

Response by the College of Denturists of Ontario to the PricewaterhouseCoopers Operational Review and Audit of the College January 23, 2012.

Foreword

On behalf of the College of Denturists of Ontario (the “College”), the President, Council, Registrar and staff of the College welcome this opportunity to submit its submissions to the Minister in response to the Operational Audit performed by PricewaterhouseCoopers (PwC).

Council extends its sincere thanks to the Minister for this opportunity to provide its response to the Audit report. Council believes that this response will demonstrate the commitment of Council, Registrar and staff to attaining the objectives established in the Audit report.

History

Some Achievements in the Governance of the College (2009-2011)

In order to understand the context of the Audit report, please allow us to provide a brief history as it relates to the significant changes that the College has experienced since 2009, when the current administration (Council and Registrar) arrived at the College.

It was quickly realized that the College did not have in place an administrative structure allowing it to deal with the various issues facing a health profession college with over 500 registrants. As such, the administration undertook various initiatives to modernize the College.

As of April 1st, 2010, the College had, for the first time, a full time staff complement, working five (5) days a week, comprised of a Registrar, two Coordinators an Administrative Assistant as well as a ten (10) hour per week finance and data person. As of April 1st, 2010, the start of the Audit period, the Registrar had been in his position for fifteen (15) days. In addition, all other staff members joined the College during the course of the Audit period.

Currently as part of our Team we have a Registrar, two Coordinators, a Bookkeeper, an Administrative Assistant and one part time Assistant. The College is currently advertising for one additional full time person.

As a general proposition, the College recognizes that there remains a lot of work to be completed to attain the level expected by the Ministry. In order to assess its commitment to the modernization of its administrative structure, the College believes that it is important that the improvements to its governance and administration structure be identified. In addition, please note that prior to the Audit, Council and the Registrar had identified a number of additional projects required to be completed, but many of these have yet to be implemented.

A list of the most important achievements relating to governance and administration completed or underway by the existing Council during the 2010 – 2011 period is as follows:

1. The implementation of the *Contact Update*, a publication sent to registrants shortly after every Council meeting to keep registrants informed of important Council developments; published since May 2010
2. The creation of a flow chart to assist the Registration Committee in understanding its process under the *RHPA*, written as a guide for the Registration Committee to follow proper procedure and ensure compliance with the *RHPA*;
3. The creation of a flow chart to assist the Inquiries, Complaints and Reports Committee (“ICRC”) in understanding its process under the *RHPA*, written as a guide for the ICRC to follow proper procedure and ensure compliance with the *RHPA*;
4. The College is in the process of developing a mentorship program to assist candidates who were unsuccessful in passing the Qualifying Examination, *attempting* to upgrade these candidates’ skills prior to the next sitting of the Qualifying Examination. This cannot be secured for the participants until current professional liability policy is revised.
5. In the process of developing a preceptorship program to assist registrants who, following an ICRC process, are directed to undertake corrective measures.
6. The development of a draft accreditation policy for denturist educational institutions.
The current accreditation policy requires that an education institution be in operational

- status, with students enrolled in their final year of graduation (third year), for accreditation to occur. This resulted in difficulties for students who completed their studies through an unaccredited institution and then had difficulties at the Qualifying Examination;
7. The development of public safety announcements, such as for zinc(hypocupremia) in poly-grip denture adhesive;
 8. The establishment of terms of reference for each of the eleven (11) statutory and non-statutory committees in order to assist in clarifying the mandate of each committee;
 9. The implementation of a new policy and forms for requests for letters of good standing;
 10. The development of a revised policy and forms for professional incorporation;
 11. The creation of a new policy and requirements for continuing education hours;
 12. The development of a new consent to treatment plan and new consent forms;
 13. The re-writing of the Quality Assurance Manual;
 14. The implementation of major changes to the Qualifying Examination to provide an objective assessment with criteria marking and updated protocol;
 15. The introduction of new registration orientation sessions, welcoming new registrants to the profession;
 16. The preparation and presentation of funding applications with the Federal Government, Minister of Skills and Development, to assist in writing occupational standards, as defined by the *RHPA*;
 17. The development of a new policy and forms for denturist clinic name application approval;

18. The drafting of major update of the Infection Control Manual;
19. The upgrade of the College offices and storage of documents;
20. The improvements made to the accuracy and robustness of financial reporting tools from Excel worksheets to Simply Accounting;
21. The resumption (after a long hiatus) of Finance Committee meetings in 2010 and 2011 to review the current year's expenses and set the next year's budgets;
22. The launch of a new website in December 2010 with friendlier access and increased information;
23. The disposal of a number of long-standing discipline and litigation cases from the 2007 period;
24. The implementation of new conflict of interest guidelines and of new affirmation to College policy, disallowing sitting Council members from participating on Council while pursuing legal action against the College;
25. The implementation of a first ever SGM (Special General Meeting) in November 2010, with over 260 registrants in attendance, following courses on jurisprudence, record keeping, infection control, implant dentures, how to avoid complaints etc...

1.1 Introduction

The mission of the College is to regulate, govern and develop the profession while serving the public interest. Under this mandate, the College has incorporated the following strategic objectives:

The modernization of College governance and administrative structures and the definition of the denturists' scope of practice within the oral health care system with a special focus on defining core competencies.

Our Governance model will allow Council to fulfill its mandate and accountabilities in an effective, consistent and transparent manner. Our Stakeholder Relations objectives ensure that we will educate, engage and manage expectation of stakeholders, the public, professional members, associations, educators and inter-professionals.

