 email: jjoaquin@schcontario.ca
Date Work Undertaken:	September 2014 – Ongoing
Nature of Assignment:	Kathrina delivered the FICS year-long Leadership Development program to SCHC from June 2015 until June 2016 and developed a series of e-learning modules for SCHC on a variety of topics including Infection Prevention and Control and Patient Safety. Prior to that FICS provided accreditation preparation consulting services and facilitated numerous team performance improvement and process analysis sessions to various teams at SCHC. FICS also provides leadership mentoring services to SCHC leaders and board members.

Additional Services and/or Considerations

Facilitation Services

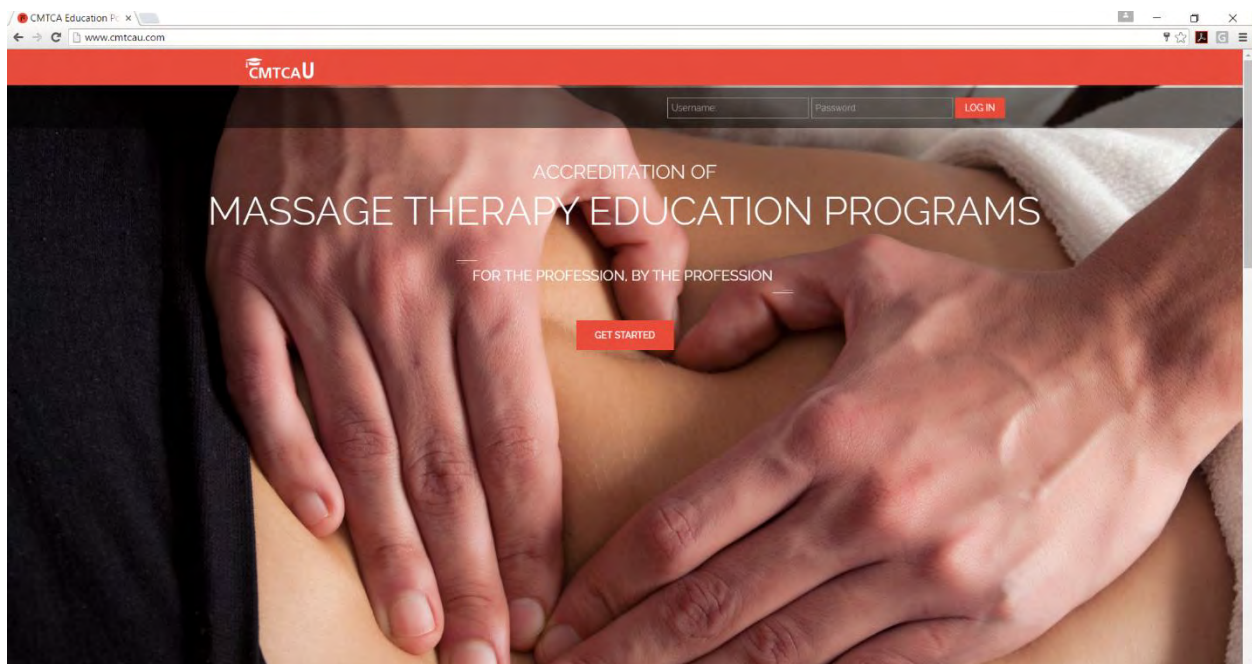
FICS is led by educators with vast expertise in the principles of adult education. That expertise combined with a background in healthcare accreditation, quality improvement and patient safety equips FICS with the ability to provide solid accreditation services for education. As a Certified Professional Facilitator, Kathrina leads a group of staff qualified to engage all stakeholders in the accreditation process including the review, revision and/or development of new standards and accreditation process.

Furthermore, FICS provides clients with educational expertise to be able to support surveying excellence and education program accreditation success. As one of the services provided to CMTCA, FICS has developed a Learning Management System to support clients and reviewers across the country. Below are examples of the additional services provided by FICS.

LMS and E-Learning Support Services

SUPPORT 24/7 FOR YOUR ACCREDITATION GOALS

Staff, faculty or any other team member of an organization seeking accreditation can educate themselves on the standards and the process at their own pace, from anywhere in the world through our e-Learning portal at cmtcau.com.



With a username and password, education programs and reviewers have access to e-learning modules that help them become an expert in accreditation. These e-Learning courses include: The process of accreditation, Standards Interpretation and Assessment.

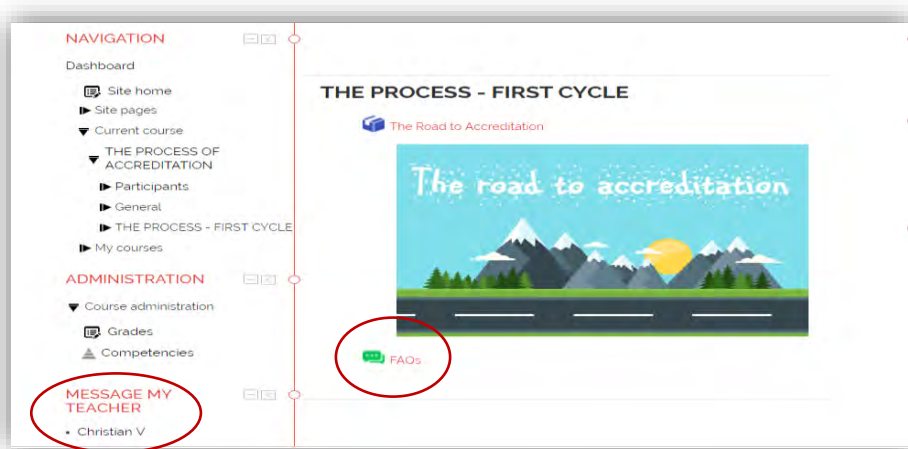
Engaging, interactive e-learning modules make learning fun as skills are developed to help education programs succeed with accreditation. FICS strives to develop relevant learning that reflects participant

real-life challenges. Peers and mentors engage in enriching discussions in forums. The topics of the discussions are created by education experts to align with the learning objectives of the module.

To complete the learning cycle, learners can test their knowledge and receive immediate feedback through e-quizzes.

Participants in the e-learning modules apply new knowledge to the workplace by working on assignments and our experts provide custom feedback that directly help education programs pursue accreditation.

Learners have access to a large knowledge database through our various discussion boards and FAQ sections. If the answer is not found, participants can post a new public question for peers or moderators to answer or contact teachers privately through the Message My Teacher link.



WE WANT ORGANIZATIONS TO SUCCEED

By empowering organizations with the knowledge and skills needed to get through the process of accreditation we're contributing to everyone's success.

Tracer Expertise

FICS has adapted the tracer method to conduct site visit reviews for education programs for the purposes of determining whether or not accreditation standards are in place. Overall, it is a leading edge way of conducting site visit reviews that reduces the preparation of documents for submission prior to the site visit and provides an authentic review of an education program for the purposes of accreditation.

The tracer method is the process reviewers' use during a site visit to assess compliance with accreditation standards. During a tracer, reviewers have discussions and ask questions related to the section of the standards they are "tracing." They also make observations, review documents, and record their findings.

A tracer is an effective way to evaluate all aspects of an education program, rather than just the academic portion. The tracer method began in industry. It is now used by many major healthcare

accrediting bodies, including the Joint Commission in the United States and Accreditation Canada, and was introduced to the accreditation of education programs by FICS.

The tracer method in action

Conducting a tracer demands a high level of interaction with staff, leaders and clients in an organization. Compared to traditional, primarily document-based methods of accreditation, much more time is spent in conversation with a wide variety of people. This process of collecting information from multiple and varied perspectives is the heart of the tracer method. By speaking to many people from multiple perspectives there is an increased opportunity to gather objective information.

The intent is to determine, on the ground and in the moment, whether the accreditation requirements are established and actively followed. Supporting documentation (i.e., policies, procedures, plans) is requested from the people most likely to be using it and reviewed where it is usually located.

Tracers put an end to accreditation binders filled with policies and plans and add a rigor to the process that cannot be overstated. The more people reviewers speak with, the more objective the findings.

Reviewer considerations

Conducting tracers effectively requires a robust and ongoing investment in reviewer recruitment, selection, and training, as these experts in their fields must also be intimately familiar with the tracer process.

Reviewers require a high level of emotional intelligence and an in-depth understanding of the profession, including the requirements of quality education programs. They must be comfortable with ambiguity and be able to elicit information from a variety of people in a non-confrontational manner.

Pros and cons

The benefits of the tracer method for the accreditation of education programs are many and varied.

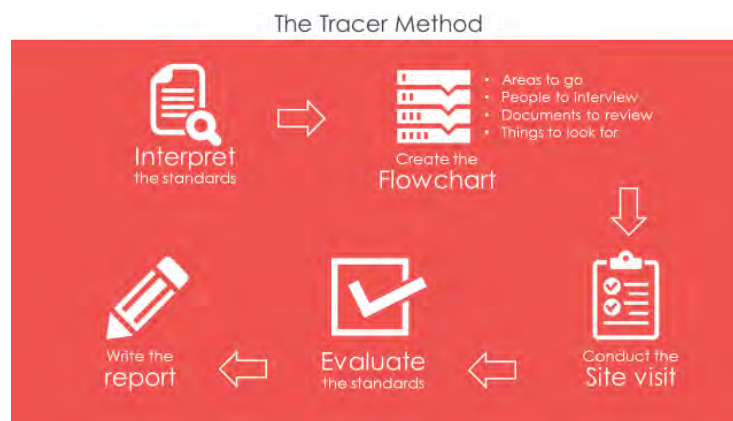
- Preparation time prior to the site visit is reduced for organizations
- The inclusiveness of the process spreads the value of accreditation throughout the program because reviewers may speak with anyone at any level. Involving everyone in the accreditation process helps create and support a true culture of quality improvement.
- Finally, given the paramount importance of safe and quality education programs, tracers add an investigative depth to the site visit that is not possible with traditional approaches.

On the other hand, while there is not a lot of preparation required prior to the site visit, the visit itself can be an intense time. Reviewers may need to speak with some people many times as questions arise during their tracer activities. This can be disruptive and disconcerting for an organization; however, the upside is that it is only for two or perhaps three days.

Tracers offer organizations a more authentic accreditation experience, providing numerous opportunities to highlight key areas of importance such as the quality of the facility, staff, faculty and, leadership. Each of these has a direct effect on the quality of education provided to students.

A creative and flexible tool

In the end, reviewers and education programs who experience a tracer in action find it to be a creative and flexible tool that provides an in-depth understanding of how a program operates and the extent to which it meets or exceeds accreditation standards.



Appendices attached as separate documents

Appendix A: FICS Proposed Approach and Costing Schedule

The attached FICS approach and costing schedule include a plan for the next 3 years to allow sufficient time for the development of the accreditation process and supporting education materials and the recruitment and training of the first group of reviewers. The cost for the development of the accreditation process applies to either a pan-Canadian accreditation program or an Ontario-specific accreditation program.

It should be noted that legal, accounting, reviewer training and review expenses are separate from the costs included in this proposed approach and costing schedule.

