



Council Report

Date: April 22, 2022

SUBJECT: Governance Reform, Modernization and Legislative Updates
INITIATED BY: Judith Rigby

PURPOSE:

Council is asked to consider the implications of the recent Ministry of Health (MOH) consultation on governance reforms and regulatory modernization, and enactment of Bill 106, the *Pandemic and Emergency Preparedness Act, 2022*.

PUBLIC INTEREST RATIONALE:

MOH's proposed regulatory governance and modernization reforms are intended to increase public confidence and trust by enhancing transparency and accountability in the regulatory sector.

Council is responsible for setting strategic direction to meet its public interest mandate effectively and efficiently. Engaging in consultations and monitoring regulatory trends ensures that Council can be responsive to changing public expectations.

INFORMATION & CONSIDERATIONS:

BACKGROUND:

Governance reform has been a focus of discussion in the regulatory sector in Canada and abroad for the past several years. CDTO's Council has kept abreast of the considerations and changes undertaken, including:

- The College of Nurses of Ontario's (CNO) Vision 2020 journey, which began in 2014, to ensure that the College's governance was efficient, effective and keeping pace with the public's changing needs.

- The Ontario College of Teachers' (OCT) transition to a new governance model on February 1, 2022, following a 5-year journey. A new Council was formed through a competency-based selection process, and consists of 12 members with equal public representation, down from 37 members.
- Changes made to British Columbia's *Health Professions Act, 1996* following the 2019 Cayton Report, to enhance the ability of a health college to carry out its public protection duties and to enhance governance, transparency and accountability of a college.
- The Oral Health Colleges of British Columbia's journey towards amalgamation which will take effect on September 1, 2022. Public consultations on legislative amendments are underway.

TIMELINE OF ENGAGEMENT AND LEGISLATIVE CHANGES

2019

During the development of the College Performance Measurement Framework, Council undertook core governance initiatives, in addition to its strategic priorities, to ensure that it maintains integrity in its decision making and has the required knowledge and skills to govern well. Many of these were developed and implemented during the COVID-19 pandemic.

In December 2019, Council wrote to the MOH supporting many governance reforms such as reduced Council size with equal public and profession representation. Where reforms may prove more challenging given the nature and size of CDTO, Council provided implementation considerations. Some of these include eliminating the Executive Committee and fully funding Council and Committee member remuneration (Appendix 1).

2020

The priority of the MOH and all health regulators in Ontario changed with the COVID-19 pandemic. CDTO was poised and ready to meet our regulatory obligations despite these unexpected circumstances. The pandemic is now in Year 3 and CDTO is moving from a state of emergency to sustainable evidence-based outcomes that will increase our efficiency and ability to respond swiftly to emerging needs.

June 2021

The Ontario government took action to build a more connected, patient-centered health care system through the introduction of a new bill on April 27, 2021, the *Advancing Oversight and Planning in Ontario's Health System Act, 2021*. Key areas of the Bill include:

- Creating a new framework for oversight for personal support workers and possibly other professions in the future. It is not a College under the *Regulated Health Professions Act, 1991* (RHPA) and registration is voluntary. This oversight authority will be governed by a Board whose structure and processes are defined in the new Act (e.g., Board of 8-12 members, members of the Board cannot be professional members).
- Regulating Physician Assistants by the College of Physicians and Surgeons of Ontario, and Applied Behaviour Analysts under a successor college to the College of Psychologists of Ontario.

Shortly after the passing of this Act on June 3, 2021, the MOH began preparing for a potential burden reduction Bill for Fall 2021 and exploring opportunities for governance reform under the RHPA and its respective profession-specific Acts. The MOH sought input on whether previous advice has changed in light of the progress of time and recent experience with the COVID-19 pandemic, and the introduction of this new framework for oversight.

CDTO responded within the 3-week feedback period and reiterated its previous position on core governance reforms in the December 2019 Letter to the MOH (Appendix 2). However, CDTO also provided additional recommendations based on the work it was engaged in and recent experiences:

- Allow colleges to make rules relating to their core functions using by-laws or policies. Regulation changes take significant time and prevent colleges from acting in a nimble manner.
- Update terminology with respect to Council and the profession to accurately convey the structure and role of the colleges in a consistent manner.
- Amalgamation of colleges which can provide the public with one point of contact, allow smaller colleges to benefit from economies of scale and improved coordination of the health system.

October 2021

Bill 13, *Supporting People and Businesses Act, 2021* was enacted and focused on reducing red tape and helping to build a more efficient Ontario for people and businesses coming out of the COVID-19 pandemic. This Act did not make any changes to the RHPA, however, the MOH announced that it would be consulting on governance reforms for Ontario's health regulatory Colleges. These reforms would improve decision making, bolster transparency and further support high-quality health care for Ontarians.

