



COLLEGE OF DENTAL
HYGIENISTS OF ONTARIO

College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2024 – December 2024

March 31, 2025

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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 to act in the public interest?” This information:

- 1. Strengthens accountability and oversight of Ontario’s health regulatory Colleges; and
- 2. Supports Colleges in improving their performance.

Each College reports 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 critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to statutory obligations and organizational processes that enable a College to carry out its functions well. The seven domains are interdependent and together lead to outcomes that a College is expected to achieve as an excellent regulator. The fourteen Standards within the seven measurement domains are listed in Figure 2.

Figure 1: CPMF Model for Measuring Regulatory Excellence

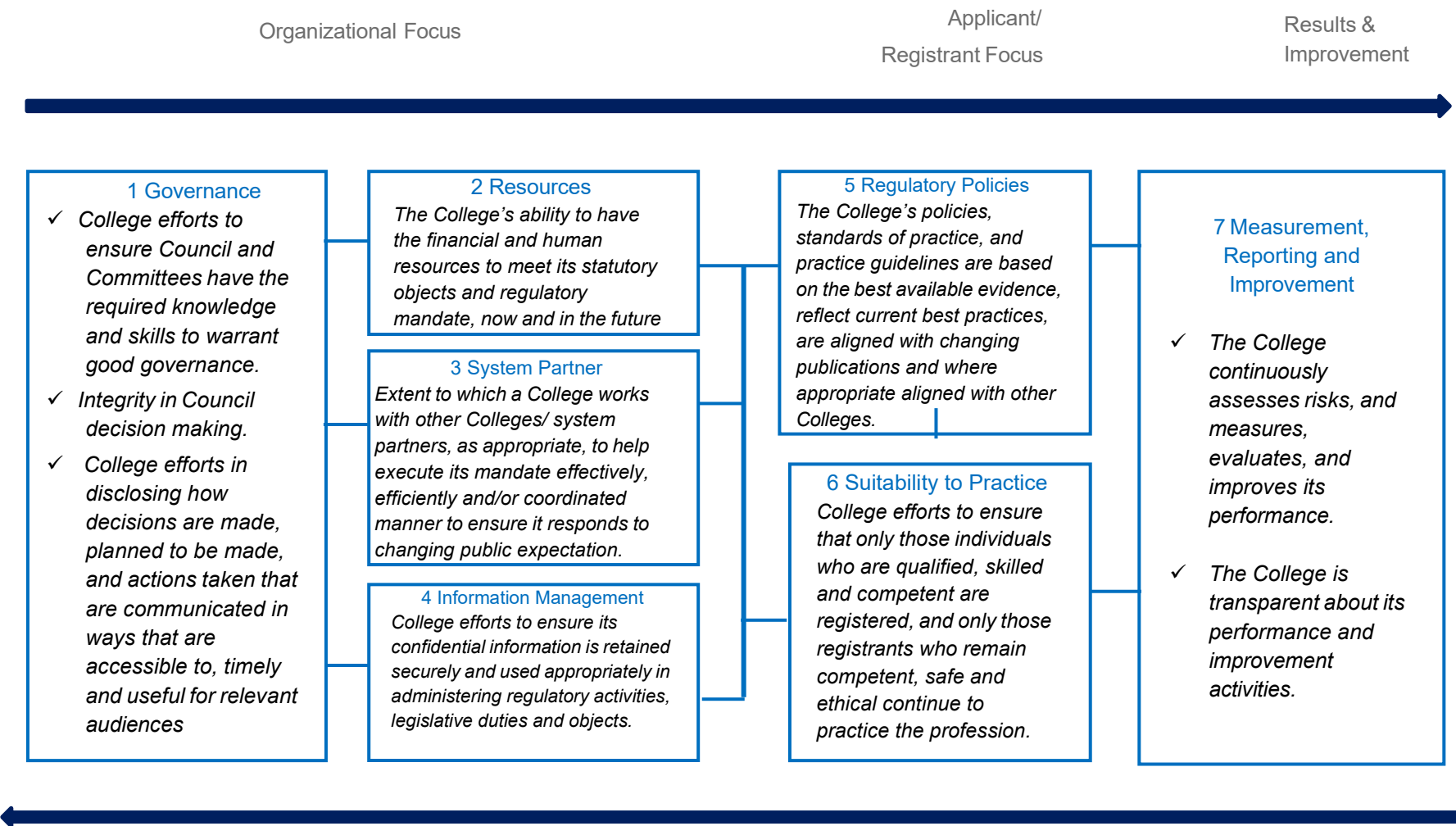


Figure 2: CPMF Domains and Standards

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 College Performance Measurement Framework (CPMF) remains a cornerstone of regulatory transparency and excellence in Ontario. Through this fifth iteration, the CPMF will continue to provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges during 2024.

The information gathered through the CPMF Reporting Tool is intended to spotlight areas for enhancement, prompting closer attention and potential follow-up actions. As in the past, the Ministry will not assess whether Colleges meet or do not meet the Standards in the CPMF. The outcomes of the reporting will continue to facilitate meaningful dialogue on performance improvement among College staff and Council members and between Colleges and their broader communities, including the public, the Ministry, members, and other stakeholders.

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.

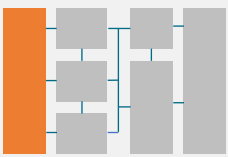
In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

There are eight pieces of Evidence 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 asked to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark.

Where a College fully met Evidence in 2023 and 2024, the College may opt to respond with ‘Met in 2023 and Continues to Meet in 2024’. 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: Partially The competency and suitability criteria are public: Choose an item. Yes If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria. The eligibility criteria for professional members are found on page 12 of CDHO’s Bylaws. Registered Dental Hygienists (RDHs) interested in running for election must review the Council Competency Profile before submitting their nomination package. While eligibility is not determined based on the profile, RDHs elected to Council complete a self-assessment based on the profile to help identify opportunities for further training.
			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. In September 2023, CDHO’s Council launched a third-party governance review, led by Harry Cayton and Deanna Williams. The review examined Canadian and international trends in regulatory governance modernization and included interviews with Council members and CDHO’s senior staff. Harry Cayton and Deanna Williams presented their report at the March 8, 2024 Council meeting. Among the recommendations was the need for Council to move to a competency-based recruitment and screening process (see page 25 of the governance report). As part of its new strategic planning process (also a recommendation), Council is considering these recommendations.

