# College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2023 – December 2023

Posted March 2024

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

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

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## Introduction

## The College Performance Measurement Framework (CPMF)

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

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

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

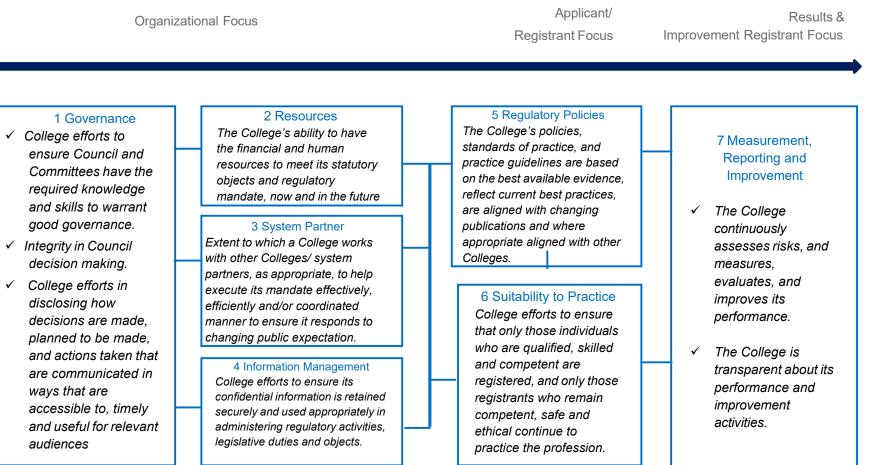
#### **Table 1:** CPMF Measurement Domains and Components

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

#### **CPMF Model**

The seven measurement domains shown in Figure 1 are the critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to key statutory functions and organizational aspects that enable a College to carry out its functions well. The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. 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) continues to serve as a cornerstone for regulatory transparency and excellence. In the fourth iteration, the CPMF will help provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges.

For the 2023 reporting cycle, the focus remains on fostering an environment of continuous improvement. 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.

In alignment with its commitment to transparency and collective advancement, the Ministry will develop a Summary Report which will underscore the commendable practices already established by Colleges, collective strengths, and areas for improvement. The Summary Report will emphasize the overall performance of the health regulatory system rather than individual Colleges, highlighting opportunities for mutual learning and growth.

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

#### **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 required to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark. This year Colleges should report on their progress in meeting the benchmarked Evidence.

Where a College fully met Evidence in 2022 and 2023, the College may opt to respond with 'Met in 2022 and Continues to Meet in 2023'. 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.

## Part 1: Measurement Domains

D.4 a

		Measure: 1.1 Where possible, Council and Council or a Statutory Comm	d Statutory Committee members demonstrate that they have the knowledge, skills, and commitment pr nittee.	ior to becoming a member of
VCE	01	Required Evidence	College Response	
NAN	1	a. Professional members are eligible to stand for election to	The College fulfills this requirement:	Yes
DOMAIN 1: GOVERNANCE		<ul> <li>council only after:</li> <li>i. meeting pre-defined competency and suitability criteria; and</li> <li>Benchmarked Evidence</li> </ul>	<ul> <li>The competency and suitability criteria are public: Yes         If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.     </li> <li>On December 16, 2022, CDTO's Board amended its By-Laws to enforce the election eligibility requirement to mee and successfully complete any qualifying process established by the Board. CDTO conducted an environmental sca Profession Regulators of Ontario's competency based-assessment chart to develop its key-behavioural competence Public Interest Mandate, Governance, Equity, Diversity and Inclusion, Speaking Up in Public, Speaking with One Vo Leadership and Time Commitment.     These competencies are assessed through a readiness assessment/interview by CDTO's Recruitment Committee. for selecting appropriate questions, conducting the interviews, and recommending appointments and positions to receive information in advance which includes the competencies being assessed, how the competencies lead to a a potential list of questions to prepare. This process is beneficial to all parties as the candidate learns more about a Board member and the Committee learns how it can support the candidate's learning and engagement should t These competencies are an addition to CDTO's existing suitability criteria (e.g., professional standing, conflict of ir page 14, Section 10.05 - Eligibility for Election of <u>CDTO's By-Laws</u>.     </li> </ul>	an and reviewed the Health cies. The competencies are bice, Confidentiality, This Committee is responsible the Board. Candidates n effective Board member and their suitability for the role of hey be elected. Interest) which are set out on

	ii. attending an orientation training about the College's mandate	The College fulfills this requirement:			Yes
	and expectations pertaining	Duration of orientation training.			
	to the member's role and	Please briefly describe the format of orientation	on training (e.g. in-person, online, with facilitat	or, testing knowledge at the en	4).
	responsibilities.	<ul> <li>Please insert a link and indicate the page num</li> </ul>			
		Please insert a link and indicate the page num		ion training topics.	
		module which provides a certificate when orientation program, Governance Education		ublic and professional membe gations and expectations of B s eligibility requirement which	ers have completed CDTO's oard and Committee n must be completed in the
		The modules can be accessed by anyone th	liough our <u>Elections Resources webpage</u> a		o.
		Module 1: Health Profession Legislation	Module 2: Health Regulatory Colleges	Module 3: Board and Com	mittees
		Legislation	About the College	Board	
		<ul><li>Title Protection</li><li>Scope of Practice</li></ul>	<ul><li>Governing Documents</li><li>Accountability</li></ul>	<ul><li>Governance</li><li>College Roles</li></ul>	
		<ul> <li>Regulations and Other Legislation</li> </ul>	<ul> <li>Transparency</li> </ul>	<ul> <li>Conlege Roles</li> <li>Committees</li> </ul>	
			<ul> <li>Equity, Diversity and Inclusion</li> </ul>	Responsibilities	
				·	
		If the response is "partially" or "no", is the College p	lanning to improve its performance over the nex	xt reporting period?	Choose an item.
		Additional comments for clarification (optional):			

	b. Statutory Committee candidates	The College fulfills this requirement:	Partially
	i. Met pre-defined competency and suitability criteria; and Benchmarked Evidence	<ul> <li>Met pre-defined competency and suitability criteria are public: Yes</li> <li>The competency and suitability criteria; and</li> <li>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</li> <li>CDTO has Terms of Reference for each of its Statutory and Standing Committees that are contained on page 6, Section 2 of CDTO's Governance Policy Manual. Terms of Reference define the purpose and scope for each Committee and are us competency and suitability criteria. On an annual basis. Board and non-Board members submit information about their</li> </ul>	
		If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implem In 2023, CDTO developed a draft Committee Competency Framework which was brought to the Executive Committee their Committee Report on page 27 of the <u>December 15, 2023 Board Meeting Package</u> . Currently, the Executive Commit Committee Slate at the first Board meeting of the year. Revisions will be made based on the Executive Committee's fe Recruitment Committee for a second review. CDTO anticipates that the Recruitment Committee will be responsible fo Statutory Committee candidates and recommending appointments. Their responsibilities currently include assessing of wishing to stand for elections to the Board as required in Measure 1.1.a.i. CDTO aims to have the Framework approve	for review. This was reported in hittee recommends the edback and brought to the r assessing the competencies of competencies of candidates

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

		c. Prior to attending their first	The College fulfills this requirement:	Met in 2022, continues to meet in 2023	
meeting, public appointments to Council undertake an orientation training course provided by th College about the College mandate and expectation		pertaining to the appointee's	<ul> <li>Duration of orientation training.</li> <li>Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</li> <li>Please insert a link and indicate the page number if training topics are public <i>OR</i> list orientation training topics.</li> </ul>		
			<ol> <li>Roles and Responsibilities – collective and individual responsibilities of the Board, and responsibilities</li> <li>Legislation – <i>Regulated Health Professions Act, 1991, Dental Technology Act, 1991</i>, CDTO By-Laws</li> <li>Strategic Direction – current strategic priorities and how strategic priorities are determined</li> <li>Good Governance – its meaning and how it can be achieved</li> </ol>	Act, 1991, CDTO By-Laws	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Additional comments for clarification (optional):	Choose an item.	

Required Evidence	College Response			
a. Council has developed and	The College fulfills this requirement:	Met in 2022, continues to meet in 2023		
implemented a framework to regularly evaluate the	Please provide the year when Framework was developed OR last updated.			
effectiveness of:	• Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the F	ramework is found and was approved.		
<ul> <li>i. Council meetings; and</li> <li>ii. Council.</li> </ul>	CDTO's Board approved a new evaluation framework on September 24, 2021 (see page 108 of the <u>Septe</u> New improvements include:	mber 24, 2021 Board Package).		
	More streamlined criteria that focuses on Good Governance Behaviours,			
	Criteria to link Board and Committee evaluations to look for cross-cutting themes,			
	<ul> <li>Introducing a discussion of continuous improvement priorities for the Board to identify key them focus on in the year ahead,</li> </ul>	es or behaviours that they want to		
	<ul> <li>Mandatory completion managed by a dedicated third-party facilitator, and</li> <li>Emphasis and follow-up for comments where a multiple-choice response suggests improvements can be made.</li> <li>CDTO continues its previous evaluation processes using the new framework, which includes:</li> </ul>			
			<ul> <li>Board meeting evaluation and Board annual performance evaluation,</li> </ul>	
	<ul> <li>Sharing the results of evaluations through the Board meeting package,</li> </ul>			
	<ul> <li>Reviewing results of meeting evaluations at the next Board meeting, and</li> </ul>			
	<ul> <li>Directing training opportunities based on the results of the evaluation.</li> </ul>			
	Evaluation and assessment results are discussed at public Council meeting: Yes			
	• If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluat	tion results have been presented and di		
	The last Board meeting evaluation for 2023 was conducted for the September 22, 2023 Board meeting. <sup>-</sup> December 15, 2023 meeting and can be reviewed on <u>Page 89 of the Board Package</u> . The 2023 Board eva December 2023 and the results were discussed at the January 26, 2024 Board meeting and can be viewe	luation survey was circulated in		
	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	The College fulfills this requirement:	Yes
		<ul> <li>Has a third party been engaged by the College for evaluation of Council effectiveness? Yes</li> <li>If yes, how often do they occur?</li> <li>Please indicate the year of last third-party evaluation.</li> <li>CDTO's Board approved a new evaluation framework on September 24, 2021 (see page 108 of the <u>September 24, 200</u> process is managed by a third-party assessor and conducted annually. They are responsible for administering the proceeding reports, and identifying issues. As CDTO's evaluation requires mandatory participation, the third-party assessor will for completion and request additional information, when necessary, to ensure the responses contain sufficient information assessor is also available as a governance resource to Board and Committee members. The year of the last third-party</li> </ul>	ocess, preparing analysis and ollow-up with Board members for ion to be actioned. The third-party
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Additional comments for clarification (optional)	Choose an item.

	c.	Ongoing training provided to Council and Committee members	The College	fulfills this requirement:	Yes
		has been informed by:	Please	insert a link to documents outlining how outcome evaluations have informed Council and Committee training and ind	licate the page numbers.
	i	i. the outcome of relevant	Please	insert a link to Council meeting materials and indicate the page number where this information is found OR	
		evaluation(s);	Please	briefly describe how this has been done for the training provided <u>over the last calendar year</u> .	
	ii	i. the needs identified by Council and Committee members; and/or	On Sep of cont detail (	ng training is informed by evaluations of the Board, its meetings and member self-evaluations, regulatory tra- otember 24, 2021, CDTO's Board approved a new evaluation framework (page 108 of the <u>Board Package</u> ) wh tinuous improvement priorities to identify key themes or behaviours to focus on in the year ahead. This new under Measure 1.2.a. CDTO continues to provide training for the real-time needs of the current landscape to edge and improve decision-making. A need for training was identified in the following areas:	nich introduces a discussion v framework is discussed in
			•	Dental technology regulatory issues and trends	
			•	Role of the Board	
			•	Risk management	
			•	Equity, Diversity, Inclusion	
			٠	Truth and Reconciliation	
			٠	Barriers to registration	
			As a re	sult, training was provided in 2023 in the areas listed below. Further details can be found in the next Measu	ıre 1.2.c.ii.
			•	College of Dental Technologists of Alberta Registration Model (March)	
			•	Strategic planning and risk management (April)	
			•	Good Governance (April)	
			•	Regulatory Disruption (April)	
			•	Oral Health Colleges of Ontario Joint Indigenous Peoples, Reconciliation and Anti-Bias Workshop (May)	
			•	Anti-Racism in Health Regulation and an Equity, Diversity and Inclusion (EDI) Tool (September)	
			•	Recognition of Prior Learning (September)	
			٠	A Regulators Journey to Licensing Lab Technicians and Assistants (December)	
			If the respo	nse 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 ex including risk ma		Yes
and Diversity, Ec		ommittee training and indicate the page numbers.
Inclusion.	Please insert a link to Council meeting materials and indicate the page number where this information is fermion is fermioned and the second sec	ound <i>OR</i>
<u>Further clarification:</u>	• Please briefly describe how this has been done for the training provided over the last calendar year.	
Colleges are encouraged public expectations based from the public, their men stakeholders.	Domain 3. System Partners). In 2022, the changing public expectations that were identified and su	
Risk management is ess effective oversight since in external risks may impact	iternal and disciplines they are composent in CDTO submitted a regulation and improves acces	s to care as a registrant can practice in the
of Council to fulfill its mand		plan and consideration of public expectations
	<ul> <li>Good Governance (April) – presentation from legal counsel about the public interest, under member fiduciary obligations.</li> </ul>	standing the role of the Board and Board
	<ul> <li>Regulatory Disruption (April) – presentation from legal counsel about unauthorized practice conduct to keep the public safe. Unauthorized practice was the number one concern ident consultations for the strategic plan.</li> </ul>	
	<ul> <li>Oral Health Colleges of Ontario Joint Indigenous Peoples, Reconciliation and Anti-Bias Work members and senior staff of the four oral health Colleges and presented by First Peoples G details can be read in our Domain 3, System Partners response.</li> </ul>	
	<ul> <li>Anti-Racism in Health Regulation and an Equity, Diversity and Inclusion (EDI) Tool (September health regulation across Canada and an EDI Tool which was developed for Board and Comm actions that will lead to EDI competence in decision-making and other regulatory functions</li> </ul>	nittee members to identify gaps and determine
	<ul> <li>Recognition of Prior Learning (September) – education on this alternate pathway to credent improves access to care.</li> </ul>	ialing which reduces barriers to registration and
	<ul> <li>A Regulators Journey to Licensing Lab Technicians and Assistants (December) – to learn abo Technologists' journey towards regulating medical laboratory assistants and technicians. D risk that CDTO has identified.</li> </ul>	-
	CDTO also looks for opportunities where Board members can attend additional training on a volur Board was encouraged to attend Truth and Reconciliation Week 2023 hosted by the National Cent	

