



97th Council Meeting

Friday, September 6, 2019 – 9:00 a.m. to 3:30 p.m.

HELD AT

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

AGENDA

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PRIVATE & CONFIDENTIAL

August 22, 2019

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

re: College of Denturists of Ontario

Dear Members of the Executive Committee:

Further to the recent completion of our audit of the College of Denturists of Ontario (the "College") for the year ended March 31, 2019 we wish to communicate with you certain matters that may be of interest to you.

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

The following is a summary of matters we have communicated with you through our communication of March 30, 2019 and this correspondence:

Communication of March 30, 2019

- Auditor Independence
 - communicated through the Engagement letter issued for the March 31, 2019 year-end
- Auditors' Responsibility Under Generally Accepted Auditing Standards
 - communicated through the Engagement letter issued for the March 31, 2019 year-end
- Summary of Audit Approach, Materiality and Other Issues

Current Communication

- Auditor Independence
 - we are independent with respect to the College within the meaning of the Chartered Professional Accountants of Ontario Code of Professional Conduct as of August 22, 2019
- The Auditors Responsibility to Consider Fraud
 - we did not note any evidence of fraud during the course of the audit
- Misstatements - Illegal Acts
 - no misstatements of a material nature were identified
 - there were no uncorrected misstatements aggregated during the audit
 - we did not identify any illegal acts during the course of the audit

College of Denturists of Ontario
Toronto, Ontario
August 22, 2019

- Internal Control
 - an increased risk profile is inherent in an organization of this size relative to the lack of segregation of incompatible duties. Segregation of incompatible duties is a key internal control intended to minimize the occurrence of errors or fraud. The principle of segregating incompatible duties encompasses the division of responsibilities of a key process such that no one individual performs two or more of the functions related to custody, initiation, authorization, execution, recording and reporting.
- Related Party Transactions
 - we did not note any related party transactions during the course of the audit
- Matters Having a Significant Effect on the Qualitative Aspects of Accounting Principles used in the College's Financial Reporting
 - we did not note any significant qualitative aspects, including those detailed below that required communication with the Executive Committee, during the course of the audit:
 - initial selection of and changes in significant accounting policies, including the adoption of new accounting pronouncements
 - effect of significant accounting policies in controversial or emerging areas
 - existence of acceptable alternative policies and methods, and the acceptability of the particular policy or method used by management
 - effect on the financial statements of significant unusual transactions
 - issues involved, and related judgments made by management, in formulating particularly sensitive accounting estimates and disclosures (for example, disclosures related to going concern, subsequent events and contingency issues)
 - basis for the auditor's conclusions regarding the reasonableness of the estimates made by management in the context of the financial statements taken as a whole
 - factors affecting asset and liability carrying values, including the basis for determining useful lives assigned to tangible and intangible assets
 - timing of transactions that affect the recognition of revenues or avoid recognition of expenses
- Annual Report
 - we will review the annual report, if prepared, prior to it being finalized to ensure there are no inconsistencies with the audited financial statements
- Other Issues
 - we did not encounter any serious difficulties while performing the audit, including significant delays in management providing information required for the audit and an unnecessarily brief timetable in which to complete the audit
 - we did not discuss any major issues with management in connection with our re-appointment as the auditor, including, among other matters, discussions regarding the application of accounting principles and auditing standards, and fees
 - we did not note any instances of management consulting with other accountants about auditing and accounting matters
 - we did not note any disagreements with management about matters that individually or in the aggregate could be significant to the financial statements or the auditor's report, whether or not subsequently resolved
 - we did not note any other issues arising from the audit that would be important or relevant to the Executive Committee
 - a management letter was deemed to not be necessary for the March 31, 2019 year-end
 - a representation letter is to be obtained from management upon finalization

College of Denturists of Ontario
Toronto, Ontario
August 22, 2019

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

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

Yours very truly,



I.B.MacKenzie/kp

Chartered Professional Accountants

COLLEGE OF DENTURISTS OF ONTARIO

FINANCIAL STATEMENTS

MARCH 31, 2019

Draft Statement Subject to Revision

HILBORN_{LLP}

Independent Auditor's Report

To the Council of the College of Denturists of Ontario

Opinion

We have audited the financial statements of the College of Denturists of Ontario (the "College"), which comprise the statement of financial position as at March 31, 2019, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at March 31, 2019, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the College in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

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

In preparing the financial statements, management is responsible for assessing the ability of the College to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the financial reporting process of the College.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal control of the College.

Independent Auditor's Report (continued)**Auditor's Responsibilities for the Audit of the Financial Statements (continued)**

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the ability of the College to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

Toronto, Ontario
Date

Chartered Professional Accountants
Licensed Public Accountants

Draft Statement Subject to Revision

Statement of Financial Position

| March 31 | 2019 \$ | 2018 \$ |
|--|------------------|------------------|
| ASSETS | | |
| Current assets | | |
| Cash | 2,487,731 | 2,271,148 |
| Prepaid expenses | 28,204 | 17,788 |
| | 2,515,935 | 2,288,936 |
| Capital assets (note 3) | 76,621 | 86,513 |
| Intangible assets (note 4) | 9,288 | 1,829 |
| | 85,909 | 88,342 |
| | 2,601,844 | 2,377,278 |
| LIABILITIES | | |
| Current liabilities | | |
| Accounts payable and accrued liabilities (note 5) | 146,256 | 175,176 |
| Deferred registration fees | 319,847 | 331,851 |
| | 466,103 | 507,027 |
| Deferred lease incentives (note 6) | 50,392 | 58,791 |
| | 516,495 | 565,818 |
| NET ASSETS | | |
| Invested in capital and intangible assets | 54,229 | 51,382 |
| Internally restricted for therapy and counselling (note 7) | 160,000 | 160,000 |
| Internally restricted for complaints and discipline (note 8) | 360,000 | 360,000 |
| Unrestricted | 1,511,120 | 1,240,078 |
| | 2,085,349 | 1,811,460 |
| | 2,601,844 | 2,377,278 |

The accompanying notes are an integral part of these financial statements

Approved on behalf of the Council:

President

Vice-President

Statement of Operations

| Year ended March 31 | 2019 \$ | 2018 \$ |
|---|------------------|------------------|
| Revenues | | |
| Registration fees | 1,412,010 | 1,381,076 |
| Examination fees | 253,600 | 230,675 |
| Administration fees | 18,708 | 14,183 |
| Investment income | 19,145 | 15,430 |
| | <u>1,703,463</u> | <u>1,641,364</u> |
| Expenses | | |
| Salaries and benefits | 474,407 | 481,328 |
| Examinations | 315,362 | 314,991 |
| Council and committees | 17,466 | 19,246 |
| Professional fees | 150,462 | 123,868 |
| Quality assurance | 45,003 | 55,137 |
| Rent (note 6) | 100,719 | 101,687 |
| Complaints and discipline (note 9) | 134,869 | 45,563 |
| Office and general | 166,793 | 154,885 |
| Amortization of capital assets | 22,531 | 22,831 |
| Amortization of intangible assets | 1,962 | 544 |
| | <u>1,429,574</u> | <u>1,320,080</u> |
| Excess of revenues over expenses for year | <u>273,889</u> | <u>321,284</u> |

The accompanying notes are an integral part of these financial statements

Statement of Changes in Net Assets

Year ended March 31

| | Invested in capital and intangible assets \$ | Internally restricted for therapy and counselling \$ | Internally restricted for complaints and discipline \$ | Unrestricted \$ | 2019 Total \$ |
|---|--|--|--|--------------------|---------------------|
| Balance, beginning of year | 51,382 | 160,000 | 360,000 | 1,240,078 | 1,811,460 |
| Excess of revenues over expenses for year | - | - | - | 273,889 | 273,889 |
| Amortization of capital and intangible assets | (24,493) | - | - | 24,493 | - |
| Amortization of deferred lease incentives | 5,280 | - | - | (5,280) | - |
| Purchase of capital and intangible assets | 22,060 | - | - | (22,060) | - |
| Balance, end of year | 54,229 | 160,000 | 360,000 | 1,511,120 | 2,085,349 |

The accompanying notes are an integral part of these financial statements

Statement of Changes in Net Assets

Year ended March 31

| | Invested in capital and intangible assets \$ | Internally restricted for therapy and counselling \$ | Internally restricted for complaints and discipline \$ | Unrestricted \$ | 2018 Total \$ |
|---|--|--|--|--------------------|---------------------|
| Balance, beginning of year | 50,450 | 10,000 | 360,000 | 1,069,726 | 1,490,176 |
| Excess of revenues over expenses for year | - | - | - | 321,284 | 321,284 |
| Amortization of capital and intangible assets | (23,375) | - | - | 23,375 | - |
| Amortization of deferred lease incentives | 5,280 | - | - | (5,280) | - |
| Purchase of capital and intangible assets | 19,027 | - | - | (19,027) | - |
| Internally imposed restriction (note 7) | - | 150,000 | - | (150,000) | - |
| Balance, end of year | 51,382 | 160,000 | 360,000 | 1,240,078 | 1,811,460 |

The accompanying notes are an integral part of these financial statements

Statement of Cash Flows

| Year ended March 31 | 2019 \$ | 2018 \$ |
|--|------------------|-----------------|
| Cash flows from operating activities | | |
| Excess of revenues over expenses for year | 273,889 | 321,284 |
| Adjustments to determine net cash provided by (used in) operating activities | | |
| Amortization of capital assets | 22,531 | 22,831 |
| Amortization of intangible assets | 1,962 | 544 |
| Interest received on investments capitalized in prior years | - | 3,341 |
| Amortization of deferred lease incentives | (8,399) | (8,399) |
| | 289,983 | 339,601 |
| Change in non-cash working capital items | | |
| Decrease (increase) in prepaid expenses | (10,415) | 8,839 |
| Increase (decrease) in accounts payable and accrued liabilities | (28,921) | 33,430 |
| Decrease in deferred registration fees | (12,004) | (26,881) |
| | 238,643 | 354,989 |
| Cash flows from investing activities | | |
| Proceeds from disposal of investments | - | 200,000 |
| Purchase of capital assets | (12,639) | (17,905) |
| Purchase of intangible assets | (9,421) | (1,122) |
| | (22,060) | 180,973 |
| Net change in cash | 216,583 | 535,962 |
| Cash, beginning of year | 2,271,148 | 1,735,186 |
| Cash, end of year | 2,487,731 | 2,271,148 |

The accompanying notes are an integral part of these financial statements

Notes to Financial Statements

March 31, 2019

Nature and description of the organization

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

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

1. Significant accounting policies

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

(a) Revenue recognition

Registration fees

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

Examination fees

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

Administration fees

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

Investment income

Investment income comprises interest from cash and is recognized on an accrual basis.

Notes to Financial Statements (continued)

March 31, 2019

1. Significant accounting policies (continued)**(b) Capital assets**

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

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

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

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

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

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

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

Notes to Financial Statements (continued)

March 31, 2019

1. Significant accounting policies (continued)

(c) Intangible assets

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

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

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

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

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

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

(d) Deferred lease incentives

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

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

(e) Net assets invested in capital and intangible assets

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

Notes to Financial Statements (continued)

March 31, 2019

1. Significant accounting policies (continued)**(f) Financial instruments****(i) Measurement of financial assets and liabilities**

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

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

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

Financial assets measured at amortized cost include cash.

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

(ii) Impairment

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

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

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

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

Notes to Financial Statements (continued)

March 31, 2019

1. Significant accounting policies (continued)

(f) Financial instruments (continued)

(ii) Impairment (continued)

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

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

(g) Management estimates

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

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

2. Financial instrument risk management

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

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

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

Notes to Financial Statements (continued)

March 31, 2019

2. Financial instrument risk management (continued)**Credit risk**

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

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

| | 2019 | 2018 |
|------|------------------|------------------|
| | \$ | \$ |
| Cash | <u>2,487,731</u> | <u>2,271,148</u> |

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

Liquidity risk

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

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

Market risk

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

Currency risk

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

The College is not exposed to currency risk.

Interest rate risk

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

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

Notes to Financial Statements (continued)

March 31, 2019

2. Financial instrument risk management (continued)

Other price risk

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

The College is not exposed to other price risk.

Changes in risk

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

3. Capital assets

| | Cost | Accumulated | 2019 |
|------------------------|----------------|--------------------|---------------|
| | \$ | Amortization | Net |
| | | \$ | \$ |
| Furniture and fixtures | 95,505 | 69,007 | 26,498 |
| Computer equipment | 59,501 | 48,490 | 11,011 |
| Leasehold improvements | 60,173 | 21,061 | 39,112 |
| | <u>215,179</u> | <u>138,558</u> | <u>76,621</u> |
| | | | |
| | Cost | Accumulated | 2018 |
| | \$ | Amortization | Net |
| | | \$ | \$ |
| Furniture and fixtures | 86,957 | 63,451 | 23,506 |
| Computer equipment | 55,410 | 37,532 | 17,878 |
| Leasehold improvements | 60,173 | 15,044 | 45,129 |
| | <u>202,540</u> | <u>116,027</u> | <u>86,513</u> |

Notes to Financial Statements (continued)

March 31, 2019

4. Intangible assets

| | Cost \$ | Accumulated Amortization \$ | 2019 Net \$ |
|-------------------------------|---------------|-----------------------------------|-------------------|
| Computer software | 52,751 | 43,463 | 9,288 |
| Database application software | 31,900 | 31,900 | - |
| | <u>84,651</u> | <u>75,363</u> | <u>9,288</u> |
| | Cost \$ | Accumulated Amortization \$ | 2018 Net \$ |
| Computer software | 43,330 | 41,501 | 1,829 |
| Database application software | 31,900 | 31,900 | - |
| | <u>75,230</u> | <u>73,401</u> | <u>1,829</u> |

5. Accounts payable and accrued liabilities

| | 2019 \$ | 2018 \$ |
|---|----------------|----------------|
| Trade payables and accrued liabilities | 73,700 | 108,742 |
| Accrued liabilities - complaints and discipline | 55,988 | 46,151 |
| HST payable | 16,568 | 20,283 |
| | <u>146,256</u> | <u>175,176</u> |

Notes to Financial Statements (continued)

March 31, 2019

6. Deferred lease incentives

| | Cost \$ | Accumulated Amortization \$ | 2019 Net \$ |
|--------------------|---------------|-----------------------------------|-------------------|
| Tenant inducements | 52,800 | 21,120 | 31,680 |
| Free rent benefits | 31,187 | 12,475 | 18,712 |
| | <u>83,987</u> | <u>33,595</u> | <u>50,392</u> |

| | Cost \$ | Accumulated Amortization \$ | 2018 Net \$ |
|--------------------|---------------|-----------------------------------|-------------------|
| Tenant inducements | 52,800 | 15,840 | 36,960 |
| Free rent benefits | 31,187 | 9,356 | 21,831 |
| | <u>83,987</u> | <u>25,196</u> | <u>58,791</u> |

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

Amortization of lease incentives in the amount of \$8,399 (2018 - \$8,399) was credited to rent expense in the current year.

7. Net assets internally restricted for therapy and counselling

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

Upon the direction of Council, unrestricted net assets in the amount of nil (2018 - \$150,000) were transferred to net assets internally restricted for therapy and counselling.

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

8. Net assets internally restricted for complaints and discipline

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

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

Notes to Financial Statements (continued)

March 31, 2019

9. Complaints and discipline

| | 2019 | 2018 |
|---------------------------|----------------|---------------|
| | \$ | \$ |
| Complaints and discipline | 157,669 | 111,263 |
| Cost recoveries | (22,800) | (65,700) |
| | <u>134,869</u> | <u>45,563</u> |

10. Commitment

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

| | \$ |
|------------------|----------------|
| 2020 | 111,212 |
| 2021 | 116,492 |
| 2022 | 116,492 |
| 2023 | 116,492 |
| Subsequent years | <u>232,985</u> |
| | <u>693,673</u> |

Draft Statement Subject to Revision





96th Council Meeting In-Person

365 Bloor Street East, Suite 1606, Toronto, ON M4W 3L4
Friday, June 14, 2019 - 9:00 a.m. to 3:30 p.m.

MINUTES

Members Present:

Mr. Hanno Weinberger ➤ President
Dr. Ivan McFarlane ➤ Vice President, Past President
Mr. Jack Abergel
Mr. Abdelatif Azzouz
Ms. Kristine Bailey
Ms. Alexia Baker-Lanoue
Mr. Keith Collins
Mr. Robert C. Gaspar
Ms. Anita Kiriakou
Ms. Wangari Muriuki
Mr. Christopher Reis

Regrets:

Mr. Michael Vout, Jr.

Legal Counsel:

Ms. Rebecca Durcan, Steinecke, Maciura and LeBlanc

Staff:

Dr. Glenn Pettifer, Registrar and CEO
Ms. Megan Callaway, Manager, Council and Corporate Services
Ms. Catherine Mackowski, Manager, Professional Conduct
Ms. Jennifer Slabodkin, Manager, Registration, Quality Assurance and Policy
Mr. Roderick Tom-Ying, Manager, Strategic Initiatives

1. Call to Order

The President, Dr. Ivan McFarlane, called the meeting to order at 9:00 a.m.

2. Approval of Agenda

The agenda was amended to move item 12: Draft Standard of Practice: Professional Boundaries, to follow item 14: Draft Policy: Funding for Therapy and Counselling – Sexual Abuse.

MOTION: To approve the agenda as amended.

MOVED: A. Kiriakou

SECONDED: A. Azzouz

CARRIED

3. Declaration of Conflict(s)

No conflicts of interest were declared. Comments on conflict of interest were made by Ms. Rebecca Durcan, College Counsel.

4. College Mandate

The President drew Council members' attention to the College Mandate and the College Mission, which were provided.

5. Results of Elections – Districts 1 & 2

The Registrar reported the results of the Elections for Districts 1 & 2.

6. Election of Executive Committee and Officers for 2019-2020

The Registrar assumed the role of Chair for the election of the Executive Committee and Officers.

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

MOVED: K. Collins

SECONDED: A. Baker-Lanoue

CARRIED

MOTION: That the Executive Committee be composed of 5 members.

MOVED: K. Collins

SECONDED: A. Baker-Lanoue

CARRIED

The results of the election of the Executive Committee and Officers for 2019-2020 were:

- Mr. Hanno Weinberger – President – Acclaimed
- Dr. Ivan McFarlane – Vice President – Elected by a majority of votes
- Michael Vout, Jr. – Professional Member at Large – Acclaimed
- Alexia Baker-Lanoue – Professional Member at Large – Acclaimed
- Keith Collins – Professional Member at Large – Acclaimed

MOTION: That the ballots be destroyed.

MOVED: A. Kiriakou

SECONDED: K. Collins

CARRIED

Mr. Weinberger, President, assumed the role of Chair for the remainder of the meeting.

Mr. Weinberger expressed gratitude to Mr. Joseph Della Marina for his contribution as a member of Council.

7. Confidentiality Agreement

Comments on confidentiality were made by Ms. Rebecca Durcan, College Counsel. Council members were asked to complete the annual Confidentiality Agreement and submit it to staff.

8. Nominating Committee's Proposed Slate of Members and Chairs of Statutory and Non-Statutory Committees for 2019-2020

MOTION: To approve the slate of members and chairs of statutory and non-statutory committees for 2019-2020 as presented.

MOVED: K. Collins

SECONDED: W. Muriuki

CARRIED

9. Consent Agenda

Items 9.11: President's Report, 9.12: Executive Director's Report, and 9.15.2 Grey Areas were removed from the Consent Agenda.

MOTION: To accept the Consent Agenda as amended.

MOVED: J. Abergel

SECONDED: K. Collins

CARRIED

Dr. McFarlane provided the President's Report verbally.

The Registrar gave an overview of his report and presented data on the Annual CPD Requirement.

MOTION: To accept the Registrar's Report.

MOVED: A. Kiriakou

SECONDED: A. Baker-Lanoue

CARRIED

Ms. Rebecca Durcan, College Counsel, provided an overview of her article, The Cayton Report: The Wolf Finally Arrives (Grey Areas, May 2019).

10. Draft Standard of Practice: Professional Collaboration

MOTION: To approve the draft Standard and Guide and set a date of January 1, 2020 for implementation of the Standard.

MOVED: W. Muriuki

SECONDED: R. Gaspar

CARRIED

11. Draft Standard of Practice: Denturism Educators

MOTION: To request amendments and further drafting of the Standard and Guide and re-review the new draft at the next Council meeting.