		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 OR list orientation training topics. Professional members wishing to stand for election must attend a virtual orientation session before the election. In 2024, the pre-election orientations were held on October 16, October 30 and November 21, and were facilitated by the Chair or Vice-Chair and the Registrar/CEO. The training lasts 1.5–2 hours and topics include: • The role of CDHO and Council • Relevant legislation and regulations • The Policy Governance model • Council’s Code of Conduct • Conflict of interest • Confidentiality • Expectations of Council members Once elected, new Council members attend a second orientation that briefly recaps the matters above and deals with administrative matters (e.g., submitting expenses, online document platform for meeting materials, general questions). This orientation took place on January 12, 2024. At the first meeting of the year, CDHO’s legal counsel provides an overview of the <i>Regulated Health Professions Act</i>, conflict of interest, confidentiality, fiduciary duties and governance.	
			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:	Yes
			The competency and suitability criteria are public: Choose an item. Yes If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria. The Committee Composition Profile is available on CDHO’s website and outlines the specific knowledge, skills, and attributes required of members appointed to statutory and non-statutory committees. Statutory committees are populated according to this profile.	

			<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. 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 and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. Staff who support statutory committees facilitate a training session at the first meeting of the new committee. These orientation sessions last from an hour to a full day, depending on the committee, and are held virtually. Topics include: • Overview of the committee’s legislated mandate • Relevant legislation and regulations • Role of committee members and expectations • Confidentiality/conflicts of interest/bias (if applicable) • Committee policies and procedures		
			<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:	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 OR list orientation training topics. Public appointees receive the same training (noted above) as professional members, and they also receive a general overview of Dental Hygiene. This training occurs whenever a new public appointee joins Council. In 2024, the sessions were held on April 17, August 15, October 17 and October 21. They are facilitated by the Chair (or Vice-Chair) and the Registrar/CEO.	
			<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: 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:	Yes
	• Please provide the year when Framework was developed OR last updated. • Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Choose an item. 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> Through the Policy Governance model, Council evaluates its performance at each meeting according to the schedule found on pages 20-21 and 45-46 of CDHO’s Policy Manual. Examples include: • GP-9 and GP-10 (pages 4-5 of the March 2024 meeting minutes) • CRD-1 and GP-1 (pages 5-6 of the June 2024 meeting minutes) • GP-6 and GP-6.3 (page 6 of the September 2024 meeting minutes) • GP-13 (page 5 of the December 2024 meeting minutes) Council uses this feedback to improve their monitoring and overall performance. Separately, Council also administers a feedback survey at the end of each meeting that focuses on the conduct of the meeting. Those results are reviewed and discussed by the Executive Committee.	
	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. In June 2022, Council contracted Deanna Williams of Dundee Consulting to complete a third-party assessment of Council’s effectiveness. The assessment took place between June 2022 and February 2023. The final report was presented to Council at its March 2023 meeting (starting on page 182 of the March 2023 meeting materials) and is available on CDHO’s website. In September 2023, CDHO’s Council launched a third-party governance review, led by Harry Cayton and Deanna Williams. The review examined Canadian and international trends in regulatory governance modernization and included interviews with Council members and CDHO’s senior staff. Harry Cayton and Deanna Williams presented their report at the March 8, 2024 Council meeting. As part of its new strategic planning process (also a recommendation), Council will develop a plan to address these recommendations.	
			<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. 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 OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. At the beginning of each year, Council members complete a self-assessment against the competencies outlined in the Council Competency Profile. The results of the survey help the Executive Committee determine professional development needs and committee assignments. Council participated in the following initiatives in 2024: • Council orientation (overview of the RHPA, fiduciary duties, etc.) – Julie Maciura, SML Law • Developing a strategic plan – Julie Maciura, SML Law • Strategic planning workshops – Kevin McCarthy, The Regulator’s Practice	
			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):	

		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 OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. Risk management The governance review conducted by Harry Cayton and Deanna Williams recommended that Council move away from the policy governance framework to a different form of governance to (among other reasons) better mitigate risk (see page 25 of the governance report). In June 2024, Julie Maciura of SML Law facilitated a session for Council on strategic planning and Council attended several workshops with Kevin McCarthy of The Regulator’s Practice focused on strategic planning to help move to this new model of governance. Access to oral health care Council received several presentations focusing on access to oral health. These presentations connected Council with system partners and provided a forum to ask questions: • Keisha Simpson, CDHO’s Manager of Registration, presented to Council in June 2024 following her attendance at the 2024 Global Oral Health Symposium (Advancing Oral Health Among Indigenous Communities). • Staff from Health Canada attended the September 2024 Council meeting to present on the Canadian Dental Care Plan (CDCP). • Staff from Statistics Canada attended the December 2024 Council meeting to present on the Canadian Oral Health Survey.		
			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 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 is found in sections 3.7-3.9 of the CDHO Bylaws. The Code of Conduct also includes conflict of interest provisions (pages 18-21 of the Bylaws). The Bylaws were last reviewed in June 2024 and no changes were proposed to the Code of Conduct or conflict of interest provisions.
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.
			<i>Additional comments for clarification (optional)</i>

		ii. accessible to the public.	The College fulfills this requirement:		Yes	
			Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. The Council Code of Conduct is found in sections 3.7-3.9 of the CDHO Bylaws. The Code of Conduct also includes conflict of interest provisions (pages 18-21 of the Bylaws).			
			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 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).	The College fulfills this requirement:		Yes	
			- Cooling off period is enforced through: By-law - Please provide the year that the cooling off period policy was developed OR 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; OR - Where not publicly available, please briefly describe the cooling off policy. The cooling-off period is stated in pages 12-13 of the Bylaws. At least one year must have passed since a registrant has been an officer, director or employee of any professional advocacy association before they can run for election. In June 2024, the Bylaws were amended to add a lifetime limit of nine years for Council members and six years for non-Council committee members. This would permit an individual to serve with CDHO for a maximum of 15 years (nine as a member of Council, plus six as a non-Council Member), regardless of whether such terms are served consecutively.			
		<u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.				

			<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. 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 OR 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 annual conflict of interest declarations for 2024 can be found starting on page 15 of the March 2024 Council meeting package. At the beginning of every Council meeting, members declare any updates to their declaration responses and any conflicts specific to the meeting agenda. An example can be found on page 2 of the September 2024 meeting minutes where it shows that no conflicts were declared for that meeting.	
			<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:	Yes
			• 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. The public interest rationale is included in the briefing notes where Council is required to make a decision that involves the public interest. Examples of this can be found on: • Page 91 of the June 2024 meeting package • Page 45 of the December 2024 meeting 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)	

