COLLEGE OF DENTURISTS OF ONTARIO

96th Council Meeting (In-Person)

Friday, June 14, 2019 – 9:00 a.m. to 3:30 p.m.

HELD AT

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

AGENDA

9.10 Patient Relations Committee Report 9.11 President's Report - Verbal 9.12 Registrar's Report 9.13 Financial Report Memo and YTD Income - Expenses – April 1, 2019 – May 31, 2019 9.14 Update on Strategy Map 2017-2020 Progress 9.15 Items of Interest: 9.15.1 Legislative Update 9.15.2 Grey Areas		**39** **41** **47** **49** **51** **57**
10. Draft Standard of Practice: Professional Collaboration 10.1 Briefing Note 10.2 Stakeholder Consultation Report 10.3 Draft Standard of Practice: Professional Collaboration 10.4 Draft Guide to the Standard of Practice: Professional Collaboration	Decision	 **63** **65** **75** **77**
11. Draft Standard of Practice: Denturism Educators 11.1 Briefing Note 11.2 Stakeholder Consultation Report 11.3 Draft Standard of Practice: Denturism Educators 11.4 Draft Guide to the Standard of Practice: Denturism Educators		 **81** **83** **107** **109**
12. Draft Standard of Practice: Professional Boundaries 12.1 Briefing Note 12.2 Draft Standard of Practice: Professional Boundaries 12.3 Draft Guide to the Standard of Practice: Professional Boundaries	Decision	 **113** **115** **117**
13. Draft Guidelines: Conduct for the Prevention of Sexual Abuse 13.1 Briefing Note 13.2 Existing Guidelines – Prevention of Sexual Abuse 13.3 Draft Revised Guidelines: Conduct for the Prevention of Sexual Abuse	Decision	 **125** **127** **131**
14. Draft Policy: Funding for Therapy and Counselling – Sexual Abuse 14.1 Briefing Note 14.2 Draft Policy	Decision	 **137** **141**
LUNCH		
15. 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	Presentation and Discussion	
16. Next Meeting Date Next Council Meeting: Friday, September 6, 2019	Information	
17. Adjournment		

COLLEGE OF DENTURISTS OF ONTARIO

Agenda Item 5.1

MEMO

To: **Council**

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

Date: **May 3, 2019**

Re: **Election Results**

Pursuant to Article 18.02 of the College By-laws which states:

"18.02 Registrar's Declarations: The Registrar shall make all declarations in respect of an election in writing, keep them in the records of the College and include a copy of each declaration in the next package of materials sent to the Council after making it"

I am writing to provide Council with the results of the 2019 Council elections representatives from the profession from Districts 1 & 2. Only one nomination of candidacy for election to the College Council was received for District 1. The Nomination period closed on April 21, 2019 and the period for valid withdrawal of candidacy expired on May 1, 2019. The online election period for the election of a professional member of Council would have begun on Monday, May 6, 2019. However, no election was needed.

I declare and provide you notice that Ms. Alexia Baker-Lanoue was elected to the Council by acclamation for electoral District 1.

There were no nominations of candidacy received for District 2. Pursuant to Article 14.02 of the College By-laws, "where there are no candidates for an electoral district who are eligible for election, the Registrar shall, as soon as possible call a by-election for that electoral district." That by-election shall proceed as a regularly scheduled election. The by-election will be called immediately following the June 14, 2019 Council meeting.

Included in the Council meeting materials for June 14, 2019, this notice shall constitute the records of the College for this election.

Sincerely,

Dr. Glenn Pettifer
Registrar & CEO

COLLEGE OF DENTURISTS OF ONTARIO

BRIEFING NOTE

To: **Council**

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

Date: **June 14, 2019**

Subject: **Election of Officers**

At today's meeting, Council will elect its officers for the coming year.

Here is the framework:

Pursuant to Article 24.01 of the By-laws: "The Executive Committee shall be composed of the President, the Vice-President and at least three (3) other members of Council. At least three (3) members of the Executive Committee shall be Members and at least two (2) members of the Executive Committee shall be Public Members…" Please note that the number of members of the Executive Committee is not capped. In the past, Council has elected a 5-member Executive Committee.

Pursuant to Article 6.01 of the By-laws: only a member of Council is eligible for nomination/election as an officer of the College and only a member appointed by the Lieutenant Governor in Council is eligible for nomination/election as President.

Prior to the election of officers, Council will be asked if it wishes to continue with the 5-member composition of the Executive Committee.

Then the names of eligible candidates for the various positions starting with the position of President, then Vice President and then Members-at-Large will be presented. Nominations from the floor are permitted at the Council meeting prior to the elections. Elections will be held in cases where there is more than one nomination for the positions of President or Vice President and where the number of nominees for the At-Large positions exceeds the number of positions to be filled.

In accordance with Article 24.01 above, the composition of the group of Members-at-Large will be informed by the results of the election for positions of President and Vice-President. For example, if both the President and Vice-President positions are filled by Public Members, then all the Member-at-Large positions (assuming there are 3) will be filled by members of the Profession. In the recent past, the Vice-President

position has been filled by a member of the Profession so that there were 2 Member-at-Large positions to be filled by members of the Profession and 1 Member-at-Large position to be filled by a Public Member.

BRIEFING NOTE

To: **COUNCIL**

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

Date: **June 14, 2019**

Subject: **Confidentiality Agreements**

Pursuant to Article 28.04 of the College By-laws, Council, Committee members, staff and persons retained or appointed by the College are required to sign, annually, the confidentiality or fiduciary agreement approved by Council.

A copy of the Confidentiality Agreement and supporting documentation are provided for review. Hard copies of the agreement will be available for signature at the June 14, 2019 meeting.

CDO Confidentiality Agreement – Council Members

I, _____, am a Member of the Council of the College of Denturists of Ontario (CDO).

I have read and understood and agree to abide by sections 36(1) and 40(2) and (3) of the Regulated Health Professions Act, 1991, as amended (the "RHPA") and section 28 of the CDO By-laws, which outline my duty of confidentiality and the consequences for a breach of confidentiality.

I undertake to maintain the secrecy of confidential information with respect to all matters that come to my knowledge in the course of my duties except as authorized by the RHPA.

I acknowledge and agree that all records, materials and information, and copies thereof obtained and/or reviewed by me in the course of duties on behalf of the CDO are confidential and shall remain the exclusive property of the CDO. I undertake to take all reasonable steps to protect the confidentiality and avoid the unauthorized disclosure of such records, materials and information, and to return to the CDO any records, materials or information as required by the CDO.

If I believe that disclosure of confidential information obtained in the course of my duties is required by law (such as pursuant to a criminal proceeding), I shall notify the Registrar as soon as reasonably possible and as much in advance of the impending disclosure as possible so that the CDO may obtain legal advice with respect to the matter.

In the event that I disclose or attempt to disclose any such confidential information in breach of this confidentiality agreement, I understand that the CDO shall be entitled to enforce its legal rights to prevent the disclosure of the information by injunction or otherwise and may bring such further action against me as it considers advisable. I also acknowledge that unauthorized disclosure of confidential information may be grounds for disqualification from Council.

I further acknowledge and agree that my obligations regarding confidentiality continue beyond the expiration of my term of office in perpetuity.

COUNCIL MEMBER: _____ _____

SIGNATURE **DATE**

Attached are copies of subsections 36. (1); 40. (2) and (3) of the RHPA and section 28 of the CDO By-laws.

CDO Confidentiality Agreement – Supporting Documents

Regulated Health Professional Act, 1991 (RHPA)

Confidentiality

36. (1) Every person employed, retained or appointed for the purposes of the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* and every member of a Council or committee of a College shall keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person except,

(a) to the extent that the information is available to the public under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*;

(b) in connection with the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*, including, without limiting the generality of this, in connection with anything relating to the registration of members, complaints about members, allegations of members' incapacity, incompetence or acts of professional misconduct or the governing of the profession;

(c) to a body that governs a profession inside or outside of Ontario;

(d) as may be required for the administration of the *Drug Interchangeability and Dispensing Fee Act, the Healing Arts Radiation Protection Act,* the *Health Insurance Act, the Independent Health Facilities Act*, the *Laboratory and Specimen Collection Centre Licensing Act, the Ontario Drug Benefit Act*, the *Coroners Act*, the *Controlled Drugs and Substances Act* (Canada) and the *Food and Drugs Act* (Canada);

Offences

40. (2) Every individual who contravenes section 31, 32 or 33 or subsection 34 (2), 34.1 (2) or 36 (1) is guilty of an offence and on conviction is liable to a fine of not more than $25,000 for a first offence and not more than $50,000 for a second or subsequent offence. 2007, c. 10, Sched. M, s. 12.

40. (3) Every corporation that contravenes section 31, 32 or 33 or subsection 34 (1), 34.1 (1) or 36 (1) is guilty of an offence and on conviction is liable to a fine of not more than $50,000 for a first offence and not more than $200,000 for a second or subsequent offence. 2007, c. 10, Sched. M, s. 12.

CDO By-laws

28.01 Duty of Confidentiality

Members of the Council and Committees, staff and persons retained or appointed by the College are required to maintain confidentiality of information that comes before them in the course of discharging their duties unless disclosure is authorized by the Council or is otherwise permitted under subsection 36(1) of the RHPA.

28.02 Subsection 36(1) of the RHPA

Subsection 36(1) of the RHPA states, in part, as follows,
36. (1) Every person employed, retained or appointed for the purposes of the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* and every Member of a Council or committee of a College shall keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person ….

28.03 Disclosure Under the RHPA

Subsection 36(1) of the RHPA permits disclosure in a number of specific circumstances. Members of the Council and Committees, staff and persons retained or appointed by the College are expected to understand when those exceptions apply and seek advice if they are in doubt.

28.04 Confidentiality Agreement

Council and Committee members, staff and persons retained or appointed by the College are required to sign, annually, the confidentiality or fiduciary agreement approved by Council.

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COLLEGE OF DENTURISTS OF ONTARIO

Agenda Item 8.1

BRIEFING NOTE

To: **Council**

From: **Nominating Committee**

Date: **June 14, 2019**

Subject: **Appointment of Committee Members and Chairs of Statutory and Non-Statutory Committees**

The Nominating Committee is responsible for preparing a proposed slate for 2019 – 2020 Statutory and Non-Statutory Committee membership (excluding the Executive Committee) and a slate of suggested Chairs for Statutory and Non-Statutory Committees. The slate is presented to Council for consideration and approval.

Pursuant to By-law Article 23.02, unless Council directs otherwise, the Nominating Committee will consist of the Past President, the Vice-President and a Public Member.

The current Nominating Committee is composed of Mr. Hanno Weinberger (Past President), Alexia Baker Lanoue (Professional Member for the Vice-President who was unable to attend), and Dr. Ivan McFarlane (President and Public Member).

The Committee met on June 3, 2019. Slates of proposed Committee membership and Committee Chairs were formulated. These slates are presented for Council's consideration.

Options

After consideration of the proposed slates provided to Council by the Nominating Committee, Council may elect to:

1. Approve the proposed slates as presented
2. Suggest modifications and then approve the modified slates
3. Other

Relevant Legislation

Article 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.

Article 24.11 - Chairs

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

College of Denturists of Ontario

Proposed Slate for Statutory and Non-Statutory Committees for 2019-2020

Executive Committee (Elected)	Inquiries, Complaints & Reports (ICRC)	Registration	Quality Assurance (QA) Panel A	Quality Assurance (QA) Panel B (Professional Practice)	Patient Relations	Discipline	Fitness to Practice
President Vice President AT LEAST: 3 Professional Members 2 Public Members	AT LEAST: 2 Professional Members 2 Public Members 1 or more NCCM or persons	AT LEAST: 2 Professional Members 1 Public Member 1 or more NCCM or persons	AT LEAST: 2 Professional Members 1 Public Member 2 or more NCCM MAY HAVE: 1 or more persons	AT LEAST: 2 Professional Members 1 Public Member 2 or more NCCM MAY HAVE: 1 or more persons	AT LEAST: 2 Professional Members 2 Public Members 1 or more NCCM or persons	All Members of Council AT LEAST: 1 or more NCCM	All Members of Council AT LEAST: 1 or more NCCM
	Barbara Smith	**Elizabeth Gorham-Matthews**	**Keith Collins**	**Noa Grad**	**Alexia Baker-Lanoue**	**Hanno Weinberger**	**Michael Vout, Jr.**
	Kristine Bailey	Jack Abergel	Abdelatif Azzouz	Robert C. Gaspar	Keith Collins	Jack Abergel	Jack Abergel
	Alexia Baker-Lanoue	Kristine Bailey	Anita Kiriakou	Braden Neron	Robert C. Gaspar	Abdelatif Azzouz	Abdelatif Azzouz
	Carmelo Cino	Robert C. Gaspar	Karla Mendez-Guzman	Christopher Reis	Akram Ghassemiyan	Kristine Bailey	Kristine Bailey
	Noa Grad	Anita Kiriakou	Marija Popovic	Hanno Weinberger	Norbert Gieger	Alexia Baker-Lanoue	Alexia Baker-Lanoue
	Emilio Leuzzi	Wangari Miriuki	Hanno Weinberger	Joseph Whang	Elizabeth Gorham-Matthews	Eugene Cohen	Keith Collins
	Ivan McFarlane	Joseph Whang			Anita Kiriakou	Keith Collins	Robert C. Gaspar
	Wangari Miriuki				Karla Mendez-Guzman	Robert C. Gaspar	Noa Grad
	Christopher Reis				Hanno Weinberger	Noa Grad	Anita Kiriakou
	Michael Vout, Jr.					Anita Kiriakou	Ivan McFarlane
						Emilio Leuzzi	Wangari Miriuki
						Ivan McFarlane	Christopher Reis
						Wangari Miriuki	Bruce Selinger
						Christopher Reis	Hanno Weinberger
						Bruce Selinger	
						Michael Vout, Jr.	

Nominating Committee
Past President Vice-President 1 Public Member
Ivan McFarlane

NON-STATUTORY COMMITTEES	
Qualifying Examination	**Qualifying Exam Appeals**
AT LEAST: 1 Professional Member 1 Public Member 1 NCCM	AT LEAST: 1 Professional Member 1 Public Member 1 NCCM
Michael Vout, Jr.	**Ivan McFarlane**
Majid Ahangaran	Alexia Baker-Lanoue
Abdelatif Azzouz	Noa Grad
Anita Kiriakou	
Karla Mendez-Guzman	

Statutory Committee Chairs	
ICRC	Barbara Smith
Registration	Elizabeth Gorham-Mathews
QA – Panel A	Keith Collins
QA – Panel B	Noa Grad
Patient Relations	Alexia Baker-Lanoue
Discipline	Hanno Weinberger
Fitness to Practice	Michael Vout, Jr.
Non-Statutory Committee Chairs	
Qualifying Examination	Michael Vout, Jr.
Qualifying Exam Appeals	Ivan McFarlane

LEGEND
Professional Member
Public Member
Non-Council Committee Member (NCCM)
Person

COLLEGE OF DENTURISTS OF ONTARIO

95th Council Meeting
In-Person

365 Bloor Street East, Suite 1606, Toronto, ON M4W 3L4
Friday, March 22, 2019 - 9:00 a.m. to 3:30 p.m.

MINUTES

Members Present:	Dr. Ivan McFarlane	➢ Chair
	Mr. Jack Abergel	
	Mr. Abdelatif Azzouz	
	Ms. Kristine Bailey	
	Ms. Alexia Baker-Lanoue	
	Mr. Keith Collins	(by phone)
	Ms. Anita Kiriakou	(by phone)
	Mr. Robert C. Gaspar	
	Mr. Christopher Reis	
	Mr. Hanno Weinberger	
Regrets:	Mr. Joseph Della Marina	
	Mr. Michael Vout Jr.	
Absent:	Ms. Wangari Muriuki	
Legal Counsel:	Rebecca Durcan, Legal Counsel, Steinecke, Maciura and LeBlanc	
Staff:	Dr. Glenn Pettifer, Registrar and CEO	
	Ms. Vicci Sakkas, Coordinator, Operations and Examinations	
	Ms. Jennifer Slabodkin, Manager, Registration, Quality Assurance & Policy	

1. **Call to Order**
   The President called the meeting to order at 9:02 a.m.

2. **Introduction of Ms. Kris Bailey, Public Member of Council**
   Ms. Kris Bailey was introduced as a newly appointed Public Member of Council.

3. **Approval of Agenda**

   MOTION: That the agenda be approved.

MOVED: R. Gaspar
SECONDED: A. Baker-Lanoue

CARRIED

4. Declaration of Conflict(s)
No conflicts of interest were declared.

5. College Mandate
The President presented the College Mandate and the College Mission.

6. Consent Agenda
Item 6.15, Correspondence, was removed from the Consent Agenda to be addressed under Agenda item 9, Denturism Academic Program Accreditation.

MOTION: That the Consent Agenda be accepted as amended.

MOVED: H. Weinberger
SECONDED: K. Bailey

CARRIED

7. Placeholder for Items Removed from Consent Agenda
No items from the Consent Agenda were discussed at this time.

8. 2019-2020 Proposed Budget

MOTION: That the proposed budget for the 2019-2020 fiscal year be approved as presented.

MOVED: A. Baker-Lanoue
SECONDED: A. Kiriakou

CARRIED

9. Denturism Academic Program Accreditation

MOTION: That EQual Canada be appointed as the Academic Program Accreditation service provider.

MOVED: A. Kiriakou
SECONDED: K. Collins

CARRIED

10. Proposed By-law Amendment: Honourary Status "Retired"
Staff was directed to remove item (iii) and "otherwise" from the proposed language for

Termination of Retired Membership Status.

MOTION: To adopt the proposed language for the "Retired" Honourary Status By-law amendment as revised.

MOVED: H. Weinberger
SECONDED: K. Collins

CARRIED

11. Draft Standard of Practice: Restricted Title and Professional Designations

MOTION: To approve the draft Standard and Guide as presented and implement the Standard effective September 1, 2019.

MOVED: H. Weinberger
SECONDED: R. Gaspar

CARRIED

12. Draft Standard of Practice: Professional Collaboration

MOTION: To approve the draft Standard of Practice: Professional Collaboration and Guide to the Standard for stakeholder consultation.

MOVED: A. Kiriakou
SECONDED: K. Collins

CARRIED

13. Proposed Policy Revision: Language Proficiency Requirements

MOTION: To adopt the proposed amendments to the Language Proficiency Requirements Policy as presented.

MOVED: H. Weinberger
SECONDED: A. Baker-Lanoue

CARRIED

14. Proposed Policy Revision: Peer Assessor Eligibility and Appointment

MOTION: To adopt the proposed amendments to the Peer Assessor Eligibility and Appointments policy.

MOVED: R. Gaspar
SECONDED: C. Reis

CARRIED

15. Proposed Amendments to the By-law Articles Regarding Committee Composition

MOTION: To adopt the proposed amendments to the Articles of the By-laws as presented.

MOVED: A. Kiriakou
SECONDED: H. Weinberger

CARRIED

16. Request for Appointment of a Public Member to the Inquiries, Complaints and Investigations Committee

MOTION: That Kris Bailey be appointed to the Inquiries, Complaints and Reports Committee.

MOVED: A. Baker-Lanoue
SECONDED: A. Azzouz

CARRIED

17. Governance Training

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*, to be presented by Rebecca Durcan, College Counsel, Partner, Steinecke Maciura LeBlanc was deferred.

18. Lunch

J. Abergel departed the meeting.

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).

MOTION: To move the meeting in camera.

MOVED: H. Weinberger
SECONDED: K. Bailey

CARRIED

The in-camera meeting of Council ended at 2:17 p.m.