MOVED: A. Baker-Lanoué

SECONDED: W. Muriuki

CARRIED

12. Draft Standard of Practice: Professional Boundaries

Staff was directed to remove the words, "out of personal curiosity" from the highlighted paragraph on Page 6 of 7 of the Guide.

MOTION: To request further modifications of the draft Standard and Guide by the Quality Assurance Committee – Panel B and return the amended draft to Council for further consideration.

MOVED: A. Kiriakou

SECONDED: A. Azzouz

CARRIED

13. Draft Guidelines: Conduct for the Prevention of Sexual Abuse

Staff was directed to add "touch" to the first bullet in the list of Don'ts: "Don't use gestures, touch, or expressions..." on page 2 of 3 of the Guidelines.

MOTION: To approve the draft Guidelines as amended for distribution to all stakeholders.

MOVED: J. Abergel

SECONDED: W. Muriuki

CARRIED

14. Draft Policy: Funding for Therapy and Counselling – Sexual Abuse

MOTION: To approve the draft Policy as presented.

MOVED: K. Collins

SECONDED: A. Kiriakou

CARRIED

15. Governance Training

Ms. Rebecca Durcan, College Counsel presented 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?

16. Next Meeting Date

Council members were reminded that the next meeting of Council will be held on Friday, September 6, 2019.

17. Adjournment

MOTION: To adjourn the meeting.

MOVED: K. Collins

SECONDED: I. McFarlane

CARRIED

The meeting was adjourned at 1:34 p.m.

Mr. Hanno Weinberger
President

Date

Dr. Glenn Pettifer
Registrar and CEO

Date



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Executive Committee**

Reporting Date: **September 6, 2019**

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

The Executive Committee met by teleconference on Thursday, August 22, 2019 to consider customary items and:

- the 2019 Draft Audited Financial Statements presented by Blair MacKenzie, Hilborn LLP.
- the current financial statements for April 1, 2019 to June 30, 2019.
- a proposed amendment to Schedule 7 of the College By-laws respecting a fee for "Retired" status.
- 6 Clinic Name Registration Applications.
- a potential redesign of the Certificate of Registration.

Respectfully submitted by Mr. Hanno Weinberger
President and Chair of the Executive Committee



COMMITTEE REPORT TO COUNCIL

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

Reporting Date: **September 6, 2019**

Number of Meetings since
last Council Meeting: **3**

Role of the Committee

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

Executive Summary

Since the June 14, 2019 Council meeting, the ICRC has considered 13 complete investigations and made final dispositions in 9 matters (8 complaints investigations and 1 Registrar's report).

Decisions Finalized:

| | |
|----------------------------|----------|
| Complaints | 8 |
| Registrar's Reports | 1 |
| Total | 9 |

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

| | |
|-------------------------------------|---|
| No Further Action | 3 |
| Advice/Recommendation/Reminder | 1 |
| SCERP (incl. Coaching and Training) | 2 |
| Cautions | 1 |
| 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 | 2 | |
| Clinical knowledge/understanding | | |
| Clinical Skill/Execution | 4 | 1 |
| Communication | 1 | 1 |
| Relationship with Patient | | |
| Professional Judgment | | 4 |
| Legislation, standards & ethics | 2 | 1 |
| Laboratory Procedures | | |
| Practice Management | | |

Cases Considered by the Committee:

| | |
|--------------------------------|-----------|
| Complaints | 10 |
| Registrar’s Reports | 6 |
| Health Inquiries | 1 |
| Health Inquiries (hold) | 1 |

New Files Received during this period:

| | |
|----------------------------|----------|
| Complaints | 4 |
| Registrar’s Reports | 1 |
| Health Inquiries | 0 |

HPARB appeals

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

Respectfully submitted by Barbara Smith
 Chair of the Inquiries, Complaints and Reports Committee



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Discipline Committee**

Reporting Date: **September 6, 2019**

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

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 June 14, 2019 Council meeting the Discipline Committee has not met.

A. Panel Activities

1. Currently 2 active referrals, hearing dates to be determined.

Discipline Hearings

| | |
|---------------------------|---|
| Total hearings | 0 |
| Agreed statement of facts | 0 |
| Contested hearings | 0 |

Penalty Orders

| | |
|--------------------------------|---|
| Reprimand | 0 |
| Terms, Conditions, limitations | 0 |

Respectfully submitted by Mr. Hanno Weinberger
President and Chair of the Discipline Committee



COMMITTEE REPORT TO COUNCIL

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

Reporting Date: **September 6, 2019**

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

Activities during the Quarter:

There was no activity to report for this quarter.

Respectfully submitted by Mr. Michael Vout, Jr.
Chair of the Fitness to Practise Committee



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Patient Relations Committee**

Reporting Date: **September 6, 2019**

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

Since the last Council meeting the Patient Relations Committee met twice; once on June 20, 2019 and on August 16, 2019. At these meetings, the Committee considered the elements of a sexual abuse prevention program - a legislated responsibility of the Committee. The Committee has now developed a number of sexual abuse prevention tools and believes that it has made significant progress on the important elements of its sexual abuse prevention plan.

The Committee is pleased to report that at this Council meeting the Committee is proposing the following for Council approval:

- FAQs directed at Denturists and FAQs directed at patients that will assist registrants in understanding their responsibilities and obligations with respect to protecting patients from sexual abuse;
- A revised Sexual Abuse Prevention Plan to reflect any changes approved by Council; and
- A Patients' Rights Document that registrants may download, modify and provide to their patients.

In the future, the Committee will focus its efforts on:

- Identifying methods to enhance and support sexual abuse prevention education in denturism program curricula;
- Developing baseline competencies for sexual abuse prevention that could potentially be woven into the baseline competencies for denturists;
- Identifying public education possibilities; and
- Identifying methods for evaluating and reporting on the effectiveness of the Patient Relations Program.

Respectfully submitted by Ms. Alexia Baker-Lanoue
Chair of the Patient Relations Committee



COMMITTEE REPORT TO COUNCIL

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

Reporting Date: **September 6, 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 June 14, 2019.

Meeting: July 19, 2019

| Requirement Considered | Result |
|-------------------------------------|---|
| 2016-17 Peer & Practice Assessments | <ul style="list-style-type: none"> 1 – Remedial action required |
| 2018-19 Peer & Practice Assessments | <ul style="list-style-type: none"> 2 – Satisfactory 4 - Remedial submissions considered and deemed satisfactory 3 – Remedial action required 1 – Deferral request |

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 | 12 | 1 | 3 | 1 | 2 | 0 |
| 2017-18 (Total = 35) | 17 | 17 | 0 | 1 | 0 | 0 | 0 |
| 2018-19 (Total = 36) | 17 | 11 | 2 | 3 | 0 | 1 | 2 |
| 2019-20 (Total = 78) | | | | 3 | | | 78 |

CPD Compliance Summary:

| Annual 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 |
| 2018-19 | 2 | 3 | TBD | TBD |

| Cycle Period | Extensions Granted | CPD Audit Ordered | Peer & Practice Assessment Ordered | Referred to ICRC for Non-Compliance |
|---------------------|---------------------------|--------------------------|---|--|
| 2011-2016 | 60 | 36 | 7 | 6 |
| 2016-2019 | 6 | 6 | TBD | |

Program & Policy Development:

The Committee reviewed the current CPD Compliance Policy and discussed additional strategies to further improve member compliance rates for the 2019-2022 cycle and annual requirements.

The Committee was provided with a verbal update regarding the Chart-Stimulated Recall project. The competency profile will be revised as part of the 2017-2020 Strategic Plan. The project will be put on hold until the competency profile has been updated.

Peer Circles were held in Windsor (May 24th), Ottawa (June 6th) and Sudbury (June 22nd) where a total of 30 members participated. The events were very well-received, where 100% of participants indicated they would recommend the activity to a colleague. Additional cases have been developed in preparation for the upcoming Peer Circle event scheduled for Friday September 13th at the 2019 Perfecting-Your-Practice conference hosted by the DAO.

The Committee will be meeting in October 2019 for further review of Peer & Practice Assessment reports, and CPD compliance matters.

Respectfully submitted by Mr. Keith Collins
Chair of the Quality Assurance Committee – Panel A



COMMITTEE REPORT TO COUNCIL

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

Reporting Date: **September 6, 2019**

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

Panel B of the Quality Assurance Committee (QAC-B) did not meet since its last report to Council on June 14, 2019.

As previously reported, 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. These documents have been posted on the College website and are included in the consent agenda.

The Panel will be meeting in the fall to review the draft IPAC Guidelines and Checklists. The Panel will also consider draft Guidelines related to closing a practice and dual registration.

In the fall the Panel will be asking for members to participate in a working group that is being put together to consider physical facility standards.

Respectfully submitted by Ms. Noa Grad
Chair of the Quality Assurance Committee – Panel B



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Registration Committee**

Reporting Date: **September 6, 2019**

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

The Registration Committee (RC) met twice since its last report to Council on June 14, 2019.

At the June 10th, 2019 meeting, the Committee considered 2 requests for an academic assessment and 1 application to remove Terms, Conditions and Limitations on a Certificate of Registration.

At the July 24th, 2019 meeting, the Committee considered 2 requests for an academic assessment.

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



COMMITTEE REPORT TO COUNCIL

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

Reporting Date: **September 6, 2019**

Number of Meetings since
last Council Meeting: **3**

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

Summer 2019 Qualifying Examination

The QE was administered over a four-day period in June 2019. A total of 47 candidates attempted the examination, 6 of which were repeat candidates.

The College's assessment consultant, Dr. Anthony Marini, conducts a complete item analysis after each administration. Items identified as problematic due to low question performance along with incident reports that may have affected a candidate's performance were presented and reviewed by the Committee prior to the release of final candidate scores. Candidate performance reports, detailing the Candidate's score and their individualized feedback will be provided in the first week of September.

| QE Summer 2019 – Overall Results | Total | New | Repeat |
|---|------------|-----|--------|
| Number of candidates | 47 | 41 | 6 |
| Number of successful candidates | 31 | 28 | 3 |
| Pass rate (expressed as a percentage of new candidates) | 66% | | |

Respectfully submitted by Michael Vout Jr.
Chair of the Qualifying Examination Committee



COMMITTEE REPORT TO COUNCIL

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

Reporting Date: **September 6, 2019**

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

Activities during the Quarter:

There was no activity to report for this quarter.

Respectfully submitted by Dr. Ivan McFarlane
Vice President and Chair of the Qualifying Examination Appeals Committee



To: **Council**

From: **Mr. Hanno Weinberger**

Date: **September 6, 2019**

Subject: **President's Report**

Following the Executive meeting on August 22nd, I met with the Registrar to share the results of the performance appraisal survey completed by members of Council. Ten (10) Council members took the time to complete the survey and three (3) made additional comments prior to submitting their surveys.

As per protocol, established by Council, the Registrar will consider the feedback provided by the respondents. This information will help to inform his personal and professional goals for the coming year.



To: **Council**

From: **Dr. Glenn Pettifer**

Date: **September 6, 2019**

Subject: **Registrar's Report**

I am pleased to provide this report to Council.

Stakeholder Representation

June 7, 2019 Attended the CDHO Council Meeting.

June 13, 2019 Attended the FHRCO Commitment to Cultural Safety and Humility Working Group meeting to discuss and outline a strategy for Health Profession Regulatory Colleges to engage with indigenous communities.

June 22 – 28, 2019. Attended CLEAR International Conference (Council on Licensure, Enforcement and Regulation) in Vancouver. Prior to this conference meeting, I attended a day long meeting with Registrars of the College of Denturists of Alberta and the Registrar of the College of Denturists of British Columbia where we discussed a number of items of common interest: revising the National Competency Profile, nationalizing the Qualifying Examination, nationalizing Academic Program Accreditation. This was a very productive meeting and it is a very positive collaboration.

Prior to the conference, I also attended a regional symposium on "Cultural Awareness: Valuing Indigenous and Minority Populations in Professional Regulation and a "Regulatory Research Day".

July 9, 2019 FHRCO Board Meeting

Meeting with Ministry staff regarding amalgamation initiative. The current suggestion was that we continue to pursue collaborative amalgamation efforts that do not require legislative change.

August 26, 2019. Meeting with representatives from the Office of the Fairness Commissioner regarding the College's Registration Practices report and the future of the OFC's audit or oversight.

August 27, 2019. Meeting of the Ministry of Health's Working Group on College Performance Measurement Framework. The results of this work will inform how the government and Ministry evaluate the performance of Health Profession Regulatory Colleges in the future. Prior to this the Annual Report of the Colleges were used to assess performance.

Finance

Blair MacKenzie will present 2018-2019 draft Audited Financial Statements at the September 6 Council meeting. The first quarter 2019-2020 financial statements are included provided in this meeting package.

Council By-Elections

A By-election to fill the vacant District 1 seat on Council will be held on Thursday October 17, 2019. The By-election is conducted pursuant to Articles 14.02 and 21.07 of the College By-laws.

Registration

The College currently has 731 registrants. The College has registered 11 new individuals since the last Council meeting.

Qualifying Examination

The summer Qualifying Examination took place on June 21 (MCQ) and June 23-24, 2019 (OSCE). Forty-seven individuals attempted at least one portion of the examination. The OSCE portion of the examination was administered at the Michener Institute this year. This facility worked well for administration of the OSCE portion of the examination. The overall pass rate for the examination (MCQQ and OSCE combined, new and repeat candidates combined) was 66%. To date, two appeals have been submitted.

ICRC

The College currently has 19 active complaint files, 2 Registrar's Reports/Investigations, 0 referrals to ICRC by Quality Assurance Panel A, 0 Health Inquiry Panels, 5 decisions at HPARB and 2 pending Discipline Hearings.

Quality Assurance – Webinars

The summer webinar series has concluded. The summary statistics are below.

| Topic | # of Sessions | Attendance | Recommend to a Colleague? | Improved Understanding of Topic? | # of On Demand Views (since Mar/19) |
|---------------------------|---------------|------------|---------------------------|----------------------------------|-------------------------------------|
| Advertising | 2 | 60 | 100% | 100% | 48 |
| Conflict of Interest | 2 | 36 | 100% | 100% | 85 |
| Record Keeping | 2 | 30 | 100% | 100% | 28 |
| Informed Consent | 2 | 33 | 100% | 95% | 19 |
| Confidentiality & Privacy | 2 | 42 | 100% | 100% | 40 |
| Restricted Title | 2 | 92 | 100% | 100% | N/A |

Program and Policy Development – Selected Items

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. Other Peer Circle events were held in Windsor on May 22, 2019, Ottawa on June 6, 2019 and Sudbury on June 22, 2019. All participants provided positive feedback and said that they would recommend the Peer Circle event to their colleagues. A Peer Circle event will be held at the DAO PYP Conference on 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.

Infection Prevention and Control Guidelines

The draft IPAC Guidelines document has been completed. This document was completed with input from Public Health Ontario. To complement the Guidelines document, a series of IPAC checklists that will summarize IPAC information for specific areas in denturism practice will be developed. The Guidelines and Checklists will be reviewed by Panel B of the Quality Assurance

prior to final review and consideration for adoption by Council. In the interim, the College continues to provide 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.

Regulation Revisions

The draft revised Registration Regulation and the draft revised Professional Misconduct Regulation are ready for Council's final approval and posting for comment. The Quality Assurance Regulation is ready for consideration by the Legislative Council and will be presented with the revised Registration and Professional Misconduct Regulations.

Quality Assurance Self-Assessment Tool

The on-line Quality Assurance Self-Assessment Tool development and design is complete. The Tool will be piloted to a sub-group of Committee members and members of the profession beginning in September. Piloting will conclude in December 2019 with a view to a general launch in January 2020. College staff will demonstrate the tool at the September 6 meeting of Council.

Document Management Project

The current College documentation is being sorted and migrated to the new document management program. This will take the better part of the summer and fall. 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

Mr. Rod Tom-Ying joined the College on June 10, 2019 as Manager, Strategic Initiatives. Rod will be managing the Qualifying Examination process during the coming year while Ms. Vicci Sakkas is away on pregnancy/parental leave. He is also currently involved in drafting the IPAC Guidelines and Checklists.

Ms. Catherine Mackowski completed her probationary period and is now a full-time permanent employee as Manager of Professional Conduct. Ms. Megan Callaway completed her probationary period and is now a full-time permanent employee as Manager of Council and Corporate Services.



MEMO

To: **Council**

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

Date: **September 6, 2019**

Subject: **Financial Report Memo – April 1, 2019 to June 30, 2019**

Financial Reports are attached for April 1, 2019 – June 30, 2019, the first quarter of the 2019 -2020 fiscal year.

I direct your attention to the columns “YTD as Percentage of Budget” which indicate the percentage of the budgeted amount that has been spent (or, in the case of income, received). This report covers the first 3 months of the fiscal year. Consequently, we anticipate that approximately 25% (3/12) of a budgeted amount would be spent. On the revenue side, most of the College’s revenue comes from Registration fees and, since the renewal period ended on April 15, 2019, the College has received approximately 94% of its budgeted revenue.

Some line items are not expensed over time but are lump sum payments. These items will show a YTD percentage of budget greater or less than 25%, depending on when the lump sum items are invoiced. Some items, such as credit card processing, are expenses that largely occur at one time in the fiscal year. Credit card fees arise during the renewal period (March 1 – April 15) when members renew their Certificates of Registration or Certificates of Authorization for Health Professions Corporations and pay by credit card. The processing fees are then invoiced and posted in April/May during the first quarter of the fiscal year. This large lump sum expense related to credit card processing fees is reflected in the Office and General Expense line that is above the anticipated 25% expenditure level.

I note that fees related to Council and Committees are in excess of the anticipated level of expenditure at this point in the fiscal year. Much of that excess expenditure relates to the fact that legal expenses in support the Patient Relations Committee is in excess of the budgeted amount. This excess reflects the significant work that the PRC has undertaken during the first part of 2019 after a period of relative inactivity. The legal fees represent Committee orientation, developing Terms of Reference for the Committee, developing policy around funding for therapy and counselling support and assistance

drafting a new sexual abuse prevention program. All these elements are important pieces of the work of the PRC. Not all these items were planned at the time that the 2019-2020 budget was developed.

While the wages and benefits lines are within the budgeted amounts, I anticipate that these costs may exceed the budgeted amount at some point in the fiscal year. This reflects the fact that one employee has taken pregnancy + parental leave and that the human resource costs associated with covering that leave will likely exceed the salary amount for the employee who is on leave.

There are no other items of note in the revenue/income statements.

Overall the percentage of total expenditures related to the total expense budget is exactly where one would predict it to be at this point in the fiscal year.

1 **College of Denturists of Ontario**
 2 Income Statement (April 1- June 30, 2019)

| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|----|-------------------------------|------------------------|------------------------|--------------------------|-------------------------------|---|
| | YTD Budget to Actual | 2019-2020 | June 30/19 | YTD as Percentage | Remainder or In Excess | |
| | | BUDGET | YTD Totals | of Budget | of Budgeted Amount* | |
| 7 | REVENUE | | | | | |
| 8 | Professional Corporation Fees | \$ 67,500.00 | \$ 56,500.00 | 84% | \$ 11,000.00 | |
| 9 | Registration Fees | \$ 1,418,000.00 | \$ 1,424,506.00 | 100% | \$ 6,506.00* | |
| 10 | Other Fees | \$ 10,100.00 | \$ 5,613.50 | 56% | \$ 4,486.50 | |
| 11 | Qualifying Examination Fees | \$ 280,125.00 | \$ 184,825.00 | 66% | \$ 95,300.00 | |
| 12 | Other Income | \$ 16,000.00 | \$ 9,872.66 | 62% | \$ 6,127.34 | |
| 13 | TOTAL REVENUE | \$ 1,791,725.00 | \$ 1,681,317.16 | 94% | \$ 110,407.84 | |
| 14 | | | | | | |
| 15 | EXPENDITURES | | | | | |
| 16 | Wages & Benefits | \$ 553,280.60 | \$ 143,668.57 | 26% | \$ 409,612.03 | |
| 17 | Professional Development | \$ 40,000.00 | \$ 18,674.99 | 47% | \$ 21,325.01 | |
| 18 | Professional Fees | \$ 243,500.00 | \$ 30,954.46 | 13% | \$ 212,545.54 | |
| 19 | Office & General | \$ 153,200.00 | \$ 72,909.46 | 48% | \$ 80,290.54 | |
| 20 | Rent | \$ 117,756.80 | \$ 27,330.60 | 23% | \$ 90,426.20 | |
| 21 | Qualifying Examination | \$ 303,150.00 | \$ 51,402.00 | 17% | \$ 251,748.00 | |
| 22 | Council and Committees | \$ 46,500.00 | \$ 20,164.35 | 43% | \$ 26,335.65 | |
| 23 | Quality Assurance | | | | | |
| 24 | QA Panel A | \$ 6,000.00 | \$ 602.84 | 10% | \$ 5,397.16 | |
| 25 | QA Panel B | \$ 5,000.00 | \$ - | 0% | \$ 5,000.00 | |
| 26 | QA Assessments | \$ 37,650.00 | \$ 7,196.52 | 19% | \$ 30,453.48 | |
| 27 | Complaints & Discipline | | | | | |
| 28 | Complaints | \$ 126,000.00 | \$ 22,887.97 | 18% | \$ 103,112.03 | |
| 29 | Discipline | \$ 45,000.00 | \$ 6,620.03 | 15% | \$ 38,379.97 | |
| 30 | Capital Expenditures | \$ 15,000.00 | \$ - | 0% | \$ 15,000.00 | |
| 31 | TOTAL EXPENDITURES | \$ 1,692,037.40 | \$ 402,411.79 | 24% | \$ 1,289,625.61 | |
| 32 | | | | | | |
| 33 | NET INCOME | \$ 99,687.60 | \$ 1,278,905.37 | | | |



BRIEFING NOTE

To: **Council**

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

Date: **September 6, 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 Circle Project is offered in person.