		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 as 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:	Yes
			• 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 OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. In the Policy Governance model, the College’s strategic plan is set out in the Global Ends Policy (page 4 of the CDHO Policy Manual). Formal monitoring of all policies is completed by Council according to set schedules (pages 20-21 and 45-46 of the Policy Manual). Internal and external risks are identified within each policy and the associated monitoring reports are designed to provide evidence that these risks have been assessed and mitigated. In 2024, the following policies were monitored: Reviewed at the March 2024 Council meeting (pages 4, 5, 7, and 8 of the March 2024 meeting minutes) • GP-9 Investment in Governance (Mitigates risk by ensuring Council members have the skills to govern with excellence and holds Council accountable to uphold their fiduciary duties) • GP-10 Governance Succession Planning (Mitigates risk by ensuring Council members have the competence to govern with excellence) • Global Ends 1–4 (In policy governance, the Ends policies are the strategic ends, so by monitoring these policies, CDHO ensures they are providing the public with safe, ethical and quality dental hygiene services) • EL-1 Treatment of Public and Registrants (Mitigates risk by ensuring conditions, procedures, and decisions related to the public, registrants, or those applying to be registrants, are safe, respectful, not unnecessarily intrusive, and are consistent with enforcement and application of the <i>Regulated Health Professions Act</i> and Code, the <i>Dental Hygiene Act</i>, Regulations under the Act, and any further Council interpretation of the Act in its Bylaws or Policies) • EL-4(1) Financial Conditions and Activities (Mitigates risk through the monitoring of actual expenditures) • EL-7 Compensation of Benefits (Mitigates risk by ensuring an objective and fair approach to compensation and benefits) Reviewed at the June 2024 Council meeting (pages 5-8 of the June 2024 meeting minutes): • CRD-1 Unity of Control (Ensures Council acts as a whole) • GP-1 Governing Style (Ensures Council exemplifies excellence and acts with integrity) • EL-3 Planning (Mitigates risk by ensuring resources are allocated according to the Ends priorities)	

			• EL-4 Financial Conditions and Activities (Mitigates risk through the monitoring of actual expenditures) • EL-6 Investment (Mitigates risk by ensuring that investments are made with the objectives of reasonable growth and capital preservation) • EL-9 Ethical Behaviour (Mitigates risk by ensuring a high degree of integrity at all levels of the organization) Reviewed at the September 2024 Council meeting (pages 6-7 of the September 2024 meeting minutes): • GP-6 Council Committee Principles (Mitigates the risk of Council committees overstepping their authority) • GP-6.3 Registrar/CEO Transition Committee Terms of Reference (Ensures there is continuity of the Registrar/CEO function) • EL-4(1) Financial Conditions and Activities (Mitigates risk through the monitoring of actual expenditures) • EL-5 Protection of Assets (Mitigates risk by ensuring assets are protected and adequately maintained) • EL-10 Development of Standards Governing Practice (Mitigates risk by ensuring that standards of practice are developed in a way that are defensible and consistent with the College’s legislated mandate) • EL-11 Amendments to Act or Bylaws (Mitigates risk by ensuring the Bylaws do not interfere with the College’s legislated mandate) Reviewed at the December 2024 Council meeting (pages 5-7 of the December 2024 meeting minutes): • GP-13 In-Camera Sessions (Ensures Council is compliant with the <i>Regulated Health Professions Act, 1991 Schedule 2, Article 7 (2)</i>, that Council may exclude the public from a meeting if it considers it necessary to protect the interests of the public or a person and the desirability of avoiding disclosure outweighs the desirability of public disclosure of the information) • General Executive Constraint Policy (Mitigates risk by ensuring organizational practices, activities, decisions, or circumstances which are lawful, prudent and not in violation of commonly accepted business and professional ethics) • EL-2 Treatment of Staff (Mitigates the risk of a workplace that is unfair, disrespectful, unsafe, or disorganized) • EL-3 Planning (Mitigates risk by ensuring resources are allocated according to the Ends priorities) • EL-4(1) Financial Conditions and Activities (Mitigates risk through the monitoring of actual expenditures) • EL-8 Communication and Support to Council (Mitigates risk by ensuring Council is informed and supported in its work)
			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)

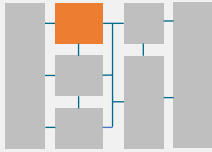
DOMAIN 1: GOVERNANCE	STANDARD 3	Measure:	
		3.1 Council decisions are transparent.	
		Required Evidence	College Response
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement: Met in 2023, continues to meet in 2024 - 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 OR where the process for requesting these materials is posted. Approved Council meeting minutes and Council packages can be found on the Council meetings 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 (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. The Executive Committee provides a written report to Council for information at each Council meeting. These reports include the Executive Committee meeting dates, topics of discussion and decisions. These reports can be found on: Pages 124-125 of the March 2024 meeting package Pages 14-15 of the June 2024 meeting package Pages 17-18 of the September 2024 meeting package Pages 17-18 of the December 2024 meeting 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 (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 2023, continues to meet in 2024?
	Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. Council materials and the livestream link can be found on the Council meetings webpage. Council packages and approved minutes are kept on the website indefinitely.		
	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 2023, continues to meet in 2024
	Please insert a link to the College’s Notice of Discipline Hearings. The Upcoming Discipline Hearings webpage is updated as soon as details are available, which is usually at least one month before a hearing.		

		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: • Please insert a link to the College’s DEI plan. • 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. Council is currently developing a strategic plan for 2025–2027, and DEI will be a strategic priority. While no formal plan is in place, CDHO continues to advance efforts that support DEI, including: • Continuing to provide free access to the NVision course The Path: Your Journey Through Indigenous Canada for all Registered Dental Hygienists and College staff. At the end of 2024, 6,888 individuals completed the course. • Continuing to partner with Indspire, an Indigenous national charity, to deliver the CDHO Bursary for Indigenous Students in Dental Hygiene Programs. • Creating a staff role to lead DEI efforts. • Regular attendance at Health Profession Regulators of Ontario (HPRO) meetings/education sessions on DEI to enhance collaboration in this area. 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 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 OR 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. CDHO continues to monitor the work of the Health Profession Regulators of Ontario (HPRO) on DEI. The Anti-Racism in Health Regulation Project Steering Committee delivered their final products, which include an equity impact assessment. HPRO is holding meetings to help colleges implement these tools, which CDHO is observing. CDHO continues to study these resources to better understand how to implement them and will collaborate with the other colleges on the rollout of these tools.	Partially
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
			<i>Additional comments for clarification (optional)</i>	