			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	Required Evidence         a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is: <ol> <li>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</li> </ol> <li>Further clarification: Colleges are best placed to determine the public expectations, issues and</li>	Additional comments for clarification (optional): uncil's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advar College Response The College fulfills this requirement: 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 The Board Code of Conduct and 'Conflict of Interest' Policy was: Enforced in 2015 through Section 16 - Conflict of Interest (page 28) and Schedule 3 - Code of Conduct for E Members (page 45) of <u>CDTO's By-Laws</u> Last reviewed June 23, 2023 through <u>CDTO's Governance Policy Manual</u> , Section 4.1 - Code of Conduct and Interest (pages 35-38). The changes made to the policies can be viewed on Page 65-69 of the <u>June 23, 202</u> These changes were made to align with CDTO's By-Laws that were revised on December 16, 2022 for gove o Terminology updates as indicated on Page 1 of this Report (e.g., Council to Board of Directors, Preside improve clarity to the public about the role of the health regulator and those who govern it.	Yes last review. Board and Committee d Section 4.2 - Conflict of <u>3 Board meeting package</u> . ernance modernization:
		emerging initiatives based on input from their members, stakeholders,	<ul> <li>Inclusive language to recognize the feminine, masculine and those who identify with neutral, non-bina</li> </ul>	ary or other terms.
		and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is	<ul> <li>Enforcing a cooling off period of one year for a registrant who has held a position of director, owner, be employee with a Professional Association to meet CPMF's expectations in Measure 2.1.b., cooling off</li> </ul>	-
		also an opportunity to reflect additional issues, expectations, and	• Appendix A (page 74 of the Governance Policy Manual) sets out a Policy Review Schedule which is every th	ree years for these policies.
		emerging initiatives unique to a College or profession.	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. accessible to the public.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023		
	• Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy OR Council meeting materials where discussed and approved and indicate the page number.	e the policy is found and was last		
	<ul> <li>CDTO's Code of Conduct and 'Conflict of Interest' Policy can be found in:</li> <li>Section 16 - Conflict of Interest (page 28) and Schedule 3 - Code of Conduct for Board and Committee <u>CDTO's By-Laws</u></li> </ul>			
	Section 4.1 - Code of Conduct and Section 4.2 - Conflict of Interest (pages 35-38) of <u>CDTO's Governance</u>	<u>ce Policy Manual</u>		
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.		
h. The Collins on former a minimum	Additional comments for clarification (optional)			
b. The College enforces a minimum time before an individual can be		Met in 2022, continues to meet in 2023		
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).	How does the College define the cooling off period?			
Further clarification:	- Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and i	ndicate the page number;		
Colleges may provide additiona methods not listed here by which the				
meet the evidence.	<ul> <li>Where not publicly available, please briefly describe the cooling off policy.</li> </ul>			
	Section 10.05 - Eligibility for Election (pages 14-15) of <u>CDTO's By-Laws</u> , developed in 2015 and last updated in periods:	2022, stipulates cooling off		
	One year for previous employees,			
	• Three years for a registrant who was the subject of a professional misconduct, incompetence or incap	pacity finding,		
	• Six years after a registrant has complied with all aspects of an order imposed by the Discipline or Fitness to Practice Committee,			
	• Six years for a registrant whose certificate of registration has been revoked or suspended, other than	for nonpayment of fees,		
	• Three years for a registrant who has been disqualified from the Board or a Committee, and			
	• One year for a registrant who has held a position of director, owner, board member, officer or emplo Association, newly enforced on December 16, 2022 with an update to CDTO's By-Laws.	yee with a Professional		
	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)	1		

	C.	The College has a conflict-of-	The	College fulfills this requirement:		Yes
		interest questionnaire that all Council members must complete	• •	Please provide the year when conflict of interest the questionnaire was implemented OR last evaluat	ed/updated.	
		annually. <u>Additionally</u> :		Member(s) note whether their questionnaire requires amendments at each Council meeting and wl agenda items: Yes	hether they have any cor	flicts of interest based on Council
		i. the completed questionnaires are included	• •	Please insert a link to the most recent Council meeting materials that includes the questionnaire and	d indicate the page numb	er.
		as an appendix to each Council meeting package;	0	The Conflict-of-Interest questionnaire was implemented in 2015 and last updated in 2023. P complete the questionnaire at the start of the calendar year. All completed questionnaires a standing item. All Board members will declare whether they have changes to the complete	re attached to the Boa	rd package and reviewed as
		ii. questionnaires include definitions of conflict of		respect to the items being discussed on the agenda.		
		interest;		Pages 8-20 of the <u>December 15, 2023 Board Package</u> contains the most recent meeting mate	erials with the questior	inaires.
		<ul> <li>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</li> </ul>				
		iv. at the beginning of each Council meeting, members	lf the	e response is "partially" or "no", is the College planning to improve its performance over the next report	tina period?	
		must declare any updates to				Choose an item.
		their responses and any conflict of interest <u>specific to</u>	Addı	itional comments for clarification (optional)		
		the meeting agenda.				

		d. Meeting materials for Council enable the public to clearly	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
		identify the public interest	Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public.	
		rationale and the evidence supporting a decision related to	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 College's strategic direction or regulatory processes and	CDTO has dedicated a section at the beginning of each briefing note that explains the public interest (i.e., the r for example, how the item:	mandate of CDTO) by explaining,
		actions (e.g., the minutes include	• Aligns with the requirements of CDTO as set out in the <i>Regulated Health Professions Act, 1991.</i>	
		a link to a publicly available briefing note).	<ul> <li>Is relevant and current to the regulatory and/or practice environment.</li> </ul>	
			<ul> <li>Meets public expectations (e.g., equity, diversity, inclusion, pandemic response).</li> </ul>	
			<ul> <li>Improves upon an existing process.</li> </ul>	
			Page 42 of the <u>December 15, 2023 Board Package</u> contains an example of a public interest rationale.	
			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)	

	The College fulfills this requirement:	Yes
reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College's strategic planning and operations. <u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate. Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.	<ul> <li>Please provide the year that the formal approach was last reviewed.         <ul> <li>A Risk Register was developed by the Board and Staff of the College in 2022. A diverse range of potential interridentified and ranked. These included several key strategic risks currently faced by the College, as well as challe few years in the areas of the profession, the public, and CDTO as both an organization and a regulator. The ide form of Risk Descriptions and Potential Impacts. See page 2, Item 7.2 of the <u>April 22, 2022 Board Minutes</u> and <u>Board Package</u>.</li> </ul> </li> <li>Please insert a link to the internal and external risks identified by the College <i>OR</i> Council meeting materials where the rise into the College's strategic planning activities and indicate page number.         <ul> <li>The Risk Register is integrated into strategic planning and the identified risks serve as a foundation to create m broad range of system partners, including the Public and RDTs. The development of a new strategic plan (2024 Learning and Engagement, Analysis and Discussion, Preparation of Draft Strategic Plan. Phase 1 focuses on con aimed to align new strategic objectives with identified risks and develop effective risk management strategies. tie into the College's strategic objectives, addressing potential impacts on its mandate from both internal and information about phase one of the new strategic plan development, refer to pages 82-87 of the <u>April 28, 2023</u>. To ensure continuous relevance and currency of risk management strategy within the strategic plan, an annual conducted, along with a regular review of the strategic objectives and goals. The 2024-2027 Strategic Plan was 2023 Board Meeting and can be reviewed on Page 107 of the <u>Board Package</u>.</li> </ul> </li> </ul>	hal and external risks were enges anticipated over the next ntified risks are presented in the bage 37 of the June 24, 2022 ks were discussed and integrated eaningful consultations across a ) occurred in three phases: sultations and focus groups This is crucial, as these activities external risks. For more Board Package. environmental scan will be
internal risks are related to operations	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
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.	Additional comments for clarification (if needed)	

Measure:	Measure:						
3.1 Council decisions are transpa	3.1 Council decisions are transparent.						
Required Evidence	College Response						
<ul> <li>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.</li> </ul>	The College fulfills this requirement:       N         • 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 materials is posted.       •         • Posted to the Board webpage are approved meeting minutes with an attachment identifying status updates or minutes along with status updates for the December 15, 2023 Board meeting are posted to this webpage and If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?         Additional comments for clarification (optional)	on implementations. The latest Board					
<ul> <li>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).</li> <li>i. the meeting date;</li> <li>ii. the rationale for the meeting;</li> <li>iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on</li> </ul>	<ul> <li>The College fulfills this requirement:</li> <li>Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. An Executive Committee report is attached to every Board Package. The report includes Committee meet decisions made by the Executive Committee and if decisions will be ratified by the Board, and recommer Board packages can be found on our <u>Board webpage</u> and the Executive Committee reports for 2023 four</li> <li>Page 14 of the January 27, 2023 Open Executive Committee Meeting Package (the Board was no</li> <li>Page 15 of the April 28, 2023 Board Meeting Package</li> <li>Page 11 of the June 23, 2023 Board Meeting Package</li> <li>Page 12 of the September 22, 2023 Board Meeting Package</li> <li>Page 27 of the December 15, 2023 Board Meeting Package</li> </ul>	ndations for Board approval. All nd on:					
matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council.	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Additional comments for clarification (optional)	Choose an item.					

STANDARD 3

DOMAIN 1: GOVERNANCE

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	College is accessible and timely.				
Required Evidence	College Response				
	The College fulfills this requirement:	Met in 2022, continues to meet in 2023			
<ul> <li>meetings:</li> <li>i. Notice of Council meeting and relevant materials are posted at least one week in advance; and</li> <li>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.</li> </ul>	Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting the Board meeting materials can be accessed on the <u>Board webpage</u> and date back to 2017. Meeting packages one week in advance of an upcoming Board meeting.  If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?				
	Additional comments for clarification (optional) The College fulfills this requirement:	Met in 2022, continues to meet in 202			
advance and include a link to allegations posted on the public register.	• Please insert a link to the College's Notice of Discipline Hearings. <u>Notice of Discipline Hearings</u> are posted at least one month in advance and include a link to allegations pos	sted on the Public Register.			
		Choose an item.			

	Required Evidence	College Response	-
a.	The DEI plan is reflected in the Council's strategic planning	The College fulfills this requirement:	Yes
	activities and appropriately	• Please insert a link to the College's DEI plan.	
	resourced within the organization to support relevant operational initiatives (e.g., DEI	<ul> <li>Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate r page number.</li> </ul>	esources were approved and inc
	training for staff).	CDTO has set Equity, Diversity, Inclusion (EDI) as one of its strategic priorities. This strategic project will strengthe practices, and public positioning related to EDI. It will also ensure that CDTO is keeping pace with other regulator current policy and practice. To strengthen EDI progress, CDTO has a designated Staff member who is accountable engages other stakeholders as outlined in our Domain 3, System Partners response. Progress against the EDI plar meeting with the latest update on page 95 of the <u>December 15, 2023</u> Board package which summarizes all the ac 2022 Strategic Plan.	s and is at the forefront of e for action planning. CDTO al n is reported at every Board
		Strategic PlanningStrategic Initiatives Project BudgetPages 165-174 of the January 22, 2021Board packagePages 105-108 of the June 24, 2021Corresponding minutes on page 5 of the January 22, 2021Board meetingCorresponding minutes on page 4 of the Strategic Initiatives Project Budget	
		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)	
		A new Strategic Plan for 2024-2027 was approved at the December 15, 2023 Board meeting and can be reviewed on EDI-I (Equity, Diversity, Inclusion, and Indigeneity) is a Project Domain and demonstrates the Board's continued com under the Strategic Pillar of Engagement, and the Strategic Goal to listen, learn, and collaborate with the public, the to advance public trust and confidence in the College and its registrants by being transparent and accountable. Spec Performance Indicators are being developed by the College in early 2024. This will also include approval of a budget	mitment to this area. EDI-I fal profession, and system partne ific project maps and Key

b. The College conducts Equity Impact Assessments to ensure that	The College fulfills this requirement:	Yes
decisions are fair and that a policy, or program, or process is	• Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number <i>OR</i> please brid Equity Impact Assessments.	fly describe how the College conducts
not discriminatory. <u>Further clarification:</u>	• If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied which Equity Impact Assessments were conducted.	to a policy, program, or process) in
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.	<ul> <li>CDTO actively supported the work of the Health Professions Regulators of Ontario (HPRO) as it developed an Equ Organizational Self-Assessment and Action Guide. This Guide, which includes Equity Impact Assessment (EIA) To and helps the College carry out its EDI and anti-racism self-assessment across all aspects of the College's work ar College with its continual EDI and anti-racism integration and improvements. It was based on research and evide efforts and collaboration from College staff along with external consultants Graybridge Malkam who have exper See the following links to access the tools and supporting resources: <u>Organizational Self-Assessment and Action</u></li> <li>CDTO used the Guide and EIA Tools to conduct a self-assessment to understand the status of our practices relate areas we can further advance in, and how to do so within our important areas of interest. In 2023, Staff identifie proactive, and progressive against CPMF's 7 domains: (1) Governance Goals (2) Resource Goals (3) System Partn Management Goals (5) Regulatory Policies (6) Suitability to Practice (7) Measurement, Reporting, and Improvem system partners (e.g., peer assessors) to conduct the self-assessment. The results will be brought to the Board for the self-assessment.</li> </ul>	ols, was finalized in August 2023 d functions. It also helps the nce, and it included dedicated ise in EDI. <u>Guide, Case Studies, FAQs</u> d to EDI and anti-racism, what d CDTO as inactive, reactive, er Goals (4) Information ent. CDTO is also inviting relevant
	The Guide will be used to develop an action plan to advance our priority areas and address any adverse impacts. and anti-racism practices are entrenched in our policies and practices. The Guide will also be used to identify and outcomes of policies, programs, and standards on applicants and registrants.	-
	Furthermore, since 2021, CDTO has undertaken a review and development of an Equity, Diversity, Inclusion (EDI policy and lens. These EDI tools will be used to evaluate existing policies, guidelines, standards of practice and Co development of new ones. The intent of our EDI impact assessment is to:	• •
	<ul> <li>Identify unintended effects of decision-making,</li> </ul>	
	Support EDI based improvements,	
	<ul> <li>Incorporate EDI into decision-making, and</li> </ul>	
	Build the capacity to address and increase awareness of issues	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
	Additional comments for clarification (optional)	

OMAIN 2: RESOURCES	

**STANDARD 4** 

#### Measure:

4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.