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

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).

The number of sessions, attendance and on demand views for webinars since inception are detailed below:

| Webinar | # of Sessions | Attendance | # of On Demand Views |
|---------------------------|----------------------|-------------------|-----------------------------|
| Advertising | 14 | 324 | 85 |
| Conflict of Interest | 20 | 184 | 148 |
| Record Keeping | 25 | 593 | 138 |
| Informed Consent | 20 | 345 | 109 |
| Confidentiality & Privacy | 18 | 306 | 230 |
| Restricted Title | 2 | 92 | 5 |

Interprofessional collaboration has been an item of discussion at meetings with the Registrars of the CDHO and CDTO. The Standard of Practice: Professional Collaboration was approved by Council for January 1, 2020 Implementation.

The draft IPAC Guidelines document has been completed. This document was completed with input from Public Health Ontario. To complement the Guidelines document, a series of IPAC checklists that will summarize IPAC information for specific areas in denturism practice will be developed. The Guidelines and Checklists will be reviewed by Panel B of the Quality Assurance prior to final review and consideration for adoption by Council. In the interim, the College continues to provide 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.

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. A presentation on the College's Inquiries, Complaints and Reports, Discipline and Fitness to Practise Committees was provided by College counsel at the 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. The survey instrument for this revision project is drafted and will be released to stakeholders at the beginning of September.

Coincident with this combined National Competency Profile revision effort, is an effort to nationalize the entry to practice qualifying examination. In conjunction with the College's regulatory counterparts in Alberta and British Columbia, the CDO is currently exploring the nationalization of the Qualifying Examination, starting with the multiple-choice component of the examination.

Prepared by Richard Steinecke

In this Issue:

- Two Long-Term Homes amendments took effect on July 1st, see p. 1
- Two important, but housekeeping, registration regulation amendments for *RHPA* Colleges, see p. 1
- HPARB covered by new access to hearing exhibits provisions, see p. 1

Bonus Features:

- The Most Complex Discipline Case in Recent Memory, see pp. 2-3
- Compelling a Reluctant Witness to Testify in a Sexual Abuse Matter, see pp. 3-4
- Formulating a Penalty Order in Discipline in Sexual Abuse Cases, see pp. 4-5
- Another Interim Order in a Sexual Abuse Case Is Reduced, see p. 5
- Nova Scotia Independent Review of Sexual Abuse Processes, see pp. 5-6
- Proving Contempt of Court on Circumstantial Evidence, see p. 6
- Lack of Insight Justifies Revocation, see pp. 6-7
- The Precautionary Principle, see p. 7
- The Wettlaufer Inquiry Report: Implications for Regulators, see pp. 7-8

Ontario Bills

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

The Legislative Assembly was recessed this month.

Proclamations

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

Long-Term Homes Act, the provisions enhancing the powers of an interim manager take effect on July 1, 2019 (Gazetted July 13, 2019). In addition, provisions relating to temporary emergency licences for homes were proclaimed as of July 1, 2019 (Gazetted July 27, 2019).

Regulations

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

Psychology Act – A housekeeping amendment was made to the registration requirements for psychological associates in supervised practice (Gazetted June 29, 2019).

Traditional Chinese Medicine Act – Amendments to the registration regulation recognized the ending of the grandparented class of registration (Gazetted June 29, 2019).

Adjudicative Tribunals Records Act – The Health Professions Appeal and Review Board is designated as a tribunal to which enhanced access to hearing records apply (Gazetted July 13, 2019).

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)

The Most Complex Discipline Case in Recent Memory

The Divisional Court described the case of *Ontario (College of Physicians and Surgeons of Ontario) v Kunynetz*, 2019 ONSC 4300, <<http://canlii.ca/t/j1m2m>>, as one of the most complex discipline cases it has ever reviewed. The Court also observed that with the 2017 expansion of the scope of mandatory revocation for sexual abuse, motions and challenges to evidence are likely to become more frequent in such cases. The Court suggested that regulators should develop policies and procedures for hearing panel selection and scheduling of hearings to ensure that they do not extend unduly over a period of years, like this case did.

The Court undertook a detailed review of the credibility findings of the discipline panel on the main finding of sexual abuse. The Court held that the credibility findings of the discipline panel did not provide “an intelligible and reasonable line of analysis as to the credibility and reliability of the evidence” because of a number of omissions including:

1. Failing to explain why the practitioner’s evidence of what he would have done was rejected even though the practitioner acknowledged he had no individual recollection of the incident.
2. Treating the practitioner and complainant differently regarding the way they refreshed their memories from previous statements without explaining why.
3. Being selective in its consideration of discrepancies and inconsistencies of the practitioner and the complainant in discrepancies of comparable significance.
4. Failing to give sufficient weight to the credibility of the practitioner because his evidence coincided in relevant ways with that of the complainant.
5. Failing to explain why the panel accepted some of the practitioner’s evidence but rejected other aspects of it.
6. Focussing on one example where the practitioner changed his testimony without placing that in the context of his days of testimony on other matters without panel comment.

The Divisional Court also found that the regulator had reversed the burden of proof by failing to establish (by expert evidence, it was suggested) that there was no clinical justification for the touching of the patient’s breasts.

The Court also found that “the decision to find that the Appellant engaged in disgraceful, dishonourable or unprofessional conduct by allowing his fat pad to come into contact with the body of a patient, not accompanied by a warning, apology or excuse, is not reasonable” because he was

caught by surprise by that allegation. It had not been part of the notice of hearing, particulars, cross-examination at the hearing or even closing argument.

The Court provided its non-binding view on the retrospectivity of new grounds for the mandatory revocation of a certificate of registration. In particular, prior to the May 30, 2017 amendments, touching a patient's breasts without a clinical basis had no mandatory minimum penalty. On or after May 30, 2017, revocation was mandatory for such touching. The discipline panel concluded that, given the public interest purposes of the amendment, the mandatory penalty applied to such touching that occurred before the amendments. The Court held that this issue was one of general law, and that deference should not be awarded to the interpretation of the amendments by the discipline panel. If the Court had not set aside the finding in respect of the practitioner's touching of the patient's breasts, it would have held that the mandatory revocation amendments did not apply to this case.

The Court substituted the decision on penalty for the two less serious allegations that were upheld by ordering a retroactive suspension, which the practitioner served from the date of an earlier interim order up to the date of the Court's order.

In a footnote, the Divisional Court also raised concerns about some of the rulings not being signed by all of the panel members. The Court suggested that this could create an issue in future cases as a decision is not final until signed by all participating panel members.

Compelling a Reluctant Witness to Testify in a Sexual Abuse Matter

This issue has again come up, this time in the context of an investigatory summons. In *College of Physicians and Surgeons of Ontario v Dr. Kayilasanathan*, 2019 ONSC 4350, <<http://canlii.ca/t/i1hq9>>, a mandatory report was filed by another physician that an unnamed patient had been sexually abused by the practitioner. The patient had refused to consent to her name being included in the mandatory report (as was her right). The regulator, upon receiving the mandatory report, used its investigative powers to summons the reporting physician's chart to learn of the identity of the patient. It then summonsed the patient to give a statement. She complied. At the discipline hearing, the regulator again summonsed the patient to testify, as she was reluctant to do so voluntarily. The patient attempted to quash the summons on the basis that she had never consented to being part of the investigation. However, the discipline panel upheld it because the patient had highly relevant evidence and that there had been no abuse of process in the manner of the College's investigation of the matter.

The Divisional Court held that the practitioner had no standing to challenge the discipline panel's ruling on the validity of the summons. That challenge only affected the patient's legal rights. Even if the practitioner had standing, there was no abuse of process. The right of the patient to refuse the inclusion of her name in the mandatory report did not prevent the College from using its investigative summons to obtain her identity and question her. So long as the College considered her reluctance at the time, it was open to the College to conclude that the public interest outweighed the patient's privacy interests.

The Divisional Court made short shrift of the practitioner's argument that the person was not really his patient. The practitioner had made clinical notes for the visits, had billed for the services and had issued a medical report excusing her from an examination.

The Court also upheld the discipline panel's right to make an adverse inference from the failure of the practitioner to testify once a prima facie case had been established.

Formulating a Penalty Order in Discipline in Sexual Abuse Cases

There seem to be fewer areas in which courts have been giving confusing guidance to discipline panels than in the ordering of sanctions in sexual abuse cases. A major issue has been whether the range of sanctions should evolve to become more stringent in recognition of societal expectations or whether consistency with past decisions should be given priority. In *Ontario (College of Physicians and Surgeons of Ontario) v Lee*, 2019 ONSC 4294, <<http://canlii.ca/t/j1j5g>>, the latter consideration seemed to prevail.

In that case, the practitioner was found to have engaged in sexual misconduct (mostly language and gestures, but one instance of touching with his groin) with two patients. The discipline panel revoked his registration. The Divisional Court set that order aside and returned it for a new sanctioning hearing (where revocation was off the table) for a number of reasons including:

1. Revocation was not consistent with prior decisions involving more serious conduct;
2. Revocation was not proportional to the nature of the conduct that occurred;
3. Excessive consideration was given to specific deterrence despite the evidence that suggested the practitioner was previously compliant with restrictions on his practice.
4. The panel's reliance on an earlier court decision that encouraged the increasing of sanctions for sexual abuse findings to reflect contemporary societal expectations, which court decision was later reversed on appeal.
5. The panel's failure to consider that the impact of the conduct on one of the patients was minimal.

This latter point is puzzling as many would say that the sanction should not depend on how much the "victim" was impacted by the conduct, as that is a matter of sheer luck. Rather, one would think that the potential (or even usual) impact of the conduct is a much more objective and relevant consideration. In any event, it is thought by many working in the area of sexual abuse that some impacts of sexual abuse may not be apparent in the short term.

Other points of interest in the case include:

- a. While it is preferable for the discipline panel to expressly discuss the lack of credibility of the practitioner when a finding is made against them, it is not always necessary. For example, in this case, the testimony of the two patients was so diametrically opposite to that of the

- practitioner that the discussion of their credibility implicitly addressed the lack of credibility of the practitioner.
- b. The rule in *Browne v Dunn* does not require the practitioner to be cross-examined directly on the specifics of the allegations where the practitioner is aware of them when testifying. There is no unfairness in failing to give the practitioner another opportunity to explain their response to the allegations.
 - c. Ordering security for potential funding by the regulator should only be ordered where there is some evidence that the client will be making a claim for the funding.

Another Interim Order in a Sexual Abuse Case Is Reduced

In *Kumar v College of Physicians and Surgeons of Alberta*, 2019 ABQB 514, <<http://canlii.ca/t/j1cqs>>, a pediatrician was charged criminally with sexual assault and sexual interference with a minor. The charges were unrelated to his professional practice. As is often the case, the regulator was unable to obtain much evidence about the allegations pending the completion of the criminal process. The practitioner undertook to practise with a chaperone and post a sign in his clinic notifying patients of the requirement. Yet the regulator still imposed an interim suspension. The Court set aside the interim suspension (but maintained the terms of the undertaking) on the basis that the balance of convenience favoured the practitioner. The harm to his practise of a suspension was so significant that the public interest in protecting patients from harm did not justify such an intrusive step on the basis of the evidence then available to the regulator.

In applying the balance of convenience test, the Court indicated that some deference should be accorded to the regulator but that the Court was not limited to assessing only whether the regulator's decision was unreasonable. The Court did note that the facts of each case would determine the degree of risk to the public when assessing the balance of convenience.

Nova Scotia Independent Review of Sexual Abuse Processes

The College of Physicians and Surgeons of Nova Scotia released a report of an independent review of the regulator's processes for dealing with sexual abuse matters. The report made a number of recommendations that will be familiar for those monitoring such reviews in other provinces. Recommendations include making the process of filing complaints more accessible, providing supports to those making complaints of sexual abuse, and ensuring that the hearing process is sensitive to the needs of those who have experienced trauma (e.g., publication bans, testifying out of sight from the practitioner).

Unlike the Ontario legislation, the reviewers were supportive of informal resolution of such complaints so long as they were complainant-initiated and led. In addition, the reviewers promoted that serious consideration should be given to closing all or part of the hearings to protect the privacy of the patients (and not rely solely on publication bans).

Also, somewhat novel, the reviewers recommended that the discipline tribunal develop written guidelines for assessing the relevance of questions that could be asked of complainants, including identifying impermissible myths and stereotypes that would be deemed not relevant. Those guidelines would be based on the experience developed in criminal law relating to sexual assault.

The report can be found at: <https://cpsns.ns.ca/wp-content/uploads/2019/07/CCLISAR-CPSNS-Final-Report.pdf>.

Proving Contempt of Court on Circumstantial Evidence

Establishing unauthorized practice can be difficult as many clients are happy to receive the service or, at the very least, are reluctant to testify about it. Sometimes only circumstantial evidence is available.

In *College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia v Chik*, 2019 BCSC 1135, <<http://canlii.ca/t/j1gcp>>, an unregistered person was subject to a restraining order, prohibiting them from practising traditional Chinese medicine (TCM) or acupuncture. The regulator placed the person under surveillance. He was observed going into a number of private residences with a black bag and leaving after a period of time consistent with providing treatment. Five months later, a search warrant was obtained and a significant quantity of acupuncture and TCM supplies were found in the black bag and at the person's residence. While the Court concluded that the person was probably practising TCM and acupuncture contrary to the restraining order, this had not been proved beyond a reasonable doubt (as required to prove even a civil contempt of court).

The challenges of obtaining evidence for unauthorized practice are not to be underestimated.

Lack of Insight Justifies Revocation

Regulators generally prefer a remedial approach to practice concerns in the absence of deliberate misconduct. However, where even a skilled practitioner lacks the insight to practice safely, revocation can be justified.

In *Doyle v Discipline Committee of the College of Physicians and Surgeons of Ontario*, 2019 ONSC 3905, <<http://canlii.ca/t/j15sr>>, the practitioner had been found to have crossed boundaries and exercised poor judgment. The practitioner was receiving ongoing therapy and had undertaken scores of educational courses since the current concerns arose. However, the discipline panel expressed concern about the feasibility of changing the practitioner's behaviour "given numerous chances at remediation with many years of psychotherapy, supervision, monitoring and practice restrictions. Despite this, he is still struggling with professionalism, boundary issues, and clinical care..." that put his patients at serious risk. The Court upheld that revocation was reasonable given this lack of insight.

On a side note, there was discussion as to what use could be made of the practitioner's failure to testify. The Court said: "I should note that, in the civil context of this proceeding, there would be nothing objectionable had the Discipline Committee drawn an inference that Dr. Doyle's failure to

testify signified his view that his testimony would not be helpful to his case.” While the discipline tribunal did not make that inference, it was entitled to note that his lack of testimony prevented it from evaluating his level of insight from his own words.

The Precautionary Principle

How should regulators deal with new technologies where the risks of harm are uncertain? One Ontario regulator has had to face this challenging issue. A new form of chemical cremation was adopted by a funeral home. After liquefying the remains, the fluid is released into the municipal waste water system. Studies have shown that a high temperature version of this process neutralizes potential harmful agents. However, studies have not established the safety of a low temperature version of the process. The funeral home in issue used the low temperature version. The regulator suspended the funeral home’s licence. Part of the basis for doing so was to apply the precautionary principle that the public should not be exposed to a potentially fatal risk until the safety of the process was established. The appeal tribunal concluded that the risk of harm was so low that the licence should be reinstated.

The Court restored the interim suspension until an appeal could be heard of the tribunal’s decision. The balance of convenience favoured the protection of the public over the financial implications to the funeral home. See: *Registrar, Funeral, Burial and Cremation Services Act*, 2019 ONSC 4298, <<http://canlii.ca/t/j1hj9>>.

The Wettlaufer Inquiry Report: Implications for Regulators

Finding no individual misconduct, Commissioner Eileen E. Gillese’s report in the Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System made 91 recommendations to prevent similar tragedies from occurring in the future (<https://longtermcareinquiry.ca/en/final-report/>). Most of the recommendations were directed towards the operation and oversight of long-term care homes, including their handling of access to drugs, and the Coroner’s office.

However, some of the recommendations were directed at how regulators could better address intentional harm to clients by practitioners. These recommendations included the following:

1. Regulators should use their position and influence to educate practitioners, and students becoming practitioners, about the possibility of their colleagues intentionally harming clients, something that was almost unthinkable in Ontario before Ms. Wettlaufer’s confession.
2. Regulators need to incorporate “the healthcare serial killer phenomenon” into how it investigates and screens complaints and reports about the conduct of practitioners.
3. For example, regulators need to raise awareness of mandatory reporting requirements by employers and colleagues and revise the forms used for such reports to include the following:
 - a. A clear explanation of the mandatory reporting requirements including the content of the information that must be contained in the report;

- b. A declaration section by the reporter that they understand and have complied with those requirements;
 - c. A request for all of the details and relevant supporting documents, a request for the disciplinary history of the practitioner, and the ability to expand the section in the form for providing details of the incident so as to encourage (and not deter) a full reporting of them; and
 - d. The ability to submit such reports conveniently, such as by email.
4. Indeed, all policies and procedures of the regulator should be reviewed to take into account the possibility of intentional harm to clients.
 5. The College of Nurses of Ontario was encouraged to share the research it has undertaken with other regulators on the issue of “how to prevent, deter, and detect healthcare professionals who may seek to intentionally harm those in their care.”

In respect of the last point, earlier this year, representatives of the College of Nurses of Ontario (CNO) published an article on some of its learnings to date: Erin Tilley et al., “A Regulatory Response to Healthcare Serial Killing,” (2019) 10:1 Journal of Nursing Regulation 4. While the CNO found no algorithm for identifying healthcare serial killers, it did identify some warning signs “such as frequent changes in employment settings, patterns of poor conduct, access to high-risk intravenous medications, and concerns from colleagues”. The article also discussed strategies for preventing and detecting such conduct. The CNO has recently amended its public register to include more information about the work history of its registrants.

(NB from FHRCO: CNO will be providing a presentation to FHRCO/OHPR at the October 8, 2019, Board Meeting on “Healthcare Serial Killers”; the article referenced above was included for information with the July 9, 2019 Board of Directors Meeting material.)



BRIEFING NOTE

To: **Council**

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

Date: **September 6, 2019**

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

Background

The initial draft (Draft 1) 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 was provided for Council's consideration at the June 14th, 2019 meeting. Council requested some amendments and further drafting of the Standard and the Guide, largely centered around changes to the use of the term "pedagogy".

The revisions (draft 2) of the initial draft Standard and Guide are presented to Council for 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 further 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

Draft 1 – Standard of Practice: Denturism Educators

Draft 2 – Standard of Practice: Denturism Educators

Draft 1 – Guide to the Standard of Practice: Denturism Educators

Draft 2 – Guide to the Standard of Practice: Denturism Educators

Stakeholder Consultation Report



Standard of Practice: Denturism Educators

Introduction

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

Purpose of the Standard

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

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

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

Definitions

Denturism Educator – An individual who is responsible for teaching courses as part of a denturism diploma program.