A. Kiriakou departed the meeting.

20. Next Meeting Date

The next meeting of Council will be held on Friday, June 14, 2019.

21. Adjournment

The meeting adjourned at 2:20 p.m.

COLLEGE OF DENTURISTS OF ONTARIO

COMMITTEE REPORT TO COUNCIL

Name of Committee: **Executive Committee**

Reporting Date: **June 14, 2019**

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

The Executive Committee met by teleconference on Thursday, June 6, 2019.

The Committee received the Registrar's Report.

The Committee reviewed the current financial statements for April 1, 2019 to May 31, 2019.

The Committee considered 3 Clinic Name applications.

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

COLLEGE OF DENTURISTS OF ONTARIO

COMMITTEE REPORT TO COUNCIL

Name of Committee:	**Inquiries, Complaints and Reports Committee**
Reporting Date:	**June 14, 2019**
Number of Meetings since last Council Meeting:	**3 total meetings** 1 ICRC teleconference held on March 28, 2019 1 in-person ICRC meeting held on May 3, 2019 1 Health Inquiry Panel teleconference held on June 4, 2019

Introduction: Role of the Committee

The Inquiries, Complaints and Reports Committee supports the College's commitment to the public that concerns about practice and conduct are addressed.

Executive Summary

Since the March 22, 2019 Council meeting, the ICRC has considered 13 complete investigations and made final dispositions in 4 matters; 4 complaint investigations and 0 Registrar's reports.

Decisions finalized:

Investigations closed and draft decisions approved:	4	
a) Complaints		4
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	2
Advice/Recommendation/Reminder	1
SCERP (incl. Coaching and Training)	1
Cautions	0
Referral to Health Inquiry Panel	0
Referral to Discipline	1
Undertaking	1

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

**** Some cases may not have a Secondary Issue***

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

Cases considered:

i) Files still open (includes all on-going matters and new files):	19	
a) Complaints		19
b) Registrar's Reports		5
c) Health Inquiries		1
Health Inquiries—hold		1

ii) New files received during this period:	6	
a) Complaints		6
b) Health Inquiries		0

Cases Pending:

i) Files not yet reviewed (in early stages of investigation):	6	
a) Complaints		6
b) Registrar's Reports		2
c) Fitness to Practise Inquiries		0
d) Referrals from QA		0

HPARB appeals:

Total Appeals pending	5
New Appeals	4
ICRC Decision confirmed – case closed	1
ICRC Decision returned to ICRC	0
Appeal withdrawn – case closed	0
Files 150 days	0
Files 210 days	2
Files 210+ days	1

Respectfully submitted by Barbara Smith, Chair

COLLEGE OF DENTURISTS OF ONTARIO

COMMITTEE REPORT TO COUNCIL

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

Reporting Date: **June 14, 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 March 22, 2019.

Meeting: April 12, 2019

Requirement Considered	Result
2016-17 Peer & Practice Assessments	• 1 – Remedial submission considered and deemed satisfactory • 1 – Satisfactory (no further action)
2018-19 Peer & Practice Assessments	• 6 - Remedial submissions considered and deemed satisfactory • 2 – Remedial action required • 1 – Deferral request • 1 – Reassessment ordered

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	1
2017-18 (Total = 35)	17	17	0	1	0	0	0
2018-19 (Total = 36)	15	11	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

The Committee will be reviewing CPD Compliance matters for the 2018-2019 annual requirement as well as the 2016-2019 CPD Cycle requirement.

Preliminary statistics demonstrate an improvement in member engagement and compliance with the CPD program. For the previous 5-year cycle, the College mailed out **220 letters** to members who were non-compliant with the CPD program. In May 2019, the College only mailed out **35 letters** to members who were non-compliant with the 3-year cycle. The improvement in engagement and compliance may be attributed to the adoption of the CPD Compliance Policy, its consistent application and the changes to the CPD program requirements that were implemented after the 5-year cycle ended in April 2016.

Program Development:

The Committee was provided with a verbal update regarding the Peer Circles and Self-Assessment Tool projects. Peer Circle events were scheduled in Windsor, Ottawa and Sudbury and will be offered at the 2019 Perfecting-Your-Practice conference hosted by the DAO in the fall.

The Committee will be meeting in July 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

COLLEGE OF DENTURISTS OF ONTARIO

COMMITTEE REPORT TO COUNCIL

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

Reporting Date: **June 14, 2019**

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

Panel B of the Quality Assurance Committee (QAC-B) has met once since its last report to Council on March 22, 2019.

At its May 31st, 2019 meeting, the Committee reviewed drafts of the Information Sheet for Mandatory Reporting, a Guide to Using Social Media and Other Means of Electronic Communication in Practice, and a Guide to Discontinuing Services/ Refusing Treatment.

Respectfully submitted by Hanno Weinberger, Chair

COMMITTEE REPORT TO COUNCIL

Name of Committee:	**Qualifying Examination Committee (QEC)**
Reporting Date:	**June 14, 2019**
Number of Meetings since last Council Meeting:	**One in-person meeting: May 7, 2019** **One teleconference meeting: May 14, 2019**

The Committee met on two occasions to complete the MCQ (multiple choice question) item selection process facilitated by the College's assessment consultant. The Committee reviewed and replaced 50% of the MCQ items that appeared on the winter 2019 examination from each competency area consistent with the examination blueprint.

In addition, the Committee approved the OSCE (Objective Structured Clinical Examination) assessor roster for the summer 2019 Qualifying Examination. Prior to each administration, each assessor undergoes extensive training specifically for the cases which they are assigned to score. The cases and scoring checklists have been developed, reviewed, and validated by practising denturists from across Ontario, in conjunction with the University of Toronto Standardized Patient (SP) Program, to ensure clarity, fairness, and relevance to practice. The training ensures that the decisions assessors make are consistent and contribute to valid test scores.

Other Discussion Items:

Standard Setting

Using the Angoff Method, a panel of 8 practising denturists in Ontario reflecting a range of professional maturity along with varied experiences assembled to form a standard setting group on June 1st and 2nd. Trained in the use of the Angoff Method by our assessment consultant, the group set standards to the new MCQ items and OSCE cases recommending to the QEC each item's contribution to the pass (cut) score for this administration.

Candidate scores falling below the established cut score indicate that the candidate has not demonstrated the minimum knowledge, skills and judgement required for entry to practice.

Summer 2019 Qualifying Examination (QE)

Forty-nine (49) candidates have registered for the summer 2019 QE. The MCQ component of the QE will be administered at Yorkville Conference Centre on June 21 and the OSCE component will be administered at the Michener Institute on June 23 and 24 as Princess Margaret Hospital was not available due to ongoing construction. A candidate orientation for all registered candidates has also been scheduled for June 20.

Respectfully submitted by Christine Reekie, Chair

COMMITTEE REPORT TO COUNCIL

Name of Committee: **Registration Committee**

Reporting Date: **June 14, 2019**

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

The Registration Committee (RC) met twice since its last report to Council on March 22, 2019.

At the March 25th, 2019 meeting, the Committee considered 1 request for an academic assessment and 1 application to remove Terms, Conditions and Limitations on a Certificate of Registration.

At the May 9th, 2019 meeting, the Committee considered 12 requests for an academic assessment, 1 application for a Certificate of Registration. The Committee reviewed the curricula of two denturism programs from outside of Ontario. The Committee also discussed and selected components for the Refresher Program that will be articulated in the draft of the revised Registration Regulation.

Respectfully submitted by Elizabeth Gorham-Matthews, Chair

COLLEGE OF DENTURISTS OF ONTARIO

COMMITTEE REPORT TO COUNCIL

Name of Committee: **Discipline Committee**

Reporting Date: **June 14, 2019**

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

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

Executive Summary
Since the March 22, 2019 Council meeting, the Discipline Committee has heard 2 cases, both heard at the College of Denturists on April 23, 2019.

A. Panel Activities

1. Non-contested Matters (see below)

   Matters were resolved by the panel accepting agreed statements of fact and/or a stay of the proceeding.

2. Penalty Orders (see below)

   Discipline Committee panels made penalty orders in 1 matter where findings of professional misconduct were made. The penalties that were ordered included:

   - One term, condition and limitation; and
   - 1 reprimand

3. Release of Decision and Reasons

   The Discipline Committee released one written decision and reasons since March 22, 2019. The panel issued their written decision within 60 days of the conclusion of the hearing.

B. Discipline Committee Meetings

The Committee held a teleconference a week before the April 23, 2019 hearings date to discuss procedural and administrative items.

Discipline Hearings:

Total hearings	2
Agreed statement of facts	1
Stay of allegations	1

Penalty Orders:

Reprimand	1
Terms, Conditions, limitations	1

Respectfully submitted by Hanno Weinberger, Chair

COMMITTEE REPORT TO COUNCIL

Name of Committee:	**Qualifying Examination Appeals Committee (QEAC)**
Reporting Date:	**June 14, 2019**
Number of Meetings since last Council Meeting:	**One teleconference meeting: April 15, 2019**

The Committee met on one occasion to consider the Qualifying Examination (QE) appeal submission for one unsuccessful candidate for the winter 2019 QE.

The Committee considered the candidate's "Notice of Appeal" along with supporting documentation. In consideration of all of the information before it, the Committee denied the appeal.

Respectfully submitted by Michael Vout Jr., Chair

COLLEGE OF DENTURISTS OF ONTARIO

COMMITTEE REPORT TO COUNCIL

Name of Committee: **Patient Relations Committee**

Reporting Date: **June 14, 2019**

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

Since the last Council meeting the Patient Relations Committee met once on April 25th, 2019. At this meeting the Committee, as with all of the other meetings so far in 2019, considered the elements of a sexual abuse prevention program that is the legislated responsibility of the Committee. As a result of extensive consideration and collaborative discussion, the Committee believes that it has made significant progress on the important elements of such a program.

Consistent with the Committee's report at the last Council meeting, the Committee is pleased to report that at this Council meeting the Committee is proposing the following policies/guidelines for Council approval:

- Broader criteria for eligibility for funding counselling and therapy;
- Providing additional funding for expenses associated with accessing counselling and therapy; and
- Amendments to the existing Guidelines for the Prevention of Sexual Abuse.

Going forward, the Committee will focus on the following:

- Methods to enhance and support the sexual abuse prevention education in denturism program curricula;
- Developing and producing FAQs and/or scenarios that will assist members in understanding their responsibilities and obligations with respect to protecting patients from sexual abuse;
- Developing baseline competencies for sexual abuse prevention that could potentially be woven into the baseline competencies for denturists;
- Public education possibilities; and
- Revising the existing Sexual Abuse Prevention Plan to reflect any changes approved by Council.

Respectfully submitted by Ms. Alexia Baker-Lanoue, Chair

To: **Council**

From: **Dr. Glenn Pettifer**

Date: **June 14, 2019**

Subject: **Registrar's Report**

I am pleased to provide this report to Council.

STAKEHOLDER REPRESENTATION

February 21, 2019 FHRCO Board Meeting

February 26, 2019, March 27, 2019, April 30, 2019, May 28, 2019 - MOHLTC Working Group on College Performance Measurement

April 12, 2019 met with Frank Odorico, President, Denturist Association of Ontario

April 18, 2019 Presentation/Lecture/Q & A to Graduating Class, Denturism Program, Georgian College.

April 22, 2019 FHRCO Annual Board Meeting and Board of Directors Meeting

April 29, 2019 Meeting with Dr. Louise Clement, Executive Director, Health Education Assessment and Clinical Partnership, Health Standards Organization, Accreditation Canada to discuss onboarding of the College and the educational institutions to the EQual Health Education Program Accreditation.

May 8, 2019 Presentation/Lecture/Q & A to Graduating Class, Denturism Program, Oxford College.

May 8, 2019 Infection Prevention and Control, Knowledge Translation and Exchange Working Group, Public Health Ontario

May 22, 2019 Spring Meeting, Program Advisory Committee Meeting, George Brown College.

FINANCE

Year-to-date financial reports are provided. The 2018 – 2019 Audit was completed in May.

COUNCIL ELECTIONS

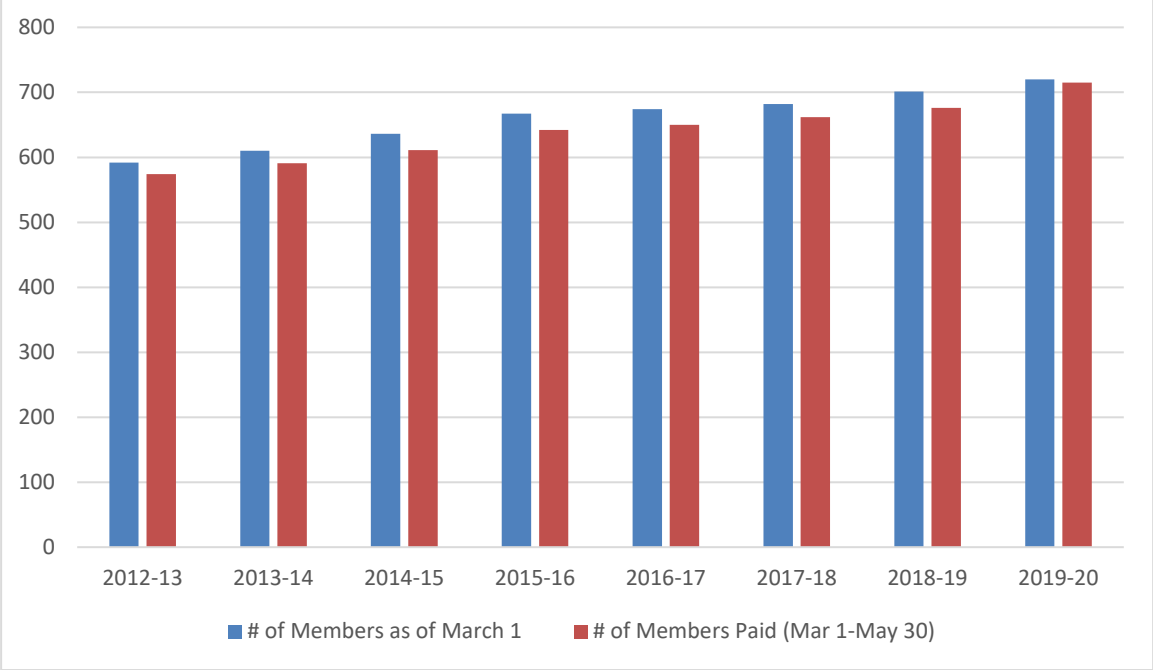
Elections for professional members of Council from Districts 1 & 2 were called on March 7, 2019. Ms. Alexia Baker-Lanoue was acclaimed for District 1. No nominations of candidacy were received from District 2. A by-election will be called for District 2 following the June 14, 2019 Council meeting.

REGISTRATION

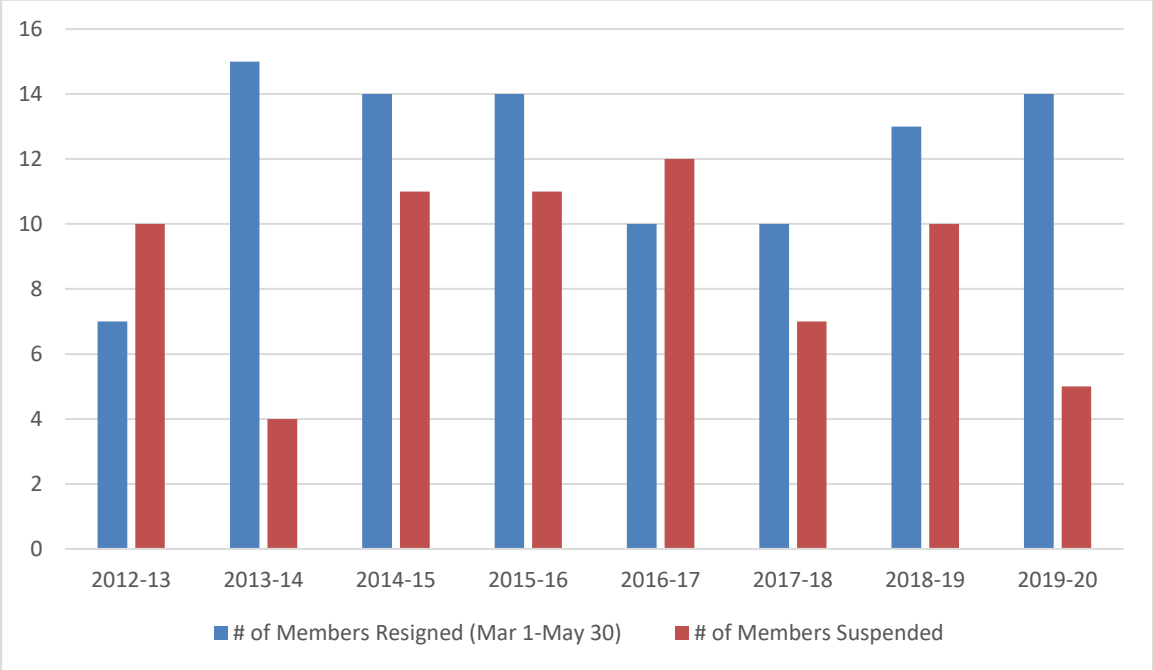
The College's annual renewal for Certificates of Registration and Authorization of Health Profession Corporations ran from March 1 – April 15, 2019. Operationally, the renewal was a great success.

The following table and bar graphs provide some year-to-year comparative registration data. At the time of writing, the College had 716 registrants.

Year	# of Members (March 1)	# of Members Paid (Mar 1-May 30)	# of Members Resigned (Mar 1-May 30)	# of Members Suspended	Extensions
2019-20	720	715	14	5	2
2018-19	701	676	13	10	5
2017-18	682	662	10	7	3
2016-17	674	650	10	12	0
2015-16	667	642	14	11	0
2014-15	636	611	14	11	0
2013-14	610	591	15	4	0
2012-13	592	574	7	10	0



The data in the bar graph above demonstrates that, in spite of some resignations of Certificates of Registration during the renewal period, the College continues to experience a modest, year over year, increase in the number of individuals who hold Certificates of Registration with the College.



The data in the bar graph above demonstrates that there are a number (approximately 10) resignations of Certificates of Registration annually. To some extent this represents natural resignation from the profession as individuals retire. It also includes some individuals who complete the registration process with the CDO and then use the CDO Certificate of Registration to provide for registration (via labour mobility) in another jurisdiction. Once established in another jurisdiction, these individuals then resign their CDO Certificate of Registration.

QUALIFYING EXAMINATION

The summer Qualifying Examination will take place on June 21 (MCQ) and June 23-24, 2019 (OSCE). Approximately 49 candidates have registered for the examination. The OSCE portion of the examination will be administered at the Michener Institute this year. This change of venue arose because of construction at Princess Margaret Hospital that prohibited offering the examination there this year (and for some time into the future we are told). This is an opportunity for the College to evaluate an alternative facility.

ICRC

The College currently has 19 active complaint files, 5 Registrar's Reports/Investigations, 0 referrals to ICRC by Quality Assurance Panel A, 1 active Health Inquiry Panel, 5 decisions at HPARB and 1 pending Discipline Hearing.

PROGRAM AND POLICY DEVELOPMENT

Jurisprudence Project

The soft launch of the Jurisprudence Program has been successful. To date, 22 Registered Denturists have completed the Program.

Self-Assessment Tool
The development of the self-assessment tool has been completed. Prior to general launch of the tool, it will be piloted to members of the profession who sit on the Quality Assurance Committee -Panel A and then to Peer Assessors. The tool will be launched for use by the membership following any modifications suggested by feedback obtained during the pilot phases.

