



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

College Performance Measurement Framework (CPMF) Reporting Tool

Posted March 2022

Reporting Year 2021

Table of Contents

| | |
|--|----|
| Introduction | 4 |
| The College Performance Measurement Framework (CPMF) | 4 |
| CPMF Model..... | 5 |
| The CPMF Reporting Tool..... | 7 |
| Completing the CPMF Reporting Tool | 8 |
| What has changed in 2021? | 8 |
| Part 1: Measurement Domains | 9 |
| DOMAIN 1: GOVERNANCE | 9 |
| DOMAIN 2: RESOURCES | 27 |
| DOMAIN 3: SYSTEM PARTNER..... | 31 |
| DOMAIN 4: INFORMATION MANAGEMENT | 33 |
| DOMAIN 5: REGULATORY POLICIES..... | 35 |
| DOMAIN 6: SUITABILITY TO PRACTICE | 38 |
| DOMAIN 7: MEASUREMENT, REPORTING AND IMPROVEMENT | 51 |
| Part 2: Context Measures..... | 54 |
| Table 1 – Context Measure 1 | 55 |
| Table 2 – Context Measures 2 and 3 | 57 |
| Table 3 – Context Measure 4 | 58 |
| Table 4 – Context Measure 5 | 59 |
| Table 5 – Context Measures 6, 7, 8 and 9..... | 61 |

| | |
|------------------------------------|----|
| Table 6 – Context Measure 10 | 63 |
| Table 7 – Context Measure 11 | 65 |
| Table 8 – Context Measure 12 | 66 |
| Table 9 – Context Measure 13 | 67 |
| Table 10 – Context Measure 14..... | 69 |
| Glossary | 70 |

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; and
2. help Colleges improve their performance.

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

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

Figure 1: CPMF Model for Measuring Regulatory Excellence

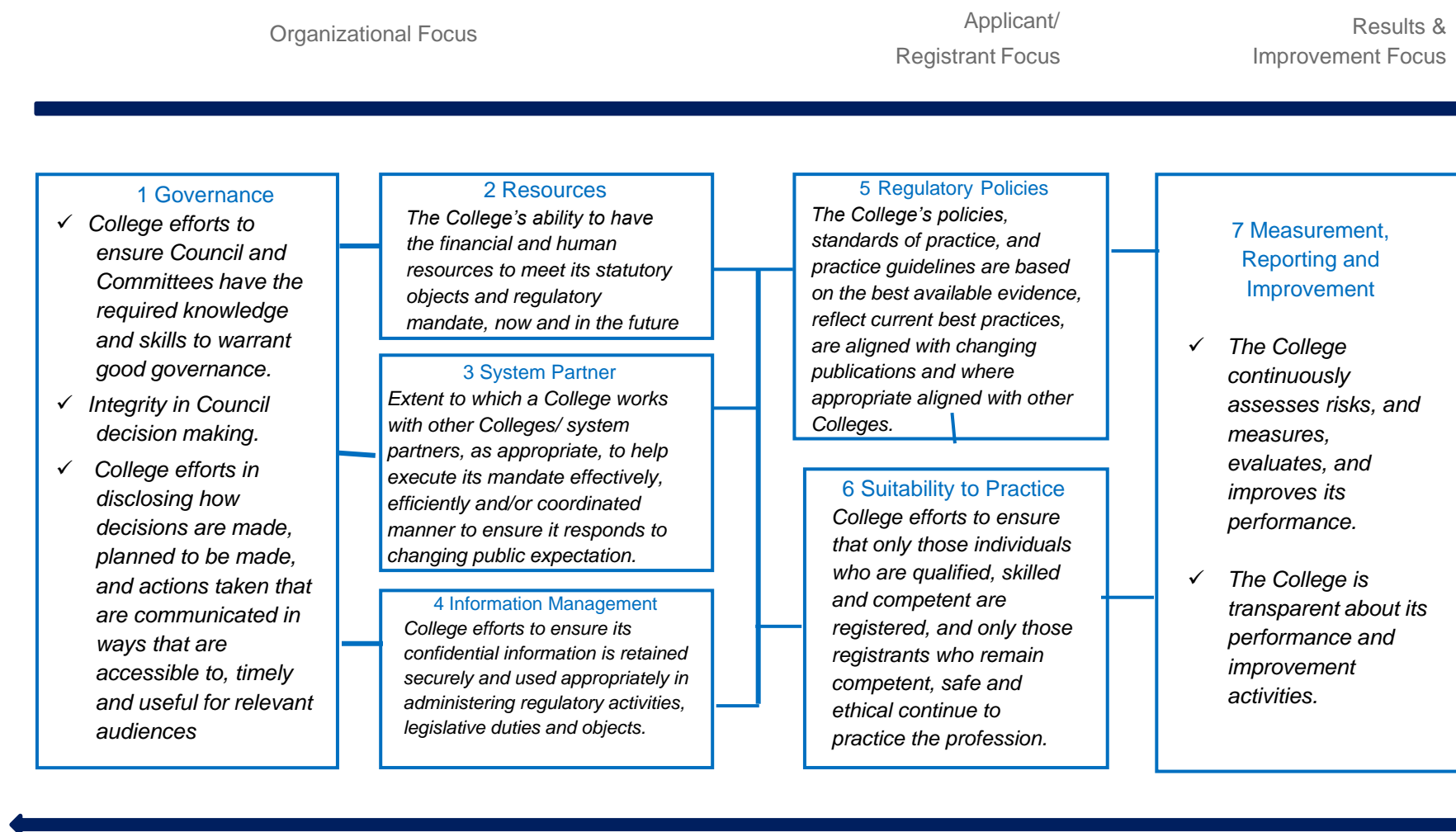


Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

The second iteration of the CPMF Reporting Tool (along with the companion Technical Specifications for Quantitative CPMF Measures document) will continue to provide comprehensive and consistent information to the public, the ministry and other stakeholders by each of Ontario's health regulatory Colleges (Colleges). In providing this information each College will:

1. meet with the ministry to discuss the system partner domain and their progress on improvement commitments identified in the 2020 CPMF Report;
2. complete the self-assessment;
3. post the completed CPMF Report on its website; and
4. submit the CPMF Report to the ministry.

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

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

Additionally, in 2021 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2020 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for colleges to learn from each other.

The ministry's Summary Report is available:

In English: health.gov.on.ca/en/pro/programs/hwrob/regulated_professions.aspx, and

In French: health.gov.on.ca/fr/pro/programs/hwrob/regulated_professions.aspx

As this will be the second time that Colleges will be reporting on their performance against the CPMF standards, the Colleges will be asked to report on:

- Improvements a College committed to undertake in the previous CPMF Report;
- Changes in comparison to baseline reporting from the 2020 CPMF Report; and
- Changes resulting from new or refined standards, measures, and evidence.¹

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 activities or processes related to the respective Measure or Evidence, it is encouraged to highlight these planned improvement activities.

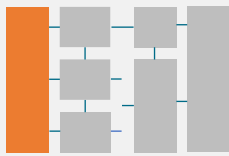
What has changed in 2021?

Based on feedback from the Colleges, the ministry made improvements to the current CPMF Reporting Tool, making it easier to complete.

- In Part 1 - These changes include drop-down menus, bookmarks to Measures, and additional information for clarification. Where a question remained unchanged from the 2020 CPMF reporting tool and a College fully met the Standard or Evidence, a College may opt to respond with 'Meets Standard' to illustrate that the current response is consistent with last year's response for the same Evidence. However, if there were changes between 2020 and 2021, the College is required to provide this updated information, including supporting information (i.e. provision of relevant links). Please note that this option is limited to only certain Evidence and is not available for all Evidence. Colleges will be asked to provide information in the right-hand column of each table indicating the degree to which they fulfill the "required Evidence" set out in Column Two.
- In Part 2 - Colleges are requested to refer to the Technical Specifications Document for detailed guidance on how to complete the section on Context Measures. Additionally, the ministry has also applied a drop-down menu where appropriate and has hyperlinked the definitions to a glossary of terms for easier navigation.

¹ Informed by the results from the first reporting iteration, the standards, measures, and evidence were evaluated by a second CPMF Working Group and where appropriate were further refined for the second reporting cycle. Additionally, Colleges will also be asked to report on Measures where it was identified that further information is required to establish baseline information relevant to the intent of the requested Evidence.