**Facilitated Improvement for Corporate Success, Inc.
Proposed Approach, timeline and costing to develop an Accreditation Program for
Denturist Education Programs**

Year 1						
Timeframe	April - July 2019		August – December 2019		January – March 2020	
Deliverables	Convene a Standards Advisory Committee to meet regularly to provide feedback on the development of the accreditation program		Develop Draft Accreditation Standards and facilitate review, feedback and revisions of standards with Standards Advisory Committee and prepare province-wide consultation		Prepare Accreditation process	
Milestones	<ul style="list-style-type: none">Set-up Standards Advisory Committee structureDetermine committee members and schedule of meetingsInvite recommended standards advisory committee members to scheduled meetingsResearch materials to include in standardsDesign and prepare materials for 2-day facilitated meeting to glean content for standardsFacilitate 2 day standards advisory committee meeting	<div>1 day</div> <div>1 day</div> <div>1 day</div> <div>2 days</div> <div>2 days</div> <div>2 days</div>	<ul style="list-style-type: none">Develop draft standards based on content collected at 2-day^t Advisory Committee meeting and previous research conductedPrepare instructions and communications and distribute draft to advisory committee for feedback and facilitate teleconference discussions (x3)Revise standards based on input from Standards Advisory Committee and prepare for province-wide consultationRevise standards based on feedback from provincial review and finalize	<div>10 days</div> <div>4 days</div> <div>8 days</div> <div>10 days</div>	<ul style="list-style-type: none">Develop Accreditation visit planPrepare and present a draft of all aspects of the Accreditation process to the Advisory Committee or Denturist Regulators for feedbackDevelop informational presentation and e-learning module on the accreditation process for education programsFinalize Accreditation cycle and decision making processRevise accreditation process based on feedback received from regulators and/or SAC	<div>2 days</div> <div>2 days</div> <div>5 days</div> <div>2 days</div> <div>2 days</div>
Total days		9 days		32 days		13 days
Total 13% Tax	54 days		FICS fee= \$800.00/day		\$43,200.00 \$5,616.00	
Total Year 1					\$48,816.00	
Note: Year 1 will also incur expenses to carry out facilitation of the 2-day in-person Standards Advisory Committee meeting including potentially meeting space and travel, accommodation and meals for standards advisory committee members. Those expenses have not been included in this costing and would be the responsibility of College of Denturists Ontario.						

Year 2						
Timeframe	April – July 2020		August – December 2020		January – March 2021	
Deliverables	Finalize the Accreditation Program		Prepare to pilot the program		Pilot the program	
Milestones	<ul style="list-style-type: none">Finalize the accreditation process and include instructions and communications in the final standards documentPrepare informational materials on the decision making process, accreditation cycle and review process	<div>2 days</div> <div>5 days</div>	<ul style="list-style-type: none">Develop reviewer competency and evaluation frameworkDevelop and implement reviewer recruitment plan for pilotDevelop reviewer training materialsFinalize Accreditation visit support materials including information provided to both reviewers and client organizationsTrain team of reviewersPrepare informational materials to launch pilot program and select pilot site(s)Develop evaluation framework for pilotPrepare pilot site(s) and review team for pilot	<div>2 days</div> <div>2 days</div> <div>8 days</div> <div>5 days</div> <div>4 days</div> <div>2 days</div> <div>1 day</div> <div>2 days</div>	<ul style="list-style-type: none">Pilot the accreditation process (1 site=2 days x 1 accreditation consultant and 2 reviewers including all preparations)Evaluate the pilot process and prepare results to present to Denturist regulatorsFinalize the accreditation process and prepare to launch the accreditation program with communications, policies and procedures and standard operating procedures	<div>8 days</div> <div>3 days</div> <div>8 days</div>
Total days		7 days		26 days		19 days
Total	52 days		FICS fee= \$800.00/day		\$41,600.00	
13% Tax					\$5,408.00	
Total Year 2					\$47,008.00	
Note: Year 2 will incur expenses to carry out the pilots, those expenses have not been included in this costing and will be the responsibility of the Denturist regulators. The time allocated here is to carry out one pilot.						

Year 3						
Timeframe	April – July 2021		August – December 2021		January – March 2022	
Deliverables	Develop Accreditation support systems		Develop support communications and processes		Deliver accreditation program to education programs	
Milestones	<ul style="list-style-type: none"> Set-up system for organizational self-assessment against the standards Set-up paper-based reviewer assessment tool to assess organizations against the standards Finalize accreditation report format Set-up Learning Management System and e-learning introduction to accreditation for education programs Prepare costing formula and business plan to manage accreditation process Submit costing formula and business plan to regulators for feedback, revise and finalize 	5 days 4 days 3 days 10 days 4 days 2 days	<ul style="list-style-type: none"> Develop basic e-learning support education programs for reviewers including a manual Prepare and confirm policies and procedures for accreditation decision making including terms of reference and process for decision making committee, appeals and decision making policies Prepare presentations to share with regulators, education programs and associations Launch accreditation program with communications and website including resources 	20 days 10 days 2 days 8 days	<ul style="list-style-type: none"> Prepare organizations for accreditation through telephone support Time and fees dependent on the number of education programs that join the program, paid for by education programs through annual fees, review fees and potentially supplemented through an annual contribution provided by regulators. 	TBD
Total days		28 days		40 days		
Total	68 days		FICS fee= \$800.00/day		\$54,400.00	
13% Tax					\$7,072.00	
Total Year 3					\$61,472.00	

EQual™ Canada Health Education Accreditation Program

**Dr. Louise Clément
Sarah Ingimundson**
EQual
Accreditation Canada

**February 13, 2019
College of Denturists of Ontario**

Overview


- ❑ Health Standards Organization and Accreditation Canada
- ❑ The EQual program and its governance framework
- ❑ The survey team
- ❑ The accreditation process
- ❑ New program elements
- ❑ Fee structure
- ❑ Moving forward
- ❑ Questions and discussion

Quality health
services for all

**PEOPLE
POWERED
HEALTH**

Positive Culture Leads to Positive Patient Outcomes.

Braithwaite et al BMJ 2018



Cohesive, supportive,
collaborative, inclusive

Our bold ambition in 5 goals



Building consensus on world class standards & supporting their widespread adoption



Delivering exceptional assessments, recognition programs & reports on quality across all dimensions



Increasing access to global, evidence-based solutions that are customized to local needs



Strengthening connections and shared accountability across all parts of the healthcare ecosystem



Increasing Meaningful Participation in Achieving Change



ACCREDITATION
CANADA

Who do we work with?

Educational programs in **13** health professions delivered in:

Community Colleges/Polytechnics/Cégeps **72%**

Career Colleges **13%**

Universities **7%**

Healthcare delivery organizations **7%**

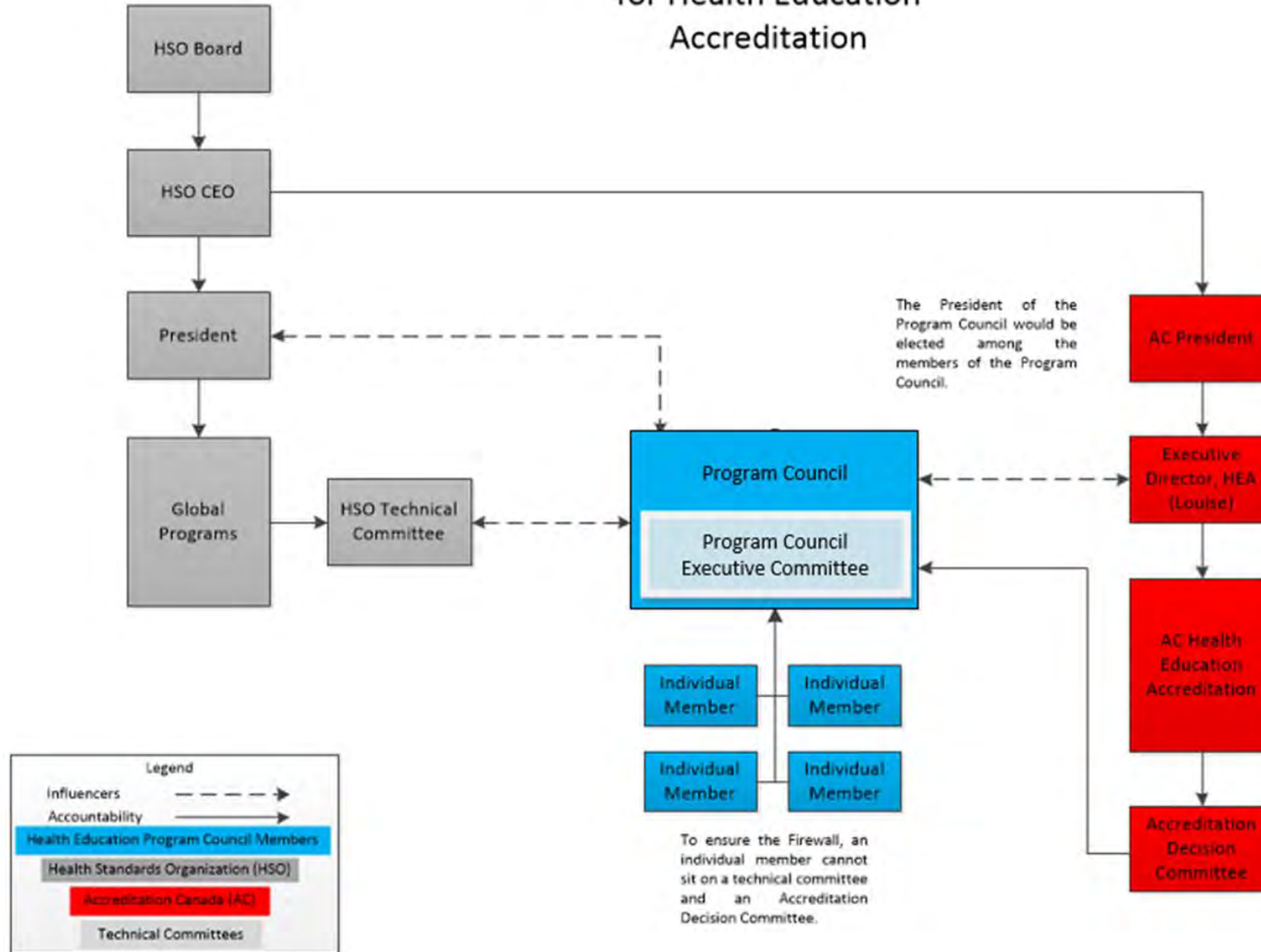
42% of educational institutions have **1 program** participating in EQual

27% have **more than 3 programs** participating in EQual

Health professions

- Cardiology technology
- Clinical genetics technology
- Clinical perfusion
- Diagnostic cytology
- Diagnostic medical sonography
- Magnetic resonance
- Medical laboratory assistant
- Medical laboratory technology
- Nuclear medicine technology
- Orthoptics
- Paramedicine
- Radiation therapy technology
- Radiological technology

