

College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January – December 2022

Posted March 2023

Note: On December 16, 2022, CDTO’s Board approved By-Laws to update its terminology to clarify the role of the regulator and its governance structure. Work on this change is underway but the previous terminology may still be seen. The terminology changes are listed below. Whenever there is a reference to any of these terms, they shall mean the same:

Previous Terminology	New Terminology
Council	Board of Directors
Council Member	Director
Elected Member	Elected Director
Public Member	Public Director
President	Chair
Vice-President	Vice-Chair
Member	Registrant

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Introduction

The College Performance Measurement Framework (CPMF)

The CPMF has been developed by the Ontario Ministry of Health (the ministry) in close collaboration with Ontario’s health regulatory Colleges (Colleges), subject matter experts and the public with the aim of answering the question “how well are Colleges executing their mandate which is to act in the public interest?” This information will:

- 1. Strengthen accountability and oversight of Ontario’s health regulatory Colleges;
- 2. Help Colleges improve their performance;

Each College will report on seven Domains with the support of six components, as illustrated in Table 1.

Table 1: CPMF Measurement Domains and Components

1	Measurement domains	→ Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	Standards	→ Performance-based activities that a College is expected to achieve and against which a College will be measured.
3	Measures	→ More specific requirements to demonstrate and enable the assessment of how a College achieves a Standard.
4	Evidence	→ Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College’s achievement of a standard.
5	Context measures	→ Statistical data Colleges report that will provide helpful context about a College’s performance related to a standard.
6	Planned improvement actions	→ Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

CPMF Model

The seven measurement domains shown in Figure 1 are the critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to key statutory functions and organizational aspects that enable a College to carry out its functions well. The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator.

Figure 1: CPMF Model for Measuring Regulatory Excellence

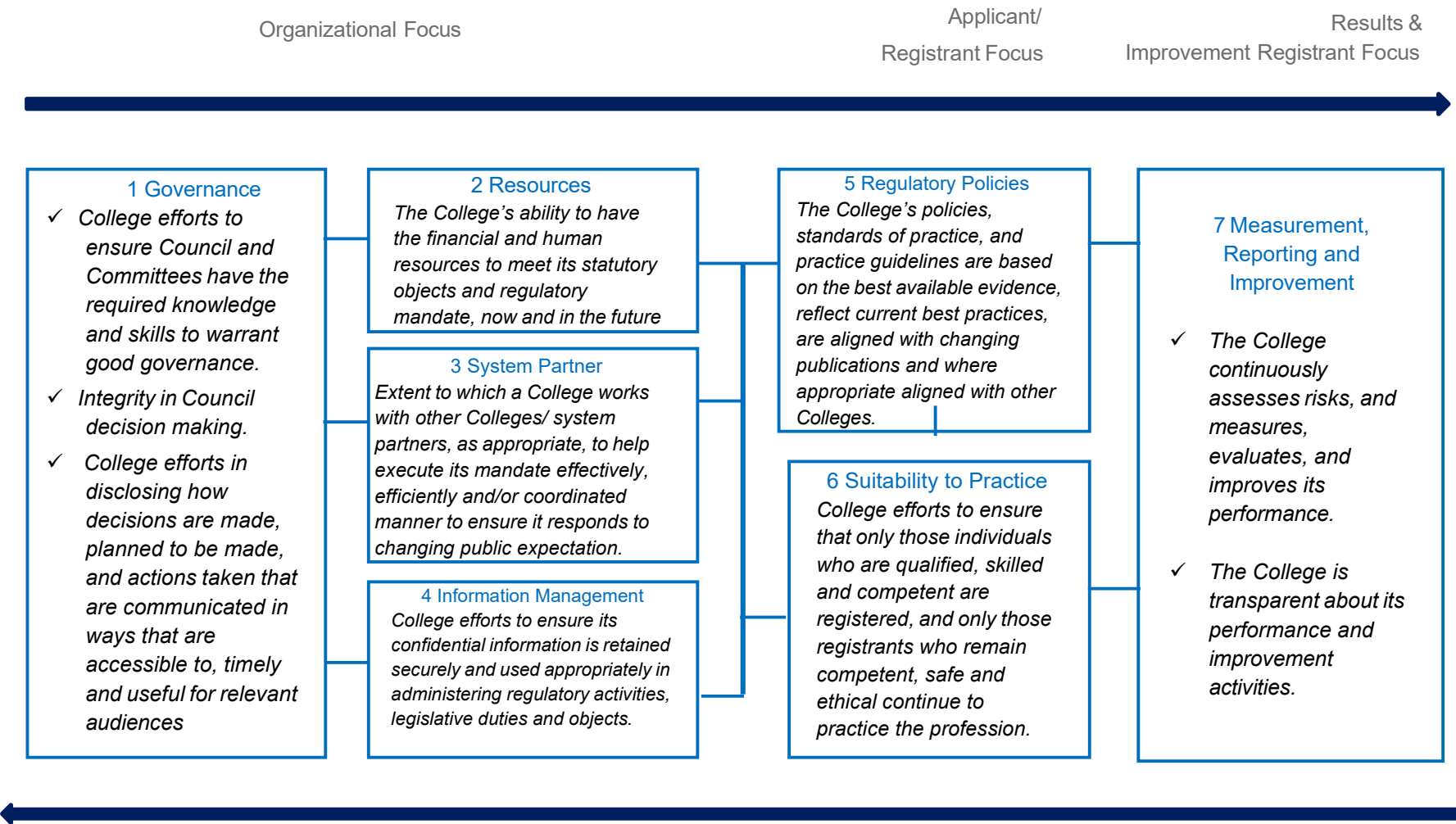


Figure 2: CPMF Domains and Standards

Domains	Standards
Governance	1. Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.
	2. Council decisions are made in the public interest.
	3. The College acts to foster public trust through transparency about decisions made and actions taken.
Resources	4. The College is a responsible steward of its (financial and human) resources.
System Partner	5. The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.
	6. The College maintains cooperative and collaborative relationships responds in a timely and effective manner to changing public expectations.
Information Management	7. Information collected by the College is protected from unauthorized disclosure.
Regulatory Policies	8. Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.
Suitability to Practice	9. The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.
	10. The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.
	11. The complaints process is accessible and supportive.
	12. All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.
	13. The College complaints process is coordinated and integrated.
Measurement, Reporting and Improvement	14. The College monitors, reports on, and improves its performance.

The CPMF Reporting Tool

The third iteration of the CPMF will continue to provide the public, the ministry, and other stakeholders with information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. At this time, the ministry will not assess whether a College meets or does not meet the Standards.

The information reported through the completed CPMF Reporting Tool may help to identify areas of improvement that warrant closer attention and potential follow-up. Furthermore, the reported results will help to lay a foundation upon which expectations for regulatory excellence can be refined and improved. Finally, the results may stimulate discussions about regulatory excellence and performance improvement among Council members and staff within a College, as well as between Colleges, the public, the ministry, college registrants/members, and other stakeholders.

Additionally, in 2022 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2021 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for colleges to learn from each other.

The ministry's Summary Report will be posted in English and French and weblinks to the report will be shared with the Colleges once it is published.

For this reporting cycle, Colleges will be asked to report on:

- Their performance against the CPMF standards and updates on the improvements Colleges committed to undertake in their previous CPMF reports;
- Provide detailed improvement plans where they do not fully meet a benchmarked Evidence.

Completing the CPMF Reporting Tool

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.

In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

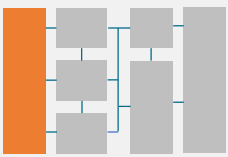
What has changed in 2022?

This year, eight pieces of Evidence have been highlighted within Part 1 of the Reporting Tool as ‘Benchmarked Evidence’. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is required to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark. In subsequent CPMF reports, Colleges will be expected to report on their progress in meeting the benchmarked Evidence.

Where a College fully met Evidence in 2021 and 2022, the College may opt to respond with ‘Met in 2021 and Continues to Meet in 2022’. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to, or referencing College documents.

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Part 1: Measurement Domains

		Measure: 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response
		a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency and suitability criteria; and <u>Benchmarked Evidence</u>	The College fulfills this requirement: Yes The competency and suitability criteria are public: Yes <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> On December 16, 2022, CDTO’s Board amended its By-Laws to enforce the election eligibility requirement to meet pre-defined competencies and successfully complete any qualifying process established by the Board. CDTO conducted an environmental scan and reviewed the Health Profession Regulators of Ontario’s competency based-assessment chart to develop its key-behavioural competencies. The competencies are Public Interest Mandate, Governance, Equity, Diversity and Inclusion, Speaking Up in Public, Speaking with One Voice, Confidentiality, Leadership and Time Commitment. These competencies are assessed through a readiness assessment/interview by CDTO’s Recruitment Committee. This Committee is responsible for selecting appropriate questions, conducting the interviews, and recommending appointments and positions to the Board. In 2022, the Recruitment Committee conducted two assessments and found that both candidates met the Board’s competencies. This process was beneficial to all parties as the candidate learned more about their suitability for the role of a Board member and the Committee learned how it could support the candidate’s learning and engagement should they be elected. These new competencies are an addition to CDTO’s existing suitability criteria (e.g., professional standing, conflict of interest) which are set out on page 14, Section 10.05 - Eligibility for Election of CDTO's By-Laws.
		If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

		ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.	The College fulfills this requirement:		Yes						
			• Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public <i>OR</i> list orientation training topics. Duration: estimated at 2 hours, however, this is completed at the individual’s own pace and own time. Since 2021, new public and professional members have completed CDTO’s orientation program, Governance Education Modules, which outlines the duties, obligations and expectations of Board and Committee members. On December 16, 2022, CDTO’s Board amended its By-Laws to enforce this eligibility requirement which must be completed in the preceding six months to elections to ensure currency. The modules can be accessed through our 'Elections Resources' webpage and tests knowledge at the end, providing a certificate of completion when all questions are answered correctly. The modules support potential candidates or stakeholders in learning more about regulation and applicants to registration who would like to challenge the Jurisprudence & Ethics examination. There are three Governance Education Modules that cover the following topics: <table><tr><td><u>Module 1: Health Profession Legislation</u></td><td><u>Module 2: Health Regulatory Colleges</u></td><td><u>Module 3: Board and Committees</u></td></tr><tr><td> • Legislation • Title Protection • Scope of Practice • Regulations and Other Legislation </td><td> • About the College • Governing Documents • Accountability • Transparency • Equity, Diversity and Inclusion </td><td> • Board • Governance • College Roles • Committees • Responsibilities </td></tr></table>			<u>Module 1: Health Profession Legislation</u>	<u>Module 2: Health Regulatory Colleges</u>	<u>Module 3: Board and Committees</u>	• Legislation • Title Protection • Scope of Practice • Regulations and Other Legislation	• About the College • Governing Documents • Accountability • Transparency • Equity, Diversity and Inclusion	• Board • Governance • College Roles • Committees • Responsibilities
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			• Legislation • Title Protection • Scope of Practice • Regulations and Other Legislation	• About the College • Governing Documents • Accountability • Transparency • Equity, Diversity and Inclusion	• Board • Governance • College Roles • Committees • Responsibilities						
If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?			Choose an item.								
Additional comments for clarification (optional):											

		b. Statutory Committee candidates have: i. Met pre-defined competency and suitability criteria; and Benchmarked Evidence	The College fulfills this requirement:	Partially
			The competency and suitability criteria are public: Yes If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria. All professional members, including non-Board Committee members, have met suitability criteria (e.g., professional standing, conflict of interest) established in page 14, Section 10.05 - Eligibility for Election, of CDTO's By-Laws. CDTO also has Terms of Reference for each of its Statutory and Standing Committees that are contained on page 6, Section 2 - Terms of Reference of CDTO's Governance Policy Manual. Terms of Reference define the purpose and scope for each Committee and are used to identify competency criteria. CDTO surveys Board and non-Board members for their Committee preference, education and experience, and assesses it against the Terms of Reference when establishing the Committee Slate.	
			If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation. As per CDTO’s Governance Work Plan (page 36 of the June 24, 2022 Board Package), this benchmarked evidence will be met in 2023. In 2022, CDTO conducted an environmental scan to review and analyze the suitability and competency criteria for Statutory Committees established by other regulators in Ontario. With this data, CDTO is drafting its own criteria for its respective Committees. The draft will be reviewed by the Recruitment Committee and brought to the Board for approval in 2023. CDTO will also establish a process for when and how these criteria will be reviewed (e.g., every 3 years, triggers for a review).	