Peer Circle Project
The Peer Circle Project was piloted in November 2018 at the DAO PYP. This component of the QA program is very well received by members of the profession. Another Peer Circle event was held in Windsor on May 22, 2019. Seven Registered Denturists attended. All provided positive feedback and said that they would recommend the Peer Circle event to their colleagues. Other events are scheduled for Ottawa (June 6, 2019; 16 registered), Sudbury (June 22, 2019; 6 registered) and again at the fall DAO PYP Conference (September 13, 2019). The College has offered to provide the Peer Circle event at a DGO event but, to date, this has not been scheduled.

Development of Standards and Other Instruments.
The consultation report on the Standard of Practice: Professional Collaboration will be available for Council's consideration at its June 14, 2019 meeting. The draft Standard of Practice: Professional Boundaries will be presented to Council for consideration at its June 14, 2019 meeting. Most recently, the Quality Assurance Committee (QAC-B) reviewed drafts of the Mandatory Report Information Sheet, the Guide to Electronic Communication and Social Media and Guidelines for Terminating the Denturist-Patient Relationship.

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. A single page information sheet on hand-washing protocols was developed and provided to Peer Assessors for use in their discussions with members of the profession who undergo a Peer and Practice Assessment. The College has partnered with Public Health Ontario to develop a set of IPAC checklists for Registered Denturists.

Regulation Revisions
The draft of the revised Professional Misconduct Regulation is with the Ministry for final consideration. Once we receive this approval, the proposed revision will be released for stakeholder comment.
The draft of the revised Registration Regulation has been modified to include details of any Refresher Program requirements that the College may require of prospective Registrants. This revised draft will be forwarded to the Ministry for consideration.

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 is being sorted and migrated to the new document management program. This will take the better part of the summer. The SharePoint configuration to provide for online access to meeting materials (thereby negating the need to send out emails with links or materials attached) is near completion.

OPERATIONS

The College has successfully engaged Ms. Megan Callaway as Manager, Council and Corporate Services. Ms. Catherine Mackowski has joined the College as Manager, Professional Conduct. Mr. Rod Tom-Ying will join the College on June 10, 2019 as Manager, Special Projects. Rod will be managing the Qualifying Examination process during the coming year while Vicci is away on pregnancy/parental leave.

STAFF PROFESSIONAL DEVELOPMENT ACTIVITIES

Jennifer is enrolled in the online Masters in Public Administration (Management) offered by Dalhousie University.

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

The Registrar completed the Certificate Program in Health Law offered by Osgoode Hall Law School Professional Development.

COLLEGE OF DENTURISTS OF ONTARIO

MEMO

To: **Council**

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

Date: **June 14, 2019**

Subject: **Financial Report: April 1, 2019 – May 31, 2019**

The income statement for April 1, 2019 – May 31, 2019 is attached.

I direct your attention to the column "YTD as Percentage of Budget" which indicates the percentage of the budgeted amount that has been spent (or, in the case of income, received). Since this report only covers the first 2 months of the fiscal year, we would anticipate that approximately 17% of a budgeted amount would have been spent. On the revenue side, most of the College's revenue comes from Registration fees and, since the renewal period ended on April 15, the College has obtained approximately 90% of its budgeted revenue.

There are some line items that are not expensed over time but are lump sum payments. Depending on when lump sum items are invoiced, these items will show a YTD percentage of budget greater or less than 17%. Some items, such as credit card processing fees are expenses that are primarily incurred at one time in the fiscal year. At the CDO, credit card fees are generally incurred during the renewal period (March 1 – April 15) when members renew their Certificates of Registration and pay by credit card. The processing fees are then invoiced and accounted in April/May. In this income statement, the credit card fees are included in the Office & General expense and serve to increase the total line expenditure above the anticipated (17%) amount.

There are no items of note or concern in this variance report. Most items are at or below the projected expenditure level. The average total expenditure level is 12% of the budget which is well within the target in this early part of the fiscal year.

College of Denturists of Ontario

Income Statement (April 1- May 28, 2019)

YTD Budget to Actual	2019-2020 BUDGET	May 31/19 YTD Totals	YTD as Percentage of Budget	Remainder or In Excess of Budgeted Amount*
REVENUE				
Professional Corporation Fees	$ 67,500.00	$ 52,150.00	77%	$ 15,350.00
Registration Fees	$ 1,418,000.00	$ 1,365,455.00	96%	$ 52,545.00
Other Fees	$ 10,100.00	$ 5,138.50	51%	$ 4,961.50
Qualifying Examination Fees	$ 280,125.00	$ 188,750.00	67%	$ 91,375.00
Other Income	$ 16,000.00	$ 1,801.40	11%	$ 14,198.60
TOTAL REVENUE	**$ 1,791,725.00**	**$ 1,613,294.90**	**90%**	**$ 178,430.10**
EXPENDITURES				
Wages & Benefits	$ 553,280.60	$ 92,250.67	17%	$ 461,029.93
Professional Development	$ 40,000.00	$ 8,107.00	20%	$ 31,893.00
Professional Fees	$ 243,500.00	$ 2,178.49	1%	$ 241,321.51
Office & General	$ 153,200.00	$ 47,321.12	31%	$ 105,878.88
Rent	$ 117,756.80	$ 18,220.40	15%	$ 99,536.40
Qualifying Examination	$ 303,150.00	$ 14,618.08	5%	$ 288,531.92
Council and Committees	$ 46,500.00	$ 5,386.25	12%	$ 41,113.75
Quality Assurance				
QA Panel A	$ 6,000.00	$ 165.93	3%	$ 5,834.07
QA Panel B	$ 5,000.00	$ -	0%	$ 5,000.00
QA Assessments	$ 37,650.00	$ 1,722.49	5%	$ 35,927.51
Complaints & Discipline				
Complaints	$ 126,000.00	$ 13,559.05	11%	$ 112,440.95
Discipline	$ 45,000.00	$ 5,558.16	12%	$ 39,441.84
Capital Expenditures	$ 15,000.00	$ -	0%	$ 15,000.00
TOTAL EXPENDITURES	**$ 1,692,037.40**	**$ 209,087.64**	**12%**	**$ 1,482,949.76**
NET INCOME	**$ 99,687.60**	**$ 1,404,207.26**		

BRIEFING NOTE

To:	**Council**
From:	**Dr. Glenn Pettifer, Registrar & CEO**
Reporting Date:	**June 14, 2019**
Subject:	**Update on Strategy Map 2017-2020 progress**

Priority 1 – Enhanced Communication and Stakeholder Engagement

The Peer Circle Project was piloted in November 2018 at the DAO PYP. This component of the QA program is very well received by members of the profession. Another Peer Circle event was held in Windsor on May 22, 2019. Seven Registered Denturists attended. All provided positive feedback and said that they would recommend the Peer Circle event to their colleagues. Other events are scheduled for Ottawa (June 6, 2019; 16 registered), Sudbury (June 22, 2019; 6 registered) and again at the fall DAO PYP Conference (September 13, 2019). The College has offered to provide the Peer Circle event at a DGO event but, to date, this has not been scheduled.

We continue to explore 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 Cirlce Project is offered in person.

Educational webinars and self-directed learning assignments have been developed and continue to be developed for existing and new Standards of Practice. 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).

Interprofessional collaboration has been an item of discussion at meetings with the Registrars of the CDHO and CDTO. The CDO has recently drafted a Standard of Practice: Professional Collaboration which has been released for stakeholder consultation.

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 June 14, 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 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 is being sorted and migrated to the new document management program. This will take the better part of the summer. The SharePoint configuration to provide for online access to meeting materials (thereby negating the need to send out emails with links or materials attached) is near completion.

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 has engaged each of Ontario's Denturism Program administrators in this conversation around academic program accreditation. Council ultimately selected EQual as the accreditor for denturism academic programs in Ontario. Alberta and British Columbia denturism regulators have also chosen EQual as their academic program accreditation body.

The CDO has also engaged with the Alberta and British Columbia regulators to undertake a national review of the National Competency Profile. This work will begin in the summer.

Coincident with this combined National Competency Profile revision effort, is an effort to nationalize the entry to practice qualifying examination. The CDO is currently exploring the establishment of a national level examination for the multiple-choice component of the Qualifying Examination.

Prepared by Richard Steinecke

In this Issue:

Bonus Features:

Ontario Bills

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

Bill 116, *Foundations for Promoting and Protecting Mental Health and Addictions Services Act, 2019* – (*government Bill – passed first reading)* The Bill establishes a centre of excellence to address mental illness and addictions and makes it easier for the government to sue manufacturers and wholesalers of opioids.

Bill 100, *Protecting What Matters Most Act (Budget Measures), 2019* – (*government Bill – passed third reading and received Royal Assent*) The Bill contains a number of measures including:

- Creating a regulator for financial planners
- Creating an alternative regulatory scheme for skilled trades and apprentices to replace the Ontario College of Trades
- Creating greater government oversight of the Ontario new homes warranty program, and
- Requiring government tribunals to provide public access to their hearing records unless an exception applies (e.g., privacy interests outweighing the right to public access). These amendments implement the recent *Toronto Star* decision by the courts. The amendments do not apply directly to professional regulatory discipline committees but do apply to certain tribunals professional regulators appear before including the Health Professions Appeal and Review Board.

Proclamations

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

There were no relevant proclamations this month.

Regulations

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

There were no relevant regulations gazetted this month.

Proposed Regulations Registry

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

There are no relevant consultations listed this month.

Bonus Features

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

Legal Status of a Regulator's Policies

The Ontario Court of Appeal has re-affirmed the authority of regulators to make policies setting out the expectations of practitioners in the course of their practice. This is so even where the enabling statute authorized the enactment of standards through regulation. The difference is that a regulation is "law" that is directly enforceable at discipline whereas a policy is only a statement of expectations that may form some evidence of the existing standard of practice but is not automatically enforceable at discipline. Despite it not being formal law, it still needs to be consistent with the *Canadian Charter of Rights and Freedoms* because, at least in this case, it was implementing a specific government objective.

In the case of *Christian Medical and Dental Society of Canada v College of Physicians and Surgeons of Ontario*, 2019 ONCA 393, <http://canlii.ca/t/j08wq>, the Ontario Court of Appeal accepted the reasoning of the Divisional Court and concluded that the policies appropriately balanced the competing interests of access to health care (especially abortion services and medical assistance in dying) and the religious beliefs of certain physicians. The Court also gave deference to the view of the regulator that simply providing generic information to vulnerable patients of their options was an insufficient balancing of the rights; the regulator was entitled to apply its expertise to require an effective referral to a person or facility that would provide the service.

This case is consistent with other recent cases where the courts give deference to regulators when enacting policies. However, the thorough nature of the Court's analysis indicates that it is prudent for regulators to conduct a full workup for their policies, especially when rights under the *Charter* might be affected.

Federal Trade-Marks and Provincially Protected Terms

A common method of regulation is to restrict the use of a term or designation to those who have met certain requirements. There has been some uncertainty as to whether federal trade-mark rules could be used to circumvent provincial restrictions on the use of terms and designation. The case of *Royal Demaria Wines Co. Ltd. v Lieutenant Governor in Council*, 2018 ONSC 7525, <http://canlii.ca/t/hwn9n>, goes a long way to dispelling those concerns.

In that case, the winery could not obtain approval for its wines, particularly its icewine, because it did not pass the taste test requirements of the provincial regulator. Under the provincial legislation, the term "icewine" was restricted to wines approved by the regulator. The winery obtained a federal trademark as "Canada's Icewine Specialist" and sought a declaration that it could use that term to describe its products. The Court noted that the principle that federal law is paramount over inconsistent provincial law should be applied with restraint in the spirit of cooperative federalism. The fact that a federal law addressed a topic does not imply that a valid provincial law is excluded from the field. Obtaining a trade-mark does not imply a right to use the term or designation when its use was prohibited by provincial law. The Court said:

> Both the *Act* and the *Trade-Marks Act* have consumer protection purposes that are consistent and compatible with each other. The *Act* furthers the consumer protection purpose of the *Trade-Marks Act* by ensuring that when wine manufacturers use certain terms that are also subject to provincial regulation, they are meeting quality standards. This complements, rather than frustrates, the purpose of the federal legislation.

The laws were not inconsistent in the sense that the winery could comply with both of them at the same time.

The case also contains an interesting discussion of the validity of taste tests as a regulatory tool authorized by the enabling statute. The Court also upheld the termination of the winery's membership with the regulator if it had no wine approved within an 18-month period.

Can a Practitioner's Privacy Be Protected by the Terms of an Adjournment?

Mr. Colpitts, a lawyer, was convicted of a serious criminal offence. He appealed the conviction. In the meantime, a resulting interim discipline process was adjourned, pending the outcome of the appeal, on the basis that he undertook not practise the profession. The agreement was confidential. After further investigation, the regulator referred Mr. Colpitts to a hearing under another provision. Mr. Colpitts sought judicial review of that decision arguing that the terms of the earlier adjournment precluded any further discipline action until the criminal appeal was heard. Mr. Colpitts asked the court to protect his privacy in the judicial review proceedings on the basis of the assurance of confidentiality he had received in the earlier adjournment matter.

The Nova Scotia Court of Appeal upheld lower court ruling that, regardless of how one interpreted the terms of his adjournment before the Law Society, he had not establish the need to have the court proceedings held anonymously: *Colpitts v Nova Scotia Barristers' Society*, 2019 NSCA 45, <http://canlii.ca/t/j0pmz>. The Court said:

> Courts operate in the public domain, not behind closed doors, unless it is necessary to prevent a serious risk to an important public interest and the salutary effects outweigh the deleterious effects of the requested confidentiality order.

The privacy interests of a practitioner of a profession would not normally meet these criteria.

This case illustrates how the wording of agreements with practitioners should contemplate other proceedings and not just the one proceeding currently in mind.

Cooperation with One's Regulator Must Be Prompt

All practitioners have an obligation to cooperate with their regulator. At what point does a delay in providing information to the regulator demonstrate a lack of good faith cooperation? In *Law Society of Ontario v Diamond*, 2019 ONSC 3228, <http://canlii.ca/t/j0l82>, the Court said that it depends on the circumstances of the case. However, a failure to provide clearly requested documents for a period of four to six months (despite cooperation in providing other documents quickly), where the documents are required to be readily available, could constitute a failure to cooperate in good faith. The Court said:

> It is consistent with the purpose of the Rule respecting that duty and the positive obligation it imposes on lawyers, that it is not sufficient for a lawyer to have genuine or honest belief that they are fulfilling their duty to co-operate. The efforts to co-operate must be measured against the objective standard of reasonableness….
>
> To find otherwise would allow a lawyer who has not taken the time or made reasonable efforts to understand and comply with their obligations to be immunized from regulation by the Law Society. This would be contrary to the public interest. As noted in *Ghobrial, supra*, at para. 9, when it comes to the licensee's duty to respond to Law Society requests for information completely and promptly "it is essential that the licensee treat the response as a priority"….
>
> Similarly, in the duty to co-operate context, a lawyer cannot be found to have acted in good faith to provide a complete and prompt response when the basis for their delay is their ignorance of their professional obligations or their negligence in making the efforts they are required to make to provide the requested information promptly….
>
> There is nothing unreasonable about the Appeal Division's analysis of the concept of "good faith". It does not hold lawyers to a standard of perfection. It imposes a duty on them to make every reasonable effort to comply with their obligations. This is consistent with the purpose of the Rule….

This decision also reinforces that a practitioner's duty to cooperate with their regulator means a prompt and complete response to each request.

US Debate about De-Regulation Just Got More Nuanced

There has been a noticeable push in the US to de-regulate professions on the basis that regulation restricts access to workers, drives up prices, and is largely unnecessary. In a thoughtful paper, the oversimplification of those arguments is effectively dismantled. At the same time the authors argue that significant reform is required of even the professions where the risk of harm to the public is highest. See: Scheffler, Gabriel and Nunn, Ryan, "Occupational Licensing and the Limits of Public Choice Theory" (2019) *Faculty Scholarship at Penn Law* 2072: <https://scholarship.law.upenn.edu/faculty_scholarship/2072>.

The conclusion to the paper sums up the arguments nicely:

> In sum, the standard public choice narrative about occupational licensing is simultaneously overinclusive and underinclusive. On one hand, it is overinclusive as it suggests that licensing laws are rarely justified, even in the face of plausible alternative explanatory accounts. If policymakers and judges were to take this narrative at face value, they might strike down many licensing laws that benefit the public. Of course, there is a strong case for subjecting licensing laws to greater scrutiny, and there are professions for which the costs of licensure clearly outweigh the benefits. Yet in other cases—perhaps in many cases—the cost-benefit calculus will be less clear.
>
> At the same time, however, the standard public choice narrative is underinclusive as it tends to focus less on dominant professional organizations, such as physicians and lawyers, and more on smaller, lower-wage professions. This is unfortunate, since the former licensing regimes have particularly detrimental consequences for workers and consumers. In addition, the public choice narrative is underinclusive because it has little to say about professions for which there are credible public safety risks of unregulated activity. We argue that there is a strong basis for licensure reform in these professions that, while less radical than complete deregulation, would nonetheless enhance labor market access and benefit consumers.

Grey Areas
A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

Steinecke Maciura LeBlanc
Barristers & Solicitors

The Cayton Report: The Wolf Finally Arrives

by Rebecca Durcan
May 2019 - No. 236

For years observers have been saying that regulators of professions are under intense scrutiny and unless they regained public confidence then self-regulation without systematic oversight would end in Canada. Over time it has become easier to ignore these pleas as self-regulation continued to muddle along, but no longer. While the analogy to the little boy who cried wolf is imperfect (no one would call the author of the report or his agency's ideas "wolves"), the concept of snubbing previous warnings and subsequently facing real consequences is relevant.

On April 11, 2019, the long awaited report of the Professional Standards Authority (PSA) (headed at the time it was written by Harry Cayton) on the Inquiry into the College of Dental Surgeons of British Columbia was released. On the same day the Minister of Health gave the College thirty days to deliver an implementation plan for the recommendations directed at it. The Minister also announced that he has set up a steering committee to examine the recommendations related to the oversight of all regulated health professions.

Governance

Some of the key observations in the report about governance include the following:

- Boards should focus on three things:
  - ensuring the College complies with its mandate and the law
  - setting strategy and monitoring performance and
  - holding the registrar and chief executive to account for delivery.
- Boards should dispense with formal rules of procedure (e.g., motions and votes) and, with rare exceptions, operate through consensus.
- Secret ballots have no place in a public body.
- Secret meetings (in the absence of staff) should be extremely rare and require centrally maintained minutes.
- The Board should partner with staff to achieve the organization's mandate; staff do not just administratively implement Board directions.
- Dysfunction in an organization occurs when Board members and staff no longer respect and trust each other.

The report's recommendations include:

- Candidates for selection to the Board from within the profession should be required to participate in an "induction programme" before being chosen.
- Officers or representatives from the professional association or similar bodies should have a three-year cooling off period before they can serve with the regulator.
- The governance committee should be abolished and Board officers should not attend audit committee meetings unless invited.
- Board members should not procure goods or services directly. Procurement should be through staff pursuant to appropriate policies.
- "The Board must stop seeing itself as the College and recognise that its role is to govern

FOR MORE INFORMATION
This newsletter is published by Steinecke Maciura LeBlanc, a law firm practising in the field of professional regulation. If you are not receiving a copy and would like one, please contact: Richard Steinecke, Steinecke Maciura LeBlanc, 401 Bay Street, Suite 2308, P.O. Box 23, Toronto, ON M5H 2Y4, Tel: 416-626-6897 Fax: 416-593-7867, E-Mail: info@sml-law.com

> the College and oversee its performance but that the College is run and managed by its professional staff."