Enterprise Governance Model for Health Education Accreditation

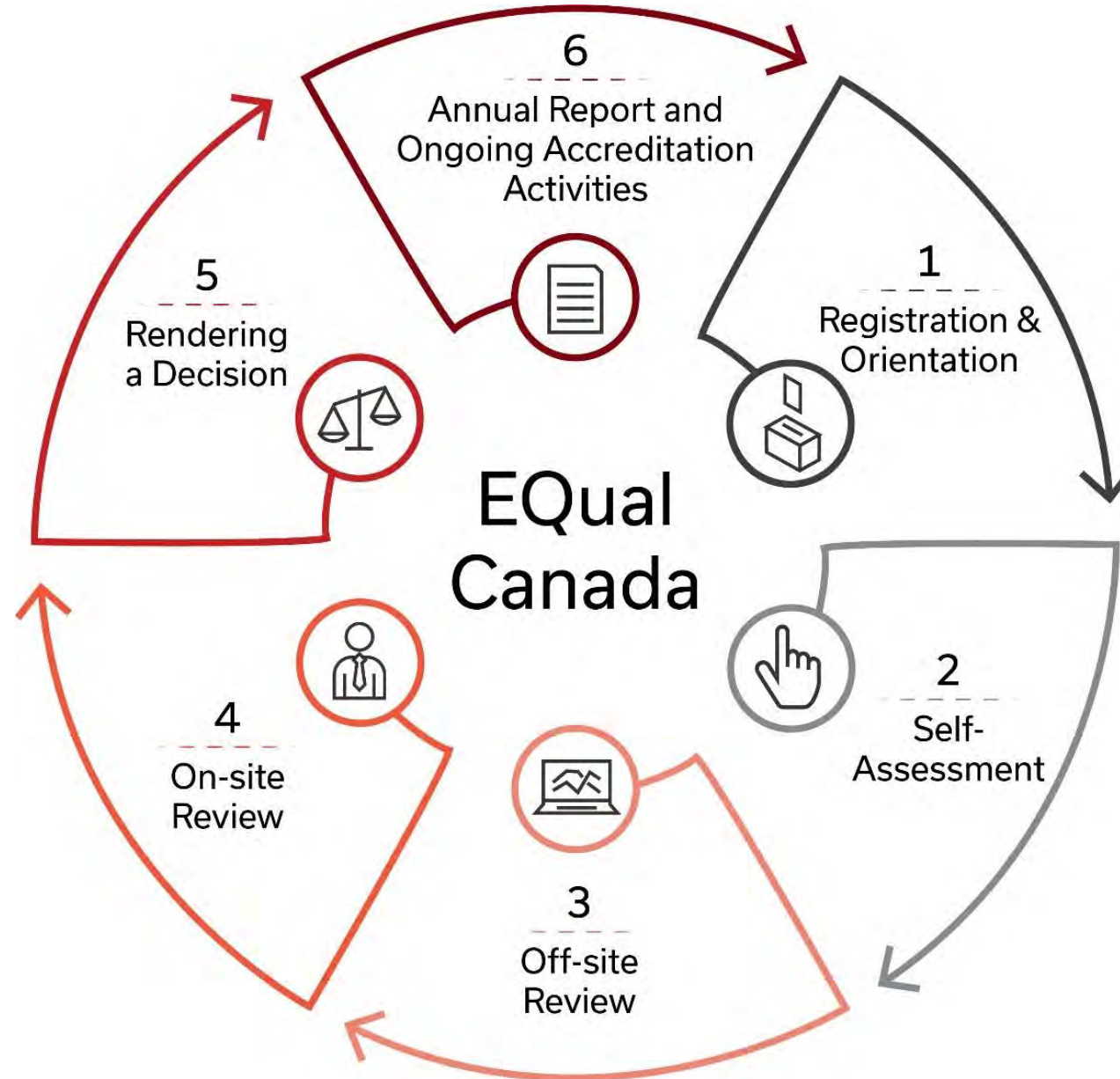


The survey team



- Educators
- Practitioners
- Educator-practitioners
- Regulatory body representatives
- Physicians or scientists

Assessment program cycle



Application process

- Learner-centered
 - Evidence of readiness for accreditation
 - Evidence assessed by experienced surveyors
 - Registered upon successful completion
- 4 elements:
 - Curriculum design
 - Educational program personnel
 - Clinical learning opportunities
 - Continuous quality improvement

Accreditation Decision Committee (ADC)

- Ensures the integrity and rigour of the EQual accreditation process
- Reviews accreditation reports
- Ensure consistency, quality and clarity
- Confer accreditation decisions
- Inter-professional approach

Co-design

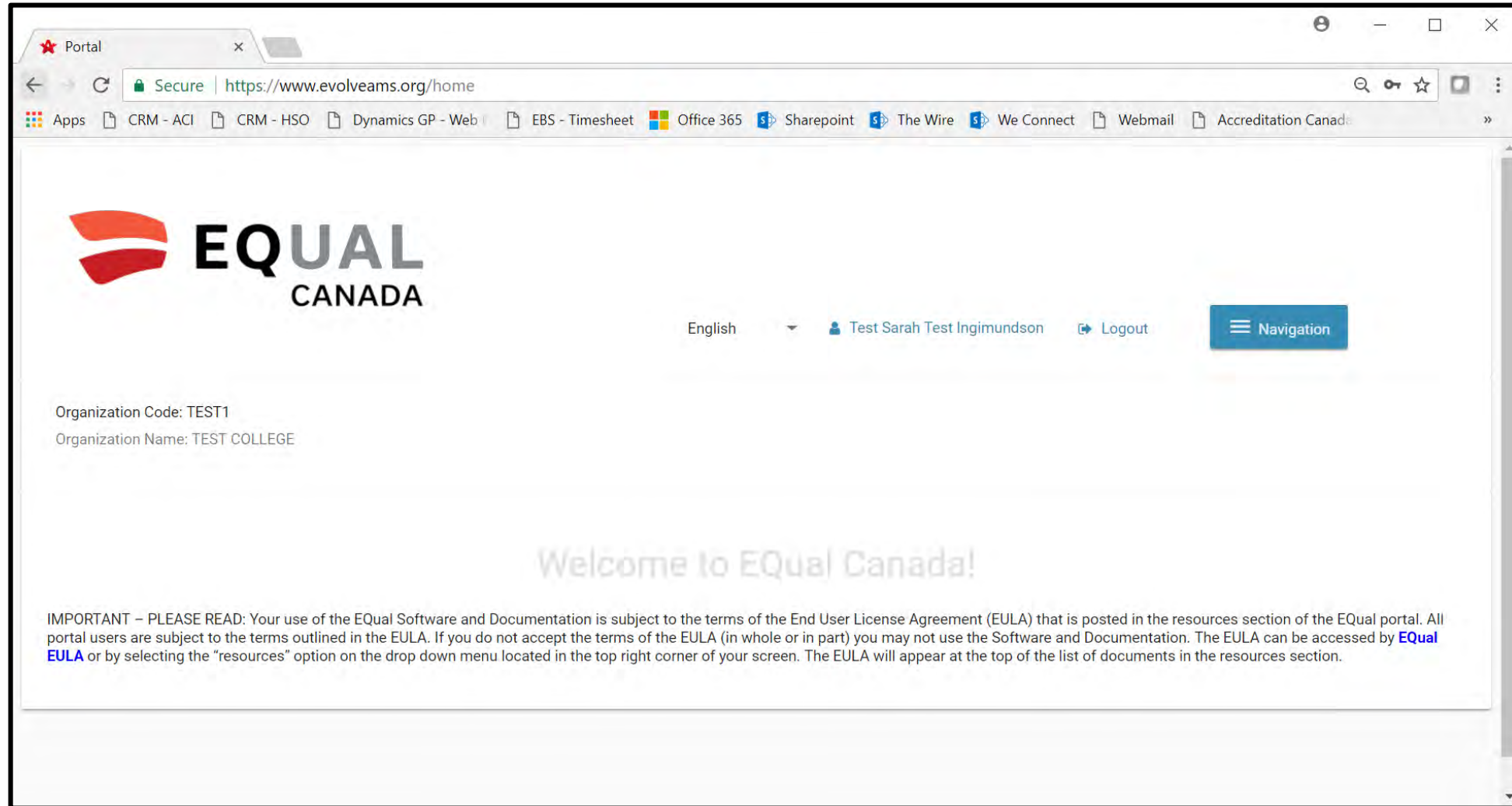


- ✓ Governance model
- ✓ The new standard
- ✓ Technology solutions
- ✓ Assessment methodologies
- ✓ Process improvement

Development of new standard

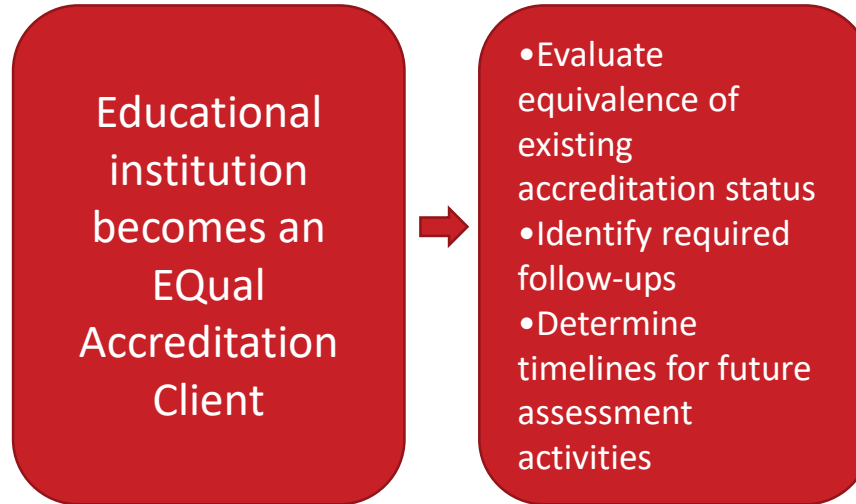


Technology as an enabler



Next Steps

Currently accredited



Currently unaccredited



Annual fee schedule

Fee* Category	Description	Annual Fee
I A	Single-site program that provides didactic and clinical education	\$2,635
II A	Multi-site program with one contact site and 1-3 clinical/practicum sites	\$3,779
II B	Parallel program model of an accredited program under same corporate authority (see III B and IV B for paramedic programs)	\$3,779
III A	Multi-site program with one contact site and 4-5 clinical/practicum sites	\$5,440
III B	Paramedic program with 1-3 didactic delivery sites (parent or parallel)	\$5,440
III C	Medical laboratory assistant program with 1 didactic delivery site	\$5,440
III D	New profession- educational program with up to 10 students	\$5,440
IV A	Multi-site program with one contact site and 6-10 clinical/practicum sites	\$7,381
IV B	Paramedic program with 4 or more didactic delivery sites (parent or parallel)	\$7,381
IV C	New profession- educational program with 11-30 students	\$7,381
V A	Multi-site program with one contact site and more than 10 clinical/practicum sites	\$11,512
V B	New profession- educational program with more than 30 students	\$11,512

Thank you!





BRIEFING NOTE

To: **Council**

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

Date: **March 22, 2019**

Subject: **Supplementary Consultation Report –
By-law Amendment
Honourary Status: “Retired”**

At its September 14, 2018 meeting, Council approved the following proposed By-law amendments for stakeholder consultation:

Designation of Retired Members

Upon receiving a request, the Registration Committee may designate a Member a Retired Member if,

- (i) at the time of making the request, the Member is in good standing; and*
- (ii) the Member has retired from the practice of Denturism and agrees not to engage in the practice of Denturism.*

Entitlements of Retired Members

A Retired Member is entitled to,

- (i) remain on the register of the College as a Retired Member;*
- (ii) use the title Denturist (Retired), Registered Denturist (Retired) or DD (Ret); and*
- (iii) participate in the activities of the College; however, a Retired Member is not entitled to vote in the election of the Council or to hold elected office.*

Termination of Retired Membership Status

A Retired Member status shall terminate if the Registrar has reasonable grounds to believe that the person,

- (i) has been found to be in default of any obligation to the College under the regulations or the by-laws;*
- (ii) practises the profession or uses the protected title without first obtaining a certificate of registration from the College;*
- (iii) is the subject of a finding of incompetence, professional misconduct or incapacity; or*
- (iv) otherwise acts in a manner that is inconsistent with an ongoing association with the College.*

Retired Members that wish to return to the Active class of registration will be required to apply for a Certificate of Registration and meet the registration requirements in place at the time of the application.