		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.	The College fulfills this requirement:	Yes
			• Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link to the website if training topics are public <i>OR</i> list orientation training topics for Statutory Committee. Duration 1-2 hours. The orientation is held online at the first Committee meeting of the year. The Inquiries, Complaints and Reports Committee and the Discipline Committee receive training through legal counsel. All other Committees receive training from CDTO staff. 1. Relevant Legislation to the Committee – <i>Regulated Health Professions Act, 1991, Dental Technology Act, 1991</i>, CDTO's By-Laws 2. Mandate of the Committee 3. Roles and Responsibilities of Committee Members and staff 4. Overview of the relevant programs (e.g., Quality Assurance, Patient Relations) 5. Committee Toolkits (e.g., legislation, handbook)	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional):</i>	

		c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link to the website if training topics are public <i>OR</i> list orientation training topics. Duration: 2-3 hours. The orientation is held online with the Registrar, a senior staff member and an experienced member of the Board who supports the public appointment throughout their term. Public appointments learn about the regulatory framework at their own pace and on their own time through CDTO's Governance Education Modules (discussed in 1.1.a.ii.). This orientation focuses on CDTO including its structure, strategic and operational priorities, risks, and collaborations with system partners. 1. Overall Structure – CDTO's mission, vision and mandate, Board composition and mandate, descriptions of statutory and non-statutory Committees, staff structure 2. Roles and Responsibilities – collective and individual responsibilities of the Board, and responsibilities of the Chair and the Registrar 3. Legislation – <i>Regulated Health Professions Act, 1991, Dental Technology Act, 1991</i>, CDTO By-Laws 4. Strategic Direction – current strategic priorities and how strategic priorities are determined 5. Good Governance – its meaning and how it can be achieved	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional):	

Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.			
Required Evidence		College Response	
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; and ii. Council.	The College fulfills this requirement:		Met in 2021, continues to meet in 2022
	• Please provide the year when Framework was developed <i>OR</i> last updated. • Please insert a link to Framework <i>OR</i> link to Council meeting materials and indicate the page number where the Framework is found and was approved. CDTO’s Board approved a new evaluation framework on September 24, 2021 which was piloted in 2022 (page 108 of the September 24, 2021 Board Package). New improvements include: • More streamlined criteria that focuses on Good Governance Behaviours, • Criteria to link Board and Committee evaluations to look for cross-cutting themes, • Introducing a discussion of continuous improvement priorities for the Board to identify key themes or behaviours that they want to focus on in the year ahead, • Mandatory completion managed by a dedicated third-party facilitator, and • Emphasis and follow-up for comments where a multiple-choice response suggests improvements can be made. CDTO continues its previous evaluation processes using the new framework, which includes: • Board meeting evaluation and Board annual performance evaluation, • Sharing the results of evaluations through the Board meeting package, • Reviewing results of meeting evaluations at the next Board meeting, and • Directing training opportunities based on the results of the evaluation. • Evaluation and assessment results are discussed at public Council meeting: Yes • <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i> Page 43 of the December 16, 2022 Board Package contains the most recent meeting evaluation results which were presented and discussed at this Board meeting. The year-end evaluation for 2022 will be discussed at the April 28, 2023 Board meeting.		
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
	Additional comments for clarification (optional)		

		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	Yes
			- Has a third party been engaged by the College for evaluation of Council effectiveness? Yes <i>If yes, how often do they occur?</i> - Please indicate the year of last third-party evaluation. CDTO’s Board approved a new evaluation framework on September 24, 2021 which was piloted in 2022 (page 108 of the September 24, 2021 Board Package). This new process is managed by a third-party external facilitator and conducted annually. The third-party assessor is responsible for administering the process, preparing analysis and reports, and identifying issues. As CDTO’s evaluation requires mandatory participation, the third-party assessor will follow-up with Board members for completion and request additional information, when necessary, to ensure the responses contain sufficient information to be actioned. The third-party assessor is also available as a governance resource to the Board and Committee members.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		c. Ongoing training provided to Council and Committee members has been informed by: i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or	The College fulfills this requirement:	Yes
			• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found <i>OR</i> • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. The results of the 2021 Board evaluations identified the category ‘Ensuring there is a clear understanding of where Council’s role ends and where the Registrar’s role begins’ as an area for improvement. The feedback suggested governance training focused on these roles would be beneficial to the Board. These results can be found on pages 44-51 of the January 28, 2022 Board Package. In response to this, the Board participated in Governance training at its April 21, 2022 workshop. The objectives were to understand what effective governance is and the design of its framework. The training also highlighted the tools CDTO has adopted to ensure effective governance including evaluations, orientation, onboarding, and ongoing training processes. CDTO continues to provide training for the real time needs of the current landscape to enhance the Board’s knowledge and improve decision-making. For example, training on Equity, Diversity and Inclusion, and Truth and Reconciliation is a necessity that may not be identified. On September 24, 2021, CDTO’s Board approved a new evaluation framework to be piloted in 2022 (page 108 of the Board Package). One of the key changes is introducing a discussion of continuous improvement priorities for the Board to identify key themes or behaviours that they want to focus on in the year ahead. This new framework is discussed in detail under Measure 1.2.a. This new year-end evaluation was discussed at the December 16, 2022 Board meeting (page 48 of the Board Package) and circulated for completion. The results of the evaluation will inform training opportunities for 2023 and will be discussed at the April 28, 2023 Board meeting.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> <i>Additional comments for clarification (optional):</i>	Choose an item.

		iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion. <u>Further clarification:</u> Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders. Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.	The College fulfills this requirement:	Yes
			• Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found <i>OR</i> • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. CDTO is proactive in building capacity to reflect societal/public expectations by staying up to date with current events and regulatory trends (see Domain 3, System Partners). In 2021, the changing public expectations that were identified and subsequently in 2022 the Board received training on included: • Governance Reform and Modernization (April 2022) – what is effective governance, how it is achieved and CDTO’s tools and processes to support good governance. • Strategic planning and setting (April 2022) – workshop provided by a management consultant on the importance of a strategic plan and how to consider public expectations and risks when identifying strategic priorities. • Risk Register (April 2022) – to identify and assess challenges, pressures, or risks for the profession, the public and as an organization to understand their impact and likelihood and make changes as necessary to CDTO’s Mission, Vision, and Strategic Priorities. • Equity, Diversity, and Inclusion (September 2022) – understanding EDI and why it is important, how to connect EDI to strategic priorities and develop a systems approach (organization vs. individuals), led by a consultant who assists non-profit organizations in maximizing and leveraging the benefits of their workforce diversity. • Truth and Reconciliation (September 2022) – education and awareness on Indigenous communities, the meaning of reconciliation and calls to action, and improving CDTO’s land acknowledgement, facilitated by a member of the First Nations. • British Columbia College of Oral Health Professionals (September 2022) – to learn about the legislative framework in British Columbia, and experiences and lessons learned from the amalgamation of the dental regulators in BC, presented by the former Registrar of the College of Dental Technicians of BC. • College Performance Measurement Framework (December 2022) – training provided about this oversight and accountability report, CDTO’s past performance and new changes to the 2022 Reporting Tool. CDTO also looks for opportunities where Board members can attend additional training on a voluntary basis (e.g., webinars).	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.

			<i>Additional comments for clarification (optional):</i> CDTO is actively supporting the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in EDI within their regulatory practices. The HPRO Anti-Racism in Health Regulation project provides valuable information for CDTO to use in understanding current issues and training needs related to EDI. Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera highlighted the following recommendations related to the needs for ongoing training: • BE Thought Leaders: Regulators must work across traditional boundaries and divisions to be thought leaders in equity/anti-racism work. • TRAIN for the future: Activities that address equity and anti-racism must include education and awareness raising, however, must move beyond awareness raising towards skill development and action. Current HPRO project activities are designed to provide a set of guiding indicators and support tools that CDTO will use in future reporting periods to engage our Board and Committee members in ongoing learning related to EDI. Specifically, we anticipate using the materials to evaluate our current strengths and gaps, for action planning and implementation to close key gaps.
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DOMAIN 1: GOVERNANCE	STANDARD 2	Measure:	
		2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	
		Required Evidence	College Response
		a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is: i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and <u>Further clarification:</u> Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.	The College fulfills this requirement: Yes
			Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated. Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review. The Council Code of Conduct and 'Conflict of Interest' Policy was: - Enforced in 2015 through Section 16 - Conflict of Interest (page 28) and Schedule 3 - Code of Conduct for Council and Committee Members (page 45) of CDTO’s By-Laws - Last reviewed March 2020 through CDTO’s Governance Policy Manual, Section 4.1 - Code of Conduct and Section 4.2 - Conflict of Interest (pages 35-38). No changes were made to the policies during this review. Appendix A (page 74 of the Manual) sets out a Policy Review Schedule which is every three years for these policies. As a result, these policies will be reviewed in 2023 and changes made as necessary.
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Choose an item.
		<i>Additional comments for clarification (optional)</i> CDTO is actively supporting the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in EDI within their regulatory practices. The HPRO Anti-Racism in Health Regulation project provides valuable information for CDTO to use in reviewing our governance practices to reflect current and evolving issues related to EDI. As per our response, we will be reviewing our Code of Conduct and ‘Conflict of Interest’ policy in 2023. Our upcoming self-assessments of our practices for EDI will help to inform that review by identifying any potential systemic barriers or unconscious biases.	

		ii. accessible to the public.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			Please insert a link to the Council Code of Conduct and ‘Conflict of Interest’ Policy <i>OR</i> Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. CDTO’s Code of Conduct and 'Conflict of Interest' Policy can be found in: - Section 16 - Conflict of Interest (page 28) and Schedule 3 - Code of Conduct for Board and Committee Members (page 45) of CDTO’s By-Laws - Section 4.1 - Code of Conduct and Section 4.2 - Conflict of Interest (pages 35-38) of CDTO’s Governance Policy Manual	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

		b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods). <u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Cooling off period is enforced through: By-law • Please provide the year that the cooling off period policy was developed <i>OR</i> last evaluated/updated. • Please provide the length of the cooling off period. • How does the College define the cooling off period? – Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; – Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; <i>OR</i> – Where not publicly available, please briefly describe the cooling off policy. Section 10.05 - Eligibility for Election (pages 14-15) of CDTO's By-Laws, developed in 2015 and last updated in 2022, stipulates cooling off periods: • One year for previous employees, • Three years for a registrant who was the subject of a professional misconduct, incompetence or incapacity finding, • Six years after a registrant has complied with all aspects of an order imposed by the Discipline or Fitness to Practice Committee, • Six years for a registrant whose certificate of registration has been revoked or suspended, other than for nonpayment of fees, • Three years for a registrant who has been disqualified from the Board or a Committee, and • One year for a registrant who has held a position of director, owner, board member, officer or employee with a Professional Association, newly enforced on December 16, 2022 with an update to CDTO's By-Laws.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally:</u> i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda.</u>	The College fulfills this requirement:	Yes
			• Please provide the year when conflict of interest the questionnaire was implemented <i>OR</i> last evaluated/updated. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. The Conflict-of-Interest questionnaire was implemented in 2015 and last updated in 2021. Public and professional members of the Board complete the questionnaire at the start of the calendar year. All completed questionnaires are attached to the Board package and reviewed as a standing item. All Board members will declare whether they have changes to the completed questionnaire or conflicts of interest with respect to the items being discussed on the agenda. Pages 214-225 of the December 16, 2022 Board Package contains the most recent meeting materials with the questionnaires.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

		d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. CDTO has dedicated a section at the beginning of each briefing note that explains the public interest (i.e., the mandate of CDTO) by explaining, for example, how the item: • Aligns with the requirements of CDTO as set out in the <i>Regulated Health Professions Act, 1991</i>. • Is relevant and current to the regulatory and/or practice environment. • Meets public expectations (e.g., equity, diversity, inclusion, pandemic response). • Improves upon an existing process. Page 54 of the December 16, 2022 Board Package contains an example of a public interest rationale.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (if needed)</i>	

		e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations. <u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate. Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations. Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.	The College fulfills this requirement: • Please provide the year that the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College <i>OR</i> Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. An environmental scan is conducted and the strategic priorities reviewed on an annual basis. In January 2021, the following three risks were identified and integrated into CDTO’s strategic priorities. See page 165 of the January 22, 2021 Board package for more details. • Collaboration/Amalgamation – risks being managed are organizational stability and sustainability. This priority would focus on working with the other oral health colleges to identify opportunities related to collaboration and/or some degree of amalgamation in ways that will improve public protection, save CDTO time and money/reduce duplication and overlap, and result in more efficient and effective processes for registrants. • Regulatory Disruption – risks faced by CDTO as a regulator given the intensive disruption that the dental technology industry is facing. It will involve the development of strategies to work with the Royal College of Dental Surgeons of Ontario to ensure that Ontarians are adequately safeguarded, and with the Association of Dental Technologists of Ontario to gain a better understanding of the practice environment. • Equity, Diversity and Inclusion – to strengthen CDTO’s policies, standards, practices, and public positioning related to equity, diversity and inclusion. These initiatives and actions will ensure that CDTO is keeping pace with other regulators and is at the forefront of current policy and practice. Additionally, in March 2021, Council approved three Governance Initiatives as a strategic priority after assessing risks in its performance on the Governance Domain of the College Performance Measurement Framework. The three initiatives will: • Ensure the Board and Statutory Committees have the knowledge, skills and commitment prior to becoming a member, • Strengthen Board Self-Evaluation as an ongoing continuous improvement process, and • Upgrade the CEO Performance Evaluation process and tools.	Partially
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> CDTO is developing a formal Risk Register with the support of a consultant. Board members and Staff identified risks and challenges over the next three years for the profession, the public, and CDTO as an organization and regulator. Integrating a formal approach to identify, assess, and manage internal and external risks into CDTO’s strategic planning and operations supports risk based and right touch regulation. The results will be used by Staff to create a Risk Register and recommend changes for the next Strategic Map.	Yes
		Additional comments for clarification (if needed)		