Part 1: Measurement Domains

|  | | Measure 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee. | | | | | | | |
|--|------------|---|--|--|-----------|--|--|--|-----|
| DOMAIN 1: GOVERNANCE | STANDARD 1 | Required Evidence | College Response | | | | | | |
| | | a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> i. meeting pre-defined competency and suitability criteria; and | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td data-bbox="774 492 2196 548"> The College fulfills this requirement: </td> <td data-bbox="2196 492 2615 548"> Partially </td> </tr> <tr> <td colspan="2" data-bbox="774 548 2615 829"> <ul style="list-style-type: none"> • The competency and suitability criteria are public: Yes <i>If yes, please insert a link to where they can be found, if not please list criteria.</i> <p>CDTO's current election process assesses candidates for suitability criteria (e.g., professional standing, conflict of interest) as set out in Section 10.05 (Eligibility for Election) of CDTO's By-Laws. Key-behavioural competencies (e.g., leadership, effective communication) are not assessed but are defined in CDTO's Council Elections Candidate Information Guide. This Guide is sent to all registrants of the District up for election and also contains information about the role and its responsibilities.</p> </td> </tr> <tr> <td data-bbox="774 829 2196 1218"> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p>In 2021, CDTO developed an interview process which would ensure that candidates have the knowledge, skills and commitment prior to being eligible for election. The key-behavioural competencies assessed in the interview were reviewed against the Health Profession Regulators of Ontario's competency based-assessment chart. The interview is also an opportunity to engage potential candidates, understand where they may support Council or Committees, and where they may need additional training.</p> <p>CDTO's pre-election interview process will be piloted in 2022. A by-law review will be conducted in 2022 for the implementation of this pre-election process.</p> </td> <td data-bbox="2196 829 2615 1218"> Yes </td> </tr> <tr> <td colspan="2" data-bbox="774 1218 2615 1312"> <p><i>Additional comments for clarification (optional):</i></p> </td> </tr> </table> | The College fulfills this requirement: | Partially | <ul style="list-style-type: none"> • The competency and suitability criteria are public: Yes <i>If yes, please insert a link to where they can be found, if not please list criteria.</i> <p>CDTO's current election process assesses candidates for suitability criteria (e.g., professional standing, conflict of interest) as set out in Section 10.05 (Eligibility for Election) of CDTO's By-Laws. Key-behavioural competencies (e.g., leadership, effective communication) are not assessed but are defined in CDTO's Council Elections Candidate Information Guide. This Guide is sent to all registrants of the District up for election and also contains information about the role and its responsibilities.</p> | | <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p>In 2021, CDTO developed an interview process which would ensure that candidates have the knowledge, skills and commitment prior to being eligible for election. The key-behavioural competencies assessed in the interview were reviewed against the Health Profession Regulators of Ontario's competency based-assessment chart. The interview is also an opportunity to engage potential candidates, understand where they may support Council or Committees, and where they may need additional training.</p> <p>CDTO's pre-election interview process will be piloted in 2022. A by-law review will be conducted in 2022 for the implementation of this pre-election process.</p> | Yes |
| The College fulfills this requirement: | Partially | | | | | | | | |
| <ul style="list-style-type: none"> • The competency and suitability criteria are public: Yes <i>If yes, please insert a link to where they can be found, if not please list criteria.</i> <p>CDTO's current election process assesses candidates for suitability criteria (e.g., professional standing, conflict of interest) as set out in Section 10.05 (Eligibility for Election) of CDTO's By-Laws. Key-behavioural competencies (e.g., leadership, effective communication) are not assessed but are defined in CDTO's Council Elections Candidate Information Guide. This Guide is sent to all registrants of the District up for election and also contains information about the role and its responsibilities.</p> | | | | | | | | | |
| <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p>In 2021, CDTO developed an interview process which would ensure that candidates have the knowledge, skills and commitment prior to being eligible for election. The key-behavioural competencies assessed in the interview were reviewed against the Health Profession Regulators of Ontario's competency based-assessment chart. The interview is also an opportunity to engage potential candidates, understand where they may support Council or Committees, and where they may need additional training.</p> <p>CDTO's pre-election interview process will be piloted in 2022. A by-law review will be conducted in 2022 for the implementation of this pre-election process.</p> | Yes | | | | | | | | |
| <p><i>Additional comments for clarification (optional):</i></p> | | | | | | | | | |

| | | | | | | |
|---|--|---|---|--|---|------------|
| | <p>ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.</p> | <p>The College fulfills this requirement:</p> | <p>No</p> | | | |
| | | <ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link to the website if training topics are public OR list orientation training topics. <p>CDTO’s Council Elections Candidate Information Guide is sent to all registrants of the District up for election. This Guide contains information about the role and its responsibilities. However, at this time, onboarding, an in-depth training about our mandate, strategic priorities and initiatives, is provided to professional members of Council after election.</p> | | | | |
| | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>In 2021, CDTO developed Governance Education Modules which will be accessed through our 'Elections' webpage and must be completed prior to election. Modules include quizzes, where the candidate receives a certificate of completion and CDTO receives the results. Estimated duration: 2hours.</p> <p>The modules support potential candidates or stakeholders in learning more about regulation, at their own pace and on their own time. Modules will also be beneficial to applicants of registration who would like to challenge the Jurisprudence & Ethics examination. There are three Governance Education Modules that cover the following topics:</p> <table border="0" data-bbox="854 901 2110 1153"> <tr> <td data-bbox="854 901 1276 1153"> <p><u>Module 1: Health Profession Legislation</u></p> <ul style="list-style-type: none"> • Legislation • Title Protection • Scope of Practice • Regulations and Other Legislation </td> <td data-bbox="1276 901 1787 1153"> <p><u>Module 2: Health Regulatory Colleges</u></p> <ul style="list-style-type: none"> • About the College • Governing Documents • Accountability • Transparency • EDI-B </td> <td data-bbox="1787 901 2110 1153"> <p><u>Module 3: Council and Committees</u></p> <ul style="list-style-type: none"> • Council • Governance • College Roles • Committees • Responsibilities </td> </tr> </table> <p>CDTO's pre-election governance education modules are being piloted, and are also being completed by public and non-Council Committee members. A by-law review will be conducted in 2022 for the implementation of this pre-election process.</p> | <p><u>Module 1: Health Profession Legislation</u></p> <ul style="list-style-type: none"> • Legislation • Title Protection • Scope of Practice • Regulations and Other Legislation | <p><u>Module 2: Health Regulatory Colleges</u></p> <ul style="list-style-type: none"> • About the College • Governing Documents • Accountability • Transparency • EDI-B | <p><u>Module 3: Council and Committees</u></p> <ul style="list-style-type: none"> • Council • Governance • College Roles • Committees • Responsibilities | <p>Yes</p> |
| <p><u>Module 1: Health Profession Legislation</u></p> <ul style="list-style-type: none"> • Legislation • Title Protection • Scope of Practice • Regulations and Other Legislation | <p><u>Module 2: Health Regulatory Colleges</u></p> <ul style="list-style-type: none"> • About the College • Governing Documents • Accountability • Transparency • EDI-B | <p><u>Module 3: Council and Committees</u></p> <ul style="list-style-type: none"> • Council • Governance • College Roles • Committees • Responsibilities | | | | |
| | | <p><i>Additional comments for clarification (optional):</i></p> | | | | |

| | | | | |
|--|--|---|--|-----------|
| | | <p>b. Statutory Committee candidates have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p> | The College fulfills this requirement: | Partially |
| | | | <ul style="list-style-type: none"> • The competency and suitability criteria are public: Yes • <i>If yes, please insert a link to where they can be found, if not please list criteria.</i> <p>All professional members, including non-Council Committee members, have met suitability criteria established in Section 10.05 (Eligibility for Election) of CDTO's By-Laws (e.g., professional standing, conflict of interest).</p> <p>CDTO has Terms of Reference for each of its Statutory and Standing Committees that are contained in Section 2 (Terms of Reference) of CDTO's Governance Policy Manual. Terms of Reference define the purpose and scope for each Committee and is used to identify competency criteria. CDTO surveys Committee members for their Committee preference, education and experience, and assesses it against the Terms of Reference when establishing the Committee Slate.</p> | |
| | | | <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p>CDTO will review best practices, and establish competency and suitability criteria for Statutory and non-Statutory Committees based on its Terms of References.</p> | Yes |
| | | | <p><i>Additional comments for clarification (optional):</i></p> | |

| | | | | | |
|--|--|--|---|-----|-----------------|
| | | ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities. | The College fulfills this requirement: | Yes | |
| | | | <ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. 1-2 hours • Please briefly describe the format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). Each Committee receives training annually at its first meeting. Orientation training format is in-person or virtually, depending on the Committee. The Inquiries, Complaints and Reports Committee and the Discipline Committee receive training through legal counsel. All other Committees receive training from CDTO staff. • Please insert a link to the website if training topics are public OR list orientation training topics for Statutory Committee. <ol style="list-style-type: none"> 1. Relevant Legislation to the Committee – <i>Regulated Health Professions Act, 1991, Dental Technology Act, 1991, CDTO’s By-Laws</i> 2. Mandate of the Committee 3. Roles and Responsibilities of Committee Members and staff 4. Overview of the relevant programs (e.g., Quality Assurance, Patient Relations) 5. Committee Toolkits (e.g., legislation, handbook) | | |
| | | | <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> | | Choose an item. |
| | | | <i>Additional comments for clarification (optional):</i> | | |

| | | | | |
|--|--|--|---|---|
| | | <p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.</p> | <p>The College fulfills this requirement:</p> | <p>Yes met in 2020, continues to meet in 2021</p> |
| | | <ul style="list-style-type: none"> • Duration of orientation training. 2-3 hours • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). In-person. However, due to COVID-19, training conducted in 2021 was held virtually. • Please insert a link to the website if training topics are public OR list orientation training topics. <ol style="list-style-type: none"> 1. Overall Structure – CDTO’s mission, vision and mandate, Council composition and mandate, descriptions of statutory and non-statutory Committees, staff structure 2. Roles and Responsibilities – collective and individual responsibilities of Council, and responsibilities of the President and the Registrar 3. Legislation – <i>Regulated Health Professions Act, 1991, Dental Technology Act, 1991</i>, CDTO By-Laws 4. Strategic Direction – current strategic priorities and how strategic priorities are determined 5. Good Governance – its meaning and how it can be achieved <p>In 2022, with the implementation of the Governance Education Modules (discussed in 1.1.a.ii.), public appointments can learn about the regulatory framework at their own pace and on their own time. This orientation will focus solely on CDTO including its structure, strategic priorities and collaborations with system partners.</p> | | |
| | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | <p>Choose an item.</p> | |
| | | <p><i>Additional comments for clarification (optional):</i></p> | | |