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 students.
2. Provides a safe learning environment.
3. Demonstrates professional competence.
4. Demonstrates professional behaviour and relationships.
5. Ensures public safety in clinical education.



Standard of Practice: Denturism Educators

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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 Denturism Educator meets the expectations in the Standard of Practice: Denturism Educators when they:

1. Are committed to the education and success of student learning.
2. Provide a safe learning environment.
3. Demonstrate competence in teaching and instruction.
4. Demonstrate continuing competent and current professional knowledge, skills, and judgement.
5. Ensure public safety in clinical education.



Guide to the Standard of Practice: Denturism Educators

The Standard of Practice: Denturism Educators articulates the College's expectations of Denturism Educators who are engaged in teaching elements of the profession. This Guide to the Standard provides information on how these expectations will 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; and
- Provide adequate, respectful supervision and direction and feedback.

What are the criteria for a safe learning environment?

Denturism educators provide a safe learning environment when they:

- Ensure an educational environment is free of sexual harassment and other forms of discrimination;
- Are 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
- 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 competence?

Denturism educators demonstrate pedagogical competence when they:

- Have knowledge of diverse instructional methods for student learning;
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- Use reflection on student development, learning theory, pedagogy, curriculum, the CDO Code of Ethics and Standards of Practice, and relevant legislation to make professional judgments;
- Use appropriate assessment, resources and technology to promote student learning;

- Participate in ongoing professional learning aimed at expanding competence in their area of teaching;
- Use ongoing inquiry, dialogue and reflection to refine teaching practices to promote student learning;
- Ensure that educational preparation and/or professional development has adequately prepared one to teach the curriculum and assume specific teaching responsibilities;
- Possess additional education and/or experience in the area in which they are teaching; and
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How do I demonstrate currency in professional knowledge and maintain competence?

Denturism educators demonstrate professional behaviour and relationships when they:

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How do I ensure public safety as a denturism educator?

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- Evaluate the knowledge, skills and judgement of learners in advance of learner-provided patient care;
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- 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 the 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 adherence to policies and procedures and standards of practice.

Denturism Educators No. 2

Amina is a Registered Denturist with the College and as an educator is responsible for a clinical course for a denturism diploma program. During theory class, Amina overhears two students making inappropriate comments about a patient who has a disability. Having just completed 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.

Amina asks to meet with the students privately and discusses the impact of their actions as inappropriate, unprofessional and a potential breach in patient confidentiality. Through inquiry, dialogue and reflective practice, Amina develops additional training and education about professional behaviour and patient confidentiality with the students involved and continues to assess their compliance.

Denturism Educators No. 3

Initially, Sam was excited to accept an offer of employment to teach a course in the denturism program at the local College. 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 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 including classroom management.

Determined to ensure the course a valuable and effective student learning experience, Sam contacted the Administrator who had offered her the job. The Administrator 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.



Guide to the Standard of Practice: Denturism Educators

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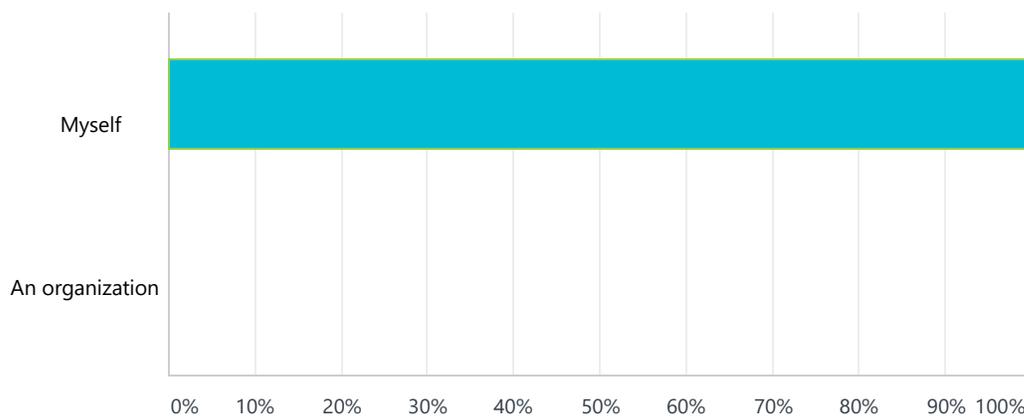


COLLEGE OF
DENTURISTS
OF ONTARIO

Consultation - Standard of Practice: Denturism Educators

I am responding on behalf of:

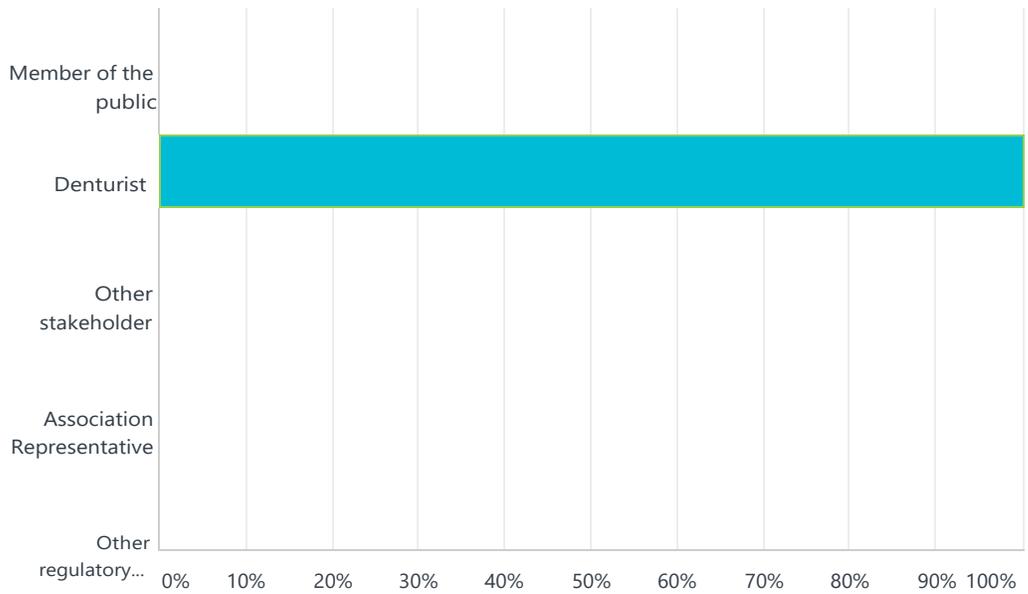
Answered: 25 Skipped: 0



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

I am a:

Answered: 25 Skipped: 0



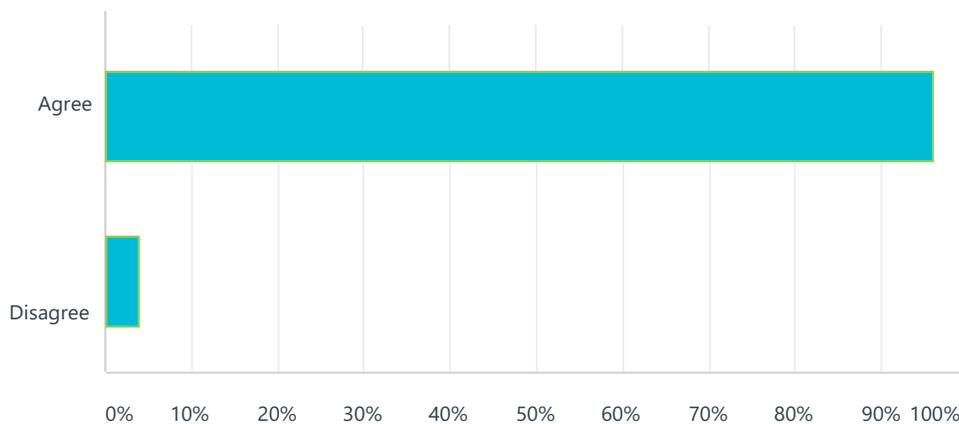
| ANSWER CHOICES | RESPONSES | |
|----------------------------|-----------|-----------|
| Member of the public | 0.00% | 0 |
| Denturist | 100% | 25 |
| Other stakeholder | 0.00% | 0 |
| Association Representative | 0.00% | 0 |
| Other regulatory College | 0.00% | 0 |
| TOTAL | | 25 |

Do you agree with this expectation?

Answered: 25 Skipped: 0

Standard Statement #1

A registered dentist 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

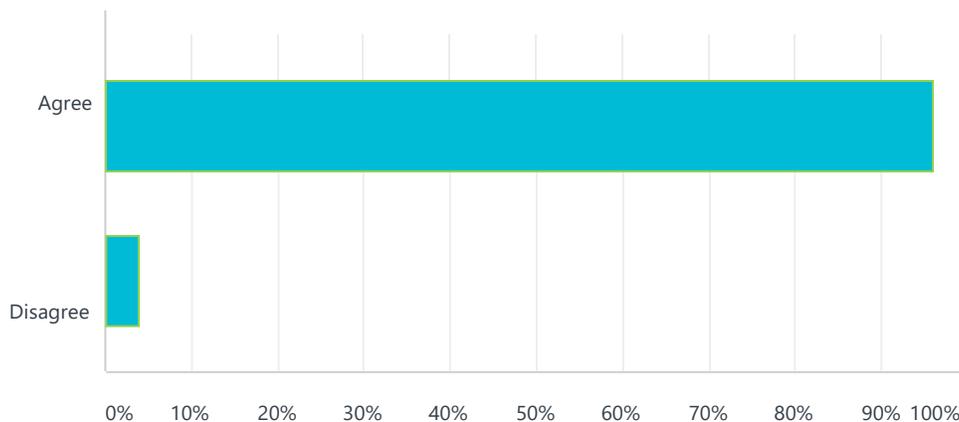
| RESPONSES |
|---|
| It is completely the duty of the denturist to teach proper standards to better the knowledge and success of a student |
| he need 5years experiance |
| I would point out that it may not necessarily be the duty of an educator to be committed to the "success" of a student but rather 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

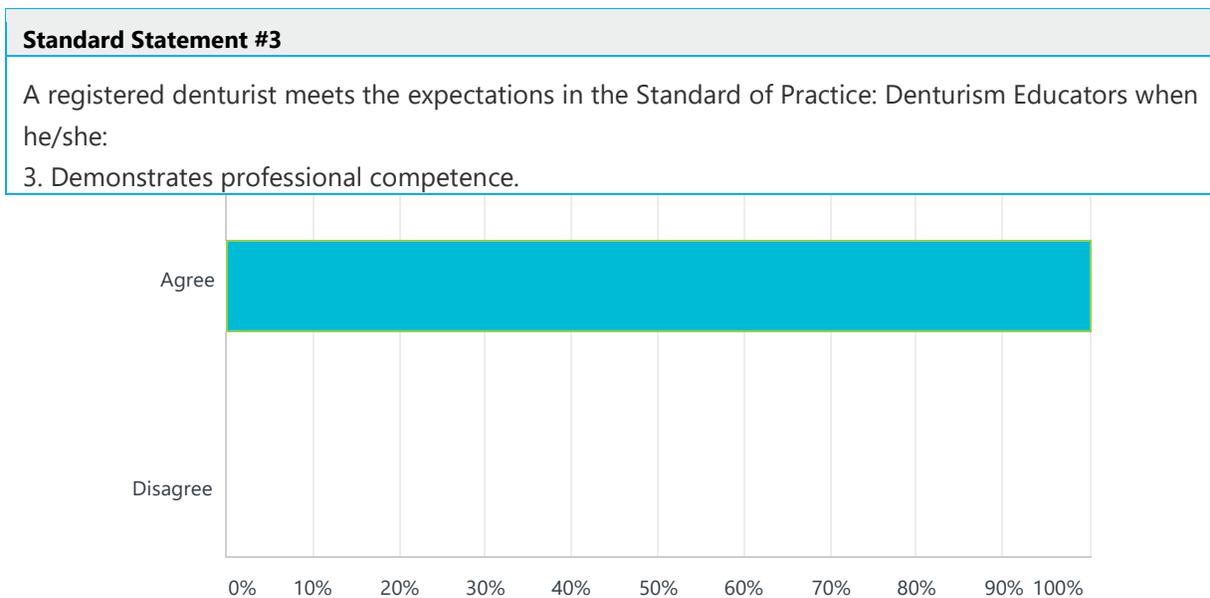
I feel that the intent of this expectation is good. Yet, in most situations the Denturism Educators are employees. As an employee, they may not have full or direct control over the environment. The way the standard is written should be cognizant of that.

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



| 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. |

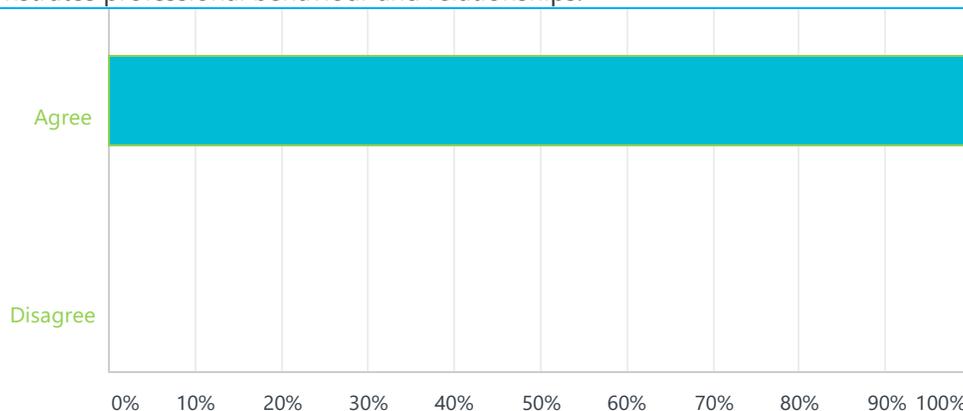
Do you agree with this expectation?

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

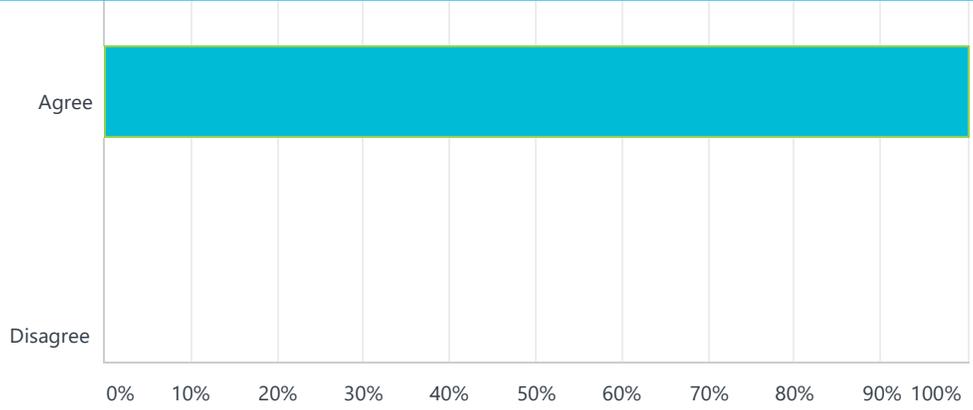
| RESPONSES |
|---|
| Implements respect and trust between patient and providers. |
| They should. |

Do you agree with this expectation?

Answered: 24 Skipped: 1

Standard Statement #5

A registered dentist 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 |

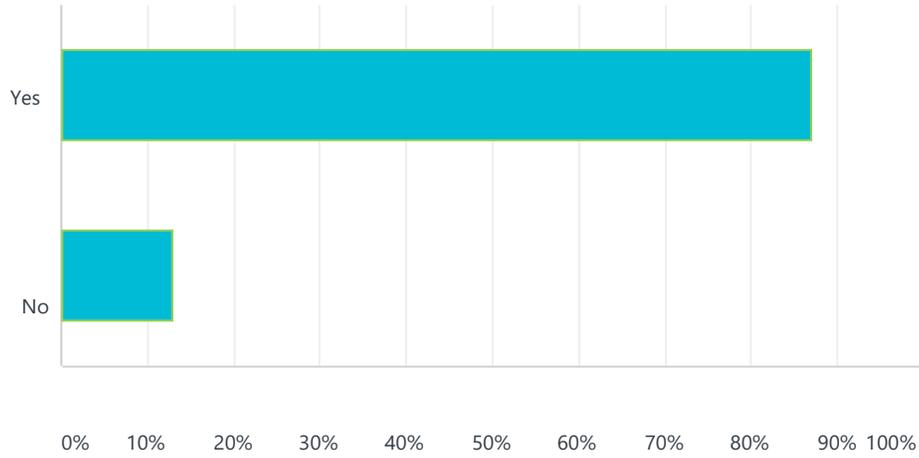
Please provide your feedback on this statement.

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?

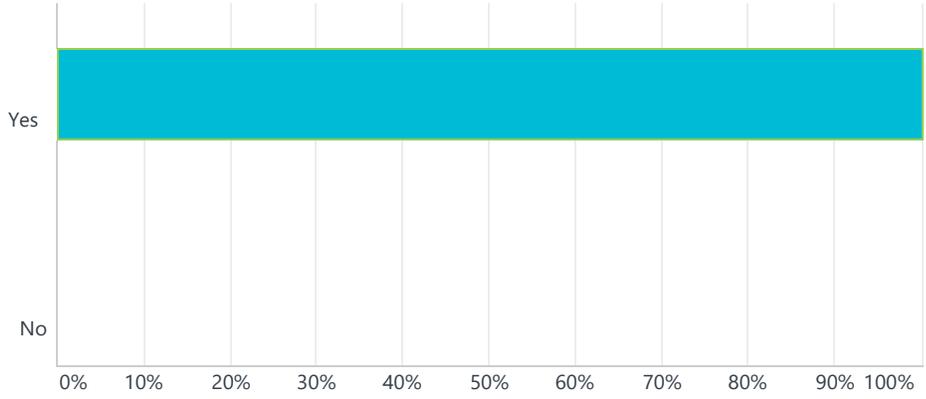
Answered: 23 Skipped: 2



| 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 be a 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 Candolor 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.

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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

- 5. Ensures public safety in clinical education.

DRAFT

Feedback from George Brown College



COLLEGE OF
DENTURISTS
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Guide to the Standard of Practice: Denturism Educators

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- Provide honest, objective and timely feedback to learners, with clear expectations of how performance can be improved.

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- 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;
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What is meant by pedagogical professional competence?

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Commented [LR1]:

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Commented [LR2]: Should you remove this point as it is implied in the point above.

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- ~~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~~

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- ~~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.~~

Commented [LR3]:

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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.

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Practice Scenarios

Denturism Educators No. 1

Barry is a registered dentist 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 adherence to policies and procedures and standards of practice.~~ all infection prevention and control protocols.

Denturism Educators No. 2

Amina is a registered dentist 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 ~~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

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

DRAFT



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.

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



BRIEFING NOTE

To: **Council**

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

Date: **September 6, 2019**

Subject: **Proposed Changes to the Draft Revised Registration Regulation**

The College is working closely with the Ministry of Health to finalize the draft revised Registration Regulation.

In early 2018, Council moved to circulate a version of the draft revised Registration Regulation for consultation that included the following amendments:

- Removing the non-exemptible requirement to hold Canadian citizenship or have authorization under the Immigration and Refugee Protection Act;
- Adding the additional term, condition and limitation to successfully complete the Jurisprudence program once every three-year cycle;
- Removing the Provisional Class; and
- Requiring candidates to successfully complete the Qualifying Examination within 4 years from the date of their initial application to take the Qualifying Examination.

Since last year's consultation and in the College's continuing work with this draft regulation revision, a few opportunities for refinement of the draft to bring it in line with the Ministry's current approaches to some matters were identified. These included:

- *Maintaining* the non-exemptible requirement to hold Canadian citizenship or have authorization under the Immigration and Refugee Protection Act; and

- *Removing* the additional term, condition and limitation to successfully complete the Jurisprudence program once every three-year cycle and incorporating this into the Quality Assurance CPD Program requirements;

These suggested amendments are contained in the accompanying draft. Given the significance of these changes, another 60-day consultation is required. The Ministry is preparing to post the revised Registration Regulation on the Regulatory Registry for consultation concurrently with the College's consultation.

Options

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

1. Adopt the proposed amendments to the revised Registration Regulation and approve the draft for stakeholder consultation.
2. Modify the proposed amendments, adopt the modified amendments and re-circulate them for stakeholder consultation.
3. Other.