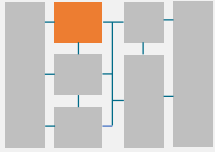
DOMAIN 1: GOVERNANCE	STANDARD 3	Measure:	
		3.1 Council decisions are transparent.	
		Required Evidence	College Response
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement: Met in 2021, continues to meet in 2022
			• Please insert a link to the webpage where Council minutes are posted. • Please insert a link to where the status updates on implementation of Council decisions to date are posted <i>OR</i> where the process for requesting these materials is posted. Posted to the Board webpage are approved meeting minutes with an attachment identifying status updates on implementations. See pages 18-22 of the most recent December 16, 2022 Board Package for an example.
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.
		Additional comments for clarification (optional)	

		b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information). i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council.	The College fulfills this requirement:	Yes
			Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. An Executive Committee report is attached to every Board Package. The report includes Committee meeting dates, discussions and decisions made by the Executive Committee and if decisions will be ratified by the Board, and recommendations for Board approval. All Board packages can be found on our Board webpage.	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

Measure: 3.2 Information provided by the College is accessible and timely.			
Required Evidence		College Response	
a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.		The College fulfills this requirement:	Met in 2021, continues to meet in 2022
		Please insert a link to where past Council meeting materials can be accessed <i>OR</i> where the process for requesting these materials is clearly posted. Board meeting materials can be accessed on the Board webpage and date back to 2017. Meeting packages can be accessed on this webpage one week in advance of an upcoming Board meeting.	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (optional)	
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.		The College fulfills this requirement:	Met in 2021, continues to meet in 2022
		Please insert a link to the College’s Notice of Discipline Hearings. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the Public Register.	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (optional)	

Measure:		
3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.		
Required Evidence	College Response	
a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).	The College fulfills this requirement:	Yes
	Please insert a link to the College’s DEI plan. CDTO has set Equity, Diversity, Inclusion (EDI) as one of its strategic priorities. Progress against the EDI plan is reported at every Board meeting with the latest 2022 update on page 87 of the December 16, 2022 Board package. This strategic project will strengthen CDTO’s policies, standards, practices, and public positioning related to equity, diversity and inclusion. It will also ensure that CDTO is keeping pace with other regulators and is at the forefront of current policy and practice. To strengthen EDI progress, CDTO has a designated Staff member who is accountable for action planning. CDTO also engages other stakeholders as outlined in our Domain 3, System Partners response. Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number. Strategic Planning Pages 165-174 of the January 22, 2021 Board package Corresponding minutes on page 5 of the January 22, 2021 Board meeting Strategic Initiatives Project Budget Pages 105-108 of the June 24, 2021 Board package Corresponding minutes on page 4 of the June 24, 2021 Board meeting	
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional) CDTO is actively supporting the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in EDI within the full range of their regulatory practices. Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera recommended that regulators undertake efforts to audit their practices and embed equity and anti-racism related monitoring and performance metrics into their operations. Dr. Sukhera recommended that regulators must consider how to embed resourcing and infrastructure for equity and anti-racism within their organizations. The HPRO Anti-Racism in Health Regulation project provides valuable information for CDTO to use in developing a comprehensive EDI plan and integrating it with our strategic and operational planning efforts. Current HPRO project activities are designed to provide a set of guiding indicators and support tools that CDTO will use in future reporting periods to engage our Board and Committee members in ensuring we have a planned and resourced set of commitments to EDI, reflecting our particular needs. Specifically, we anticipate using the materials to evaluate our current strengths and gaps, for action planning and implementation during our annual planning activities.	

		b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. <u>Further clarification:</u> Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.	The College fulfills this requirement: • Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number <i>OR</i> please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted.	No
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Since 2021, CDTO has undertaken a review and development of an Equity, Diversity, Inclusion (EDI) strategy that includes an EDI policy and EDI lens. These EDI tools will be used to evaluate existing policies, guidelines, standards of practice and Code of Ethics and in the development of new ones. The intent of our EDI impact assessment is to: • Identify unintended effects of decision-making, • Support EDI based improvements, • Incorporate EDI into decision-making, and • Build the capacity to address and increase awareness of issues. CDTO is also actively supporting the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in EDI within the full range of their regulatory practices. Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera recommended that regulators should critically appraise existing policies, particularly those for registration, complaints/discipline, and policy/governance. The HPRO Anti-Racism in Health Regulation project provides valuable information for CDTO to use in conducting these reviews within the context of an Equity Impact Assessment. Current HPRO project activities are designed to provide a set of guiding indicators and support tools that CDTO will use in future reporting periods to enable a customized assessment of equity impact, reflecting our particular needs. Specifically, we will use it to identify priority areas for a more thorough review of strengths and gaps, for action planning and implementation of actions to close the gaps.	Yes
			<i>Additional comments for clarification (optional)</i>	

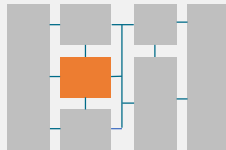
		Measure: 4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	
DOMAIN 2: RESOURCES	STANDARD 4	Required Evidence	College Response
		a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.	The College fulfills this requirement: Yes
		Further clarification: A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number. Pages 68-70 of the June 24, 202 Board Package Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. CDTO's Board participates in a consultant-facilitated workshop where evidence and data are assessed (e.g., professional conduct cases, regulatory trends, environmental scans, public expectations, system partner information) to identify a five-year strategic plan. CDTO Management determines the projects and costs to achieve these identified strategic priorities. CDTO's policy is to ensure that adequate financial resources are allocated accordingly through the Strategic Initiatives Project (SIP) budget and funded from net assets internally restricted for SIP. Strategic projects are typically multi-year and the total cumulative resources required to successfully complete the project is approved by the Board and is funded from the College's cumulative surplus. SIP is not funded through the Operating budget expenditures on which the annual registration fees are determined. The strategic projects, expenditures and available funds are reviewed quarterly to ensure timely, evidenced-based decisions are made by the Board. The strategic plan is reviewed annually for updates, budgeting, risk identification, etc. and modifications made as necessary. At the conclusion of a strategic initiative, ongoing expenditures are included in the Operating Budget to ensure sustainable outcomes.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Choose an item.
		Additional comments for clarification (optional)	

		b. The College: i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and ii. possesses the level of reserve set out in its “financial reserve policy”.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? Yes CDTO's Surplus Retention Policy was developed with input from the external auditor and meets the requirements of CPMF's "financial reserve policy". The purpose of the surplus retention policy is to enable CDTO to withstand negative unexpected financial events and maintain financial stability. CDTO maintains the level of reserves set out in its policy and has a process for auditor verification and reporting on an annual basis. The policy was reviewed and approved at the December 10, 2021 Board meeting (page 89 of the Board Package).	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (if needed)</i>	

		c. Council is accountable for the success and sustainability of the organization it governs. This includes: i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement). <i>Benchmarked Evidence</i>	The College fulfills this requirement: • Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. • Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success. The College adheres to a human resource (HR) governance model comprised of two components: formal governance and internal governance. Formal governance involves the Board of Directors and the Executive Committee that acts as a standing HR/Compensation Committee. Internal governance consists of the Registrar/CEO and senior management’s approach and strategy to HR management and program efficiency and effectiveness. <u>Formal Governance</u> The Board has a Governance Policy Manual which clearly defines the roles and accountabilities between the Board, the Registrar/CEO and line management. The HR governance policies were approved in 2020 with a review cycle of every 3 years for currency, best practices, risk management considerations and legislated requirements. The Registrar/CEO recruitment, retention and succession planning, including in the event of an emergency, is formally embedded in its governance structure through the Executive Committee. Since 2020, the Board has improved its HR framework utilizing an external HR expert and governance consultant by: • Improving the CEO Performance Evaluation Criteria and approving it in September 2021, • Collaborating with nine other regulatory health colleges in Ontario to share in the costs and contribute to the development of a consolidated database of compensation elements for the Registrar and CEO position (discussed in detail under Domain 3, System Partners), and • Developing a CEO Compensation Policy and approving it in April 2022. <u>Internal Governance</u> Another important role for the Board is understanding the various HR risks facing the organization, and being satisfied that management priorities, policies, and practices effectively respond to strategic, regulatory, and operational needs. Successful execution requires effective risk management and performance measurement practices, combined with an effective dialogue with the CEO. The Board receives quarterly updates from the Executive Committee and the Registrar/CEO that demonstrate an effective internal HR governance framework and strategies that reflect relevant industry economics, desired culture, workforce dynamics, and leadership preferences are in place. Internal oversight and management of CDTO’s HR strategy, programs, practices, and outcomes is the responsibility of the Registrar/CEO and are clearly defined in the: • Detailed position description for each member of the senior leadership team (e.g., roles, responsibilities, and accountabilities). • Employee Policy Manual which contains policies and practices to support excellent performance by well-oriented and skilled employees.	Yes
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			• HR budget which includes HR structure, total compensation, professional development, and succession planning. Understanding the HR related risks of a small organization with a total staff of 6, the Board has approved an HR budget and structure that supports management’s priorities, policies, and practices to effectively respond to strategic, regulatory, and operational needs. CDTO also participates in the Canada Summer Jobs program, a federal government initiative to create quality work experiences for youth aged 15 to 30 years. Participation in this program aligns with responsible stewardship of financial resources and supports recruitment of talent. Youth support CDTO in fulfilling its mandate and have been retained in full-time positions.
			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>

		ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	The College fulfills this requirement:	Yes
			Please insert a link to the College's data and technology plan which speaks to improving College processes <i>OR</i> please briefly describe the plan. <u>Cybersecurity (Data Protection)</u> CDTO receives a monthly report on potential risk exposures and carries cybersecurity insurance as a precautionary measure. The insurer engages a third party to conduct automated scanning and monitoring of its servers, database and website regularly. Alerts are received whenever critical vulnerabilities are detected on our infrastructure along with recommendations to remediate the risk on all affected assets. The infrastructure vendors and hosts are notified to investigate and remediate the identified risk immediately to keep our risk profile as low as possible. CDTO's database and server providers also conduct regular data and security reviews, and provide reports. <u>Technology Plan</u> CDTO sets out priorities for digitization of its processes and improving technology infrastructure. We also ensure that processes that are digitized remain current, including annual renewal and new member registration through our Member Portal. CDTO also reviews the Public Register to ensure that the information it contains is current (e.g., new legislated requirements). In 2022, CDTO has improved on the following: - Jurisprudence and Ethics Examination, a non-exemptible requirement for registration with CDTO. This examination was previously held in-person and paper-based. CDTO explored opportunities to improve delivery (e.g., more opportunities to challenge the test, improved costs, COVID-19 restrictions). This examination was delivered online and virtually proctored starting February 2022. - Digital Operations, transitioning to a fully Cloud-based operation and virtual office. Registrant files will be transferred from paper to digital, securely stored on the Cloud and safely disposed of. This process has started and will be completed in 2023. - Engagement through social media. CDTO joined LinkedIn to improve engagement with stakeholders and sharing of information. LinkedIn is the world's largest professional network on the internet and allows CDTO to engage more closely with oral health professionals.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

DOMAIN 3: SYSTEM PARTNER		
STANDARD 5 and STANDARD 6		
Measure / Required evidence: N/A	College response	
	<i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i> <i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i>	
The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards. Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u> Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.	Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate. Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on: <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i> CDTO engages and collaborates with system partners on a national and provincial level to align oversight of the practice of the profession and support execution of our mandate. We engage in many ways such as: - Leading and participating on working groups, Boards and Committees where we collaborate on initiatives that advance and advocate our public interest mandate, - Participating in system partners consultations that advance our knowledge and allows us to provide input into strategic planning, and - Attending webinars, conferences, other College’s Council/Board meetings to advance our knowledge and consider and adopt best practices.	

