



## 97<sup>th</sup> 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

Item	Action	Page #
<b>1. Call to Order</b>		
<b>2. Approval of Agenda</b>	Decision	<b>1</b>
<b>3. Declaration of Conflict(s)</b> Comments on Conflict of Interest Rebecca Durcan, College Counsel, Partner, Steinecke Maciura LeBlanc	Decision	
<b>4. College Mandate</b>	Information	
<b>5. Presentation: Draft Audited Financial Statements</b> Blair MacKenzie, Hilborn LLP	Decision	
5.1 Hilborn LLP Post-Audit Communication		<b>5</b>
5.2 2018-2019 Draft Audited Financial Statements		<b>9</b>
<b>6. Consent Agenda</b>	Decision	
6.1 Minutes of the 96 <sup>th</sup> Council meeting held on June 14, 2019		<b>29</b>
6.2 Executive Committee Report		<b>35</b>
6.3 Inquiries, Complaints and Reports Committee Report		<b>37</b>
6.4 Discipline Committee Report		<b>39</b>
6.5 Fitness to Practise Committee Report		<b>41</b>
6.6 Patient Relations Committee Report		<b>43</b>
6.7 Quality Assurance Committee – Panel A Report		<b>45</b>
6.8 Quality Assurance Committee – Panel B Report		<b>47</b>
6.9 Registration Committee Report		<b>49</b>
6.10 Qualifying Examination Committee Report		<b>51</b>
6.11 Qualifying Examination Appeals Committee Report		<b>53</b>
6.12 President's Report		<b>55</b>
6.13 Registrar's Report		<b>57</b>
6.14 Financial Report Memo and YTD Income - Expenses – April 1, 2019 to June 30, 2019		<b>61</b>

6.15 Update on Strategy Map 2017-2020 Progress		<b>65</b>
6.16 Items of Interest:		
6.16.1 Legislative Update		<b>69</b>
<b>7. Council Governance Training: Considerations in Being an Effective Council Member, Committee Member and Chair</b> Rebecca Durcan, College Counsel, Partner, Steinecke Maciura LeBlanc	Information	
<b>8. Standard of Practice: Denturism Educators</b>	Decision	
8.1 Briefing Note		<b>77</b>
8.2 Draft 1 – Standard of Practice: Denturism Educators		<b>79</b>
8.3 Draft 2 – Standard of Practice: Denturism Educators		<b>81</b>
8.4 Draft 1 – Guide to the Standard of Practice: Denturism Educators		<b>83</b>
8.5 Draft 2 – Guide to the Standard of Practice: Denturism Educators		<b>87</b>
8.6 Stakeholder Consultation Report		<b>91</b>
<b>9. Draft Revised Registration Regulation</b>	Decision	
9.1 Briefing Note		<b>115</b>
9.2 Draft Revised Registration Regulation		<b>117</b>
<b>10. Draft Revised Professional Misconduct Regulation</b>	Decision	
10.1 Briefing Note		<b>131</b>
10.2 Draft Revised Professional Misconduct Regulation (Table Format)		<b>133</b>
<b>11. Amendments to Schedule 7 of the By-laws: Administrative Fees for Retired Status</b>	Decision	
11.1 Briefing Note		<b>147</b>
11.2 Schedule 7 of the College By-laws		<b>149</b>
<b>12. Revision of the Design of the College's Certificate of Registration</b>	Decision	
12.1 Briefing Note		<b>151</b>
12.2 Current Certificate of Registration		<b>153</b>
<b>13. Demonstration: Self-Assessment Tool – Continuing Professional Development</b>	Information	
<b>14. In Camera Meeting of Council</b> Pursuant to Schedule 2, the Health Professions Procedural Code of the <i>Regulated Health Professions Act</i> (1991), Section 7 ss (2) (d) of the <i>Regulated Health Professions Act</i> (1991).		
<b>LUNCH</b>		
<b>15. Proposed Revised College Sexual Abuse Prevention Plan</b>	Decision	
15.1 Briefing Note		<b>155</b>
15.2 Current Sexual Abuse Prevention Plan		<b>157</b>
15.3 Draft Revised Sexual Abuse Prevention Plan		<b>161</b>

<b>16. Patient Sexual Abuse Frequently Asked Questions (Draft)</b> 16.1 Briefing Note 16.2 Draft Frequently Asked Questions	Decision	<b>167</b> <b>169</b>
<b>17. Patient Rights Document (Draft) – Patient Relations Committee</b> 17.1 Briefing Note 17.2 College of Naturopaths of Ontario Patient Rights Document 17.3 Draft CDO Patient Rights Document	Decision	<b>183</b> <b>185</b> <b>187</b>
<b>18. Code of Ethics – Denturism Profession</b> 18.1 Briefing Note 18.2 Draft Code of Ethics	Decision	<b>189</b> <b>191</b>
<b>19. Next Meeting Date</b> 98 <sup>th</sup> Meeting of Council – Friday, December 6, 2019		
<b>20. Adjournment</b>		