Attachment

Draft Revised Registration Regulation

ONTARIO REGULATION
made under the
DENTURISM ACT, 1991
REGISTRATION

Classes of certificates

1. The following are prescribed as classes of certificates of registration:

1. General.
2. Inactive.
3. Temporary.

- 1.1 A member who held a certificate of registration under the *Denturism Act*, immediately before this section came into force shall be deemed to be a holder of a certificate of registration issued pursuant to s. 1 para 1, subject to any term, condition, limitation, suspension, expiry or cancellation to which the member's certificate of registration was subject.
- 1.2 Where an application for a certificate of registration had been made but not finally dealt with before this Regulation came into force the application shall be dealt with in accordance with the previous Regulation.

Application for certificate of registration

2. (1) A person may apply for a certificate of registration by submitting a completed application in the form provided by the Registrar, any applicable fees required under the by-laws and any supporting information requested by the Registrar.

(2) Despite any other provision in this Regulation, a person who makes a false or misleading statement, representation or declaration in or in connection with their application is deemed not to have satisfied the

requirements for a certificate of registration and the Registrar, in the absence of a hearing, may revoke the certificate for providing such a statement

(3) The Registrar shall not revoke a certificate of registration under subsection (2) unless the Registrar has given the person written notice of the intention to do so and provided the person with 30 days to make written submissions with respect to the false or misleading statement, representation or declaration.

Requirements for issuance of certificate of registration, any class

3. An applicant must satisfy the following requirements for the issuance of a certificate of registration of any class:

1. The applicant must, at the time of application, provide written details about any of the following that relate to the applicant and, where any of the following change with respect to the applicant after submitting the application but before the issuance of a certificate, must immediately provide written details with respect to the change:
 - i. A finding of guilt for any of the following:
 - A. A criminal offence.
 - B. An offence resulting in either a fine greater than \$1,000.00 or any form of custody or detention.
 - ii. A finding of professional misconduct, incompetence or incapacity, or any similar finding, in relation to another regulated profession in Ontario or to any regulated profession in another jurisdiction.
 - iii. A current proceeding for professional misconduct, incompetence or incapacity, or any similar proceeding, in relation to another regulated profession in Ontario or to any regulated profession in another jurisdiction.
 - iv. A finding of professional negligence or malpractice in any jurisdiction.
 - v. A refusal by any body responsible for the regulation of a profession in any jurisdiction to register or license the applicant.
 - vi. An attempt to pass a registration examination required for purposes of being licensed or certified to practise any health profession, whether in Ontario or another jurisdiction that has not resulted in a passing grade.

- vii. Whether the applicant was in good standing at the time they ceased being registered, whether in Ontario or another jurisdiction, with a body responsible for the regulation of a profession.
2. The applicant's previous conduct must afford reasonable grounds for the belief that they will practise denturism in a safe and professional manner.
 3. The applicant must be able to speak, read and write either English or French with reasonable fluency.
 4. The applicant must not have a physical or mental condition or disorder that would make it desirable, in the interest of the public, that they not be issued a certificate of registration unless, should the applicant be given a certificate of registration, the imposition of a term, condition or limitation on that certificate is sufficient to address such concerns.
 5. If the applicant is registered by any body responsible for the regulation of any other profession in Ontario or of any profession in any other jurisdiction, the applicant's registration must be in good standing and must continue to be in good standing until such time as the applicant is issued a certificate of registration.
 6. If the applicant ceased being registered with any body responsible for the regulation of a profession in Ontario or in any other jurisdiction, the applicant must have been in good standing at the time they ceased being registered.
 7. The applicant must provide evidence satisfactory to the Registrar that the applicant will have professional liability insurance in the amount and in the form required by the by-laws by the date the applicant will begin practising under his or her certificate of registration.
 8. The applicant must, at the time of application, provide the Registrar with the results of a current police record check.
 9. The applicant must be a Canadian citizen or a permanent resident of Canada or have an authorization under the Immigration and Refugee Protection Act (Canada) consistent with his or her proposed certificate of registration.

Terms, conditions and limitations of every certificate

4. Every certificate of registration is subject to the following terms, conditions and limitations:

1. The member shall provide the College with written details about any of the following that relate to the member, no later than 30 days after the event occurs:
 - i. Registration with another body that governs a regulated profession in Ontario or any other jurisdiction.

- ii. A finding of professional misconduct, incompetence or incapacity, or any similar finding, in relation to another regulated profession in Ontario or to any regulated profession in another jurisdiction.
 - iii. A current proceeding for professional misconduct, incompetence or incapacity, or any similar proceeding, in relation to another regulated profession in Ontario or to any regulated profession in another jurisdiction.
 - iv. A finding of professional negligence or malpractice in any jurisdiction.
 - v. A refusal by any body responsible for the regulation of a profession in any jurisdiction to register or license the member.
 - vi. An attempt to pass a registration examination required for purposes of being licensed or certified to practise any health profession, whether in Ontario or another jurisdiction that has not resulted in a passing grade.
 - vii. Whether the member was in good standing at the time they ceased being registered with a body responsible for the regulation of a profession in Ontario or any other jurisdiction.
 - viii. Where the member is a member of another regulated profession in Ontario or any regulated profession in another jurisdiction, any failure by the member to comply with any obligation to pay fees or provide information to the body responsible for the regulation of such professions, the initiation of any investigations by such bodies in respect of the applicant, or the imposition of sanctions on the applicant by such bodies.
 - ix. Any other event that would provide reasonable grounds for the belief that the member will not practise denturism in a safe and professional manner.
2. The member shall provide the College with written details about any finding of guilt related to any offence as soon as possible after receiving notice of the finding, but not later than 30 days after receiving the notice.
3. The member shall maintain professional liability insurance in the amount and in the form required under the by-laws and the member shall, within two business days of the termination of professional liability insurance, provide the College, with written notice if the member no longer maintains such insurance.

4. The member shall not practise denturism if the member does not have professional liability insurance in the amount and in the form required under the by-laws.
5. The member shall prominently display his or her certificate of registration at the principal location at which he or she practises denturism.
6. Immediately prior to the suspension, revocation, resignation or expiry of a certificate of registration the member shall return the certificate of registration to the Registrar.
7. Further to section 8 of the Act, a member shall only use titles respecting the profession in accordance with the following:
 - i. A member who holds a General certificate of registration may only use the title “Denturist”, “Registered Denturist” and/or the designation “DD.”
 - ii. A member who holds an Inactive certificate of registration may only use the title “Denturist (Inactive)”, “Registered Denturist (Inactive)” and/or the designation “DD (Inactive).”
 - iii. A member holding a Temporary certificate of registration may only use the title “Denturist (Temp.)” “Registered Denturist (Temp.), and/or the designation “DD (Temp).”
8. The member shall only practise in the areas of denturism in which the member is educated and has the necessary knowledge, skill and judgement.
9. The member’s certificate of registration expires if the member ceases to be a Canadian citizen or a permanent resident of Canada or have an authorization under the Immigration and Refugee Protection Act (Canada) consistent with his or her certificate of registration.

General class

5. (1) The following are non-exemptible registration requirements for a General certificate of registration:

1. The applicant must have successfully completed a post-secondary program in denturism or equivalent that,
 - i. is approved by the Council or a body designated by the Council, or
 - ii. is, in the opinion of a panel of the Registration Committee, substantially equivalent to a program approved by the Council or a body designated by the Council.
2. The applicant must have successfully completed a qualifying examination in denturism set or approved by the Council.

3. The applicant must have successfully completed, no earlier than twelve months prior to the date of application for registration, the jurisprudence program that was set or approved by the Council.

(2) Except in the case of an applicant to whom subsection 7 (1) applies, where the applicant has not completed the requirement set out in paragraph 2 of subsection (1) within the twelve months immediately prior to the date that they submitted their application for General certificate of registration the applicant must,

- (a) have practised the profession for at least 750 hours during the three-year period of time that immediately preceded the date that the applicant submitted his or her application for a General certificate of registration;
- (b) have successfully completed, within the twelve months immediately preceding the date on which the applicant submitted their application for a General certificate of registration, a refresher program approved by the Registration Committee; or
- (c) have taught denturism in a program referred to in paragraph 1 of subsection (1) for a period of at least twelve months in the three years preceding the application.

Additional Terms, etc., General class certificate

6. (1) The following are additional terms, conditions and limitations on every General certificate of registration:

1. The member must either,
 - a. Engage in a minimum of 750 hours of denturism during every three-year period where the first three year period begins on the day that the member is issued a General certificate of registration and each subsequent three year period begins on the first anniversary of the commencement of the previous period, or
 - b. Teach denturism in a program referred to in paragraph 1 of subsection 5(1), for a period of twelve months during every three-year period where the first three-year period begins on the day that the member is issued a General certificate of registration and each subsequent three year period begins on the first anniversary of the commencement of the previous period, or

Within the 12 months prior to the expiry of each period referred to in subparagraphs (a) or (b) in which the member does not meet the requirements, successfully complete a refresher program approved by the Registration Committee.

(2) If a member fails to meet the term, condition and limitation described in subsection (1) paragraph 1, the Registrar shall refer the member to the Quality Assurance Committee for a peer and practice assessment.

Labour mobility, General class

7. (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a General certificate of registration, the applicant is deemed to have met the requirements set out in paragraphs 1, and 2 of subsection 5 (1) of this Regulation.

(2) It is a non-exemptible registration requirement that an applicant referred to in subsection (1) provide one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a dentist in every jurisdiction where the applicant holds an out-of-province certificate.

(3) If an applicant to whom subsection (1) applies is unable to satisfy the Registrar or a panel of the Registration Committee that the applicant practised the profession of denturism to the extent that would be permitted by a General certificate of registration at any time in the three years immediately before the date of that applicant's application, it is a non-exemptible requirement that the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee.

(4) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 3 of section 3 if the requirements for the issuance of the out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph.

(5) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code.

Inactive class

8. The following are non-exemptible registration requirements for an Inactive certificate of registration:

1. The applicant must be or have previously been a member holding a General certificate of registration.
2. The applicant must not be in default of any fee, penalty or other amount owing to the College.
3. The applicant must have provided the College with any information that it has required of the applicant.

Additional terms, etc., Inactive certificate

9. The following are additional terms, conditions and limitations on every Inactive certificate of registration:

1. The member shall not engage in the practice of the profession.
2. The member shall not supervise or teach the practice of the profession.

3. The member shall not make any claim or representation that they are authorized to practise the profession.

Issuing other certificate to Inactive holder

10. The Registrar may issue to the holder of an Inactive certificate of registration the General certificate of registration that the member previously held if the member,

- (a) submits a completed application to the Registrar,
- (b) pays any penalty or other amount owed to the College,
- (c) pays any fees required under the College's by-laws,
- (d) provides the College with any information that it has required of the member,
- (e) satisfies the Registrar that they will be in compliance with all of the terms, conditions and limitations of the General certificate of registration as of the anticipated date on which the certificate will be issued,
- (f) satisfies a panel of the Registration Committee that they will possess the current knowledge, skill and judgment relating to the practice of the profession that would be expected of a member holding a General certificate of registration, and
- (g) satisfies the Registrar that they will be in compliance with any outstanding requirements of the College's Quality Assurance Committee or any outstanding orders or requirements of the Council, Executive Committee, Inquiries, Complaints and Reports Committee, Discipline Committee and Fitness to Practise Committee as of the anticipated date on which the certificate will be issued.

Temporary class

11. (1) The following are registration requirements for a Temporary certificate of registration:

1. The applicant must be registered or licensed to practise denturism in another jurisdiction in which the requirements for registration or licensure are similar to those in paragraphs 1 and 2 of subsection 5 (1).
2. A holder of a General certificate of registration who is approved by the Registrar must have agreed to supervise the applicant and to be responsible for ensuring that the applicant provides appropriate and continuing care to patients.

3. The applicant must have an offer of employment or appointment that relates to the practice or teaching of the profession which does not exceed thirty days.
 4. The applicant must not have held a Temporary certificate of registration in the twelve-month period immediately before the date of the application unless the Registrar is of the opinion that, based on exceptional circumstances, this requirement should not apply.
 5. The applicant must have successfully completed, no earlier than twelve months prior to the date of the application, the jurisprudence program that was set or approved by Council.
 6. The applicant must have,
 - i. engaged in the practice of denturism for at least 750 hours in the three years preceding the application, or
 - ii. taught denturism at a program referred to in paragraph 1 of subsection 5 (1)(i) for a period of at least twelve months in the three years preceding the application.
- (2) The requirements of paragraphs 1, 2 and 3 of subsection (1) are non-exemptible.

Additional terms, etc., Temporary class

- 12.** The following are additional terms, conditions and limitations on every Temporary certificate of registration:
1. The member may only practise denturism under the supervision of the holder of a General certificate of registration referred to in paragraph 3 of subsection 11 (1).
 2. Upon the request of the Registrar the member shall provide evidence satisfactory to the Registrar of the member's compliance with the limitation set out in paragraph 1 and shall provide such evidence within the time period set by the Registrar.
 3. The member's certificate of registration expires on the earlier of the expiry date noted on the certificate of registration or the day that is thirty days after the date on which the certificate was issued.

Labour mobility, Temporary class

13. (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a Temporary certificate of registration, the applicant is deemed to have met the requirements set out in paragraphs 1 and 6 of subsection 11 (1).

(2) It is a non-exemptible registration requirement that an applicant referred to in subsection (1) provide one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a practitioner of denturism in every jurisdiction where the applicant holds an out-of-province certificate.

(3) If an applicant to whom subsection (1) applies is unable to satisfy the Registrar or a panel of the Registration Committee that the applicant practised the profession of denturism to the extent that would be permitted by a Temporary certificate of registration at any time in the three years immediately before the date of that applicant's application, it is a non-exemptible requirement that the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee.

(4) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 3 of section 3 if the requirements for the issuance of the out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph.

(5) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code.

Examination

In this Regulation,

“candidate” means a person who is registered, or who is attempting to register, to take the qualifying examination in denturism referred to in paragraph 2 of subsection 5(1).

14. (1) In setting or approving the qualifying examination in denturism, the Council shall specify the general areas of competency to be examined and shall ensure that the examinations provide a reliable and valid measure of a candidate's knowledge, skill and judgment in the practice of denturism in Ontario.

(2) The qualifying examination shall be offered at least once each year.

(3) A candidate is not eligible to take the qualifying examination on the candidate's first attempt unless the candidate has satisfied the requirement set out in paragraph 1 of subsection 5 (1) within the twelve months immediately prior to the date that they submitted their application for the qualifying examination. If the 12 month requirement is not met, then the requirements of s.5(2) must have been met.

(4) Subject to subsections (3), a candidate is eligible to take the qualifying examination during the 4 year period beginning on the date that the application to take the qualifying examination was submitted.

(5) The 4 year period described in subsection (4) may be extended if a panel of the Registration Committee is satisfied that exceptional circumstances prevented the candidate from taking the qualifying examination during the initial 4 year period.

(6) Subject to subsection (7) a candidate who fails the qualifying examination may apply for re-examination.

(7) In every instance where a candidate has failed the qualifying examination on their third attempt, the candidate is not eligible to apply to take the examination again until the candidate successfully completes another program equivalent to the program specified in paragraph 1 of subsection 5 (1) or additional training program specified by the Registration Committee.

(8) A candidate who fails a qualifying examination may appeal the results of the examination to a person or body set or approved by the Council that has no involvement in the administration of the qualifying examination.

(9) An appeal under subsection (8) shall be limited solely to the questions of whether the process followed in sitting the qualifying examination was appropriate and whether the candidate had an illness or personal emergency sufficient to warrant nullifying the results.

(10) If the person or body adjudicating the appeal decides that the results of the examination should be nullified, the examination attempt does not count against the candidate for any purpose, including the application of section 14(7).

(11) In an appeal under subsection (8) the candidate shall not be given access to any information that would undermine the integrity of the examination process.

Suspensions, revocations and reinstatements

15. (1) If a member fails to provide the College with information about the member as required under the by-laws or section 4 of this regulation,

- (a) the Registrar may give the member a notice of intention to suspend the member's certificate of registration, and
- (b) the Registrar may suspend the member's certificate of registration if the member fails to provide the information within 30 days after the notice is given.

(2) If the Registrar suspends a member's certificate of registration under subsection (1), the Registrar shall lift the suspension upon being satisfied that,

- (a) the former member has given the required information to the College and any other information that has since been required by the College under the by-laws,
- (b) the former member has the professional liability insurance in the amount and in the form required under the by-laws,
- (c) the former member is in compliance with any outstanding orders issued by a committee of the College and any undertakings given by the former member to the College,
- (d) the former member has paid any fees required under the by-laws for lifting the suspension,
- (e) the former member has paid any other outstanding fees required under the by-laws, and
- (f) the former member possesses the current knowledge, skill and judgement relating to the practice of the profession that would be expected of a member holding a certificate of registration of the same class as the one for which they are applying to be reinstated.

16. (1) If the Registrar has evidence that a member no longer maintains professional liability insurance in the amount and in the form as required under the by-laws, the Registrar may immediately suspend the member's certificate of registration.

(2) If the Registrar suspends a member's certificate of registration under subsection (1), the Registrar shall lift the suspension upon being satisfied that,

- (a) the former member has the professional liability insurance in the amount and in the form required under the by-laws,
- (b) the former member has given all information that has been required by the College under the by-laws to the College,
- (c) the former member is in compliance with any outstanding orders issued by a committee of the College and any undertakings given by the former member to the College,
- (d) the former member has paid any fees required under the by-laws for lifting the suspension,
- (e) the former member has paid any other outstanding fees required under the by-laws, and
- (f) the former member possesses the current knowledge, skill and judgement relating to the practice of the profession that would be expected of a member holding a certificate of registration of the same class as the one for which they are applying to be reinstated.

17. If the Registrar suspends the member's certificate of registration under section 24 of the Health Professions Procedural Code, the Registrar shall lift the suspension upon being satisfied that,

- (a) the former member has the professional liability insurance in the amount and in the form as required under the by-laws,
- (b) the former member has given all information that has been required by the College under the by-laws to the College,
- (c) the former member is in compliance with any outstanding orders issued by a committee of the College and any undertakings given by the former member to the College,
- (d) the former member has paid any fees required under the by-laws for lifting the suspension,
- (e) the former member has paid any other outstanding fees required under the by-laws, and
- (f) the former member possesses the current knowledge, skill and judgement relating to the practice of the profession that would be expected of a member holding a certificate of registration of the same class as the one for which they are applying to be reinstated.

18. If the Registrar suspends a member's certificate of registration under section 15 or 16 of this regulation, or under section 24 of the Health Professions Procedural Code and the suspension has not been lifted, the certificate is revoked on the day that is 3 years after the day it was suspended.

Revocation

X. Ontario Regulation 833/93 is revoked.

Commencement

X. This Regulation comes into force on the day it is filed.

DRAFT

Made by:

COUNCIL OF THE COLLEGE OF DENTURISTS OF ONTARIO:

.....
Signature (in blue ink)

.....
Name (in print)

.....
Full Title (in print)

.....
Signature (in blue ink)

.....
Name (in print)

.....
Full Title (in print)

Date made:

DRAFT



BRIEFING NOTE

To: **Council**

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

Date: **September 6, 2019**

Subject: **Revision of the Professional Misconduct Regulation**

It is important for all professional regulatory Colleges to periodically review their professional misconduct regulations to determine if they require any revisions, redactions or inclusions. This ensures that the public is being protected from inappropriate regulated health professional conduct.

At its March 9, 2018 meeting, Council considered the current Professional Misconduct Regulation and similar regulations for other RHPA Colleges with a view to identifying areas for modification and improvement. Since then, revisions to the Professional Misconduct Regulation have been drafted, in consultation with the Ministry of Health, and the most recent revised version is attached for Council's consideration.

The Ministry of Health is preparing to post the revised Professional Misconduct Regulation on the Regulatory Registry for consultation concurrently with the College's consultation, if Council releases this document for consultation.

Options

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

1. Adopt the proposed amendments to the revised Professional Misconduct Regulation and approve the draft for stakeholder consultation.
2. Modify the proposed amendments, adopt the modified amendments and re-circulate them for stakeholder consultation.
3. Other.