Some examples of system partners we regularly engage with are:

(1) National Level

- Public Health Agency of Canada, Chief Dental Officer of Canada, participates in and supports informed decision-making, including preventing disease and injuries, responding to public health threats, and promoting good physical and mental health.
- Canadian Alliance of Dental Technology Regulators (CADTR) which includes the provincial dental technology regulators for Alberta, British Columbia, New Brunswick, Nova Scotia, Quebec and Saskatchewan. CADTR works together at a national level on matters which support the regulatory mandate, to protect the public interest, of each provincial jurisdiction.

(2) Provincial Level

- Health Profession Regulators of Ontario (HPRO), comprised of the 26 regulatory health colleges in Ontario. CDTO participates on many of its working groups including the College Performance Measurement Framework and Anti-Racism.
- Quality Assurance Working Group and Ontario Regulators for Access Consortium (ORAC) composed of various Ontario regulators to discuss our statutory programs, share information and resources, and engage in joint initiatives. Participation in these groups improves access to information and supports effective regulation.
- Oral Health Colleges (OHCs), composed of CDTO, College of Dental Hygienists of Ontario (CDHO), College of Denturists of Ontario (CDO), Royal College of Dental Surgeons of Ontario (RCDSO) for collaborative and unified approach to improving oral healthcare in Ontario.
- George Brown College, collaborating with dental technology educators through the Program Advisory Committee to improve patient safety and ensure that the curriculum for entry-level dental technologists is responsive to changing public/societal expectations.
- Association of Dental Technologists of Ontario (ADTO) to engage registered dental technologists and serve as a forum for sharing information in the public interest such as COVID-19 guidance.

Some examples of initiatives from 2022 which aligned oversight of the practice of the profession and supported execution of our mandate:

Initiative: COVID-19 Unified Guidance

Since the start of the pandemic, CDTO has engaged with multiple stakeholders including the Oral Health Colleges (OHCs) of Ontario (i.e., CDO, CDHO, RCDSO), the Association of Dental Technologists of Ontario, various government agencies, dental technologists, infectious disease and IPAC experts, as well as the Canadian Alliance of Dental Technology Regulators. One of the outcomes of this collaboration was the joint Guiding Principles, agreed upon by all OHCs and their respective associations. These principles set out an agreed upon framework for how each college would create its own timely COVID-19 guidance while assuring the public and the professionals that the OHCs coordinated their efforts. This gave each regulator the flexibility to be responsive should practice restrictions be lifted and if new and emerging information was published. The joint Guiding Principles were released with CDTO’s Return to Practice Guidance for Registered Dental Technologists on May 22, 2020

	In April 2021, a working group was established to evaluate changes in the landscape and develop common language and requirements for our respective professions so that guidance on COVID-19 is unified across the Ontario oral health professions. After reviewing each college’s respective COVID-19 guidance documents, three potential areas of misalignment were identified: (1) taking temperatures as part of patient screening, (2) the use of anti-microbial oral-rinses, and (3) considerations related to air quality and fallow times (i.e., delay time to cleaning and disinfecting) following aerosol-generating procedures. These were resolved under the direction of the Registrars. This first unified guidance was released on July 29, 2021 with consistent terminology and unified expectations for oral health professionals regardless of practice setting. This reduced confusion for patients regarding the OHCs’ expectations for its professional members. Two further revisions were made to the unified guidance in 2022 based on evidence and consultations with an expert panel which included infectious disease experts, oral health subject matter experts, and academic program administrators. These revisions were published on: • June 30, 2022 in response to Ontario’s Chief Medical Officer of Health revoking all directives and remaining masking requirements of the province being lifted. • August 3, 2022 for changes in the requirements of fallow times for aerosol-generating procedures and enclosed operatories to prevent transmission of COVID-19. <u>Initiative: CEO Compensation and Policy Development</u> CDTO collaborated with nine other regulatory health colleges in Ontario and enlisted the work of Mungall consulting, a Human Resources expert. This group shared in the costs and contributed to the development of a consolidated database of compensation elements for the Registrar and CEO position. CEO compensation policies are a best practice for governance and risk management, with several benefits including recruitment, retention, development, and motivation of the CEO. CPMF values the importance of this in various Domains, including the requirement to develop policies and processes to address succession planning and the management of a college’s workforce now and in the future. Based on this report, CDTO moved forward with our governance consultant to draft a CEO Compensation Policy that was approved by the Board in April 2022. The 3 policy outcomes are: • Compensation decisions are made with up-to-date awareness of the competitive marketplace, ensuring the CEO is paid fairly for the complexity of the role and the performance delivered, relative to their experience, skills, and competence, and with due regard to the organization’s financial position and affordability. • Compensation progression is based on CEO Performance Evaluation to ensure the continued sound management of the CDTO and that the goals and objectives set out by Council are being met. • The organization is positioned to appropriately plan for and manage risks related to CEO retention and succession planning.
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	Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations. The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner. • <i>Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.</i> <u>Initiative: Equity, Diversity, and Inclusion</u> “Addressing diversity and inclusion within many different social and professional realms is an ever-evolving discussion that has come to the forefront more than ever in Canada in response to the Truth and Reconciliation Commission of Canada’s (TRC) calls to action, as well as the historical human rights movements in support of Black Lives Matter that took place in July and August of 2020. The question of where change in values, mandates, and practices within regulated professions – both throughout licensing and accreditation process, as well as in the field – is one that is significant and pressing.” – Canadian Network Agencies of Regulation E-Book on Diversity 2020 CDTO is committed to driving this change and will continuously engage its system partners to identify and develop new areas for action. Better coordination means better sharing of innovative approaches, the development and sharing of resources, and improved outcomes. In June 2020, HPRO formed an Anti-Racism Working Group to support active commitment of all 26 member organizations to identify systemic racism and implement tangible and coordinated actions, in the immediate, medium, and long- term, to eradicate racism and build a culture, systems and practices that allow equity, diversity, and inclusion (EDI) to thrive. On November 25, 2022, HPRO announced its approval for an \$88,000 grant from the Government of Canada’s <i>Community Support, Multiculturalism, and Anti-Racism Initiatives Program</i>. For HPRO and its members, three areas are supported by this grant: 1. An EDI framework and strategy to support sustainable current and future EDI initiatives and structural change in regulation. 2. An EDI self-assessment checklist and reporting tool. 3. The development of an EDI toolkit, including internal training components for colleges. This work will reach hundreds of college staff, Board and committee members, and ultimately, over 400,000 regulated health professionals and their patients/clients. HPRO will also share the outcomes of this project with other provinces and territories to support their health profession regulators in their EDI journeys. Other key work to date has included:
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| | <ol style="list-style-type: none">1. Working with Dr. Javeed Sukhera (Physician, Educator, Activist) to develop a project plan with deliverables and measurable outcomes including: Conduct a literature review and environmental scan on specific forms of inequity and injustice that exist in the regulatory sector; Provide training and education workshops for the HPRO Directors to unpack unconscious bias; Implement an engagement plan for internal and external stakeholders (focus groups and public survey).2. Creating an EDI resource page for all colleges to use in individual efforts on training and educating Council / staff in these early stages.3. Encouraging open dialogue with stakeholders (e.g., Office of the Fairness Commissioner).4. Building an inventory of best practices already put in place by colleges. |
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Initiative: Public Awareness Campaign

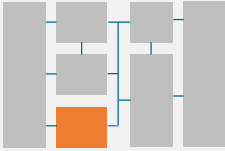
CDTO faces a unique situation in obtaining public input as dental technology is not a patient facing profession. Instead, RDTs work collaboratively with oral health professionals to provide dental care. Therefore, a need to build a forum to engage the public and patients was identified.

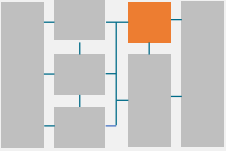
CDTO collaborated with the Association of Dental Technologists of Ontario to establish a connection with the public through a public awareness campaign. The goal was to bridge knowledge gaps on how Ontarians can better understand the role of the RDT on their oral health team and how they can be proactive about ensuring that any dental device they receive is made by an RDT.

An article was printed on March 27, 2022 in the Toronto Star titled ‘[Meet Your Registered Dental Technologist, the Health Care Professional Dedicated to Your Beautiful Smile](#)’ and a video titled ‘[Understanding Your Oral Health](#)’ published on Social Media. These mediums connected the audience with meaningful and accessible information to understand when an RDT is involved in their care and what types of devices they fabricate. It also explained CDTO’s role in holding RDTs accountable, providing information through the Public Register and being a resource to both patients and RDTs.

To measure the performance of the campaign, target values were set at 5,000 article views and 25,000 video views. The campaign statistics were measured between April 13, 2022 to September 19, 2022, and saw 5,237 page views on the article and 25,007 video views. The campaign exceeded CDTO’s expectations and allowed us to reach an audience it might not otherwise. The article and video remain online for CDTO to continue to engage with the public.

	• <i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).</i> CDTO identifies changing public/societal expectations by staying up to date with current events. These include being on mailing lists for legal counsels and Member of Parliament offices which identify regulatory trends, monitoring social media trends and reviewing news worldwide. For example, systemic racism is an issue that has drawn much attention worldwide. It was important for CDTO to reflect on how we could reduce barriers to ensure that not only do stakeholders have an opportunity to participate in the regulatory work of colleges but patients also have access to healthcare services. CDTO aligned with the Health Profession Regulators of Ontario (HPRO), composed of the 26 regulatory health colleges in Ontario, in their Anti-Racism Working Group. The Group was formed to combat racism at the regulatory level and is Chaired by CDTO’s Registrar. Leveraging these partnerships allows CDTO to maximize efficiencies (e.g., pool resources), and results in improved outcomes and consistency. CDTO also identifies changing public/societal expectations by leveraging system partnerships. CDTO maintains these relationships by attending regular meetings and participating on working groups. The Ministry of Health and regulatory health colleges are partners in exploring and identifying opportunities to improve and strengthen oversight of health professions in Ontario. In February 2022, CDTO responded to the Ministry’s consultation on governance reform and regulatory modernization to improve decision making, bolster transparency and further support high-quality health care for Ontarians. CDTO also maintains a relationship with George Brown College, the approved program in Ontario for dental technology, through its Program Advisory Committee. This Committee is comprised of educators and regulated health professionals who not only identify changing public/societal expectations but are responsive by reflecting any findings in the curriculum for aspiring dental technologists. CDTO identifies relevant system partners through its strategic plan. The strategic plan identifies our priorities over the next five years and the system partners we will need to engage with to further the strategic objectives. For example, the Health Professions Regulators of Ontario (HPRO), was approved for a grant in 2022 from the federal government to combat racism at the regulatory level which will support CDTO in meeting its EDI strategic priority. The requirements of these grants provide insight into the government’s priorities and confirms that our initiatives are aligned. Additionally, CDTO may identify system partners through its networks. For example, CDTO became a partner to the Citizen’s Advisory Group (CAG) which supports many regulatory health colleges in bringing the patient voice and perspective to healthcare regulation in Ontario. As a partner, CDTO was able to survey CAG Members about their perspectives on the dental technology profession and feedback on which objectives should be prioritized to ensure safe and quality care in dental technology. The results will inform the development of our new Strategic Map.
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		Measure: 7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.	
DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	Required Evidence	College Response
		a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement: Yes
			• Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information. CDTO uses various external and internal policies (i.e., public facing and internal / operational), processes and alternative measures such as guidelines and frequently asked questions (FAQ's) to govern and communicate disclosure of, and requests for information (RFI). CDTO requires RFI to be made in writing. The request is assessed against what is available to the public and, if applicable, we will communicate where they can find the information. Where the information is not public, CDTO will determine if the disclosure is permitted and in the public interest. CDTO's assessment considers and is guided by the following regulatory policies: 1. Section 36 - Confidentiality of the Regulated Health Professions Act, 1991 outlines the duty of confidentiality and disclosures of information in the administration of the RHPA. 2. Section 17 – Confidentiality (page 30) and Schedule 3 - Code of Conduct for Board and Committee Members (page 45) of CDTO's By-Laws outlines the duties for confidentiality and disclosures of information for Board and Committee members, staff and persons retained or appointed by CDTO. 3. Section 23 of the Health Professions Procedural Code, Schedule 2 to the RHPA, outlines information that is maintained on the Public Register or withheld from the public. 4. Section 4 – Conduct (page 35) of CDTO's Governance Policy Manual which sets out the expectations of Board and Committee members. 5. Privacy and Terms of Use of CDTO's website are publicly posted. Applicant and registrant information is stored on CDTO's database which is hosted on secure servers. CDTO uses administrator rights to ensure that only authorized individuals can access the information as required to fulfill their duties. 6. Remote Access Policy which defines standards for connecting to CDTO's remote network. It protects against unauthorized access which may cause the loss of confidential or internal data, and damage to critical computer network and information systems. 7. Employee Policy Manual outlining expectations of individuals employed by CDTO.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Choose an item.
			Additional comments for clarification (optional)