1.2 The Scope of the Ministry's Audit and Review

In keeping with our mission and objectives, the College extends its thanks for the stewardship role the Ministry is taking during these times of significant change. We want to be clear that Council views the Minister's involvement as a positive effort towards ensuring that the people of Ontario and our registrants are receiving the highest quality and most transparent service and oversight possible. The Council, the Registrar and staff wish to work hand in hand with the Minister and Ministry.

The Council also wants to thank the Minister for initiating an Operational Audit focused on identifying and recommending solutions for correcting any deficiencies that have been identified. Overall, the Audit report has identified several areas where improvement is required as well as offering recommendations that may lead to those improvements. The words and definitions used by the PricewaterhouseCoopers (PwC) Audit Team - transparent, objective, impartial and fair - represent, in the truest sense, the bedrock values of our College. We believe that the Audit report helps us achieve that end.

Our detailed response to the Audit report is completed in the same format used by the PwC Audit Team.

2. EXECUTIVE SUMMARY

2.1 Interviews and Meeting

The Council, the Registrar, the staff and external stakeholders made themselves available at the behest of the PwC Audit Team for the purpose of being interviewed. The scope of questions and level of satisfaction related to those questions was entirely determined by the PwC Audit Team. We believe that the PwC Audit Team may have been able to address some of the concerns identified in the report had there been an opportunity to address any identified short comings prior to drawing conclusions. Specific examples of the foregoing are provided in each section of our detailed response.

2.2 Document Review

The College provided access to all records and documents requested by the PwC Audit Team. These requests were entirely determined by the PwC Audit Team as a result of their search for specific answers to specific questions. We believe that the PwC Audit Team may have been able to address some of the concerns identified in the Audit report had there been an opportunity for the College to address any identified short comings prior to drawing conclusions. Specific examples of the foregoing are provided in each section of our detailed response.

2.3 Examination Candidates and Member Focus Groups

The College recognizes the value of the information collected through this process and further believes that the information provided the PwC Audit Team a perspective that helped identify areas of focus.

2.4 Overall Assessment

The College accepts that there are a number of areas where there is room for improvement related to policies, processes and procedures. We are already in the process of implementing several of the

recommendations identified in the Audit report. We are also identifying those shortcomings that have not yet been addressed as priorities, attaching specific time lines for corrective measures. We believe that the measures we have implemented or are implementing address the concerns expressed in the Audit report. Nevertheless, we wish to work with the Minister and Ministry on a continuous basis to establish a continuous improvement process.

3. EXAMINATIONS

3.2 Observations and Recommendations

The Winter 2010 *College Contact* contained a notice indicating that the College was looking for Examiners for the next Qualifying Examination session. There was a misprint, reading that a minimum of 5 years' experience in denturism was required. This notice should have read that the minimum requirement is 10 years.

This error was identified and corrected at the time of the interviews of the Examiner candidates.

3.2.1 Criteria for examiner selection

The College accepts the PwC Audit Team recommendation that detailed criteria should be posted.

The current qualifications for the Qualifying Examination examiners are, as follows:

- Having a minimum of 10 years of denturism practice experience;
- Being in good standing with the College;
- Having not been involved in teaching at George Brown College for at least the last 5 years;
- Not having any children currently enrolled in process of qualifying as a denturist;
- Not being subject to any disciplinary actions or complaints with the College; and
- Having an ability to represent the College in a professional manner.

Although there are existing criteria which are put forth in a verbal manner, we understand the importance of having the criteria documented and are in the process of formalizing a detailed written list of evaluation criteria to assess potential Qualifying Examination examiners. The

evaluation items will include the number of years of practice as a denturist, specific criteria to assess a candidate's experience as well as specific techniques that a candidate may possess.

The College is also implementing a skills matrix which will provide an audit trail of the rationale for selection or rejection. In addition, there will be professional biographies circulated after the selection process is complete. The company Alpine Testing Solutions has been retained to work with College staff to develop this matrix, as well as to provide consultation on reasonable qualifying criteria. Please see the attached letter of engagement of Alpine Testing Solutions. We have also submitted to HRSDC a proposal for job analysis and psychometrics. We are waiting their approval. The verbal response has been extremely positive with staff reaffirming the mobility aspect of this initiative.

3.2.2 Examiner conflict of interest policy

We accept the PwC Audit Team recommendation that all policies relating to conflict of interest should be clearly articulated in one document.

The College will ensure that requirements and policies relating to conflicts of interest are centralized and articulated in one document to enhance the transparency and clarity of the College's Examiner Conflict of Interest Policies.

3.2.3 Documentation supporting the development of examination content

The College accepts the recommendation made by the PwC Audit Team to engage independent professionals.

The College would like to provide some clarification to the opening comments made in this section of the Audit report.

The PWC report states "There were other changes to the 2011 Summer Written Examination, including an increase in the number of questions from 200 to 300 and a decrease in the time allotment to complete the examination from 6 hours to 4 hours. Other changes included requiring a

minimum grade of 70% in both the morning (AM) and afternoon (PM) sessions of the examination. Our interviewees indicated that, in prior years, the examination had consisted of 400 questions (with a 4 hour time period), and they were reverting back to this earlier approach. It was also felt that requiring a minimum grade of 70% in both the AM and PM session of the examination was necessary to ensure that candidates had knowledge of all areas evaluated.”

On a point of correction, the previous examinations have the same number of questions. However the time allotment did decrease from the previous year. Examinations are meant to clearly assess the abilities and knowledge of a candidate. After analyzing the previous examinations, it was determined that candidates were not assessed to the best of their knowledge and, as a result, interim measures were adopted. The passing grade was set at a 70% average for both the morning and afternoon sessions - this was the same as the previous year.