Attachment

Draft Revised Professional Misconduct Regulation

Draft

Table of Suggest Revisions (May 15, 2019)

ONTARIO REGULATION 854/93

PROFESSIONAL MISCONDUCT

1. The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:

| Current Regulation | Possible Amendments | Comments |
|---|---|--|
| 1. Failing to abide by any term, condition or limitation imposed on the member's certificate of registration. | Contravening, by act or omission, a term, condition or limitation on the member's certificate of registration. | The addition of "by act or omission" makes it clear that a member does not have to take a positive action to be in contravention of the Misconduct Regulation. This will re-occur in other recommended amendments. |
| 2. Failing to maintain the standards of practice of the profession. | Contravening, by act or omission, a standard of practice of the profession or failing to maintain the standards of practice of the profession. | The addition of "by act or omission" makes it clear that a member does not have to take a positive action to be in contravention of the Misconduct Regulation. |
| 3. Delegating a controlled act, except to a person who is acting under the supervision of a member and who is, <ul style="list-style-type: none"> i. a student attending a course of study leading to a diploma or degree in denturism at an institution recognized by the Registration Committee, or ii. a candidate who is eligible to participate in entry-to-practice examinations, and whose application for a certificate of registration has not been finally refused by the Registration Committee. | Delegating a controlled act, unless the member appropriately supervises the delegatee, the delegation is appropriate in all of the circumstances and the member takes reasonable measures to ensure that the delegatee has the knowledge, skills and judgment to perform the procedure. | The current language only addresses students (and students in the examination process). Under section 29 of the RHPA certain individuals are exempted from the controlled acts – including students – so these delegation provisions are not required. This section reads: Exceptions |

| Current Regulation | Possible Amendments | Comments |
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| | | <p>29 (1) An act by a person is not a contravention of subsection 27 (1) if it is done in the course of,</p> <p>(b) fulfilling the requirements to become a member of a health profession and the act is within the scope of practice of the profession and is done under the supervision or direction of a member of the profession;</p> <p>These suggested changes amend the language, so it addresses the skills of the delegatee and the responsibility of the member to ensure proper delegation.</p> <p>The College will develop a policy or guidance document that will provide indicators to assist the Member as to how such delegation should occur.</p> |
| <p>4. Abusing a patient verbally or physically.</p> | <p>Abusing a patient or a patient’s representative verbally, physically, psychologically or emotionally.</p> | <p>The first amendment modernizes the language to reflect that members have a responsibility to a representative of a patient.</p> <p>The second amendment expands and clarifies the types of abuse that are captured by this provision.</p> |
| <p>5. Practising the profession while the member’s ability to do so is impaired by alcohol, drugs or any other substance.</p> | <p>Practising the profession while the member’s ability to do so is impaired or is adversely affected by any condition or dysfunction which the member knows or ought to know impairs or adversely affects his or her ability to practise the profession.</p> | <p>This expands the criteria for impairment of a member’s judgement.</p> |
| <p>6. Discontinuing denturist services to a patient without adequate reason unless,</p> | <p>6. Discontinuing denturist services to a patient that are needed unless the</p> | <p>The phrase “discontinuation would reasonably be regarded by members as</p> |

| Current Regulation | Possible Amendments | Comments |
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| <p>i. the member has entered into an agreement to provide denturist services and the period specified in the agreement has expired, or the member has given the patient five working days' notice of the member's intention to discontinue the services agreed upon,</p> <p>ii. the services are no longer required,</p> <p>iii. the patient requests the discontinuation,</p> <p>iv. the patient has had a reasonable opportunity to arrange for the services of another member, or</p> <p>v. alternative services are arranged.</p> | <p>discontinuation would reasonably be regarded by members as appropriate having considered,</p> <p>i. the member's reasons for discontinuing the services,</p> <p>ii. the condition of the patient,</p> <p>iv. the patient has had a reasonable opportunity to arrange for the services of another member, or</p> <p>v. the availability of alternative services.</p> | <p>appropriate" captures a large range of reasons and gives the members and the ICRC discretion.</p> <p>The change from "without adequate reason" to "would reasonably be regarded by members as appropriate" provides better guidance to the ICRC and Discipline Committees.</p> <p>The recommended new "i" will address the deleted "i", "ii" and "iii".</p> |
| <p>7. Failing to fulfil the terms of an agreement with a patient, except in accordance with paragraph 6.</p> | <p>Failing, without reasonable cause, to fulfil the terms of an agreement with a patient or a patient's authorized representative relating to professional products or services for the patient or fees for such products or services.</p> | <p>Adding "a patient's authorized representative" modernizes the language to reflect the fact that patient's may have a representative. This will occur again throughout.</p> <p>This makes it clear that the agreement must relate to professional services. Further, given the suggested changes to paragraph 6, this paragraph should not reference that paragraph.</p> |
| <p>8. Practising the profession while the member is in a conflict of interest.</p> | <p>Acting in a professional capacity while in a conflict of interest.</p> | <p>This expands the conflict of interest paragraph to include any professional activity (e.g., publishing articles, providing continuing education presentations).</p> |
| <p>9. Giving confidential information about a patient to a person other than the patient</p> | | <p>No change suggested.</p> |

| Current Regulation | Possible Amendments | Comments |
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| <p>or his or her authorized representative except with the consent of the patient or his or her authorized representative or as required by law.</p> | | |
| <p>10. Making a misrepresentation to a patient including a misrepresentation respecting a remedy, treatment, device or procedure.</p> | | <p>No change suggested.</p> |
| | <p>Making a claim respecting a treatment, device or procedure other than a claim that can be supported as reasonable professional opinion.</p> | <p>NEW</p> |
| | <p>Performing a controlled act that the member is not authorized to perform.</p> | <p>NEW: Clearly this is not specifically required (as breaching the RHPA is set out below) but it may be an effective way of reinforcing the message.</p> |
| <p>11. Performing a controlled act that has been delegated to the member unless the delegation is authorized by the regulations.</p> | <p>Performing a controlled act that has been delegated to the member unless the member has the knowledge, skill and judgment to perform the delegated controlled act.</p> | <p>This better reflects that delegation should only occur if the delegator or delegatee has the necessary skills, knowledge or judgment.</p> <p>The College will develop a policy for assisting denturists in determining if they have the knowledge, skills or judgment to perform a controlled act and the appropriateness of accepting delegation of a controlled act.</p> |
| <p>12. Using or having in the member’s office premises dental instruments or equipment, other than instruments or equipment appropriate to the practice of denturism, unless, i. a dental surgeon practises dentistry in the same office premises, or</p> | <p>12. Using or having in the member’s office premises dental instruments or equipment, other than instruments or equipment appropriate to the practice of denturism, unless, i. a dental surgeon practises dentistry in the same office premises, or</p> | <p>The Registrar can consider these requests and provide a response to the member in a timely manner. The current dental instrument approval process is not an effective use of College resources. The Registrar will use specified criteria, as approved by the Executive Committee, to consider these requests consistently.</p> |

| Current Regulation | Possible Amendments | Comments |
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| <p>ii. the member has obtained the consent of the Executive Committee.</p> | <p>ii. the member has obtained the consent of the Registrar.</p> | |
| <p>13. Using or having in the member's office a drug as defined in subsection 117 (1) of the <i>Drug and Pharmacies Regulation Act</i> other than,</p> <p>i. drugs or anaesthetics prescribed for the personal use of the member, or</p> <p>ii. drugs in the exclusive custody of a dental surgeon practising dentistry in the same office premises.</p> | | <p>No change suggested.</p> |
| | <p>Providing or attempting to provide services or treatment that the member knows or ought to know to be beyond the member's knowledge, skill or judgment.</p> | <p>NEW</p> |
| <p>14. Failing to refer to a dental surgeon or a physician a patient who has an apparent intra oral condition that the member recognizes or ought to recognize is outside the scope of practice of denturism.</p> | <p>Failing to advise a patient or the patient's authorized representative to consult another member of a health profession within the meaning of the <i>Regulated Health Professions Act, 1991</i>, where the member knows or ought to know that the patient requires a service that the member does not have the knowledge, skill or judgment to offer or is outside the scope of practice of denturism.</p> | <p>This reflects the fact that a denturist may encounter a patient that needs to consult with a RHP other than a physician or dentist and should give that advice.</p> |
| <p>15. Permitting, assisting or counselling any person to perform a controlled act except in accordance with the <i>Regulated Health Professions Act, 1991</i>, an Act listed in Schedule 1 to that Act and the regulations under those Acts.</p> | <p>Permitting, assisting or counselling any person,</p> <p>i. who is not a member to represent themselves as such, or</p> <p>ii. to perform a controlled act which the person is not</p> | |

| Current Regulation | Possible Amendments | Comments |
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| | authorized or does not have the knowledge, skill and judgment to perform. | |
| 15. Permitting, assisting or counselling any person to perform a controlled act except in accordance with the <i>Regulated Health Professions Act, 1991</i> , an Act listed in Schedule 1 to that Act and the regulations under those Acts. | | No change suggested. |
| 16. Practising denturism in a public place or in a vehicle or other movable contrivance without the approval of the Executive Committee. | | No change suggested. |
| 17. Recommending or providing unnecessary denturist services. | Recommending or providing denturist services that the member knows or ought to know are unnecessary or ineffective. | |
| 18. Using a term, title or designation other than one authorized by the Act or the regulations, or as provided in section 2. | Inappropriately using a term, title or designation in respect of the member other than one authorized by the Act or the regulations. | See below where we recommend removing section 2. |
| | Inappropriately using a term, title or designation indicating or implying a specialization in the profession where the use of the term, title or specialty designation is not authorized by the College | NEW: See below where we recommend removing section 2. |
| | Practising the profession or offering to provide professional services using a name other than the member's name as entered in the register. | NEW |
| 19. Failing to maintain records as required by the regulations. | Failing to keep records respecting the member's patients or practice as required | Members are required to maintain both patient and practice records (such as |

| Current Regulation | Possible Amendments | Comments |
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| | | equipment servicing logs and spore testing logs). |
| 20. Falsifying a record of the examination or treatment of a patient or otherwise relating to the member's practice. | | No changes suggested. |
| 21. Failing, without reasonable cause, to provide a report or certificate relating to an examination or treatment performed by the member, within thirty days of a request from the patient or his or her authorized representative. | Failing, without reasonable cause, to provide a report or certificate relating to an examination or treatment performed or recommended by the member within thirty days of a request from the patient or his or her authorized representative. | Sometimes, patients or their insurance companies will request pre-approval or pre-determination information prior to starting treatment. |
| 22. Signing or issuing, in the member's professional capacity, a document that the member knows or ought to know is false or misleading. | | No changes suggested. |
| 23. Failing to make arrangements with a patient for the transfer of the patient's records when, _____ i. _____ the member ceases practice, or _____ ii. _____ the patient requests the transfer. | Remove. | This is no longer required given the suggested amendments to paragraph 34. |
| 24. Submitting an account or charge for services that the member knows or ought to know is false or misleading. | | No changes suggested. |
| 25. Failing to disclose all relevant fees before providing services when requested to do so by the patient. | Failing to advise a patient or a patient's authorized representative, before providing services of the fee to be charged for the service or of any penalties that will be charged for late payment of the fee. | This change will mean that members must disclose the fees without the patient having to request the fees (including any late fees). |
| 26. Charging a fee that is excessive or unreasonable in relation to the services performed. | Charging a fee that is excessive or unreasonable in relation to the services performed or products provided. | This ensures that excessive fees for products are included. The College cannot explicitly define what "excessive" means but we can |

| Current Regulation | Possible Amendments | Comments |
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| | | provide guidelines for what could be considered “excessive”. |
| <p>27. Failing to itemize an account for professional services, using terminology understandable to a patient,</p> <p>i. if requested to do so by the patient or the person or agency who is to pay, in whole or in part, for the services, or</p> <p>ii. if the account includes a commercial laboratory fee.</p> | <p>Failing to itemize, in terminology understandable to a patient, an account for professional services in a format that sets out each item charged, including, but not limited to, professional fees, products, services and applicable taxes.</p> | <p>This change requires members to always provide itemized receipts, regardless of the circumstances and regardless of whether the patient requests an itemized receipt. This is in accordance with the Standard of Practice: Record Keeping. Professional services include professional fees (i.e. laboratory fees, denturism services etc.).</p> |
| <p>28. Failing to issue a receipt when requested to do so.</p> | <p>Remove.</p> | <p>This paragraph is no longer required given the changes to paragraph 27 above.</p> |
| <p>29. Selling or assigning any debt owed to the member for professional services, but a member may retain an agent to collect unpaid accounts and may accept payment for professional services by a credit card.</p> | <p>Selling or assigning any debt owed to the member for professional products or services, but a member may accept payment for professional products or services by a credit card.</p> | <p>This clarifies that products are included.</p> |
| <p>30. Failing, while providing denturist services, to carry professional liability insurance in the minimum amount of \$1,000,000 for each occurrence or failing, when requested by the College, to provide proof of carrying such insurance.</p> | | <p>No changes suggested.</p> |
| <p>31. Accepting an amount in full payment of a fee or account that is less than the amount submitted by or on behalf of the member to a third party payer unless the member has made reasonable efforts to collect the balance or has obtained the written consent of the third party payer.</p> | | <p>No changes suggested.</p> |
| | <p>Permitting the advertising of the member or his or her practice in a manner that is false or</p> | <p>NEW</p> |

| Current Regulation | Possible Amendments | Comments |
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| | misleading or that includes statements that are not factual and verifiable. | |
| | Using or permitting the use of a testimonial from a patient, former patient or other person in respect of the member's practice | NEW |
| <p>32. Contacting or communicating, directly or indirectly, with a person, either in person or by telephone, in an attempt to solicit patients.</p> | <p>Contacting or communicating, directly or indirectly, with a person, either in person or by telephone, in an attempt to solicit patients.</p> <p>Soliciting or permitting the solicitation of an individual in person, by telephone, electronic communications or other means unless,</p> <p>i. the person who is the subject of the solicitation is advised, at the earliest possible time during the solicitation, that,</p> <p>A. the purpose of the communication is to solicit use of the member's professional services, and</p> <p>B. the person may elect to end the solicitation immediately or at any time during the solicitation if he or she wishes to do so, and</p> <p>ii. the communication ends immediately if the person who is the subject of the solicitation so elects.</p> | <p>This is a reflection of the College trying to balance the right of the public not to be pestered but not interfere with the profession's ability to advertise and seek out business.</p> |

| Current Regulation | Possible Amendments | Comments |
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| 33. Contravening by act or omission the Act, the <i>Regulated Health Professions Act, 1991</i> , or the regulations under either of those Acts. | | No changes recommended. |
| 34. Contravening a federal, provincial or territorial law or a municipal by-law relevant to the member's suitability to practise. | Contravening, by act or omission, a federal, provincial or territorial law or a municipal by-law if, <ul style="list-style-type: none"> i. the purpose of the law is to protect or promote public health, or ii. the contravention is relevant to the member's suitability to practise. | This captures laws related to public health, not just suitability to practice (e.g., PHIPA, public health requirements for health facilities). This profession does have instances where Public Health has issued closures due to infection concerns. Whether it is municipal public health bylaws or the Health Promotion and Protection Act concerns, our experience is that this is a common and standard public safety provision. |
| 35. Influencing a patient to change his or her will or other testamentary instrument. | Influencing a patient or the patient's authorized representative to change the patient's will or other testamentary instrument. | |
| 36. Directly or indirectly benefiting from the practice of denturism while the member's certificate of registration is suspended unless full disclosure is made by the member to the College of the nature of the benefit to be obtained and prior approval is obtained from the Executive Committee. | | No change suggested. |
| | Practising the profession while the member's certificate of registration has been suspended. | NEW |
| 37. Participating in an arrangement that would result in a member or former member committing the act of misconduct described in paragraph 36. | | No changes suggested. |

| Current Regulation | Possible Amendments | Comments |
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| 38. Failing to abide by a written undertaking given by the member to the College or failing to carry out an agreement entered into with the College | Failing to carry out or abide by an undertaking given by the member to the College or breaching an agreement entered into with the College | |
| | Failing to advise a person, when requested, of their right to file a complaint with the College, or failing to provide contact information for the College, when requested. | NEW |
| | Failing to comply with an order of a panel of the College. | NEW: This broader language will capture other orders of any panel. |
| 39. Failing to attend an oral caution of the Complaints Committee or an oral reprimand of the Discipline Committee. | Failing to attend an oral caution of the Inquiries, Complaints and Reports Committee or an oral reprimand of the Discipline Committee. | Updates the name of the Complaints Committee. |
| 40. — Failing to co-operate with a representative of the College upon production of an appointment in accordance with section 76 of the Health Professions Procedural Code and to provide access to and copies of all records, documents and things that are relevant to the investigation. | Remove. | This is already addressed by section 76(3.1) of the Code. |
| 41. Failing to co-operate with a representative of another College upon production of an appointment in accordance with section 76 of the Health Professions Procedural Code and to provide access to and copies of all records, documents and things that are relevant to the investigation | | No change suggested. |
| 42. — Failing to permit entry at a reasonable time and to co-operate with an authorized representative of the College conducting an inspection and examination of | Remove. | This is likely a hold over from when the College had an “inspection” program (which it no longer appears to use). |

| Current Regulation | Possible Amendments | Comments |
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| the member's office, records, equipment or practice. | | |
| 43. Failing to take all reasonable steps to ensure that any information provided by or on behalf of the member to the College is accurate. | | No changes suggested. |
| 44. Failing to reply appropriately in writing within thirty days to any written communication from the College that requests a response. | Failing to reply appropriately within 30 days to any written inquiry or request from the College. | |
| 45. Failing to pay a fee or amount owed to the College, including an amount under section 53.1 of the Health Professions Procedural Code, after reasonable notice of the payment due has been given to the member. | | No changes suggested. |
| 46. Where a member engages in the practice of denturism with another member, failing to prevent another member from committing an act of professional misconduct or incompetence unless the member did not know and, in the exercise of reasonable diligence, would not have known of the other member's misconduct or incompetence. | | No change suggested. |
| | Failing to promptly report to the College an incident of unsafe practice by another member if the member has reasonable and probable grounds to believe that such an incident has occurred. | NEW |
| 47. Engaging in conduct or performing an act, relevant to the practice of denturism, that, having regard to all the circumstances, would reasonably be regarded by members | | No changes suggested. |

| Current Regulation | Possible Amendments | Comments |
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| as disgraceful, dishonourable, unethical or unprofessional. | | |
| | Engaging in conduct that would reasonably be regarded by members as conduct unbecoming a member of the profession. | NEW |
| <p>2. (1) A member shall not use a name or title other than his or her name as set out in the register in the course of providing or offering to provide denturist services, unless the name or title,</p> <p>———— (a) ——— reasonably refers to and describes the location of the practice;</p> <p>———— (b) ——— has been approved by the Executive Committee; and</p> <p>———— (c) ——— is accompanied by the name of the member, as set out in the register. O. Reg. 854/93, s. 2 (1).</p> <p>———— (2) When a member practises denturism in association or in partnership with one or more other members and uses a name or title approved under subsection (1), the member shall notify the College within thirty days of a change in the association or partnership.</p> | Remove. | The current clinic name approval process is not an effective use of College resources. The climate has shifted toward right-touch regulation, including regulation based on risk to the public. Reviewing clinic names is not a front and centre activity of the Executive Committee. |



BRIEFING NOTE

To: **Council**

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

Date: **September 6, 2019**

Subject: **Amendment to Schedule 7 of the College By-laws
Respecting a Fee for “Retired” Status**

At its March 22nd, 2019 meeting, Council approved the addition of provisions for a “Retired” status to the College By-laws.

The approved By-law amendments are:

Designation of Retired Members

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

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

Entitlements of Retired Members

A Retired Member is entitled to,

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

Termination of Retired Membership Status

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

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

For this status to be operationalized, an application process and associated fees as well as a renewal process and associated fees for continued maintenance of the status need to be determined and added to Schedule 7 of the College By-laws. College staff are currently developing the documentation that will be used by individuals who apply for or renew a "Retired" status. The fee is designed to be on a cost recovery basis, reflecting the costs associated with administration efforts to process and maintain records associated with the "Retired" status. The costs are not meant to financially burden an individual who wishes to maintain the "Retired" status.

The approved By-law amendments identify several administrative steps in the managing an application for "Retired" status or renewal of "Retired" status. For example, an initial application will be received by staff, the status of the applicant will be researched, the applicant will be required to resign and sign an agreement not to practise denturism. The application will then be referred to the Registration Committee for consideration. The fee should be in keeping with similar administrative activities such as clinic name registration application, issuance of a letter of standing, or issuance of a duplicate Certificate of Registration.

At its meeting on August 22, 2019, the Executive Committee reviewed the following recommendations and adopted a motion to forward these recommendations to Council for consideration.