| Measure 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education. | | |
|---|---|--|
| Required Evidence | College Response | |
| a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> i. Council meetings; and ii. Council. | The College fulfills this requirement: | |
| | Yes <ul style="list-style-type: none"> • Please provide the year when Framework was developed OR last updated. The Framework was Council approved in December 2017 and implemented in January 2018. It was last reviewed in 2021 and an improved framework will be piloted in 2022. See additional comments section for more details. • Please insert a link to Framework OR link to Council meeting materials where (updated) Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Yes • <i>If yes, please insert a link to the last Council meeting where the most recent evaluation results have been presented and discussed.</i> <p>CDTO's three-pronged effectiveness evaluation framework includes:</p> <ul style="list-style-type: none"> • <u>Council meeting evaluation</u> – to assess key areas that affect Council meeting effectiveness after each meeting. The results are summarized, posted on the website and discussed at the next Council public meeting. • <u>Council annual performance evaluation</u> – to focus on and assess key areas that affect the Council's performance as a whole and its key responsibilities for effective governance. The results are summarized, posted on the website and normally discussed at the first Council public meeting of the next calendar year. • <u>Council member annual self-evaluation</u> – allows each member to focus on and assess key areas of performance in their role as a Council member. The results are not published and used solely to identify education / training opportunities for the member. <p>Council annual performance evaluation and Council member annual self-evaluation cover four key areas: mission and mandate; strategic plan and priorities; Council and governance operations; relationship with Registrar and staff.</p> <p>Page 42-58 of the January 28, 2022 Council package contains the 2021 Council evaluation framework and results, and the new Council evaluation framework that will be piloted in 2022.</p> | |
| | <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> | |
| | Choose an item. | |

| | | | | | | | | | | | |
|---|-----|--|--|--|----|--|--|---|-----|--|--|
| | | | <p><i>Additional comments for clarification (optional)</i></p> <p>In 2022, CDTO will be piloting a new Council Evaluation process with the following improvements:</p> <ul style="list-style-type: none"> • Use more streamlined evaluation criteria for Council’s year end evaluation that focuses on Good Governance Behaviours as well as identifying governance continuous improvement priorities for Council for the coming year • Introduce a discussion of Continuous Improvement priorities into the annual evaluation – an opportunity for Council to identify key themes or behaviours that they want to focus on in the year ahead (e.g. addressing training and knowledge gaps, focusing on key values such as inclusion and respect, more focus on strategy) • Evaluate all Council and Committee meetings (business meetings only, not panel), using a sub-set of the year end evaluation criteria, and continuing to reinforce Good Governance Behaviours • Eliminate separate year-end evaluations for Committees – Committee and Committee Chair effectiveness will be assessed throughout the year and will feed into the Council year-end evaluation • Use of a third-party external facilitator to administer the process, prepare analysis and reports, identify issues, and be available as a governance advisor resource to members • 100% participation by Council members in Council and Committee meeting evaluations, including follow-up by the external facilitator • Table meeting evaluation reports at the next meeting (both Council and Committee meetings) with an agenda item at the beginning of the meeting for discussion. | | | | | | | | |
| | | <p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p> | <table border="1"> <tr> <td data-bbox="774 792 2196 850">The College fulfills this requirement:</td> <td data-bbox="2196 792 2628 850">No</td> </tr> <tr> <td colspan="2" data-bbox="774 850 2628 1029"> <ul style="list-style-type: none"> • A third party has been engaged by the College for evaluation of Council effectiveness: No • <i>If yes, how often over the last five years?</i> • Year of last third-party evaluation. </td> </tr> <tr> <td data-bbox="774 1029 2196 1234"> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>In 2022, CDTO will be piloting a new Council Evaluation process using a third-party external facilitator to administer the process, prepare analysis and reports, identify issues, and be available as a governance advisor resource to members. The third-party assessor will be evaluating Council on an annual basis.</p> </td> <td data-bbox="2196 1029 2628 1234">Yes</td> </tr> <tr> <td colspan="2" data-bbox="774 1234 2628 1331"> <p><i>Additional comments for clarification (optional)</i></p> </td> </tr> </table> | The College fulfills this requirement: | No | <ul style="list-style-type: none"> • A third party has been engaged by the College for evaluation of Council effectiveness: No • <i>If yes, how often over the last five years?</i> • Year of last third-party evaluation. | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>In 2022, CDTO will be piloting a new Council Evaluation process using a third-party external facilitator to administer the process, prepare analysis and reports, identify issues, and be available as a governance advisor resource to members. The third-party assessor will be evaluating Council on an annual basis.</p> | Yes | <p><i>Additional comments for clarification (optional)</i></p> | |
| The College fulfills this requirement: | No | | | | | | | | | | |
| <ul style="list-style-type: none"> • A third party has been engaged by the College for evaluation of Council effectiveness: No • <i>If yes, how often over the last five years?</i> • Year of last third-party evaluation. | | | | | | | | | | | |
| <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>In 2022, CDTO will be piloting a new Council Evaluation process using a third-party external facilitator to administer the process, prepare analysis and reports, identify issues, and be available as a governance advisor resource to members. The third-party assessor will be evaluating Council on an annual basis.</p> | Yes | | | | | | | | | | |
| <p><i>Additional comments for clarification (optional)</i></p> | | | | | | | | | | | |

| | | | | |
|--|--|--|---|-----------|
| | | <p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p> | The College fulfills this requirement: | Partially |
| | | | <ul style="list-style-type: none"> • Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training. • Please insert a link to Council meeting materials where this information is found <i>OR</i> • Please briefly describe how this has been done for the training provided <u>over the last year</u>. <p>In 2021, training needs were not required according to the results from the Council performance evaluation and Council member self-evaluations. However, training was provided to support improved understanding and better decision-making related to strategic priorities and CDTO’s governing principles. CDTO continues to provide training for the real time needs of the current landscape to enhance Council’s knowledge and improved decision-making. For example, training on Diversity, Equity and Inclusion is a necessity that may not be identified through an evaluation framework.</p> | |
| | | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>In 2022, CDTO will be piloting a new Council Evaluation process that prompts more fulsome consideration of training opportunities. This improvement will elicit an actionable response and result in outcome driven training. More can be learned about the improvements in 1.2.a, additional comments section.</p> | Yes |
| | | | <p><i>Additional comments for clarification (optional):</i></p> | |

| | | | | |
|--|--|---|--|------------|
| | | <p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training. • Please insert a link to Council meeting materials where this information is found <i>OR</i> • Please briefly describe how this has been done for the training provided <u>over the last year</u>. <p>CDTO identifies societal/public expectations by staying up-to-date with current events and regulatory trends, surveys, focus groups, etc. (see Domain 3, System Partners). In 2020 the changing public expectations that were identified, and in 2021 subsequently Council received training on, included:</p> <ul style="list-style-type: none"> • Strategic planning and setting (January 2021) – training provided by a management consultant on the importance of a strategic plan and how to consider public expectations and risks when identifying strategic priorities. • College Performance Measurement Framework (January 2021) – training provided by the Ministry of Health on its new oversight and accountability report. This key document sets out the public expectations on regulatory excellence. • Amalgamation Workshop (March 2021) – exploring opportunities to ensure CDTO’s sustainability of resources (e.g., financial, human). Council received a presentation from Bradley Chisholm of the British Columbia College of Nurses and Midwives, whose colleges recently amalgamated in 2020. A facilitated-discussion on risks, benefits, concerns, etc. of Council and Staff was led by a consultant. • Diversity, Equity and Inclusion (March 2021) – engage Council members in understanding diversity, equity and inclusion, and unpacking unconscious bias, presented by Janelle Benjamin of All Things Equitable Inc. • Regulatory disruption (June 2021) – risks were identified from townhalls and surveys that the modernization of the practice environment, such as advances in technology (e.g., CAD/CAM) global commerce and emerging business models, may introduce risks to the patient. • Governance modernization (June 2021) – Council is educated on regulatory trends provincially and internationally. Risks were identified during the COVID-19 pandemic when colleges were not able to respond swiftly to emerging needs. • Finance training (September 2021) – Financial information is typically measurable, objective, comparable over time, sometimes comparable across organizations, and can provide an indicator of organizational health. Council members require the ability to understand various financial statements in order to discharge their stewardship responsibility to the organization. • Dr. Javeed Sukhera, Health Profession Regulators of Ontario Townhall (September 2021) – a report was presented to stakeholders identifying findings and outcomes based on a literature review, environmental scan, surveys and focus groups on specific forms of inequity and injustice that exist in the regulatory sector. <p>CDTO also looks for opportunities where Council members can attend additional training on a voluntary basis (e.g., webinars).</p> | <p>Yes</p> |
| <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | | | <p>Choose an item.</p> | |
| <p><i>Additional comments for clarification (optional):</i></p> | | | | |