The College plans to engage an independent external firm with expertise in job analysis and psychometric standards, to provide a formal assessment of the validity and reliability of the 2010 and 2011 practical portion of the Qualifying Examination criteria as well as the written examination, including the validity of the questions in the examination databank and the number of questions relative to the time allotment.

The Examination Committee is working on an examination writing sub-committee that will consist of expert item writers who will fill out a very detailed application as well as sample items. This sub-committee will review and work on examination questions, all of which are documented and fully referenced by at least two current sources. These expert item writers will go through item writing training. The Examination Committee will review all of the items once submitted and put each and every item through a review and, if needed, revision process.

The Examination Committee is also reviewing job analysis and psychometrics. The College is in the process of applying for a grant to complete this process, and has engaged a company with expertise

in psychometrics. Psychometrics will be adopted in conjunction with this third party firm once a full job analysis is completed.

3.2.4 Information provided in candidate protocols

The College accepts the recommendation that a detailed examination blueprint be developed. The blueprint will identify the content areas covered on both the written and practical examinations. For each content area, the blueprint will outline the weighting of the area, the topics, levels of competence and the learning objectives examined. The blueprint will also be aligned with the College's scope of practice.

The Audit report identified the fact that the 2010 and 2011 Qualifying Examination Protocols did not provide information on which of the 16 procedures would be evaluated or the weight to be given on the evaluation of each procedure.

It is the opinion of the Examination Committee that this approach does not best serve the assessment process, and more importantly, the public interest. The Examination Committee felt that, if they gave the weight of each procedure, candidates would only focus on the heavier weighted areas instead of doing their best in all areas.

It is also important to note that any significant change in the process or protocol was notified to the students in advance. For example: third attempt and deferrals process. This was changed in January 2011 and the students that were affected were notified of the changes.

The College has commenced a process whereby a detailed examination blueprint is being developed. The blueprint will be aligned with the College scope of practice. As part of this exercise, the College and its consulting team will explore the latest educational and examination protocols as well as tools available to best support the candidates.

The College will also develop a process whereby candidates can submit written questions to the College up until one week prior to the examination.

3.2.5 Rigour relating to the administration of the practical examination and retention of examination materials

The College accepts the recommendation and findings of the Audit report related to protocols, security and attendance.

As a result of staffing limitations and shared work responsibilities, reasonable security measures were not implemented to the fullest extent possible. It is also recognized that more detailed records need to be maintained, relating to specific comments and times.

The College is in the process of formalizing and implementing the following procedures with respect to the administration and retention of a candidate's examination material, which includes the following:

- Securing examination materials in locked cabinets which have been recently allocated.
- Amending the Records Retention Policy, within 30 days, to include retention of examination materials electronically for a period of 5 years. Examination materials for unsuccessful candidates will be kept for a period of 1 year. Candidates marking booklets will be scanned and kept electronically for a minimum of 5 years.
- A detailed Chief Examiner's report will be required and consulted during the appeal process;

3.2.6 Rigour relating to the summer 2011 written examination

We accept the recommendations made by the PwC Audit Team.

While rigorous testing and review procedures for the summer 2011 written examination are being followed, the College accepts that there is room for improvement in that field. Significant advancements have been made over the past five (5) years which have been met with some opposition. Both the recommendations made by the PwC Audit Team and the objectives of the College are in complete agreement.

While we acknowledge that there were two spelling errors in the written examination consisting of 300 questions, we would respectfully suggest that it is not reasonable for a failed candidate to presume that this was the cause of his/her lack of understanding of the examination. The questions are currently in keeping with other College of Denturists examinations. Nevertheless, even though there were spelling errors, every candidate got this answer correct.

We have outlined the past, present and future of improvements made in the areas of Qualifying Examination for the Minister's review:

- Up to seven (7) years ago, examiners used to compare marks prior to providing the final mark of a candidate, and examinations were marked in pencil, thereby providing the opportunity to change the mark after full review. The making of dentures was marked out of a total of ten (10) marks, whether the person met the base criteria or not. Under this scenario, dentures could be fabricated, while not be functional, and still receive a passing grade. This approach to marking created a massively disproportionate pass rate of almost 40 - 60%, compared to other jurisdictions which averaged only 17% - 25%.
- Currently, the marking and grading of candidates is now comparable to other regulatory Colleges, as the current passing grades are within the statistical range of standard reported grades of these Colleges. As an example the CDTO (College of Dental Technology of Ontario) in its annual report 2008 (attached) shows practical examination pass rate of below ten percent.

Moreover, examiners are not permitted to compare or view other examiners' completed marks. They are also required to use pens during the marking process, adding additional security to prevent potential tampering or modifications of the grades that are not reflective of the result achieved by the candidates or that are not made for purely objective reasons. A similar practical examination, with the difference being that the patient-clinical aspect is not examined, is the practical examination of the College of Dental Technologists of Ontario (CDTO). The CDTO pass rate is well below that of the College, with less than 10% passing the practical examination.

- With full adoption of the PwC Audit Team recommendations, transparency, equality, high standards and mobility for other jurisdictions will be ensured. To accommodate those candidates who do not pass the practical examination, the College is in the process of developing a Mentorship program. This program is currently on hold, as is the proposed insurance by-law, as per the Ministerial Requirement. We envision a future where the cohort of students wanting upgrading in the practical aspects of denturism is of a sufficient number that the educational institutions providing denturism training will provide such an upgrading course, and the need for the proposed Mentorship program would be restricted to students applying from outside the Canadian educational system.