Recommendations

- In keeping with the fees associated with issuance of a duplicate Certificate of Registration or letter of good standing, staff are recommending an initial application fee of \$50 + HST.
- The renewal fee for the year in which the application for retired status is made will be waived.
- The recommended renewal fee for "Retired" status is \$50 + HST. Failure to complete the annual renewal process, including the payment of the renewal fee will result in the termination of the individual's retired status with the CDO.

Options

After consideration of this question, Council may:

1. Adopt a motion that the suggested fees and associated amendments to Schedule 7 of the College By-laws be approved and implemented.
2. Request modifications to the suggested fees and associated By-law amendments and adopt a motion approving those amended fees and associated amendments to Schedule 7.
3. Other

Attachment

Schedule 7 of the College By-laws

Fee Schedule

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

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



BRIEFING NOTE

To: **Council**

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

Date: **September 6, 2019**

Subject: **Revision of the College's Certificate of Registration**

An image of the College's current Certificate of Registration is attached. The supply of the current Certificate is depleting. There is an opportunity for re-design of the Certificate at this juncture if Council so desires. The Executive Committee was consulted on whether there was an appetite for re-design of the Certificate of Registration and recommended that the question be put to Council.

Options

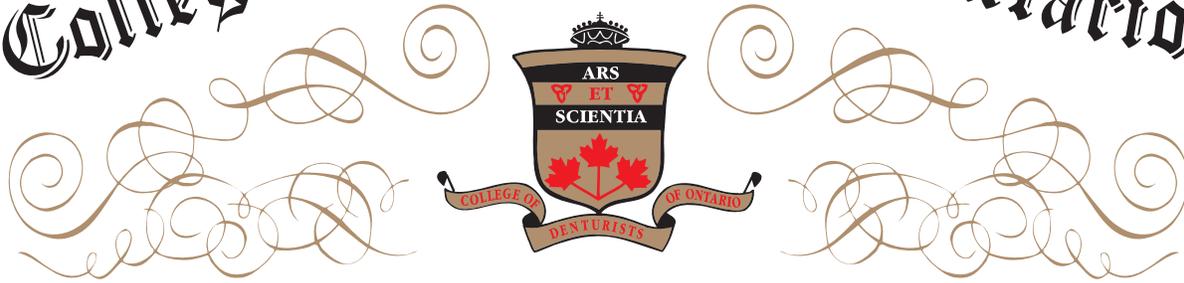
After consideration of this matter, Council may:

1. Decline re-design of the Certificate of Registration
2. Direct staff to consult with members of the profession regarding a re-design of the Certificate of Registration
3. Direct staff to prepare some options for a new Certificate design and present these to Council at its next meeting.
4. Other

Attachment

Current Certificate of Registration

College of Denturists of Ontario



Certificate of Registration

This is to Certify that

*has been duly registered as
a member of the College and
is thereby entitled to practise as a*

DENTURIST

in the Province of Ontario



Date of Issue

President of the College

Certificate No.

Registrar of the College



BRIEFING NOTE

To: **Council**

From: **Patient Relations Committee**

Date: **September 6, 2019**

Subject: **Draft Revised Sexual Abuse Prevention Plan**

Background

The *Regulated Health Professions Act, 1991*, (RHPA) sections 84(1) and (2) mandates the development of a sexual abuse prevention plan.

The measures for preventing and dealing with sexual abuse of patients must include:

- (a) educational requirements for members;
- (b) guidelines for the conduct of members with their patients;
- (c) training for the College's staff; and
- (d) the provision of information to the public.

The Patient Relations Committee has decided that its sexual abuse prevention plan should include the following elements:

1. Education for Members
2. Education for Students
3. Guidelines for the Conduct of Members
4. Training for College Staff
5. Provision of Information to the Public
6. Funding for Therapy and Counselling
7. Evaluation of Program's Effectiveness

The existing Sexual Abuse Prevention Plan contained elements that addressed the requirements in the RHPA. However, some of the existing plan is now outdated. As a result, the Committee drafted a new Sexual Abuse Prevention Plan that reflects both existing and planned activities of the Patient Relations Committee. The Committee is requesting Council approval of this revised Sexual Abuse Prevention Plan. If approved, the new Sexual Abuse Prevention Plan be placed on the College's website.

Options

Following consideration of this matter, Council may elect to:

1. Adopt a motion to approve the revised Sexual Abuse Prevention Plan and direct staff to post the new Plan on the College's website and inform members and stakeholders of the revised plan.
2. Amend the draft revised Sexual Abuse Prevention Plan as presented, adopt a motion to approve the amended, revised Sexual Abuse Prevention Plan and direct staff to post the new Plan on the College's website and inform members and stakeholders of the revised plan.
3. Return the draft revised Sexual Abuse Prevention Plan to the Patient Relations Committee for further development and consider the revised Plan at the next Council meeting.
4. Other

Attachments

Current Sexual Abuse Prevention Plan

Draft Sexual Abuse Prevention Plan



CDO Sexual Abuse Prevention Plan

Statement of Philosophy

The College of Denturists views the matter of sexual impropriety and sexual abuse with the utmost seriousness and will not tolerate any actions of this kind on the part of Denturists of Ontario.

Evaluation of Present Practices

Although the College has traditionally demonstrated a prompt and thorough approach to the investigation of allegations of sexual abuse and/or impropriety, the approach to these investigations has largely been of an ad hoc nature rather than the result of following an established protocol. In general, the investigations of the past have incorporated many appropriate characteristics:

- i. the participation of a female member of the College staff;
- ii. prompt follow-up, often involving an interview of the complainant, carried out in a supportive and sympathetic fashion;
- iii. a prompt office visit with the Denturist alleged to have committed the offense in which he/she is confronted with the allegations.

Nevertheless the College now believes that the goal of eliminating sexual abuse/impropriety may be more efficiently reached by creating a sexual abuse protocol. This protocol would have the advantage of ensuring that all reported incidents will be dealt with by the College in a consistently appropriate fashion. The major components of the protocol will consist of the following:

Sexual Abuse/Impropriety

1. Sexual Abuse Officer

The services of a Sexual Abuse Officer will be provided by appointment through the **Patient Relations Committee**.

Role of the Sexual Abuse Officer

The Sexual Abuse Officer will have primary responsibility for the investigation of complaints or reported incidents of sexual abuse/impropriety. The Sexual Abuse Officer's duties will include primary responsibility for:

- i. communication with the victims of sexual abuse/impropriety;
- ii. follow-up office visits with the alleged perpetrator/denturist;
- iii. assisting complainants in the compilation of required information or submissions necessary for the complainants or discipline process;
- iv. the collection of data to facilitate reporting on trends, identification of solutions to problems, etc.;
- v. informing survivors of sexual abuse of effective treatment centres and counseling resources;
- vi. such other duties as are outlined in the sexual abuse/impropriety protocol.



- vii. facilitating training of staff and interested parties in matters concerning sexual abuse.
- viii. liaising with other Colleges and with government regarding sexual abuse matters.

2. Complaints Investigation Process

a. Initial Contact with the Complainant

In the vast majority of cases, the College's initial contact with the complainant of sexual abuse/impropriety occurs over the telephone. Whenever possible, all College employees will direct such telephone calls to the Sexual Abuse Officer. When the Sexual Abuse Officer is not available, the call will be directed to an available member of the registrar staff. However, this staff member will bring the matter to the attention of the Sexual Abuse Officer when he/she becomes available.

Whenever possible, any staff member dealing with such a call will extend an invitation to the complainant of sexual abuse/impropriety to meet with the Sexual Abuse Officer.

b. Meeting with the Sexual Abuse Officer

Should the complainant wish to meet the Sexual Abuse Officer, such meeting shall be arranged by the Sexual Abuse Officer and shall take place in accordance with the following criteria:

- The meeting will take place in a setting in which the complainant's privacy may reasonably be expected to be respected (such meeting place need not necessarily be located at College headquarters).
- The complainant will be advised prior to the meeting that he/she may bring other persons of her/his choosing to the meeting if he/she wishes, such as friends, relatives or other support figures, counselors (including legal counsel if desired) and interpreters.

The Sexual Abuse Officer will offer to assist the complainant to draft any submissions required by the College's complaint or discipline processes.

c. Follow-up Visit to Denturist Alleged to Have Committed the Sexual Abuse/Impropriety

Following the meeting with the complainant (or following the initial contact with the complainant should the complainant decline a meeting), the Sexual Abuse Officer will arrange to visit the office of the Denturist alleged to have committed the sexual abuse/impropriety. During this office visit, the Sexual Abuse Officer will present the Denturist with the allegations made by the complainant and will attempt to obtain any information which he/she feels is relevant to the matter. On completion of the office visit, the Sexual Abuse Officer will draft a report respecting the office visit which shall be provided to the appropriate College committee investigating the matter.

The office visit will be conducted as promptly as reasonably possible following the meeting with the complainant or the initial contact with the complainant if the complainant declines the offer to meet with the Sexual Abuse Officer.

3. Collection of Sexual Abuse/Impropriety Data

The Sexual Abuse Officer shall maintain in a systematic fashion a record of all complaints or reports of sexual abuse and/or impropriety which come to the attention of the College, including:

1. The names and addresses of all complainants or reporters of sexual abuse and/or impropriety.
2. The names and registration numbers of all Denturists alleged to have committed the sexual abuse impropriety.
3. A description of all reported incidents, including the date and location.



4. The disposition of the complaint or report of sexual abuse/impropriety, including the steps taken in the investigation, the outcome of the investigation and any disciplinary activity which ensued, including penalties assigned to the Denturist.

4. Guidelines for Professional Behaviour

The [Guidelines: Conduct for the Prevention of Sexual Abuse of Patients](#) has been distributed to all members of the profession.

This document has been drafted in accordance with legislation which calls for the development of a sexual abuse plan by the College. The primary objective of this plan is to eliminate incidents of sexual abuse and/or sexual impropriety in the Denturist office.

Professionalism in the Sexual Context

The College takes the position that professional conduct requires a Denturist to conduct a Denturist practice observing the following principle:

Patients have the Right to Expect Denturist Care Which Places No Sexual Demands upon Them.

Blatant types of sexual demands (often referred to as sexual abuse or sexual violation) usually include some form of overt sexual physical contact with the patient. There is no place in a Denturist practice for such physical contact.

However, more subtle types of sexual demands are often unrecognized and occasionally may occur inadvertently. These more subtle sexual demands include the following:

1. Behavior, gestures, or expressions that are seductive or sexually demeaning to a patient
2. Inappropriate draping practices which reflects a lack of respect for the patient's privacy
3. The placement of dental instruments upon the patient's chest.
4. Making sexual comments about a patient's body or underclothing.
5. Making sexually demeaning comments to a patient.
6. Criticism of the patient's sexual orientation.
7. Initiation of conversations regarding sexual problems, preferences or fantasies.
8. Inappropriately affectionate behavior involving hugging and kissing.

5. Professional Education Program

The College recognizes the importance of ongoing professional education respecting the issue of sexual abuse and/or impropriety. Accordingly, the following initiatives will be incorporated into the College's professional education program:

- The distribution of the above Guidelines for Professional Behavior to all Denturists practising in the province.
- The underwriting of seminars and lectures concerning the subject of sexual abuse and/or impropriety in the Denturist office. These seminars and lectures will be made available to local denturist societies.
- The encouragement of the Faculties of Denturism to incorporate appropriate training respecting sexual abuse and/or impropriety in their undergraduate and graduate programs.



6. Staff Education

The College is committed to the development of an education program for appropriate members who have contact with individuals who complain of sexual abuse or who are involved in investigating and adjudicating cases of this nature.

This education program will include the following:

1. The nature of sexual abuse, the magnitude of the problem, the consequences to victims and issues of race, gender and class related to abuse.
2. The range of ways the victim of sexual abuse may initiate a complaint and how to facilitate and handle complaints in an appropriate, empathetic and supportive manner.
3. How to fully and appropriately explain the complaints and discipline process of the College to potential or actual complainants.
4. The options available to a complainant to lodge a complaint of sexual abuse through the criminal and civil justice systems.
5. How to address victims of sexual abuse and those making inquiries with sensitivity and respect (for example, not implying that the problem is the victim's fault).
6. The characteristics of sexual impropriety and sexual abuse and/or sexual violation.
7. How to inform survivors of sexual abuse of effective treatment centers and counseling resources.

7. Public Education

The College is committed to a public education process designed to improve communication with the public and increase awareness of the College's regulatory role. The issues of sexual abuse and impropriety, including public awareness constitutes a substantive part of the College's overall public communication program.



Sexual Abuse Prevention Plan

Statement of Philosophy

The College of Denturists (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 College has had a Sexual Abuse Prevention Plan in place for over a decade. It is updated from time to time, with the approval of Council, in order to address the College’s commitment to preventing sexual abuse by its members.

Summary of the Prevention Plan Elements

The College’s Sexual Abuse Prevention Plan contains the following elements:

1. Education for Members
2. Education for Students
3. Guidelines for the Conduct of Members
4. Training for College Staff
5. Provision of Information to the Public
6. Funding for Therapy and Counselling
7. Evaluation of Program’s Effectiveness

Sexual Abuse Definition

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 *Regulated Health Professions Act, 1991* (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. Behaviour or remarks of a sexual nature can include sexual comments or

jokes, even if a sexual relationship is not intended by the member. Even intimate relations where a member has or think that they 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*.

Prevention Plan Elements

1. Education for Members

The College recognizes the importance of ongoing professional education with respect to the issue of sexual abuse of patients by Denturists. Accordingly, the following kind of initiatives will be incorporated into the College's Quality Assurance Program:

- The development of continuing education programs, including:
 - an online Sexual Abuse Prevention module;
 - a Peer Circle program that will include a number of different scenarios around which participants discuss the risks that could be related to sexual abuse, sexual abuse prevention strategies/competencies as well as professional boundaries;
- The provision of seminars concerning the subject of sexual abuse by Denturists.

The College will ensure that it provides easy access on its website to policies, guidelines, standards of practice and legislation related to the sexual abuse of patients.

The Patient Relations Committee is developing for inclusion on the College's website, Frequently Asked Questions (FAQs) about sexual abuse, including questions about:

- Mandatory reporting requirements;
- Maintaining appropriate boundaries;
- Professional vs. social settings;
- The need for and how to obtain patient consent;
- When intimate relationships with patients are permissible (i.e. one year after termination of the relationship) and how to terminate a denturist-patient relationship; and
- Explaining a denturist's obligations to pay for funding and therapy (e.g., discipline decisions).

2. Education for Students

The College will reach out to the Faculties of Denturism to engage program coordinators in conversations regarding the modification of existing curricula with respect to the prevention of sexual abuse of patients and

appropriate sexual abuse prevention training.

The College is developing new entry to practice competencies related to sexual abuse that will be incorporated into the existing College's provincial competencies document. The inclusion in the provincial competencies provides guidance to the Faculties of Denturism when developing curriculum and means that these competencies can be included in any entry to practice registration examination.

The College will ensure that it provides easy access on its website to policies, guidelines, standards of practice and legislation related to the sexual abuse of patients.

The Patient Relations Committee is developing for inclusion on the College's website, FAQs about sexual abuse, including questions about:

- Mandatory reporting requirements;
- Maintaining appropriate boundaries;
- Professional vs. social settings;
- The need for and how to obtain patient consent;
- When intimate relationships with patients are permissible (i.e. one year after termination of the relationship) and how to terminate a dentist-patient relationship; and
- Explaining a dentist's obligations to pay for funding and therapy (e.g., discipline decisions).

3. Guidelines for the Conduct of Members

The College has had Guidelines for the Conduct of Members with respect to the sexual abuse of patients in place for many years. Recently, the Patient Relations Committee reviewed the existing guidelines in order to update them consistent with changes in the law, the practice of denturism and current knowledge and understanding of sexual abuse prevention.

In June 2019 the Council of the College approved updated Guidelines: *Conduct for the Prevention of Sexual Abuse* (the "**Guidelines**"). The Guidelines are part of the College's commitment 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 Guidelines include information and requirements for Denturists including:

- Definition of sexual abuse;
- Definition of a patient;
- Guidance to govern appropriate behaviour to prevent sexually inappropriate and/or abusive conduct; and
- Information on the legal requirements for filing mandatory reports.

The Guidelines have been posted to the College website and can be accessed [here](#). They will be distributed to all members of the profession.

When the Council approved the Guidelines, it committed to reviewing the document again no later than June of 2022.

4. Training for College Staff

Staff training will be provided to ensure that it reflects the current legislation and best practices for dealing with victims of sexual abuse by a member. The training will include training in:

1. The nature of sexual abuse, the magnitude of the problem, the consequences to victims and issues of race, gender and class related to abuse.
2. The range of ways the victim of sexual abuse may initiate a complaint and how to facilitate and handle complaints in an appropriate, empathetic and supportive manner.
3. How to fully and appropriately explain the complaints and discipline process of the College to potential or actual complainants.
4. The options available to a complainant to lodge a complaint of sexual abuse through the criminal and civil justice systems.
5. How to address victims of sexual abuse and those making inquiries with sensitivity and respect (for example, not implying that the problem is the victim's fault).
6. Assisting complainants during the complaints or discipline process;
7. Assisting victims of sexual abuse to access available funding from the College;
8. The collection of data to facilitate reporting on trends, identification of solutions to problems, etc.;
9. Informing patients who have been sexually abused of effective treatment centres and counseling resources;
10. How to inform survivors of sexual abuse of effective treatment centers and counseling resources.

5. Provision of Information to the Public

The College is committed to providing the public with information about appropriate conduct by Denturists and what they should expect when being cared for by a Denturist. The College also recognizes the importance of providing the public with information about what to do if they are sexually abused by a Denturist and the supports available to them through the College.

The College's website includes information about:

- Definition of sexual abuse;
- Definition of a patient;
- The College's complaints and discipline process;
- How to contact the appropriate College staff person;
- Mandatory reporting requirements;
- The availability and eligibility for funding for therapy and counselling and other ancillary funding to support such therapy and counselling;
- Forms for applying for funding for therapy and counselling and other ancillary funding.

6. Funding for Therapy and Counselling

The College maintains a separate reserve fund to ensure that there are sufficient funds in place to pay for legally mandated funding for therapy and counselling.

The College made policy changes related to eligibility for funding, so that all patients who complain that a member sexually abused them or if they are named in a mandatory report, they 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.

After considering the recommendations made to the government by the Task Force on Sexual Abuse in 2015, the College Council approved an expansion in the types of expenses for which funding may be provided to patients who allege to have or have been sexually abused by a Denturist.

With respect to additional expenses the 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 for 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.
- The lump sum may be used towards any of the following expenses:
 - Medication, treatments and remedies;
 - Dependent care; and
 - Travel expenses

The College website provides information to members of the public on the funds available and how to apply for the funding. FAQs related to the funding for therapy and counselling and expenses to support such therapy will be added to College website.

7. Evaluation of Program's Effectiveness

The program will be evaluated using survey tools and reporting on measures that have been introduced and implemented.

Related Legislation and Documents

[Bill 87, Protecting Patients Act, 2017](#)

[Regulated Health Professions Act, Schedule 2, Section 1 \(3\) to \(6\) and Section 1.1](#)

[Guidelines: Conduct for the Prevention of Sexual Abuse](#)

Revision Control

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

DRAFT



BRIEFING NOTE

To: **Council**

From: **Patient Relations Committee**

Date: **September 6, 2019**

Subject: **Patient Sexual Abuse Frequently Asked Questions (FAQs)**

Background

The Patient Relations Committee decided that as part of member, student and public education regarding the prevention and management of sexual abuse (as part of the Sexual Abuse Prevention Plan) the Committee would develop some frequently asked questions (FAQs). FAQs from some other colleges were reviewed and discussed at the June Committee meeting. After discussion, the Committee approved the attached FAQs at its August meeting.

Council is asked to review the draft Sexual Abuse FAQ's.

Options:

Following review of the attached draft Sexual Abuse FAQ's, Council may:

1. Adopt a motion approving the draft FAQ's for publication on the College's website.
2. Request amendments to the FAQ's and adopt a motion approving the amended draft FAQ's for publication on the College's website.
3. Return the draft FAQ's to the PRC for further drafting and return to Council at its next meeting.
4. Other

Attachment

Draft Patient Sexual Abuse FAQs

DRAFT Patient Sexual Abuse Frequently Asked Questions (FAQs)

FAQs for Patients

The College of Denturists (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.