	Required Evidence	College Response	
	a. The College identifies activities	The College fulfills this requirement:	Yes
	and/or projects that support its strategic plan including how resources have been allocated.	• Please insert a link to Council meeting materials that include discussions about activities or projects to support the strat approved budget and indicate the page number	egic plan AND a link to the most recent
		Discussions about projects to support the 2018-2022 Strategic Plan can be found on page 165 of the January 2	22, 2021 Board Package.
	Further clarification: A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget	Page 139 of the June 23, 2023 Board Package has the most recent approved budget.	
		<ul> <li>Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.</li> </ul>	
		CDTO's Board participates in a consultant-facilitated workshop where evidence and data are assessed (e.g., p regulatory trends, environmental scans, public expectations, system partner information) to identify a five-ye Management determines the projects and costs to achieve these identified strategic priorities.	
		CDTO's policy is to ensure that adequate financial resources are allocated accordingly through the Strategic Ir funded from net assets internally restricted for SIP. Strategic projects are typically multi-year and the total cu successfully complete the project is approved by the Board and is funded from the College's cumulative surpl Operating budget expenditures on which the annual registration fees are determined.	mulative resources required to
	should be allocated accordingly.	The strategic projects, expenditures and available funds are reviewed quarterly to ensure timely, evidenced-b Board. The strategic plan is reviewed annually for updates, budgeting, risk identification, etc. and modification conclusion of a strategic initiative, ongoing expenditures are included in the Operating Budget to ensure susta	ns made as necessary. At the
		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)	
		A new Strategic Plan for 2024-2027 was approved at the December 15, 2023 Board meeting. Specific project m are being developed by the College in early 2024. This will also include approval of a budget to dedicate approp the Strategic Goals.	

	b. The College:	The College fulfills this requirement:	Met in 2022, continues to meet in 2023	
	i. has a "financial reserve			
		the page number.		
	•	Please insert the most recent date when the "financial reserve nolicy" has been developed OR reviewed/undated		
	legislative requirements in	Has the financial reserve policy been validated by a financial auditor? Yes		
	case there are unexpected			
ii. possesses the level of		financial stability. CDTO maintains the level of reserves set out in its policy and has a process for auditor verification and reporting on an		
		The policy was approved at the December 10, 2021 Board meeting and can be viewed on page 89 of the Bo	ard 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)	·	
		<ul> <li>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</li> </ul>	<ul> <li>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</li> <li>Has the financial reserve policy been validated by a financial auditor? Yes CDTO's Surplus Retention Policy was developed with input from the external auditor and meets the require policy". The purpose of the surplus retention policy is to enable CDTO to withstand negative unexpected fin financial stability. CDTO maintains the level of reserves set out in its "financial reserve policy".</li> <li>The policy was approved at the December 10, 2021 Board meeting and can be viewed on page 89 of the Boo If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</li> </ul>	

			· · · · · · · · · · · · · · · · · · ·
	c. Council is accountable for the	The College fulfills this requirement:	Yes
	success and sustainability of the	Please insert a link to the College's written operational policies which address staffing complem	ent to address current and future needs.
	organization it governs. This includes:	• Please insert a link to Council meeting materials where the operational policy was last reviewed	l and indicate the page number.
	i. regularly reviewing and updating written operational policies to	Note: Colleges are encouraged to add examples of written operational policies that they identify a organizational success. The College adheres to a human resource (HR) governance model comprised of two compo	nents: formal governance and internal governance.
	ensure that the organization has the staffing complement it needs to be successful now	Formal governance involves the Board of Directors and the Executive Committee that acts a governance consists of the Registrar/CEO and senior management's approach and strategy effectiveness.	
	and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and	<u>Formal Governance</u> The Board has a <u>Governance Policy Manual</u> which clearly defines the roles and accountability management. The HR governance policies were approved in 2020 with a review cycle of ever considerations and legislated requirements. The Registrar/CEO recruitment, retention and s emergency, is formally embedded in its governance structure through the Executive Commi framework utilizing an external HR expert and governance consultant by:	ery 3 years for currency, best practices, risk management succession planning, including in the event of an
	retains key talent, through elements such as training	• Improving the CEO Performance Evaluation Criteria and approving it in September 2	2021,
	and engagement).	<ul> <li>Collaborating with nine other regulatory health colleges in Ontario to share in the consolidated database of compensation elements for the Registrar and CEO position</li> </ul>	•
		<ul> <li>Developing a CEO Compensation Policy and approving it in April 2022.</li> </ul>	
	Benchmarked Evidence	Internal Governance	
		Another important role for the Board is understanding the various HR risks facing the organ policies, and practices effectively respond to strategic, regulatory, and operational needs. So and performance measurement practices, combined with an effective dialogue with the CEC Executive Committee and the Registrar/CEO that demonstrate an effective internal HR gove industry economics, desired culture, workforce dynamics, and leadership preferences are in HR strategy, programs, practices, and outcomes is the responsibility of the Registrar/CEO ar	uccessful execution requires effective risk management O. The Board receives quarterly updates from the ernance framework and strategies that reflect relevant n place. Internal oversight and management of CDTO's
		• Detailed position description for each member of the senior leadership team (e.g., r	roles, responsibilities, and accountabilities).
		Employee Policy Manual which contains policies and practices to support excellent	performance by well-oriented and skilled employees.
		HR budget which includes HR structure, total compensation, professional developm	nent, and succession planning.

	Understanding the HR related risks of a small organization, the Board has approved an priorities, policies, and practices to effectively respond to strategic, regulatory, and op Summer Jobs program, a federal government initiative to create quality work experier program aligns with responsible stewardship of financial resources and supports recru and have been retained in full-time positions. <i>If the response is "partially" or "no", describe the College's plan to fully implement this measure.</i> <i>reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timeli</i>	Derational needs. CDTO also partion nces for youth aged 15 to 30 year uitment of talent. Youth support C Outline the steps (i.e., drafting polici	cipates in the Canada s. Participation in this CDTO in fulfilling its mandate ies, consulting stakeholders, or
ii. regularly reviewing and	The College fulfills this requirement:		Yes
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).	<ul> <li>Please insert a link to the College's data and technology plan which speaks to improving C Cybersecurity (Data Protection)</li> <li>CDTO receives a monthly report on potential risk exposures and carries cybersecur a third party to conduct automated scanning and monitoring of its servers, databas vulnerabilities are detected on our infrastructure along with recommendations to r vendors and hosts are notified to investigate and remediate the identified risk imm database and server providers also conduct regular data and security reviews and p Technology Plan</li> <li>CDTO sets out priorities for digitization of its processes and improving technology in remain current, including annual renewal and new registrations through our Online the information it contains is current (e.g., new legislated requirements).</li> <li>In 2023, CDTO transitioned to a fully Cloud based operation and virtual office after College recognized several benefits of a virtual office over the pandemic while exterior lease expiring and lease rates rising, Staff undertook an analysis of traffic patterns, cost of maintaining a physical office was better placed in activities that enhance pu factors into consideration, the Board agreed that terminating the lease and moving established to digitize all documents required to be retained, for legal or historical securely stored on the Cloud and the paper files safely disposed of. To learn more a September 22, 2023 Board Package.</li> </ul>	ity insurance as a precautionary r se and website regularly. Alerts ar remediate the risk on all affected hediately to keep our risk profile a provide reports. Infrastructure. We also ensure that e Portal. CDTO also reviews the Pu the lease of the physical office er ensively using Zoom and Teams pl end meetings through virtual ever mail intake and customer satisfact ablic protection (e.g., unauthorize- g to a virtual office was the best so reasons. These files were transfer	measure. The insurer engages re received whenever critical assets. The infrastructure as low as possible. CDTO's at processes that are digitized ublic Register to ensure that nded on August 31, 2023. The atforms. These benefits at platforms. With the office ction and concluded that the d practice). Taking these olution. A workplan was rred from paper to digital,
	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)		1

DOMAIN 3: SYSTEM PARTNER		
STANDARD 5 and STANDARD 6		
	College response	
Measure / Required evidence: N/A	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.	
Measure / Required evidence. N/A	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.	
based on measures and evidence like other domains, as	of its mandate.	

Some e	xamples of system partners we regularly engage with are:
<u>(1) Nat</u>	ional Level
•	Public Health Agency of Canada, Chief Dental Officer of Canada, participates in and supports informed decision-making, including preventing disease and injuries, responding to public health threats, and promoting good physical and mental health.
•	Canadian Alliance of Dental Technology Regulators (CADTR) which includes the provincial dental technology regulators for Alberta, British Columbia, New Brunswick, Nova Scotia, Quebec and Saskatchewan. CADTR works together at a national level on matters which support the regulatory mandate, to protect the public interest, of each provincial jurisdiction.
<u>(2) Pro</u>	vincial Level
•	Health Profession Regulators of Ontario (HPRO) comprised of the 26 regulatory health colleges in Ontario. CDTO participates on many of its working groups including the EDI Network and CPMF.
•	Quality Assurance Working Group and Ontario Regulators for Access Consortium (ORAC) composed of various Ontario regulators to discuss our statutory programs, share information and resources, and engage in joint initiatives. Participation in these groups improves access to information and resources, and engage in joint initiatives. Participation in these groups improves access to
•	Oral Health Colleges (OHCs), composed of CDTO, College of Dental Hygienists of Ontario (CDHO), College of Denturists of Ontario (CDO), Royal College of Dental Surgeons of Ontario (RCDSO) for collaborative and unified approach to improving oral healthcare in Ontario.
•	George Brown College, collaborating with dental technology educators through the Program Advisory Committee to improve patient safety and ensure that the curriculum for entry-level dental technologists is responsive to changing public/societal expectations.
•	Association of Dental Technologists of Ontario (ADTO) to engage registered dental technologists and serve as a forum for sharing information in the public interest such as COVID-19 guidance.
Some	examples of initiatives from 2023 which aligned oversight of the practice of the profession and supported execution of our mandate:
Initiat	ive: Oral Healthcare Professionals and Mandatory Reporting
circum	ting conduct to a regulatory health college is mandated under the legislation for registrants, employers and facility operators under certain Istances such as sexual abuse, professional misconduct, incompetence and incapacity. This ensures that regulators become aware of conduct that In the public at risk and can take appropriate action.
to rais	ral Health Colleges of Ontario (OHCs) comprising of the regulators for dental hygienists, dental technologists, dentists and denturists collaborated e awareness about mandatory reporting through a learning module. Oral healthcare is delivered collaboratively amongst these health sionals who need to be mindful of their reporting obligations.

	The <u>learning module</u> is composed of three sections:
	<ul> <li>Reporting – Who, What and When? – Outlines the legislative requirements set out in sections 85.1 to 85.5 of the Regulated Health Professions Act, 1991.</li> </ul>
	<ul> <li>Examples of Reporting Scenarios – Testing knowledge on whether an oral health professional has a reporting obligation in example scenarios. The correct response is provided with reasoning.</li> </ul>
	• Failing to Make a Report and Additional Information – Discusses the consequences of failing to report and how to contact the OHCs.
	Initiative: COVID-19 Unified Guidance - Oral Health Colleges Collaboration
	In response to the COVID-19 Pandemic, Ontario's Oral Health Colleges (OHCs), regulating dental hygienists, dentists, denturists, and dental technologists, published a unified guidance to support registrants in providing safe care. Public health indicators in Ontario continue to show signs of improvement with case counts declining and vaccination rates remaining high. With the gradual return to normal, there was a need to assess the necessity of maintaining a unified COVID-19 Guidance document. After a thorough evaluation of current trends and available evidence, the OHCs collectively decided to rescind this document and provide additional guidance regarding this critical issue through other methods. OHCs are now relying on provincial and national public health authorities to communicate COVID-19-specific guidance for healthcare settings and practitioners.
	The OHCs collectively informed our registrants through a simultaneous email blast from each regulatory college on July 19, 2023. Learn more on pages 29- 31 of the <u>September 22, 2023 Board package</u> .
	Initiative: Amendments to the Registration Regulation
	Bill 106, the Pandemic and Emergency Preparedness Act, 2022 came into effect in April 2022 and is a key component of the government's ongoing efforts to build a stronger, more resilient health care system. This Bill recognizes that Ontario can do more to protect and prepare the province for future crises as experienced with the COVID-19 pandemic. The MOH asked that all Ontario health regulators propose amendments to establish an Emergency Class of Registration that will come into force on August 31, 2023.
_	While drafting the proposed amendments, other barriers to registration were identified from registration statistics, environmental scans of fair registration practices and classes of registration in other provinces and health professions. These barriers may impede the government's desired outcomes of the emergency class of registration and thus additional amendments were brought forward. CDTO proposed a Limited Class of Registration to allow individuals who are competent in one or more disciplines of dental technology to practice in those areas, a Prior Learning and Assessment Recognition Pathway, among other amendments that would improve transparency of registration policies.
	CDTO consulted many system partners before submitting its regulation:
	<ul> <li>A consultation survey was posted on CDTO's website and circulated through Mailchimp to all system partners, including registrants, national and provincial regulators, and other health professionals. ADTO extended its support by circulating the consultation and asking its members to respond.</li> </ul>
	Posted to the Ontario Regulatory Registry Website for 45 days with the support of the Ministry of Health.