3.2.7. Information provided to failed candidates

The College accepts the recommendation made by the PwC Audit Team.

The College maintains electronic records of the examinations for five (5) years. Performance reports will be new for 2012. Performance Reports will replace the Inquiry process.

The Examination Committee is currently in the process of adopting a new procedure ensuring candidates receive a performance report. The report will show the areas of the Qualifying Examination where a candidate has met the standards and what areas they are below standards. The performance report will be available to unsuccessful candidates at their request after the Qualifying Examination is completed for a period of two months.

3.2.8. Analysis of examination

We accept the recommendation from the PwC Audit Team on the merits of a statistical analysis.

The 2010 Summer Qualifying Examination review analysis for Projects A, B and C were completed and retained but the analysis for Project D was not completed at the time of the Audit as the staff tasked to do so had to return to school in the Fall 2010 and did not complete this task prior to her departure.

The October 23, 2010 Executive Committee minutes indicate that the marking difference between all examiners was 1%. Our subsequent review of the documentation noted that, for Projects A, B and C, the analysis does not support a 1% difference across all examiners. Consistency of examiner marks for Projects A, B, and C ranged from 36% to 100% depending on the question, with many having over 70% consistency (i.e. % of Examiners that found that the student met the criteria). Subsequent to the release of this statement by the PwC Audit Team it was clearly determined that the result was always 4% on the examiner analysis. The PwC assessment criteria is based on a cohort size that is too small for statistical reliability.

The analysis has now been completed with the result that the difference between the examiners was 4%. This analysis was reviewed by the Examination Committee. We are now looking to complete additional analysis of the Qualifying Examination as well as the marking for each Qualifying Examination for the Committee's review.

4. QUALIFYING EXAMINATION INQUIRIES & APPEAL PROCESS

4.1 The College recognizes the extensive review conducted by the PwC Audit Team.

The College has chosen a different approach to achieve the end that we believe will satisfy the candidates and the Minister.

The concerns raised by the Auditors will be addressed by the performance review as practiced by other regulated Colleges.

The College agrees with the recommendation that it provide candidates with confirmation that the College has received their appeal. Our appeal process will be changed in time for the 2012 Qualifying Examination. The College will no longer have the inquiry process - replacing it with the performance report. Appeals will go to an Appeals Committee and appeals can be made on extenuating circumstances only.

Respectfully, the College is of the view that it cannot provide candidates with marking sheets and comments. The standard operating practices for most regulated health colleges include provisions whereby candidates cannot be provided a copy of the marking sheets to maintain the integrity of the examination.

The Audit Team concluded that no records were retained regarding any of the 2010 Qualifying Examinations Inquiry requests. Respectfully, the College is of the view that the PwC Audit Team's findings are incorrect on this point. The College has a list of all the inquiries that were made to the College. We ensured they were all done with the appropriate form of documentation (letter or email).

The College agrees with the recommendation that it should acknowledge the receipt of all appeal requests in writing by issuing a letter to the candidate within a reasonable timeframe, at a maximum within 14 days of receipt of the appeal, stating that the appeal was received. This recommendation will be implemented going forward.

Under the new process the Executive will no longer be reviewing the appeals. This will be the responsibility of the Appeals Committee.

It is also agreed that a set time frame should be in place for responding to all candidate appeals.

To address the recommendation found in the Audit report under this point, the College will:

- Retain sufficient documentary records to support all decisions relating to the denial/allowance of appeal requests;
- Retain sufficient documentary records to support the selection of Appeal committee members; and,

- The names of members of the Appeals committee shall be public as well as the rationale for approving/denying the appeal.

This recommendation is now part of our standard operating procedure and will govern any appeal going forward.

Recommendation

The College should establish a process whereby the Appeal committee members provide written confirmation regarding possible conflicts of interest relating to all candidates who appeal their examination marks. The College should expand its Conflict of Interest policies and confirmations to include discussion of the following types of conflict of interest:

The College agrees fully with these recommendations. Conflict of Interest Policy revisions are underway and will be complete and adopted within 90 days. The following will be integrated within the conflict of interest policy for the exam:

- Appeals committee selection should exclude Examination, Council, and Registration Committee members;
The Appeals committee should retain written documentation in order to support the basis of its appeals decisions. In order to ensure transparency of the appeals process, candidates will continue to be provided with the names of the individuals forming the Appeals committee that adjudicated their appeal. This recommendation has now become part of our standard operating policy.

5. REGISTRATION

5.1.1/5.1.2

The College recognizes the comprehensive approach utilized by the PwC Audit Team.

5.2.2 Lack of tracking and recommendations

The College agrees with the recommendations made by the PwC Audit Team.

The College is currently considering whether it should revert back to the original practices as outlined in the Audit report or whether applicants should be provided with notices advising of any decisions made by the Registrar regarding approvals and denials. Documentation will support this process. Third attempts will be reviewed and processed by a Review committee within 30 days.

5.2.3 Changes in the process for examination deferral requests

The College is in agreement that it has made changes to the Qualifying Examination protocol since 2009 that could result in having a student re-take the examination at the next available session or request for a deferral.

This process will also be changed – no Registrar or Registration Committee involvement but a separate sub-committee, the Review Committee.

5.2.4 Reasons and supporting documentation for the registration committee decisions

The College recognizes that there is room for improvement in maintaining proper and more complete written documentation regarding the Registration Committee minutes and the decision-making process.