		Measure: 8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).	
DOMAIN 5: REGULATORY POLICIES	STANDARD 8	Required Evidence	College Response
		a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	The College fulfills this requirement: Met in 2021, continues to meet in 2022
		<i>Benchmarked Evidence</i>	Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) OR please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). Practice expectations are outlined in a variety of documents depending on the risk assessment: standards of practice, policies and practice advisories. CDTO has a Standards of Practice Task Force that leads the development and revision of these documents. The Board approves the Standards of Practice prior to external consultation, including revised standards or policies. Each decision point is supported by a comprehensive briefing note and/or presentation highlighting the key factors considered or amendment being proposed. CDTO prioritizes the evaluation of standards of practice and practice guidelines based on risk, evidence and best practices. These key documents are developed or amended as an emerging need, strategic priority or on an annual review cycle as follows: - Collecting and analyzing the data from different intake streams including CDTO's discipline cases, ICRC, practice advisory inquiries, relevant stakeholders and literature review. - Consultations with our System Partners including healthcare regulators (national and provincial) and relevant stakeholders: Canadian Alliance of Dental Technology Regulators (CADTR), Association of Dental Technology of Ontario (ADTO), the Health Profession Regulators of Ontario (HPRO) working groups such as anti-racism, dental technology educators, George Brown College and other dental technology colleges in Canada, Public Health Ontario, RDTs, Public Health Ontario and other public health authorities. - Every year, an environmental scan is conducted as part of our strategic plan review to determine the status of the current and future practice environment which includes information received through HPRO, the Ministry of Health, the Program Advisory Committee of George Brown College, and CDTO’s complaints, investigations and discipline processes. - CDTO aims to review its competencies, standards of practice and practice guidelines every 5 years or more frequently as needed. - In addition, CDTO is responsive to emerging issues and current events (e.g., the COVID-19 pandemic) that impact the practice environment.

	In 2022, CDTO prioritized updating standards and guidelines based on risk and evidence. Key initiatives undertaken were: • COVID-19 Guideline (see revision history on pages 8-9) and COVID-19 FAQs. • Standards Framework, based on a review of best practices across Canadian and international jurisdictions. One of the goals of this framework is to move away from prescriptive Standards that tend to define step-by-step tasks for RDTs towards overarching principles of professionalism and practice that help support accountability and quality of care for Ontarians. There are three components to the proposed Standards Framework: Ethical principles including EDI, Professional standards, and Practice standards. The first two components are incorporated into the framework to ensure RDTs adhere to the ethical and professional standards in all aspects of their practice. See pages 96-98 of the September 23, 2022 Board Package. • RDT Stamp Modernization, a preliminary consultation designed and distributed. See pages 5-7 of the December 16, 2022 Registrar's Update (Addendum to the Board Package). In 2022, to better document and implement right touch regulation and risk-based approaches, CDTO has undertaken the development of: • Regulatory Assessment Tool, consisting of a series of questions that direct individuals to the appropriate response when seeking to mitigate a problem/risk and evaluate the level of risk based on the frequency of occurrence and risk impact. This is a systematic approach to assessing proposed and existing regulatory measures (e.g., standard, policy, guideline) while incorporating risk-based and right-touch principles in its methodology. The assessment results in one of two categories: (1) Regulatory measures and (2) Regulatory alternatives. Each category includes options that individuals can select to develop to mitigate the identified problem/risk. See pages 60-64 of the June 24, 2022 Board Package. • Risk Register/Risk Management Framework, supports CDTO in identifying, assessing, mitigating, and monitoring risk in four areas: CDTO as an organization and as a regulator, the public, and the profession. It acts as a forum to help identify and/or anticipate emerging issues and trends in dental technology practice. See pages 37-42 of the June, 24 2022 Board Package. <i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>
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		b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines: i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback.	The College fulfills this requirement:	Yes
			Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) OR please briefly describe the College’s development and amendment process. CDTO’s processes for considering the following components are outlined below: i. Evidence and data - Gathering targeted data from our intake streams including CDTO’s discipline cases, ICRC, and practice advisory inquiries. - Reflecting regulatory changes, Ministry of Health or other health authorities’ directions in policies, standards of practice, or practice guidelines. - Conducting literature reviews, research, or evaluations to identify best practices. - Conducting general and targeted consultations with relevant stakeholders including system partners, experts, registrants, and public. ii. The risk posed to patients/the public: - Evaluating and determining a risk level. - Identify how and which members of the public are affected. - Prioritizing the action plan and/or strategic projects considering the risk posed to patients and the public. - Applying the precautionary principle – prioritizing safety in the absence of evidence or where evidence is unclear. iii. The current practice environment: - Identifying emerging issues and trends through evidence and data (e.g., environmental scans, practice inquiries). - Analyzing and prioritizing findings based on risk level. - Being responsive to changing practice environments (e.g., advances in technology). iv. Alignment with other health regulatory Colleges, where appropriate (i.e., where practice matters overlap): CDTO has undertaken a great effort to collaborate with other health regulatory colleges at two levels: - Provincial/Ontario (e.g., HPRO and Oral Health Colleges: RCDSO, CDHO, and CDO). - Federal/other jurisdictions' regulatory bodies and colleges (e.g., Canadian Alliance of Dental Technology Regulators (CADTR), regulators of dental technologists/technicians in other jurisdictions). System partner engagements support CDTO by: - Understanding the current practice environment of dental technology. - Defining and identifying common areas and shared scope of practice. v. Expectations of the public: CDTO is part of the Citizen Advisory Group (CAG) and aims to bring the patients/public voice and perspective by: - Mitigating the risk posed to the patients/public (as described under section ii. the risk posed to patients/the public).	

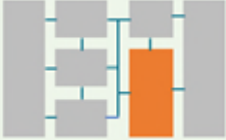
Benchmarked Evidence

		• Consulting with CAG for developing policies, standards of practice, and practice guidelines whenever applicable to bring public expectation to the table. • Conducting consultation/surveys with the public. vi. Stakeholder views and feedback: • Identify the diverse and relevant stakeholder groups (e.g., best practice, shared scope of practice) as part of the environmental scan. • Identify who the stakeholder representatives are. • Create a system to solicit stakeholder views and feedback (e.g., surveys, interviews, meetings) to ensure stakeholder engagement. • Incorporate feedback as appropriate and report back to stakeholders. Key Examples in 2022: 1. COVID-19 Guidance for Registered Dental Technologists The COVID-19 pandemic continues to be an evolving situation that impacts dental technology practices in 2022. CDTO continued to closely monitor the situation by ensuring that the public and the profession have up-to-date information related to CDTO’s guidance, as well as engaging with its system partners to align practice standards to promote unified and safe oral health practice and public protection. This was to ensure that we provide necessary and evidence-informed guidance and information to RDTs in making appropriate decisions that minimize the risk of exposure to and transmission of COVID-19 to the public, RDTs, and other oral healthcare professionals. CDTO’s ongoing response to the COVID-19 pandemic has been extensive and the key steps in this process: • Continued engagement with multiple stakeholders including health regulatory bodies, the Association of Dental Technologists of Ontario, various government agencies, dental technologists, infectious disease and IPAC experts, as well as CADTR. • Continued partnership with Ontario’s Oral Health Colleges (OHCs) (i.e., RCDSO, CDHO and CDO) to provide consistent and up-to-date infection prevention and control guidance for COVID-19 and its variants across the oral health professions through the Working Group (WG) with a representative from each College. See the following items: pages 37-38 of the April 22, 2022 Board Package, pages 50-52 of the June 24, 2022 Board Package, , and page 100 of the September 23, 2022 Board Package. • Conducted two consultations with an expert panel in partnership with OHCs in 2022: a) In May 2022, the WG convened an expert panel to provide recommendations on two key topics, requirements for fallow times following aerosol-generating procedures (AGPs) and requirements for enclosed operatories/spaces during AGPs. The expert panel included three infectious disease physicians and a representative from each oral health profession to provide profession-specific context for the recommendations – with additional support provided by the WG. Based on a review of epidemiological data, cross-jurisdictional studies, public health indicators such as ICU capacity, hospital capacity outside the ICU current rates of infection, vaccination progress, as well as focused discussion about risks to the public, the infectious disease experts recommended making no modifications to the existing requirements for fallow times and enclosed operatories/spaces. Ultimately, the recommendation is founded on the continued risk of exposure/transmission in
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		oral health care settings in Ontario. Based on this recommendation, the OHCs have not updated requirements for fallow times and enclosed operatories/spaces at this time. See pages 50-52 of the June 24, 2022 Board Package. b) In early July 2022, the WG consulted with an expanded panel of subject matter experts including infectious disease physicians and greater representation from the oral health professions such as representation from Ontario dental schools and other Canadian jurisdictions. The consultation focused on key requirements for aerosol mitigation including fallow times and enclosed operatories/spaces. This has continued to be a joint effort with all the OHCs so that there is consistent guidance across the professions. The key changes from this consultation were that the fallow times are no longer recommended or required following AGPs for any patient, and enclosed operatories/spaces are no longer recommended or required for patients who have screened or tested negative for COVID-19. Page 100 of the September 2022 Board Package. • Made two revisions to the unified COVID-19 Guidance in 2022: a) On June 30, 2022, to reflect current evidence and ongoing collaboration with OHCs, and in response to Ontario’s CMOH revoking all directives and the removal of the province’s remaining masking requirements. See pages 50-52 of the June 24, 2022 Board Package. The key changes are: ○ Additional guidance in the Personal Risk Assessment section to determine the risk of COVID-19 transmission by assessing all patients or visitors. ○ Minor amendments to ensure overall consistency with the health authorities and OHCs’ guidelines including updated terminology such as suspected or confirmed COVID-19 and related precautions. ○ Additional PPE requirements related to patients with suspected or confirmed COVID-19. ○ Fallow times and enclosed spaces for AGPs remain unchanged because of the OHCs’ expert panel consultation in May 2022. ○ Removed mandatory masking for patients and visitors with a description of exceptions. ○ Removed mandatory staff daily screening and its record-keeping requirement. b) On August 3, 2022, to reflect the findings of a careful review of the available evidence, the July 2022 external consultation with subject matter experts, and in partnership with OHCs. The key change for RDTs were fallow times no longer being recommended or required following AGPs in oral healthcare settings. These changes reflect efforts to ensure precautions are evidence-based and do not impede access to care. They are also a result of the evolution of the pandemic, changes in public health restrictions, improved vaccination rates, and the experiences of jurisdictions that did not have these requirements have been considered. Page 101 of the September 23, 2022 Board Package. • Continued to provide regular communications with RDTs and other stakeholders regarding COVID-19 updates through MailChimp, posting COVID-19 updates on the dedicated COVID-19 webpage, providing updates in the Bridge – CDTO’s newsletter, attending Ministry of Health Emergency Operations Centre meetings via teleconference and answering all public and registrants’ inquiries or concerns by phone or email in a timely manner. See pages 40-41 of the January 28, 2022 Board Package, pages 37-38 of the April 22, 2022 Board Package, pages 50-52 in the June 24, 2022 Board Package, and pages 99-101 of the September 23, 2022 Board Package.
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			2. <u>COVID-19 Frequently Asked Questions</u> • In August 2022, a comprehensive COVID-19 FAQ was developed in response to practice advisory inquiries regarding COVID-19 based on the updated unified COVID-19 Guidance. This was to further support RDTs in their practice. Page 101 of the September 2022 Board Package. In addition to these examples, CDTO has undertaken the development of a Regulatory Assessment Tool to formally incorporate risk-based and right-touch principles in CDTO’s processes and act proportionate to the identified risks and their impacts on public health and safety. This tool is a systematic approach to help CDTO apply these principles by assessing proposed and existing regulatory measures (e.g., standard, policy, guideline) and supporting CDTO by documenting and evaluating the level of risk based on the frequency of occurrence and its impact. It consists of a series of questions that direct individuals to the appropriate response when seeking to mitigate a problem/risk. See pages 56-60 of the June 24, 2022 Board Package.
			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>