Measuring Regulatory Performance

The report assessed the performance of the College according to the criteria that the PSA uses for the bodies it oversees. The following areas were found to have not met the standard:

- Standards of practice do not identify mandatory expectations upon practitioners and are unclear in some areas.
- There is not a systematic and accountable process for identifying and developing new or revised standards.
- Standards are not clearly worded nor are they effectively communicated to the profession and to the public.
- Complaints are not appropriately assessed for risk and prioritized upon receipt.
- The complaints process is not transparent, fair, proportionate and focused on public protection because of its composition, and because of the excessive role of staff and because of the misuse of undertakings option.
- Complaints are not dealt with promptly with a view to preventing harm to the public while in process.
- Insufficient reasons are provided for actions taken on complaints.
- The regulator does not have an effective process for identifying, assessing, escalating and managing organizational risks.
- Board oversight does not include the effective use of key performance indicators and a corporate risk register.
- The regulator does not collect and use performance and outcomes information about patients and the public as a part of its strategic planning.
- The Board does not work cooperatively, with an appropriate understanding of its role as a governing body and members' individual responsibilities.

External Relationships

The report identified a broad lack of understanding of the role of the College to regulate the profession in the public interest. This was demonstrated by the election campaign statements, the perceptions of Board members from the profession and in the history of various regulatory initiatives. Examples of the regulatory initiatives of concern was the failure to implement a standard preventing dentists from treating their spouses and the challenges faced by attempts to implement an enhanced quality assurance program. The report states:

> The College needs to build a different relationship with its dentist registrants: one of both mutual respect and distance. It cannot do so when its Board is elected by registrants and partially subject to their control. It is hard for it to build a new relationship with the profession when it is so closely tied financially and through personal contact and individuals to the [professional association] and other dental organisations. An independent, effective, efficient, fair and public focussed regulator is good for the dental community as a whole. It is especially good for skilled and ethical dentists who never have a complaint.

The report stated plainly that the relationship between the regulator and the professional association was too close and strongly recommended the severing of many of those ties (e.g., the regulator cease collecting annual fees for membership in the professional association).

The report commended the affiliation of the regulator with the other health regulators in a loose umbrella organization as a model of collaboration.

The report indicated that while the regulator had regular contact with the government, one aspect of the relationship that was not working well was the appointment of public members to the Board. The criteria used in making such appointments were uncertain and there were too many vacancies.

In terms of engaging the public, the report noted a reluctance of the Board to engage with the public and the lack of a strategy to more effectively obtain the input and perspective of the very people it is mandated to protect.

Protecting the Public

This portion of the report is perhaps the most hard-hitting. It definitively states that regulators have no advocacy role. It also says:

> A concern for the well-being of dentists rather than a single-minded focus on patient safety and public protection is still a part of College culture.

After providing some quotations of statements made to the inquiry by leaders in the profession, including those working for the regulator, the report states:

> I don't think these perspectives are typical but for dentists who are active in the College and dental community to express them suggests a profound misunderstanding of the purpose of professional regulation and lack of concern for the safety and well-being of patients.

The report noted that the mandate of the regulator "to serve and protect the public" was broad. The report expressed concerned that the regulator was reading the mandate it too broadly. The report suggests that the mandate of regulators "does not ask regulators to be responsible for public health or for access to health professionals".

The report recommends that the mandate of regulators be narrowed to read:

> To protect the safety of patients, to prevent harm and promote the health and well-being of the public.

The report illustrates these concerns. One instance was the failure of the regulator to establish, as required by the legislation, a patient relations committee and a program dealing with sexual abuse. The only sexual abuse guideline developed by the regulation was permissive rather than restrictive in nature (i.e., enabling dentists to treat their spouses).

Another example provided was the failure to effectively enforce the standard related to sedation and anaesthesia. This discussion included an example where a young patient experienced permanent brain damage by a practitioner who had disregarded many of the most basic requirements yet was permitted to remain in the profession.

Legislative Reform

In addition to the recommendations described above some of the more significant recommendations for legislative reform for all health regulators include the following:

- Boards be reduced to twelve members, all of whom are appointed (not through the current government process) on the basis of demonstrated skills with only half being members of the profession.
- Smaller regulators should be merged into fewer, larger ones.
- A simplified complaints system with three components: triage, investigation, and adjudication.
- An expanded duty to report publicly on all operations of the regulator including complaints outcomes.
- The Review Board should be able to initiate, on its own, a review of a complaint outcome even if there is no appeal.

Longer term reforms would include:

- Having a single set of ethical rules and conduct expectations for all health professions.
- Removing adjudication of disciplinary disputes from the regulators, to be performed by an independent body.
- That same independent body would also maintain a single register of every health practitioner in the province.
- There should be a separate independent oversight body that reviews the performance of regulators, approves some of the standards developed by them and manages the Board member selection process.
- The independent oversight body would also employ an occupational risk assessment process that would be used to recommend which professions require formal statutory regulation.

Conclusion

In summary, the Cayton report contains a detailed review of the performance of the College of Dental Surgeons of British Columbia. It identified serious deficiencies in the governance of the regulator. It also concluded that there were gaps in the regulatory performance of the regulator in eleven areas. It commented on a number of areas for improvement in its external relationships with various groups. It concluded that the regulator was not focussed exclusively on its public interest mandate, particularly in the area of public safety.

The report makes a number of sweeping short term and long term proposals for regulatory reform for all health professional regulators. These include a completely appointed Board of twelve people, half of whom are public members, merging regulators, separating out the adjudication of discipline matters and the operation of a single public register, and the creation of an oversight agency that would review and report on the regulatory performance of the regulators.

This report is broadly consistent with recent developments in British Columbia, and other provinces including Ontario and Nova Scotia and the regulatory regime that has existed in Quebec for many years.

The Cayton Report can be found at: https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/cayton-report-college-of-dental-surgeons-2018.pdf.

BRIEFING NOTE

To:	**Council**
From:	**Dr. Glenn Pettifer, Registrar & CEO**
Date:	**June 14, 2019**
Subject:	**Standard of Practice: Professional Collaboration**

Background

The draft Standard of Practice: Professional Collaboration was presented for Council's consideration at its March 22, 2019 meeting. At that time, Council approved the draft Standard and Guide for release for stakeholder consultation.

The summary stakeholder feedback is provided for Council's consideration.

Options

After review and consideration of the stakeholder feedback, 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 of the new draft at the next (September) Council meeting.
4. Other

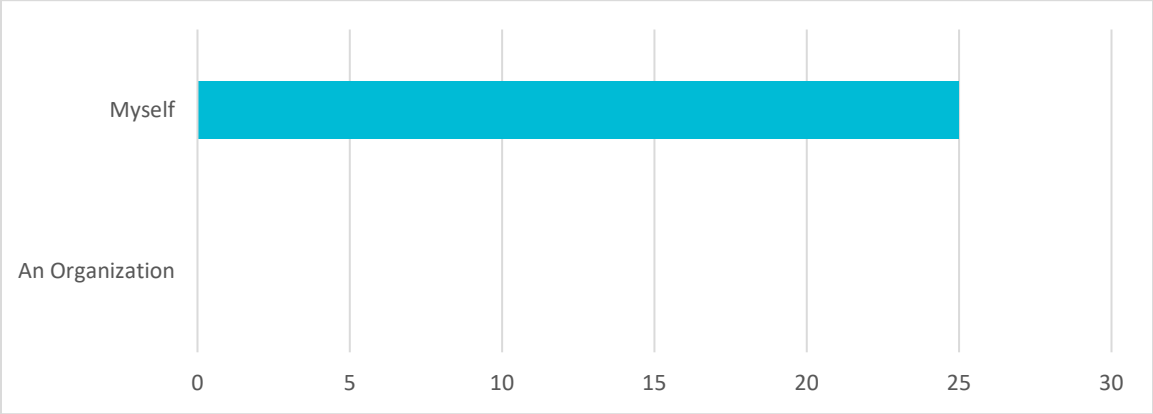
Attachments

Stakeholder Consultation Report
Draft Standard of Practice: Professional Collaboration
Draft Guide to the Standard of Practice: Professional Collaboration

Consultation Report:
Standard of Practice: Professional Collaboration

I am responding on behalf of:

Answered: 25 Skipped: 0



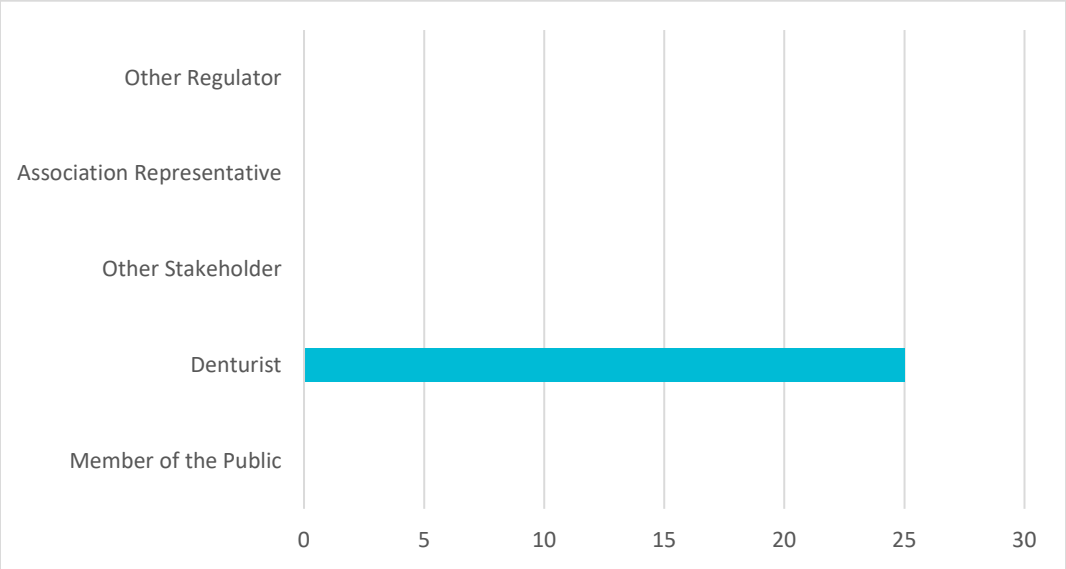
Answer Choices	Responses	
Myself	25	100.00
An Organization:	0	0.00%

The Denturist Association of Ontario

Agenda Item 10.2

I am a:

Answered: 25 Skipped: 0



Answer Choices	Responses	
Other Regulator	0	0.00%
Association Representative	0	0.00%
Other Stakeholder	0	0.00%
Denturist	25	100.00%
Member of the Public	0	0.00%

Standard Statement #1

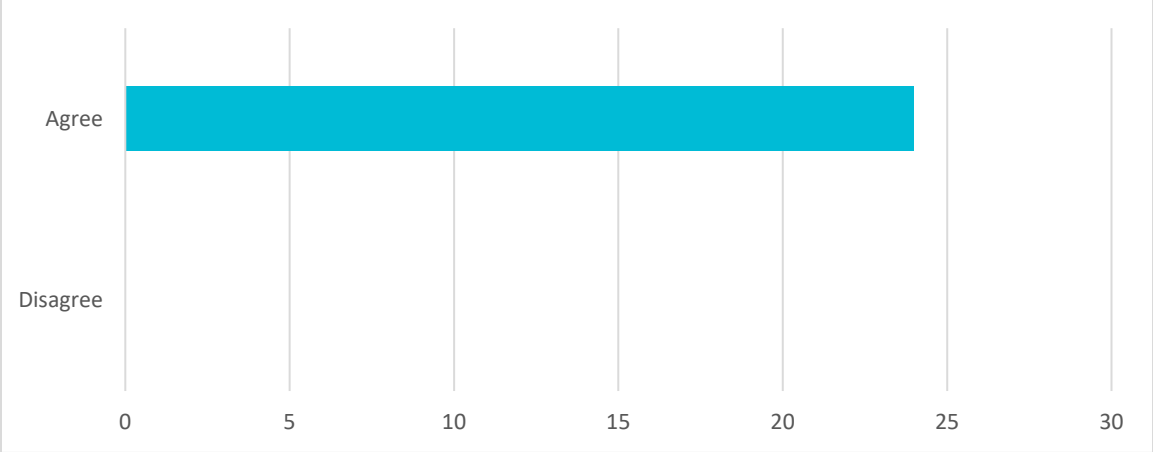
Agenda Item 10.2

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.

Do you agree with this standard statement?

Answered: 24 Skipped: 1



Answer Choices	Responses	
Agree	24	100.00%
Disagree	0	0.00%

Comments:

None.

Standard Statement #2

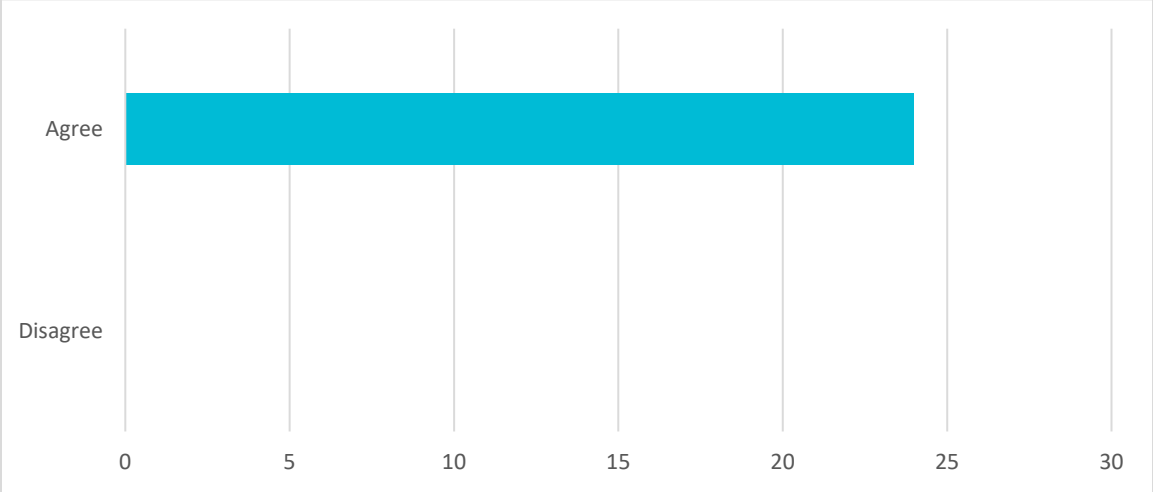
Agenda Item 10.2

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

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.

Do you agree with this standard statement?

Answered: 24 Skipped: 1



Answer Choices	Responses	
Agree	24	100.00%
Disagree	0	0.00%

Comments:

None.

Standard Statement #3

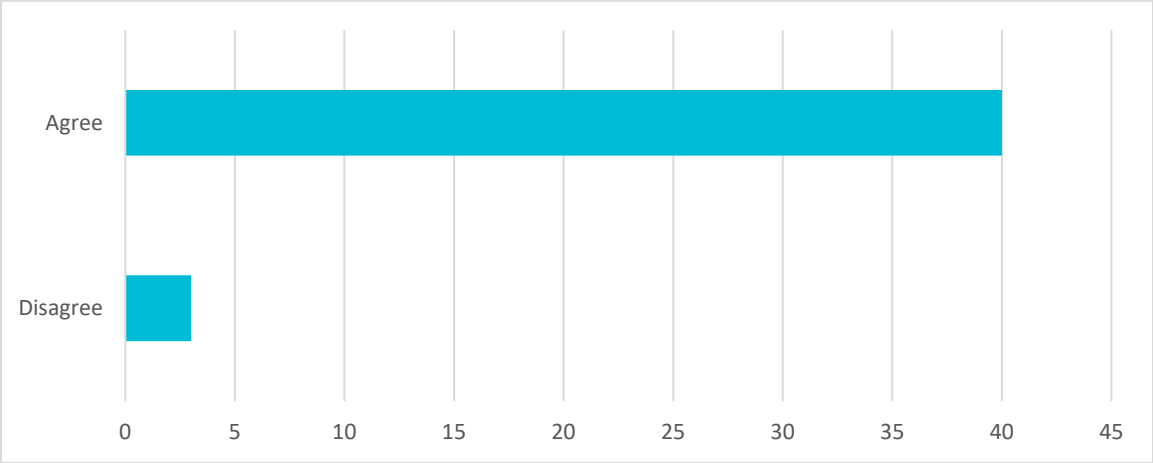
Agenda Item 10.2

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

3. Share knowledge with other members of a health care team to promote the best possible patient outcomes.

Do you agree with this standard statement?

Answered: 24 Skipped: 1



Answer Choices	Responses	
Agree	24	100.00%
Disagree	0	0.00%

Comments:

I agree if the Denturist get the patient consent .

Standard Statement #4

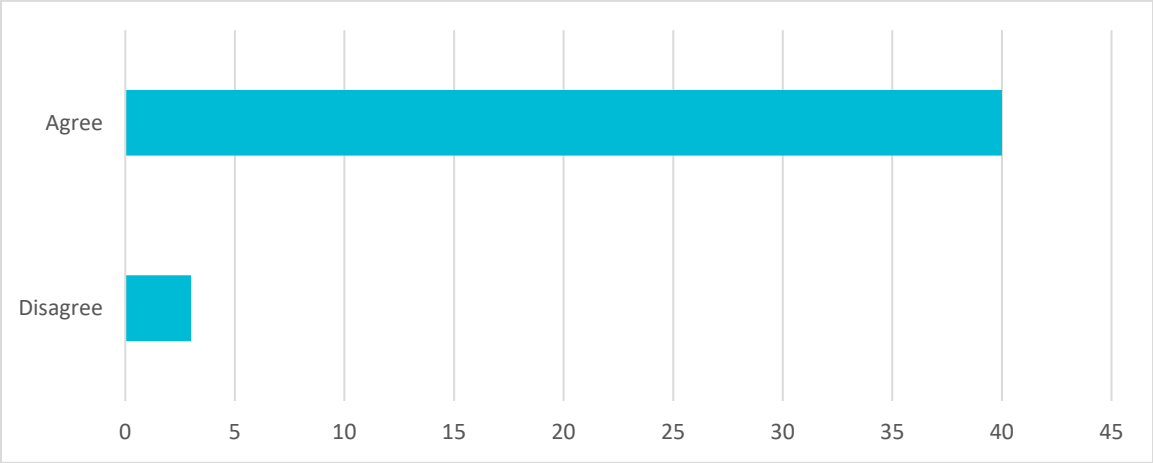
Agenda Item 10.2

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

4. Collaborate with the patient and other members of a health care team in the provision of treatment.

Do you agree with this standard statement?

Answered: 24 Skipped: 1



Answer Choices	Responses	
Agree	24	100.00%
Disagree	0	0.00%

Comments:

None.