At the December 14, 2018 meeting, Council considered the first consultation report. Because of the possible confusion between a retired "Class of Registration" and an Honourary Title of "Retired Denturist", Council wanted to provide clarification and the opportunity for a second, but shorter (30-day) consultation.

The 2nd consultation report is attached.

Stakeholder consultations provide an opportunity for comment on the proposal at hand. They also provide an opportunity for the College to identify areas for clarification. The answers to some of the questions raised in this consultation report can be included in the Guide to the Standard: Restricted Title and Professional Designations, should Council adopt these proposed By-law amendments.

Options:

After review and discussion of the consultation report, Council may:

1. Consider a motion to adopt the proposed By-law amendments.
2. Request revision of the proposed By-law amendments and consider a motion to adopt the revised proposed amendments.
3. Request further information or consultation.
4. Other

Attachment

Consultation Report – "Retired" Status

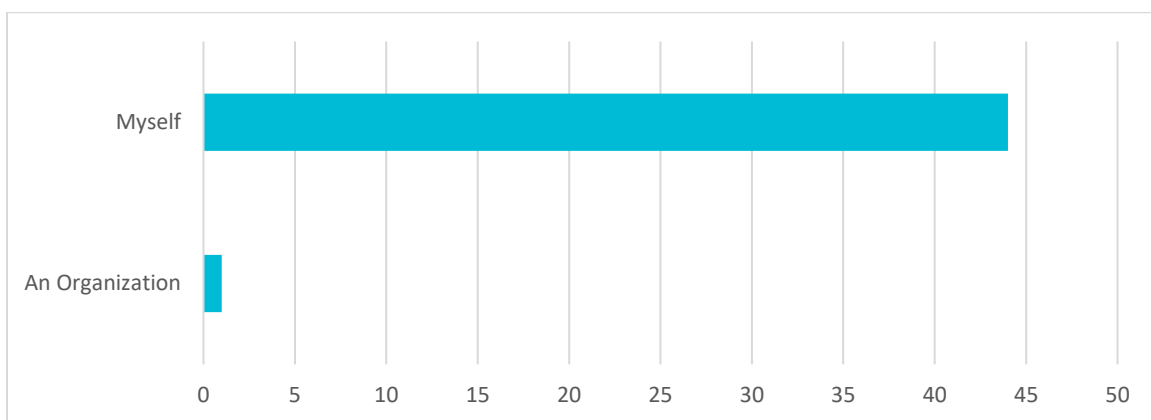


Consultation Report: Retired Status March 2019

I am responding on behalf of:

Answered: 45

Skipped: 0

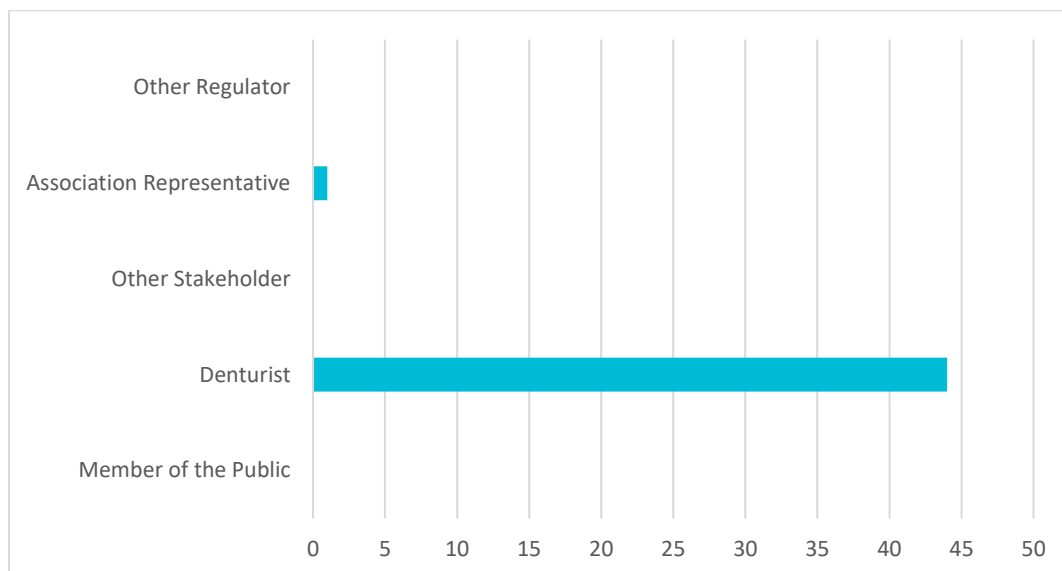


Answer Choices	Responses	
Myself	44	97.78%
An Organization:	1	2.22%

The Denturist Association of
Ontario

I am a:

Answered: 45 Skipped: 0



Answer Choices	Responses	
Other Regulator	0	0.00%
Association Representative	1	2.22%
Other Stakeholder	0	0.00%
Denturist	44	97.78%
Member of the Public	0	0.00%

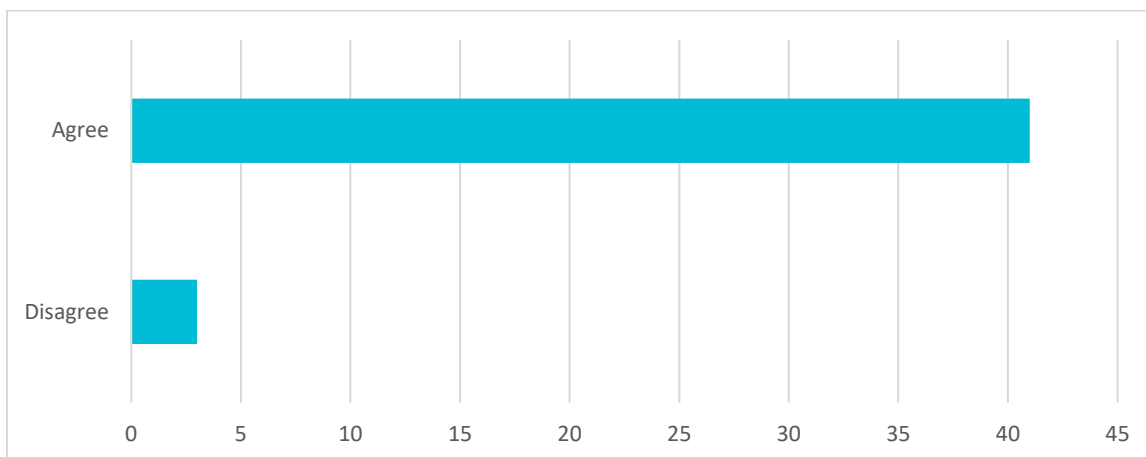
Designation of Retired Members

Upon receiving a request, the Registration Committee may designate a Member a Retired Member if,

- i. at the time of making the request, the Member is in good standing; and
- ii. the Member has retired from the practice of Denturism and agrees not to engage in the practice of Denturism.

Do you agree with these requirements?

Answered: 44 Skipped: 1



Answer Choices	Responses	
Agree	41	93.18%
Disagree	3	6.82%

Comments:

I think it meets the appropriate requirements
Agree with the College's position
It's good initiative
I agree to an extent but if the retiree opts to teach or work on lab with employees, I don't see why not, assuming there is no direct monetary exchange between patient and said retiree
If a Denturist is retired he should be able to work in a denture clinic as a Technician or in a Dental Technicians Laboratory. As long as his duties are of a strictly laboratory Technician without exposure to the Patient without a Licensed Practitioner.
This is a good idea, if as I understood to get a chance for retired denturist to join back with certain conditions
I applaud this decision. I am proud to be a DD and am approaching retirement. The designation DD (Ret.) would be welcome. I have served 16 yrs on the DAO board and 9 yrs as a CDO examiner and may still have something to offer the organizations after retirement.
looks ok to me. Myself I am not planning to retire due to the shameless pension of poverty I am able to get at the old age.
It does not serve the need of, how a retired member can still own shares in a Corporation. This is allowed by other Healthcare Colleges and needs to be afforded to Denturist. The Retired designation

as described has no value or purpose. I suggest that the College pursue with the Ministry, the changes, necessary to provide for this very real problem. Respectfully. Patrick McCabe

Designation "Retired Denturist" is not a permit to practice. It should be allowed.

I would like to make sure that as the owner of a professional Corporation, an Honorary member will still be able to own shares in their existing corporation. As owners of a corporation will continue to pay themselves through their Corporation long after they have stopped practicing.

I believe retired Denturist could be a "sub class" of denturist, where as a "retired Denturists" would have limited practice option. For example- the basics of a Denturist practice was a full full back in the day, and then came partials. That was many years ago, and that limited scope of practice today would be considered very basic to any practicing Denturist in Canada today. Many hours of further education have expanded the scope of practice many milestones since the basics. I believe a "retired Denturist" should be able to have a limited practice limited to the basic "full and partial" dentures only. This of course have qualifying education, a minimum hours of practice, quality assurance, etc, but not to the same degree as the regulations as they stand, as it would be a limited practice. The rationale for this limited practice is, it would allow a member to ease his or her way out of the workforce, it would allow a member the luxury of travel, spend time with distant family and still practice limitedly while easing ones self out. This would also serve those well, such as myself, that do practice in Nunavut and would like to continue doing the basics (full and partials) after the sale of both practices. As I see the title of retired Denturist going forward only serves the College to utilize the expertise of the retirees mind, where as those manual and personal skills are still present and have value to the public as well. This would allow a great peace of mind to the retiring Denturist in a very basic limited way to practice his or her way out of a practice. This I believe could be an option, likely not many would apply for a limited licence, but there are many long term members that have fought long and hard for the profession and would like more options to the retirement benefit. Thanks for listening.

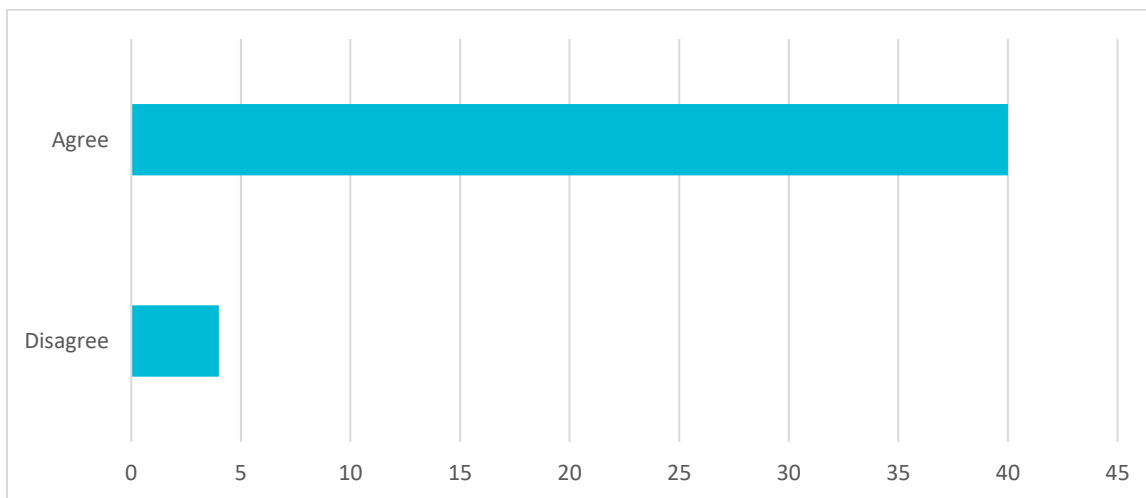
Entitlements of Retired Members

A Retired Member is entitled to,

- i. remain on the register of the College as a Retired Member;
- ii. participate in the activities of the College; however, the Retired Member is not entitled to vote in the election of the Council or hold elected office; and
- iii. to use the title Denturist (Retired), Registered Denturist (Retired) or DD (Ret).