		c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.	The College fulfills this requirement:	Partially	
			• Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. CDTO's Code of Ethics expects dental technologists to act in a manner consistent with the <i>Canadian Human Rights Act, 1985</i> and the <i>Human Rights Code, 1990</i>. See page 45, Schedule 4 – Code of Ethics for Dental Technologists of CDTO's By-Laws.		
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Yes
			CDTO continues its work from 2021 in developing the following framework and tools to ensure that EDI is reflected in all aspects of dental technology practice: • Standards Framework: The standards framework utilizes principles of EDI incorporated within ethical principles and professional standards. This framework will utilize EDI principles to inform and impact all activities of RDTs in practice. See pages 96-98 of the September 23, 2022 Board Package. • Policy Framework: The framework outlines policies and procedures that support CDTO’s mission, vision, and values and ensures that in the process of policymaking and drafting, the applicable EDI toolkits (e.g., EDI lens and policy, Equity Impact Assessment) will be utilized. See pages 56-60 of the June 24, 2022 Board Package. • CDTO’s EDI Framework: The EDI framework includes principles, tools, a lens, and policy to ensure that EDI is reflected in all aspects of CDTO’s activities and dental technology practice. It aims to address systemic barriers, fairness, and competing interests, and encourages the use of inclusive language. See page 59 of the June 24, 2022 Board Package. CDTO is also actively supporting the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in EDI within policies, guidelines, standards, etc. Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera recommended that regulators should critically appraise existing policies, including an inclusive approach to policy co-design with racialized and minoritized stakeholders. The HPRO Anti-Racism in Health Regulation project provides valuable information for CDTO to use in conducting these reviews, including engagement with stakeholders. Current HPRO project activities are designed to provide a set of guiding indicators and tools that CDTO will use in future reporting periods to ensure we apply an EDI lens in reviewing, developing, and amending our practices, prioritized according to our particular needs. Specifically, we will identify priority areas for a more thorough review of strengths and gaps, for action planning and implementation of actions to close the gaps.		
<i>Additional comments for clarification (optional)</i>					

		Measure: 9.1 Applicants meet all College requirements before they are able to practice.	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	Required Evidence	College Response
		a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.) ¹ .	The College fulfills this requirement: Met in 2021, continues to meet in 2022
			Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements OR please briefly describe in a few words the processes and checks that are carried out. The requirements for registration are set out in CDTO's Registration Regulation of the <i>Dental Technology Act, 1991</i>. - Staff reviews each application using an Application Checklist to ensure that all requirements have been met. - When staff have doubts that an applicant meets the registration requirements, those applications are escalated to the Registrar using a Decision Chart. - The Registrar may decide to refer the application to the Registration Committee. In this case, referrals are made following the <i>Regulated Health Professions Act, 1991</i> process (e.g., notice, disclosure). Please insert a link OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). See CDTO's registration process for full details. To ensure documentation provided by candidates meets registration requirements (e.g., unaltered, accurate), CDTO: - Uses government issued photo identification which must resemble the passport photo, by matching legal name to documentation (e.g., driver's license, passport, employment eligibility status documents). - Requires that certain documents are submitted directly from the issuing organization. For example, letters of good standing from Canadian dental technology regulators, list successful candidates who have completed Credentialing and Competency Assessments from CADTR which is accompanied by a Certificate of Completion for each candidate. At the examinations level, staff will verify the identity of the candidate using government issued photo identification and comparing to photographs submitted in their application.

¹ This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	
		b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).	The College fulfills this requirement:	Yes
			Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers OR please briefly describe the process and checks that are carried out. CDTO maintains relationships with system partners to identify best practices, and review and update our processes to assess whether an applicant meets registration requirements, some examples include: <u>Ontario Regulators for Access Consortium (ORAC)</u> - an organization that helps Ontario regulatory bodies improve access by international candidates to self-regulated professions in Ontario while maintaining standards for public safety. This group meets regularly to discuss registration processes, new emerging issues and exchange knowledge. <u>Office of the Fairness Commissioner (OFC)</u> - the oversight body that ensures regulated professions in Ontario have registration practices that are transparent, objective, impartial and fair. The OFC's Annual Report provides its findings from its assessment of the registration practices of regulatory health colleges. These findings bring insight to CDTO about best practices regarding registration. <u>Canadian Network of Agencies of Regulation (CNAR)</u> - connects Canada's provincial and national regulators, licensing boards, accrediting agencies, examining bodies, and government officials at all levels to discuss challenges, share ideas and develop best practices related to a wide range of issues relevant to organizations engaged in the self-regulation of professions and occupations. <u>Canadian Alliance of Dental Technology Regulators (CADTR)</u> - composed of seven provincial dental technology regulators from across Canada who work collaboratively, demonstrating leadership and accountability on matters which support the regulatory mandate of each provincial jurisdiction to protect the public interest in a consistent national approach. CADTR requires applicants who have not completed a CADTR approved program to have their credentials authenticated by an Immigration Refugee Citizenship Canada agency. Approved program applicants must arrange for the issuing educational institute to provide a copy of their official transcript directly to CADTR. Please provide the date when the criteria to assess registration requirements was last reviewed and updated. CDTO last reviewed and updated its registration requirements as part of the Access to Dental Technology Project, started in December 2017 and completed in March 2021. The purpose of this project was to establish fair and consistent credentialing and assessment processes for domestic and internationally educated professionals seeking licensure in Canada. - A currency requirement for experiential hours was implemented in 2021. All applicants applying for credentialing and assessment must demonstrate completion of 1300 experiential hours in dental technology practice within the 36 months prior to application. Experiential hours can be gained through education/training programs, work experiences and volunteering and may be completed in any country. - As of January 2018, CDTO continues to require successful assessment candidates to apply for registration within 15-months of receiving notice of eligibility This requirement ensures that applicants who register with CDTO have recent experience in the practice of dental	

			technology. It is crucial for CDTO to ensure that all successful assessment candidates who apply to become dental technologists do so promptly to continue to meet the entry-to-practice requirements and remain current. - On August 27, 2020, CDTO’s Board agreed to sign the Memorandum of Understanding (MOU) between Canadian Alliance of Dental Technology Regulators (CADTR) and CDTO. Under the MOU, CADTR provides credentialing and competency assessment services on behalf of provincial dental technology regulators to applicants seeking licensure. As of January 1, 2021, CDTO accepts proof of successful CADTR credentialing and competency assessment as evidence of meeting the non-exemptible registration requirements for education and examination. CDTO continues to administer the Jurisprudence & Ethics Examination which is based on current legislation that governs the profession of dental technology in Ontario. - During 2021 and 2022, CDTO re-evaluated the fees charged to applicants for examinations and initial registration. In 2021, following the launch of the national competency assessments, CDTO waived its application processing fee for first time applicants for the Jurisprudence & Ethics exam. In 2022, the CDTO’s Board approved a fee policy change to quarterly proration of initial registration fees as the shift to the national competency assessments resulted in candidates becoming eligible for registration at several times in the year. These changes lead to reducing barriers for aspiring RDTs and are in line with best registration practices.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

Measure: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
	c. A risk-based approach is used to ensure that currency ² and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:
		Yes
		Please briefly describe the currency and competency requirements registrants are required to meet. On an annual basis, CDTO requires registrants to demonstrate their ability to practice dental technology in a safe and professional manner, with decency, integrity, honesty and in accordance with the law. Their credentials (e.g., employment authorization from Immigration Canada, Professional Liability Insurance) are confirmed at annual renewal to ensure that they are permitted to engage in the practice of dental technology. Registrants' declarations include findings of incompetence or guilt and participation in the Quality Assurance Program. Please briefly describe how the College identified currency and competency requirements. As part of the Access to Dental Technology (ADT) Project, two environmental scans were conducted. These collected information on the state of the dental technology profession and uptake including competencies, education in Canada, regulation of the profession, examination practices in each Canadian jurisdiction. The environmental scans also identified problems, barriers, and gaps with current processes and tools to assess internationally and domestically educated candidates seeking licensure in Canada. Gaps were also identified in the Competency Profile (2011) resulting in development of a new National Essential Competencies for Dental Technology Practice in Canada (NEC). NEC is a comprehensive list of competencies and performance indicators including knowledge, skills, and abilities that may be expected of a registered dental technologist at the start and throughout their career to ensure public safety. All members of the Canadian Alliance of Dental Technology Regulators (CADTR), including CDTO, adopted the NEC in 2019. Please provide the date when currency and competency requirements were last reviewed and updated. Competency and currency requirements were last reviewed and adopted in 2019. Experts / stakeholders who were consulted include the Registration Committee, Quality Assurance Committee, Board, Legal Counsel, Registrants of CDTO, Ministry of Health, CADTR. Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done. CDTO monitors currency requirements through self-declaration (e.g., Quality Assurance Program) and collection of documentation (e.g., Professional Liability Insurance).
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Choose an item.
		Additional comments for clarification (optional)

² A 'currency requirement' is a requirement for recent experience that demonstrates that a member's skills or related work experience is up to date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g., during renewal of a certificate of registration, or at any other time).

Measure:		
9.3 Registration practices are transparent, objective, impartial, and fair.		
	a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement: Met in 2021, continues to meet in 2022
		Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. OFC Letter dated April 1, 2022, page 56 of the April 22, 2022 Board Package, states that CDTO received a “Full Compliance” provisional rating. Where an action plan was issued, is it: Completed In its most recent assessment, the OFC using its new Risk-Informed Compliance Framework (RICF) which relies on the regulator’s historical performance, and a series of forward-looking risk factors that could impact a regulator’s ability to achieve better registration outcomes for applicants. The RICF was implemented in phases following a transitional period to allow regulators to migrate to the new system and to comply with any outstanding OFC recommendations. In phase one, CDTO received a “Full Compliance” provisional rating on August 26, 2021, meaning that all OFC recommendations were successfully implemented, additional criteria have been met and that no further recommendations were identified. Then during the second phase, the OFC performed a traditional risk assessment, likelihood of occurrence and significance of consequences based on CDTO’s responses to the RICF Forward Looking Risk questionnaire. The OFC aggregated the results of CDTO’s historical performance assessment at “Full Compliance” and traditional risk assessment at “Low Risk” to determine a cumulative risk category and an appropriate compliance tool. On April 1, 2022, the OFC informed the Registrar that CDTO’s cumulative risk category for the 2022-2023 period falls into the “Low Risk” category (page 56 of the April 22, 2022 Board Package).
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.
		Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 10	Measure: 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	
		Required Evidence	College Response
		a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).	The College fulfills this requirement:
		<u>Further clarification:</u> Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.	Met in 2021, continues to meet in 2022 Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: Name of Standard: COVID-19: Guidance for Registered Dental Technologists, first published on May 22, 2020, last revised on August 2, 2022 (5 revisions) As the environment continued to be dynamic during the COVID-19 pandemic, CDTO's top priority remained as the health and safety of patients, the public, and RDTs. CDTO strived to keep all RDTs informed with the latest information. CDTO in partnership with Ontario's Oral Health Colleges (OHCs) (College of Dental Hygienists of Ontario, College of Denturists of Ontario, Royal College of Dental Surgeons of Ontario) published its first unified guidance on July 29, 2021 to: - Assure registrants of the OHCs that their regulators have agreed upon consistent expectations for overlapping areas of OHCs' guidance materials by setting the same rules (e.g., PPE, fallow times, aerosol-generating procedures) unless it is related to the uniqueness of each profession. - Clear and consistent expectations regardless of practice setting. - Support the safe and effective provision of oral healthcare. - Relevant guidance to real-life practice issues. In 2022, CDTO in partnership with the OHCs made two new revisions to the unified guidance based on evidence and targeted consultations with an expert panel that included infectious disease experts, oral health subject matter experts, and academic program administrators: - First on June 30th in response to Ontario's Chief Medical Officer of Health revoking all directives and the removal of the province's remaining masking requirements. - Second on August 3rd for changes in the requirements of fallow times for aerosol-generating procedures and enclosed operatories to prevent transmission of COVID-19. Duration of period that support was provided: Ongoing and continuous support

– **Activities undertaken to support registrants:**

In 2022, CDTO continued to keep all registrants informed with the latest changes and information related to COVID-19 to ensure safe dental technology practice by RDTs:

- Developed a new comprehensive [COVID-19 FAQ](#) and posted it on our [Standards webpage](#).
- Posted and updated COVID-19 news post on our [COVID-19 webpage](#) under the “For Members” section.
- Provided presentations and briefing notes on COVID-19 Updates in 2022 Board meetings (pages 40-41 of the [January Board Package](#), pages 37-38 of the [April Board Package](#), pages 50-52 of the [June Board Package](#), and pages 99-101 of the [September Board Package](#)) and streamed on our [YouTube Channel](#) with more than 100 views for each session.
- Related communications, in our quarterly Bridge Journal, through MailChimp, social media including Twitter.
- Practice advisory provided answers to registrant's inquiries and/or concerns.