<ul> <li>Consulted the Citizen's Advisory Group whose members are patients and caregivers who provide essential feedback on topics such as professional rules, standards of practice, policies, strategic priorities, and communications directed at the public.</li> </ul>
<ul> <li>Held meetings with the Ministry of Health, the Office of the Fairness Commissioner, and the Ontario Dental Association to discuss the proposed amendments.</li> </ul>
We received a strong response rate to our consultations and letters from many of our system partners. Their feedback shaped our proposed amendments by understanding the impacts and perspectives of our system partners.

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.

#### Oral Health Colleges of Ontario Joint Indigenous Peoples, Reconciliation and Anti-Bias Workshop

Ontario's Oral Health Colleges (OHCs) of Ontario, regulating dental hygienists, dentists, denturists, and dental technologists collaborated to hold an Indigenous Peoples, reconciliation and anti-bias workshop on May 26, 2023. It was presented by First Peoples Group, an Indigenous advisory group, and attended by Council/Board members and senior staff of the four oral health Colleges. Presentations provided education on the history and culture of the First Nations, Métis and Inuit and the impacts they have faced from treaties and land claims, the Indian Act and residential schools. The path forward through reconciliation as outlined in the Truth and Reconciliation Commission of Canada includes a call to action that all levels of government provide cultural competency training for all health-care professionals. The workshop provided meaningful feedback on how to incorporate equity and inclusion into future efforts towards reconciliation.

#### EDI Organizational Self-Assessment and Action Guide – Health Profession Regulators of Ontario

"Research into the effect of exclusion and racism, whether they be systemic or interpersonal, intentional or unintentional, has demonstrated the need to ensure that Equity, Diversity, and Inclusion (EDI) and anti-racism form an important part of the lens through which any health or other regulatory college undertakes its work, from how it is governed to what policies and processes it develops. As much as it is important to assess the impact of exclusion and racism on those receiving services from practitioners regulated by these colleges, recent studies have also demonstrated the need to combat systemic and interpersonal exclusion and racism within regulatory colleges, between colleges and their members, and among regulated professionals. Doing so requires colleges to assess the level of integration of EDI and anti-racism processes and initiatives within the various aspects of their work." – <u>HPRO EDI</u> <u>Organizational Self-Assessment and Action Guide</u>

CDTO is a member of the Health Profession Regulators of Ontario (HPRO), and our Registrar is a member of the Board of Directors and the Chair of the Anti-Racism in Health Regulation Project Steering Committee. HPRO's Board has committed one of its three strategic priority areas to EDI. All 26 Colleges within the *Regulated Health Professions Act, 1991* are members of HPRO and have agreed to this priority. HPRO has completed an important project that provides an EDI Organizational Self-Assessment and Action Guide (including an Equity Impact Assessment Tool). The Guide addresses the CPMF and its seven distinct domains and provides specific steps to be considered for improvement.

The Guide helps the Colleges carry out their EDI and anti-racism self-assessment across all aspects of their work and functions. It also helps the Colleges with their continual EDI and anti-racism integration and improvements. It was based on research and evidence, and it included dedicated efforts and collaboration from College staff along with external consultants Graybridge Malkam who have expertise in EDI. To learn more about how CDTO is implementing this Action Guide, see Measure 3.3.b., Equity Impact Assessments. CDTO will continue to support HPRO as it adds to its EDI toolkit and provides ongoing education, information, and training for College staff and governors.

• 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).

CDTO identifies changing public/societal expectations by staying up to date with current events. These include being on mailing lists for legal counsels and Member of Parliament offices to identify regulatory trends, monitoring social media trends and reviewing news worldwide. For example, systemic racism is an issue that has drawn much attention worldwide. It was important for CDTO to reflect on how we could reduce barriers to ensure that not only do system partners have an opportunity to participate in the regulatory work of colleges but patients also have access to equitable and quality healthcare services.

CDTO also identifies changing public/societal expectations by leveraging system partnerships. CDTO maintains these relationships by attending regular meetings and participating on working groups. For example, HPRO established an EDI Network whose activities include environmental scans and knowledge sharing, outreach to system partners through HPRO (e.g., Office of the Fairness Commissioner), opportunities for sharing in a safe and inclusive space, and documents and tools that the Colleges can consider for possible implementation. Additionally, the Ministry of Health and regulatory health colleges are partners in exploring and identifying opportunities to improve and strengthen oversight of health professions in Ontario. CDTO also maintains a relationship with George Brown College, the approved program in Ontario for dental technology, through its Program Advisory Committee. This Committee is comprised of educators and regulated health professionals who not only identify changing public/societal expectations but are responsive by reflecting any findings in the curriculum for aspiring dental technologists.

CDTO identifies relevant system partners through its strategic plan. The strategic plan identifies our priorities and the system partners we will need to engage with to further the strategic objectives. On December 15, 2023, the CDTO's Board approved a new strategic plan for the next three years. We made dedicated efforts to collect feedback from equity-deserving groups, ensuring inclusivity and responsiveness to their unique needs, with the aim of promoting a more comprehensive and inclusive strategic plan. Our latest strategic plan prioritizes Truth, Reconciliation, Equity, Diversity, Inclusion, and Accessibility principles as both a commitment and enabler across all aspects of CDTO's work.

Additionally, CDTO may identify system partners through its networks. For example, CDTO became a partner to the Citizen's Advisory Group (CAG) which supports many regulatory health colleges in bringing the patient voice and perspective to healthcare regulation in Ontario. As a partner, CDTO was able to survey CAG Members about their perspectives on our proposed regulatory amendments as discussed above in System Partners, Standard 5.

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DOMAIN 4: INFORMATION MANAGEMENT

## Measure:

7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.

2	Required Evidence	College Response	
DARI	a. The College demonstrates	The College fulfills this requirement:	Yes
STANDARD	how it: i. uses policies and processes to govern the	• Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses discl information.	osure and requests for
S	disclosure of, and requests for information;	CDTO uses various external and internal policies (i.e., public facing and internal/operational), processes and alternativ guidelines and frequently asked questions (FAQ's) to govern and communicate disclosure of, and requests for informa to be made in writing. The request is assessed against what is available to the public and, if applicable, we will commu the information. Where the information is not public, CDTO will determine if the disclosure is permitted and in the pu assessment considers and is guided by the following regulatory policies:	ation (RFI). CDTO requires RFI inicate where they can find
		<ol> <li>Section 36 - Confidentiality of the <u>Regulated Health Professions Act, 1991</u> outlines the duty of confidentiality a information in the administration of the RHPA.</li> </ol>	nd disclosures of
		<ol> <li>Section 17 – Confidentiality (page 30) and Schedule 3 - Code of Conduct for Board and Committee Members (possible outlines the duties for confidentiality and disclosures of information for Board and Committee members, staff appointed by CDTO.</li> </ol>	
		<ol> <li>Section 23 of the <u>Health Professions Procedural Code</u>, Schedule 2 to the RHPA, outlines information that is ma Register or withheld from the public.</li> </ol>	intained on the Public
		4. Section 4 – Conduct (page 35) of CDTO's Governance Policy Manual which sets out the expectations of Board a	and Committee members.
		<ol> <li>Privacy and Terms of Use of CDTO's website are publicly posted. Applicant and registrant information is stored is hosted on secure servers. CDTO uses administrator rights to ensure that only authorized individuals can accer required to fulfill their duties.</li> </ol>	
		6. Remote Access Policy which defines standards for connecting to CDTO's remote network. It protects against u may cause the loss of confidential or internal data, and damage to critical computer network and information	
		7. Employee Policy Manual outlining expectations of individuals employed by CDTO.	
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (optional)	

ii. uses cybersecurity measures to protect	The College fulfills this requirement:	Yes
against unauthorized disclosure of	• Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecuri unauthorized disclosure of information.	ty and accidental or
information; and iii. uses policies, practices	Cybersecurity Measures	
and processes to address accidental or unauthorized disclosure of information.	CDTO carries cybersecurity insurance as a precautionary measure. The insurer engages a third party to conduct automat monitoring of its servers, database and website regularly. We receive alerts whenever critical vulnerabilities are detecte and recommendations to remediate the risk(s) on all affected assets. The infrastructure vendors and hosts are notified t remediate the identified risk(s) immediately to keep our risk profile as low as possible. Since 2021, CDTO initiated an Enc Response (EDR) solution on its network, covering at least 95% of endpoints and all domain controllers. Additionally, the password that prevents unauthorized access to the network and data is reset periodically to strengthen our security pos	ed on our infrastructure to investigate and dpoint Detection & authentication
Benchmarked Evidence	Accidental and Unauthorized Disclosure	
	CDTO manages accidental or unauthorized disclosure in two steps:	
	<ol> <li>Preventative – processes in place to inform individuals about their responsibilities and define the processes that disclosure occur:</li> </ol>	CDTO will take should
	i. All employees or persons retained by CDTO sign contracts that set out their responsibilities with respect to c protection of information, and processes CDTO may take when there is a breach.	confidentiality,
	ii. CDTO requires all Board and Committee members, staff and persons retained or appointed by CDTO to sign agreements annually.	confidentiality
	iii. Identify rules around password setting and disconnecting access to servers when individuals are no longer e	mployed by CDTO.
	2. Accidental/Unauthorized Disclosure – steps taken when disclosure has occurred:	
	i. Containment – identifying the source and rectifying (e.g., reset passwords).	
	ii. Seek advice of legal counsel who specializes in privacy and cybersecurity.	
	iii. Communication – determine if the issue is isolated (i.e., only those impacted need to be informed) or a wide communication should be issued. Notify Executive Committee/Board of the issue.	er public
	iv. Review and determine corrective actions to prevent future events from occurring.	
	If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, co reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	onsulting stakeholders, or

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**STANDARD** 

#### 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).

College Response **Required Evidence** a. The College regularly evaluates The College fulfills this requirement: Met in 2022, continues to meet in 2023 its policies, standards of 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 and practice, practice 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., guidelines to determine what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and whether they are how are they involved). appropriate, or require revisions, or if new direction Practice expectations are outlined in a variety of documents depending on the risk assessment: standards of practice, policies, and practice or guidance is required based advisories. CDTO has a Standards of Practice Task Force that leads the development and revision of these documents. The Board approves on the current practice the Standards of Practice prior to external consultation, including revised standards or policies. Each decision point is supported by a environment. comprehensive briefing note and/or presentation highlighting the key factors considered or amendment being proposed. CDTO prioritizes the evaluation of standards and practice guidelines based on risk, evidence, and best practices. These key documents are developed or amended as an emerging need, strategic priority or on an annual review cycle as follows: Benchmarked Evidence 1. Collecting and analyzing the data from different intake streams including CDTO's professional conduct cases, practice advisory inquiries, relevant stakeholders, and literature review. 2. Consultations with our System Partners including healthcare regulators (national and provincial) and relevant stakeholders: Canadian Alliance of Dental Technology Regulators (CADTR), Association of Dental Technology of Ontario (ADTO), the Health Profession Regulators of Ontario (HPRO) working groups such as anti-racism, dental technology educators, George Brown College and other dental technology colleges in Canada, Public Health Ontario, RDTs, equity-deserving groups, Public Health Ontario, and other public health authorities. 3. Every year, an environmental scan is conducted as part of our strategic plan review to determine the status of the current and future practice environment which includes information received through HPRO, the Ministry of Health, the Program Advisory Committee of George Brown College, and CDTO's complaints, investigations, and discipline processes. 4. Target to review competencies, standards of practice and practice guidelines every 5 years or more frequently as needed. 5. To be responsive to emerging issues and current events (e.g., the COVID-19 pandemic) that impact the practice environment.

In 2023, CDTO maintained its commitment to prioritizing the update of standards and guidelines based on risk and evidence. Key initiatives included:

### • COVID-19 Guidance:

- Following a thorough assessment of our COVID-19 guidance, Infection Prevention and Control (IPAC) standards, current trends, available evidence, and a careful consideration of risk, impact, and access to care, the document 'COVID-19: Guidance for Registered Dental Technologists' has been rescinded. Our registrants are still required to adhere to our IPAC standard and follow provincial guidance.
- This decision was collaboratively made with the other Ontario oral health regulatory Colleges (OHC) who regulate dental hygienists, dentists, and denturists. The collective evaluation of current trends and available evidence led to the rescindment of the unified guidance documents. For more information, refer to pages 29-31 of the <u>September 22, 2023 Board Package</u>. The <u>COVID-19 Guideline</u> is still accessible on our website for our registrants' and the public's reference, along with the revision history on pages 8-9.
- To further support our registrants in the absence of our COVID-19 guidance, a new comprehensive set of <u>COVID-19 FAQs</u> has been developed.