Standard Statement #5

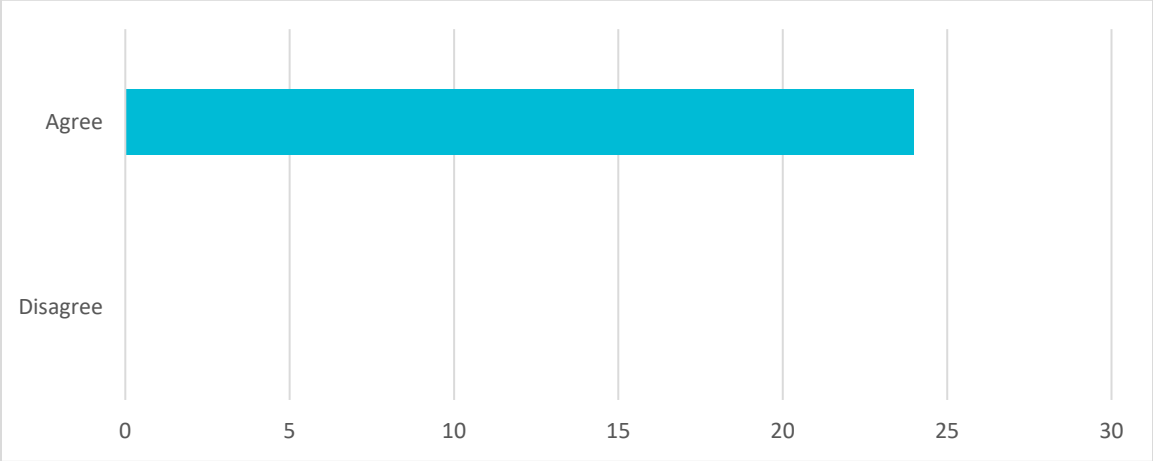
Agenda Item 10.2

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

5. Refer patients to other service providers when appropriate.

Do you agree with this standard statement?

Answered: 24 Skipped: 1



Answer Choices	Responses	
Agree	24	100.00%
Disagree	0	0.00%

Comments:

I agree with patient consent

Standard Statement #6

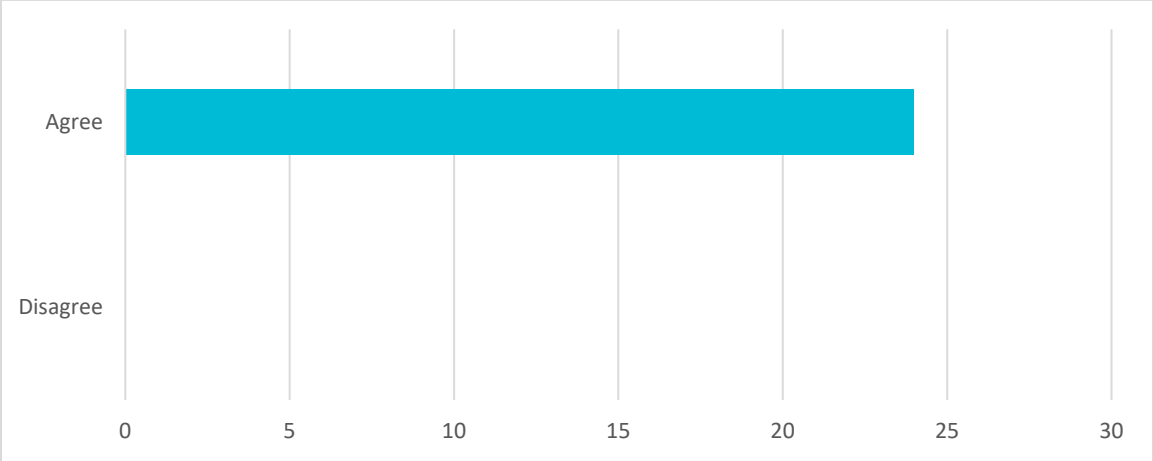
Agenda Item 10.2

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

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.

Do you agree with this standard statement?

Answered: 24 Skipped: 1



Answer Choices	Responses	
Agree	23	95.83%
Disagree	1	4.17%

Comments:

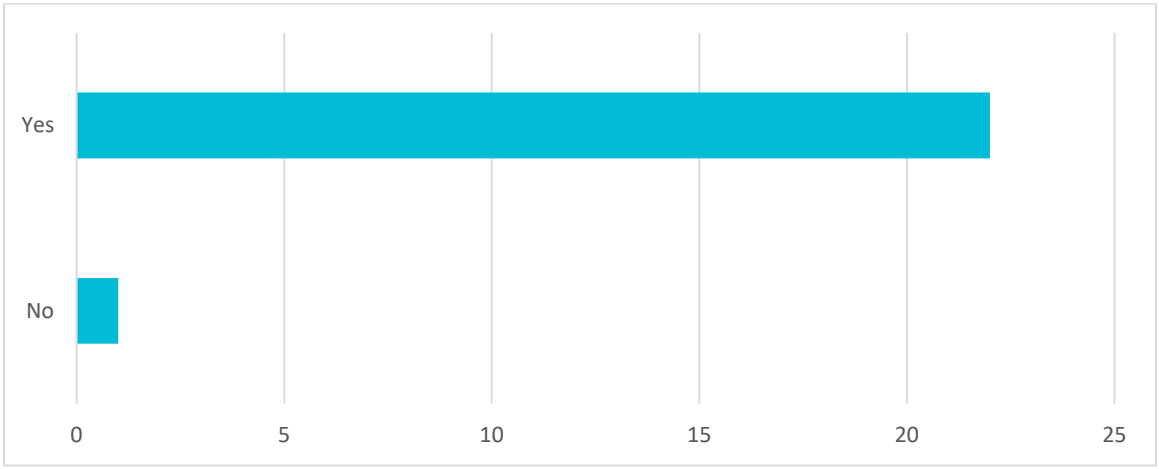
None.

Agenda Item 10.2

Guide to the Standard

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

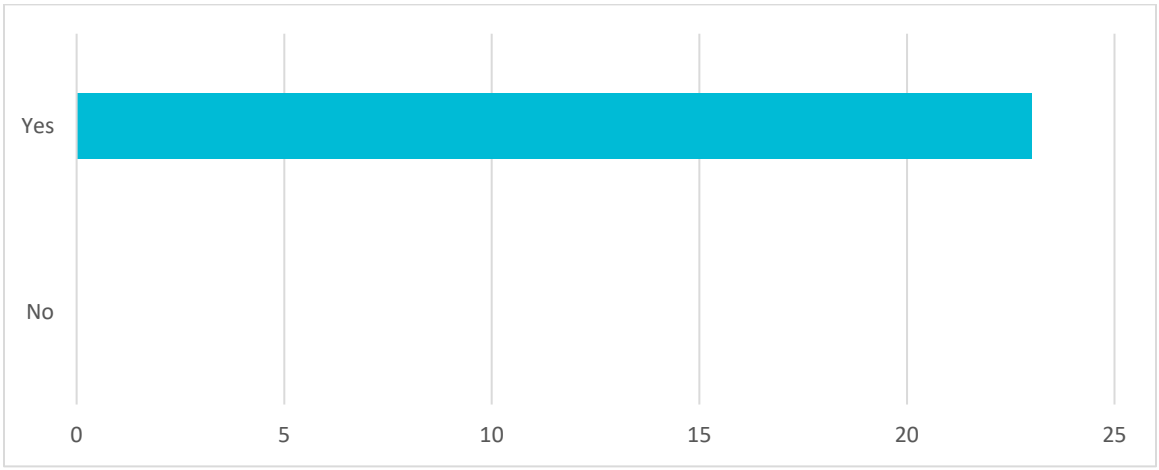
Answered: 23 Skipped: 2



Answer Choices	Responses	
Yes	22	95.65%
No	1	4.35%

Was the information presented in the Guide understandable?

Answered: 23 Skipped: 2



Answer Choices	Responses	
Yes	23	100.00%
No	0	0.00%

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

Comments:

No everything there was just logic

COLLEGE OF DENTURISTS OF ONTARIO

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	

COLLEGE OF DENTURISTS OF ONTARIO

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.

BRIEFING NOTE

To:	**Council**
From:	**Dr. Glenn Pettifer, Registrar & CEO**
Date:	**June 14, 2019**
Subject:	**Standard of Practice: Denturism Educators**

Background

The draft Standard of Practice: Denturism Educators was presented for Council's consideration at its September 14, 2018 meeting. At that time, Council approved the draft Standard and Guide for release for stakeholder consultation.

The summary stakeholder consultation report is provided for Council's consideration.

Options

After review and consideration of the stakeholder feedback, 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

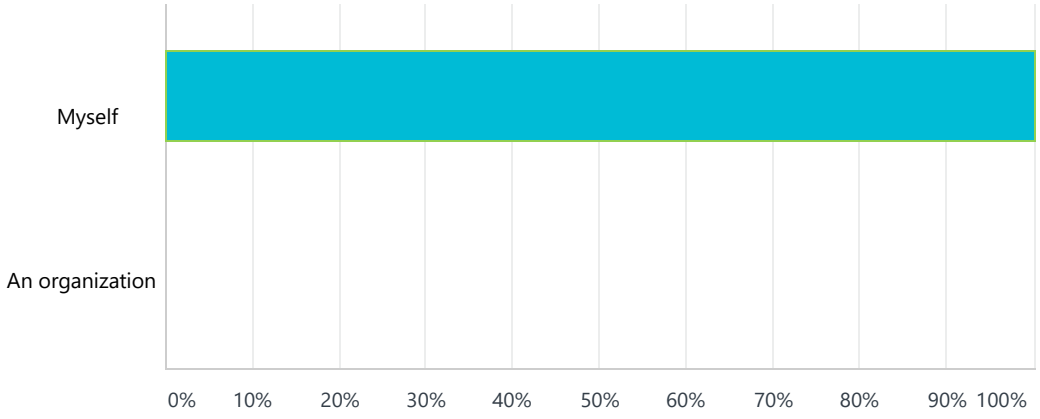
Stakeholder Consultation Report
Draft Standard of Practice: Denturism Educators
Draft Guide to the Standard of Practice: Denturism Educators

COLLEGE OF DENTURISTS OF ONTARIO

Consultation - Standard of Practice: Denturism Educators

I am responding on behalf of:

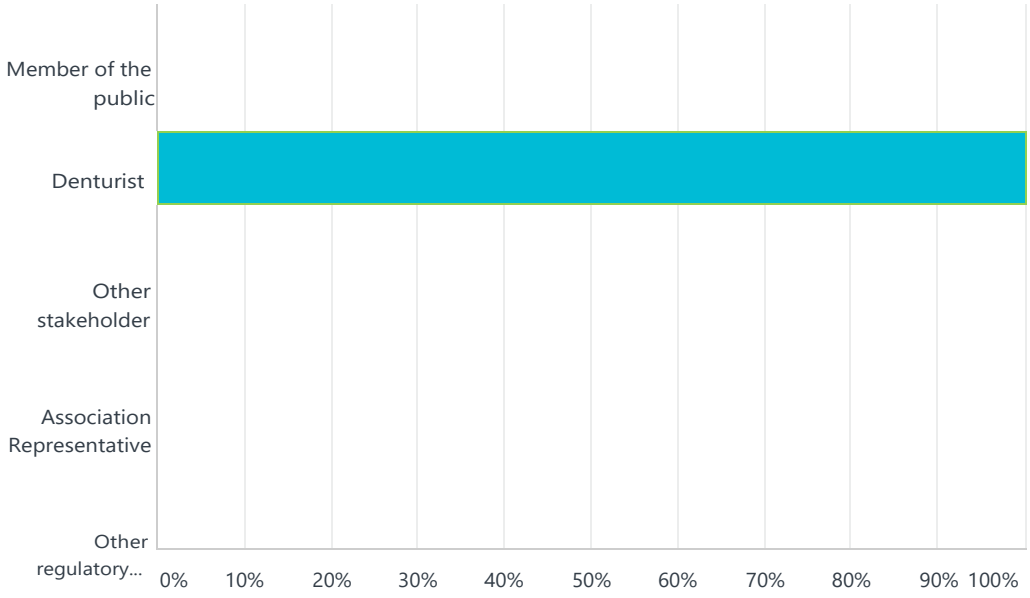
Answered: 25 Skipped: 0



ANSWER CHOICES	RESPONSES	
Myself	100.00%	25
An organization	0.00%	0
TOTAL		**25**

I am a:

Answered: 25 Skipped: 0

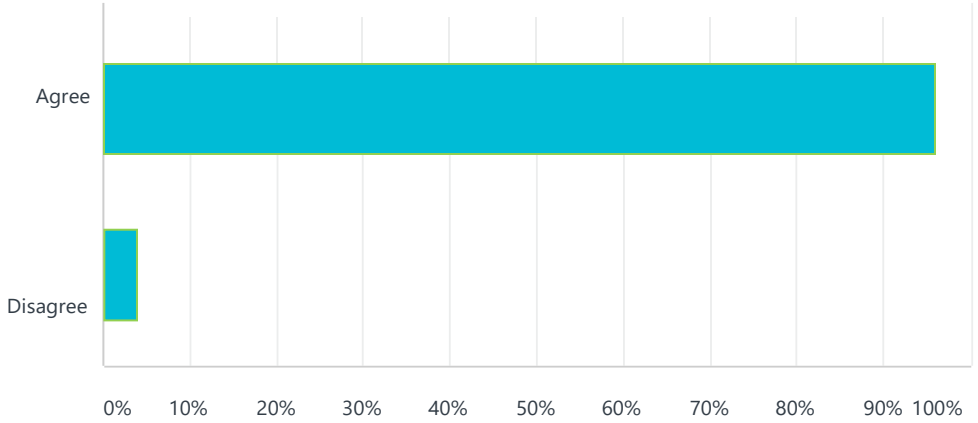


ANSWER CHOICES	RESPONSES	
Member of the public	0.00%	0
Denturist	100%	25
Other stakeholder	0.00%	0
Association Representative	0.00%	0
Other regulatory College	0.00%	0
TOTAL		**25**

Do you agree with this expectation?

Answered: 25 Skipped: 0

Standard Statement #1
A registered denturist meets the expectations in the Standard of Practice: Denturism Educators when he/she: 1. Is committed to the education and success of students.



ANSWER CHOICES	RESPONSES	
Agree	96.00%	24
Disagree	4.00%	1
TOTAL		**25**

Please provide your feedback on this statement.

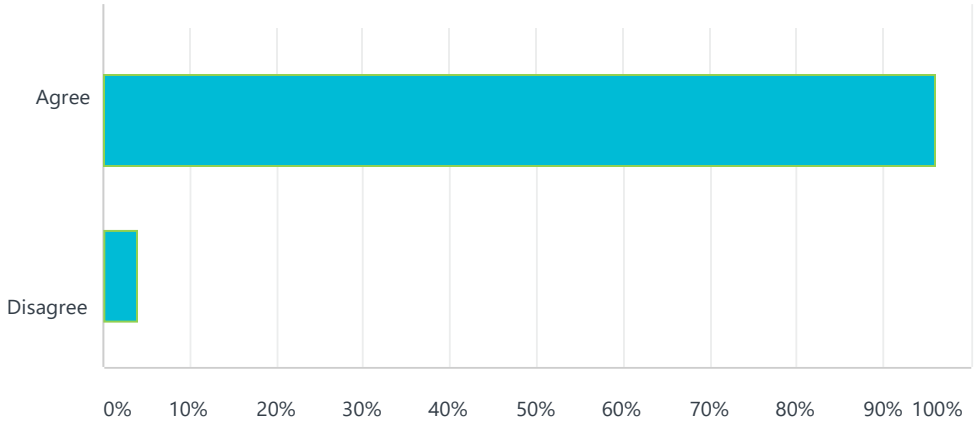
Answered: 8 Skipped: 17

RESPONSES
It is completely the duty of the denturist to teach proper standards to better the knowledge and success of a student
he need 5years experience
I would point out that it may not necessarily be the duty of an educator to be committed to the "success" of a student but rather the fair evaluation of a student while. I feel that "commitment to.. success of students" may be interpreted as ignoring that evaluations of students must be done truthfully and with integrity. A potential replacement wording could be: " Is committed to the education and a fair evaluation of students while assisting students to reach their highest potential" Of course this wording is a bit long winded.
To encourage testing new systems in the Schools.
That would satisfy the educator in that institution, but shouldn't they strive to further educate the profession in general?
Educators should be committed to student success no matter what.
This should include their own education as well. They should exceed the minimum requirements for ConEd & there should be a stipulation that they have participated in hands-on courses as well.
Educating with success is very important. If the education is not correct, students will not be successful with their education of practice.

Do you agree with this expectation?

Answered: 25 Skipped: 0

Standard Statement #2
A registered denturist meets the expectations in the Standard of Practice: Denturism Educators when he/she: 2. Provides a safe learning environment.



ANSWER CHOICES	RESPONSES	
Agree	96.00%	24
Disagree	4.00%	1
TOTAL		**25**

Please provide your feedback on this statement.

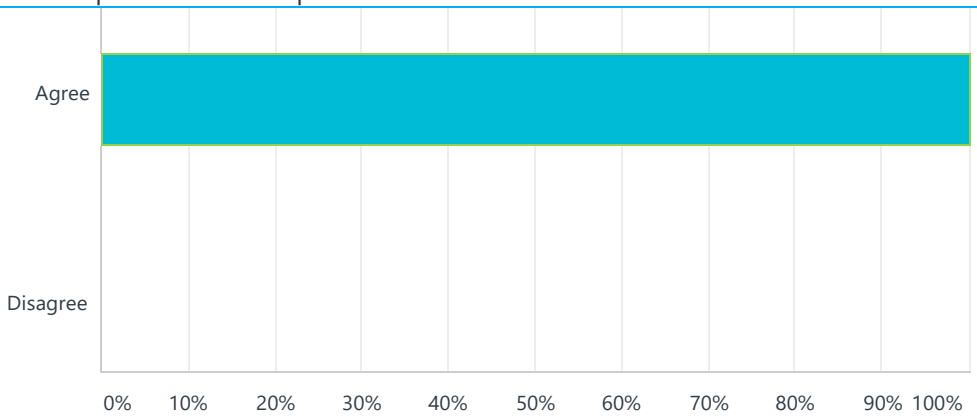
Answered: 3 Skipped: 22

RESPONSES
I feel that the intent of this expectation is good. Yet, in most situations the Denturism Educators are employees. As an employee, they may not have full or direct control over the environment. The way the standard is written should be cognizant of that.
Safe learning environment is key to the standard of practice
Need to traine to save

Do you agree with this expectation?

Answered: 24 Skipped: 1

Standard Statement #3
A registered denturist meets the expectations in the Standard of Practice: Denturism Educators when he/she: 3. Demonstrates professional competence.



ANSWER CHOICES	RESPONSES	
Agree	100.00%	24
Disagree	0%	0
TOTAL		**24**

Please provide your feedback on this statement.

Answered: 4 Skipped: 21

RESPONSES
Vital in all aspects of the field.
Maybe.
Educators must exceed competency in the profession above and beyond the average Denturist.
As per my previous statement, they should be held to a higher standard than non-educators.

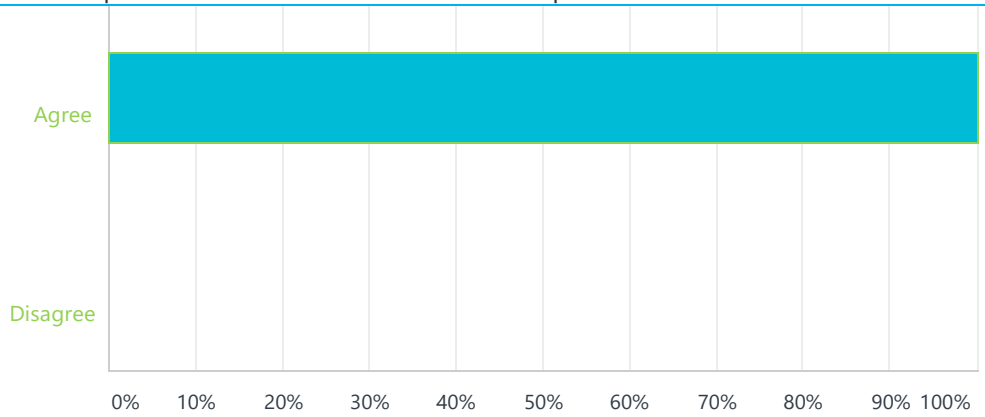
Do you agree with this expectation?