PRIVATE &amp; 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**<sub>LLP</sub>

**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 \$
<b>ASSETS</b>		
Current assets		
Cash	2,487,731	2,271,148
Prepaid expenses	28,204	17,788
	<b>2,515,935</b>	<b>2,288,936</b>
Capital assets (note 3)	76,621	86,513
Intangible assets (note 4)	9,288	1,829
	<b>85,909</b>	<b>88,342</b>
	<b>2,601,844</b>	<b>2,377,278</b>
<b>LIABILITIES</b>		
Current liabilities		
Accounts payable and accrued liabilities (note 5)	146,256	175,176
Deferred registration fees	319,847	331,851
	<b>466,103</b>	<b>507,027</b>
Deferred lease incentives (note 6)	50,392	58,791
	<b>516,495</b>	<b>565,818</b>
<b>NET ASSETS</b>		
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
	<b>2,085,349</b>	<b>1,811,460</b>
	<b>2,601,844</b>	<b>2,377,278</b>

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 \$
<b>Revenues</b>		
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
	<b>1,703,463</b>	<b>1,641,364</b>
<b>Expenses</b>		
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
	<b>1,429,574</b>	<b>1,320,080</b>
Excess of revenues over expenses for year	<b>273,889</b>	<b>321,284</b>

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	<b>1,811,460</b>
Excess of revenues over expenses for year	-	-	-	273,889	<b>273,889</b>
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	<b>54,229</b>	<b>160,000</b>	<b>360,000</b>	<b>1,511,120</b>	<b>2,085,349</b>

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)
	<b>289,983</b>	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)
	<b>238,643</b>	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)
	<b>(22,060)</b>	180,973
Net change in cash	<b>216,583</b>	535,962
Cash, beginning of year	<b>2,271,148</b>	1,735,186
Cash, end of year	<b>2,487,731</b>	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	2,487,731	2,271,148

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

	<b>Cost</b>	<b>Accumulated</b>	<b>2019</b>
	\$	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>
	<b>Cost</b>	<b>Accumulated</b>	<b>2018</b>
	\$	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**

	<b>2019</b>	<b>2018</b>
	<b>\$</b>	<b>\$</b>
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:

	<b>\$</b>
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







## 96<sup>th</sup> 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:

<b>Complaints</b>	<b>8</b>
<b>Registrar's Reports</b>	<b>1</b>
<b>Total</b>	<b>9</b>

### 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**

<b>Practice Issue</b>	<b>Primary Issue</b>	<b>Secondary Issue</b>
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:**

<b>Complaints</b>	<b>10</b>
<b>Registrar’s Reports</b>	<b>6</b>
<b>Health Inquiries</b>	<b>1</b>
<b>Health Inquiries (hold)</b>	<b>1</b>

**New Files Received during this period:**

<b>Complaints</b>	<b>4</b>
<b>Registrar’s Reports</b>	<b>1</b>
<b>Health Inquiries</b>	<b>0</b>

**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"> <li>1 – Remedial action required</li> </ul>
2018-19 Peer & Practice Assessments	<ul style="list-style-type: none"> <li>2 – Satisfactory</li> <li>4 - Remedial submissions considered and deemed satisfactory</li> <li>3 – Remedial action required</li> <li>1 – Deferral request</li> </ul>

### 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:

<b>Annual Renewal Period</b>	<b>Extensions Granted</b>	<b>CPD Audit Ordered</b>	<b>Peer &amp; Practice Assessment Ordered</b>	<b>Referred to ICRC for Non-Compliance</b>
2016-17	7	7	0	1
2017-18	2	4	0	0
2018-19	2	3	TBD	TBD

<b>Cycle Period</b>	<b>Extensions Granted</b>	<b>CPD Audit Ordered</b>	<b>Peer &amp; Practice Assessment Ordered</b>	<b>Referred to ICRC for Non-Compliance</b>
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 24<sup>th</sup>), Ottawa (June 6<sup>th</sup>) and Sudbury (June 22<sup>nd</sup>) 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 13<sup>th</sup> 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 10<sup>th</sup>, 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 24<sup>th</sup>, 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.