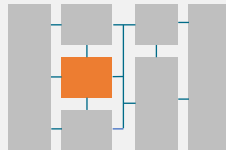
		Measure:	
		4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	
DOMAIN 2: RESOURCES	STANDARD 4	Required Evidence	College Response
		a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.	The College fulfills this requirement:
		<u>Further clarification:</u> 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.	Yes - 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. - Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. CDHO’s Policy Manual (page 8 – EL-3 Planning) provides guidelines on strategy, planning and budgeting. The Senior Leadership team meets before developing the annual budget to discuss: - The multi-year plan - Strategic initiatives for the coming year - Special projects - Departmental requirements - HR needs This information is then used to gather quotes in advance (if required) to develop a budget for the coming year. The budget clearly defines where funds are being allocated. CDHO’s draft 2025 budget can be found on page 42 of the December 2024 meeting package. The budget was approved at the December 2024 meeting (see page 3 of the December 2024 meeting minutes).
			Choose an item.
		<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: 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 2023, continues to meet in 2024
			• 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 While CDHO does not have a separate financial reserve policy outlining minimum reserves, the Policy Manual includes several policies addressing financial matters and the use of reserves (pages 9-12 of the Policy Manual). These policies are reviewed annually as part of the financial audit and the last review was Q1 2024. CDHO’s 2023 Annual Report outlines the organization’s net assets, which includes restricted and unrestricted funds (page 23 of the 2023 Annual Report).	
			<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:	Yes
			• 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. CDHO’s Policy Manual includes two policies related to human resources and succession planning: • EL-2 Treatment of Staff (page 7 of the Policy Manual) • CRD-6 Registrar/CEO Succession (pages 22-24 of the Policy Manual) A succession plan has been developed for operational purposes. This plan addresses the following: • Ensuring departmental procedure manuals are developed. • Assessing current and future needs based on organizational goals and objectives, programs and/or projects, and matching these to the capabilities of the existing workforce. • Developing a plan to manage the gaps that will arise when individuals in key positions leave or are promoted. • Training and developing existing staff. • External recruitment. • Completion of performance evaluations and assisting employees in developing goals that will assist them and CDHO in meeting future needs. • Allocating resources for staff education and training. • Supporting supervisors in coaching and mentoring skills and activities. • Including succession planning in the annual planning process.	
			<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 OR please briefly describe the plan. CDHO’s Cybersecurity and Data Protection Framework includes the following elements: Policies and Risk Management: Risk Management Plan: The inclusion of a Risk Management Matrix, reviewed by CDHO’s Managed Service Provider, ensures ongoing monitoring and vulnerability assessments. General Data Protection Regulation (GDPR) Policy: Reflects CDHO’s commitment to adopting updated regulatory-compliant practices, such as cookie management and data protection. Backup and Recovery: Backup Schedule and Disaster Recovery Plan: Regular backup updates and disaster recovery protocols show a systematic approach to maintaining and improving technology resilience. Network and Endpoint Security: Windows Workstation Security and Multi-Factor Authentication (MFA): Regular updates to Windows workstations and the phased implementation of MFA. Monitoring and Auditing: Log Management and Systems Monitoring: Regular review of logs and system activity supports continual updates and alignment of CDHO’s technology plan with emerging security and operational needs. Application Security: Pending CRM Migration to Dynamics 365: CDHO is focused on digitizing key processes, such as registration, while implementing advanced cybersecurity measures and ensuring compliance with privacy regulations. This migration reflects an adaptive strategy to leverage cloud-native security and efficiency improvements within a secure Dynamics 365 environment.	

			Data Security and Retention: • Comprehensive Retention Policy: CDHO’s retention schedules define retention periods by department and record type, ensuring consistent data handling. Categories like A (Archival), CY (Current Year), and T/E (Event Trigger) guide retention and disposition. Records, including project management, IT backups, and employee files, follow strict timelines for classification, secure destruction, or archival to ensure compliance and data protection. External Services and Vendor Collaboration: • Syscomm IT Support: Demonstrates collaboration with external vendors for vulnerability assessments and backup management.	
			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> CDHO engages with several regulators and other partners to strengthen its oversight mandate and align practice expectations. Examples include: Other regulators: Ontario’s oral health profession regulators: CDHO regularly collaborates with the Royal College of Dental Surgeons of Ontario (RCDSO), the College of Denturists of Ontario (CDO), and the College of Dental Technologists of Ontario (CDTO). The registrars meet monthly to discuss issues of common interest.	

	• The College of Massage Therapists of Ontario (CMTO): A CDHO case manager is currently under a secondment with CMTO to support their investigations team. This has been a successful partnership that has been extended and CDHO continues to explore other ways staff resources can be shared. Hub 601: Hub 601 was launched in April 2023 and is a multi-regulator workspace hosted by CDHO. Hub 601 is a place for partner colleges to use for in-person work, staff meetings, and Council/Board and committee meetings in a setting that promotes collaboration and innovation. Partners now include: CDHO (who provides the space); the College of Audiologists and Speech Language Pathologists of Ontario; the College of Denturists of Ontario; and the College of Dietitians of Ontario. The colleges have collaborated on staff diversity training and are exploring ways to further share resources and expertise. In 2024, staff from the partner colleges were invited to a facilitated discussion on artificial intelligence. Professional associations: CDHO maintains close and cooperative relationships with the Ontario Dental Hygienists’ Association (ODHA), the Canadian Dental Hygienists Association (CDHA), and the Federation of Dental Hygiene Regulators of Canada (FDHRC). CDHO’s Executive Committee and Registrar/CEO meet twice a year with the ODHA’s Executive and Executive Director, or more often if required, to discuss issues of common interest. At these meetings, CDHO discussed initiatives related to scope of practice and proposed amendments to CDHO’s Registration Regulation. CDHO’s Registrar/CEO is a director on the FDHRC Board, which provides a forum for networking and information exchange among Canadian dental hygiene regulators. Educational programs: CDHO conducts regular outreach with Ontario’s Dental Hygiene educational programs. In 2024, staff sent an invite to all programs, offering a presentation to students that focuses on CDHO’s role and how to register. One element of CDHO’s annual Patient Relations Plan is the updating and distribution of the <i>Prevention of Sexual Abuse of Clients Instructor’s Guide for Ontario Dental Hygiene Educational Programs</i>. This guide helps educators in ensuring that students understand the relevant principles and guidelines related to sexual abuse prevention before becoming registered. In 2024, CDHO also discussed curriculum enhancement related to scope of practice.
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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.

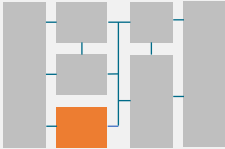
- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe 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.*
- *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).*

CDHO has an extensive network of system partners such as other regulators (both provincially and nationally), educational institutions, government, and other provincial and national organizations that it can reach out to or respond to for assistance at any time. The two-way relationships are collegial and collaborative, and provide valuable information that is used to help CDHO respond and identify changing public/societal expectations in a timely manner. CDHO staff in most departments also belong to advisory groups related to their regulatory functions. These relationships are maintained through regular correspondence and meetings. Information and experiences are freely shared amongst the groups. Examples of how CDHO engaged with partners to respond to changing public expectations include:

Diversity, Equity and Inclusion:

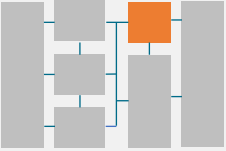
- Continued partnership with [Indspire](#), an Indigenous national charity, to create the [CDHO Bursary for Indigenous Students in Dental Hygiene Programs](#). Through this partnership, CDHO is supporting efforts to increase access to higher education for Indigenous students.
- Continued partnership with NVision Insight Group to provide their course *The Path: Your Journey Through Indigenous Canada* free of charge to all Registered Dental Hygienists. Completing The Path provides a valuable opportunity for RDHs to learn about the history and contemporary realities of First Nations, Inuit and Métis in Canada. Completion can count toward an RDH’s Quality Assurance requirements.