– **% of registrants reached/participated by each activity:** All the activities are available to 100% of our registrants

– **Evaluation conducted on effectiveness of support provided:**

CDTO has not evaluated the effectiveness formally. However, we engaged with the Association of Dental Technologists of Ontario (ADTO) and dental technology regulators in other provinces to evaluate the extra supports that might be needed. Also, after each activity, we encourage registrants to reach out to us via email or phone call to give us their feedback to improve our processes, and/or to get additional support if needed.

• **Does the College always provide this level of support: Yes**

If not, please provide a brief explanation:

CDTO aims to provide the same level of support for its registrants in the uptake of new or amended standards. However, if we have limited resources, the level of support provided will be prioritized and proportionate to the risk to patients and the public posed by registrants.

If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?

Choose an item.

Additional comments for clarification (optional)

Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ³ .		
	a. The College has processes and policies in place outlining: i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;	The College fulfills this requirement: Met in 2021, continues to meet in 2022
		• Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified <i>OR</i> please insert a link to the website where this information can be found and indicate the page number. • Is the process taken above for identifying priority areas codified in a policy: No • <i>If yes, please insert link to the policy.</i> CDTO's priority areas of focus for its Quality Assurance Program are based on the Standards of Practice and Code of Ethics. How these areas are identified is discussed in detail under Measure 8.1. On an annual basis, registrants are required to maintain a Professional Development Profile which collects information about their areas of practice and responsibilities (e.g., supervision). Registrants are also required to complete a self-assessment against CDTO's Standard of Practice to identify goals for professional development activities. Professional development profiles are assessed to ensure that a registrant has completed these requirements and 90 professional development credits over a three-year period according to the QA Guidelines. These Guidelines set out activity type and subject limits that encourage registrants to engage in a variety of activities. CDTO's practice assessment is an in-person review focusing on the Standards of Practice: Partial Dentures, Full Dentures, Crown and Bridge, Orthodontics, Laboratory Supervision and Infection Prevention and Control. Additional areas of focus are based on professional conduct trends and the regulatory environment. Since 2020, practice assessments evaluate registrants against the COVID-19 Guidelines to ensure safety of health services during the pandemic.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Choose an item.
		Additional comments for clarification (optional)

³ “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

		ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and	The College fulfills this requirement:		Partially
			• Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). OR please briefly describe right touch approach and evidence used. • Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> - Public Choose an item. - Employers Choose an item. - Registrants Choose an item. - other stakeholders Choose an item. As per the General Regulation of the <i>Dental Technology Act, 1991</i>, every registrant must conduct an annual self-assessment, and 2-5% of registrants are selected at random to undergo a full professional development profile review. The Quality Assurance Committee has also set the requirement that, at the end of their 3-year cycle, RDTs provide a summary of their professional development profile demonstrating completion of 90 credits. RDTs who fail to comply will be required to undergo a full professional development profile review, and, where warranted, a practice assessment. As per the General Regulation of the <i>Dental Technology Act, 1991</i>, 2-5% of registrants are selected at random to undergo a practice assessment. CDTO's in-person assessment is conducted at the place of practice and involves an inspection of the environment, observation of the dental devices that are in progress, an interview of the registrant and relevant individuals, and a review of the patient records. Identified risks that have a negative impact on patient care through professional conduct programs and resultant practice advisories, inform the assessment approach.		
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Yes
			CDTO is engaged in a review and update of its QA Program. In September 2020, the National Essential Competencies, adopted by dental technology regulators across Canada, was approved as a framework for an updated Professional Development Program. Additionally, a QA Portal is being developed for registrants to track and complete their Professional Development Profile online. This will improve efficiencies that will support CDTO as it moves to update its Practice Assessment Program.		
Additional comments for clarification (optional)					

		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:		Met in 2021, continues to meet in 2022
			Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number <i>OR</i> list criteria. The Quality Assurance Committee assesses the risk level identified in the Assessment Report considering prior history, seriousness of the concerns, governability, if the concerns pose a risk to the public, whether the Committee requires confirmation that the deficiencies have been corrected, and mitigating and aggravating factors. Decision tools for the Professional Development Profile Process and the Practice Assessment Process were approved on June 24, 2020 to ensure consistent decisions.		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
		Additional comments for clarification (optional)			

		Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.			
		a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.	The College fulfills this requirement:		Yes
			Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities <i>OR</i> please briefly describe the process. Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation <i>OR</i> please briefly describe the process. Remediation activities directed by the Quality Assurance, Inquiries, Complaints and Reports, or Discipline Committee are tracked by CDTO staff using a Microsoft Excel spreadsheet. The spreadsheet contains the activity information, expected completion dates and status updates. A Committee determines if a registrant has demonstrated the knowledge, skills and judgement through: - Certificate of completion for courses, - Written report from the supervisor regarding the knowledge, skills and judgement, - Submission from the registrant (e.g., written confirmation, reflective essay), and/or - Re-assessment (not a stand-alone decision, ordered in addition to a Specified Continuing Education or Remediation Program or a term, condition or limitation).		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
		Additional comments for clarification (if needed)			

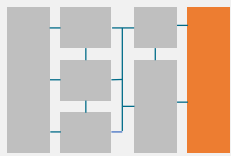
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 11	Measure 11.1			
		The College enables and supports anyone who raises a concern about a registrant.			
		Required Evidence	College Response		
		a. The different stages of the complaints process and all relevant supports available to complainants are: i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;	The College fulfills this requirement:		Partially
			Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. Web page for the complaints process. Simple brochure outlining the complaints process and important facts Please insert a link to the policies/procedures for ensuring all relevant information is received during intake <i>OR</i> please briefly describe the policies and procedures if the documents are not publicly accessible. Complaints are reviewed to determine whether all relevant information such as supporting documentation and witness contact information is included. The complainant is contacted by phone to discuss the complaint's process, provide an opportunity for questions and clarify information in the complaint. These discussions are documented and kept on file. The complainant also receives a formal notice of receipt which includes relevant legislation and CDTO's Complaint's Brochure.		
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> CDTO will document our internal processes to ensure that all relevant information is received during intake into a formal policy. Best practices will be reviewed to ensures that CDTO is aligned.		Yes
Additional comments for clarification (optional)					

		iii. evaluated by the College to ensure the information provided to complainants is clear and useful.	The College fulfills this requirement:		Yes
			Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. CDTO reviews the documents it provides to the complainant on a regular basis to ensure that it is relevant and current to the legislation. Support staff also contact the complainant by phone after providing formal notice of receipt and resources about the complaints process. This becomes an opportunity for the complainant to ask questions about the process and for Staff to understand whether the information provided is clear and useful or how it may be improved.		
		<i>Benchmarked Evidence</i>	<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>		
		b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:		Met in 2021, continues to meet in 2022
			Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures). In 2022, CDTO received 7 inquiries from the public relating to the complaints process. All inquiries were responded to within 5 days and provided with timelines for follow-up where necessary. Therefore, CDTO responds to public inquiries within 5 days 100% of the time.		
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
			<i>Additional comments for clarification (optional)</i>		

		c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			Please list supports available for the public during the complaints process. Please briefly describe at what points during the complaints process that complainants are made aware of supports available. Complainants would be made aware of the supports at the start of the complaints process. CDTO also works closely with parties to a conduct matter to identify how it can provide additional supports to them (e.g., training on the use of technology for virtual hearings). Supports available to the public during the complaints process include: - Direct support from CDTO staff. - CDTO's Complaints Brochure and dedicated webpages for 'Concerns and Complaints' and 'Addressing Sexual Abuse' for accessible information on the process. - Funding for therapy and counselling for patients who have been sexually abused by a registrant. - Translation services.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	Measure: 11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.		
		a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	The College fulfills this requirement: • Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description. Upon receipt of the complaint, the complainant and the registrant receive the contact information of the Staff support who is dedicated and available throughout the process. Staff can be contacted by phone, email, or in-person at CDTO. Both parties are updated at various stages of the process (e.g., upcoming ICRC meetings, scheduling hearings). CDTO aims to provide an update at a minimum of every 30 days. Complainants are provided thorough information about the status of the case, notified of opportunities to participate, and are provided with new information in a timely manner to ensure that they are engaged throughout the process.	Yes
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
		Additional comments for clarification (optional)		
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	Measure: 12.1 The College addresses complaints in a right touch manner.		
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement: • Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied. • Please provide the year when it was implemented OR evaluated/updated (if applicable). Complaints and reports are reviewed by CDTO staff to assess risk (e.g., if the conduct exposes or is likely to expose patients to harm or injury) and identify any needs for immediate action (e.g., appointment of investigator). This risk assessment is used to prioritize Inquiries, Complaints and Reports Committee meetings, investigations and the drafting of Decisions and Reasons. The Inquiries, Complaints and Reports Committee utilizes a Risk Assessment Framework to ensure that its decisions are consistent and fair. The Framework was approved in May 2017 and ensures that the Committee members have considered the conduct, prior history, and mitigating and aggravating factors in its decision.	Met in 2021, continues to meet in 2022
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
		Additional comments for clarification (optional)		

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 13	Measure:	
		13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).	
		a. The College's policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement: Partially Please insert a link to the policy and indicate page number <i>OR</i> please briefly describe the policy. Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as 'hospital', or 'long-term care home'). Information is shared between CDTO and other system partners on a case-by-case basis. Regulated health professionals in oral health work closely together in one place of practice or collaboratively for a patient. Concerns regarding other oral health professionals represent most of the information that is shared with other system partners. CDTO also considers sharing information, within the legal framework, with other system partners where there may be a risk to public safety (e.g., local health authorities and employers). Decisions of the Discipline and Inquiries, Complaints and Reports Committee (i.e., more serious than no further action and recommendations) are public information and can be viewed on the registrant's Public Register. Information shared over the past year were made in accordance with Section 36 (Confidentiality) of the <i>Regulated Health Professions Act, 1991</i> includes: - Directing complainants to the appropriate oral health college for their concerns regarding a health professional. - Information on unauthorized practitioners is shared using the public website and to other health regulators. - Conduct information as requested for a Letter of Good Standing.
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> CDTO is a member of the Information Sharing Policy Working Group of the Health Professions Regulators of Ontario (HPRO). The goal of this group is to develop a consistent approach across all Colleges as it relates to proactive and reactive disclosure of specific information. A framework is being drafted that sets out the system partners and guidelines for the information that would be shared. CDTO is also collaborating with the Oral Health Colleges (OHCs) (College of Dental Hygienists of Ontario, College of Denturists of Ontario, Royal College of Dental Surgeons of Ontario) to engage in initiatives to strengthen conduct processes and may develop a process for consistent sharing of information. Additional comments for clarification (if needed)	Yes

		Measure: 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.	
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD 14	Required Evidence	College Response
		a. Outline the College’s KPIs, including a clear rationale for why each is important.	The College fulfills this requirement: Met in 2021, continues to meet in 2022 Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. CDTO’s KPIs are tied to its performance on achieving the Board’s strategic plan and how well we are executing our mandate, which is to act in the public interest. KPIs are used to achieve organisational excellence, defined as the consistent performance of good practice combined with continuous improvement. Measures can be quantitative or qualitative. The strategic priorities for the next five years were approved by the Board in 2017, and are reviewed and updated annually. Staff identify projects to achieve these priorities ensuring operational manageability (financial and human resources). An operational plan not to exceed 24 months and strategic initiative budget to support successful delivery is approved by the Board annually and reviewed quarterly. The Board identified six strategic priorities to measure its performance against: 1. Improve transparency and communications. 2. Review, assess and revise standards of practice. 3. Improve governance effectiveness. 4. Implement a best practice redesigned QA program. 5. Ensure Ontarians have access to RDTs. 6. Implement best practice regulation. Progress against strategic priorities is reported on the “Who We Are” webpage under strategic plan and at Board meetings. It is also reported in the Annual Report along with metrics about registration, quality assurance and professional conduct processes. For example, one of CDTO’s six strategic priorities is to improve transparency and communications. A communication strategy was established with goals, objectives and tactics. The latest metrics such as website visits, click rates and newsletter open rates are reported on pages 191-210 of the December 16, 2022 Board package.