January 2022

On January 26, 2022, the MOH invited health regulatory colleges to provide feedback on governance reforms over a 4-week period. Previous consultations allowed colleges to recommend and discuss any potential governance reforms. However, this consultation included a deck with an overview of the reforms being considered and guiding questions for areas which the MOH was seeking input.

The consultation was focused on four key areas: Core Governance; Housekeeping and Modernization; Reducing Barriers to Registration and the new Health and Supportive Care Providers Oversight Authority. The Core Governance and Modernization Reforms asked questions for implementation considerations while the remaining areas were for consultation. This may indicate the stage of progression at which the MOH considers these reforms.

The invitation and deck were circulated to Council and Staff for consultation. CDTO also engaged with the Health Profession Regulators of Ontario who sought legal opinion from their counsel. CDTO's February 23, 2022 response was drafted with the above feedback and in collaboration with Council's governance consultant (Appendix 3). CDTO highlighted key considerations and challenges:

- Implementing the full suite of changes suggested is well beyond the resources of CDTO. CDTO would need to explore opportunities to create critical mass such as amalgamation, centralized services and shared resources.
- More time is required to carefully consider implementation of familiar proposals (e.g., Core Governance and Housekeeping Reforms) and consult on new proposals such as additional oversight bodies (e.g., Auditor General, Patient Ombudsman).
- Critical to the success of implementing some of the Core Governance changes is the creation of a centralized service
- Implementing the sheer volume of these changes will require redirecting very limited resources away from our regulatory and strategic priorities.

CDTO's feedback together with that of other regulators, associations and the relevant oversight authorities will be used to inform legislative development and implementation planning.

April 2022

Bill 106, *Pandemic and Emergency Preparedness Act, 2022* was introduced on March 29, 2022 and proceeded quickly through the Legislature. The Bill is a key component of the government's ongoing efforts to build a stronger, more resilient health care system recognizing that Ontario had not done enough to protect and prepare the province for a crisis.

The Act received Royal Assent on April 14, 2022 and addressed some of the proposals identified in the MOH's January 2022 consultation. These largely focused on reducing barriers to registration, including those to international applicants:

- Requiring Colleges to comply with any regulations made under the RHPA respecting English or French language proficiency requirements and provide a regulation-making power for the Minister to prescribe language testing requirements. A regulation made under this power would be intended to set a standard, acceptable language proficiency test, to reduce duplicative testing requirements and the resulting financial burden on applicants.
- Prohibiting Colleges from including Canadian experience as a registration requirement and establish a regulation making power for the Minister to define "Canadian experience". The legislation would provide for a regulation making power for the Minister to grant exemptions to the prohibition. This is intended to ensure safe and competent practices are maintained, where the requirements are necessary.
- Requiring the Council of the College to make regulations establishing an emergency class of registration and provide a regulation making power for the Minister to prescribe requirements that Colleges must meet in setting out such a class (e.g., circumstances in which such certificates may or must be issued).
- Allowing the Minister to make regulations with respect to the amount of time in which Colleges must make certain decisions related to registration. This would ensure that applicants and internationally trained health care professionals can start work as soon as possible.

CDTO can implement some of the MOH's January 2022 proposals that were not addressed in this Act without regulation changes. See Agenda 10 for an introduction to By-Law amendments for governance reforms.

QUESTIONS FOR COUNCIL:

- What key considerations does Council have for CDTO staff as the modernizing standards project progresses?

Attachments:

Appendix 1: CDTO Letter to MOH, December 2019

Appendix 2: CDTO Letter to MOH, June 2021

Appendix 3: CDTO Letter to MOH, February 2022



College of Dental Technologists of Ontario
Ordre des Technologues Dentaires de l'Ontario

December 5, 2019

The Honourable Christine Elliott, MPP
Deputy Premier and Minister of Health
5th Floor, 777 Bay St.
Toronto, ON M7A 2J3

Dear Minister Elliott:

Re: Governance Reform Recommendations

The Council of the College of Dental Technologists of Ontario (CDTO) has had several discussions and received various presentations on improving the College's governing structure. Our work has also been informed by the recommendations from the College of Nurses of Ontario (CNO). Their thoughtful document makes several recommendations for improving their governance structure, and our Council supports their endeavour. However, given the smaller size of our College, not all of their recommendations would be appropriate for improving our governance structure. The reforms suggested by CNO are listed below, with comments on how they would best work for CDTO.

1. Reducing the size of Council.

Our Council consists of seven elected members and five or six appointed members. It works well at this membership size.

2. Increasing public member representation so there are equal numbers of dental technologists and public members on Council.