#### • Standards Framework and Codes of Ethics:

Integration of the existing Code of Ethics into the developing Standards Framework was explored and proposed. The objective is to consolidate information, reduce redundancy, and provide enhanced guidance for RDTs, pending the next phase of By-Laws review. The proposed Standards Framework comprises three components: Ethical principles including EDI, Professional standards, and Practice standards. The first two components are incorporated into the framework to ensure RDTs adhere to ethical and professional standards in all aspects of their practice. For further details, see pages 32-37 of the <u>September 22, 2023 Board Package</u>.

In 2023, CDTO continued to dedicate efforts to enhance its regulatory framework through the implementation of right-touch regulation and the adoption of more systematic risk-based approaches. This initiative resulted in:

#### • Incorporation of Risk Register/Risk Management Framework:

The findings from the Risk Register have seamlessly integrated into CDTO's newly approved strategic plan for 2024. The identified risks and their priorities were validated through comprehensive consultations with RDTs, the public, and our system partners within the context of our strategic plan. This feedback was analyzed and formulated through numerous Board and leadership team workshops, forming a crucial part of our new strategic plan. Currently, the strategic plan is being translated into actionable items through strategic domains, guiding the prioritization of key projects. Notably, there is a specific focus on initiatives related to Standards and Ethics. For additional information, refer to pages 82-87 of the <u>April 28, 2023 Board Package</u> and pages 99-106 of the <u>December 15, 2023 Board Package</u>.

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.

		The College fulfills this requirement:	Yes
	the College takes into account the following components when	• Please insert a link to document(s) that outline how the College develops or amends its poladdress the listed components and indicate the page number(s) <i>OR</i> please briefly describe	
	developing or amending policies, standards and practice guidelines:	CDTO's processes for considering the following components are outlined below: i. Evidence and data	
	<ul> <li>i. evidence and data;</li> <li>ii. the risk posed to patients / the public;</li> </ul>	<ul> <li>Gathering targeted data from various intake streams, including CDTO's disciplin</li> <li>Reflecting regulatory changes, Ministry of Health, or other health authorities' of</li> <li>Conducting literature reviews, research, or evaluations to identify and incorpore</li> <li>Engaging in general and targeted consultations with relevant stakeholders included</li> </ul>	directions into policies, standards, or practice guidelines. rate best practices.
	iii. the current practice environment;	<ul> <li>ii. The risk posed to patients/the public:</li> <li>Evaluating and determining the level of risk associated with specific issues.</li> </ul>	
	<ul> <li>iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap);</li> <li>v. expectations of the public;</li> </ul>	<ul> <li>Identifying the impact on different segments of the public.</li> <li>Prioritizing action plans or strategic projects considering the risk posed to patie</li> <li>Applying the precautionary principle when evidence is absent or unclear, priori</li> <li>iii. The current practice environment: <ul> <li>Identifying emerging issues and trends through evidence and data (e.g., enviro</li> <li>Analyzing and prioritizing findings based on the level of risk.</li> </ul> </li> </ul>	itizing safety.
	and vi. stakeholder views and	<ul> <li>Remaining responsive to evolving practice environments, such as technology a</li> <li>iv. Alignment with other health regulatory Colleges, where appropriate (i.e., where p</li> </ul>	
	feedback. Benchmarked Evidence	<ul> <li>CDTO has undertaken a great effort to collaborate with other health regulatory colling of the provincial/Ontario (e.g., HPRO and Oral Health Colleges: RCDSO, CDHO, and CD</li> <li>Federal/other jurisdictions' regulatory bodies and colleges (e.g., Canadian Allia)</li> </ul>	leges at two levels: DO).
	Deneminarkea Evidence	of dental technologists/technicians in other jurisdictions). System partner engagements support CDTO by:	
		<ul> <li>Understanding the current practice environment of dental technology.</li> <li>Defining and identifying common areas and shared scope of practice.</li> </ul>	
		<ul> <li>v. Expectations of the public: CDTO is part of the Citizen Advisory Group (CAG) and aims to bring the patients/p</li> <li>Mitigating the risk posed to the patients/public (as described under section ii. t)</li> </ul>	

<ul> <li>Consulting with CAG for developing policies, standards of practice, and practice guidelines whenever applicable to bring public expectation to the table.</li> <li>Conducting consultation/surveys with the public.</li> </ul>
<ul> <li>vi. Stakeholder views and feedback:</li> <li>Identifying diverse and relevant stakeholder groups (e.g., best practice, shared scope of practice) as part of the environmental scan.</li> <li>Identifying stakeholder representatives.</li> <li>Establishing a systematic approach to solicit stakeholder views and feedback (e.g., through surveys, interviews, focus groups) to ensure meaningful engagement.</li> <li>Incorporating feedback appropriately and providing transparent reports back to stakeholders and the public.</li> </ul>
Key Examples in 2023:
1. Rescission of the COVID-19 Guidance for Registered Dental Technologists:
The process for rescinding the COVID-19 Guidance for Registered Dental Technologists involved a meticulous approach to ensure alignment with key components in policy development:
<ul> <li>Literature Review and Environmental Scan: We conducted a thorough literature review, environmental scan, and risk assessment to stay abreast of global and local developments related to the pandemic. The findings, outlined on pages 29-31 of the <u>September 22, 2023 Board</u></li> <li><u>Package</u>, revealed encouraging signals from public health authorities, both globally (e.g., World Health Organization (WHO)) and locally (e.g., Public Health Ontario (PHO)). These included declining case counts, increasing vaccination rates, and the adoption of standard infection prevention and control (IPAC) measures by other Canadian health regulators.</li> </ul>
<ul> <li>CDTO's Guidance Review and Analysis: In this process, we analyzed CDTO's existing Infection Prevention and Control (IPAC) standard, along with relevant documents from health authorities such as PHO and the Ministry of Health (MOH). Our findings revealed that all provisions in the COVID-19 guidance were rooted in either the IPAC standard or the guidelines provided by PHO and MOH. Consequently, after carefully considering risk, impact, and access to care, we determined that CDTO could confidently rescind its COVID-19 guidance for Registered Dental Technologists.</li> </ul>
<ul> <li>Oral Health Colleges Collaboration: Recognizing the importance of collaboration, we engaged with Ontario's four oral health regulatory Colleges, representing dental hygienists, dentists, denturists, and dental technologists. Together, we assessed the necessity of maintaining a unified COVID-19 Guidance document. After a thorough evaluation of current trends and available evidence, we collectively decided to rescind the document and provide necessary additional guidance to our registrants on ensuring the provision of safe care regarding this critical issue.</li> </ul>
<ul> <li>Communication of Rescission: In coordination with other Oral Health Colleges, we promptly informed our registrants through a simultaneous email blast on July 19, 2023. Additionally, a news post was published on our website on the same day.</li> </ul>

<ul> <li>For more details of these steps, see pages 29-31 of the <u>September 22, 2023 Board Package</u>. Although the <u>Rescinded COVID-19 Guideline</u> is labelled as such it remains accessible on our website for our registrants' and the public's reference, with its revision history detailed on pages 8-9.</li> </ul>
<ol> <li>COVID-19 Frequently Asked Questions: In response to the absence of College-specific COVID-19 guidance, we undertook the development of a new COVID-19 FAQs. For more details, see pages 29-31 of the <u>September 22, 2023 Board Package</u>.</li> </ol>
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.

	c.	The College's policies, guidelines, standards and	The College fulfills this requirement:	Partially
		Code of Ethics should promote Diversity, Equity,	• Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they pron Inclusion.	note Diversity, Equity and
	and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.	In 2023, the CDTO actively engaged with system partners, advancing EDI within the dental technology profession. O eliminating racism and promoting EDI is rooted in collaboration with various system partners, research, and alignm Right Code, all with the goal of ensuring public protection, particularly in the services provided by RDTs. We collabo Health Profession Regulators of Ontario (HPRO), aligning our strategies with their ongoing efforts to understand, re appropriate assessment tool, and resources to promote EDI.	ent with Ontario Human prated closely with the	
			In 2023, HPRO developed a comprehensive set of materials, including EDI organization self-assessment, made avail colleges. Leveraging these valuable resources provided, CDTO is dedicated to promoting inclusivity and equity in al practices, and seamlessly integrating EDI considerations into regulatory processes. For more detailed information, <u>June 23, 2023 Board Package</u> and page 2 of the <u>September 22, 2023 Board Meeting Minutes</u> .	l its work, adopting best
			• Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion	are reflected.
			<ul> <li>Code of Ethics: CDTO's Code of Ethics expects RDTs to act in a manner consistent with the Canadian Human Ri Human Rights Code, 1990. See page 41, Schedule 4 – Code of Ethics for Dental Technologists of <u>CDTO's By-Law</u></li> </ul>	
			<ul> <li>EDI Organization Self-Assessment: In 2023, CDTO embarked on a proactive initiative to assess its commitment Organization Self-Assessment. This comprehensive assessment completed by staff, aimed to identify gaps and utilizing a tool developed by HPRO. The assessment facilitated a thorough evaluation of our work across seven resources, system partners, information management, regulatory policies, suitability to practice, and measure process, each domain underwent examination, including Domain 5: Regulatory Policies encompassing policies, codes of ethics. Through this rigorous evaluation, actionable initiatives/steps were identified within each domain commitment to addressing specific areas for improvement. Notably, the focus on Regulatory policies domain a tangible steps to enhance our policies, guidelines, standards, and Code of Ethics, ensuring their alignment with</li> </ul>	guide gap-filling actions, key domains: governance, ment/reporting. Within this guidelines, standards, and ain, reflecting our allows us to pinpoint
			For more details, see page 2 of the <u>September 22, 2023 Board Meeting Minutes</u> and page 98 of the <u>December</u>	15, 2023 Board Package.
			<ul> <li>Draft Standards Framework: As part of our ongoing commitment to EDI, CDTO developed a draft standards fra EDI principles and values into ethical principles and professional standards. This framework, firmly rooted in El guide, and impact all activities of RDTs in practice. It comprises three components: Ethical principles including and Practice standards. In 2023, CDTO undertook another initiative by exploring and proposing the integration Ethics into this Standards Framework. This initiative aims to consolidate information and provide enhanced gu that EDI principles and values are reflected in all aspects of their professional practice.</li> </ul>	DI principles, is designed to EDI, Professional standards, of the existing Code of
			For more details, see pages 32-37 of the <u>September 22, 2023 Board Package</u> .	

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
CDTO will continue its efforts to review its policies and develop a standards framework, and implementing tools, ensuring the incorporation of EDI principles into all aspects of its work, with a particular focus on embedding EDI principles and values within the provided dental technology care by RDTs:	
<ul> <li>New Strategic Plan (2024-2027): Our latest strategic plan prioritizes Truth, Reconciliation, Equity, Diversity, Inclusion, and Accessibility principles as both a commitment and enabler across all aspects of College's work. Recognizing that EDI is an ongoing journey rather than a destination, each pillar of our new strategic plan highlights components of those principles, emphasizing our dedication to EDI as our roadmap over the next 3 years. This includes cultural competence for our registrants, active listening, trust-building for diversity, and the establishment of an 'EDI-I' (indigeneity) as a Project Domain, serving a central point for regulatory-relevant initiatives. Additionally, throughout the strategic planning process, we made dedicated efforts to collect feedback from equity-deserving groups, ensuring inclusivity and responsiveness to their unique needs, with the aim of promoting a more comprehensive and inclusive strategic plan.</li> <li>For more details, see pages 99-107 of the <u>December 15, 2023 Board Package</u>.</li> </ul>	
• Equity Impact Assessment: This assessment is embedded within the EDI Organization Self-Assessment developed by HPRO. It enables a more in-depth evaluation of our work within domain 5 including policies, guidelines, standards, and Code of Ethics. This process, along with associated resources, will serve as a guiding tool to formulate a specific strategic roadmap for "Domain 5: Regulatory Policies". It will systematically direct our future actions, guiding our journey toward greater diversity, inclusivity, and fairness.	
• Standards Framework: With the direction of our new strategic planning, CDTO will focus on re-evaluating our draft Standards Framework and aligning it with the results of the Equity Impact Assessment. In addition, we aim to integrate the existing Code of Ethics into the developing Standards Framework to enhance resource accessibility for RDTs, pending the next phase of the By-Laws review.	
Additional comments for clarification (optional)	

		Measure: 9.1 Applicants meet all Colle	ge requirements before they are able to practice.	
Ю	6 Q	Required Evidence	College Response	
E	DAR	a. Processes are in place to ensure that those who meet the	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	registration requirements receive a certificate to practice	• Please insert a link that outlines the policies or processes in place to ensure the documentation provided by cand indicate page number OR please briefly describe in a few words the processes and checks that are carried out.	idates meets registration requirements and
		(e.g., how it operationalizes the	The requirements for registration are set out in <u>CDTO's Registration Regulation</u> of the Dental Technology A	Act, 1991.
		registration of members, including the review and validation of submitted documentation to detect fraudulent documents,	1. Staff reviews each application using an Application Checklist to ensure that all requirements have been met.	
			2. When staff have doubts that an applicant meets the registration requirements, those applications a Decision Chart.	are escalated to the Registrar using a
6: SUI			3. The Registrar may decide to refer the application to the Registration Committee. In this case, referra <i>Health Professions Act, 1991</i> process (e.g., notice, disclosure).	als are made following the <i>Regulated</i>
		confirmation of information from supervisors, etc.) <sup>1</sup> .	• Please insert a link and indicate the page number OR please briefly describe an overview of the process undertaker registration processes to ensure documentation provided by candidates meets registration requirements (e.g., con jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.).	•
D			See CDTO's registration process for <u>full details</u> . To ensure documentation provided by candidates me unaltered, accurate), CDTO:	ets registration requirements (e.g.,
			<ul> <li>Uses government issued photo identification which must resemble the passport photo, by matchin driver's license, passport, employment eligibility status documents).</li> </ul>	g legal name to documentation (e.g.,
			<ul> <li>Requires that certain documents are submitted directly from the issuing organization. For example, canadian dental technology regulators, list successful candidates who have completed Credent from CADTR which is accompanied by a Certificate of Completion for each candidate.</li> </ul>	
			At the examinations level, staff will verify the identity of the candidate using government issued photo iden submitted in their application.	tification and comparing to photographs