	Public engagement/awareness: • CDHO continued a successful partnership with an external research firm to administer an annual Voice of the Patient (VOP) survey. The survey is administered in four languages – English, French, Mandarin and Punjabi – and 2,000 patients are surveyed. The survey asks about their experiences with Dental Hygiene practice, with a focus on equity, diversity and inclusion. CDHO uses this data to improve resources for RDHs and to develop more patient-focused information. ○ In 2024, additional focus groups were held with patients who reported low levels of satisfaction when receiving Dental Hygiene services. ○ In 2024, CDHO launched an Ontario-wide public awareness campaign in response to low levels of awareness reported by patients through the VOP survey. The campaign is running digitally throughout the province, and in print and online in Indigenous, northern and remote communities. The goal is to increase awareness of CDHO’s role and drive traffic to resources such as the Public Register.
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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: • Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information. Information on how CDHO collects and uses personal information can be found on the Privacy webpage. CDHO also has a Retention and Safeguarding Policy.
			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)

		ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information. Benchmarked Evidence	The College fulfills this requirement:	Yes
			- Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. Information on CDHO’s cybersecurity measures can be found on the Privacy webpage. The sections below provide further information, as detailed in CDHO’s Cybersecurity and Data Protection Framework strategy: Policies and Risk Management: Cybersecurity Policies: These include guidelines for password management, endpoint encryption, email security protocols, and securing employee devices. The Network Security Policy specifically focuses on securing access and preventing unauthorized use of the network. The Information Systems Policy emphasizes data confidentiality and secure communication practices. Training and Incident Response: Cybersecurity Training: Ongoing training programs ensure staff are educated on cybersecurity best practices to foster vigilance against unauthorized disclosures. Incident Response Plan: This includes managing breaches through detection, containment and recovery, addressing both accidental and unauthorized disclosures. Backup and Recovery: Backup Schedule and Encryption: Regular, encrypted backups ensure data recovery while preventing unauthorized access to sensitive information during storage. Network and Endpoint Security: Endpoint Encryption: Use of tools like BitLocker ensures unauthorized individuals cannot access sensitive data on endpoint devices. Penetration Testing: Annual tests help identify and rectify vulnerabilities that could lead to accidental or unauthorized disclosures. Email and Communication Security: Email Encryption: Ensures confidentiality when transmitting sensitive information via email, preventing unauthorized disclosure.	

			Monitoring and Auditing: • Log Management and Systems Monitoring: These measures enable detection of unauthorized activities, helping to mitigate risks of accidental or deliberate disclosure. Application Security: • Role-Based Access Control: Restricts access to data based on user roles, significantly reducing the potential for unauthorized disclosures. • SQL Injection Prevention: Enhances the security of cloud environments against unauthorized database access. Data Security and Retention: • Retention Policy and Secure Destruction: Ensures data is retained only as long as necessary and securely destroyed, minimizing risks of accidental exposure. • Security and Compliance Classification: Categorizes records by sensitivity to enforce appropriate security and access controls. Pending CRM Migration to Dynamics 365: • Cloud-Native Security Features: This transition enhances security with encryption, automated threat detection and strict access controls to protect against unauthorized disclosures.
			<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: 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. <i>Benchmarked Evidence</i>	The College fulfills this requirement: Met in 2023, continues to meet in 2024 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). College staff regularly monitor changes in Dental Hygiene practices and technology through various means, including review of current evidence-based literature and consultations with system partners. These include but are not limited to other regulators in Ontario and across Canada, Dental Hygiene educators, Health Profession Regulators of Ontario (HPRO) working groups, Dental Hygiene associations, the Ontario Ministry of Health, Public Health Ontario, and the Citizen Advisory Group. College Policies, Standards of Practice and Practice Guidelines are reviewed every five years or as needed.
			<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. 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. CDHO develops or changes its standards, guidelines, and policies by: - considering emerging evidence and research - reviewing questions received via the Practice Advisory Service - comparing regulatory practices in other jurisdictions - consulting with registrants, the public, educators, other regulators, government, etc. CDHO prioritizes development or changes based on risk to the public and requirements for the delivery of care. For example, in 2024, several updates were made to the Infection Prevention and Control (IPAC) guidance to align with the latest Public Health Ontario and Ontario Ministry of Health standards, with a focus on improving the clarity and accessibility of resources for registrants. The first revision included an updated chart on mask characteristics. This chart provides clearer information on the manufacturer’s filtration levels and helps the RDH at the point of care risk assessment, improving clarity around PPE selection. The second revision was to clarify hand hygiene sink requirements. This included a more explicit statement regarding the need for an easily accessible hand hygiene sink at the point of care. This ensures that Registered Dental Hygienists can perform hand hygiene effectively, no matter the practice setting, minimizing the risk of cross-contamination during care.	
			<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>	