Happily, CDTO has never encountered a situation wherein the elected and public members were at significant odds with each other. On the one hand, the CDTO does not feel the need for a change in proportion. On the other hand, we recognize the belief that public confidence in the general governance system would be strengthened by the change to a 50-50 proportion, and our Council could continue to function well on that basis.

3. Appointing Council members on the basis of competencies.

Public Council members are currently appointed by the government on the basis of competencies, and provide various skills. Elected members are all dental technologists, and bring complex technical skills to the Council, which knowledge is important to the governance function. Elections to Council are believed to be an important part of having a self-governing profession by Members of the profession. Council also noted currently professional members are elected from different regions of the Province, providing the needed understanding of the differences of practice in urban, rural and remote areas. A hybrid selection model, as suggested by the CPSO, could perhaps provide both necessary competencies and facilitate ongoing dental technologist engagement in the selection process.

4. Eliminating the requirement for an Executive Committee.

Our Council has functioned well with an Executive Committee. While it would support the CNO suggestion to eliminate the requirement for such a committee, it requests that the option of having an Executive Committee be retained for those Colleges who wish it.



5. Removing the obligation for Council members to form part of the panels of statutory committees.

Council has found that Council members governance considerations benefit from their serving on committees and panels. While it supports removing the obligation that there be Council members on statutory committee panels, Council believes that there should remain an option of having Council members on such panels.

6. Remunerating, from College funds, all Council members equally.

Equal pay for equal work is an admirable goal. It must be noted, however, that smaller Colleges, such as CDTO, must perform all of the functions of large Colleges, but with a much narrower member funding base. If public members are in fact compensated at a much lower amount than elected members, asking the College to make up the difference out of College funds could put an undue strain on membership contributions. If the government accepts the principle of equal pay, then it should make up the difference, or, barring that, College's should have the option of making up the difference.

Please do not hesitate to contact us should you have any questions. The College looks forward to working with you as you make improvements in the regulatory governance of the health professions.

Sincerely,

Michael Karrantjas, RDT
President

Judith (Judy) Rigby, CPA, CGA
Registrar and CEO

cc: Helen Angus, Deputy Minister of Health and Long-Term Care
Patrick Dicerri, Assistant Deputy Minister of Strategic Policy and Planning
Allison Henry, Director of Health Workforce Regulatory Oversight



College of Dental Technologists of Ontario
Ordre des Technologues Dentaires de l'Ontario

June 30, 2021

Sean Court
Assistant Deputy Minister
Strategic Policy, Planning & French Language Services Division
Ministry of Health
438 University Avenue, 10th floor
Toronto ON M7A 2A5

Dear Sean Court:

RE: Governance Reform and Potential Burden Reduction

On behalf of the College of Dental Technologists of Ontario (CDTO), I would like to express our gratitude for the opportunity to provide input on governance reform. CDTO commends the Ministry of Health's work to introduce new frameworks for oversight and regulatory accountability, including the College Performance Measurement Framework and the *Advancing Oversight and Planning in Ontario's Health System Act, 2021*.

In our response to your request, we:

- Ensure that any recommendations made will not weaken our accountability to the public and the delivery of our mandate, to act in the public interest;
- Propose governance modernization, burden and red-tape reduction recommendations that will only require changes to the Health Professions Procedural Code (the "Code"), profession-specific acts and their associated regulations; and
- Have not proposed changes to scopes of practice which will be addressed at a later time.

In our December 2019 letter to the Ministry, we expressed our position on the College of Nurses of Ontario's Vision 2020 for modernizing regulatory governance in Ontario. Council was asked to re-evaluate its position at its June 25, 2021 Council meeting based on the experiences and events that have taken place since its submission. Although much of what we provided in the initial letter has not changed, we have reiterated our position in the first six recommendations.

1. Reducing the size of Council.

CDTO operates effectively at a Council size of 12 to 13 members. The smaller size supports effective and nimble decision-making, teamwork, participation, and communication amongst other valuable qualities. As a Council, we continue to support boards of smaller sizes and are in agreement with the board size range of 8 to 12 representatives as suggested in the new Health and Supportive Care Providers Oversight Authority.

2. Equal composition of public and professional members on Council.

CDTO appreciates the diversity that both public and professional representatives bring to Council. We support a change to an equal proportion of representation to strengthen public trust, maintain focus on the public interest and increase independence from the profession.

3. Appointing Council members on the basis of competencies.

CDTO recognizes the growing consensus on the value of competency-based appointments as seen in the recent changes to the Ontario College of Teacher's governance structure and the support expressed by other regulatory health colleges.

Competency-based appointments provide the public with the confidence that individuals serving on Council have the knowledge, skills and judgement required to represent the public interest. Appointments also allow Council to consider the specific needs required at a given time and identify the competencies required to meet those needs.