The College is committed to working with the Registration Committee to adopt a policy where best practices are reviewed for minute taking and associated correspondence with applicants. The College has engaged a retired Registrar to assist with policy development (Please see attached professional profile

5.2.5 Notice of referral to Registration Committee

The College agrees with the recommendation of the PwC Audit Team.

The College is fully committed to the highest level of fairness, objectivity and impartiality.

The College is in the process of creating new procedures for the manner in which referrals are addressed. The procedure will include applicant notice for all referrals. Notices will refrain from

any pre-emptive decision making or wording. Applicants will continue to be notified of referral to the Registration Committee.

5.2.6 Scope of practice

The College is in agreement with the fact that it may be desirable to augment the frequency of the periodic assessments of the competencies and education required for an entry level denturist against current educational programs.

The College will conduct a periodic assessment of its scope of practice to ensure that those who practice denturism are qualified and those who are qualified can be registered. This assessment will be conducted each year.

6. COMPLAINTS, DISCIPLINE & INVESTIGATIONS

6.1 Work Performed

The College wants to recognize the comprehensive approach used by the PwC Audit Team as part of its review process.

6.2.1 Lack of expected date of disposition in 150 day letters

The College has adopted this procedure and has implemented the necessary changes to the templates of the 150 and 210 day delay letters. The College is in the process of revising the wording in the 150 and 210 day template letters to include a field for expected date of disposition. This recommendation will be implemented within 60 days.

6.2.2 Timing of complaint decisions

The College recognizes that delays in complaint decisions may be problematic and risk leading to a perceived sense of lack of transparency and accountability. Measures are currently being taken to identify ways to expedite the process of improving the disposition time of each complaint. This review process includes the following:

1. Reviewing the time allotted to members to respond to a complaint notice and to provide information to the panel in an expedient manner in accordance with the *Regulated Health Professions Act*.
2. Requesting all documents requiring consent from the complainant at the initial complaint acknowledgement phase. This will reduce the waiting period required for mailing and receiving response. This includes, but is not limited to, developing complaint forms that can be downloaded from the College website for items such as complainant's consent to the investigation process, assessment, patient record requests, witness information and complaint checklist.
3. Developing an operational guideline on handling members who fail to respond within the timeframe established by the *Regulated Health Professions Act* to the panel's request for a response and documentation to the complainant.
4. Scheduling teleconference meetings to discuss and review cases in a more timely manner rather than waiting for the next face-to-face meeting date which often carries over to the next month.

6.2.3 No record of consideration of the prior history of complaints

The College is in complete agreement with the recommendation that member's prior history of complaints needs to be considered in accordance with the *Regulated Health Professions Act*. The College fully understands that not factoring-in relevant prior history may result in an inappropriate action being taken in response to a complaint.

We will revise the ICRC's minute taking procedures to document whether or not prior history is considered. We will reserve the member's prior complaint history within the written decision to the parties in the complaint due to the confidential nature of the complaint history has been adopted as a standard operating procedure. This process revision will be completed within 60 days.

6.2.4 Use of investigations in complaints

The College accepts the recommendation of the PwC Audit Team.

We are in the process of revising our minute taking model of the ICRC to provide reasoning as to whether or not to appoint an investigator for a complaint with regards to fit and function. This process revision will be completed within 60 days.

6.2.5 Consent to release information documents

Respectfully, the facts do not support the findings of the PwC Audit Team on this matter..

Our procedure to obtain patient health records is consistent with other regulatory health colleges. The consent to release of information form is for the purpose of requesting patient health records from third party health practitioners who are named in the complaint but are not a party to the complaint.

According to our legal counsel, when a complaint is sent to the Complaints Committee, it is an implicit consent to the College to investigate the matter and obtain documentation from the respondent, the member, in relation to the complaint.

To obtain a consent to release the patient health records from the respondent (the member) when the patient is the complainant may cause undue and unnecessary delays with additional time being required to seek and obtain signed consent forms prior to seeking the information from the member.

We do agree that consent to release patient information should be obtained from the patient when the complaint is received from a third party on behalf of a patient, prior to releasing information to the third party and prior to requesting the dentist to provide information.

6.2.6 Obtaining consent forms for ADR from complainant and member

The College accepts the recommendation of the PwC Audit Team.

However, the new ADR facilitator, who has an ADR certificate, re-established the consent to participate in ADR form prior to the Audit being released. What the facilitator discovered is that follow-up calls are also required to remind the parties as to whether they will be sending in a

signed consent form to participate in ADR. This resulted in one file where a decision by the ICRC had been formed before the ADR could even commence due to the delay in obtaining a signed consent form and establishing contact to mediate the complaint.

6.2.7 Delays in disciplinary hearings

We agree with the recommendations of the PwC Audit Team that procedures and processes need to be developed to expedite discipline hearings. We will review the current disciplinary procedures in order to expedite hearings. This new procedure will include deadlines to notify members of complaints being referred to the Discipline Committee, form a disciplinary panel and hold a hearing.

6.2.9 Lack of Disciplinary Committee meeting minutes

We embrace the recommendation made by the PwC Audit Team that meeting minutes should be kept at all times. On a point of correction, however, the findings of the PwC Audit Team that the Discipline Committee meeting minutes were lacking is inaccurate. The minutes have always been available for the dates listed in the report, February 18, 2010 and June 15, 2010.