<sup>&</sup>lt;sup>1</sup> 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	The College fulfills this requirement:	Yes
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:	cant meets registration requirements been discussed and decided upon and rocesses to assess whether an mprove access by international oup meets regularly to discuss examining bodies improve the nmodation considerations and ario have registration practices assessment of the registration g registration. rs, licensing boards, accrediting evelop best practices related to
	<ul> <li><u>Canadian Alliance of Dental Technology Regulators (CADTR)</u> – composed of seven provincial dental tech Canada who work collaboratively, demonstrating leadership and accountability on matters which support provincial jurisdiction to protect the public interest in a consistent national approach. CADTR requires appl a CADTR approved program to have their credentials authenticated by an Immigration Refugee Citizen program applicants must arrange for the issuing educational institute to provide a copy of their official tra- Please provide the date when the criteria to assess registration requirements was last reviewed and updated.</li> </ul>	nology regulators from across he regulatory mandate of each icants who have not completed ship Canada agency. Approved
	CDTO last reviewed its registration requirements in 2023, through environmental scans of fair registration prac	tices and classes of registration
	in other provinces and health professions. This was part of the Registration Regulation (O. Reg 874/93 amendments for an Emergency Class of Registration (ECR) as required by the Ministry of Health. CDTO also subrichanges to reduce barriers and ensure currency. These changes comprised of:	) review to submit proposed
	<ul> <li>Introduction of a Limited Class of Registration (LCR) for qualified individuals who have training in one</li> </ul>	or more disciplines but not all,

disciplines.         Link to consultation for ECR and Proposed Amendments. On August 31st, 2023, the ECR Provisions came into effect, with the remaining emergency provisions proposed being tabled by the MOH.         To learn about CDTO's previous reviews and changes, refer to our CPMF Reports from prior years on our Publications Webpage. These chincluded:         • A currency requirement of 1300 experiential hours in dental technology within 36 months for applicants to credentialing and assess         • Waiving application processing fees for first time applicants to the Jurisprudence & Ethics examinations.         • Fee policy change for a quarterly proration of initial registration fees.         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)       Choose an item.
emergency provisions proposed being tabled by the MOH.         To learn about CDTO's previous reviews and changes, refer to our CPMF Reports from prior years on our <u>Publications Webpage</u> . These chincluded:         • A currency requirement of 1300 experiential hours in dental technology within 36 months for applicants to credentialing and assess         • Waiving application processing fees for first time applicants to the Jurisprudence & Ethics examinations.         • Fee policy change for a quarterly proration of initial registration fees.         If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?
<ul> <li>included:</li> <li>A currency requirement of 1300 experiential hours in dental technology within 36 months for applicants to credentialing and assess</li> <li>Waiving application processing fees for first time applicants to the Jurisprudence &amp; Ethics examinations.</li> <li>Fee policy change for a quarterly proration of initial registration fees.</li> </ul> If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Choose an item.
<ul> <li>Waiving application processing fees for first time applicants to the Jurisprudence &amp; Ethics examinations.</li> <li>Fee policy change for a quarterly proration of initial registration fees.</li> <li>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</li> </ul>
<ul> <li>Fee policy change for a quarterly proration of initial registration fees.</li> <li>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</li> </ul>
If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Choose an item.
if the response is "partially" of the conege planning to improve its performance over the next reporting period.
Additional comments for clarification (optional)

Measure: 9.2 Registrants continuously	emonstrate they are competent and practice safely and ethically.		
c. A risk-based approach is used	The College fulfills this requirement:	Yes	
to ensure that currency <sup>2</sup> 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.).	<ul> <li>Please briefly describe the currency and competency requirements registrants are required to m On an annual basis, CDTO requires General Class registrants to demonstrate their ability professional manner, with decency, integrity, honesty and in accordance with the law. TH Immigration Canada, Professional Liability Insurance) are confirmed at annual renewal to practice of dental technology. Registrants' declarations include findings of incompetence Program.</li> <li>Inactive registrants requesting to transfer back to the General Class, are required to com been in the Inactive Class for more than 3 years. The refresher course and examinations completed within the fifteen months prior to the application for reinstatement.</li> <li>Please briefly describe how the College identified currency and competency requirements.</li> <li>As part of the Access to Dental Technology (ADT) Project, two environmental scans were of the dental technology profession and uptake including competencies, education in Ca practices in each Canadian jurisdiction. The environmental scans also identified problem to assess internationally and domestically educated candidates seeking licensure in Cana Gaps were also identified in the Competency Profile (2011) resulting in development of a</li> </ul>	et. o practice dental technology in a safe a eir credentials (e.g., employment autho ensure that they are permitted to enga or guilt and participation in the Quality olete a refresher course and examinatio re set or approved by the College and n conducted. These collected information ada, regulation of the profession, exam , barriers, and gaps with current proces da. new National Essential Competencies for	orization from oge in the Assurance ns if they hav nust be n on the state nination ses and tools or Dental
	Technology Practice in Canada (NEC). NEC is a comprehensive list of competencies and p abilities that may be expected of a registered dental technologist at the start and throug of the Canadian Alliance of Dental Technology Regulators (CADTR), including CDTO, adop	out their career to ensure public safety red the NEC in 2019.	
	<ul> <li>Please provide the date when currency and competency requirements were last reviewed and u</li> </ul>		
	Competency and currency requirements were last reviewed and adopted in 2019. Experts Registration Committee, Quality Assurance Committee, Board, Legal Counsel, Registrants		de the
	<ul> <li>Please briefly describe how the College monitors that registrants meet currency and competend etc.) and how frequently this is done.</li> </ul>	requirements (e.g., self-declaration, audi	ts, random aud
	CDTO monitors currency requirements through self-declaration (e.g., Quality Assurance Professional Liability Insurance).	rogram) and collection of documentation	on (e.g.,
	If the response is "partially" or "no", is the College planning to improve its performance over the next re	porting period? Choose an in	tem.
	Additional comments for clarification (optional)		

<sup>2</sup> 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).

a. The College addressed all	e transparent, objective, impartial, and fair. The College fulfills this requirement:	Met in 2022, continues to meet in 2023
recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	<ul> <li>Please insert a link to the most recent assessment report by the OFC <i>OR</i> please provide a summary of outco OFC Letter dated April 1, 2022, page 56 of the April 22, 2022 Board Package, states that CDTO received an action plan was issued, is it: No Action Plan Issued</li> <li>In its most recent assessment, the OFC using its new Risk-Informed Compliance Framework (RICF performance, and a series of forward-looking risk factors that could impact a regulator's ability to applicants. The RICF was implemented in phases following a transitional period to allow regulator comply with any outstanding OFC recommendations.</li> <li>In phase one, CDTO received a "Full Compliance" provisional rating on August 26, 2021, meaning successfully implemented, additional criteria have been met and that no further recommendation phase, the OFC performed a traditional risk assessment, likelihood of occurrence and significance responses to the RICF Forward Looking Risk questionnaire. The OFC aggregated the results of CDT "Full Compliance" and traditional risk assessment at "Low Risk" to determine a cumulative risk category (page 56 of the April 22, 2022 Board Package).</li> </ul>	eceived a "Full Compliance" provisional ratio CF) which relies on the regulator's historical to achieve better registration outcomes for cors to migrate to the new system and to ng that all OFC recommendations were ions were identified. Then during the second ce of consequences based on CDTO's DTO's historical performance assessment at category and an appropriate compliance too
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Additional comments for clarification (if needed)	period? Choose an item.
		I

Required Evidence	College Response	
a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond	<ul> <li>The College fulfills this requirement:</li> <li>Please briefly describe a recent example of how the College has assisted its registrants in t</li> <li>Name of Standard: <u>COVID-19: Guidance for Registered Dental Technologists</u>, fir 19, 2023 with developing and revising several FAQs document to support our registered</li> </ul>	rst published on May 22, 2020, 5 revisions, and rescinded in Jugistrants.
communicating the existence of new standard, FAQs, or supporting documents).	In 2023, the COVID-19 pandemic continued to be an evolving situation that impa monitor the situation by ensuring that the public and profession have up-to-date engaging with its system partners to align provision of oral healthcare to promot	e information related to the College's guidance, as well as
<u>Further clarification:</u> Colleges are encouraged to support registrants when	After a comprehensive analysis of trends, available evidence, and careful conside collaboration with Ontario's three other oral health colleges (College of Denturis Royal College of Dental Surgeons of Ontario), rescinded the COVID-19 guidance f ongoing alignment within the oral health professions on this critical issue.	ts of Ontario, College of Dental Hygienists of Ontario, and
implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are	<ul> <li>The process of rescinding the COVID-19 Guidance for RDTs involved a metic policy development. For more details regarding these steps, see page 29-32 labelled as 'Rescinded', the <u>COVID-19 Guidance</u> is still accessible on our we revision history detailed on page 8-9.</li> </ul>	2 of the September 22, 2023 Board Package. Despite being
adopting updated standards of practice and addressing identifiable gaps.	<ul> <li>In coordination with other Ontario Oral Health Colleges, we promptly information 19, 2023. Additionally, a news post was published on our website on the same same same same same same same sam</li></ul>	
	<ul> <li>Simultaneously, we published a newly developed set of <u>COVID-19 Frequent</u> registrants practicing in the absence of our guidelines.</li> </ul>	tly Asked Questions (FAQs) to provide additional support for
	• Practice advisory provides answers to registrants' inquiries or concerns in a	a timely manner.
	<ul> <li>Duration of period that support was provided: Ongoing and continuous support t their practice.</li> </ul>	hrough practice advisory, addressing any inquiries or concer
	<ul> <li>Activities undertaken to support registrants: In 2023, CDTO continued to keep all information related to COVID-19 to ensure safe dental technology practice by RD</li> </ul>	<b>.</b>

	<ul> <li>Posted and updated COVID-19 news post on our <u>COVID-19 webpage</u> under the "For Members" sect</li> </ul>	ion.
	<ul> <li>Provided presentations and briefing notes on COVID-19 Updates in 2023 Board meetings. See page <u>Board Package</u>.</li> </ul>	29-31 or the <u>September 22</u>
	Related communications, in our quarterly Bridge Journal, through MailChimp, social media including	g Twitter.
	Practice advisory provided answers to registrant's inquiries and/or concerns.	
	- % of registrants reached/participated by each activity: All the activities are available to 100% of our registrants	
•	<ul> <li>Evaluation conducted on effectiveness of support provided: CDTO has not evaluated the effectiveness formally we encourage our registrants to reach out to us via email, web form, or phone call to give us their feedback t and/or to get additional support if needed.</li> <li>Does the College always provide this level of support: Yes</li> </ul>	-
	If not, please provide a brief explanation:	
	CDTO aims to provide the same level of support for its registrants in the uptake of new or amended standards. resources, the level of support provided will be prioritized and proportionate to the risk to patients and the pu	
	e response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
If th		choose an item.

a. The College has processes and policies in place	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
	• Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OF	R please insert a link to the websit
outlining:	where this information can be found and indicate the page number.	
i. how areas of practice that are evaluated in QA	<ul> <li>Is the process taken above for identifying priority areas codified in a policy: No</li> </ul>	
assessments are identified	• If yes, please insert link to the policy.	
in order to ensure the most impact on the quality of a registrant's practice;	<ul> <li>are identified is discussed in detail under Measure 8.1. On an annual basis, registrants are required to maintai</li> <li>Profile which collects information about their areas of practice and responsibilities (e.g., supervision). Registration</li> <li>complete a self-assessment against CDTO's Standard of Practice to identify goals for professional development</li> <li>development profiles are assessed to ensure that a registrant has completed these requirements and 90 profe</li> <li>over a three-year period according to the QA Guidelines. These Guidelines set out activity type and subject linit to engage in a variety of activities.</li> <li>CDTO's practice assessment is an in-person review focusing on the Standards of Practice: Partial Dentures, Ful</li> </ul>	ants are also required to nt activities. Professional essional development credits nits that encourage registrants II Dentures, Crown and Bridge,
	Orthodontics, Laboratory Supervision and Infection Prevention and Control. Additional areas of focus are base trends and the regulatory environment. During the pandemic, registrants were evaluated against the COVID-1 health services. This Guideline has now been rescinded effective July 19, 2023, and registrants are no longer e However, registrants continue to be evaluated against the Infection Prevention and Control Standard.	19 Guidelines to ensure safety
	trends and the regulatory environment. During the pandemic, registrants were evaluated against the COVID-1 health services. This Guideline has now been rescinded effective July 19, 2023, and registrants are no longer e	19 Guidelines to ensure safety
	trends and the regulatory environment. During the pandemic, registrants were evaluated against the COVID-1 health services. This Guideline has now been rescinded effective July 19, 2023, and registrants are no longer e However, registrants continue to be evaluated against the Infection Prevention and Control Standard.	19 Guidelines to ensure safety evaluated against this criterion
	trends and the regulatory environment. During the pandemic, registrants were evaluated against the COVID-1 health services. This Guideline has now been rescinded effective July 19, 2023, and registrants are no longer e However, registrants continue to be evaluated against the Infection Prevention and Control Standard.	19 Guidelines to ensure safety evaluated against this criterion