Consideration must be given to smaller registrant pools where competency-based assessments could hinder participation to serve on Council. A hybrid model of minimum pre-requisite competencies and post-appointment gap closing tools (e.g., professional development, mentorship) could be a viable solution. CDTO supports competency-based appointments for all members of Council.

Drawing upon the foundational work completed by the Health Profession Regulators of Ontario, CDTO embarked on an 18-month project in Fall 2020 to ensure that both Council and Statutory Committees have the knowledge, skills and judgement prior to their appointments, as indicated in the College Performance Measurement Framework.

4. Eliminating the requirement for an Executive Committee.

The Executive Committee may exercise the majority of the powers of Council. However, the meetings are not required to be public and decisions may not be perceived as strengthening the accountability of CDTO in meeting its public interest mandate.

Although we have seen the movement towards increased transparency regarding Executive Committee meetings, as outlined in the best practices of the College Performance Measurement Framework, a smaller Council could meet more frequently to absorb the work of the Committee and eliminate duplicative work. CDTO supports the elimination of the Executive Committee to improve transparency and accountability in decision-making.

5. Eliminate overlap between Council and statutory committees.

CDTO recognizes the difference in roles between Council and statutory Committees, oversight and strategic direction versus member and case-specific work. Separation of Council and statutory Committees allows distinct competencies to be sought for its representatives, and independence regarding the different functions and positions. CDTO supports the elimination of the overlap in membership between Council and statutory Committees.

6. Equal compensation for all Council members.

CDTO has ensured that remuneration of members of the profession on Council is equal to those of public appointments. We value equally the diverse competencies of all Council members.

In the College of Nurses of Ontario's letter to the Ministry regarding Vision 2020, it was suggested that all directors be remunerated by the colleges to shift the burden and costs of professional regulation from the Ontario government and taxpayer to the colleges. This could result in a loss of public trust as public representatives are no longer independent of the colleges. Furthermore, as a smaller college with a narrow member funding base, this could put an undue strain on membership contributions.

Since the submission of our letter in 2019, we have seen changes in governance models in other provinces and the impacts of the COVID-19 pandemic. This led us to consider and recommend new opportunities for red-tape and burden reduction.

7. Allow colleges to make rules relating to their core functions.

Due to the COVID-19 pandemic, CDTO was not able to hold registration examinations in 2020 for graduates to challenge in-person practical components. While examinations have been scheduled for 2021, CDTO continues to face challenges due to COVID-19 restrictions. Under the *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020*, dental technology is not listed as a specified field or occupation where in-person examinations can be held with up to 50 individuals. Thus, CDTO is restricted to holding examinations with a maximum occupancy of 10 individuals causing significant hardships (e.g., number of examinations held, financial). Inclusion of all regulated health professions under the *Regulated Health Professions Act, 1991* (RHPA) is an important consideration.

Furthermore, CDTO wanted to respond by establishing a temporary class to register dental technology graduates. However, due to the time frame required to make changes to regulation, CDTO could not respond swiftly to the pandemic. This resulted in an increase in the ratio of unregulated dental laboratory associates to supervising dental technologists. Dental technologists are responding to heightened demand, and those impacts are being seen in remote regions and underserved populations.

Regulation changes require significant time and prevent colleges from acting in a nimble manner to serve the public interest. CDTO supports moving regulation-making powers under the Code, including registration and quality assurance, to by-laws or policies. Any changes will continue to be made using right-touch and risk-based approaches.

8. Terminology with respect to Council and the profession.

The terms used in the RHPA and the Code often create confusion in the role of the colleges and its members. Many colleges have adopted the terminology of Board of Directors in place of Council, registrant in place of member, and regulator in place of colleges to support clarity on its functions. CDTO supports modernizing the terminology used to accurately convey the structure and role of the colleges in a consistent manner.

9. Amalgamation of colleges.

Some benefits to amalgamation that have been expressed include providing the public with one point of contact, smaller colleges benefiting from economies of scale, and improved coordination of the health system. In early 2020, CDTO, the College of Denturists of Ontario (CDO) and the College of Dental Hygienists of Ontario (CDHO) entered into a joint dialogue to consider amalgamation with our public interest mandate in mind.

On June 25, 2021, Council voted in favour of entering a Memorandum of Understanding to proceed with planning the amalgamation of the three oral health colleges. A joint letter will be submitted from CDHO, CDO and CDTO providing further information on our work. The Royal College of Dental Surgeons of Ontario is fully informed about amalgamation plans and will continue to be provided with up-to-date progress reports.

All four oral health colleges continue to collaborate on initiatives that focus on the patient (e.g., College Performance Measurement Framework, COVID-19 Unified Document).