6.2.10 Formal Inquiries, Complaints & Reports Committee (ICRC) approval for an investigation

We accept the recommendation and have implemented it accordingly. All future motions will be better minuted when ICRC requests that the Registrar appoint an investigator. If the Registrar is requesting the approval of ICRC to appoint an investigator, the request will be better minuted

6.2.11 Timeliness of ICRC decisions regarding investigations

The College agrees with the recommendation. The College will develop a process to expedite making ICRC decisions regarding investigations in a timely manner. The strategy that we hope to develop will be similar to that of 6.2.2. This new strategy will be developed and implemented within 90 days

6.2.12 Grounds for investigations initiated by Registrar not documented.

We agree that the grounds for an investigation initiated by the Registrar should be better documented as to provide the rationale and reasoning for the investigation. The recommendation has been adopted; however, it has yet to be implemented as no cases have arisen for such opportunity.

6.2.13 Use of investigators who are former instructors of the member being investigated

We agree with this recommendation, that investigators investigating members whom they have had a direct relation with in the past may create an apprehension of a conflict of interest. The recommendation has been adopted, but has yet to be implemented, as no cases have arisen for such opportunity.

7. QUALITY ASSURANCE

7.2.1 No documentation for selection process for assessments

The College is in agreement that there is no formal written procedure for the selection process. The College is currently developing a formal process for selecting assessors and selecting the annual Quality Assurance assessment candidates in the policy document. Criteria will be outlined for selecting assessment candidates, who oversees the automated selection, what documentation needs to be kept as evidence of an independent selection, and sign off the people who oversaw the selection of the computerized report evidencing the automated selection. This initiative will be supported by third party consulting firm engaged to assist and report on best practices.

7.2.2 Criteria for Selecting Assessors

The College is in the process of developing detailed evaluation criteria to assess potential Quality Assurance assessors. Criteria will include the number of years as a denturist as well as specific criteria to assess the applicant's experience with the standards outlined in the Quality Assurance Manual and the *RHPA*.

The College will adopt the use of a skills matrix detailing the expertise and experience desired in an assessor. A record of this matrix will be maintained for five (5) years.

Potential conflict of interest will be addressed with each assessor completing a Conflict of Interest statement prior to each assessment. All prior relationships and prior dealings between the assessor and the assessee will be documented prior to the assessment taking place. Elected members of Council will not serve as assessors. This is expected to be in place by the next round of assessor selection after the reconstitution of the College committees.

A process whereby the level of expertise and experience desired in an assessor will be implemented and communicated to the membership when applications are requested. The Quality Assurance Committee will assess using publicly disclosed criteria.

7.2.3 Lack of documentation with respect to the tracking and review of assessments

The College is in agreement that there has been a lack in the documentation pertaining to the rationale for passing an assessment or requiring remediation.

For future best practices, the College will implement a formal tracking mechanism that is presented to the Committee before each Committee meeting. In addition to this process, all decisions regarding the Quality Assurance assessments including the rationale behind them will be documented in the Quality Assurance Committee meeting minutes to be approved by the Committee. This initiative will be supported by third party consulting firm engaged to assist and report on best practices.

7.2.4 Assessment files are not complete

The College is in agreement that that by not filing evidence or documentation relating to an assessment may lead to incomplete files which do not support the activities of the Quality Assurance Committee.

In the future, all correspondence, documentation and the remediation evidence will be filed within 30 days. This requirement will be documented in related policies.

8. STAKEHOLDER CONSULTATIONS

8.2.1 Method of circulation of the proposed changes conducted in a less than transparent manner

We agree with this recommendation and it has been implemented. The last proposed College bylaw revisions were circulated via email and mail postal service on December 20, 2011. The cover letter informed members of the details of the circulation and a link to the PDF document available free on the College website.

8.2.2 Communication of the nature of bylaw revisions to include black-line or rationale:

We agree with the recommendation of the PwC Audit Team and have already implemented the changes. The last proposed College By-law revisions were circulated on December 20, 2011, with highlights of the changes along a side-by-side comparison of the previous and current bylaws, with a brief rationale for each of the new proposed revisions.

Due to the extensive revisions, and the format of the circulation this year, we have developed a form for members to fill out so that they can request a hardcopy of the proposed College Bylaw revisions for a small administrative fee for processing. The proposed College Bylaw revisions are available free on the College website.

8.2.3 Communication back to the members regarding their written comments/submissions regarding the proposed bylaw changes

WHY keep this if we are going to make changes below??

As good practice, the recommendations will be implemented so long as it keeps in line with the requirements set out under the *Regulated Health Professions Act*. We will send an acknowledgement of receipt of any feedback to the College By-law revisions to those registrants or stakeholders who provided comments. We will review the feedback submitted and inform the registrants at large of what feedback, along with rationale, we are adopting or the revisions to be made to the by-laws in accordance with their suggestions.

The current proposed College By-law revisions include rationales for the proposed revisions. This is anticipated to reduce the comments as to “why” a revision is being proposed, in the hopes for productive “suggestions” for changes to what is proposed.

8.2.4 By-law relating to professional liability insurance and requirements changed despite Minister’s requirement to refrain from doing so

We agree with the recommendation.

We have already reversed the changes to the professional liability insurance provision in the by-laws and all other changes to the by-laws which have not been circulated. We accept that this was an oversight and have corrected the issue in the current proposed College By-law revisions, along with rationales stating the fact.

8.2.5 Bylaws that have a potential adverse impact on fairness and transparency

We appreciate the three recommendations in this section of the audit report and have made the following comments:

We agree with the first recommendation to reverse the addition of “except one” under By-Law 2:03 and will take steps in the next proposed College By-law revisions to implement the changes which will also be in line with section 94(4) of the *Health Professions Procedural Code*.