Do you agree with these entitlements?

Answered: 44 Skipped: 1



Answer Choices	Responses	
Agree	40	90.91%
Disagree	4	9.09%

Comments:

Entitlements are completely adequate
Are reasonable
I think that's fine
People should be able to continue to influence to the positive changes in the profession. Especially that they will have enough time to participate in the Colleges activity and willing to do so.
Didn't deal with the need or purpose!
Agree with all entitlements.
Should not participate in activities with the college. If the person is retired then they should not be active on the college.
It would be nice if there could be more clarity on what activities a retired member could be involved in.
As stated before that are not enough.

Termination of Retired Membership Status

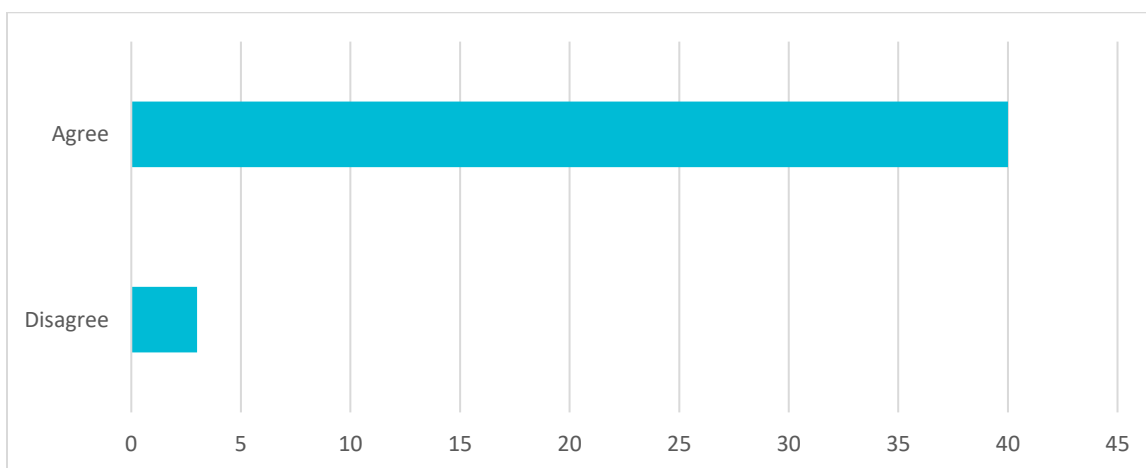
A Retired Member status shall terminate if the Registrar has reasonable grounds to believe that the person,

- i. has been found to be in default of any obligation to the College under the regulations or the by-laws;
- ii. practises the profession or uses the protected title without first obtaining a certificate of registration from the College;
- iii. is the subject of a finding of incompetence, professional misconduct or incapacity; or
- iv. otherwise acts in a manner that is inconsistent with an ongoing association with the College.

Retired Members that wish to return to the Active class of registration will be required to apply for a Certificate of Registration and meet all of the registration requirements in place at the time of the application.

Do you agree with the grounds of termination of retired status?

Answered: 43 Skipped: 2



Answer Choices	Responses	
Agree	40	93.02%
Disagree	3	6.98%

Comments:

is reasonable
If the retired Denturist is practicing direct to the public.
I am not clear on the possible justification for charging fees for this designation
We'd like to make note that there is no mention of fees for this Honorary Title.
If someone decides to be back to the Registration its unfair to torture them with all the necessary exams to obtain back their registration and to pay a huge fee for the process. They already were registered and are able to provide their services to the public or to another practitioners unless their mental stage is not prohibit them from those activities.

I agree with everything in statement iii except the word "incapacity". In my opinion, "incapacity" is too broad a term because if a retired member were to develop a physical or mental impairment (ie. Parkinsons, MS, alzheimers, dementia, cancer) perhaps requiring them to retire in the first place or as a result of aging or other, it should not affect their retired membership status. People get sick. If they are non-practicing, incapacity should not weigh on retired membership status. They are not seeing patients and are not a danger to the public. To become an active, practicing denturist, they would "...be required to apply for a Certificate of Registration and meet all of the registration requirements in place at the time of the application." Therefore, capacity should be determined at that time.

What is considered incapacity? To get the liscence back would he need to redo the exam?

Missed the point!

Agree with all requirements.

I agree with 1 -3 - 4 only



BRIEFING NOTE

To: **Council**

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

Date: **March 22, 2019**

Subject: **Draft Standard of Practice: Restricted Title and Professional Designations**

On November 10th, 2017, the QAC-Panel B adopted a motion to recommend the draft Standard and Guide: Restricted Title and Professional Designations to Council for its consideration.

Council approved the draft Standard and Guide for consultation on December 8th, 2017.

The results of the consultation were considered by QAC – Panel B at its April 26, 2018 meeting. As a result of comments in the consultation, the QAC – Panel B adopted a motion to recommend amendments to the College By-laws that would provide for an honorary “Retired” status. The results of the consultation and the “Retired” status recommendation and draft By-law amendments were considered by Council at its June 22nd, 2018 meeting. Council approved the proposed By-law amendments for circulation to stakeholders for comment and postponed further consideration of the draft Standard of Practice until the By-law amendment proposal was finally dealt with.

The proposed amendments to the By-laws were circulated twice for consultation. The first consultation report was presented to Council at the December 14th, 2018 meeting. As a result of perceived confusion regarding the purpose of the retired status, Council elected to circulate the proposed amendments with clarification for a second, shorter consultation.

The draft Standard of Practice: Restricted Title and Professional Designations has been amended to allow for the use of the “Retired Denturist” title for individuals who apply for and are granted approval of this honorary status by the College.

Options:

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

1. Approve the draft Standard and Guide and set a date for implementation of the Standard.
2. Request amendments to the draft Standard and/or Guide, approve the documents as amended and set a date for implementation of the Standard.

3. Request amendments and further drafting of the Standard and Guide and re-review the new draft at the next Council meeting.
4. Other

Attachments:

1. Draft Standard of Practice: Restricted Title and Professional Designations
2. Draft Guide to the Standard of Practice: Restricted Title and Professional Designations



Standard of Practice: Restricted Title and Professional Designations

Introduction

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

Definitions

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

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

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

Legislative Authority

The Denturism Act, 1991

Ontario Regulation 854/93 - Professional Misconduct Regulation

Ontario Regulation 833/93 (revised) – Registration Regulation

The Standard

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

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

¹ This expectation of the Standard anticipates the creation of new inactive and temporary registration classes when the draft revised Registration Regulation is approved and comes into force.



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

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

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

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

Trade-mark

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

Prohibited Mark; Official Mark

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

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

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

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

What does DD stand for?

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

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

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

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

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

Members who hold a valid Certificate of Registration with the College may use the title "Denturist" or either of the official marks "DD" or "Registered Denturist". Members who have been approved for the honorary designation of "Retired" status may use the title Denturist (Retired), Registered Denturist (Retired) or DD (Ret). Members who are registered in the inactive class may use the title "Denturist (Inactive)" or either official mark "DD (Inactive)" or "Registered Denturist (Inactive)".

Members who are designated as "retired" and members who hold an inactive Certificate of Registration may not practise denturism.

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

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

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

Since the profession does not have recognized specialties, practitioners cannot use titles or designations implying specialist status or certification that may be seen in other professions where specialty certifications are allowed (e.g. gerontologist, neurologist, orthodontist). However, practitioners are free to describe their areas of practice so long as it does not imply specialist status or certification (e.g., practice limited to partial dentures).

The risk associated with the use of the term "Denture Specialist", particularly in close approximation to a Denturist's name and designation, is that such use can mislead the public into believing the Denturist has further training, education or accreditation as a "specialist". Use of the term "Denture Specialist" singly could cause this confusion. However, the term may be used as a description of the profession as a whole.

Can I use the title "Prosthodontist"?

No. The use of the title "prosthodontist" in connection with the practice of denturism is prohibited by the *Dentistry Act, 1991* (ss. 9(2)). Only registered Dentists qualified as specialists in prosthodontics can use the title "prosthodontist."

I earned an academic degree/diploma. How do I present that information in conjunction with my title?

Members are permitted to display the academic credentials they have earned in conjunction with their title. However, the College expects that:

- All titles and credentials are used in conjunction with the legislated title (i.e. Denturist, DD or Registered Denturist)
- Credentials are:
 - Valid and accurate; and
 - Verifiable with evidence to be provided by the member upon request.

Members who have earned credentials outside of Canada should indicate the country of origin in brackets. For example, a member that holds a Bachelor of Dental Surgery from India could use:

- DD, BDS (India); or
- DD, Bachelor of Dental Surgery (India); or
- Registered Denturist, BDS (India); or
- Registered Denturist, Bachelor of Dental Surgery (India)

Can I use the title “HIS” or Hearing Instrument Specialist?

“Hearing Instrument Specialist” (HIS) is not a protected title in Ontario (e.g. it is not a title that is granted pursuant to statute). Therefore, using the title does not breach any statute.

However, if a member of this College uses the title, there would be an expectation that the member is doing so in an accurate and truthful manner (e.g. obtained the necessary education, does not exaggerate the scope, does not hold out as a member of the College of Audiologists and Speech Language Pathologists of Ontario). This is because members of the College are expected to be truthful and are arguably held to a higher standard than a non-regulated professional.

Practice Scenarios

Restricted Title No. 1

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

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

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

Restricted Title No. 2

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



BRIEFING NOTE

To: **Council**

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

Date: **March 22, 2019**

Subject: **Standard of Practice: Professional Collaboration**

Background:

Coordinated, collaborative health care serves the best interests of patients and the promotion of inter-professional collaboration is recognized in the *Regulated Health Professions Act (1991)* as a common object of Health Profession Regulatory Colleges (RHPA 1991, Section 3 ss 1 (9)). Articulation of the College's expectations of denturists regarding professional collaboration is one piece that can assist the College in meeting this object. The College does not currently articulate expectations regarding approaches to professional collaboration.

At its October 24th, 2018 meeting, the QAC-Panel B moved to recommend the attached draft Standard and Guide to Council its consideration.

Options:

1. Approve the draft Standard of Practice: Professional Collaboration and Guide to the Standard for stakeholder consultation.
2. Amend the draft Standard of Practice: Professional Collaboration 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: Professional Collaboration
2. Draft Guide to the Standard of Practice: Professional Collaboration



Standard of Practice: Professional Collaboration

Preamble

Coordinated, collaborative health care serves the best interests of patients. Collaboration ensures that treatment is coordinated and effective, reduces the chance of conflicting, inconsistent or unnecessary treatment, and reduces the likelihood of patient confusion arising from the receipt of conflicting information or advice.

It is common for denturists to collaborate with other health care professionals, particularly oral health care providers. Professional collaboration empowers denturists to participate in a circle of care that provides positive patient outcomes in oral health care.

The intent of this Standard is to describe the College's expectations of denturists working in collaborative health care teams.