<sup>&</sup>lt;sup>3</sup> "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	The College fulfills this requireme	ent:	Partially
uses a right touch, evidence informed		nent(s) outlining details of right touch approach and evidence used (e.g., data, literature,	expert panel) to inform assessment
approach to determine	approach and indicate page i	ght touch approach and evidence used.	
which registrants will		right touch approach was implemented <i>OR</i> when it was evaluated/updated (if applicable	2).
undergo an assessment		e college engage the following stakeholders in the evaluation:	
activity (and which type of multiple assessment	– Public	Choose an item.	
activities); and	– Employers	Choose an item.	
	– Registrants	Choose an item.	1
	<ul> <li>other stakeholders</li> </ul>	Choose an item.	
	registrants are selected a the requirement that, at t	ation of the <i>Dental Technology Act, 1991</i> , every registrant must conduct an annua t random to undergo a full professional development profile review. The Quality the end of their 3-year cycle, RDTs provide a summary of their professional develo RDTs who fail to comply will be required to undergo a full professional developm essment.	Assurance Committee has also set opment profile demonstrating
	assessment. CDTO's in-pe the dental devices that ar	ation of the Dental Technology Act, 1991, 2-5% of registrants are selected at randerson assessment is conducted at the place of practice and involves an inspection re in progress, an interview of the registrant and relevant individuals, and a review impact on patient care through professional conduct programs and resultant pra	of the environment, observation of v of the patient records. Identified
	If the response is "partially" or "	no", is the College planning to improve its performance over the next reporting period?	Yes
	adopted by dental technology Development Program. Additi Professional Development Pro its Practice Assessment Progra support the development of t be helpful for jurisprudence a to submit information about t	and update of its QA Program. In September 2020, the National Essential Competer regulators across Canada, was approved as a framework for an updated Professi- tionally, a QA Portal is being developed for registrants to track and complete their ofile online. This will improve efficiencies that will support CDTO as it moves to up am. It is anticipated that CDTO's database will be upgraded in Spring 2024 which we he Portal. New features will include the ability to create online examinations, which and ethics requirements, generating reports to analyze data, and the ability for pro- their professional development offerings.	encies, onal odate will ich will
	Additional comments for clarific	ation (optional)	

	iii. criteria that will inform the	The College fulfills this requirement: Met in 20	22, continues to meet in 2023
	remediation activities a registrant must undergo based on the QA assessment, where necessary.	<ul> <li>Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list of The Quality Assurance Committee assesses the risk level identified in the Assessment Report considering prior histor concerns, governability, if the concerns pose a risk to the public, whether the Committee requires confirmation that been corrected, and mitigating and aggravating factors. Decision tools for the <u>Professional Development Profile Pro- Assessment Process</u> were approved on June 24, 2020 to ensure consistent decisions.</li> </ul>	bry, seriousness of the the deficiencies have
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (optional)	
	Measure: 10.3 The College effectively	remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.	
	a. The College tracks the results of remediation activities a	The College fulfills this requirement:	Yes
	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.	<ul> <li>Please insert a link to the College's process for monitoring whether registrant's complete remediation activities OR please brid</li> <li>Please insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills ar remediation OR please briefly describe the process.</li> <li>Remediation activities directed by the Quality Assurance, Inquiries, Complaints and Reports, or Discipline Committee staff using a spreadsheet which contains the activity information, expected completion dates and status updates.</li> <li>A Committee determines if a registrant has demonstrated the knowledge, skills, and judgement through:         <ul> <li>Certificate of completion for courses,</li> <li>Written report from the supervisor regarding the knowledge, skills and judgement,</li> <li>Submission from the registrant (e.g., written confirmation, reflective essay), and/or</li> <li>Re-assessment (not a stand-alone decision, ordered in addition to a Specified Continuing Education or Reme condition or limitation).</li> </ul> </li> <li>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</li> </ul>	e are tracked by CDTO
		Additional comments for clarification (if needed)	

Measure 11.1		
The College enables and supp	oorts anyone who raises a concern about a registrant.	
Required Evidence	College Response	
<ul> <li>a. The different stages of the complaints process and all relevant supports available to complainants are: <ol> <li>supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up;</li> <li>clearly communicated directly to complainants</li> </ol> </li> </ul>	<ul> <li>The College fulfills this requirement:</li> <li>Please insert a link to the College's website that clearly describes the College's complaints process including, options to resolv outcomes associated with the respective options and supports available to the complainant.         <ul> <li>Web page for the complaints process.</li> <li>Simple brochure outlining the complaints process and important facts.</li> </ul> </li> <li>Please insert a link to the polices/procedures for ensuring all relevant information is received during intake <i>OR</i> please briefly procedures if the documents are not publicly accessible.</li> <li>Complaints are reviewed to determine whether all relevant information such as supporting documentation and with included. The complainant is contacted by phone to discuss the complaint's process, provide an opportunity for quinformation in the complaint. These discussions are documented and kept on file. The complainant also receives a which includes relevant legislation and CDTO's Complaint's Brochure.</li> </ul>	y describe the policies and tness contact information is estions, and clarify
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;	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? CDTO will document our internal processes to ensure that all relevant information is received during intake into a formal policy. Best practices will be reviewed to ensures that CDTO is aligned. Additional comments for clarification (optional)	Yes

STANDARD 11

DOMAIN 6: SUITABILITY TO PRACTICE

iii. evaluated by the College to	The College fulfills this requirement:	Yes
ensure the information provided to	Please provide details of how the College evaluates whether the information provided to complainants is clear and usef	iul.
complainants is clear and useful.	CDTO reviews the documents it provides to the complainant on a regular basis to ensure that it is relevant and staff also contact the complainant by phone after providing formal notice of receipt and resources about the o opportunity for the complainant to ask questions about the process and for Staff to understand whether the i useful or how it may be improved.	complaints process. This becomes an
Benchmarked Evidence	If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to impler	-
b. The College responds to 90% of inquiries from the public	The College fulfills this requirement:	let in 2022, continues to meet in 2023
within 5 business days, with	Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures).	
follow-up timelines as necessary.	CDTO received 4 inquiries from the public relating to the complaints process. All inquiries were responded to with timelines for follow-up where necessary. Therefore, CDTO responds to public inquiries within 5 days 100% of the	
	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)	

	The College fulfills this requirement:	Met in 2022, continues to meet in 20
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	Please list supports available for the public during the complaints process.	<b>I</b>
	Please briefly describe at what points during the complaints process that complainants are made aware of supports available	able.
	Complainants would be made aware of the supports at the start of the complaints process. CDTO also works clo matter to identify how it can provide additional supports to them (e.g., training on the use of technology for virt available to the public during the complaints process include:	· · ·
business hours, transparency	Direct support from CDTO staff.	
in decision-making to make sure the public understand how the College makes	<ul> <li>CDTO's Complaints Brochure and dedicated webpages for `Concerns and Complaints' and `Addressing Set information on the process.</li> </ul>	exual Abuse' for accessible
decisions that affect them	• Funding for therapy and counselling for patients who have been sexually abused by a registrant.	
etc.).	Translation services.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Measure: 11.2 All parties to a complait the process.	Additional comments for clarification (optional)	ted to participate effectively in
<ul><li>11.2 All parties to a complait the process.</li><li>a. Provide details about how the</li></ul>	int and discipline process are kept up to date on the progress of their case, and complainants are support The College fulfills this requirement:	ted to participate effectively i Yes
11.2 All parties to a complait the process.	int and discipline process are kept up to date on the progress of their case, and complainants are support The College fulfills this requirement:	Yes
<ul> <li>11.2 All parties to a complait the process.</li> <li>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</li> </ul>	<ul> <li>int and discipline process are kept up to date on the progress of their case, and complainants are support</li> <li>The College fulfills this requirement:</li> <li>Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and please provide a brief description.</li> <li>Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and please provide a brief description.</li> </ul>	Yes d indicate the page number(s) OR
<ul><li>11.2 All parties to a complait the process.</li><li>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</li></ul>	<ul> <li>int and discipline process are kept up to date on the progress of their case, and complainants are support</li> <li>The College fulfills this requirement: <ul> <li>Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and please provide a brief description.</li> <li>Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and please provide a brief description.</li> </ul> </li> </ul>	Yes d indicate the page number(s) OR nd indicate the page number(s) OR oport who is dedicated and availa t various stages of the process (e complainants are provided thoro
<ul> <li>11.2 All parties to a complain the process.</li> <li>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,</li> </ul>	<ul> <li>int and discipline process are kept up to date on the progress of their case, and complainants are support</li> <li>The College fulfills this requirement: <ul> <li>Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and please provide a brief description.</li> <li>Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and please provide a brief description.</li> <li>Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and please provide a brief description.</li> <li>Upon receipt of the complaint, the complainant and the registrant receive the contact information of the Staff sup throughout the process. Staff can be contacted by phone, email, or in-person at CDTO. Both parties are updated at upcoming ICRC meetings, scheduling hearings). CDTO aims to provide an update at a minimum of every 30 days. Comparison about the status of the case, notified of opportunities to participate, and are provided with new information about the status of the case, notified of opportunities to participate, and are provided with new information received with new information about the status of the case.</li> </ul></li></ul>	Yes d indicate the page number(s) OR nd indicate the page number(s) OR oport who is dedicated and availa t various stages of the process (e complainants are provided thoro

DARD	STANDARD	<ul><li>12.1 The College addresses</li><li>a. The College has accessible, up-</li></ul>	complaints in a right touch manner. The College fulfills this requirement:	
	STAN	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	<ul> <li>Please insert a link to guidance document and indicate the page number OR please briefly describe the framework</li> <li>Please provide the year when it was implemented OR evaluated/updated (if applicable).</li> <li>Complaints and reports are reviewed by CDTO staff to assess risk (e.g., if the conduct exposes or is likely to e identify any needs for immediate action (e.g., appointment of investigator). This risk assessment is used to p Committee meetings, investigations and the drafting of Decisions and Reasons. The Inquiries, Complaints are Assessment Framework to ensure that its decisions are consistent and fair. The Framework was approved in</li> </ul>	expose patients to harm or injury) and prioritize Inquiries, Complaints and Reports nd Reports Committee utilizes a <u>Risk</u> n May 2017 and ensures that the
		protocol).	Committee members have considered the conduct, prior history, and mitigating and aggravating factors in in If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Additional comments for clarification (optional)	Choose an item.
2				

13	Measure:		
RD	13.1 The College demonst	rates that it shares concerns about a registrant with other relevant regulators and external system	m partners (e.g. law enforcement,
DA	government, etc.).		
STANDARD 13	<ul> <li>a. The College's policy outlining consistent criteria for disclosure and examples of</li> </ul>	The College fulfills this requirement: Par	tially
•		• Please insert a link to the policy and indicate page number OR please briefly describe the policy.	
	the general circumstances and type of information that has been shared between the	• Please provide an overview of whom the College has shared information with over the past year and the purpose of sectors of system partner, such as 'hospital', or 'long-term care home').	sharing that information (i.e., general
	College and other relevant system partners, within the legal framework, about concerns with individuals and	Internation is shared between ebro and other system particles on a case by case basis. Regulated neutrin	•
	any results.	CDTO also considers sharing information, within the legal framework, with other system partners where th (e.g., local health authorities and employers). Decisions of the Discipline and Inquiries, Complaints and Rep than no further action and recommendations) are public information and can be viewed on the registrant's	oorts Committee (i.e., more serious
		Information shared over the past year were made in accordance with Section 36 (Confidentiality) of the <i>Re 1991</i> includes:	gulated Health Professions Act,
		• Directing complainants to the appropriate oral health college for their concerns regarding a health p	professional.
		Information on unauthorized practitioners is shared using the public website and directly to other h	ealth regulators.
		Conduct information as requested for a Letter of Good Standing.	
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> CDTO is a member of the Information Sharing Policy Working Group of the Health Professions Regulators of Or (HPRO). The goal of this group is to develop a consistent approach across all Colleges as it relates to proactive a reactive disclosure of specific information. A framework was drafted that sets out the system partners and guid for the information that would be shared. CDTO will build upon this work to develop its own policies.	and
		CDTO is also collaborating with the Oral Health Colleges (OHCs) (College of Dental Hygienists of Ontario, College Denturists of Ontario, Royal College of Dental Surgeons of Ontario) to engage in initiatives to strengthen condu processes and may develop a process for consistent sharing of information. Additional comments for clarification (if needed)	

	] - [	Measure: 14.1 Council uses Key Perfor impact the College's perfo	mance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews i rmance.	internal and external risks that could
		Required Evidence	College Response	
NT	14	a. Outline the College's KPIs,	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
& IMPROVEMENT	STANDARD 14	including a clear rationale for why each is important.	• 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.	
i & IMPR	ST		CDTO's KPIs are tied to its performance on achieving the Board's strategic plan and how well we are execute the public interest. KPIs are used to achieve organizational excellence, defined as the consistent perform continuous improvement. Measures can be quantitative or qualitative.	-
REPORTING			The strategic priorities for the next five years were approved by the Board in 2017, and are reviewed and u to achieve these priorities ensuring operational manageability (financial and human resources). An ope and strategic initiative budget to support successful delivery is approved by the Board annually and revie strategic priorities to measure its performance against:	rational plan not to exceed 24 months
			1. Improve transparency and communications.	
Ľ			2. Review, assess and revise standards of practice.	
Ε			3. Improve governance effectiveness.	
UR			4. Implement a best practice redesigned QA program.	
EAS			5. Ensure Ontarians have access to RDTs.	
Σ			6. Implement best practice regulation.	
VIN 7:			Progress against strategic priorities is reported on the <u>"Who We Are" webpage</u> under strategic plan and a the <u>Annual Report</u> along with metrics about registration, quality assurance and professional conduct pro	
DOMAIN 7: MEASUREMENT,			Operational KPI's that monitor our performance in financial and human resource sustainability, program regulatory landscape for registrants and promote public protection include:	m delivery and address changes in the
			Quarterly reports on operating and strategic budget.	