Please do not hesitate to contact us should you have any questions. CDTO looks forward to our continued collaboration as a system partner to strengthen public trust in the regulation of health professionals.

Sincerely,

Robert Shawyer

Robert Shawyer, M.A., LL.B.
President

j. rigby

Judith (Judy) Rigby, CPA, CGA
Registrar and CEO

On behalf of the Council of the College of Dental Technologists of Ontario

cc: Allison Henry, Director



College of Dental Technologists of Ontario
Ordre des Technologues Dentaires de l'Ontario

February 23, 2022

Sean Court, Assistant Deputy Minister (ADM)
Strategic Policy, Planning & French Language Services Division
Ministry of Health
438 University Ave, 10th Floor
Toronto ON M7A 2A5

Transmitted by email: sean.court@ontario.ca

Dear ADM Court:

We are pleased to have this opportunity to respond to the ministry consultation on Governance Reforms and Modernization. We understand that the feedback regarding implementation of core governance, housekeeping and will be used to inform legislative development and implementation planning. We hope the feedback on questions to modernization reforms, reducing barriers to registration and integrating oversight systems and new professions will help to inform a regulatory impact assessment.

As you know CDTO has actively participated in core governance reform considerations and reducing barriers to registration since 2014, implementing several initiatives at both the provincial and national level. CDTO believes that there are clearly many opportunities to strengthen governance and regulatory oversight in the public interest as cited in our letters “Governance Reform Recommendations” (December 2019) and “Governance Reform and Potential Burden Reduction” (June 2021).

After reviewing the consultation deck, it is important that we highlight key considerations and challenges:

1. Implementing the full suite of changes suggested is well beyond the resources of CDTO. If the Ministry plans to proceed with all of these changes, CDTO would need to explore opportunities to create critical mass such as amalgamation, centralized services and shared resources. CDTO is currently involved in developing an amalgamation framework which requires an open dialogue with the Ministry to expedite the process.
2. The proposed reforms are extensive both in breath and depth which demand significant time for careful consideration and consultation.
 - The overall direction of the Core Governance and Housekeeping changes is familiar from many previous discussions with the Ministry in recent years. However, most of the consultation deck questions relate to detailed implementation planning considerations. It is hard to answer those questions thoughtfully without also thinking through implementation in more detail, which has not been possible in the time provided. Also, the Ministry would be getting better feedback if colleges had time to work through the implementation issues with our respective Councils and collectively, with the Ministry as part of that dialogue.

- We respectfully suggest that the Modernization Reforms are very significant changes that should not be proposed in such a hurried fashion, and that it is too early to ask us to weigh in on implementation. We recommend that these changes be set aside for now and that they be the subject of a separate stream of meaningful consultation with colleges (similar to the Ministry's approach on Core Governance changes) so that we have a better sense of the rationale and potential implications, as well as the opportunity to talk about potential duplication, resource requirements, timing and other potential alternatives that might be more cost effective.
 - Our point is similar with respect to Reducing Barriers to Registration. The questions the Ministry is asking in this area are very broad, covering many significant and varied issues and it is difficult to provide thoughtful input in the time provided. Again, we recommend that there be a meaningful dialogue with the Ministry so that we have more insight into what is being asked and why – as well as the opportunity for discussion between and among colleges.
3. Critical to the success of implementing some of the Core Governance changes would be the creation of a centralized service, to receive and assess Council and Committee applications for both public and professional members – not dissimilar to the role of the Public Appointments Secretariat plays for Government ministries and agencies. In our view, this would be more efficient and effective than each college developing their own process. The use of a third party would enhance public trust and ensure transparency, consistency and impartiality for appointments.
 4. Asking the CDTO to implement the sheer volume of these changes will require redirecting very limited resources away from our regulatory and strategic priorities.

I appreciate that the Ministry will need time to review the input of all colleges and we would be pleased to answer any questions about our input. However, given CDTO's unique circumstances as a very small college, and the challenges posed by both regulatory disruption in our sector and the new Ministry accountability initiatives, I am requesting an early dialogue with the Ministry about a specific path forward for CDTO.

Sincerely,



Judy Rigby
Registrar and CEO

Allison Henry, Director, Health Workforce Regulatory Oversight Branch, MOH
Stephen Cheng, Manager, Health Workforce Regulatory Oversight Branch, MOH
HPRO Board of Directors

Core Governance

On the whole, CDTO supports the proposed core governance changes. However, implementing these changes without fully understanding the delivery challenges (complexity), costs and timescales, necessary alignment of processes and per diem, may result in overoptimism and outcomes that may not be viable. CDTO has very limited resources and capacity, poor planning and execution will undermine value for money.