Benchmarked Evidence

		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:	Yes
			• 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. Over the last few years, CDHO has been exploring ways to help Registered Dental Hygienists (RDHs) further improve their knowledge and build confidence in practice, including through the development of e-learning modules. In 2024, CDHO began developing a trauma- and violence-informed care (TVIC) e-learning module. It will explore the effects of trauma; offers guidance on providing TVIC; and highlights why TVIC is essential for building trust and creating a safe environment for clients and staff. At the end of the module, RDHs are provided with a set of reflection questions. While RDHs are not required to complete this module, completion can count towards their Quality Assurance hours. The module will be available in early 2025. CDHO also partnered with the Canadian Society for Disability and Oral Health to develop an e-learning module on treating clients with disabilities. The module will provide an overview of common disabilities and their associated oral health manifestations; barriers to accessing care for clients with disabilities; and considerations for treating clients with disabilities. The module will be interactive and include a mechanism to reinforce learning. The module will be completed by the end of 2025 and completion can also count towards an RDH's Quality Assurance hours.	
			<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: 9.1 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 .	<table><tr><td>The College fulfills this requirement:</td><td>Yes</td></tr><tr><td colspan="2"> - Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. - Please insert a link and indicate the page number 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.). </td></tr><tr><td colspan="2">The following processes are in place to ensure that those who meet the registration requirements receive a certificate to practise: - The online application forms employ built-in logic and validation rules to ensure the accuracy of data submitted and to ensure that all required information is entered before submission. - Some supporting documentation, such as transcripts and letters or certificate of good standing, must be submitted directly to CDHO by the issuing body to ensure their authenticity. - All applications and supporting documentation are reviewed by staff to confirm that all requirements have been met. - Applicants are notified of any inconsistencies or inaccuracies with information submitted and are provided an opportunity to correct the information and make any additional submissions. - Application anomalies and significant application concerns are reported to the Registration Manager and Deputy Registrar for further review and decision. - If there are doubts based on reasonable grounds as to whether an applicant fulfills the registration requirements, the Registrar refers the application to the Registration Committee for review and decision. </td></tr><tr><td colspan="2"></td><td colspan="2">All applicants sign a release that allows CDHO to contact any institution, agency, employer or regulatory body to verify any information relevant to their application and that would assist CDHO in determining whether they are eligible to be registered.</td></tr></table>	The College fulfills this requirement:	Yes	- Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. - Please insert a link and indicate the page number 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.).		The following processes are in place to ensure that those who meet the registration requirements receive a certificate to practise: - The online application forms employ built-in logic and validation rules to ensure the accuracy of data submitted and to ensure that all required information is entered before submission. - Some supporting documentation, such as transcripts and letters or certificate of good standing, must be submitted directly to CDHO by the issuing body to ensure their authenticity. - All applications and supporting documentation are reviewed by staff to confirm that all requirements have been met. - Applicants are notified of any inconsistencies or inaccuracies with information submitted and are provided an opportunity to correct the information and make any additional submissions. - Application anomalies and significant application concerns are reported to the Registration Manager and Deputy Registrar for further review and decision. - If there are doubts based on reasonable grounds as to whether an applicant fulfills the registration requirements, the Registrar refers the application to the Registration Committee for review and decision.			
The College fulfills this requirement:	Yes										
- Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. - Please insert a link and indicate the page number 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.).											
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		All applicants sign a release that allows CDHO to contact any institution, agency, employer or regulatory body to verify any information relevant to their application and that would assist CDHO in determining whether they are eligible to be registered.									

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.

			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 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. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated.	
			As part of CDHO’s commitment to continuously improving its application and registration practices, CDHO conducts a legal audit of the Registration Committee and the Registration Department every five years. The last audit was completed in 2022, and several recommendations were implemented, as noted in CDHO’s 2023 CPMF submission. The next legal audit is scheduled for 2027. In 2024, CDHO initiated a project to upgrade its database, which supports all application forms, the Self-Service Portal and Public Register. This upgrade aims to enhance functionality, eliminate redundancies, and improve the accuracy of information submitted through new form validation rules. CDHO continues to survey new registrants annually to assess their experience with the application process and to identify improvements. CDHO publishes the results of this survey in a dashboard. The dashboard summarizes responses for each of the ten sections of the application process.	
			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: 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. - Please briefly describe how the College identified currency and competency requirements. - Please provide the date when currency and competency requirements were last reviewed and updated. - 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. Under CDHO’s Registration Regulation, currency is considered: - graduation from an accredited Dental Hygiene program or a program deemed to be substantially equivalent to an accredited Dental Hygiene program within the previous three years; - practice within the previous three years; or - completion of a refresher course or competency assessment within the previous 18 months. Ongoing conditions of registration include conduct, insurance and authorization to work in Canada. Registrants self-declare: - currency annually during renewal and on change of status and reinstatement applications. - conduct, insurance and work authorization annually during renewal and on change of status and reinstatement applications. Every year, five percent of RDHs in the General Class are randomly selected to take part in an insurance audit to ensure they are carrying current professional liability insurance.
		<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.

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 2023, continues to meet in 2024
	- Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. - Where an action plan was issued, is it: Choose an item. There were no recommendations for improvement resulting from CDHO’s 2023 Fair Registration Practices Report. CDHO also received a low-risk rating in the Office of the Fairness Commissioner’s Risk-informed Compliance Framework (RICE) for the 2024–2026 risk cycle.	
	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 changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents). <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.	The College fulfills this requirement: Met in 2023, continues to meet in 2024 - Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: While CDHO did not create or revise any standards or guidelines in 2024, several changes are underway in the Quality Assurance Program that required CDHO to provide support to Registered Dental Hygienists (RDHs) in understanding new requirements. A new Path option is being provided to registrants who are selected for assessment. This new Path provides RDHs with the opportunity to participate in Peer Circles, which are group discussions of 8–10 RDHs led by an RDH facilitator. The groups discuss scenarios that RDHs may face in practice, and they find ways to address the scenario together. Case scenarios are written and reviewed by RDHs from across Ontario, working in diverse areas of practice and with different levels of experience. Cases centre around issues that are common in a variety of practice settings, such as: - Communication - Ethical decision making - Professional boundaries - Conflicts of interest - Fraud - Informed consent - Process of care In addition to preparing RDHs, CDHO engaged heavily with the profession on the development of Peer Circles. In 2024, CDHO recruited additional facilitators and case writers/reviewers, with the response to each call far exceeding expectations. CDHO also held focus groups with the profession on establishing the structure of peer-to-peer coaching sessions for Path 4 Peer Circles. Activities undertaken to support registrants (% of registrants reached/participated by each activity): - Developed a landing page to explain upcoming changes to the QA Program (35,381 views of this page in 2024) - Created a video introducing Peer Circles (3,400 views in English and 346 views in French in 2024)

			- Delivered 28 Peer Circles (15 in person and 13 online) with 1,091 RDHs attending (6.9% of registrants) so they could experience Peer Circles before they are formally rolled out. - Developed newsletter articles to explain Peer Circles, including: Fun Facts About Peer Circles What happens in a Peer Circle? Evaluation conducted on effectiveness of support provided: Participants who attended Peer Circles in 2024 were surveyed about their experience, and 41% of attendees responded to the survey. Topics covered in the survey included: whether and why they would recommend Peer Circles to other RDHs; how participation in Peer Circles might impact their practice; how they saw Peer Circles contributing to the QA Program; how sessions could be improved; and how the facilitator impacted the Peer Circle experience. - Does the College always provide this level of support: Choose an item. YES <i>If not, please provide a brief explanation:</i>	
			<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: 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 2023, continues to meet in 2024
		• Please list the College’s priority areas of focus for QA assessment and briefly describe how they have been identified OR 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: Yes • <i>If yes, please insert link to the policy.</i> All Registered Dental Hygienists (RDHs) complete 75 hours of learning for each three-year cycle. RDHs selected to submit their Quality Assurance records may submit their Learning Portfolio or pass a written assessment (QA Test), and those currently practising may submit a Practice Profile or choose to participate in an onsite practice review. RDHs with gaps identified in knowledge (Learning Portfolio or QA Test) may be directed to complete remediation. Registrants with deficiencies in the Practice Profile are asked to participate in a telephone interview with an assessor. If the telephone interview does not clear up the deficiency, the RDH is asked to participate in an onsite practice review. Registrants with gaps in skill/judgement (Practice Profile or onsite practice review) may be directed to complete remediation and/or further assessment (onsite practice review and/or chart audit). View the QA Policies and Procedures.	
		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:	Met in 2023, continues to meet in 2024
			• 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> – <i>Public</i> Choose an item. YES (Public opinion survey in 2011) – <i>Employers</i> Choose an item. NO – <i>Registrants</i> Choose an item. YES (Registrant opinion surveys in 2013 and 2022; TQI surveys in 2014 and 2021) – <i>other stakeholders</i> Choose an item. YES (QA assessor survey in 2022 and QA Committee survey in 2022) Onsite practice reviews (practice assessment) are risk based – only those with deficiencies identified in the practice profile and telephone interview participate in an onsite practice review. Where deficiencies are identified in practice, registrants may be required to participate in remediation and/or further assessment.	
			<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>	
		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 2023, continues to meet in 2024
			• Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. See pages 2-5 of the QA Program Guidelines and pages 4-5, 8-12 and 29-40 of the QA Policies.	
			<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.