Answered: 24 Skipped: 1

Standard Statement #4

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

4. Demonstrates professional behaviour and relationships.



ANSWER CHOICES	RESPONSES	
Agree	100.00%	24
Disagree	0.00%	0
TOTAL		**24**

Please provide your feedback on this statement.

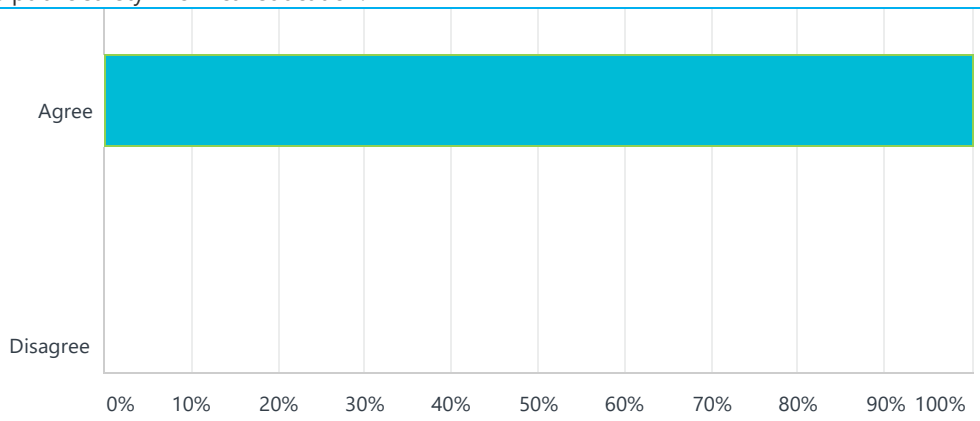
Answered: 2 Skipped: 23

RESPONSES
Implements respect and trust between patient and providers.
They should.

Do you agree with this expectation?

Answered: 24 Skipped: 1

Standard Statement #5
A registered denturist meets the expectations in the Standard of Practice: Denturism Educators when he/she: 5. Ensures public safety in clinical education.



ANSWER CHOICES	RESPONSES	
Agree	100.00%	24
Disagree	0.00%	0
TOTAL		**24**

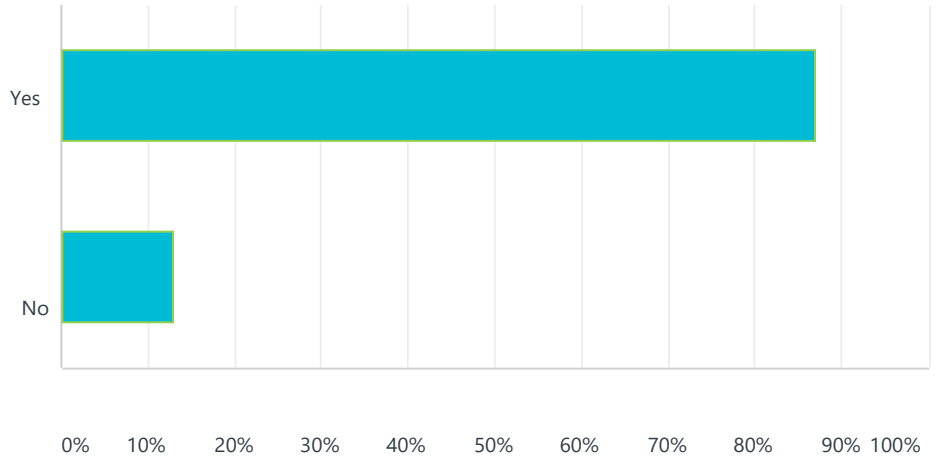
Please provide your feedback on this statement.

Answered: 4 Skipped: 21

RESPONSES
Once again, as employees the educator may not have full control. Institutions have processes in place to make appropriate changes.
Public safety is another aspect of trust and comfort
The wording of the statement may be hard to understand as written. I would suggest "Ensures public safety (through) clinical education" or Teaches the importance of public safety in (a/both) clinical (and non clinical) environment(s)"
There should be a requirement that they have current qualifications/certifications in WHMIS, CPR, and must complete an Infection Control course/seminar annually.

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

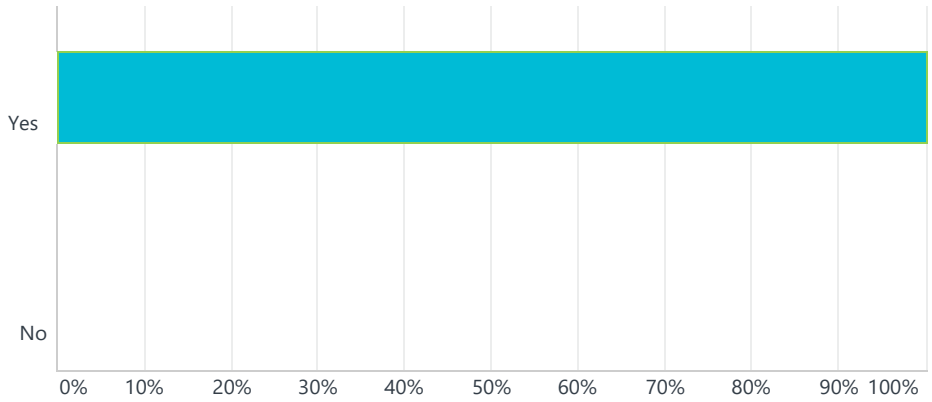
Answered: 23 Skipped: 2



ANSWER CHOICES	RESPONSES	
Agree	86.96%	20
Disagree	13.04%	3
TOTAL		**23**

Was the information presented in the Guide understandable?

Answered: 23 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	100.00%	23
No	0.00%	0
TOTAL		**23**

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

Answered: 8 Skipped: 17

RESPONSES
Scenario 2 mentions developing course content to deliver. Employees must follow the appropriate processes to change course content. The example could be written to consider the process
An additional point to potentially add to the existing 5 bullet points under the heading "The standard" could be: "Empowers students to maintain a safe and professional environment" and/or "Empowers students to display professional behavior"
If I understand this correctly the Educator in this survey does not include Denturists lecturing at study clubs, conventions, etc. Strictly in the college environment?
What are the criteria for a safe learning environment? Act on matters that negatively affect the mental health, health and safety of themselves, learners, patients, co-workers, family and communities. -Should we consider that a Denturist Educator May be included to also teaching other Dental Related programs due to the nature of our extensive oral health background. Such ascertain courses within the Dental Hygiene Program, Dental Assisting Program. A Denturist Educator May teach interprofessional to the nursing field about oral care and included topics such as proper care of the oral cavity, teeth and dentures (depending on level of education, some of us are RDH, or CDA LII as well)
There should be a minimum years of practice prior to obtaining a teaching position. A denturist that obtained their license yesterday can not teach tomorrow.
To ensure that students are only passed if they demonstrate the skills as well as understanding of all aspects of the minimum standard. They are the only measure if their skills, therefore ensure the safety of the public.
I don't feel as though this guide really changed or did much for me. From my recent experience (as a recent grad) I was very disappointed in majority of denturism educators and even chair members. Myself and a lot of classmates felt we were not taught much in our last two years of education despite the hefty bill (with the exception of a couple exceptional educators who went above and beyond). I myself was a very good student and felt the curriculum in the last two years was greatly lacking.
I think a minimum period of practicing as a licensed Denturist needs to be enforced and/or implemented. In my opinion, this should be at least 5 years for theoretical and laboratory courses, and 7 years for supervising students in the clinic. I also strongly believe that educators should also be BPS and Candulor certified. Lastly, they should be required to hold a teaching certificate; although, an actual degree in Adult Education would be preferred.

Feedback from George Brown College

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COLLEGE OF DENTURISTS OF ONTARIO

Standard of Practice: Denturism Educators

Introduction

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

Purpose of the Standard

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

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

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

Definitions

Denturism Educator – An individual who is responsible for teaching courses and/or engaged in teaching elements as part of a denturism diploma program.

Learner – Any person enrolled in an approved denturism program.

The Standard

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

1. Is committed to the education and success of student learnings.
2. Provides a safe learning environment.
3. Demonstrates ~~professional~~ pedagogical competence.
4. Demonstrates currency in professional knowledge and maintains competency~~Demonstrates professional behaviour and relationships~~.

Commented [LR1]: We have employees who are hired as technologists, a term used in the publically funded system. They do not directly "teach students" but support the teaching and learning. We do require them to hold a certificate of registration from the CDO. We also have clinical instructors who "educate" students but are not overseeing the course, but facilitate the learning designed and developed by a professor for a particular course. I would suggest broader wording aligned with the guide.

Commented [LR2]: Those who teach must demonstrate pedagogical competence in teaching and learning beyond solely holding a certificate of registration with the profession particularly when teaching in the didactic component of the curriculum. I've added points to the guide to explain this

Commented [LR3]: This outcome should fall under providing a safe learning environment and point #2. I reorganized some points that were listed in the guide under another point.
I would suggest adding in another point as listed here

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5. Ensures public safety in clinical education.

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Feedback from George Brown College

COLLEGE OF
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OF ONTARIO

Guide to the Standard of Practice: Denturism Educators

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

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

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

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

What are the criteria for a safe learning environment?

Denturism educators provide a safe learning environment when they:

- Ensure an Pran educational environment is free of ~~event~~ sexual harassment and other forms of discrimination;
- Mindful of the power differential in their relationships with the learner ensuring that relationships are free from conflict of interest or bias that could influence, or appear to influence, the educator's ability to provide an objective and impartial evaluation of a learner's competence
- Educators must disclose any personal relationships with a learner (i.e. family, dating, business, friendship etc.) to the educational institution to determine if the relationship is free from conflict of interest.
- Model and encourage inclusive practice and professionalism;
- Model appropriate and compassionate care of patients
- Ensure the health and safety of learners and patients; and
- Act on matters that negatively affect the health and safety of learners, patients, co-workers, family and communities.

What is meant by pedagogical ~~professional~~ competence?

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Commented [LR2]: Should you remove this point as it is implied in the point above.
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Denturism educators demonstrate ~~professional~~ competence when they:

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

~~Comply with recommendations from the CDO and requirements made by relevant government agencies.~~

- Have knowledge of diverse instructional methods for student learning
- Ensure course content is current, accurate and meets the appropriate course learning outcomes
- Uses reflection on student development, learning theory, pedagogy, curriculum, the CDO Code of Ethics and Standards of Practice, and relevant legislation to make professional judgments
- Uses appropriate assessment, resources and technology to promote student learning;
- Participates in ongoing professional learning aimed at expanding competence in their area of teaching;
- Uses ongoing inquiry, dialogue and reflection to refine teaching practices to promote student learning;
- Ensures that educational preparation and/or professional development has adequately prepared one to teach the curriculum and assume specific teaching responsibilities;
- Possesses additional education and/or experience in the area in which they are teaching
- Possesses significant teaching experience before assuming a management or program oversight role

How do I demonstrate currency in professional knowledge and maintain competence? ~~behaviour and relationships?~~

Denturism educators demonstrate professional behaviour and relationships when they:

- Hold an active Certificate of Registration with the College or another regulated health profession (as applicable);
- Participate in the College's Quality Assurance Program as required by legislation;
- Promote ethical conduct among colleagues and learners;
- Have a working knowledge of the Regulated Health Professions Act, 1991, the Denturism Act, 1991, the CDO regulations, Standards of Practice, policies and guidelines; and
- Comply with recommendations from the CDO and requirements made by relevant government agencies.
- ~~Avoid using inappropriate words, actions or inactions that interfere with the ability to function well with others;~~
    - ~~Are mindful of the power differential in their relationships with the learners by ensuring that the relationships are free from conflict of interest or bias that could influence, or appear to influence, the educator's ability to provide an objective and impartial evaluation of a learner's competence. In this context, educators must disclose any personal relationships with a learner (i.e. family, dating, business, friendship etc.) to the educational institution to determine if the relationship is free from conflict of interest.~~
- ~~Model appropriate and compassionate care of patients~~.

How do I ensure public safety as a denturism educator?

Denturism educators ensure public safety when they:

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Commented [LR3]:
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- Evaluate the knowledge, skills and judgement of learner in advance of learner-provided patient care;
- Ensure that tasks assigned to the learners are appropriate to their education, experience, skills and confidence and that learners have the necessary competencies to safely perform the task;
- Verify that informed consent and all appropriate documentation has been obtained from the patient prior to involving learners in their care;
- Supervise learners at a level appropriate for the nature of the procedure and the skill level of the individual performing the procedure.
- Immediately discontinue learner involvement in patient care when a learner's action or lack of competence places the patient at risk or where the patient withdraws consent; and
- Retain professional accountability for all aspects of denturism care and service assigned to learners.

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~~P~~ractice Scenarios

Denturism Educators No. 1

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

Knowing that he is responsible for ensuring a safe learning environment and accountable for public safety, Barry discusses the correct protocols with the student. Over the next couple of weeks, Barry supervises and assesses the student closely to ensure that they understand and can reflect on the infection prevention and control (IPAC) guidelines and demonstrate ~~adher~~adherence~~e~~ to policies and procedures and standards of practice. ~~all infection prevention and control protocols.~~

Denturism Educators No. 2

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

Commented [LR4]: Our college also has codes of student behaviour and professionalism that must be followed.

Amina asks to ~~speak~~ meet with the ~~to the two~~ students privately and ~~explains why~~ discusses the impact of their actions as ~~were~~ inappropriate, ~~and~~ unprofessional and a potential breach in patient confidentiality. Through inquiry, dialogue and reflective practice, Amina ~~also~~ develops additional training and education about professional behaviour and patient confidentiality with the students involved and continues to assess their compliance. ~~and plans to deliver this information to her current and future classes.~~

Denturism Educators No. 3

Initially, Sam was excited to accept an offer of employment to teach a course ~~discovered that the~~ in the Denturist program at the local College ~~had offered her a course to teach~~. Sam loved the idea of teaching and looked forward to sharing her practice experiences and current knowledge with her students. After she received material from the college related to the course she was to teach, she began to grow anxious

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about how she would teach the material. Having no previous classroom experience, she had questions regarding the best methods of determining learning outcomes, instruction, effective assessment techniques ~~to determine learning outcomes and concerns about how to~~ including classroom management~~. the class interactions.~~

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

Commented [LR5]: Course coordinators in publicly funded schools cannot hire employees, only administration can be the hiring manager

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THE DENTURIST ASSOCIATION OF ONTARIO

November 16, 2018

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

Via Email

RE: Proposed Standard of Practice and Guideline: Denturism Educators

Dear Dr. Pettifer,

The Denturist Association of Ontario (DAO, Association) thanks the College of Denturists of Ontario (CDO, College) for the opportunity to comment and provide stakeholder feedback on the College's proposed Standard and Guidelines for Denturism Educators.

The DAO acknowledges the CDO for making this new Standard and supports your initiative.

The DAO have reviewed the proposed Standard of practice.

After reviewing existing Human Rights and Harassment policies of the three Ontario Colleges offering a Denturism Program as well as their Dispute Resolution mechanisms, the Association is confident that our members, once completing the required training modules, will comply with the proposed Standard and help foster a culture that discourages harassment and discrimination in the college community.

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Website: www.denturistassociation.ca E-Mail: info@denturistassociation.ca

After reviewing the Guide for the proposed Standard, the Association would like to comment on the bullet points under the heading, “What are the criteria for a safe learning environment?”

According to the guide:

“Denturism educators provide a safe learning environment when they:

- Prevent sexual harassment and other forms of discrimination[.]”

The DAO expects our members to not engage in any forms of harassment or discrimination and to discourage such behavior by others in the school setting but believes it would be difficult for them “prevent” others from doing so.
Therefore, the DAO suggests the use of the term “Strive to prevent and take appropriate action once aware of incidents of sexual harassment and other forms of discrimination”.

The Denturist Association of Ontario thanks the College for the opportunity to provide stakeholder comments on the proposed Standard of Practice.

On behalf of the Board of Directors

Regards,

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

Cc: The CDO Executive Committee

Standard of Practice: Denturism Educators

Introduction

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

Purpose of the Standard

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

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

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Definitions

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1. Is committed to the education and success of students.
2. Provides a safe learning environment.
3. Demonstrates professional competence.
4. Demonstrates professional behaviour and relationships.
5. Ensures public safety in clinical education.

COLLEGE OF DENTURISTS OF ONTARIO

Guide to the Standard of Practice: Denturism Educators

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

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- Provide adequate, respectful supervision and direction; and
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What are the criteria for a safe learning environment?

Denturism educators provide a safe learning environment when they:

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

What is meant by professional competence?

Denturism educators demonstrate professional competence when they:

- Hold an active Certificate of Registration with the College or another regulated health profession (as applicable);
- Participate in the College's Quality Assurance Program as required by legislation;
- Promote ethical conduct among colleagues and learners;
- Have a working knowledge of the Regulated Health Professions Act, 1991, the Denturism Act, 1991, the CDO regulations, Standards of Practice, policies and guidelines; and
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How do I demonstrate professional behaviour and relationships?

Denturism educators demonstrate professional behaviour and relationships when they:

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

How do I ensure public safety as a denturism educator?

Denturism educators ensure public safety when they:

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

Practice Scenarios

Denturism Educators No. 1

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

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

Denturism Educators No. 2

Amina is a registered denturist with the College and is employed as a clinical instructor for a denturism diploma program. During class, Amina overhears two students making jokes about a patient that has a disability. Having just completed instructor training regarding discrimination in the classroom, and

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through her own professional practice, Amina is aware that she must model appropriate and compassionate care of patients.

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

Denturism Educators No. 3

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

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

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COLLEGE OF DENTURISTS OF ONTARIO

BRIEFING NOTE

To:	**Council**
From:	**Dr. Glenn Pettifer, Registrar & CEO**
Date:	**June 14, 2019**
Subject:	**Standard of Practice: Professional Boundaries**

Background:

It is critical that health professionals understand the concept of professional boundaries and its impact on their practice.
The College does not currently articulate expectations regarding professional boundaries, other than what is explicitly listed in the Professional Misconduct Regulation and the Regulated Health Professions Act.

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

COLLEGE OF DENTURISTS OF ONTARIO

Standard of Practice: Professional Boundaries

Preamble

This Standard is intended to ensure that denturists are aware of the minimum expectations for maintaining professional boundaries and to raise awareness among denturists on how to manage boundaries in patient relationships as they are confronted with boundary challenges in their practice.

Boundaries define the health practitioner's role. Professional relationships in health care are built on mutual trust and respect. Denturists have the ethical obligation not to exploit the trust that develops during the denturist-patient relationship. In order for patients to receive the best possible care, they must feel safe with the practitioner. It is an expectation that registered denturists respect the denturist-patient relationship and their patient's personal boundaries.

Boundary violations involve the misuse of the power imbalance between a patient and a denturist. Boundary violations can cause minor or major physical, emotional or economic harm to patients; they can be inadvertent or intentional. Denturists are required to use their professional judgement to prevent boundary issues and to establish and manage boundaries in a wide variety of circumstances.

Under the *Regulated Health Professions Act, 1991* ("RHPA") any romantic/sexual relationship with a patient, including a spouse, is considered sexual abuse, even if the individuals involved "consent" to the relationship. It is considered professional misconduct to sexually abuse a patient.

The Standard

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

1. Establish a practice setting that maintains professional boundaries.
2. Maintain professional behaviour towards patients, staff and other health care providers.
3. Communicate respectfully, professionally and appropriately.
4. Recognize and understand the power imbalance within the denturist-patient relationship and refrains from behaviours, remarks or gestures that increase the risk of boundary violations.
5. Do not treat anyone with whom they have/had a sexual/romantic relationship, including their spouse, within the timeframe and framework specified by the RHPA.
6. Comply with mandatory reporting obligations regarding the sexual abuse of patients as outlined in the RHPA.
7. Document unintentional boundary violations in the patient record.