Based on our experience, we see this initiative as being in the planning phase towards implementation, similar to CNO's Vision 20/20 and the College Performance Measurement Framework. We recommend that HPRO colleges be given the time to collectively identify the path to implementation in order to ensure consistency and reduce duplicative efforts. We believe this requires a minimum of 18 months, if we do not consider amalgamation and strategic priorities. This collective process and timing are critical for a small college like CDTO given that we are involved in intensive amalgamation discussions and Council has important strategic priorities.

Some of the proposed changes require legislative reform, establishing consistent roles and responsibilities of the colleges and Public Appointment Unit, and a possible role for HPRO. CDTO recommends that honoraria or per diems for professional Council members and all Committee members (both public and professionals) be consistent across all colleges.

Smaller Councils between 10-12 members

CDTO Council is already legislated to be a maximum of 13 members, 7 professional and 6 public members and, as of February 17, 2022, we will have a full complement. Although reducing Council by 1 professional member is not an issue, our research shows that a maximum of 10 members for all colleges with an equal representation of public and professional members would be most effective.

Should the transition occur by (or on) a certain date? What are the implications of doing this?

CDTO's initial thought is that a "cut-over" date may be the best option, however, this should be determined by the collective planning process that we have proposed. The implementation plan needs to consider necessary legislative reform (Acts, By-laws and policies), establishing consistent roles and responsibilities of the colleges and Public Appointment Unit, and a possible role for HPRO. This implementation plan would require a minimum of 18 months.

Should some council members be moved to exclusively serve on statutory committees as a means of shrinking council? Why or why not?

No, as it defeats the purpose of a competency-based selection process for Council and Committees where professional members have been previously elected and may not have the necessary skills. If sufficient time is provided for collective planning, as we have proposed, Council members being moved to exclusively serve on Statutory Committees should not be required.

What transition provisions/mechanisms do you think you will need in place in order to continue operations?

Business continuity would be a key priority for the collective implementation planning process we have proposed. It is the hope that this process will not require transition provisions or mechanisms. However, if they are required, it is the collective group that will determine what they are.

Council and Committee Separation

Should councils' transition occur by (or on) a certain date? What are the implications of doing this?

CDTO's initial thought is that a "cut-over" date may be the best option, however, this should be determined by the collective planning process that we have proposed. The implementation plan needs to consider necessary legislative reform (Acts, By-laws and policies), establishing consistent roles and responsibilities of the colleges and Public Appointment Unit, and a possible role for HPRO. This implementation plan would require a minimum of 18 months.

Can colleges temporarily move members of council to serve exclusively on statutory committees, until future appointments can be made?

No, as it defeats the purpose of a competency-based selection process for Council and Committees where professional members have been previously elected and may not have the necessary skills. If sufficient time is provided for collective planning, as we have proposed, Council members being moved to exclusively serve on Statutory Committees should not be required.

Can a hybrid approach be implemented where some members of council are moved to serve exclusively on statutory committees while other members serve temporarily on both council and committees until the college can fully transition to the new structure?

No, as it defeats the purpose of a competency-based selection process for Council and Committees where professional members have been previously elected and may not have the necessary skills. If sufficient time is provided for collective planning, as we have proposed, Council members being moved to exclusively serve on Statutory Committees should not be required.

Are there any other considerations / implementation issues that require addressing?

No additional comments.

Enable equal public and professional representation

CDTO supports equal representation in terms of overall Council composition, but we urge that this not be an inflexible requirement for the Council to be considered legally constituted on an ongoing basis. The requirements should be clear that:

- A full Council complement is 10 members – 5 public and 5 professional members.
- The Council remains legally constituted if it has fewer than 10 members – but no fewer than 5.
- The 50/50 representation requirement only applies to the full Council complement. A Council that finds itself underrepresented in either public or professional members due to resignations, delays in the public appointments process, or other short-term circumstances, would still be legally constituted.

Once a selection framework is in place, should the competencies be applied retroactively or only to new professional members of Council?

Competencies should not be applied retroactively. Ideally, all professional appointments to the new Council and all Committee appointments should go through the same selection process, and treated as new applications. We are assuming that public appointments would be evaluated against the same competencies and using a similarly rigorous process.

What considerations should the Ministry be aware of in transitioning to a Council with equal public and professional membership?

See above re: the importance of ensuring that Councils can continue to be legally constituted notwithstanding issues associated with the timeliness of the public appointments process.

Professional member selection

How do you envision this new “nomination and selection committee” being established? Is it a statutory committee in your view?

As noted earlier, CDTO suggests the creation of a central, common service, perhaps as a part of HPRO, to receive and assess applications – not dissimilar to the role of the Public Appointments Secretariat plays for Government ministries and agencies. In our view, this would be more efficient and effective than each college developing their own process and would also ensure transparency and consistency for the public. With this common service in place, colleges would be able to request qualified candidates to meet their specific requirements for composition, which would include diversity requirements. Each college would have their own final vetting process but we would also recommend that these processes be consistent, and may or may not require a special purpose Committee.