The Standard

A denturist meets the Standard of Practice: Professional Collaboration when they:

1. Use a wide range of communication and interpersonal skills to effectively establish and maintain positive professional relationships.
2. Demonstrate an understanding of, and respect for, the roles, knowledge, expertise, and unique contributions by other members of a health care team in the provision of quality care and service.
3. Share knowledge with other members of a health care team to promote the best possible patient outcomes.
4. Collaborate with the patient and other members of a health care team in the provision of treatment.
5. Refer patients to other service providers when appropriate.
6. Resolve concerns about an order or treatment plan by:
 - a. Discussing the concern directly with the appropriate health care professional when consent is provided by the patient;
 - b. Providing a rationale and best practice evidence in support of the concern;
 - c. Identifying outcomes desired for the resolution of the concern; and
 - d. Documenting in the patient record the concern and any steps that were taken to resolve the concern.

Council Approval Date	
Effective Date	



Guide to Standard of Practice: Professional Collaboration

Do I need the patient's consent to collaborate with other health practitioners?

Yes, denturists need expressed consent to collaborate with other health practitioners. The patient controls the extent of interprofessional collaboration. If a patient is uncomfortable with it, the patient can direct practitioners not to share the patient's personal health information with others. The practitioner must comply with such a direction unless one of the exceptions in the Personal Health Information Protection Act (it is discussed in more detail below) applies.

Practitioners should discuss any planned interprofessional collaboration with the patient when possible. However, there are circumstances where prior patient consent is not possible (e.g., when the patient goes to the hospital in an emergency and the hospital calls asking about the patient's dentures). Practitioners can disclose information needed for the treatment of the patient without consent so long as the patient has not previously prohibited the practitioner from doing so.

Is it appropriate to comment on another health care professional's qualifications or services?

No, it is not appropriate to comment on another health professionals' qualifications or services other than to respectfully provide professional opinions that are necessary in the circumstances.

How do I collaborate with the patient?

Denturists must work with patients to create a treatment plan that addresses the patient's needs and goals and help the patient understand the patient's role in the plan. Denturists must assist the patient make informed decisions about their care and respect the patients' decisions about their treatment plan, including what care the patient will receive and who will provide that care.

How do I help the patient make an informed decision?

The denturist will need to present all of the information fairly and respectfully, factor in the patient's perspective, and where possible, present some middle ground, if there is any, with respect to the denturism advice. The focus should always be on achieving positive treatment outcomes for the patient.

How do I manage the collaborative relationship?

Problems or conflicts may arise that could interfere with the delivery of safe, quality care. This includes problems that arise from the behaviour of the patient, of other service providers or the denturist's own behaviour. Conflicting perspectives between health care providers are difficult to manage. Mixed messages are confusing for patients and a difference of opinion often involves difficult conversations between colleagues.

A denturist must recognize those problems or conflicts and take reasonable steps to resolve them in a collaborative way. This may involve the following steps:

- approach others with a collaborative attitude and an open mind;
- discuss the problem directly with the patient or the other service provider (if appropriate consent is obtained), and work together to identify the underlying cause;
- listen attentively to the other's point of view;
- obtain all of the facts;

- agree on how to resolve the problem and the desired outcomes;
- identify the consequences if the behavior, conflict, or situation is not resolved;
- appreciate that differences can enrich decision-making to provide some more comprehensive patient treatment;
- take appropriate action if the problem recurs;
- document the situation and the steps taken to resolve it.

What things should I keep in mind when working in a multi-disciplinary setting?

Where interprofessional collaboration involves working in a multi-disciplinary setting (i.e. in an oral health centre), other issues arise, including the following:

- Will the setting have shared records or will each practitioner have separate records?
- If the records are shared, will the practitioner keep any private notes outside of the shared record? If so how will the practitioner make sure that the other health care practitioners have access to the information they need?
- How does the setting deal with the wording used in the records? For example, will everyone use the same abbreviations?
- What happens to the records if the practitioner leaves to practise elsewhere? Will the patient be told where the practitioner has gone? Will another practitioner from the setting take over the patient's care? Will the patient be given a choice? It is preferable for the patient to be given a choice although some settings will only do so if the patient asks.
- Who is the health information custodian that owns the records?
- Will there be one person who has overall responsibility for coordinating the patient's care? If so who? If not, how will the patient's care be coordinated?
- How will disagreements in the approach to the care of the patient be dealt with? If it is the practitioner who is in disagreement, when and how does the practitioner tell the patient?
- Is the patient aware of all of the above?

Practice Scenario

Bruce, a denturist, practises alone. His patient, Brenda, also has a family dentist. Brenda's family dentist calls unexpectedly to say that Brenda is not accepting the dentist's recommendation for implants. The dentist has just learned that Bruce is also treating Brenda. The dentist wonders if anything that Bruce is doing might interfere with Brenda's decision. Bruce remembers that he has hinted to Brenda that, given her sensitivity to pain, she might not be a good candidate for implant surgery. What should Bruce say to the dentist?

In many respects, there has already been a failure of interprofessional collaboration in this case. Bruce should have already discussed with Brenda the benefits of interprofessional collaboration. Rather than hint at his concerns about the surgery, Bruce should have discussed the concerns openly with Brenda and requested permission (in writing) to speak with Brenda's dentist. At this point, however, Bruce should probably speak to Brenda first before talking to the dentist. It is not clear that Brenda would want such a discussion to take place and it is not an emergency. Bruce should obtain written permission from Brenda to speak to the dentist.

Practice Scenario

Carmen, a patient, needs a new set of dentures – she has been wearing her current pair for 15 years. Based on her situation, Carmen's treatment plan options include: 1) Fabricating a new set of dentures, similar to the old pair; or 2) Dentures over implants. Her denturist, Jessica, explains that treatment plan #1

is the most cost effective, #2 involves collaboration with a dentist, and #2 is the most expensive option but will most likely provide the best outcome. After reviewing the treatment plan options and discussing some of her concerns with Jessica and her dentist, Carmen selects treatment plan #2. Jessica receives Carmen's permission to discuss the case with her dentist so that they can collaborate on the plan of care.

Jessica was able to work with Carmen and the dentist to create a treatment plan that addressed Carmen's needs and goals. By presenting the different options, Jessica was able to assist Carmen in making an informed decision about her care, including the care that is provided and who is involved.

References

Standard of Practice: Professional Collaboration

Important Legal Principles Practitioners Need to Know, Jurisprudence Handbook, College of Denturists of Ontario, 2019.

DRAFT



BRIEFING NOTE

To: **Council**

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

Date: **March 22, 2019**

Subject: **Registration Policy Revisions: Language Proficiency Requirements**

As part of the policy revision and coordination project, the Registration Committee considered information regarding the current Language Proficiency Requirements Policy.

At the November 12th, 2018 meeting, the Committee moved to recommend amendments to the current policy for Council's consideration. The recommended changes are summarized below.

Proposed Change	Rationale
Remove current requirement for demonstration of language proficiency prior to attempting the Qualifying Examination.	<ol style="list-style-type: none">1. The College's Registration Regulation does not require proof of fluency in English or French prior to attempting the Qualifying Examination.2. Proof of language proficiency is required at the time that an application for Certificate of Registration is made. <p>The legislated requirement for submission of proof of language proficiency is at the time of application for Certificate of Registration.</p> <p>The Qualifying Examination assumes language proficiency. Individuals contemplating attempting the examination will be reminded that language proficiency will strongly assist in positioning them for success in the examination. However, examination candidates will not be burdened with the additional requirement of providing proof of language proficiency prior to attempting the examination.</p>
Add CLBA (Canadian Language Benchmark Assessment) and CLBPT	Canadian Language Benchmarks (CLB) are the standards used by Immigration, Refugees and Citizenship Canada for describing, measuring and

Proposed Change	Rationale
(Canadian Language Benchmark Placement Test) to the list of accepted standardized tests of language proficiency.	<p>recognizing the English language proficiency of adult immigrants and prospective immigrants. Other health profession regulatory Colleges (Homeopaths, Kinesiologists, Naturopaths, Opticians) include CLB benchmarks in their language fluency policies.</p> <p>The CLB - Placement Test assesses an individual's current level of listening, speaking, reading, and writing proficiency.</p> <p>The CLB - Assessment is used to determine an individual's English language listening, speaking, reading and writing proficiency across multiple stages of language skill development. This is a formative assessment which can be used to guide the placement of individuals in appropriate instructional programs.</p>
Update TOEFL Paper Based Test (PBT) cut-off scores	This version of the test (the Paper Based Test) has been revised. A total score is no longer provided. Each section (reading, listening, speaking, writing) of the revised paper test has a score range of 0-30. Appendix A of the draft revised Policy is updated to reflect this change. These changes would then be consistent with the requirements for the internet-based test (iBT) version.
Remove Process and Procedures section	The content of the draft amended policy describes how an applicant can declare their fluency or provide evidence of fluency.
Add a policy item "Extending the period of validity of language proficiency test scores"	This would allow for the extension of the period for which an applicant's test scores are valid for the purpose of supporting an application for a Certificate of Registration. Providing such an extension will, in some cases, negate the need for repeat language proficiency testing or a review of an applicant's file by a panel of the Registration Committee.
Add a policy item "Acceptance of Non-Objective Evidence (NOE) of Language Proficiency"	Inclusion of alternatives to objective demonstration of language proficiency enhances the fairness of the registration process. Including such provisions in a similar policy by the Ontario College of Pharmacists was seen as an exemplary practice by the OFC.

Options:

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

1. Adopt the proposed amendments to the Language Proficiency Requirements Policy
2. Modify the proposed amendments.
3. Other.

Attachments:

Current Language Proficiency Requirements Policy

Revised Language Proficiency Requirements Policy



COLLEGE OF
DENTURISTS
OF ONTARIO

TYPE	Registration
NAME	Language Proficiency Requirements Policy
DATE APPROVED BY COUNCIL	December 12, 2014

INTENT

The Ontario Regulation 833/93 (Registration) requires that applicants demonstrate reasonable fluency in English or French. Fluency in the English or French language is essential to providing effective care to the public. This policy outlines the minimum language proficiency requirements that a candidate must demonstrate in order to sit the qualifying examination. This policy also outlines the rationale for having a candidate demonstrate fluency before sitting the qualifying examination.

THE POLICY

All candidates must demonstrate reasonable fluency in English or French when applying to sit the qualifying examination. An applicant whose first language is English or French, and/or his/her relevant health care education and instruction was in English or French, it is considered that the applicant has demonstrated fluency in either language. Applicants who do not meet it as stated will require demonstrating fluency through a language proficiency test.

The College accepts objective, third party, standardized language proficiency tests as evidence of language proficiency in English or French. The College will only accept test results that are dated within two years of the application. Language proficiency tests do not have to be specifically taken for applying to the College however, do need to meet the minimum scores as stated in the Table below and be sent directly to College from 3rd party.

The College moreover maintains that candidates are required in the Qualifying Examination, as they will in their practice once registered, to interact with patient medical history forms and other documents from health care providers. Patient information must be understood, analyzed and integrated in a short period of time, often under pressure. Therefore, to ensure language is not a barrier to success, candidates who apply to sit the qualifying examination must demonstrate fluency in either language.