			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 OR 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 OR please briefly describe the process. Remediation required as part of an outcome before the Inquiries, Complaints and Reports Committee (ICRC) or Discipline Committee normally includes a period of monitoring or evidence of successful completion to ensure that the Registered Dental Hygienist (RDH) has demonstrated the required competence. These outcomes are monitored by staff and any issues identified are brought to the Registrar for consideration of further investigation. Successful completion of remediation activities is noted on the RDH’s Public Register profile. Quality Assurance remediation requirements and deadlines are tracked on an internal database. The RDH submits a certificate of completion for the course, or the course facilitator submits a report/certificate directly to CDHO. In some cases where a certificate is not issued, an RDH may be asked to submit a summary of learning.		
		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: - supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; - 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: Yes - 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. - Please insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible. Information on CDHO’s complaints process can be found on the File a Complaint webpage and the Investigating your Complaint webpage. Information is also available for clients who have been sexually abused by a Registered Dental Hygienist on the Funding for Therapy webpage. CDHO’s complaint intake protocol includes: - acknowledging receipt of the complaint - contacting the complainant to discuss the process - verifying the concerns identified to ensure all relevant information has been received - having the complainant sign a confirmation of issues form to ensure that CDHO has understood their complaint or concerns correctly. All correspondence sent to the parties informs them of the next steps in the process.
			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)

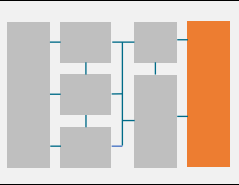
		iii. evaluated by the College to ensure the information provided to complainants is clear and useful. <i>Benchmarked Evidence</i>	The College fulfills this requirement:		Yes
			- Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. - CDHO uses standardized correspondence during the complaints process to ensure that information provided to complainants is consistent and useful. These templates are reviewed regularly by staff and updated as needed. - CDHO conducts a full audit of its complaint process every five years by external legal counsel. Legal counsel reviews all templates to ensure that the information is clear and accurate. - CDHO invites participants in the complaint process to participate in a voluntary survey at key points during the investigation process to provide comments on their experience, including whether the information provided by CDHO was clear and helpful. Feedback received from these surveys is reviewed and incorporated into CDHO’s protocols as appropriate.		
			<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:		Yes
			Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>). CDHO’s Professional Conduct department has an administrative policy to respond to all inquiries within two business days, and any matter disclosing concerns of sexual abuse within one business day. The Professional Conduct department responded to 100% of inquiries from the public within five business days.		
			<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 2023, continues to meet in 2024
			- 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. Supports available to the public during the complaints process include: - Access to interpretation/translation services - A dedicated case manager serves as a central point of contact to respond to questions, provide guidance about the process and give updates on progress of the complaint - Staff availability outside of regular business hours where required - Tailored assistance to complainants with a disability to ensure accessibility - In 2024, CDHO approved a policy to make available supplementary supportive funding for individuals receiving funding for therapy and counselling related to sexual abuse by an RDH. The supplemental funding covers reasonable costs incurred to access therapy and counselling, such as for dependent care, travel, or accommodation. Complainants are made aware of available support upon initial intake of their complaint, and, where needed, by CDHO staff during the complaints process.	
			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: 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:	Yes
		• 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. • Complainants are assigned a dedicated case manager to serve as a central point of contact to respond to questions, provide guidance about the process and give updates on the progress of the complaint. Complainants can contact their case manager by phone, e-mail, or mail. All correspondence contains the contact details of the case manager and an invitation to contact them if there are any questions. • Professional Conduct staff provide regular updates to parties in the proceeding based on milestones in their case. Staff also advise parties of the expected timeframes for the completion of the next stage in the process. For example, staff will advise parties when the complaint investigation has completed and of the scheduled date for review by a panel of the ICRC, including the expected timeframe for receipt of the panel’s decision and reasons.		
		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: Met in 2023, continues to meet in 2024 - 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). CDHO formalized its complaint triage protocol in 2021. A numeric value is assigned to complaints upon intake, based on factors such as: - the nature of the alleged conduct - the registrant’s prior history - risk to other clients (e.g., infection prevention and control) This value is assigned in the College’s case tracking database and used to prioritize complaints based on their assessed risk.
		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:	Met in 2023, continues to meet in 2024	
			• Please insert a link to the policy and indicate page number OR 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’). The College shares information about the following matters: • Concerns regarding a registrant to the registrant’s employer (e.g., notification of suspension). • Potential concerns about an RDH who is registered in another profession to that regulatory body. • Potential concerns about other regulated professionals to their regulatory body.		
			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)					

		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 2023, continues to meet in 2024 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. Council sets broad strategic directions for CDHO through four outcomes called “Ends Statements”. The Ends Statements can be found on page 4 of CDHO’s Policy Manual. KPIs are established using the Executive Limitations Policies (starting on page 5 of the Policy Manual).
			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)	
		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:	Met in 2023, continues to meet in 2024
			- 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. At each Council meeting, Council receives monitoring reports from the Registrar/CEO relating to the Executive Limitations Policies. Examples include: September 27, 2024 meeting minutes (pages 6-7) June 7, 2024 meeting minutes (pages 7-8) March 8, 2024 meeting minutes (pages 6-8) December 6, 2024 meeting minutes (pages 6-7)	
			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)	

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. Benchmarked Evidence	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.	
	<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>	
	If Council determines that criteria in the monitoring reports lack defensible rationale or if there is insufficient evidence of achievement of Ends or compliance with limitations, they will provide a deadline for the Registrar to produce defensible criteria and/or further evidence, unless there is defensible reason for nonachievement. In 2024, there were no instances where there was insufficient evidence of progress. This process is laid out in the Policy Manual under CRD 3: Delegation to the Registrar and CRD 4: Monitoring Registrar Performance, starting on page 18 of Council’s Policy Manual .	
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 2023, continues to meet in 2024
	Please insert a link to the College’s dashboard or relevant section of the College’s website. In addition to the monitoring reports that are presented at each Council meeting, CDHO’s annual reports detail its performance toward meeting strategic objectives and various regulatory outcomes. CDHO also publishes outcomes from its engagement with the public and applicants on its Reports and Performance Data 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 (if needed)</i>		

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.