		<ul> <li>Attrition rate of mid cycle eligible candidates as a pro-rated registration fee policy was approved for r</li> <li>COVID-19 impact on George Brown College as there will be no graduating class in 2023.</li> <li>Quality Assurance Program data for information on registrant engagement in continued competency improvement.</li> <li>HR structure that is enhanced with contract and government funded programs.</li> </ul>		
	-	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Additional comments for clarification (if needed)	Choose an item.	
Cou risk i. ii.	incil on its performance and review against: stated strategic objectives (i.e., the objectives set out in a College's strategic plan); regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and	<ul> <li>The College fulfills this requirement:</li> <li>Please insert a link to Council meeting materials where the College reported to Council on its progress against stated s outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minute CDTO reports on its performance and risk review findings against the strategic plan and regulatory outcomes meetings. Each Board package contains reports for regulatory programs, financial and management reporting The latest update can be found in the December 15, 2023 Board Package: <ul> <li>Pages 27-41, Committee Reports</li> <li>Pages 42-66, Financial and Management Report</li> <li>Pages 95-107, Strategic Planning Update</li> </ul> </li> <li>The corresponding Meeting Minutes of the December 15, 2023 Board meeting.</li> </ul>	es and indicate the page number. on a quarterly basis at its Board g, and strategic plan updates.	
iii.	its risk management approach.	Additional comments for clarification (if needed)	Choose an item.	

<ul> <li>Council uses performance and risk review findings to identify</li> </ul>	The College fulfills this requirement:	Yes
where improvement activities are needed.	<ul> <li>Please insert a link to Council meeting materials where the Council used perfoneds to implement improvement activities and indicate the page number.</li> </ul>	ormance and risk review findings to identify where the Colle
	CDTO reports on its performance and risk review findings against the strategic meetings as outlined in Measure 14.3.a. Two examples where improvement ac	
Benchmarked Evidence	Unauthorized Practice	
	The Board previously determined that a strategic priority was to increase awar develop policies relating to the publication, investigation, and prosecution of u convert into a standing item in the operating budget. As this was being approve Glick of GlickLaw was invited to present on the processes established by CDTO information about an unauthorized practice to the escalating steps taken to ga requested a legal opinion to ensure that CDTO is meeting its public protection The legal opinion sets out the benefits and risks of hosting a webpage to share defences and tools available to the CDTO for a defamation claim.	nauthorized practices. The expectation was that it would ed for the 2023-2024 operating budget, legal counsel, Jordan to handle unauthorized practice, from the receipt of in compliance. At the conclusion of the presentation, the Bo mandate without putting the organization at risk of a lawsui
	See Page 38 of the <u>September 22, 2023 Board Meeting Package</u> to learn more a	about the Board's considerations and review the legal opinic
	Limited Class of Registration and Prior Learning Recognition Pathway	
	While drafting the Emergency Class of Registration amendments required by the identified from registration statistics, environmental scans of fair registration phealth professions. These barriers may impede the government's desired outcor amendments were brought forward. CDTO proposed a Limited Class of Registration disciplines of dental technology to practice in those areas, a Prior Learning and that would improve transparency of registration policies.	practices and classes of registration in other provinces and omes of the emergency class of registration and thus additio ation to allow individuals who are competent in one or more
	See Page 29 of the <u>April 28, 2023 Board Meeting Package</u> to learn more about a partner consultations.	the risks identified, the proposed amendments, and system

Measure: 14.3 The College regularly re	ports publicly on its performance.	
a. Performance results related to a	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
<ul> <li>a. Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website.</li> </ul>	<ul> <li>The College fulfills this requirement:</li> <li>Please insert a link to the College's dashboard or relevant section of the College's website.</li> <li>CDTO reports on its performance and risk review findings against the strategic plan and regulatory outcor meetings. Each Board package contains reports for regulatory programs, financial and management report The latest update can be found in the <u>December 15, 2023 Board Package</u>: <ul> <li>Pages 27-41, Committee Reports</li> <li>Pages 42-66, Financial and Management Report</li> <li>Pages 95-107, Strategic Planning Update</li> </ul> </li> <li>The corresponding <u>Meeting Minutes</u> of the December 15, 2023 Board meeting.</li> <li>CDTO's progress towards its 2018-2022 Strategic Plan (Strategic Map and Annual Progress) can be found of Strategic Plan.</li> <li>CDTO also reports to the public through multiple accountability reports: (1) Annual Report (2) College Per (3) Fair Registration Practices Report which can be found on our <u>"Publications" webpage</u>.</li> <li><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></li> <li>Additional comments for clarification (if needed)</li> </ul>	nes on a quarterly basis at its Board rting, and strategic plan updates. on our <u>"Who We Are" webpage</u> under

## **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, <u>a recommended method to calculate the information is provided in the companion document</u> "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.

## Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 10		
Statistical data collected in accordance with the recommended method or the College' If a College method is used, please specify the rationale for its use:	s own method: Recommended	
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2023*		
Type of QA/QI activity or assessment:	#	
i. Summary Professional Development Profile	184	What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide
ii. Practice Assessment	9	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
iii. <insert activity="" assessment="" or="" qa=""></insert>		practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).
iv. <insert activity="" assessment="" or="" qa=""></insert>		The information provided here illustrates the diversity of QA activities the College
v. <insert activity="" assessment="" or="" qa=""></insert>		undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2023. The diversity
vi. <insert activity="" assessment="" or="" qa=""></insert>		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
vii. <insert activity="" assessment="" or="" qa=""> -</insert>		maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its
viii. <insert activity="" assessment="" or="" qa=""></insert>		assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.
ix. <insert activity="" assessment="" or="" qa=""></insert>		
x. <insert activity="" assessment="" or="" qa=""></insert>		

* 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.	
<u>NR</u>	
Additional comments for clarification (if needed)	

## 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 me	thod: Recommen	d e d	
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,
<b>CM 2.</b> Total number of registrants who participated in the QA Program CY 2023	193	39%	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.
<b>CM 3.</b> 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 2023.	NR	NR	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 2023, understanding that some cases may carry over.
<u>NR</u>			
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: R e c o	m m e n d	e d							
If a College method is used, please specify the rationale for its use:									
Context Measure (CM)									
<b>CM 4.</b> Outcome of remedial activities as at the end of CY 2023:**	#	%	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 ma						
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	0	0	help a College evaluate the effectiveness of its "QA remediation activities". Withou additional context no conclusions can be drawn on how successful the Q						
II. Registrants still undertaking remediation (i.e., remediation in progress)	NR	NR	remediation activities are, as many factors may influence the practice ar behaviour registrants (continue to) display.						
<b>NR</b> * This number may include registrants who were directed to undertake remediation in the previous year and c **This measure may include any outcomes from the previous year that were carried over into CY 2023.	completea	reassessi	ment in CY 2023.						
Additional comments for clarification (if needed)									
-									

# Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE											
STANDARD 12											
	Il data is collected in accordance with the recommended method or the College's own me ege method is used, please specify the rationale for its use:	ethod: Rec	ommendeo	t							
Contex	t Measure (CM)			-							
CM 5.	Distribution of formal complaints and Registrar's Investigations by theme in CY 2023	Formal received	Complaints	Registrar initiated	Investigations						
Theme		#	%	#	%						
١.	Advertising	0	0	0	0						
П.	Billing and Fees	0	0	0	0						
III.	Communication	0	0	0	0						
IV.	Competence / Patient Care	0	0	0	0	What does this information tell us? This information					
٧.	Intent to Mislead including Fraud	0 0			0	facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in					
VI.	Professional Conduct & Behaviour	0	0	0	0	formal complaints received and Registrar's Investigations					
VII.	Record keeping	0	0	0	0	undertaken by a College.					
VIII.	Sexual Abuse	0	0	0	0						
IX.	Harassment / Boundary Violations	0	0	0	0						
Х.	Unauthorized Practice	0	0	NR	NR						
XI.	Supervision	0	0	NR	NR						
Total n	umber of formal complaints and Registrar's Investigations**	0	100%	NR	100%						

<u>Formal Complaints</u>	
<u>NR</u>	
Registrar's Investigation	
**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.	
Additional comments for clarification (if needed)	

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

DOM	AIN 6: SUITABILITY TO PRACTICE				H		
STANI	DARD 12						
Statisti	cal data collected in accordance with the recommended method or the College's own method: R e c o m m $$	e n d e d					
lf a Coll	ege method is used, please specify the rationale for its use:						
Contex	t Measure (CM)						
CM 6.	Total number of formal complaints that were brought forward to the ICRC in CY 2023		0				
CM 7.	Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2023						
<b>CM 8.</b> Investig	Total number of requests or notifications for appointment of an investigator through a Registrar's gation brought forward to the ICRC that were approved in CY 2023		1				
CM 9.	Of the formal complaints and Registrar's Investigations received in CY 2023**:	#	%	What does this information tell us? 1			
I.	Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0	0	public better understand how formal complaints filed College and Registrar's Investigations are dispose			
II.	Formal complaints that were resolved through ADR	0	0	resolved. Furthermore, it provides tra of concern that are being brought j	forward to the College's		
III.	Formal complaints that were disposed of by ICRC	0	0	Inquiries, Complaints and Reports Con	nmittee.		
IV.	Formal complaints that proceeded to ICRC and are still pending	0	0				
V.	Formal complaints withdrawn by Registrar at the request of a complainant	0	0				
VI.	Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0				

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

## Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE									
STANDARD 12									
Statistical data collected in accordance with the recomm	ended method o	or the College's own n	nethod:Recon	n m e n d e d					
If a College method is used, please specify the rationale	for its use:								
Context Measure (CM)									
CM 10. Total number of ICRC decisions in 2023	0								
Distribution of ICRC decisions by theme in 2023*	# of ICRC [	Decisions++							
Nature of Decision	Take no action	Proves advice or recommendations	lssues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.		
I. Advertising	0	0	0	0	0	0	0		
II. Billing and Fees	0	0	0	0	0	0	0		
III. Communication	0	0	0	0	0	0	0		
IV. Competence / Patient Care	0	0	0	0	0	0	0		
V. Intent to Mislead Including Fraud	0	0	0	0	0	0	0		
VI. Professional Conduct & Behaviour	0	0	0	0	0	0	0		
VII. Record Keeping	0	0	0	0	0	0	0		
VIII. Sexual Abuse	0	0	0	0	0	0	0		
IX. Harassment / Boundary Violations	0	0	0	0	0	0	0		

X. Unauthorized Practice	0	0	0	0	0	0	0
XI. Other <please specify=""></please>	0	0	0	0	0	0	0

• Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2023. ++ 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.

<u>NR</u>

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 metho	od or the College	own method: Recommended				
If College method is used, please specify the rationale for its use:						
Context Measure (CM)						
<b>CM 11.</b> 90 <sup>th</sup> 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 2023	N/A	The information enhances transparency about the timeliness with which a College disposes of formal complaints 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 investigation undertaken by, the College.				
II. A Registrar's investigation in working days in CY 2023	N/A					
Disposal						
Additional comments for clarification (if needed) -						

# Table 8 – Context Measure 12

STANDARD 12 Statistical data collected in accordance with the recommended method or the College's own method If a College method is used, please specify the rationale for its use:				
If a College method is used, please specify the rationale for its use:	d:Reco	mmended		
Context Measure (CM)				
CM 12. 90th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in who out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are a		
I. An uncontested discipline hearing in working days in CY 2023	N/A	disposed.		
		The information enhances transparency about the timeliness with which a discipline hearing		
II. A contested discipline hearing in working days in CY 2023	N/A	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.		
Disposal Uncontested Discipline Hearing				
Contested Discipline Hearing				
Additional comments for clarification (if needed)				
-				

## Table 9 – Context Measure 13

DOMAIN	I 6: SUITABILITY TO PRACTICE			- + +		
STANDARD 12						
Statistical da	ata collected in accordance with the recommended method or the College's own me	thod:Recom	mended			
If College me	ethod is used, please specify the rationale for its use:					
Context Mea	asure (CM)					
CM 13. Distri	ribution of Discipline finding by type*					
Туре		#	What does this information tell us? This information facilitates transparency to the public, registrant and the ministry regarding the most prevalent discipline findings where a formal complaint o Registrar's Investigation is referred to the Discipline Committee by the ICRC.			
I. Sexu	kual abuse	0				
II. Inco	ompetence	0				
III. Fail	l to maintain Standard	0				
IV. Imp	proper use of a controlled act	0				
V. Con	nduct unbecoming	0				
VI. Dish	honourable, disgraceful, unprofessional	0				
VII. Offe	ence conviction	0				
VIII. Con	ntravene certificate restrictions	0				
IX. Finc	dings in another jurisdiction	0				
X. Brea	each of orders and/or undertaking	0				
XI. Fals	sifying records	0				
XII. Fals	se or misleading document	0				
XIII. Con	ntravene relevant Acts	0				

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

### <u>NR</u>

-

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 Colleg	ge own method: R e c	o m m e n d e d				
If a College method is used, please specify the rationale for its use:						
Context Measure (CM)						
CM 14. Distribution of Discipline orders by type*						
Туре	#					
I. Revocation	0	What does this information tell us? This information will help strengthen transparency on the type of				
II. Suspension	0	actions taken to protect the public through decisions rendered by the Discipline Committee. It is import to note that no conclusions can be drawn on the appropriateness of the discipline decisions with knowing intimate details of each case including the rationale behind the decision.				
III. Terms, Conditions and Limitations on a Certificate of Registration	0					
IV. Reprimand	0					
V. Undertaking	0					
* The requested statistical information recognizes that an individual discipline case in not equal the total number of discipline cases. <u>Revocation</u> <u>Suspension</u> <u>Terms, Conditions and Limitations</u> <u>Reprimand</u> <u>Undertaking</u> <u>NR</u> - Additional comments for clarification (if needed)	may include multiple	findings identified above, therefore when added together the numbers set out for findings and orders may				

# 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: <u>Table 5</u>, <u>Table 7</u>, <u>Table 8</u>

**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