Option	Language Proficiency Test	Minimum Score
1.	TOEFL (Paper-based) http://www.ets.org/toefl/	560
2.	TOEFL (Internet-based) . http://www.ets.org/toefl/	Overall minimum of 86 Including a minimum of Reading 20/30 Listening 20/30 Speaking 23/30 Writing 20/30

3.	IELTS http://www.ieltscanada.ca/(Academic of General Training)	Overall minimum of 6.5 (academic and/or general training) Including a minimum of Reading 6.5 Listening 6.5 Speaking 6.5 Writing 6.5
4.	CanTEST http://www.cantest.uottawa.ca/	Reading 4.0 Listening 4.0 Speaking 4.0 Writing 4.0
5.	TESTCan http://www.testcan.uottawa.ca/	Reading 4 Listening 4 Speaking 4 Writing 4

RELATED LEGISLATION AND DOCUMENTS

Denturism Act, 1991

Ontario Regulation 833/93 (Registration)

Registration Guide

Career Map for Internationally Trained Professionals

PROCESS AND PROCEDURES

1. A candidate will be required to make a declaration on the qualifying examination application form if first language is English or French or his/her relevant health care education and instruction was in English or French. Proof of the declaration may be required.
2. Candidates who make this declaration will be considered to have met requirement.
3. Candidates who cannot make this declaration are required to complete a language proficiency test.
4. Candidates who have completed a language test within the past two years before application date from any of the recognized fluency test centre's listed in table. Should contact the centre and request that a copy of said language test be sent to the College directly and indicate this information on the Qualifying Examination application form.
5. Language proficiency test scores must be provided with his/her application prior to attempting the Qualifying Examination.
6. Third Party language proficiency test providers indicate that at minimum results take 10 business days from date of test. Candidates should consider this amount of time when applying to sit the qualifying examination.
7. The Candidate is responsible for the cost of the language proficiency test.

DEFINITIONS

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

IELTS - The International English Language Testing System – Academic or General Training Modules

CanTEST -The Canadian Test of English for Scholars and Trainees

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

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

CanTEST -The Canadian Test of English for Scholars and Trainees

TESTCan -Test pour étudiants et stagiaires au Canada) is the French version of CanTEST.

"Business days" means any day of the week, excluding Saturday, Sunday and statutory holidays

REVISION CONTROL

Date	Revision	Effective



COLLEGE OF
DENTURISTS
OF ONTARIO

TYPE	Registration
NAME	Language Proficiency Requirements Policy
DATE APPROVED BY COUNCIL	December 12, 2014

INTENT

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

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

BACKGROUND

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

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

THE POLICY

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

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

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

1. Demonstrating Language Fluency:

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

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

College believes is necessary for a prospective applicant to function successfully as a Registered Denturist.

Applicants are responsible for the cost of language proficiency tests.

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

OR

- b) Provide non-objective evidence of language proficiency. The College accepts alternatives to a standardized language proficiency test. An applicant who wishes to meet the language proficiency registration requirement through non-objective evidence (NOE) of their language proficiency must submit at least TWO of the four following:
1. Successful completion of relevant professional health care education in a majority English or French country;
 2. Relevant health care employment in a majority English or French country in a similar role or scope of practice as application;
 3. Successful completion of the four final years of school in Canada to become eligible to apply for university or college; or
 4. Successful completion of a Canadian college or university degree.

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

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

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

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

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

RELATED LEGISLATION

Ontario Regulation 833/93 (Registration)

Appendix A: Recognized Language Proficiency Test & Cut-Scores

Language Proficiency Test	Minimum Score
TOEFL (Internet-based & Paper-based) http://www.ets.org/toefl/	Overall minimum of 89 Including a minimum of Reading 20/30 Listening 21/30 Speaking 24/30 Writing 21/30
IELTS http://www.ieltscanada.ca/(Academic of General Training)	Overall minimum of 7.0 (academic and/or general training) Including a minimum of Reading 6.5 Listening 7.0 Speaking 7.0 Writing 6.5
CanTEST http://www.cantest.uottawa.ca/	Overall minimum of 4.0 including a minimum of: Reading 4.0 Listening 4.0 Speaking 4.0 Writing 4.0
TESTCan http://www.testcan.uottawa.ca/	Overall minimum of 4.0 including a minimum of: Reading 4.0 Listening 4.0 Speaking 4.0 Writing 4.0
Canadian Language Benchmark Assessment (CLBA) Canadian Language Benchmark Placement Test (CLBPT) www.language.ca	Reading 7.0 Listening 7.0 Speaking 7.0 Writing 7.0

DEFINITIONS

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

IELTS – The International English Language Testing System –

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

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

CanTEST -The Canadian Test of English for Scholars and Trainees

TESTCan (pour étudiants et stagiaires au Canada) is the French version of CanTEST

CLB – Canadian Language Benchmark

CLBPT – Canadian Language Benchmark Placement Test

CLBA – Canadian Language Benchmark Assessment

REVISION CONTROL

Date	Revision	Effective
March 22, 2019	<ul style="list-style-type: none"> Remove requirement for demonstration of language proficiency prior to attempt the Qualifying Examination Add CLBA and CLBPT to list of accepted standardized test for English Language Proficiency Update of minimum cut-off scores Add "extending the period of validity of language proficiency test scores" provision Add "acceptance of non-objective evidence (NOE) of language proficiency" provision 	



BRIEFING NOTE

To: **Council**

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

Date: **March 22, 2019**

Subject: **Amendments to the Peer Assessor Eligibility and Appointments Policy**

Background:

As part of the policy revision and coordination project, the Registration Committee considered information regarding the current Peer Assessor Eligibility and Appointments Policy.

At the January 25th, 2019 meeting, the Committee moved to recommend amendments to the current policy for Council's consideration. A summary of the recommended changes is included below:

- Procedures for appointment and re-appointment
- Requesting deferrals or leaves of absence
- Maximum term of appointment
- Remuneration

Options:

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

1. Adopt the proposed amendments to the Peer Assessor Eligibility and Appointments Policy
2. Modify the proposed amendments.
3. Other.

Attachments:

Current Peer Assessor Eligibility & Appointments Policy
Revised Peer Assessor Eligibility & Appointments Policy



TYPE	Quality Assurance
NAME	Peer Assessor Eligibility and Appointment Policy
DATE APPROVED BY COUNCIL	March 3, 2017
REVIEW DATE	

PREAMBLE

The Quality Assurance Program is integral to the College's mandate and is designed to assist members with:

- The provision of quality service and care;
- Engaging in practice according to current practice standards and guidelines; and
- Continuous upgrade of their skills, knowledge and judgement.

One of the components of the Quality Assurance Program is the Peer & Practice Assessment. The Peer & Practice Assessment provides for peer-to-peer interaction around standards of care and practice and is an essential component of professional self-regulation.

INTENT

This policy outlines peer assessor commitments, eligibility criteria, procedure for application and appointment, the term of the assessor appointment and conditions for disqualification.

THE POLICY

Eligibility Criteria:

The College's Quality Assurance Committee has established the following requirements for Peer Assessors:

- Must have a minimum number of 5 years of professional experience
- Must currently have a clinical caseload
- Must be a member in good standing, which includes:
 - Not in default of payment of any fees
 - Not in default in completing and returning any form required by the College
 - Not the subject of any disciplinary or incapacity proceeding
 - Not had a finding of professional misconduct, incompetence or incapacity against him/her in the preceding 3 years
 - Has not been disqualified from Council or Committee in the previous 3 years
 - Not a member of the Quality Assurance Committee - Panel A
 - Not currently or has not been a member of the College's staff at any time within the preceding 3 years
 - Does not hold an executive position with a professional association
 - Demonstrated commitment to their own continuing professional development

- Must have been peer assessed themselves or be willing to undergo an assessment.

The following additional factors will be taken into consideration when reviewing applications for the position of Peer Assessor.

- Need for assessors in each district
- Geographical location of the member's practice
- Experience and additional professional qualifications
- Communication skills
- Availability and flexibility in work schedule

Procedure for Application and Appointment:

Individuals who submit an application and meet the eligibility criteria will be contacted to arrange a time for an interview with the Registrar and a panel of the Quality Assurance Committee.

Commitments:

Participation as a QA Assessor requires the following commitments:

1. Attend and complete an Assessor training session.
2. Agreement with all terms outlined in the College Confidentiality and No-Conflict of Interest Agreements.
3. Willingness to conduct and provide reports on assigned assessments.

Term of Assessor Appointment:

In order to provide an opportunity for all members to participate as Peer Assessors, the term limit for Peer Assessors is 3 years. After each 3 year term, all Assessors will be required to re-apply for the position.

Conditions for Disqualification:

The following constitute conditions for disqualification as a Peer Assessor:

- Failure to meet one or more of the eligibility criteria
- Breach of confidentiality of any information learned through a PPA and/or QA program
- Absent from Peer Assessor training
- Knowingly submitting an assessment that does not accurately reflect the assessed elements of the practice.

RELATED LEGISLATION AND DOCUMENTS

Regulated Health Professions Act, 1991
 Health Professions Procedural Code (section 81), 1991
 Denturism Act, 1991
 Ontario Regulation 206/94 (General)

REVISION CONTROL

Date	Revision	Effective



TYPE	Quality Assurance
NAME	Peer Assessor Eligibility and Appointment Policy
DATE APPROVED BY COUNCIL	March 3, 2017
DATE REVISED BY COUNCIL	TBA

PREAMBLE

The Quality Assurance Program is integral to the College's mandate and is designed to assist members with:

- The provision of quality service and care;
- Engaging in practice according to current Standards of Practice and Guidelines; and
- Continuous improvement of their knowledge, skills and judgment.

The Quality Assurance program is designed to be supportive, collaborative, and educational.

One of the components of the Quality Assurance Program is the Peer & Practice Assessment. The Peer & Practice Assessment provides a framework for peer-to-peer conversation and discussion about Standards of Practice and related elements. Such peer-to-peer interaction supports continuing competence and is an essential component of professional self-regulation

INTENT

This policy outlines peer assessor commitments, eligibility criteria, procedure for application and appointment, the duration of the term of the assessor appointment, remuneration policy, and conditions for disqualification.

THE POLICY

Eligibility Criteria:

The College's Quality Assurance Committee has established the following requirements for Peer Assessors:

- Must have a minimum number of 5 years of professional experience
- Must currently have a clinical caseload
- Must be a member in good standing, which includes:
 - Not in default of payment of any fees
 - Not in default in completing and returning any form required by the College
 - Not the subject of any disciplinary or incapacity proceeding
 - Not had a finding of professional misconduct, incompetence or incapacity against him/her in the preceding 3 years
 - Has not been disqualified from Council or Committee in the previous 3 years
 - Not a member of the Quality Assurance Committee - Panel A
 - Not currently or has not been a member of the College's staff at any time within the preceding 3 years
 - Does not hold an executive position with a professional association
 - Demonstrated commitment to their own continuing professional development

- Must have been peer assessed themselves or be willing to undergo an assessment.

The following additional factors will be taken into consideration when reviewing applications for the position of Peer Assessor:

- Need for assessors in a geographical area
- Geographical location of the member's practice
- Experience and additional professional qualifications
- Communication skills
- Availability and flexibility in work schedule

Procedure for Application and Appointment:

Individuals who apply and meet the eligibility criteria will be contacted to arrange a time for an interview with College staff and a panel of the Quality Assurance Committee. If the interview is satisfactory, an individual who has not participated in a Peer & Practice Assessment will be required to schedule an Assessment. The Peer and Practice Assessment must be satisfactory before an individual can be appointed to the position of Assessor. Newly appointed Peer Assessors are paired up with experienced Peer Assessors and participate in a "shadow assessment" prior to undertaking any assessments on their own.

A Peer Assessor may submit a request to the Quality Assurance Committee for deferral of an appointment or a leave of absence for up to one year.