We have made the revisions to include the verbiage of fee policy in the College By-laws. Under the current College By-laws, policies are to be reviewed by the Executive Committee on an annual basis. These policies are to be approved at a later date by the Council. The purpose of having the wording, ‘fee policy’ in the College By-laws is so that we can consolidate the fees within one document. This also allows for the Council to approve changes to the fees immediately rather than to wait for a 60 day circulation period. The fact that Council provides for an avenue of debate within their meeting allows for policies or revisions to policies to be discussed before it can be approved. In addition, certain fees such as the registration fee increase are capped within the College bylaws at 2 per cent.

The rationale behind not placing a ceiling on the number of members being appointed onto committees is two-fold: firstly; for that year, there may be a large agenda to deal with which will require more members to assist in the execution of the agenda; and lastly, given the nature of our small membership population, it is hard to fill positions within committees and this leads to members being appointed to multiple committees. As a result, this leads to members being unable to attend some of the schedule meetings. If the number ceiling is removed from the committees, it allows for more non-Council members to be appointed to committees so that quorum can be fulfilled and meetings to not have to be cancelled.

In addition, we have proposed the revision to By-Law 30:01(c) from “Any member(s) appointed at the discretion of the Council”, to “any member(s) of Council appointed at the discretion of the Council.” This will allow for Council members exclusively to be appointed to the Executive Committee.

9 ELECTIONS

9.2.1 Non-compliance with bylaws in place at the time of the 2010 Council elections:

The College acknowledges that there were a number of errors on the part of the Registrar and Election Manager that resulted in the non-compliance with the Election bylaws. It should be stated that corrective action was undertaken immediately to address these issues.

The Election Manager was provided with the College bylaws and interpreted the document to read that the ballot provided a space for name and ID as opposed to being populated with the name and ID. The new College bylaws state that each ballot must be pre-populated with both a name and an ID number. Moving forward minutes will reflect explicit reappointment of an Election Manager. The election was not challenged. Both candidates were in agreement that the count was correct. Please note that the inquiry was called on June 8, 2010. The issue was the small number of total

ballots versus spoiled ballots. The ballots were destroyed on July 2, 2010, and the spoiled ballots were kept until the inquiry process was completed.

The College is in agreement with all of the recommendations contained within the Audit document pertaining to the election process. In order to adhere to all of the College statutes and laws, the Council will ensure that the Election bylaws are adequately understood by the Registrar as well as the service providers. The Registrar will request written confirmation from the Election Manager that all packages are complete and all samples are accounted for prior to mailing of the voting packages. In addition the College has taken additional measures in mandating that the Election Manager be a bonded professional such as a lawyer or accountant.

9.2.2 Reasonable Grounds for Inquiry not documented

The Audit report contains recommendations that indicate a failure to document the basis of Council's opinion that there were reasonable grounds for doubt or dispute relating to the validity of the District 1 election. The result was a lack of transparency surrounding the decision which inhibits the assessment of whether the decision was reasonable in the circumstances. Further, the failure to document the fact that Council had 'in-camera' discussions in advance of the formal June 18, 2010 meeting, resulted in a lack of transparency around the Council's consideration of the issues regarding the election.

The College operates on the premise that when a decision is made by a Disciplinary or Registration panel, there is a requirement that the rationale for that decision can be challenged at the Superior Court of Justice or HPARB (Health Professional Appeals and Review Board) but when Council members make a decision there is no means to seek rationale, nor a requirement for each member be asked to justify their vote. Thus, recording the discussion is not appropriate as the legal counsel advises that it could increase liability and recording member discussions could stifle open debate. In reviewing the recommendations in relation to minutes, it is agreed by the College that this process is critical to demonstrate that the Council is fulfilling its mandate. The College is in the process of reviewing and updating best practices in this regard and is in full accordance with the Audit documentation that indicates a need to provide greater transparency regarding the activities of the Council.

9.2.3 Support for Council's decision appears very limited

The College is in agreement that an incomplete and/or inconsistent reasoning to support Council's decision may result in a negative outcome.

The College is currently adopting a process whereby Council will provide a complete and detailed explanation for the basis of its decisions. This file will be maintained for one year.

9.2.4 Involvement of the President and the Registrar in election

The College is in agreement that there were several areas which are in conflict regarding the Code of Conduct and Governance Policy with regard to the election.

The College recognizes that the Code of Conduct and Governance Policy will require substantial changes and will incorporate the following areas of interest:

- Situation or circumstances that could improperly influence the person's objective, unbiased and impartial exercise of his or her independent judgement, or could be perceived as doing so, or
- Situation or circumstance that could compromise, impair or be incompatible with the person's effective performance of his or her contractual obligations, or perceived as doing so.

This initiative will be supported by a third party consulting firm engaged to assist and report on best practices.

10. COUNCIL AND EMPLOYEE EXPENSES

10.1.2 Expense report review

The College accepts the conclusion that the members of District 1 were not represented in the Council meetings during the period between the election and re-election.

The College is now clarifying the process for Council meetings when an election Inquiry takes place. The College will initiate a program where they will conduct a peer review of other regulatory bodies to determine what constitutes appropriate practices in the situation and document its rationale for any of the procedures adopted. Deadlines will be implemented for the completion of an Inquiry and re-election date to ensure that the Inquiry and re-election occur expeditiously. This initiative will be supported by a third party consulting firm engaged to assist and report on best practices.

10.2.1 Itemization of Employee and Council member expense claims

The College recognizes that the records for receipting would be enhanced by the addition of a better breakdown and addition of details.

The College is in the process of implementing a Business Expense, Travel Expense and Travel and Entertainment Policy. All explanations will be included and posted on website. A maximum ceiling will be indentified for these expenses. This initiative will be supported by a third party consulting firm engaged to assist and report on best practices.