| | | | |
|---------------------------------|---|--|---|
| DOMAIN 1: GOVERNANCE | STANDARD 2 | Measure 2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest. | |
| | | Required Evidence | College Response |
| | | a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is: <ul style="list-style-type: none"> i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g. Diversity, Equity and Inclusion); and <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders and the public. While there will be similarities across Colleges such as Diversity, Equity and Inclusion, this is also an opportunity to reflect additional issues, expectations and emerging initiatives unique to a College or profession.</p> | The College fulfills this requirement: <ul style="list-style-type: none"> • Please provide the year when 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 review. <p>The Council Code of Conduct and 'Conflict of Interest' Policy was:</p> <ul style="list-style-type: none"> • Enforced in 2015 through Section 16 (Conflict of Interest) and Schedule 3 (Code of Conduct for Council and Committee Members) of CDTO’s By-Laws • Last reviewed March 2020 through CDTO’s Governance Policy Manual, Section 4.1 (Code of Conduct) and Section 4.2 (Conflict of Interest). No changes were made to the Policies during this review. Appendix A of the Manual sets out the Policy Review Schedule which is every three years for these Policies. |
| | | | Yes |
| | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p> | Choose an item. | |

| | | | | |
|---|--|--|---|-----|
| | | ii. accessible to the public. | The College fulfills this requirement: <ul style="list-style-type: none"> • Please insert a link to the Council Code of Conduct and 'Conflict or Interest' Policy OR Council meeting materials where the policy is found and was discussed and approved. CDTO's Code of Conduct and 'Conflict of Interest' Policy can be found in: <ul style="list-style-type: none"> • Section 16 (Conflict of Interest) and Schedule 3 (Code of Conduct for Council and Committee Members) of CDTO's By-Laws • Section 4.1 (Code of Conduct) and Section 4.2 (Conflict of Interest) of CDTO's Governance Policy Manual | Yes |
| <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> | | | Choose an item. | |
| <i>Additional comments for clarification (optional)</i> | | | | |
| b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e. cooling off periods). <u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence. | | The College fulfills this requirement: <ul style="list-style-type: none"> • Cooling off period is enforced through: By-law • Please provide the year that the cooling off period policy was developed OR last evaluated/updated. • Please provide the length of the cooling off period. • How does the college define the cooling off period? <ul style="list-style-type: none"> – Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced; – Insert a link to Council meeting where cooling of period has been discussed and decided upon; OR – Where not publicly available, please describe briefly cooling off policy. Section 10.05 (Eligibility for Election) of CDTO's By-Laws , developed in 2015, stipulate a cooling off period for employees and professional registrants that have had a disciplinary finding, whose certificate of registration has been suspended or revoked, or who have been disqualified from Council or a Committee. A cooling off period is not required in other circumstances as long as the registrant does not have a conflict of interest to serve as a member of Council or has agreed to remove any such conflict of interest before serving as a Council member. | Yes met in 2020, continues to meet in 2021 | |

| | | | | |
|--|--|--|--|------------------------|
| | | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | <p>Choose an item.</p> |
| | | | <p><i>Additional comments for clarification (optional)</i></p> <p>CDTO understands that the possibility of real or perceived conflicts of interest exist when a cooling off period is not specified. CDTO does not currently require a cooling off period for registrants who hold a position such as director, owner, board member, officer or employee, at a Professional Associations. However, CDTO ensures that the conflict of interest has been removed before a registrant can serve as a Council member. CDTO will be conducting a by-law review in 2022 and cooling off periods will be considered based on best practices.</p> | |
| | | <p>c. The College has a conflict of interest questionnaire that all Council members must complete annually. <u>Additionally:</u></p> <ul style="list-style-type: none"> i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda.</u> | <p>The College fulfills this requirement:</p> | <p>Yes</p> |
| | | | <ul style="list-style-type: none"> • Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Councilagenda items: Yes <p>The Conflict-of-Interest questionnaire was implemented in 2015 and last updated in 2021. Public and professional members of Council complete the questionnaire at the start of the calendar year. All completed questionnaires are attached to the Council package and reviewed as a standing item. All Council members will declare whether they have changes to the completed questionnaire or conflicts of interest with respect to the items being discussed on the agenda.</p> <ul style="list-style-type: none"> • Please insert a link to the most recent Council meeting materials that includes the questionnaire. Page 7-18 of the December 10, 2021 Council package | |
| | | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | <p>Choose an item.</p> |
| | | | <p><i>Additional comments for clarification (optional)</i></p> | |

| | | | | |
|---|--|--|--|-----------------|
| | | <p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).</p> | The College fulfills this requirement: | Yes |
| | | | <ul style="list-style-type: none"> Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. <p>CDTO has dedicated a section at the beginning of each briefing note that explains the public interest (i.e., the mandate of CDTO) by explaining, for example, how the item:</p> <ul style="list-style-type: none"> Aligns with the requirements of the College as set out in the <i>Regulated Health Professions Act, 1991</i> Is relevant and current to the regulatory and/or practice environment Meets the public expectation (e.g., equity, diversity, inclusion and belonging, pandemic response) Improves upon an existing process <p>Additionally, there is a section at the end of the briefing note that discusses alignment with strategic priorities and objects of the College. This section is also used to identify risk considerations including financial and human resources.</p> | |
| | | | <ul style="list-style-type: none"> Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale. <p>Page 62-65 of the December 10, 2021 Council package</p> | |
| | | | 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) | | | | |

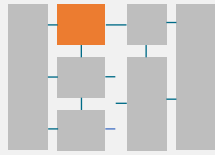
| | | | | |
|--|--|---|-----------|--|
| | <p>e. The College has and regularly reviews a formal approach to identify, assess and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers 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.</p> <p>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.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p> | The College fulfills this requirement: | Partially | |
| | | <ul style="list-style-type: none"> • Please provide the year the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities. <p>An environmental scan is conducted and the strategic priorities reviewed on an annual basis. In January 2021, the following three risks were identified and integrated into CDTO’s strategic priorities. See Page 165 of the January 22, 2021 Council package for more details.</p> <ul style="list-style-type: none"> • Collaboration/Amalgamation – risks being managed are organizational stability and sustainability. This priority would focus on working with the other oral health colleges to identify opportunities related to collaboration and/or some degree of amalgamation in ways that will improve public protection, save CDTO time and money/reduce duplication and overlap, and result in more efficient and effective processes for registrants. • Regulatory Disruption - to address the risks faced by CDTO as a regulator given the intensive disruption that the dental technology industry is facing. It will involve the development of strategies to work with the Royal College of Dental Surgeons of Ontario to ensure that Ontarians are adequately safeguarded, and with the Association of Dental Technologists of Ontario to gain a better understanding of the practice environment. • Diversity, Equity and Inclusion - to strengthen CDTO’s policies, standards, practices, and public positioning related to diversity, equity and inclusion. These initiatives and actions will ensure that CDTO is keeping pace with other regulators and is at the forefront of current policy and practice. <p>Additionally, in March 2021, Council approved three Governance Initiatives as a strategic priority after assessing risks in its performance on the Governance Domain of the College Performance Measurement Framework. The three initiatives will:</p> <ul style="list-style-type: none"> • Ensure Council and Statutory Committees have the knowledge, skills and commitment prior to becoming a member. • Strengthen Council Self-Evaluation as an ongoing continuous improvement process. • Upgrade the CEO Performance Evaluation process and tools. | | |
| | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>CDTO will review best practices for developing a formal approach to identify, assess and manage internal and external risks.</p> | Yes | |
| | | <p><i>Additional comments for clarification (if needed)</i></p> | | |

| | | | | |
|------------|---|--|---|------------------------|
| STANDARD 3 | Measure | | | |
| | 3.1 Council decisions are transparent. | | | |
| | Required Evidence | College Response | | |
| | <p>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.</p> | <p>The College fulfills this requirement:</p> | <p>Yes met in 2020, continues to meet in 2021</p> | |
| | | <ul style="list-style-type: none"> • Please insert a link to the webpage where Council minutes are posted. • Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted. <p>Posted to the Council webpage are approved meeting minutes with an attachment identifying status updates on implementations.</p> | | |
| | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | | <p>Choose an item.</p> |
| | | <p><i>Additional comments for clarification (optional)</i></p> | | |
| | <p>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).</p> <ol style="list-style-type: none"> i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Councilor discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council. | <p>The College fulfills this requirement:</p> | <p>Yes</p> | |
| | | <ul style="list-style-type: none"> • Please insert a link to the webpage where Executive Committee minutes / meeting information are posted. <p>An Executive Committee report is attached to every Council package. The report includes Committee meeting dates, discussions and decisions made by the Executive Committee, and if decisions will be ratified by Council, and recommendations for Council approval.</p> | | |
| | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | | <p>Choose an item.</p> |
| | | <p><i>Additional comments for clarification (optional)</i></p> | | |