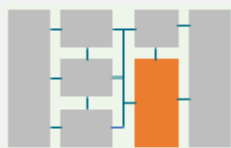
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: ‘Nil’ and indicate any plans to collect the data in the future.

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: Choose an item. <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 2024*		<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 2024. 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. Learning Portfolio Path 1	7		
ii. QA Test Path 2 or 3	10		
iii. Onsite Practice Review (incl. practice environment + chart audit) assessor invoices	2		
iv. Chart Audit (charts only)	2		
v. Clinical Competency Evaluation	0		
-			

<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> NR	
<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: Choose an item.			
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.
CM 2. Total number of registrants who participated in the QA Program CY 2024	22	0.13	
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 2024.	8	36.3	
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 2024, understanding that some cases may carry over.			
NR			
Additional comments for clarification (if needed)			

Table 3 – Context Measure 4

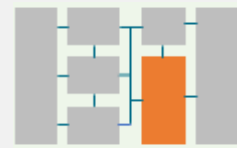
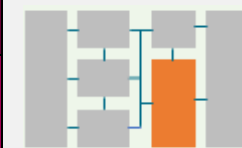
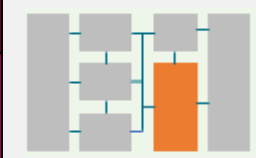
DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 10				
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item.				
If a College method is used, please specify the rationale for its use:				
Context Measure (CM)				
CM 4. Outcome of remedial activities as at the end of CY 2024:**		#	%	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*		7	100	
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 2024. **This measure may include any outcomes from the previous year that were carried over into CY 2024.				
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: Choose an item. 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 2024			Formal received	Complaints	Registrar Investigations initiated	
Themes:			#	%	# %	
I. Advertising			NR	NR	NR NR	
II. Billing and Fees			6	24%	NR NR	
III. Communication			12	48%	NR NR	
IV. Competence / Patient Care			16	64%	5 42%	
V. Intent to Mislead including Fraud			NR	NR	NR NR	
VI. Professional Conduct & Behaviour			7	28%	7 58%	
VII. Record keeping			NR	NR	NR NR	
VIII. Sexual Abuse			NR	NR	NR NR	
IX. Harassment / Boundary Violations			NR	NR	NR NR	
X. Unauthorized Practice			NR	NR	NR NR	
XI. Other <Privacy and Confidentiality>			NR	NR	NR NR	
Total number of formal complaints and Registrar’s Investigations**			25	100%	12 100%	
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.						

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: Choose an item.				
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 2024	23		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 2024	11		
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 2024	12		
CM 9.	Of the formal complaints and Registrar’s Investigations received in CY 2024**:	#	%	
I.	Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	NR	NR	
II.	Formal complaints that were resolved through ADR	NR	NR	
III.	Formal complaints that were disposed of by ICRC	22	96%	
IV.	Formal complaints that proceeded to ICRC and are still pending	NR	NR	
V.	Formal complaints withdrawn by Registrar at the request of a complainant	NR	NR	
VI.	Formal complaints that are disposed of by the ICRC as frivolous and vexatious	NR	NR	

VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	NR	NR	
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: Choose an item.							
If a College method is used, please specify the rationale for its use:							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2024	33						
Distribution of ICRC decisions by theme in 2024*	# 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	NR	NR	NR	NR	NR	NR	NR
II. Billing and Fees	NR	NR	NR	NR	NR	NR	NR
III. Communication	6	NR	NR	NR	NR	NR	NR
IV. Competence / Patient Care	7	NR	NR	NR	NR	NR	NR
V. Intent to Mislead Including Fraud	5	NR	NR	NR	NR	NR	NR
VI. Professional Conduct & Behaviour	NR	NR	NR	NR	NR	NR	NR
VII. Record Keeping	NR	NR	NR	NR	NR	NR	NR
VIII. Sexual Abuse	NR	NR	NR	NR	NR	NR	NR
IX. Harassment / Boundary Violations	NR	NR	NR	NR	NR	NR	NR

X.	Unauthorized Practice	NR	NR	NR	NR	NR	NR	NR
XI.	Other <Privacy and Confidentiality>	NR	NR	NR	NR	NR	NR	NR
• 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 2024. ++ 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

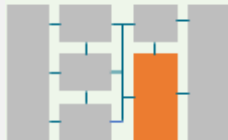
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College own method: Choose an item.			
If College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 11. 90 th Percentile disposal of:	Days	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 2024	166	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 2024	322		
Disposal			
Additional comments for clarification (if needed)			
If one outlier case was excluded, the 90 th percentile disposal of a Registrar’s investigation in working days in CY 2024 would be 221.			
-			

Table 8 – Context Measure 12

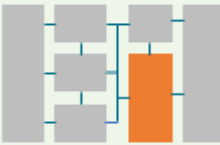
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item.			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 12. 90 th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 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 2024	-		
II. A contested discipline hearing in working days in CY 2024	140		
Disposal Uncontested Discipline Hearing Contested Discipline Hearing			
Additional comments for clarification (if needed)			
There were no uncontested discipline hearings in CY 2024.			
-			

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: Choose an item.

If College method is used, please specify the rationale for its use:

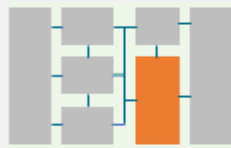
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.
Type	#	
I. Sexual abuse	NR	
II. Incompetence	NR	
III. Fail to maintain Standard	NR	
IV. Improper use of a controlled act	NR	
V. Conduct unbecoming	NR	
VI. Dishonourable, disgraceful, unprofessional	NR	
VII. Offence conviction	NR	
VIII. Contravene certificate restrictions	NR	
IX. Findings in another jurisdiction	NR	
X. Breach of orders and/or undertaking	NR	
XI. Falsifying records	NR	
XII. False or misleading document	NR	
XIII. Contravene relevant Acts	NR	

** 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: Choose an item.		
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	NR	
II. Suspension	NR	
III. Terms, Conditions and Limitations on a Certificate of Registration	NR	
IV. Reprimand	NR	
V. Undertaking	NR	
* 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](#)