			Operational KPI's that monitor our performance in financial and human resource sustainability, program delivery and address changes in the regulatory landscape for registrants and promote public protection include: • Quarterly reports on operating and strategic budget. • Attrition rates of approved program graduates to registration. • Attrition rate of mid cycle eligible candidates as a pro-rated registration fee policy was approved for new registrants in 2022. • COVID-19 impact on George Brown College as there will be no graduating class in 2023. • Quality Assurance Program data for information on registrant engagement in continued competency and continued quality improvement. • HR structure that is enhanced with contract and government funded programs.
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>
			<i>Additional comments for clarification (if needed)</i>
		b. The College regularly reports to Council on its performance and risk review against: i. stated strategic objectives (i.e., the objectives set out in a College's strategic plan); ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and iii. its risk management approach.	The College fulfills this requirement:
			Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes and indicate the page number. CDTO reports on its performance and risk review findings against the strategic plan and regulatory outcomes on a quarterly basis at its Board meetings. Each Board package contains reports for regulatory programs, financial and management reporting, and strategic plan updates. The latest update can be found in the December 16, 2022 Board Package: • Pages 23-42, Committee Reports • Pages 54-78, Financial and Management Report • Pages 83-88, Strategic Planning Update • Pages 191-210, Communications Strategy The corresponding Meeting Minutes of the December 16, 2022 Board meeting.
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>
			<i>Additional comments for clarification (if needed)</i>

Measure:		
14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
a. Council uses performance and risk review findings to identify where improvement activities are needed. <i>Benchmarked Evidence</i>	The College fulfills this requirement:	Yes
	• Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number. The Board reviewed its performance against the College Performance Measurement Framework (CPMF), Governance Domain. It has also monitored regulatory trends provincially and internationally towards governance modernization (e.g., College of Nurses of Ontario’s Vision 2020). Good governance is essential to a College’s ability to meet its mandate and achieve sustainability, now and in the future. The Board identified this risk of failing to meet the public’s expectations and improve effectiveness in governance, and identified improvement activities. In March 2021, the Board approved an 18-month strategic priority to improve governance effectiveness, a priority set by CDTO’s 2018-2022 Strategic Plan, and to ensure that it could meet the performance expectations of CPMF: • The Board regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education. • The Board has developed and implemented a framework to regularly evaluate the effectiveness of Board meetings and the Board. • Evaluation and assessment results are discussed at a public Board meeting. • Ongoing training provided to the Board has been informed by the outcome of relevant evaluation(s), and/or the needs identified by the Board members. A Governance Work Plan with CDTO’s commitments to improving governance effectiveness are found on pages 32-36 of the June 24, 2022 Board Package.	
	<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	

Measure: 14.3 The College regularly reports publicly on its performance.		
a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
	Please insert a link to the College’s dashboard or relevant section of the College’s website. CDTO reports on its performance and risk review findings against the strategic plan and regulatory outcomes on a quarterly basis at its Board meetings. Each Board package contains reports for regulatory programs, financial and management reporting, and strategic plan updates. The latest update can be found in the December 16, 2022 Board Package: - Pages 23-42, Committee Reports - Pages 54-78, Financial and Management Report - Pages 83-88, Strategic Planning Update - Pages 191-210, Communications Strategy CDTO’s progress towards its 2018-2022 Strategic Plan (Strategic Map and Annual Progress) can be found on our “Who We Are” webpage under Strategic Plan. CDTO also reports to the public through multiple accountability reports: (1) Annual Report (2) College Performance Measurement Framework (3) Fair Registration Practices Report which can be found on our "Publications" webpage.	
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (if needed)	

Part 2: Context Measures

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College’s performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are ‘good’ or ‘bad’ without having a more in-depth understanding of what specifically drives those results.

In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g., due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

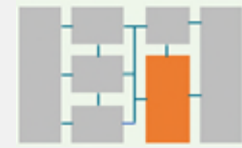
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: ‘Nil’ and indicate any plans to collect the data in the future.

Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using a method other than the recommended method outlined in the following Technical Document, the College is asked to provide the method in order to understand how the information provided was calculated.

The ministry has also included hyperlinks of the definitions to a glossary of terms for easier navigation.

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Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College's own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2022*		<i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i> <i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2022. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i>	
Type of QA/QI activity or assessment:	#		
i. Summary Professional Development Profile	126		
ii. Full Professional Development Profile	10		
iii. Practice Assessment	9		
iv. <Insert QA activity or assessment>			
v. <Insert QA activity or assessment>			
vi. <Insert QA activity or assessment>			
vii. <Insert QA activity or assessment>			
-			
viii. <Insert QA activity or assessment>			
ix. <Insert QA activity or assessment>			
x. <Insert QA activity or assessment>			

<i>* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College’s QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.</i> <u>NR</u>	
<i>Additional comments for clarification (if needed)</i>	

Table 2 – Context Measures 2 and 3

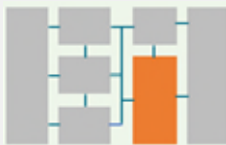
DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 10				
Statistical data collected in accordance with the recommended method or the College own method: Recommended				
If a College method is used, please specify the rationale for its use:				
Context Measure (CM)				
		#	%	What does this information tell us? If a registrant’s knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee. The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2022, understanding that some cases may carry over.
CM 2.	Total number of registrants who participated in the QA Program CY 2022	145	29	
CM 3.	Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2022.	0	0	
NR				
Additional comments for clarification (if needed)				

Table 3 – Context Measure 4

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2022:**	#	%	What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	0	0	
II. Registrants still undertaking remediation (i.e., remediation in progress)	0	0	
NR * This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2022. **This measure may include any outcomes from the previous year that were carried over into CY 2022.			
Additional comments for clarification (if needed)			
-			

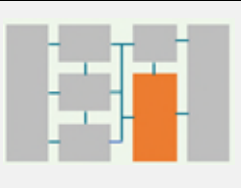
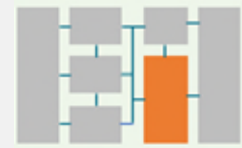


Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE						
STANDARD 12						
Statistical data is collected in accordance with the recommended method or the College’s own method: Recommended If a College method is used, please specify the rationale for its use:						
Context Measure (CM)						
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2022		Formal received	Complaints	Registrar initiated	What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.	
Themes:		#	%	#		%
I. Advertising		0	0	0		0
II. Billing and Fees		0	0	0		0
III. Communication		0	0	0		0
IV. Competence / Patient Care		0	0	0		0
V. Intent to Mislead including Fraud		0	0	NR		NR
VI. Professional Conduct & Behaviour		0	0	NR		NR
VII. Record keeping		0	0	0		0
VIII. Sexual Abuse		0	0	0		0
IX. Harassment / Boundary Violations		0	0	0		0
X. Unauthorized Practice		0	0	NR		NR
XI. Supervision		0	0	NR		NR
Total number of formal complaints and Registrar’s Investigations**			100%		100%	

Formal Complaints NR Registrar’s Investigation <i>**The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar’s Investigations.</i>	
<i>Additional comments for clarification (if needed)</i>	

Table 5 – Context Measures 6, 7, 8 and 9

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2022	0		What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.
CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2022	1		
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2022	2		
CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2022**:	#	%	
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0	0	
II. Formal complaints that were resolved through ADR	0	0	
III. Formal complaints that were disposed of by ICRC	1	N/A	
IV. Formal complaints that proceeded to ICRC and are still pending	0	0	
V. Formal complaints withdrawn by Registrar at the request of a complainant	0	0	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0	

VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	0	0	
ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar’s Investigation <i># May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.</i> <i>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</i>			
Additional comments for clarification (if needed)			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
STANDARD 12							
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended							
If a College method is used, please specify the rationale for its use:							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2022	2						
Distribution of ICRC decisions by theme in 2022*	# of ICRC Decisions++						
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	0	0	0	0	0	0	0
II. Billing and Fees	0	0	0	0	0	0	0
III. Communication	NR	0	0	0	0	0	0
IV. Competence / Patient Care	NR	0	0	0	0	0	0
V. Intent to Mislead Including Fraud	0	0	0	0	0	0	0
VI. Professional Conduct & Behaviour	NR	0	0	0	0	0	0
VII. Record Keeping	NR	0	0	0	0	0	0
VIII. Sexual Abuse	0	0	0	0	0	0	0
IX. Harassment / Boundary Violations	0	0	0	0	0	0	0

X.	Unauthorized Practice	0	0	0	0	0	0
XI.	Other <please specify>	0	0	0	0	0	0
• Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2022. ++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or decisions. NR							
What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.							
Additional comments for clarification (if needed) -							

Table 7 – Context Measure 11

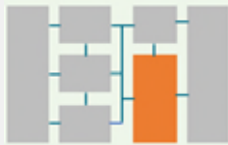
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
If College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 11. 90 th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.	
I. A formal complaint in working days in CY 2022	122	The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.	
II. A Registrar’s investigation in working days in CY 2022	266		
Disposal			
Additional comments for clarification (if needed)			
-			

Table 8 – Context Measure 12

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended		
If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.
I. An uncontested discipline hearing in working days in CY 2022	N/A	
II. A contested discipline hearing in working days in CY 2022	N/A	
Disposal Uncontested Discipline Hearing Contested Discipline Hearing		
Additional comments for clarification (if needed)		
-		

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d			
If College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 13. Distribution of Discipline finding by type*		<i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.</i>	
Type	#		
I. Sexual abuse	0		
II. Incompetence	0		
III. Fail to maintain Standard	0		
IV. Improper use of a controlled act	0		
V. Conduct unbecoming	0		
VI. Dishonourable, disgraceful, unprofessional	0		
VII. Offence conviction	0		
VIII. Contravene certificate restrictions	0		
IX. Findings in another jurisdiction	0		
X. Breach of orders and/or undertaking	0		
XI. Falsifying records	0		
XII. False or misleading document	0		
XIII. Contravene relevant Acts	0		

** The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.*

[NR](#)

Additional comments for clarification (if needed)

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 14. Distribution of Discipline orders by type*		What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.	
Type	#		
I. Revocation	0		
II. Suspension	0		
III. Terms, Conditions and Limitations on a Certificate of Registration	0		
IV. Reprimand	0		
V. Undertaking	0		
* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.			
Revocation			
Suspension			
Terms, Conditions and Limitations			
Reprimand			
Undertaking			
NR -			
Additional comments for clarification (if needed)			

Glossary

Alternative Dispute Resolution (ADR): Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.

Return to: [Table 5](#)

Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.

Return to: [Table 8](#)

Disposal: The day upon which all relevant decisions were provided to the registrant by the College (i.e., the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).

Return to: [Table 5](#), [Table 7](#), [Table 8](#)

Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.

Return to: [Table 4](#), [Table 5](#)

Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.

Return to: [Table 5](#)

NR: Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases.

Return to: [Table 1](#), [Table 2](#), [Table 3](#), [Table 4](#), [Table 5](#), [Table 6](#), [Table 9](#), [Table 10](#)

Registrar's Investigation: Under s.75(1)(a) of the *Regulated Health Professions Act, 1991*, (RHPA) where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent, they can appoint an investigator which must be approved by the Inquiries, Complaints and Reports Committee (ICRC). Section 75(1)(b) of the RHPA, where the ICRC receives information about a member from the Quality Assurance Committee, it may request the Registrar to conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.

Return to: [Table 4](#), [Table 5](#)

Revocation: Of a member or registrant’s Certificate of Registration occurs where the discipline or fitness to practice committee of a health regulatory College makes an order to “revoke” the certificate which terminates the registrant’s registration with the College and therefore their ability to practice the profession.

Return to: [Table 10](#)

Suspension: A suspension of a registrant’s Certificate of Registration occurs for a set period of time during which the registrant is not permitted to:

- Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g., doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

Return to: [Table 10](#)

Reprimand: A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with their practice.

Return to: [Table 10](#)

Terms, Conditions and Limitations: On a Certificate of Registration are restrictions placed on a registrant’s practice and are part of the Public Register posted on a health regulatory College’s website.

Return to: [Table 10](#)

Uncontested Discipline Hearing: In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.

Return to: [Table 8](#)

Undertaking: Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee.

Return to: [Table 10](#)