| Measure | | |
|--|--|---|
| 3.2 Information provided by the College is accessible and timely. | | |
| Required Evidence | College Response | |
| a. With respect to Council meetings: <ol style="list-style-type: none"> i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined. | The College fulfills this requirement: Yes <ul style="list-style-type: none"> • Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. Council meeting materials can be accessed on the Council webpage and date back to 2017. Meeting packages can be accessed on this webpage one week in advance of an upcoming Council meeting. | |
| | <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> | Choose an item. |
| | <i>Additional comments for clarification (optional)</i> | |
| | b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register. | The College fulfills this requirement: Yes <ul style="list-style-type: none"> • Please insert a link to the College's Notice of Discipline Hearings. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the Public Register. |
| <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> | | Choose an item. |
| <i>Additional comments for clarification (optional)</i> | | |

| Measure | |
|--|---|
| 3.3 The College has a Diversity, Equity and Inclusion (DEI) Plan. | |
| Required Evidence | College Response |
| a. The DEI plan is reflected in the Council's strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g. DEI training for staff). | The College fulfills this requirement: Yes |
| | <ul style="list-style-type: none"> Please insert a link to the College's DEI plan. CDTO has set Equity, Diversity, Inclusion and Belonging (EDI-B) as one of its strategic priorities to be achieved from 2021-2022. The latest 2021 update can be found on page 108 of the December 10, 2021 Council package. This strategic project will strengthen CDTO's policies, standards, practices, and public positioning related to diversity, equity and inclusion. It will also ensure that CDTO is keeping pace with other regulators and is at the forefront of current policy and practice. Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved. Strategic Planning – page 165-174 of the January 22, 2021 Council Package Minutes of the January 22, 2021 Council meeting Strategic Initiatives Project Budget – page 105-108 of the June 24, 2021 Council package Minutes of the June 24, 2021 Council meeting |
| | <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Choose an item. |
| <i>Additional comments for clarification (optional)</i> | |

| | | | | |
|---|--|--|---|-----|
| | | <p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>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.</p> | <p>The College fulfills this requirement:</p> | No |
| | | | <ul style="list-style-type: none"> • Please insert a link to the Equity Impact Assessments conducted by the College OR please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program or process) in which Equity Impact Assessments were conducted. | |
| | | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>In 2021, CDTO has undertaken a review and development of an Equity, Diversity, Inclusion and Belonging (EDI-B) strategy that includes an EDI-B policy and EDI-B lens. These EDI-B tools will be used to evaluate existing policies, guidelines, standards of practice and Code of Ethics and in the development of new ones. The intent of our EDI-B impact assessment is to:</p> <ul style="list-style-type: none"> • Identify unintended effects of decision-making; • Support EDI-B based improvements; • Incorporate EDI-B into decision-making; and • Build the capacity to address and increase awareness of issues. <p>CDTO is also engaged with our system partners for a consistent EDI-B impact assessment to ensure that these principles and values are reflected in the care provided by our registrants.</p> | Yes |
| <i>Additional comments for clarification (optional)</i> | | | | |



Measure

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

DOMAIN 2: RESOURCES

STANDARD 4

Required Evidence

a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.

Further clarification:

A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.

College Response

The College fulfills this requirement:

Yes

- **Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to most recent approved budget.**
Page 105-108, 112-120 of the [June 25, 2021](#) Council Meeting Package

- **Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.**
Council participates in a consultant-facilitated workshop where evidence and data are assessed (e.g., professional conduct cases, regulatory trends, environmental scans, system partner information) to identify a five-year strategic plan. CDTO Management determines the projects and costs to achieve these identified strategic priorities.

CDTO’s policy is to ensure that adequate financial resources are allocated accordingly through the Strategic Initiatives Project (SIP) budget and funded from net assets internally restricted for SIP. SIP is not funded through the Operating budget expenditures on which the annual registration fees are determined.

The strategic plan is reviewed annually for updates, budgeting, risk identification, etc. and modifications made as necessary. At the conclusion of a strategic initiative, ongoing expenditures are included in the Operating Budget to ensure sustainable outcomes.

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

Choose an item.

Additional comments for clarification (optional)

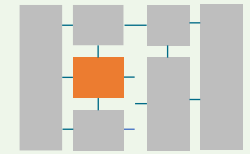
| | | | | |
|--|--|--|--|------------------------|
| | | <p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p> | <p>The College fulfills this requirement:</p> | <p>Yes</p> |
| | | | <ul style="list-style-type: none"> • Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved. • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? Yes <p>CDTO's Surplus Retention Policy was developed with input from the external auditor and meets the requirements of CPMF's "financial reserve policy". It was approved at the December 10, 2021 Council meeting. The purpose of the surplus retention policy is to enable the College to withstand negative unexpected financial events and maintain financial stability.</p> <p>The policy can be found on Page 89 of the December 10, 2021 Council package.</p> <p>Prior to formalizing the Surplus Retention Policy, CDTO has always adhered to Council approved guidelines on:</p> <ul style="list-style-type: none"> • The level of unrestricted assets that must be available; • Processes for auditor verification of reserves on an annual basis; and • Reporting requirements on the reserves. | |
| | | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | <p>Choose an item.</p> |
| | | | <p><i>Additional comments for clarification (if needed)</i></p> | |

| | | | | |
|--|--|--|--|------------------|
| | | <p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g. processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p> | <p>The College fulfills this requirement:</p> | <p>Partially</p> |
| | | | <ul style="list-style-type: none"> • Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. • Please insert a link to Council meeting materials where the operational policy was last reviewed. <p>Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p>Human resource planning is discussed with the Executive Committee as part of the Budget approval cycle. As a small college, strategic and operational planning is critical to ensure effective use of limited human resources.</p> <p>CDTO maintains an Emergency Management Plan Policy (Section 6.4) in its Governance Policy Manual. The purpose and goal of this policy is to design and implement a cohesive plan that will help CDTO maintain and continue regular operations during the handling of an emergency situation. There is a section dedicated to Leadership and outlines what should occur if the Registrar is unable to fulfill their role.</p> <p>To ensure that the organization has the workforce it needs to be successful now and, in the future, CDTO participates in the Canada Summer Jobs program, a federal government initiative. This program provides wage subsidies to employers from not-for-profit organizations aligning with responsible stewardship of financial resources. Youth receive meaningful employment experiences and support CDTO in fulfilling its mandate. CDTO has benefited by retaining the youth in full-time positions.</p> | |
| | | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>CDTO will consult with other regulators on best practices for human resource planning to improve its performance on this measurement.</p> | <p>Yes</p> |
| | | | <p><i>Additional comments for clarification (optional)</i></p> | |

| | | | | |
|--|--|--|---|------------------------|
| | | <p>ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p> | <p>The College fulfills this requirement:</p> | <p>Yes</p> |
| | | <p>• Please insert a link to the College’s data and technology plan which speaks to improving College processes OR please briefly describe the plan.</p> <p><u>Cybersecurity (Data Protection)</u> CDTO receives a monthly report on potential risk exposures and carries cybersecurity insurance as a precautionary measure. The insurer engages a third party to conduct automated scanning and monitoring of its servers, database and website regularly. We receive alerts whenever critical vulnerabilities are detected on our infrastructure and recommendations to remediate the risk(s) on all affected assets. The infrastructure vendors and hosts are notified to investigate and remediate the identified risk(s) immediately to keep our risk profile as low as possible. CDTO’s database and server providers also conduct regular data and security reviews, and provide reports.</p> <p><u>Technology Plan</u> CDTO sets out priorities for digitization of its processes and improving technology infrastructure. We also ensure that processes that are digitized remain current, including annual renewal and new member registration through our Member Portal. CDTO also reviews the Public Register to ensure that the information it contains is current (e.g., new legislated requirements).</p> <p>In 2021, CDTO’s plan set out to improve the following processes:</p> <ul style="list-style-type: none"> • Jurisprudence and Ethics Examination, a non-exemptible requirement for registration with CDTO. This examination is held in-person and paper-based. CDTO explored opportunities to improve delivery (e.g., more opportunities to challenge the test, improved costs, COVID-19 restrictions). This examination was delivered online and virtually proctored in February 2022. • Engagement through social media. YouTube allows CDTO’s stakeholders to access information about elections, COVID-19 and view livestreams or recordings of Council meetings. CDTO is also using Instagram and Twitter to improve engagement with stakeholders and system partners, and sharing of information. • Applicant Portal was modified with the launch of the Access to Dental Technology Project as CDTO no longer holds competency assessments for new applicants except for the Jurisprudence and Ethics examination. Candidates who successfully completed the national process for credentialing and assessment could directly apply for registration with CDTO. CDTO worked with its developer to establish timelines and ensure continuity of services. <p>In 2022, CDTO will be creating a Quality Assurance Portal with its database provider. The first step will prioritize the development of the Professional Development Profile Program online. Registrants will be able to complete their self-assessment and input their professional development activities through the Portal, allowing efficient data collection and analysis.</p> | | |
| | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | | <p>Choose an item.</p> |
| | | <p><i>Additional comments for clarification (optional)</i></p> | | |

DOMAIN 3: SYSTEM PARTNER

STANDARD 5 and STANDARD 6



| | |
|---|---|
| <p>Measure / Required evidence: N/A</p> | <p>College response</p> <p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p> |
| <p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p> | <p>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> • <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i> <p>CDTO engages and collaborates with system partners on a national and provincial level to align oversight of the practice of the profession and support execution of our mandate. Some examples of system partners and initiatives from 2021 are set out below:</p> <p><u>(1) National Level – Examples of System Partners</u></p> <ul style="list-style-type: none"> • 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. |

Initiative: Access to Dental Technology Project – Harmonized National Processes

CDTO identified access to dental technology and the entry-to-practice requirements as critical issues facing the dental technology profession that if left unattended would significantly compromise patient outcomes. Environmental scan results showed a critical shortage of licensed dental technology professionals resulting from four major trends:

- Approximately 50% of licensed professionals are approaching retirement
- Graduates from Canadian dental technology programs are not seeking licensure
- Large numbers of dental lab workers are unregulated due to the practice of the technical aspects of the profession being in the public domain
- Demand for dental technology services is on the rise due to an aging Canadian population

CDTO aligned itself with CADTR to prioritize this issue and form a strategy. This initiative was called the Access to Dental Technology (ADT) project and launched in December 2017 to ensure that patients in Ontario and all other regulated jurisdictions have access to safe high-quality dental devices that are ordered by their regulated dentist and denturist, and designed and fabricated by a dental technologist. CDTO led this initiative and secured funding for CADTR from the Government of Canada’s Foreign Credential Recognition Program. CADTR consulted with dental technology program educators across Canada, other national alliances, Citizenship and Immigration Canada (CIC) approved credential evaluation service providers, the public and registrants to identify best practices and inform project deliverables.