<b>QE Summer 2019 – Overall Results</b>	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)	<b>66%</b>		

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 22<sup>nd</sup>, 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
	<b>YTD Budget to Actual</b>	<b>2019-2020</b>	<b>June 30/19</b>	<b>YTD as Percentage</b>	<b>Remainder or In Excess</b>	
		<b>BUDGET</b>	<b>YTD Totals</b>	<b>of Budget</b>	<b>of Budgeted Amount*</b>	
7	<b>REVENUE</b>					
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	<b>TOTAL REVENUE</b>	<b>\$ 1,791,725.00</b>	<b>\$ 1,681,317.16</b>	<b>94%</b>	<b>\$ 110,407.84</b>	
14						
15	<b>EXPENDITURES</b>					
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	<b>TOTAL EXPENDITURES</b>	<b>\$ 1,692,037.40</b>	<b>\$ 402,411.79</b>	<b>24%</b>	<b>\$ 1,289,625.61</b>	
32						
33	<b>NET INCOME</b>	<b>\$ 99,687.60</b>	<b>\$ 1,278,905.37</b>			





---

## 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:

<b>Webinar</b>	<b># of Sessions</b>	<b>Attendance</b>	<b># of On Demand Views</b>
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](http://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](http://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](http://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.



























































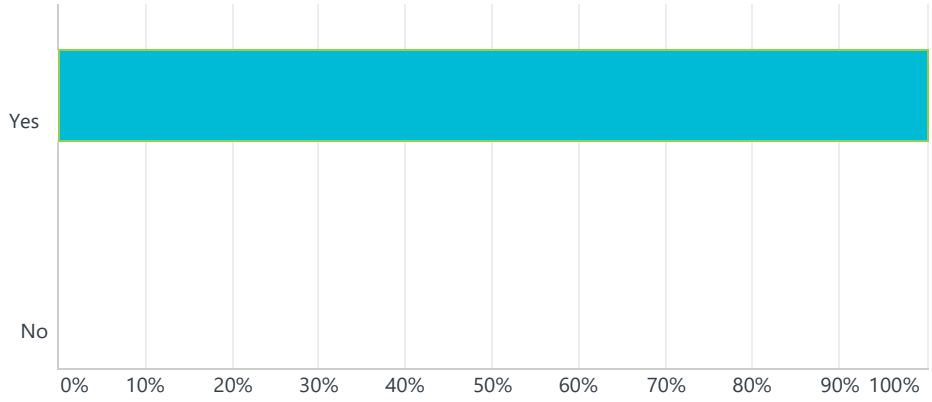






### Was the information presented in the Guide understandable?

Answered: 23 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	100.00%	23
No	0.00%	0
<b>TOTAL</b>		<b>23</b>

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

Answered: 8    Skipped: 17

<b>RESPONSES</b>
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

Formatted: Font: (Default) Segoe UI, Bold

Formatted: Centered



COLLEGE OF  
DENTURISTS  
OF ONTARIO

## Standard of Practice: Denturism Educators

### Introduction

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

### Purpose of the Standard

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

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

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

### Definitions

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

**Learner** – Any person enrolled in an approved denturism program.

### The Standard

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

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

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

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

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

- 5. Ensures public safety in clinical education.

DRAFT

Feedback from George Brown College



COLLEGE OF  
DENTURISTS  
OF ONTARIO

Formatted: Font: (Default) Segoe UI, Bold  
Formatted: Centered

**Guide to the Standard of Practice: Denturism Educators**

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

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

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

- Participate in respectful practice;
- Understand factors that influence individual student learning;
- Protect the privacy and dignity of all students;
- Work collaboratively with other educators and faculty;
- Promote inter and intra-professional collaboration;
- Model positive behaviour;
- Provide adequate, respectful supervision and direction; and feedback and

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

Formatted: Normal, No bullets or numbering  
Formatted: Font: (Default) Segoe UI

**What are the criteria for a safe learning environment?**

Denturism educators provide a safe learning environment when they:

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

Formatted: Space After: 10 pt

Commented [LR1]:  
Formatted: Font: (Default) Segoe UI  
Formatted: Font: (Default) Segoe UI  
Commented [LR2]: Should you remove this point as it is implied in the point above.  
Formatted: Font: (Default) Segoe UI

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

Denturism educators demonstrate **professional** competence when they:

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

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

- ~~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~~

Formatted: Normal, No bullets or numbering

Formatted: Font: (Default) Segoe UI

Formatted: Bulleted + Level: 1 + Aligned at: 0.63 cm + Indent at: 1.27 cm

Formatted: Font: (Default) Segoe UI

Formatted: Font: (Default) Segoe UI

Formatted: Font: (Default) Times New Roman

Formatted: Font: (Default) Segoe UI

Formatted: Font: (Default) Segoe UI

Formatted: Font: (Default) Segoe UI

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

Denturism educators demonstrate professional behaviour and relationships when they:

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

Commented [LR3]:

Formatted: Font: (Default) Segoe UI

Formatted: Normal, No bullets or numbering

**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.

Formatted: Font: (Default) Segoe UI

Formatted: Normal, No bullets or numbering

## 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

























































































## 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]**





















## 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.

<b>Council Approval Date</b>	
<b>Effective Date</b>	