Legislative References

Regulated Health Professions Act, 1991

Health Professions Procedural Code

O. Reg. 260/18: Patient Criteria Under Subsection 1 (6) of the Health Professions Procedural Code

Related Standards of Practice

Standard of Practice: Record Keeping

Standard of Practice: Confidentiality & Privacy

Council Approval Date	
Effective Date	

COLLEGE OF DENTURISTS OF ONTARIO

Guide to Standard of Practice: Professional Boundaries

How do I define professional boundaries?

A denturist must be careful to act as a professional health care provider, and not as a friend, to patients. Becoming too personal or too familiar with a patient is confusing to patients and will make them feel uncomfortable. Patients will be uncertain as to whether the professional advice or services are motivated by something else other than the best interests of the patient. It is also easier to provide professional services when there is a "professional distance" between them. It is a delicate balance between maintaining a suitable professional distance and being engaged with the patient. Being too distant or being too close can both compromise the patient's care.

Maintaining professional boundaries is about being reasonable in the circumstances.

A denturist should consider whether an action is a legitimate part of their role. What would a reasonable person think if they looked in on your interaction with a patient? Is the conduct appropriate?

What are boundary violations?

A boundary violation is the point at which the denturist-patient relationship changes from professional to personal. They can be one-offs or cumulative, expected or unexpected, accidental or intentional; initiated by the denturist, the patient or a third party.

What is the definition of sexual abuse?

Section 1(3) of the Health Professions Procedural Code states:

"sexual abuse" of a patient by a member means,
(a) sexual intercourse or other forms of physical sexual relations between the member and the patient,
(b) touching, of a sexual nature, of the patient by the member, or
(c) behaviour or remarks of a sexual nature by the member towards the patient.

Examples of sexual abuse can include but are not limited to:

- Telling a patient a sexual joke;
- Hanging a calendar on the wall with sexually suggestive pictures (e.g., women in bikinis, a "fire fighters" calendar);
- Non-clinical comments about a patient's physical appearance (e.g., "you look sexy today"); and
- Dating a patient is sexual abuse.

Touching, behaviour or remarks of a clinical nature is not sexual abuse. For example, touching the mouth and face of a patient will often be clinically necessary (and, as discussed above, must be done only after receiving informed consent).

What are the potential consequences for findings of sexual abuse of patients?

In addition to the orders outlined in Section 51(2) of the Health Professions Procedural Code, under the RHPA, Section 51(5), states that if a panel finds a member has committed an act of professional misconduct by sexually abusing a patient, the panel shall do the following:

- Reprimand the member;

- Suspend the member's Certificate of Registration if the sexual abuse does not consist of or include specific acts (identified below);
- Revoke the member's Certificate of Registration if the sexual abuse consisted of, or included, any of the following:

    i. Sexual intercourse.

    ii. Genital to genital, genital to anal, oral to genital or oral to anal contact.

    iii. Masturbation of the member by, or in the presence of, the patient.

    iv. Masturbation of the patient by the member.

    v. Encouraging the patient to masturbate in the presence of the member.

    vi. Touching of a sexual nature of the patient's genitals, anus, breasts or buttocks.

    vii. Other conduct of a sexual nature prescribed in regulations made pursuant to clause 43 (1) (u) of the Regulated Health Professions Act, 1991.

What is the definition of a patient?

Ontario Regulation 260/18: Patient Criteria Under Subsection 1 (6) of the Health Professions Procedural Code (the "Code") states:

1. 1. An individual is a patient of a member if there is direct interaction between the member and the individual and any of the following conditions are satisfied:

i. The member has, in respect of a health care service provided by the member to the individual, charged or received payment from the individual or a third party on behalf of the individual.

ii. The member has contributed to a health record or file for the individual.

iii. The individual has consented to the health care service recommended by the member.

iv. The member prescribed a drug for which a prescription is needed to the individual.

2. Despite paragraph 1, an individual is not a patient of a member if all of the following conditions are satisfied:

i. There is, at the time the member provides the health care services, a sexual relationship between the individual and the member.

ii. The member provided the health care service to the individual in emergency circumstances or in circumstances where the service is minor in nature.

iii. The member has taken reasonable steps to transfer the care of the individual to another member or there is no reasonable opportunity to transfer care to another member.

Section 1(6) of the Health Professions Procedural Code specifies that a patient includes an individual who was a member's patient within one year (or such longer period as described) from the date on which the individual ceased to be the member's patient and that meets the criteria outlined above.

Can I have a relationship with a former patient?

Denturists are not permitted to have a romantic relationship with a former patient for a minimum of one (1) year from the date the denturist-patient relationship ended. This period of one year is the minimum requirement, not a maximum.

If after the minimum one year waiting period a denturist wishes to enter into a romantic relationship with a former patient, it is advisable to proceed with caution and consider:

1) The *duration* of the therapeutic relationship – the longer the relationship, the more likely it may considered to be inappropriate.
2) The patient's *vulnerability* – the more vulnerable the patient, the more likely it is that having a relationship may be considered an abuse of power.
3) *Continuing care* for other member's of the former patient's family – the combination of personal and professional relationships may be considered inappropriate.

Am I allowed to treat my spouse?

No. The RHPA clearly prohibits health care practitioners from engaging in sexual relationships or other forms of affectionate or sexual behaviour with patients. **Denturists are prohibited from having any sexual relationship with any patients, including spouses.**

It is important to remember that patients are legally unable to consent to sexual activity with a denturist.

Behaviours, gestures and/or remarks that may reasonably be perceived by patients as romantic, sexual, exploitive and/or abusive are considered to be sexual abuse.

What is self-disclosure?

When a practitioner shares personal details about his or her private life, it can confuse patients. Patients might assume that the practitioner wants to have more than a professional relationship. Self-disclosure suggests that the professional relationship is serving a personal need for the practitioner rather than serving the patient's best interests. Self-disclosure can result in the practitioner becoming dependent on the patient to serve the practitioner's own emotional needs, which is damaging to the relationship.

What consequences may I face if I violate professional boundaries with other staff?

Denturists may be found guilty of professional misconduct for sexual harassment of staff or boundary violations with staff if the conduct would reasonably be regarded by denturists as disgraceful, dishonourable, unprofessional or unethical, as set out in the Professional Misconduct Regulation.

Denturists may also face criminal charges.

Why is the patient-denturist relationship unequal? How do I mitigate this inequality?

The practitioner-patient relationship involves a power imbalance in favour of the denturist. The fundamental concept of both our legal and health care systems is that patients should have control over their bodies and their healthcare. In part, this balances the power of the practitioner. Patients are seeking the denturist's expertise and are dependent upon them to provide professional services.

It is advisable, except in exceptional circumstances, to not treat family members or other relatives. Despite a denturists' intentions to deliver the best possible care, clinical objectivity may be compromised.

What are dual relationships?

A dual relationship is where the patient has an additional relationship with the practitioner other than just as a patient (e.g., where the patient is a relative of the practitioner).

Any dual relationship has the potential for the other relationship to interfere with the professional one (e.g., being both the individual's practitioner and employer). It is best to avoid dual relationships whenever possible.

Where the other relationship came before the professional one (e.g., a relative, a pre-existing friend), referring the patient to another practitioner is the preferred option. Where a referral is not possible (e.g., in a small town, where there is only one practitioner), special safeguards are essential (e.g., discussing the dual relationship with the patient and agreeing with the patient to be formal during visits and never talk about the issues outside of the office) and extra vigilance is required. Confidentiality must be maintained both inside and outside the practice and denturists must be cognizant not to violate privacy.

Becoming a personal friend with a patient is a form of a dual relationship. Patients should not be placed in the position where they feel they must become a friend of the practitioner in order to receive ongoing care. Practitioners bear the sole responsibility to not allow a personal friendship to develop during professional visits. It is difficult for all but the most assertive of patients to communicate that they do not want to be friends.

What is meant by “personal space”?

Personal space refers to someone’s comfort zone. The size of this zone differs from person to person. It is important that you are aware of this space and act accordingly.

What if someone misunderstands or misinterprets my remarks, gestures or behaviours?

Everyone has personal opinions. Practitioners are no exception. However, practitioners should not use their position to push their personal opinions (e.g., religion, politics or even diet) on patients. Similarly, strongly held personal reactions (e.g., that a patient is unpleasant and obnoxious) should not be shared. Disclosing personal reactions does not help the professional relationship.

Communication is verbal and non-verbal, and it is affected by context, tone, word choice and body language. People come from various backgrounds and your actions and conversations take place in the context of those backgrounds.

Comments or actions may be seen as inappropriate boundary crossings or violations.

Do not tell sexually suggestive jokes, make comments about a patient’s or staff member’s body, appearance or clothing, make inquiries about intimate aspects of the lives of patients or staff members and/or disclose intimate aspects of your life.

It is important to remember that just because someone discloses something personal to you about their life does not give you permission to reveal detailed personal information about your own life.

Additionally, people perceive touch differently depending on their personal backgrounds. It is the patient’s perception of the interaction and not your intention that is the most important to remember.

It is considered inappropriate to hug or kiss a patient. Touching can be easily misinterpreted. A patient can view an act of encouragement by a practitioner (e.g., a hug) as an invasion of space or even a sexual gesture. Extreme care must be taken in any touching between practitioners and their patients.

The nature and purpose of any clinical touching must always be explained first and the patient should always give consent before the touching begins. Instruments or materials should never be placed on the patient’s chest. Cultural sensitivities should be respected. The presence of a third party should be permitted and even offered where appropriate. The touching must always have a clinical relevance that is obvious to the patient.

Who is responsible for preventing sexual abuse from happening?

It is always the responsibility of the practitioner to prevent sexual abuse from happening. If a patient begins to tell a sexual joke, the practitioner must stop it. If the patient makes comments about the appearance or romantic life of the practitioner, the practitioner must stop it. If the patient asks for a date, the practitioner must say no (and explain why it would be inappropriate). If the patient touches the practitioner in a way that might be viewed as sexual touching (e.g., a kiss), the practitioner must stop it.

How do I document patient interactions in the patient record?

Proactive documentation serves the patient's interests and yours.

You should document any boundary crossing or violations by the patient and/or yourself, including if you have instinctively used touch to comfort a severely distressed patient or if a patient has made sexual comments or advances or has crossed boundaries – include your observations and note anyone else that was present.

How does this Standard apply to my workplace environment?

Abuse and harassment of staff members is a serious issue. As a regulated health professional, you are obligated to maintain a professional workplace that does not include sexually suggestive jokes, posters, pictures and/or documents that could be offensive to patients or staff.

You should be mindful of patient perceptions regarding the conversations that you have with staff members during treatment and around other patients.

Can I have video or photographic recording equipment in my clinic?

Using video or photographic recording equipment for security, assessment, treatment and educational purposes must be done with expressed informed consent from the patient accordance with the Standard of Practice: Informed Consent. You must secure, store and destroy this media in accordance with the Standard of Practice: Record Keeping; and collect, use and/or disclose this media in accordance with the Standard of Practice: Confidentiality & Privacy.

What are a member's mandatory reporting obligations regarding sexual abuse of patients?

Section 85.1(1) of the Health Professions Procedural Code requires members to file a mandatory report if the member has reasonable grounds, obtained in the course of practising the profession, to believe that another member of the same or a different College has sexually abused a patient.

The report must be filed in writing with the Registrar of the College of the member who is the subject of the report, and filed within 30 days after the obligation to report arises, unless you believe on reasonable grounds that the member will continue to sexually abuse the patient or will sexually abuse other patients and there is urgent need for intervention, in which case the report must be filed immediately.

The report must contain:

(a) the name of the person filing the report;
(b) the name of the member who is the subject of the report;
(c) an explanation of the alleged sexual abuse;
(d) if the grounds of the person filing the report are related to a particular patient of the member who is the subject of the report, the name of that patient, subject to the consent of the patient.

The name of a patient who may have been sexually abused must not be included in a report unless the patient, or if the patient is incapable, the patient's representative, consents in writing to the inclusion of the patient's name.

What are some suggestions for preventing sexual abuse?

- Do not engage in any form of sexual behaviour or comments around a patient.
- Intervene when others, such as colleagues and other patients, initiate sexual behaviour or comments.
- Do not display sexually suggestive or offensive pictures or materials. Monitor the advertising posters, calendars and magazines used in the clinic.

- If a patient initiates sexual behaviour, respectfully but firmly discourage it.
- Monitor warning signs. For example, avoid the temptation to afford special treatment to certain patients, such as engaging in excessive telephone conversations or scheduling visits outside of office hours. Be cautious about connecting with patients on social media.
- Unless there is a very good reason for doing so, avoid meetings outside of the office.
- Do not date patients.
- Avoid self-disclosure.
- Avoid comments that might be misinterpreted (e.g., “You are looking good today”).
- Do not touch a patient except when necessary for assessing or treating them. Before touching a patient, explain the nature of the touching first, the reason for the touching and be very clinical in one’s approach (e.g., wear gloves).
- Do not place instruments or materials on a patient’s chest.
- Be sensitive when offering physical assistance to patients who may not be mobile. Ask both whether and how best to help them before doing so.
- Avoid hugging and kissing patients.
- Be aware and mindful of cultural, religious, age, gender and other areas of differences. If in doubt ask if one’s proposed action is acceptable to the patient.
- Do not comment on a patient’s appearance or romantic life.
- Sufficiently document any clinical actions of a sexual nature and ensure that any incidents or misunderstandings are fully and immediately recorded.

How does the concept of professional boundaries apply to social media and the internet?

Professional boundaries concepts apply across all media, including social media platforms. For example, it would be inappropriate to use information gained from patient records to identify and find a patient on social media or on the internet out of personal curiosity.

Practice Scenario

Dayna, a denturist, is providing a denture for Penelope. Penelope is having difficulty deciding whether to marry her boyfriend and talks to Dayna about this issue a lot during their visits. To help Penelope make up her mind, Dayna decides to tell Penelope details of her own doubts in accepting the proposal from her first husband. Dayna tells of how those doubts had long-term consequences, gradually ruining her first marriage as both she and her husband had affairs. Penelope is offended by Dayna’s behaviour and stops coming for adjustments even though she still needs them. Eventually Penelope stops wearing the denture. Dayna’s self-disclosure was inappropriate and unprofessional.

Practice Scenario

Steve, a denturist, tells a colleague about his romantic weekend with his wife at Niagara-on-the-Lake for their anniversary. Steve makes a joke about how wine has the opposite effect on the libido of men and women. Samantha, a patient, is sitting in the reception area and overhears. When being treated by Steve, Samantha mentions that she overheard the remark and is curious as to what Steve meant by this, as in her experience, wine helps the libido of both partners. Has Steve engaged in sexual abuse?

Steve clearly has crossed boundaries by making the comment in a place where a patient could overhear it. However, the initial comment was not directed towards Samantha and was not meant to be heard by her. It would certainly be sexual abuse for Steve to continue the discussion with Samantha. Steve should apologize for making the comment in a place where Samantha could hear it. Steve needs to state his focus is on Samantha’s treatment.

Practice Scenario

Mr. Smith, an elderly man, makes a follow up appointment to see his denturist Elyse. Mr. Smith explains that he doesn’t need additional denturism care – he is lonely and is looking for companionship, someone to have coffee with and accompany him on walks around his neighbourhood. Elyse feels badly for Mr. Smith but understands that meeting outside of the clinic for non-denturism reasons may be considered a

professional boundary violation. She explains that the violating this boundary would compromise the patient-denturist relationship and possibly, her clinical objectivity. Elyse suggests that Mr. Smith contact his local senior centre to inquire about activities or groups that he can join. Elyse also makes a note of the conversation, and the advice she provided in Mr. Smith's patient record.

Legislative References

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

Regulated Health Professions Act, 1991

Health Professions Procedural Code

O. Reg. 260/18: Patient Criteria Under Subsection 1 (6) of the Health Professions Procedural Code

References

Standard of Practice: Professional Boundaries

Important Legal Principles Practitioners Need to Know, Jurisprudence Handbook, College of Denturists of Ontario, 2017.

COLLEGE OF DENTURISTS OF ONTARIO

BRIEFING NOTE

To:	**Council**
From:	**Cathi Mietkiewicz, Mietkiewicz Law**
Date:	**May 24, 2019**
Subject:	**Sexual Abuse Guidelines for the Conduct of Members**

Background
As part of its consideration of the College's Sexual Abuse Prevention Plan, the Patient Relations Committee reviewed the existing Guidelines for the Conduct of Members (attached as Appendix A). After discussing these Guidelines and making revisions over several meetings, the Committee has a number of recommended changes that will update the Guidelines.

The Guidelines
The Draft revised Guidelines are attached to this report as Appendix B.

Questions to Consider
1. Is there anything in the draft guidelines that should be removed or revised?
2. Is there anything missing from the draft guidelines that should be added?

Options:
After review and discussion of the proposed Draft Guidelines: Conduct for the Prevention of Sexual Abuse, Council may elect to:

1. approve the Draft Guidelines for distribution to all stakeholders
2. request modifications to the Draft Guidelines and approve the revised draft for distribution to all stakeholders.
3. return the Draft Guidelines to the Patient Relations Committee for further revision and consideration by Council at a future meeting.
4. Other

Attachments
1. Appendix A – (Existing) Guidelines: Prevention of Sexual Abuse
2. Appendix B – Proposed Draft Guidelines: Conduct for the Prevention of Sexual Abuse

CDO Guidelines
Prevention of Sexual Abuse

College Guidelines contain practice parameters and standards that should be considered by all Ontario Denturists in the care of their patients. It is important to note the following guidelines may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

INTRODUCTION

Ontario government legislation requires all health regulatory Colleges to have in place a Patient Relations Program that includes measures for preventing and dealing with sexual abuse of patients. These mandated measures under the *Regulated Health Professions Act, 1991,* (RHPA) include:

- Establishing education requirements for members;
- Setting guidelines for the conducts of members with their patients;
- Training College staff; and
- Providing information to the public.

Sexual abuse and impropriety with patients is an extremely serious matter. The College previously approved a policy of zero tolerance in this regard. The sanctions mandated by the *RHPA* against members who are found guilty of professional misconduct in connection with sexually abusing patients are very severe. (These penalties are detailed below.) **All members are well advised to read and understand the following Guidelines and to keep them for frequent reference.** If you have any questions or concerns, you are encouraged to contact the College office (416) 925-6331.

WHAT IS "SEXUAL ABUSE?"

"Sexual abuse" is very broadly defined in the legislation, to include not only physical actions but also behaviour or remarks. Here is how "sexual abuse of a patient" is defined under the RHPA's Health Professions Procedural Code: sexual intercourse or other forms of physical sexual relations between the member and the patient; touching, of a sexual nature, of the patient by the member; or behaviour or remarks of a sexual nature by the member towards the patient. The Code does allow touching, behaviour and remarks that are of a clinical nature and that are appropriate to the services rendered.

Although, the RHPA requires that these Guidelines relate to the "sexual abuse" of patients, the College takes equally seriously the sexual abuse or sexual harassment of office staff. There are other provisions set out in the professional misconduct Regulations that deal with this type of behaviour.

Appendix A

Agenda Item 13.2

GUIDELINES FOR PROFESSIONAL BEHAVIOUR

As a general guiding principle, you, as a member of the College, are required to ensure that your patients receive denturism care in an atmosphere that places no sexual demands upon them and is free of any sexual connotation or context.