The ADT project is focused on improving access for unregulated dental laboratory workers in Canada and internationally educated professionals, in Canada or immigrating to Canada, to become licensed to practice dental technology. The project outcomes are a harmonized and centralized pathway for applicant’s credentials and competencies required at the start of their career to be evaluated and assessed nationally in both English and French (aligned oversight over a significant part of the registration requirement). Until now, lack of consistency and harmonization of entry-to-practice requirements weakened the intention of access to the profession through labour mobility and the public’s confidence that all dental technologists can provide safe and quality care at the start of their careers (entry-to-practice).

The ADT Project completed in 2020 and all CADTR regulators signed a Memorandum of Understanding to delegate the administration of the credentialing and assessment services to CADTR. This results in centralized access for applicants and improved efficiencies from pooled resources (e.g., national online applicant portal and database). CDTO is now able to strengthen execution of its provincial mandate by focusing more of its resources on fair registration practices and reducing barriers to the profession, setting and enforcing professional and practice standards, and providing continuous improvement and education opportunities to the dental technology profession.

In 2021, CDTO continued to collaborate with CADTR to implement the outcomes of the ADT Project, including:

- Launching a national website and online Applicant portal on February 1, 2021, which served over 100 applicants.
- Conducting the first national credential evaluation of non-approved dental technology/dental health programs and improving accuracy of the credentialing process by utilizing trained RDTs.
- Administering a virtually-proctored Knowledge-Based Assessment. Internationally educated professionals are able to challenge the assessment from their home country and make informed decisions regarding immigration.

- Modifying and adapting the in-person Performance-Based Assessment to the pandemic. For example, the PBA was re-designed to limit in-person contact without comprising the entry-to-practice competencies designated by the PBA Master Blueprint. Adaptation to the ongoing pandemic without losing defensibility of the assessment ensures that Canadians will have access to dental technology care.
- Administering the first national PBA in Alberta, British Columbia and Ontario in October 2021. Unified assessments for entry-to-practice strengthen labour mobility and ensure safe, ethical, quality dental technology care across Canada.
- Protecting the safety of candidates, examiners and administrative staff by establishing and enforcing COVID-19 protocols (e.g., vaccination requirements, screening, PPE). Delays to registration were reduced by allowing candidates to safely challenge the in-person performance-based competency assessment during the ongoing pandemic.

(2) Provincial Level – Examples of System Partners

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

Initiative: Strategic Project – Regulatory Disruption

An environmental scan showed that the modernization of the practice environment such as advances in technology (e.g., CAD/CAM) global commerce and emerging business models may introduce risks to the patient. This is complicated by the fact that the practice of dental technology is not a controlled act. Any individual practising dental technology must be supervised by a registered dental technologist or a dentist, however, the degree of supervision required is subject to interpretation. For example, dentists working directly with suppliers to design dental devices without on-site supervision. In 2021, CDTO established the Regulatory Disruption strategic project to tackle this issue and collaborate with system partners on initiatives including:

- Agreeing with the ADTO on a relevant title for those who can perform the technical aspects of dental technology under supervision. Previously these individuals were referred to as “bench workers” which does not describe or recognize their knowledge, skills and judgement.
- Co-presenting with the ADTO at the October 2021 Spectrum Day, an educational conference for oral healthcare professionals. Used the opportunity to raise awareness to dentists about the RDT Stamp as a means of identifying unauthorized practice (i.e., dental laboratories not supervised by an RDT). Also conducted a survey to understand dental laboratory ownership and training/experience of dentists in dental technology.
- Assessed key issues and trends from CDTO and RCDSO practice inquiries and professional conduct cases regarding the shared scope of practice of dental technology.
- Conducted a thorough analysis and comparison of CDTO and RCDSO standards, policies and guidelines on the supervision and practice of dental

technology. Outcomes will guide future initiatives to achieve consistency in the shared scope of practice of dental technology, and to identify and fill any gaps that may exist.

Initiative: Risk-Informed Compliance Framework (RICF) – Office of the Fairness Commissioner (OFC)

CDTO works with its system partners to set and identify best practices of regulation. Accountability reports that are completed by CDTO support us in understanding expectations across regulatory health colleges and achieve consistency. Examples of these reports include OFC’s Fair Registration Practices Report and the Ministry of Health’s College Performance Measurement Framework. Completing these reports and engaging our system partners on the findings allows CDTO to align oversight, collaborate and strengthen execution of our mandate.

In 2021, CDTO submitted information for OFC’s RICE Assessment. The RICE was developed to ensure that the OFC’s finite compliance resources were focused on those regulators that have not advanced as far as others in developing fair registration practices. The RICE measures performance in five historical performance indicators:

1. The nature and extent of material compliance recommendations that the OFC has issued to the regulator in the last compliance cycle.
2. The extent to which the regulator has complied with these recommendations and avoided new issues.
3. The regulator’s observed motivation to work with the OFC on defined compliance objectives.
4. The content of decisions issued by the courts or tribunals that discuss the regulator’s registration practices.
5. The degree to which the regulator’s registration processes exhibit the attributes of transparency, objectivity, impartiality and fairness.

Additionally, there are five forward-looking risk factors that focus on a regulator’s operating environment, stability, overall reliance on third party-service providers and policy considerations. The OFC entered a 12-month transitional period in April 1, 2021 and assessed regulators on the historical performance indicators.

The OFC assigned CDTO a “full compliance” provisional rating. This means that CDTO has successfully implemented each of the compliance recommendations that the OFC has issued, additional recommendations were not identified, and other criteria have been met. CDTO will be collaborating with the OFC when the RICE is fully implemented and regulators are assessed against the forward-looking risk factors.

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).** Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*
- *In addition to the partners it regularly interacts with, the College is asked to include information about **how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).***

CDTO identifies changing public/societal expectations by staying up to date with current events. These include being on mailing lists for legal counsels and Member of Parliament offices which identify regulatory trends, monitoring social media trends and reviewing news worldwide. For example, systemic racism is an issue that has drawn much attention worldwide. It was important for CDTO to reflect on how we could reduce barriers to ensure that not only do stakeholders have an opportunity to participate in the regulatory work of colleges but patients also have access to healthcare services. CDTO aligned with the Health Profession Regulators of Ontario (HPRO), composed of the 26 regulatory health colleges in Ontario, in their anti-BIPOC (Black, Indigenous, People of Colour) Racism Working Group. The Group was formed to combat racism at the regulatory level and is Chaired by CDTO's Registrar. Leveraging these partnerships allows CDTO to maximize efficiencies (e.g., pool resources), and results in improved outcomes and consistency.

CDTO also identifies changing public/societal expectations by leveraging system partnerships. CDTO maintains these relationships by attending regular meetings and participating on working groups. The Ministry of Health and regulatory health colleges are partners in exploring and identifying opportunities to improve and strengthen oversight of health professions in Ontario. In June 2021, CDTO responded to the Ministry's request for feedback on potential burden reduction reforms that would increase the efficiency of regulatory health colleges and their ability to respond swiftly to emerging needs. CDTO also maintains a relationship with George Brown College, the approved program in Ontario for dental technology, through its Program Advisory Committee. This Committee is comprised of educators and regulated health professionals who not only identify changing public/societal expectations but are responsive by reflecting any findings in the curriculum for aspiring dental technologists.

CDTO identifies relevant system partners through its strategic plan. The strategic plan identifies our priorities over the next five years and the system partners we will need to engage with to further the strategic objectives. For example, CDTO applied for grants to funding from the Employment and Social Development Canada for its Access to Dental Technology Project (discussed in Standard 5), and, in collaboration with the Health Professions Regulators of Ontario (HPRO), applied to the federal government's Canadian Heritage Community Support, Multiculturalism, and Anti-Racism Initiatives to combat racism at the regulatory level. The requirements of these grants provide insight into the government's priorities and confirms that our initiatives are aligned. Additionally, CDTO may identify system partners through its networks. For example, the Citizen's Advisory Group (CAG) is a partnership with many regulatory

health colleges to bring the patient voice and perspective to healthcare regulation in Ontario. In 2021, CDTO joined as a partner after members of Council learned more about the Group through presentations and attendance at a CAG meeting.