Will the selection processes include diversity, technical, regional and behavioural requirements? Will smaller councils be able to ensure an appropriate mix of demographic and regional representation, in addition to competencies? What challenges, if any, do you foresee?

At the Council level:

- The idea of creating a 10-person Council that has an “appropriate mix” all of the elements noted above may not be realistic and so it may be appropriate to prioritize.
- Given that in this new model, the Councils are meant to be more strategic in focus, we strongly recommend that the emphasis be on diversity, behavioural competencies, and the technical knowledge required to be good governors (finance, governance and professional backgrounds). We do not believe that regional representation is necessary and adding this layer may just be too much.
- The biggest challenge at the Council level will be the disconnected appointment processes for professional and public members. For this reason, we anticipate that it will be very difficult to plan for and construct an appropriately diverse Council and, accordingly, that Council composition requirements should not be too rigid. It will be important not to expect the appointment of professional members to compensate for any lack of diversity or representation arising from the public appointments process.

For Statutory Committees, given that there will be many more individuals to be appointed and one appointments process for both public and professional members, establishing an appropriate mix, including regional representation, is a much more realistic expectation.

Regulation regarding term limits/eligibility for Council

Should term limits be applied retroactively, which would require those who have already reached the limit to step down, or be applied on a move forward basis?

This question should ideally be answered in the context of a more detailed implementation plan and some flexibility will be required in order to ensure a smooth transition. The goal should be to construct staggered three-year terms, such that a limited number of Council member positions (equally divided among public and professional) are renewed each year.

Do you foresee any challenges in imposing term limits?

As noted above, the goal should be to construct staggered three-year terms, such that a limited number of Council member positions (equally divided among public and professional) are renewed each year. We do not foresee any issues with this approach, recognizing that the public appointments process may lag somewhat. (See our note at the top of page 5 with respect 50/50 Council composition).

Eliminate Executive Committee

Is there any public interest reasons as to why the Executive Committee should remain in place?

No, as long as Council can remain properly constituted with a minimum number of members.

What considerations should the Ministry be aware of in eliminating the Executive Committee?

In the absence of Executive Committee, it may be necessary for Councils to meet more frequently in order to ensure that timely decisions continue to be made. There will be a need to increase the number of non-statutory Committees that support Council decision-making (e.g., Audit, HR, Finance, Diversity, Governance, CEO Performance and Compensation). This will have further financial and human resource impacts.

Part 3: Proposed Housekeeping and Modernization Reforms

Housekeeping Reforms

CDTO supports the housekeeping proposals.

Modernization Reforms

CDTO supports HPRO's response as it relates to the modernization reforms. These are very significant changes that should not be proposed in such a hurried fashion, and that it is too early to ask us to weigh in on implementation. We recommend that these changes be set aside for now and that they be the subject of a separate stream of meaningful consultation with colleges (similar to the Ministry's approach on Core Governance changes) so that we have a better sense of the rationale and potential implications, as well as the opportunity to talk about potential duplication, resource requirements, timing and other potential alternatives that might be more cost effective.

Part 4: Reducing Barriers to Registration

The responses in the following section are specific to CDTO and its legislation.

Removal of Canadian experience requirements for internationally trained applicants

Do you support the removal of Canadian experience requirements for internationally trained health professions? Are you aware of any Canadian experience requirements for the registration of internationally trained health professionals?

CDTO does not have Canadian experience requirements and is not aware of other dental technology regulators who require this.

What challenges would be faced in eliminating Canadian experience requirements?

CDTO does not have Canadian experience requirements.

What aspects of the registration processes or requirements necessitate an applicant to be in Canada?

Currently, the only registration requirement that requires an applicant to be in Canada is the in-person entry-to-practice competency assessment (Performance-Based Assessment).

What other barriers are faced in the timely registration of internationally trained applicants? How could these barriers be addressed?

Barrier: An applicants' ability to obtain education documentation from institutions in their home country

Solution: Develop a Prior Learning and Assessment Recognition process to allow applicants to be assessed against the same objective competency criteria, regardless of where training was received. Establish Mutual Recognition or Reciprocal Recognition with other countries to facilitate the recognition of professional qualifications outside of Canada and cross-border mobility.

Barrier: Complexity of profession-specific substantial equivalency is subjective and time consuming for both applicants and CDTO

Solution: Establish the minimum requirements required for credentialing. CDTO confirms an applicant's knowledge, skills and judgement through two examinations: Knowledge and Performance-Based Assessments.