Ontario is one of the only jurisdictions that has legislation that strictly prohibits all sexual contact and intimate relationships between regulated health professionals and their patients. Such relationships and contact is considered sexual abuse under the legislation. The law sets out a clear definition of the sexual abuse of patients. 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.

I don’t understand why a Denturist cannot date their patients. If we’ve both consented, what difference does it make?

Under Ontario law it is considered to be sexual abuse when a regulated health professional touches, behaves or makes remarks of a sexual nature towards a patient, including having physical sexual relations with a patient.

If a Denturist is dating a patient and doing any of these things it constitutes sexual abuse. It does not matter if the patient starts the relationship or consents to the relationship.

Being found guilty of sexual abuse can result in a Denturist having their registration with the College revoked, meaning they can no longer practice as a denturist. Specifically, if the sexual abuse consisted of, or included, any of the following,

- o i. sexual intercourse,
- o ii. genital to genital, genital to anal, oral to genital, or oral to anal contact,

- iii. masturbation of the Denturist by, or in the presence of, the patient,
- iv. masturbation of the patient by the Denturist,
- v. encouragement of the patient by the Denturist to masturbate in the presence of the Denturist,

a discipline panel is required to revoke a denturist's registration with the College.

What happens when I contact the College?

First, you'll speak with our Sexual Abuse Liaison about what's involved. She has training in sexual abuse and is sensitive to what you've been through. You can speak to her anonymously, or arrange to meet with her in person by calling **[insert phone number and email address]**.

If you file a complaint, your complaint will be transferred to an investigator for a formal investigation. The investigator will contact you and ask you to describe what happened in as much detail as possible. You'll also be asked to sign a consent form so we can obtain your medical records.

What about confidentiality?

We understand that many patients will find it very difficult to come forward with a complaint about sexual abuse and patients will want to protect their privacy. While you can contact the College anonymously and make general inquiries, once you reveal the Denturist's identity, we may need to act on that information as part of our legal obligation to protect the public. You should be aware that if we proceed with an investigation, we must disclose your name to the Denturist who is being investigated so that they have an opportunity to respond.

What happens if my complaint is referred to the Discipline Committee?

Disciplinary hearings at the College are much like court proceedings:

- A lawyer is appointed by the College to prosecute your case.
- A panel of Denturists and members of the public hear evidence on both sides and make a ruling based on that evidence.
- You may be asked to testify. Both the College's lawyer and the Denturist's lawyer may ask you questions.

- The public and the media may be allowed to attend the hearing, and the media can publish the name of the Denturist.
- You can request a publication ban of your name.

You may want to, although you are not required to, retain a lawyer to assist you with the process. The College will provide you with a support person from our staff to assist you with the entire process.

Why report?

Coming forward will likely be difficult, but there are good reasons for reporting:

- You could help us ensure that what happened to you does not happen to someone else.
- Having your complaint taken seriously may help you find closure and healing.
- Speaking publicly about your experience might encourage other sexual abuse victims to speak up.

How can I recognize sexual abuse?

Inappropriate behaviours can be obvious or subtle, and words can be as damaging as actions. The following list includes some examples of actions or behaviours that may be inappropriate on the part of a Denturist. Please contact the College if you experience any of the following:

- Any unwanted sexual attention or behaviour, (e.g. kissing or hugging in a sexual way).
- Sexual touching, (e.g. touching your buttocks, breasts, genitals or any other area in a way that is not appropriate for treatment or assessment);
- Sexually suggestive or seductive remarks, (e.g. comments about your sexual relationships or sexual orientation, or inappropriate sexual remarks or questions about your appearance or clothing etc.).
- Sexually insulting or offensive comments or jokes.
- Being asked to meet you outside the clinic or practice setting.
- Being asked to have an intimate, personal relationship with you, (e.g. dating.
- Not asking for permission before touching).

Once the Denturist starts touching me, can I ask them to stop?

Yes. You can ask that an action be stopped anytime if you are feeling uncomfortable. Consent to an activity is up to you, and you can withdraw it at any time. You can also ask the Denturist to explain what he/she is doing and why he/she is doing it.

What is appropriate touching?

In order to assess and provide treatment to patients, Denturists use their hands to touch maxillofacial area. When that happens, you should expect that the Denturist to:

- Tell you what they are going to do before touching you.
- Ask for your permission to touch you.
- Give you the opportunity to ask questions or express any concerns.
- Treat you with respect.

What should I do if I suspect sexual abuse by a Denturist?

If you are being sexually abused, or have reason to suspect that someone else is being sexually abused by a Denturist please contact the College of Denturists of Ontario. The College takes these matters seriously and will investigate the matter.

How will the College help me if I've been sexually abused by a Denturist?

The College administers a fund to cover the costs of any therapy or counseling that patients need related to sexual abuse by a Denturist. More information can be found on the College's website at [[insert link](#)]. You are also welcome to contact the College of Denturists of Ontario for information on the fund and to learn about your eligibility.

Who is eligible to apply for funding for therapy or counselling?

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 you, while you were a patient, were sexually abused by a Denturist;
- (b) There has been a finding by a panel of the College's Discipline Committee that you, while you were a patient, was sexually abused by a Denturist;
- (c) A Denturist enters into an undertaking with the College to provide funding for therapy and counselling;
- (d) There is an admission made by a Denturist in a statement to the College or in an agreement with the College that they sexually abused you while you were a patient of the Denturist;
- (e) A Denturist has been convicted under the Criminal Code of Canada of sexually assaulting you while you were a patient of a Denturist 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 you were sexually abused by a Denturist while you were a patient; or
- (g) There is sufficient information presented to the Patient Relations Committee to support a reasonable belief that you, while you were a patient, were sexually abused by a Denturist.

I have made a complaint to the College alleging sexual abuse against a Denturist. Do I have to wait until the complaint or the discipline process has concluded before applying for funding?

No. You do not have to wait until the complaints or discipline process has concluded. You can apply for funding for therapy and counselling at any time after filing a complaint.

In fact, filing a complaint with the College alleging that a Denturist has sexually abused you while you were a patient is one of the eligibility criteria for receiving funding.

How do I apply for funding for therapy and counselling?

The College requires that you complete an application form [insert link to form]. This form provides the Patient Relations Committee with the information required to assess your eligibility. On the form, you will need to indicate which category of eligibility you fall under (as described above). You do not need to have a therapist or counsellor identified to apply for funding.

If you have a therapist or counsellor or know who you would like to see, you will need to complete [insert link to form]. This form contains the information needed to process payments to the therapist or counsellor, and both you and therapist or counsellor must complete parts of it. Please note that this form must be completed before funding can begin.

What happens after I apply for funding?

College staff will contact you to confirm receipt of your application, and will tell you whether any additional information is required. You will also be notified of the timelines associated with the Patient Relations Committee's review of your application.

Will the dentist be told that I've applied for funding?

If the College wishes to recover the costs of therapy from the Dentist, they will be notified of your application. Also, if a discipline hearing against the Dentist is pending, disclosure obligations may require that the Dentist receives a copy of the funding application.

Do I have to meet with the Patient Relations Committee?

No. The Patient Relations Committee makes its decision based on a review of your written application.

Is there a requirement for a psychological assessment or a report from a therapist to support the need for therapy?

No.

How much funding is available?

The maximum funding available to each applicant for therapy or counselling is established by the legislation, 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. The legislation further provides that the funding provided is reduced by the amount that OHIP or a private insurer is willing to pay. The funding is paid directly to the therapist or counsellor.

The College may 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 legislation. The total amount of support funding available is \$9,000. The \$9,000 may be used towards any of the following expenses:

- Medication, treatments and remedies;
- Dependent care; and
- Travel expenses

For details on the additional support funding that is available please see the College's "Available Funding for Patients who have been Sexually Abused by a Member of the College of Denturists of Ontario Policy" [[insert link](#)].

The Patient Relations Committee will consider specific requests for therapy or counselling and support funding and will determine whether the requests are captured by the legislation or by the College's support funding policy.

Is there a time limit on using the funding?

Yes.

The legislation states that the funding can only be provided for **five** years from:

- (i) the day on which you first received therapy or counselling approved by the Patient Relations Committee; or

- (ii) if you request reimbursement for past therapy or counselling costs, the five-year period will begin on the date you first received therapy or counselling

Are there any restrictions on which therapist or counsellor I use?

Yes.

You may choose any therapist or counsellor. Except that, in order to receive funding, the therapist or counsellor cannot have any family relationship with you and cannot have been found guilty of professional misconduct of a sexual nature or been found liable by a court for an act of a similar nature. Also, you can choose a therapist or counsellor who is not a regulated health professional; however, you will be asked to verify that you understand that there is no avenue for professional discipline for therapists or counselors who are not regulated health professionals.

Can I use more than one therapist or counsellor?

Yes. You may use the maximum funding for therapy within the five-year limitation for as many therapists or counsellors as you think will be helpful to you.

How will I know how much funding I have left if the money is paid directly to the therapist or counsellor?

The College will send you a letter once a **year [the CDO should consider timing/administration etc.]** keeping you informed as to how much money is left for the costs of your therapy. You can also contact the College at any time to inquire about the balance of your funding.

Is there anything else I should know about funding?

You should be aware that a decision by the Patient Relations Committee that you are eligible for funding does not constitute a finding of professional misconduct against a Denturist. It will not be considered by any other Committee of the College dealing with your complaint.

Who can I contact to find out more information?

[insert College contact information]

FAQs for Denturists

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 Regulated Health Professions Act sets out a clear definition of the sexual abuse of patients. The definition of “sexual abuse” of a patient by a member means:

- (d) sexual intercourse or other forms of physical sexual relations between the member and the patient,
- (e) touching, of a sexual nature, of the patient by the member, or
- (f) behaviour or remarks of a sexual nature by the member towards the patient.

Is it still considered sexual abuse if the patient consents to an intimate relationship?

Even if the patient consents, Denturists are not allowed to have a sexual relationship with a patient, in or out of the clinical or practice setting. The Denturist is always the one responsible for understanding and maintaining appropriate professional boundaries with a patient.

Can I treat my spouse?

The definition of sexual abuse includes conduct, behaviour or remarks made to a Denturist’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.

Sometimes patients flirt with me. What should I do?

Denturists must maintain professional boundaries in all circumstances. This includes recognizing signs of a potentially inappropriate interaction and taking steps to deal with it—even when initiated by a patient.

Not dealing with the patient's behaviour directly may have serious consequences. If you respond in a similarly flirtatious or joking manner, the patient could interpret your actions as a willingness to begin a relationship. Even ignoring or staying silent on the patient's behaviour may indicate to the patient that you are willing to begin a relationship.

Even though it may be uncomfortable, you cannot ignore the situation. It is your professional responsibility to tactfully put a stop to the patient's behaviour.

A denturism student on a placement with me has been regularly having coffee with one of the patients. What should I do?

As the student's supervising Denturist, you have an obligation to intervene. Explain to the student why having coffee with a patient may be a problem. Find out if the student can understand the differences between a therapeutic relationship and a personal one. Even though they are still as student there is a power imbalance in favour of the student. The denturism student has knowledge and skills and may hold private knowledge about the patient. You and the student are responsible for setting professional boundaries to maintain a safe therapeutic environment for the patients.

I see patients for years and sometimes get invited to attend birthday parties and other events. If professional boundaries are maintained, are there any other ethical issues I should consider?

A Denturist must maintain professional boundaries with each patient. Seeing a patient socially moves the relationship from a professional to a personal relationship.

Consider some of the challenges that may arise with attending these social gatherings:

Privacy: you cannot discuss any health information outside of the clinical setting

Communication: a Denturist needs to ensure discussions with patients about their care remains within a “clinical setting”.

Maintaining professional objectivity: moving from a professional to a personal relationship may impact your ability to remain objective during delivery of care.

There are no simple yes or no answers to these questions but a Denturist should carefully consider the impact that attending such a function might have on their professional relationship with a patient.

What should I do if I suspect one of my co-workers is dating one their patients?

If the co-worker is a Denturist or a member of another regulated health profession (e.g., a dentist) you must make what is called a “mandatory report”. If the co-worker is a Denturist, you must file the mandatory report with this College; if the co-worker is a member of another regulated health profession you must file the mandatory report with their college. You cannot include the name of the patient who may have been sexually abused in the mandatory report unless the patient, or if the patient is incapable, the patient’s representative, consents in writing to including the patient’s name.

What is a Mandatory Report?

Denturists, and those who employ Denturists are legally required to file a mandatory report if:

- 1) they have reasonable grounds, based on information obtained in the course of practising the profession, to believe that another denturist or a member of a different regulated health profession has sexually abused a patient. This report must be filed with the college that regulates the health professional.
- 2) Privacy breaches related to patient health or personal information have occurred. These breaches must be reported to the Information and Privacy Commissioner of Ontario.

What if I don't file a report?

Failing to file a mandatory report when required is an offence under the law that can result in a fine of up to \$25,000.

If you are unsure whether a report is required you can contact the College and speak to our Sexual Abuse Liaison for assistance.

How should I explain the mandatory reporting requirement to a patient who has been abused?

Explain to the patient about your obligation as a regulated health care professional. Explain that the law requires you to report the sexual abuse to your regulatory college. Also explain that you will only include their name in your report if they provide you with their written consent to do so. Make sure that the patient understands that they do not need to consent even though it will assist the College with their investigation.

What happens to the mandatory report after it is made to the College?

The Registrar will forward the report to the Inquiries, Complaints and Reports Committee. The Committee will review the report and any supporting documentation (the Denturist's response for example) and decide if there are grounds to request a formal investigation.

The Committee can make the following decisions:

- Refer allegations of professional misconduct or incompetence to the Discipline Committee
- Refer allegations of incapacity to the Fitness to Practise Committee
- Issue a caution to the Denturist
- Provide advice to the Denturist
- Negotiate an undertaking agreement with the member
- Take no action

In order to avoid sexual abuse allegations should I have a staff person with me during all client appointments?

There is no requirement to have an additional person with you when treating patients. However, 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. Some patients will be more comfortable if they have a friend or family member with them, or if you another staff person in the clinic room; others may prefer to be alone with their Denturist during treatment. Some patients may be uncomfortable if the door to a clinic room where they are being treated is closed; others may wish for the privacy provided by a closed door. The key is to ensure that you are communicating with your patients in order to meet their individual needs and comfort level.

Who can I contact to find out more information?

[insert College contact information]



BRIEFING NOTE

To: **Council**

From: **Patient Relations Committee**

Date: **September 6, 2019**

Subject: **Patient Rights**

Background

The Patient Relations Committee of the College of Naturopaths of Ontario has recently published a "Patients Rights" document that its members can download, modify and provide to their patients. The CDO's Patient Relations Committee reviewed it and decided it would like to have a very similar document for this College. Dr. Pettifer reached out to the Registrar of the College of Naturopaths to ask for permission for the CDO to create a document that is substantially similar. The College of Naturopaths provided its permission for the CDO to use all or part of the CONO Patients Rights document.

The Committee is requesting Council's consideration of the draft approval of the Patients Rights document.

If approved, the Committee will request that members be informed of this document and a downloadable version that can be edited be placed on the College's website.

Options:

Following discussion of this draft document, Council may:

1. Adopt a motion to approve this document for release on the College website in a downloadable format. This release would be accompanied by communication to Registered Denturists regarding the intent and use of this document.
2. Request amendments to the draft document and approve the amended document for release on the College website in a downloadable format. This release would be accompanied by communication to Registered Denturists regarding the intent and use of this document.

3. Request more substantial amendments to the draft document and return of the amended draft document to Council at its next meeting.
4. Other

Attachments

CONO Patient Rights document
CDO Draft Patient Rights document

Patient Rights

As my patient you have the right to:

KNOW WHAT I AM RECOMMENDING, INCLUDING:

- the nature and purpose of the treatment;
- the intended outcome and possible side effects;
- the risks and anticipated benefits; and
- Reasonable alternatives.

AT ANY TIME, ASK A QUESTION.

REFUSE OR STOP TREATMENT AT ANY TIME.

CONSENT, OR WITHDRAW YOUR CONSENT, TO ALL ASSESSMENTS INCLUDING PHYSICAL EXAMINATIONS OR LABORATORY TESTS.

ENSURE THAT YOUR PERSONAL HEALTH INFORMATION REMAINS CONFIDENTIAL AND THAT YOUR PRIVACY IS RESPECTED.

OBTAIN A SECOND OPINION FROM ANOTHER HEALTH PROFESSIONAL.

BE LISTENED TO.

EXPRESS CONCERNS ABOUT CARE/SERVICE AND BE INFORMED OF THE PROCESS FOR DOING SO.

KNOW THE NAMES AND ROLES OF THE MEMBERS OF YOUR HEALTH CARE TEAM.

TO FILE A COMPLAINT WITH THE COLLEGE OF NATUROPATHS OF ONTARIO, THE REGULATORY BODY FOR NATUROPATHS IN OUR PROVINCE.

BE FREE OF MENTAL, PHYSICAL, SEXUAL AND FINANCIAL ABUSE.

PROFESSIONAL CARE FREE FROM BIAS.

A CLEAR EXPLANATION OF THE SERVICES YOU WILL RECEIVE AND WHO WILL PROVIDE THEM.

ACCESS A COPY OF YOUR PERSONAL HEALTH RECORD.



Patient Rights

As my patient you have the right to:

- Know what your Denturist is recommending, including:
 - the nature and purpose of the treatment;
 - the intended outcome and possible side effects;
 - the risks and anticipated benefits; and
 - reasonable alternatives.
- At any time, ask a question.
- Refuse or stop treatment at any time.
- Consent, or withdraw your consent, to all assessments including physical examinations.
- Ensure that your personal health information remains confidential and that your privacy is respected.
- Obtain a second opinion from another dental health professional.
- Be listened to.
- Express concerns about care/service and be informed of the process for doing so.
- Know the names and roles of the members of your dental health care team.
- To file a complaint with the College of Denturists of Ontario, the regulatory body for Registered Denturists in our province.
- Be free of mental, physical, sexual and financial abuse.
- Professional care, free from bias.
- A clear explanation of the services you will receive and who will provide them.
- Access a copy of your personal health and/or dental record.





BRIEFING NOTE

To: **Council**

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

Date: **September 6, 2019**

Subject: **Draft Code of Ethics**

In December 2015, Council approved the draft Code of Ethics for stakeholder consultation.

Since that time, there have been some changes to the content of previously developed standards and guides which inform the Code of Ethics.

In order to ensure the most up-to-date version is circulated for stakeholder consultation, the draft Code of Ethics was considered by Panel B of the Quality Assurance Committee at the October 24th, 2018 meeting and some changes have been recommended. The QAC-Panel B moved to recommend the attached draft Code to Council for its consideration.

Options

1. Approve the draft Code of Ethics for stakeholder consultation.
2. Amend the draft Code of Ethics and approve this amended document for stakeholder consultation.
3. Request further modifications of the draft Code by QAC - Panel B and return the amended draft to Council for further consideration.
4. Other.

Attachment

Draft Code of Ethics



Code of Ethics

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

Preamble

Denturists are self-regulated professionals. This status obliges them to act competently and ethically in the practice of their profession. They shall maintain recognized standards of care while observing professional values.

Denturists are valuable members of the oral-health team who uphold high standards of ethical behaviours when working with team members, colleagues and members of the public. Denturists value self-governance and recognize the importance of maintaining public trust and respect through engagement in ethical practice.

Core Values

Core values are principles that form the foundation for ethical practice. They guide denturists' decision-making and conduct and are characteristics that define the profession.

The profession's core values are: *accountability, beneficence, transparency, dignity, integrity, professionalism, and respect*. Each principle is defined below.

Accountability

Taking responsibility for own actions and services and intervening when patient safety and competent and/or ethical care is at risk. Maintaining professional obligations by adhering to legislation, regulations and standards of practice; and meeting registration and quality assurance program requirements.

Beneficence

Maximizing benefits and minimizing harm for the welfare of the patient.

Transparency

Sharing current and accurate information, professional opinions, professional title, limitations, risks, benefits, and scope of practice in a way that is meaningful and enables informed decision-making.

Dignity

Acting with compassion, empathy, respect and understanding for the patient's quality of life, wishes and right to make an informed decision.

Integrity

Demonstrating honesty and reliability in all professional relations, communications and business practices.

Professionalism

Maintaining a professional image in all interactions with the public, colleagues and peers.

Respect

Demonstrating respect for the patient's choice, time, financial resources, privacy and right to confidentiality, as well as respect for colleagues and peers.

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| Council Approval Date | |
| Effective Date | |