Initiative: Equity, Diversity, Inclusion and Belonging (EDI-B)

“Addressing diversity and inclusion within many different social and professional realms is an ever-evolving discussion that has come to the forefront more than ever in Canada in response to the Truth and Reconciliation Commission of Canada’s (TRC) calls to action, as well as the historical human rights movements in support of Black Lives Matter that took place in July and August of 2020. The question of where change in values, mandates, and practices within regulated professions – both throughout licensing and accreditation process, as well as in the field – is one that is significant and pressing.” – Canadian Network Agencies of Regulation E-Book on Diversity 2020

CDTO is committed to driving this change and will continuously engage its system partners to identify and develop new areas for action. Better coordination means better sharing of innovative approaches, the development and sharing of resources, and improved outcomes. In June 2020, HPRO formed an Anti-BIPOC Working Group to support active commitment of all 26 member organizations to identify systemic racism and implement tangible and coordinated actions, in the immediate, medium, and long- term, to eradicate BIPOC racism and build a culture, systems and practices that allow equity, diversity, inclusion and belonging (EDI-B) to thrive. Key work to date has included:

1. Applying to the federal government’s Canadian Heritage Community Support, Multiculturalism, and Anti-Racism Initiatives Grant Program to support HPRO’s commitment to take significant action in combatting anti-racism at the regulatory level per guidance provided by Ontario’s Anti-Racism Directorate. *Medium to Long-term*
2. Working with Dr. Javeed Sukhera (Physician, Educator, Activist) to develop a project plan with deliverables and measurable outcomes including: Conduct a literature review and environmental scan on specific forms of inequity and injustice that exist in the regulatory sector; Provide training and education workshops for the HPRO Directors to unpack unconscious bias; Implement an engagement plan for internal and external stakeholders (focus groups and public survey). *Immediate to Medium*
3. Creating an EDI-B resource page for all colleges to use in individual efforts on training and educating Council / staff in these early stages. *Immediate to Medium*
4. Encouraging open dialogue with stakeholders (e.g., Office of the Fairness Commissioner). *Immediate and ongoing*
5. Building an inventory of best practices already put in place by College’s. *Immediate*

Initiative: COVID-19 Guidelines

Throughout the COVID-19 pandemic, CDTO has collaborated with many system partners to provide consistent guidance and messaging to registrants and the public. Some examples of information shared include:

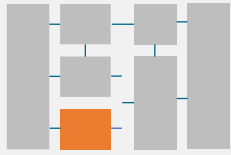
- Directives from the Chief Medical Officer of Health in regards to healthcare service restrictions and guidance
- Updates to the Royal College of Dental Surgeons of Ontario COVID-19 guidance
- Ontario government’s Emergency and Stay-at-Home Orders, plans to re-open the province and COVID-19 vaccine availability and recommendations
- Health Workforce Matching Portal which supported vaccine distribution by recruiting individuals who could safely administer the COVID-19 vaccine (e.g., retired nurses)

In 2020, the COVID-19 pandemic required all colleges to provide guidance to cease elective and non-essential health services. Oral Health Colleges (OHCs) of Ontario (College of Denturists of Ontario, College of Dental Hygienists of Ontario, College of Dental Technologists of Ontario and the Royal College of Dental Surgeons of Ontario) and each profession's respective association came together to develop guiding principles that would underpin all of our return to practice guidance. While each profession is unique in its practice, the Guiding Principles would ensure that all of the return to practice guidance documents had the same accountabilities and priorities. It would also give each regulatory college the flexibility to establish their profession-specific guidance in a timely manner to respond to the changing pandemic. All OHCs released the first version of their COVID-19 Pandemic Guidance in May 2020.

In 2021, CDTO and the OHCs of Ontario collaborated to unify the COVID-19 guidance provided by each College and:

- Assure registrants of the OHCs that their regulators have agreed upon consistent expectations for overlapping areas of OHCs' guidance materials by setting the same rules (e.g., use of PPE) unless it is related to the uniqueness of each profession
- Provide clear and consistent expectations regardless of practice setting
- Support the safe and effective provision of oral healthcare
- Address current and relevant practice issues

CDTO published its unified guidance on July 29, 2021.



Measure

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

DOMAIN 4: INFORMATION
MANAGEMENT

STANDARD 7

Required Evidence

- a. The College demonstrates how it:
 - i. uses policies and processes to govern the disclosure of, and requests for information;

College Response

The College fulfills this requirement:

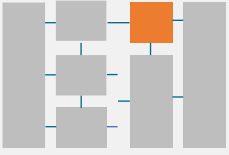
Yes

- **Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information.**

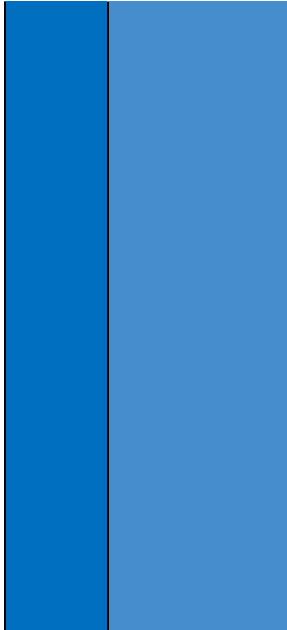
CDTO uses various external and internal policies (i.e., public facing and internal / operational), processes and alternative measures such as guidelines and frequently asked questions (FAQ's) to govern and communicate disclosure of, and requests for information (RFI). CDTO requires RFI to be made in writing. The request is assessed against what is available to the public and, if applicable, we will communicate where they can find the information. Where the information is not public, CDTO will determine if the disclosure is permitted and in the public interest. CDTO's assessment considers and is guided by the following regulatory policies:

1. Section 36 (Confidentiality) of the [Regulated Health Professions Act, 1991](#) outlines the duty of confidentiality and disclosures of information in the administration of the RHPA
2. Section 17 (Confidentiality) and Schedule 3 (Code of Conduct for Council and Committee Member) of [CDTO's By-Laws](#) outlines the duty of confidentiality and disclosures of information for Council and Committee members, staff and persons retained or appointed by CDTO
3. Section 23 of the [Health Professions Procedural Code](#), Schedule 2 to the RHPA, outlines information that is maintained on the Public Register or withheld from the public
4. Section 4 (Conduct) of CDTO's [Governance Policy Manual](#) which sets out the expectations of Council and Committee members conduct
5. [Privacy and Terms of Use of CDTO's website](#) are publicly posted. Applicant and registrant information is stored on CDTO's database which is hosted on secure servers. CDTO uses administrator rights to ensure that only authorized individuals can access the information as required to fulfill their duties.
6. CDTO is part of the Information Sharing Policy Working Group which is developing a framework for proactive and reactive disclosure of conduct information to system partners. See 12.1.a. for more information.
7. Remote Access Policy which defines standards for connecting to CDTO's remote network. It protects against unauthorized access which may cause the loss of confidential or internal data, and damage to critical computer network and information systems.
8. Employee Policy Manual outlining expectations of individuals employed by CDTO

| | | | | |
|--|--|---|---|-----------------|
| | | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | Choose an item. |
| | | | <p><i>Additional comments for clarification (optional)</i></p> | |
| | | <p>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. <p><u>Cybersecurity Measures</u> CDTO carries cybersecurity insurance as a precautionary measure. The insurer engages a third party to conduct automated scanning and monitoring of its servers, database and website regularly. We receive alerts whenever critical vulnerabilities are detected on our infrastructure and recommendations to remediate the risk(s) on all affected assets. The infrastructure vendors and hosts are notified to investigate and remediate the identified risk(s) immediately to keep our risk profile as low as possible. In 2021, CDTO initiated an Endpoint Detection & Response (EDR) solution on its network, covering at least 95% of endpoints and all domain controllers. Additionally, the authentication password that prevents unauthorized access to the network and data is reset periodically to strengthen our security posture against hackers.</p> <p><u>Accidental and Unauthorized Disclosure</u> CDTO manages accidental or unauthorized disclosure in two steps:</p> <ol style="list-style-type: none"> 1. Preventative – processes in place to inform individuals about their responsibilities and define the processes that CDTO will take should disclosure occur: <ol style="list-style-type: none"> i. All employees or persons retained by CDTO sign contracts that set out their responsibilities with respect to confidentiality, protection of information, and processes CDTO may take when there is a breach. ii. CDTO requires all Council and Committee members, staff and persons retained or appointed by CDTO to sign confidentiality agreements annually. iii. Identify rules around password setting and disconnecting access to servers when individuals are no longer employed by CDTO. 2. Accidental/Unauthorized Disclosure – steps taken when disclosure has occurred: <ol style="list-style-type: none"> i. Containment – identifying the source and rectifying (e.g., reset passwords); ii. Seek advice of legal counsel who specializes in the area of privacy and cybersecurity iii. Communication – determine if the issue is isolated (i.e., only those impacted need to be informed) or a wider public communication should be issued. Notify Executive Committee/Council of the issue. iv. Review and determine corrective actions to prevent future events from occurring. | Yes |
| | | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | Choose an item. |
| | | | <p><i>Additional comments for clarification (optional)</i></p> | |