Barrier: CDTO has one class of registration to practice the profession.

Solution: Develop different classes of registration to allow applicants to practice in areas that they are competent.

Time limits for registration decisions

Do you support prescribed time limits for registration decisions? Should time limits apply for only certain types of applicants (e.g. labour mobility)? Why or why not?

CDTO supports prescribed time limits for all registration decisions, similar to that of the complaints process. Complaints shall be disposed of within 150 days, however, should there be a delay, all parties, including the Health Professions Appeal and Review Board are kept up to date on the reasons and the expected time to a resolution. This will ensure accountability and that decisions are made in a timely manner.

Are there unintended consequences to setting time-limits on registration decisions?

Time limits may cause pressure to reach decisions quickly and can impact the quality of those decisions. Registration is one of the most important stages to public protection by ensuring that competencies required to practice the profession safely are in place.

What challenges do you foresee with meeting prescribed time limits?

An unexpected volume of applications at once may impact CDTO's ability to meet time limits due to limitations in resources. Certain processes add an unforeseeable time to registration decisions: panel availability to review cases, additional requests for information from the Registration Committee, how quickly applicants provide documentation, complexity of Decisions and Reasons that require legal counsel review and Registration Committee final approval.

In your opinion what barriers exist to the timely registration of labour mobility applicants? How could these barriers be addressed?

CDTO is not aware of any barriers at this time.

Standardized requirements for demonstrating language proficiency

Do you support standardizing requirements for demonstrating language proficiency across regulatory colleges?

Language proficiency depends on the profession and the degree of patient interaction. These requirements should vary with each profession as certain professions have a greater risk of harm from a miscommunication.

Are there unintended consequences to standardizing these requirements?

Setting standardized language proficiency requirements could result in creating barriers to becoming licensed and decreasing access of Ontarians to qualified health care professionals. If standardized requirements for demonstrating language proficiency are implemented, consider aligning the requirements with those set for immigration purposes to reduce unintended consequences for internationally trained professionals.

Additional costs to the applicant and the regulator may not equate to value for money. Colleges with limited resources or lower risk of harm from language requirements would have to direct human and financial resources away from other more urgent priorities.

What challenges do you foresee in setting standardizing requirements?

Establishing the standardized requirements will be a costly project. There will need to be significant resources dedicated to identifying (e.g., environmental scans, literature review) a minimum language requirement that is applicable to all the professions regulated by the 26 colleges that is not overtly subjective.

There would need to be significant consideration to how the standardized language requirements would be assessed, in a timely and consistent manner, and the process for remediation.

Expediting registration in emergencies

Do you support enabling expedited registration in emergencies?

CDTO supports enabling expedited registration in emergencies. The Ministry would have to set out the definition of an emergency if it will apply in circumstances other than the declaration of a “state of emergency”.

CDTO supports the creation of a temporary class of registration that can be used during emergencies. This would protect the public from harm due to unauthorized practitioners engaging in dental technology.

What barriers exist to expediting registration in an emergency?

Non-exemptible registration requirements and limits to classes of registration create barriers to expediting registration. CDTO does not have flexibility in implementing temporary measures (e.g., policy) to overcome these barriers as they are set out in the Registration Regulation of the *Dental Technology Act, 1991*.

Disparate rules established during the emergency created barriers for some colleges in expediting registration. Certain professions were permitted to continue holding in-person assessments through exemptions to gathering limits (e.g., Reopening Ontario (A Flexible Response to COVID-19) Act, 2020 (O. Reg. 82/20), Schedule 3).

Are there unintended consequences to enabling expedited registration?

There may be a risk of harm to patients receiving services from a temporary registrant who has not completed the full registration requirements.

An individual issued a temporary license may have issues completing registration requirements once the emergency has ended. This could be due to currency of knowledge or if they only practised in one area during the emergency.

What measures should be put in place for the transition of registrants when the emergency is resolved?

Once the emergency is resolved, the registrant in a temporary class should be required to complete all registration requirements within specified timeline or be revoked/suspended to ensure public safety.

Part 5: Integrating Oversight and New Professions

Establish the Authority and the regulation of personal support workers

How do you think information will be shared between the Authority and your college?

CDTO would be pleased to create an information-sharing MOU with the new Authority, although at this time we cannot envision the circumstances where information sharing would be needed.

Are there existing communication channels/ round tables among colleges that can include the Authority?

HPRO

Are there any governance best practices or lessons learned that would benefit the Authority?

Please see our comments on page 8 with respect to Council governance and Council/CEO accountability frameworks.

What factors should be considered when determining which professions should be overseen by the Authority?

The McMaster Health Forum mentions risk grouping as a framework for establish new oversight bodies, as well as grouping based on the framework used in the education and training of health workers.