Blatant types of sexual misconduct (often referred to as sexual abuse or sexual violation) usually include some form of overt sexual physical contact with the patient or touching of sexual nature. *Section 1(4) of the Health Professions Procedural Code (RHPA, 1991)* states that "sexual nature" does not include touching, behaviour or remarks of a clinical nature that are appropriate to the services provided.

In the context of the practice of Denturism, clinical touching of a patient that is related to the examination, assessment and treatment of conditions of the orofacial complex is appropriate.

In most cases, if touching must involve areas beyond the orofacial complex, you should explain beforehand to the patient the context of the treatment and/or investigation in order to avoid any misinterpretation or misunderstanding. As with all phases of dental examination, assessment and treatment, the principles of "informed consent" should be followed at all times.

DOS AND DON'TS

More subtle types of sexually inappropriate behaviour are often unrecognised and occasionally maybe committed inadvertently. While the College recognises that these Guidelines do not cover all eventualities, most sexually demeaning conduct could be prevented by the following:

DO:

- BE aware that recent publicity about sexual abuse of patients, the proclamation of the RHPA, the issuing of these Guidelines and their availability to the public have changed the climate of practise of Denturism in Ontario. Behaviour engaged in without consequence in the past may now leave you vulnerable to patient complaints and possible prosecution.
- RESPECT cultural differences and be aware of sensitivities of individual patients.
- ENSURE that any and all conversations between you and your office staff would not be found offensive by a patient.
- USE appropriate draping practices that respect a patient's privacy and ensure that the placement of patient bibs or drapes is carried out in a professional manner.
- ENSURE or attempt to ensure that a third party is present when treatment is rendered outside of regular office hours.
- DOCUMENT on the patient record any and all comments or concerns made by a patient relative to alleged sexual abuse and any other unusual incident that may have occurred during the course of or after an appointment. These chart entries should be made as soon as possible after the incident occurred and should contain statements from you and the office staff who were present.

DON'T:

- USE gestures or expressions or engage in any other behaviour that may be interpreted as seductive or sexually demeaning to a patient or as sexual abuse.
- PLACE dental instruments or supplies upon a patient's chest or lap.
- MAKE sexual comments about a patient's body or clothing.
- TELL jokes or stories of a sexual nature to a patient.
- COMMENT on patient's sexual orientation.
- INITIATE conversations with patients regarding sexual problems, preferences or fantasies and refuse to participate if such discussions are initiated by a patient.
- ENGAGE in inappropriate "affectionate" behaviour with a patient such as hugging and kissing.

Appendix A

Agenda Item 13.2

DATING PATIENTS

Because of the very broad definition of "sexual abuse" in the legislation, it is unacceptable for you to date a current patient. Even the most casual dating relationship may lead to forms of affectionate behaviour that would fall under this definition and could leave you open to possible accusations.

If you intend to date a patient, the denturist/patient relationship should first be terminated, the account settled and the patient information and/or duplicate records transferred to another practitioner according to the CDO's *Record Keeping Standard*.

PENALTIES

The legislation says that when a panel of the Discipline Committee finds a member guilty of committing an act of professional misconduct by "sexually abusing" a patient, as a minimum, it must:

- Reprimand the member.
- Revoke the member's certificate of registration if the sexual abuse consisted of, or included any of the following:
    - sexual intercourse;
    - genital to genital, genital to anal, oral to genital, or oral to anal contact;
    - masturbation of the member by, or in the presence of, the patient;
    - masturbation of the patient by the member;
    - encouragement of the patient by the member to masturbate in the presence of the member;
- As required by the RHPA, 1991, the member may also be ordered to reimburse the College for funding provided for therapy and counselling for the patients who were "sexually abused" by the member, to the maximum of $10,000.00 per patient.

These Guidelines have been developed by the CDO as part of the "College's Sexual Abuse Prevention Plan" and in accordance with the legislated requirements under the *Regulated Health Professions Act 1991*. They are not intended to interfere with the traditional denturist/patient relationship that of providing appropriate treatment in a professional and caring manner.

For more information:
Visit our website at: www.denturists-cdo.com
Email us: info@denturists-cdo.com
Call us: 416-925-6331 ext. 227 • 1-888-236-4326

COLLEGE OF DENTURISTS OF ONTARIO

Draft Guidelines
Conduct for the Prevention of Sexual Abuse

INTRODUCTION

The College of Denturists (the "**College**") is committed to preventing sexual abuse by its members.

To that end, the College is committed to providing denturists with information and resources to assist them in treating their clients responsibly, consistent with the *Regulated Health Professions Act* (the "**RHPA**"), and in a manner that reflects the profession's commitment to respecting the personal dignity of every individual who is entrusted to their care. The College recognizes the seriousness and extent of injury that sexual abuse causes.

The provision of healthcare services must never involve sexually abusing patients. That is why all health professions regulated under the RHPA have zero tolerance for the sexual abuse of patients. Zero tolerance means that all of the health regulatory colleges, including the College, have policies and standards of practice in place to prevent the sexual abuse of patients and procedures in place to investigate all complaints of sexual abuse and to discipline health professionals who sexually abuse patients.

The College has a zero-tolerance policy for any form of abuse – verbal, physical, emotional or sexual – of clients by denturists. Sexual abuse by denturists while providing oral health care will not be tolerated under any circumstances.

The RHPA mandates the development of a sexual abuse prevention plan. The College is committed to preventing abuse through education of its members, clients of denturists and the public generally. To that end, the College provides denturists with information and resources to assist them in treating their clients responsibly, consistent with the RHPA, and in a manner that reflects the profession's commitment to respecting the personal dignity of every individual who is entrusted to their care. **Like other healthcare colleges in Ontario, the College has a policy of zero tolerance for sexual abuse of clients.** The College recognizes the seriousness and extent of injury that sexual abuse causes. The College has had guidelines in place for the conduct of denturists for the prevention of sexual abuse for decades. These guidelines have evolved over time and will continue to evolve as the profession evolves and as more is learned on effective sexual abuse prevention programs.

What is Sexual Abuse?

Some people may believe that a definition of sexual abuse is subjective. This is not the case in Ontario when it comes to the sexual abuse of patients by regulated healthcare providers. The RHPA sets out a clear definition of the sexual abuse of patients.

> According to Section 1(3) of the Health Professions Procedural Code, being Schedule 2 to the RHPA (the "**Code**"), the definition of "sexual abuse" of a patient by a member means:
>
> > (a) sexual intercourse or other forms of physical sexual relations between the member and the patient,
> >
> > (b) touching, of a sexual nature, of the patient by the member, or
> >
> > (c) behaviour or remarks of a sexual nature by the member towards the patient.

For clarity, and according to the Code, "sexual nature" does not include touching, behaviour, or remarks of a clinical nature appropriate to the service provided. Nonetheless touching areas both within and beyond the orofacial complex, should be explained beforehand to the patient. The patient should understand why any touching is necessary within the context of the treatment and/or investigation in order to avoid any misinterpretation or misunderstanding.

Behaviour or remarks of a sexual nature can include sexual comments or jokes, even if a sexual relationship is not intended by the member. As with physical sexual relations and sexual touching, sexual comments or remarks made in a social setting would still be considered to be sexual abuse of a patient. Even intimate relations where you have or think you have the patient's consent are strictly prohibited by the RHPA.

> The Code has defined a "patient" for the purposes of sexual abuse offences. "patient", without restricting the ordinary meaning of the term, includes,
>
> > (a) an individual who was a member's patient within one year or such longer period of time as may be prescribed from the date on which the individual ceased to be the member's patient, and
> >
> > (b) an individual who is determined to be a patient in accordance with the criteria in any regulations made under clause 43 (1) (o) of the *Regulated Health Professions Act*, 1991;
>
> Currently there are no regulations as described in (b) above. However, the

definition in (a) applies to denturists and their patients. **This means that a denturist cannot start a sexual relationship (including dating) with a patient unless the patient has not been a patient of the denturist for at least one year.**

A patient ceases to be a patient of the denturist when <u>all</u> of the following conditions have been met:

1. The denturist has ceased providing services to that patient for at least one year;
2. A notation that the denturist is no longer providing services has been entered into the patient record; and
3. The patient record has been transferred to another provider and one year has passed since the record was transferred.

The definition of sexual abuse includes conduct, behaviour or remarks made to a member's spouse if they occur during the practice of the profession. As such, denturists who provide denturism services to their spouses (or anyone else with whom they have an intimate relationship) are at the risk of being found to have sexually abused a patient. This is true even if the intimate relationship began before the denturist-patient relationship began.

Many clients feel particularly vulnerable in an oral healthcare setting. Therefore, denturists should use their professional judgment to determine the client's comfort level and whether the presence of an additional person is advisable.

Healthcare professionals are responsible for communicating effectively by paying attention to the ways in which information is conveyed and the words selected when speaking with clients. They must also be compassionate listeners and be sensitive to the concerns and needs of clients. Awareness of cultural and physical barriers that may interfere with clear communication, and respect for these differences will help denturists practise in a responsive and responsible manner.

More subtle types of sexually inappropriate behaviour are often unrecognized and occasionally maybe committed inadvertently. While the College recognizes that these Guidelines do not cover all eventualities, most sexually inappropriate and unacceptable conduct could be prevented by the following best practices.

<u>Best Practices</u>

DO's and DON'Ts:

Do:

- Understand your legal and ethical obligations under the RHPA and these Guidelines.
- Recognize what the RHPA considers as "sexual abuse of a patient" and "abuse of a sexual nature" and do not engage in such unprofessional conduct
- Practice in a professional manner, being guided at all times by respecting human dignity.
- Respect and understand cultural differences and be aware of sensitivities of individual patients.
- Be aware of a patient's uneasiness with your physical proximity to them and react appropriately.
- Ensure that conversations between you and your office staff are respectful of the clinic's patients.
- Ensure that a third party is present when treatment is rendered if it is appropriate for the patient or the situation or if it will make the patient more comfortable.
- Demonstrate professional supportive behaviour.
- Be sensitive to the discomfort and change the words or behaviour if a patient is uncomfortable with the words or behaviour of a denturist.
- Provide ample opportunity for the patient to ask questions.
- Document on the patient record any and all comments or concerns made by a patient relative to alleged sexual abuse and any other misunderstanding or unusual incident that may have occurred during the course of or after an appointment. These chart entries should be made as soon as possible after the incident occurred and should contain statements from you and the office staff who were present.
- Report information or incidents of suspected sexual abuse of a patient by a member of the same or of a different college to the governing college of the practitioner.

Don't:

- Use gestures or expressions or engage in any other behaviour that may be interpreted as seductive or sexually demeaning to a patient or sexually abusive.
- Exhibit behaviour, gestures, expressions or comments that are seductive or sexually demeaning to a client.
- Tell jokes or stories of a sexual nature to a patient.
- Make sexual comments about a patient's body or clothing.
- Criticize or comment on a patient's sexual orientation or gender identity.
- Initiate conversations with patients regarding sexual problems, preferences or fantasies and do refuse to participate if such discussions

are initiated by a patient.

- Display any material, such as jokes, posters or pictures, that have a sexual connotation or that may be offensive to your patients.

Mandatory Reporting

It is mandatory to file a report if a denturist has reasonable grounds, based on information obtained in the course of practising the profession, to believe that another denturist or a member of a different health profession has sexually abused a patient.

Failure to report sexual abuse of patients when there are reasonable grounds to believe that abuse has occurred is an offence under the RHPA, may be considered to be professional misconduct, and can lead to severe penalties.

Whether the information that a regulated health professional has sexually abused a patient constitutes "reasonable grounds" is sometimes a judgement call. If the information is merely a rumour or suggestion that something may have happened, or that a particular professional is known to have sexual relations with their patients this is likely not "reasonable grounds". On the other hand, if information about specific incidents comes to a denturist from a usually reliable source such as a colleague this likely would constitute reasonable grounds. Further if a patient reports to a denturist or a member of staff at a denturist's clinic that they have been sexually abused by a healthcare practitioner, this would be reasonable and probable grounds.

A denturist is required to report information obtained in the course of practising their profession. A denturist is not required to report information if the information is learned outside of the denturist's practice. For example, if a denturist learns about the sexual abuse of a patient in a social setting (e.g., at a party) the denturist is not obligated to file a mandatory report; although they can if they choose to

A denturist must submit a report if they know the name of the health professional who was involved in the alleged abuse. A denturist must not include the patient's name without the patient's written consent (a consent form template is available on the College's website). A written report must be filed within 30 days to the Registrar of the health professional's regulatory body. However, a denturist must submit the report immediately if they have reason to believe the abuse will continue or abuse of other clients will occur.

The RHPA provides protection to a person who files a report in good faith, from actions or other proceedings being taken against that person.

REVISION CONTROL

Date	Revision	Effective
Next revision due by June 2022		

COLLEGE OF DENTURISTS OF ONTARIO

BRIEFING NOTE

To: **Council**

From: **Cathi Mietkiewicz, Mietkiewicz Law**

Date: **May 24, 2019**

Subject: **Sexual Abuse Funding for Therapy and Counselling**

Background

Bill 87, the *Protecting Patients Act, 2017* broadened the criteria for funding for patients who have been sexually abused by regulated health professionals to make:

a) funding **automatic** for a person who makes a complaint or is the subject of a report that alleges sexual abuse; and

b) funding available from the time that the complaint or report is made, and mandate that a funding decision be made within a reasonable time; and

c) **potentially** expand the types of expenses for which funding must be provided (e.g., travel or childcare costs).

Eligibility

The changes related to eligibility came about, at least in part, because there was a recognition that not all cases involving patients who have experienced sexual abuse by a regulated health professional proceed to a discipline hearing. These changes mean that all patients who are complainants or named in a mandatory report **are now** eligible for funding for therapy and counselling within the patient relations program. This funding is available as soon as the complaint or the report is made.

While these changes should address all potential claims by patients, out of an abundance of caution, the Patient Relations Committee would like to propose a regulation change that would ensure that there are no gaps that would prevent a patient from receiving funding for therapy. The Committee recognizes that a regulation will take significant time to go through the approval process. In the meantime, the Committee is recommending that, as some colleges have done, the College could expand funding eligibility through policy.

Type of Funding

The potential to expand the types of expenses for which funding could or must be expanded came directly from recommendations made to the government by the Task Force on Sexual Abuse that the previous government commissioned.

Neither the current nor the previous government, has enacted regulations to expand the types of expenses for which funding must be provided. Nonetheless, the College has the option under the existing legislation to expand the funding criteria through regulation. As some colleges have done, the College could expand funding through policy while waiting for a regulation to go through the approval process.

The Patient Relations Committee is recommending that the College expand its funding to patients who have been sexually abused by members of the College.

The Policy

The Committee has drafted the attached policy, for Council's consideration, that would expand both the eligibility for funding and the types expenses that would be paid for by the College.

In drafting the proposed policy, the Patient Relations Committee considered the following questions:

1. Would expanding the eligibility criteria better protect the public?

2. Would adding additional funding options better protect the public?

3. Are there elements that the Committee would like to see included in a regulation around funding for therapy and counselling of sexual abuse complainants?

4. What are there financial considerations for the College to expanding funding that should be taken into account when considering additional funding options and how would the College control costs?

After a great deal of discussion, drafting, and more discussion the Committee believes that the policy accomplishes the following:

With respect to eligibility:

- it takes a comprehensive, "belts and suspenders" approach to ensure that no patient who has been sexually abused by a member of the College is ineligible for funding

With respect to additional expenses the proposed policy:

- supports the findings of the Sexual Abuse Task Force that recognized that accessing therapy, even if the therapy itself is funded, may be challenging for patients if they do not have funding for other ancillary related expenses;
- provides a lump sum amount that patients may utilize the expenses that are most needed (e.g., if a patient needs childcare they may use it for that purpose; if travel costs are challenging they may use the funding for those costs) – **importantly** – it allows patients to determine their needs

With respect to financial considerations the proposed policy:

- includes a total cap on the amount that can be provided to patients for support services;
- requires that support funding will only be provided concurrently with therapy funded through the patient relations program;
- requires receipts or attestations before funding is provided

Questions to Consider

1. The Committee would like Council to consider the same questions it considered (set out above) when reviewing this policy.

2. Should anything else be included/should anything be removed?

Options

Following review and discussion of the draft policy, Council may elect to:

1. Approve the draft policy.
2. Request amendments to the policy and approve the amended policy.
3. Return the draft policy to the Patient Relations Committee for further development and revision, returning the revised policy to Council at its next meeting.

Attachments

1. Proposed Draft Funding for Therapy or Counselling Eligibility Policy

Draft Funding for Therapy or Counselling Eligibility Policy

Eligibility

If you have been sexually abused by a member of the College of Denturists of Ontario (the "College"), you may qualify for this program. A person is eligible for funding if **any** of the following situations apply:

(a) It is alleged (in a complaint or report) that the applicant, while a patient, was sexually abused by a member or former member;
(b) There has been a finding by a panel of the College's Discipline Committee that the applicant, while a patient, was sexually abused by a member or former member;
(c) A member or former member enters into an undertaking with the College to provide funding for therapy and counselling;
(d) There is an admission made by a member in a statement to the College or in an agreement with the College that he or she sexually abused the applicant while the applicant was a patient of the member or former member;
(e) A member or former member has been convicted under the Criminal Code (Canada) of sexually assaulting the applicant while the applicant was a patient of the member or former member and the facts supporting the sexual assault constitute sexual abuse within the meaning of the Health Professions Procedural Code;
(f) There is a statement, contained in the written reasons of a committee of the College given after a hearing, that the applicant, while a patient, was sexually abused by a member or former member; or
(g) There is sufficient information presented to the Patient Relations Committee to support a reasonable belief that the applicant, while a patient, was sexually abused by a member or former member.

Available Funding for Patients who have been Sexually Abused by a Member of the College of Denturists of Ontario Policy

Therapy and Counselling

The maximum funding available to each applicant for therapy or counselling is established by the *Regulated Health Professions Act* (the "RHPA"), and is equivalent to the amount that the Ontario Health Insurance Plan (OHIP) would pay for 200 half-hour sessions of individual out-patient psychotherapy with a psychiatrist. This funding amounts to approximately $16,000 per person and is accessible over a five-year period. Under the RHPA, the funding provided is reduced by the amount that OHIP or a private insurer is willing to pay.

Support Funding

The College will provide additional funding for certain expenses associated with accessing therapy or counselling related to the sexual abuse. This support funding is only available concurrently with therapy or counselling that a patient is receiving pursuant to the RHPA. The total amount of support funding available is $9,000. The $9,000 may be used towards any of the following expenses:

Medications, Treatments or Remedies

The College will provide funding for medications, treatments or remedies directly connected to therapy for sexual abuse by a member, if it is prescribed or recommended by an Ontario regulated health professional and it is not paid for either through a government payment program (e.g., ODSP) or a third-party insurance company. These may take the form of prescription drugs, natural remedies, homeopathic treatments and other supplements.

The following documentation is required:

The patient must provide receipts identifying the medications, treatments or remedies and their costs.

Dependent care

The College will provide funding to support the cost of dependent care for one or more dependents who requires care during the hours that an applicant attends therapy or counselling for sexual abuse by the member.

The following documentation is required:

The patient must attest to the fact that they have one or more dependent that requires care services while the patient is receiving therapy or counselling (attestation form provided by the College).

Travel expenses

The College will provide funding to a patient for the following expenses for travel to their therapist's office:

1. Mileage
2. Public Transit
3. Taxi/Ride share

The following documentation is required:

Mileage: The patient must provide a Google map setting out the kilometres between a patient's home and their therapist's office.

Public Transit: The patient must attest to their costs to take public transit to their therapist's office (attestation form provided by the College).

Taxi/Ride Share: The patient must provide receipts identifying the costs for a taxi or ride share (e.g., Uber) to their therapist's office.