Commitments:

Peer Assessors are required to:

1. Attend and complete Peer Assessor training sessions;
2. Agree to all terms outlined in the College Confidentiality and No-Conflict of Interest Agreements; and
3. Be willing to conduct and provide reports on any assigned assessments.

Term of Assessor Appointment and Re-appointment:

To provide an opportunity for all denturists interested in participating as Peer Assessors, the term limit for a Peer Assessor appointment is 3 years. When a 3-year term expires, all Assessors are required to re-apply for the position.

Unless permitted by the Quality Assurance Committee, a member who has served as a Peer Assessor for three consecutive terms is ineligible for re-appointment as a Peer Assessor until a full three-year term has passed since they last served as a Peer Assessor.

Remuneration:

Peer Assessors are normally remunerated on a flat fee/assessment basis. This rate is set by the College. Travel expenses incurred during assessments are reimbursed by the College in accordance with the current College By-laws.

The remuneration for a cancelled assessment is based on the following criteria:

- a. Peer Assessors will receive the per diem for an assessment cancelled by the member two or less calendar days prior to the scheduled assessment. A date-stamped notice of cancellation must accompany the expense form.
- b. Peer Assessors will be reimbursed for travel arrangements that are non-refundable.

Peer Assessors may only schedule 2 assessments per day when the members are at different office locations. If the members are at the same office, the Peer Assessor may schedule up to 3 assessments per day.

Conditions for Disqualification:

The following result in the disqualification of an individual as a Peer Assessor:

- A change that results in the individual failing to meet one or more of the eligibility criteria;
- Breach of confidentiality;
- Absence from scheduled Peer Assessor training; or
- Knowingly submitting an assessment that does not accurately reflect the assessed elements of the practice.

RELATED LEGISLATION AND DOCUMENTS

Regulated Health Professions Act, 1991
 Health Professions Procedural Code (section 81), 1991
 Denturism Act, 1991
 Ontario Regulation 206/94 (General)

REVISION CONTROL

Date	Revisions	Effective
March 22, 2019	<ul style="list-style-type: none"> • Procedures for appointment and re-appointment • Requesting deferrals or leaves of absence • Maximum term of appointment • Remuneration 	



BRIEFING NOTE

To: **Council**

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

Date: **March 22, 2019**

Subject: **Amendments to the By-law Articles Regarding Committee Composition**

Background:

At its December 14, 2018 meeting, Council adopted a motion that would see the amendment of the following By-law Articles and Schedule:

24.08 Appointment of Committee Members and Members of Working Groups

Unless otherwise stated in the by-laws or the Code, the Nominating Committee shall put forward to Council for approval a proposed slate of every Committee member and every member of a working group, including persons and Members who are not members of Council with the exception of the Executive Committee, whose members shall be elected to office.

24.09 Appointment of Non-Council Members

Subject to any specific composition requirements in these by-laws or the Code, the Executive Committee may, where vacancies arise during the Council year, appoint Members, including members of Council, and persons, to any Committee or working group and report such appointment(s) to Council.

Schedule 5 to the Bylaws

Honoraria Paid by the College to Professional Members, and Public Members who are not appointed pursuant to s. 6(1)(b) of the Denturism Act, 1991, of Council and Committees

These amendments were undertaken to ensure a strong public voice on College Committees by providing for the appointment of persons (members of the public), other than public appointees appointed by the Lieutenant Governor in Council, to College Committees. These amendments were proposed in part because of the current unreliability of the appointment of public members by the Lieutenant Governor in Council and the desire to maintain a public voice in the work of the College.

Since that time, the College has become aware of the need for amendment of the Articles of the By-laws that speak to the composition of the College's Statutory Committees so that they allow for the additional appointment of "persons" to these Committees, should Council so wish.

The proposed amendments are:

24.02 Registration Committee

The Registration Committee shall be composed of,

- (i) at least two (2) Members who are members of Council;
- (ii) at least one (1) Public Member who is a member of Council; and
- (iii) one (1) or more Members, **or persons**, who are not members of Council where Council so wishes.

24.03 Inquiries, Complaints and Reports Committee

The Inquiries, Complaints and Reports Committee shall be composed of,

- (i) at least two (2) Members who are members of Council;
- (ii) at least two (2) Public Members who are members of Council; and
- (iii) one (1) or more Members, **or persons**, who are not members of Council where Council so wishes.

24.06 Quality Assurance Committee

The Quality Assurance Committee shall be composed of,

- (i) at least two (2) Members who are members of Council;
- (ii) at least one (1) Public Member who is a member of Council;
- (iii) at least two (2) or more Members; and
- (iv) **one (1) or more persons, who are not members of Council where Council so wishes.**

24.07 Patient Relations Committee

The Patient Relations Committee shall be composed of,

- (i) at least two (2) Members who are members of Council;
- (ii) at least two (2) Public Members who are members of Council; and
- (iii) **one (1) or more Members, or persons, who are not members of Council where Council so wishes.**

These proposed amendments could be adopted by Council, in whole or in part, with a 2/3 vote. A 60-day consultation is not required for changes to these Articles.



March 14, 2019

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

Via Email

RE: Response to 2018 By-Law Amendments

Dear Dr. Pettifer,

We are writing with respect to the decision of the Council at the end of 2018 to change the by-laws in order to permit Ms. Barbara Smith to continue as a member of numerous College committees, both statutory and non-statutory, even though her term as a public appointee has ended.

We certainly have nothing against Ms. Smith individually. We agree that she has been a valuable and hard-working committee member.

However, we are very concerned as a matter of precedent and general application.

The Appointment Is Not Permitted by the *Health Professions Procedural Code of the RHPA (the “Code”)*

Although s. 10(3) of the *Code* says that “the *composition* of the committees shall be in accordance with the by-laws”, s. 10(2) of the *Code* states that Council shall *appoint* the “**members** of the committees” [emphasis added]. The term “member” in the Code is a defined term. It means “member of the College”.

Therefore the *Code* contemplates members being appointed by the Council; and public appointments being appointed by the Lieutenant Governor in Council (“LGC”).

The *Code* does not contemplate nor provide for non-member “persons”, who are not appointed by the LGC, to sit on any College committee, and the by-laws cannot exceed the authority given by the legislation.

The College’s Own By-laws Do Not Permit Participation of “Persons” on the Statutory Committees

Sections 23.03, 24.08 and 24.09 (the new College by-laws adding the term “person”) all specifically state that they are not intended to override other sections of the by-laws:

Section 23.03: “Unless stated otherwise in the *Code* or the by-laws...”

Section 24.08: “Unless otherwise stated in the by-laws or the *Code*...”

Section 24.09: “Subject to any specific composition requirement in these by-laws or the *Code*...”

Sections 24.02, 24.03, 24.04, 24.05, 24.06, and 24.07 of the College’s by-laws do not permit “persons” to serve on the statutory committees. Those sections use mandatory language (“shall be composed/comprised of”). Again, “Member” in those sections is defined as a denturist member of the College and “Public Member” is defined as a public appointment.

Therefore, s. 23.03, s. 24.08, and s. 24.09 of the by-laws must be read as being limited by both the language of the *Code* and the other sections of the College’s by-laws. Accordingly, “persons” can certainly not serve on the statutory committees.

The Practice Erodes Public Trust and Accountability

Moreover, while the Registrar’s email explaining the need for the change referenced the importance of a “strong public voice”, the change to the by-law actually *threatens* public trust and accountability.

The purpose of a public appointment in a system of self-regulation is that the public appointee is responsible to the LGC – and ultimately the public. However, a “person” who is just a member of the public but is not a public appointee has no formal obligations to answer to the LGC or the public. If anything, there is a danger that he or she will feel beholding to the Council members who gave him/her the job. Thus, public trust is eroded.

Members of the public appointed by the LGC must go through a vigorous application and screening process, which is another layer of public protection. Allowing Council simply to select whomever they want circumvents that screening process.

Again, we have no particular concerns about Ms. Smith’s integrity or credentials. Our concern is with the precedent. Particularly given the past history of our College, we are concerned about a change to the by-laws that could open the door to cronyism or the perception of cronyism.

The Practice Creates Confusion in the Minds of Members and the Public

On the list of Committees on the College website, Ms. Smith is described as a “Member of the Public” instead of “Public Appointee”.

There is nothing on the website to alert the membership or the public that she is simply someone selected by Council. In fact, the website is misleading insofar as it says the following on the page describing the Committees:

“Much of the mandated work of the College is carried out by seven statutory committees. These Committees and their functions are mandated under the Regulated Health Professions Act, 1991. ***Committee membership includes both Denturists and appointed public members.***” [emphasis added]

The Change Was Not Necessary

We do not understand the rationale that this was a necessary step. The Registrar’s email referenced a “frustratingly slow” process of appointment by the LGC. While that may be the case with respect to other Colleges, we see no evidence of that with respect to our College.

According to the website of the *Public Secretariat*, there are four public appointees for our College for most of 2019, one into late 2020:

Wangari Muriuk: to Sept 2019

Hanno Weinberger: to Dec 2019

Anita Kiriakou: to Jan. 2020

Ivan McFarlane: to Nov. 2020

A fifth public appointee was just announced at the end of February 2019 (Kris Bailey). That only leaves one vacancy.

Moreover, Ms. Smith cannot fulfil the quorum requirements of public appointees. Section 25(2) of the *Code* requires that any panel of the ICRC include one person appointed to the Council by the LGC. Section 38(2) of the *Code* requires that any panel of the Discipline Committee include at least two persons appointed to the Council by the LGC.

The Influence of These “Persons” Can be Broad

Finally, the Registrar’s email in December made it sound like the change in the by-law was so that Ms. Smith could remain on the ICRC. However, her involvement at the College is much more extensive.

According to the CDO website, she currently sits on all of the following:

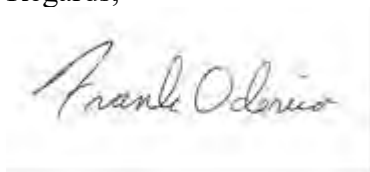
- ICRC (Chair)
- Discipline Committee
- Fitness to Practice
- Nominating Committee (Chair)

Again, while Ms. Smith’s contributions are recognized and appreciated, the danger of permitting these kinds of informal appointments is increased when a single such appointee can occupy all of these positions of power and decision-making.

For all of these reasons, we urge the Council to reconsider the recent change to the by-law. With no disrespect or disregard to Ms. Smith, we doubt the authority of the Council to make the change, as a matter of law, and we have serious concerns about the change as a matter of public policy and the reputation of our College.

On behalf of the Board of Directors

Regards,

A handwritten signature in cursive script, reading "Frank Odorico", enclosed within a rectangular border.

Frank Odorico, B.Sc., DD
President
The Denturist Association of Ontario

Cc: The CDO Executive Committee



BRIEFING NOTE

To: **Council**

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

Date: **March 22, 2019**

Subject: **Appointment of Kris Bailey to the Inquiries, Complaints and Reports Committee**

Background:

There has been a vacancy on the ICRC for a public appointee since Barb Smith was not reappointed as a public member of Council at the end of her term (December 31, 2018).

The Committee remains properly constituted during this vacancy in accordance with By-law Article 23.04 which states "Despite anything in these by-laws, a Committee is properly constituted despite any vacancy so long as there are sufficient Members to form a quorum of the Committee or a panel of the Committee".

Kris Bailey was appointed to Council by the Lieutenant Governor in Council on February 21, 2019.

Options:

In consideration of this vacancy on the ICRC, Council may:

1. Appoint Kris Bailey to the ICRC
2. Appoint another public appointee to the ICRC
3. Identify another solution