10.2.2 Employee and Council member expenses are claimed without written rationale for expense

The College is in agreement that proper documentation is required for all expenses. The College will implement a policy whereby all claims will include rationale for each receipt.

10.2.3 Employee and Council member expense claims to be submitted within 60 days

The College accepts the Audit Report's conclusion that there are some claims which are filed at a much later date than the expense occurred. Expenses handed in beyond 60 days will be referred to the Executive Committee for their consideration.

11. FINANCIAL PERFORMANCE

11.2.1 Limited role of the Finance Committee

The College is in agreement that failing to provide the Finance Committee with detailed financial information prior to the meetings increases the risk that the Finance Committee will not have sufficient time to review and analyze the financial results.

In the future, the College will provide agendas and meeting materials to members of the Finance Committee in advance of meetings so they are more prepared when the meeting is held. In addition to this, the College will allow Finance Committee members to retain presentation materials for reference purposes.

The Finance Committee will meet more frequently and include a scope that is in-keeping with similar organizations. This initiative will be supported by a third party consulting firm engaged to assist and report on best practices.

11.2.2 Significant budget fluctuations

The College is in agreement that poor budgeting may lead to an inability to appropriately define priorities and focus expenditures in the key areas necessary to ensure the College's mandate to regulate the profession and protect public interest. It is agreed that weak budgeting practices increase the risk of unplanned expenditures.

The College accepts the recommendation of the PwC Audit Team. As such, the College has adopted a procedure whereby the Finance Committee will be mandated to meet on a periodic basis to provide input into the budgeting process as well as meet on a semi-annual basis to review budget/operation.

11.2.3 Incomplete and inaccurate information provided to Council

We recognize the findings of the PwC Audit Team. The College will increase the granularity in the financial information presented to Council for approval. We will increase transparency and ease of understanding by presenting financial statements with comparative financial information including dollar and percentage changes with documented explanations for large variances. The College will retain an outside audit firm to provide recommendations on a multi-level review process. This initiative will be incorporated into standard operating procedure within 150 days.

11.2.4 Examinations are generating a profit

The Qualifying Examination Committee and Council will be provided with a detailed analysis of the Registrar's assessment of the examination's cost. His assessment will include a detailed description of the assumptions used and provide an explanation of how this calculation reconciles to the revenues and expenses per the Financial Statements.

11.2.5 Variance analysis of actual revenue and expense to the prior year

We recognize the findings of the PwC Audit Team. The College will address this matter with the full Council with the intent of establishing a more structured participation level ensuring the concern identified related to oversight and governance is properly addressed.

12. RECORD RETENTION

The College is agreement that there has been a lack in record retention practices pertaining to all of the areas identified.

The College is committed to implementing best practices in order to ensure accountability, transparency and proper stewardship over the records which are created, captured, and managed to support the activities and decision making of the College, including Council and Committees.

The College is in the process of taking measures to ensure that records are retained in accordance with, or exceeding of, Ministry standards. Future policies will include establishing specific record retention procedures to be followed by College staff and will ensure that records are retained in an appropriate manner. In addition, the College will clearly articulate and assign these responsibilities to a designated person to provide development guidance and formulate checklists that support the collection and retention of records by area and committee. A process will be initiated whereby all documents will be stored on the server in specific folders rather than in email boxes.

13. HPRAC CRITERIA FOR REGULATION

The College acknowledges that the allegations stated in 13.1 are serious in nature. The College is committed to updating the secondary criteria to include consideration in the following areas:

- Professional Autonomy;
- Education Requirements for Entry to Practice;
- Economic Impact of Regulation;
- Regulatory mechanisms;
- Leadership's Ability to Favour the Public Interest and Membership Support and Willingness of the profession to be regulated; and
- Health system impact inter-professional collaboration, labour mobility, access to care, health human resources, productivity and health care outcomes.

Respectfully, we would like to correct the inaccuracies in the PwC assertion related to financial statements resulting in positive net income. There is only one main driver leading to the positive net income and that is a direction brought forward and supported by Council. It is incorrect to state that the surplus from the Qualifying Examination is a main driver as the Qualifying Examination budget has operated on a deficit five years out of six, providing an overall deficit of \$107,497.00 in the last six years or respectively a deficit of \$36,787.00 for Audit period. This overall deficit has been absorbed within the larger College budget.

We accept the findings of the PwC Audit Team was "unclear" in the profession's leadership to demonstrate that it can distinguish between public interest and the profession's self-interest. While we respectfully submit that Council fully recognizes the need and mandate to serve the public interest, we fully believe that it is through serving that public interest that our profession is the better for it. Recognizing the need to re-establish confidence with the Minister, we have initiated or intend on initiating the vast majority of the recommendations identified by the PwC Audit Team. We have also retained the services of a highly respected retired Registrar (bio attached) for the purpose of providing oversight, accountability and transparency during the process of

implementing all of the required recommendations and as it relates to our overall operation including our development and implementation strategy.

The College has also made a request with the PwC Audit Team leader to engage with the College for the purpose of commencing follow-up on the Audit report on an agreed upon schedule, to ensure that the PwC Audit report recommendations are being implemented and followed within the spirit in which they were provided. The PwC Audit Team leader was going to investigate potential conflicts and report back on their ability to engage with the College. As an alternate plan, another third party team will be selected if the PwC Audit team is not available for this collaboration with the College. In such a case, this new audit team will be selected within 60 days.

The Minister will be provided with monthly updates through the appropriate channels, as identified by the Minister.