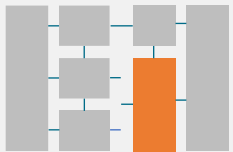
| | | | |
|---|--|---|---|
|  | | Measure 8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology). | |
| | | Required Evidence a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment. | College Response The College fulfills this requirement: <ul style="list-style-type: none"> Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment OR please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). <p>Practice expectations are outlined in a variety of documents depending on the risk assessment: standards of practice, policies and practice advisories. CDTO has a Standards of Practice Task Force that leads the development and revision of these documents. Council approves the Standards of Practice prior to external consultation, including revised standards or policies. Each decision point is supported by a comprehensive briefing note and/or presentation highlighting the key factors considered or amendment being proposed.</p> <p>CDTO prioritizes the evaluation of standards of practice and practice guidelines based on risk, evidence and best practices. These key documents are developed or amended as an emerging need, strategic priority or on an annual review cycle as follows:</p> <ol style="list-style-type: none"> Collecting and analyzing the data from different intake streams including CDTO's discipline cases, ICRC, practice advisory inquiries, relevant stakeholders and literature review. Consultations with our System Partners including healthcare regulators (national and provincial) and relevant stakeholders: Canadian Alliance of Dental Technology Regulators (CADTR), Association of Dental Technology of Ontario (ADTO), the Health Profession Regulators of Ontario (HPRO) working groups such as EDI-B, dental technology educators, George Brown College and other dental technology colleges in Canada, Public Health Ontario, RDTs, Public Health Ontario and other public health authorities. Every year, an environmental scan is conducted as part of our strategic plan review to determine the status of the current and future practice environment which includes information received through HPRO, Ministry of Health, Program Advisory Committee of George Brown College, and CDTO’s complaints, investigations and discipline processes. CDTO aims to review its competencies, standards of practice and practice guidelines every 5 years or more frequently on an as-needed basis. In addition, CDTO is responsive to current events (e.g., COVID-19 pandemic) that impact the practice environment. |
| DOMAIN 5: REGULATORY POLICIES STANDARD 8 | | <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> | |
| | | <i>Additional comments for clarification (optional)</i> | |

| | | | |
|--|--|--|------------|
| | <p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components OR please briefly describe the College’s development and amendment process. <p>CDTO's processes for taking into account the following components are outlined below:</p> <ul style="list-style-type: none"> i. Evidence and data <ul style="list-style-type: none"> • Gathering targeted data from our intake steams including CDTO's discipline cases, ICRC and practice advisory inquiries • Reflecting regulatory changes, Ministry of Health or other health authorities’ directions in policies, standards of practice, or practice guidelines • Conducting literature review, research or evaluations to identify best practices • Conducting general and targeted consultations with relevant stakeholders including system partners, experts, registrants and public ii. The risk posed to patients/the public: <ul style="list-style-type: none"> • Evaluating and determining a risk level • Identify how and which members of the public are affected • Prioritizing the action plan and/or strategic projects considering the risk posed to patients and the public • Applying the precautionary principle - prioritizing safety in the absence of evidence, or where evidence is unclear iii. The current practice environment: <ul style="list-style-type: none"> • Emerging issues and trends are identified through evidence and data (e.g., environmental scans, practice inquiries) • Findings are analyzed and prioritized based on risk level • Responsiveness to changing practice environments (e.g., advances in technology) iv. Alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap): <p>CDTO has undertaken great effort to collaborate with other health regulatory colleges at two levels:</p> <ul style="list-style-type: none"> • Provincial/Ontario (e.g., HPRO and oral health colleges: RCDSO, CDHO and CDO) • Federal/other jurisdictions' regulatory bodies and colleges (e.g., Canadian Alliance of Dental technology regulators (CADTR), Colleges of dental technologists/technicians in other Jurisdictions) <p>System partner engagements support CDTO by:</p> <ul style="list-style-type: none"> • Understanding the current practice environment of dental technology • Defining and identifying common areas and shared scope of practice. Key examples: <ul style="list-style-type: none"> ○ Shared scope of practice: Page 146 of the September 24, 2021 Council package in order to better understand regulatory disruption in dental technology ○ Collaborate with oral health colleges for unified COVID-19: Guidance | <p>Yes</p> |
|--|--|--|------------|



| | |
|---|------------------------|
| <p>v. Expectations of the public: CDTO is part of the Citizen Advisory Group (CAG) and aims to bring the patients/public voice and perspective by:</p> <ul style="list-style-type: none">• Mitigating the risk posed to the patients/public (as described under section ii. the risk posed to patients/the public)• Consulting with CAG for developing policies, standards of practice and practice guidelines whenever applicable to bring public expectation to the table• Conducting consultation/surveys with the public <p>vi. Stakeholder views and feedback:</p> <ul style="list-style-type: none">• Identify the diverse and relevant stakeholder groups (e.g., best practice, shared scope of practice) as part of the environmental scan• Identify who the stakeholder representatives are• Create a system to solicit stakeholder views and feedback (e.g., survey, interviews, meetings) to ensure stakeholder engagement• Incorporate feedback as appropriate and report back to stakeholders | |
| <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> | <p>Choose an item.</p> |
| <p><i>Additional comments for clarification (optional)</i></p> | |

| | | | | |
|---|--|---|--|-----------|
| | | c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College. | The College fulfills this requirement: | Partially |
| | | <ul style="list-style-type: none"> • Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. <p>CDTO's Code of Ethics expects dental technologists to act in a manner consistent with the <i>Canadian Human Rights Act, 1985</i> and the <i>Human Rights Code, 1990</i>. See Schedule 4 (Code of Ethics for Dental Technologists) of CDTO's By-Laws.</p> | | |
| | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>In 2021, CDTO has undertaken a review and development of an Equity, Diversity, Inclusion and Belonging (EDI-B) strategy that includes an EDI-B policy and EDI-B lens. These EDI-B tools will be used to evaluate existing policies, guidelines, standards of practice and Code of Ethics and in the development of new ones. The intent of our EDI-B impact assessment is to:</p> <ul style="list-style-type: none"> • Identify unintended effects of decision-making; • Support EDI-B based improvements; • Incorporate EDI-B into decision-making; and • Build the capacity to address and increase awareness of issues. <p>CDTO is also engaged with our system partners for a consistent EDI-B impact assessment to ensure that these principles and values are reflected in the care provided by our registrants.</p> | Yes | |
| <i>Additional comments for clarification (optional)</i> | | | | |

| | | | |
|---|-------------------|---|--|
|  | | Measure 9.1 Applicants meet all College requirements before they are able to practice. | |
| | | Required Evidence | College Response |
| DOMAIN 6: SUITABILITY TO | STANDARD 9 | <p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)².</p> | <p>The College fulfills this requirement:</p> <p>• Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements OR please briefly describe in a few words the processes and checks that are carried out.</p> <p>The requirements for registration are set out in CDTO's Registration Regulation of the <i>Dental Technology Act, 1991</i>.</p> <ol style="list-style-type: none"> 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 are escalated to the Registrar using a Decision Chart. 3. The Registrar may decide to refer the application to the Registration Committee. In this case, referrals are made following the <i>Regulated Health Professions Act, 1991</i> process (e.g., notice, disclosure). <p>• Please insert a link OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.).</p> <p>See CDTO's registration process for full details. To ensure documentation provided by candidates meets registration requirements (e.g., unaltered, accurate), CDTO:</p> <ul style="list-style-type: none"> • Uses government issued photo identification which must resemble the passport photo, by matching legal name to documentation (e.g., driver's license, passport, employment eligibility status documents). • Requires that certain documents are submitted directly from the issuing organization. For example, letters of good standing from Canadian dental technology regulators, list successful candidates who have completed Credentialing and Competency Assessments from CADTR which is accompanied by a Certificate of Completion for each candidate. • At the examinations level, staff will verify the identity of the candidate using government issued photo identification and also comparing to photographs submitted in their application. |
| | | | <p>Yes met in 2020, continues to meet in 2021</p> |

² 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.

| | | | |
|--|--|---|-----------------|
| | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | Choose an item. |
| <p><i>Additional comments for clarification (optional)</i></p> | | | |
| | | <p>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.).</p> | Yes |
| | | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon OR please briefly describe the process and checks that are carried out. <p>CDTO maintains relationships with system partners to identify best practices, and review and update our processes to assess whether an applicant meets registration requirements, some examples include:</p> <ul style="list-style-type: none"> • <u>Ontario Regulators for Access Consortium (ORAC)</u> - an organization that helps Ontario regulatory bodies improve access by international candidates to self-regulated professions in Ontario while maintaining standards for public safety. This group meets regularly to discuss registration processes, new emerging issues and exchange knowledge. • <u>Office of the Fairness Commissioner (OFC)</u> - the oversight body that ensures regulated professions in Ontario have registration practices that are transparent, objective, impartial and fair. The OFC's Annual Report provides its findings from its assessment of the registration practices of regulatory health colleges. These findings bring insight to CDTO about best practices regarding registration. • <u>Canadian Network of Agencies of Regulation (CNAR)</u> - connects Canada's provincial and national regulators, licensing boards, accrediting agencies, examining bodies, and government officials at all levels to discuss challenges, share ideas and develop best practices related to a wide range of issues relevant to organizations engaged in the self-regulation of professions and occupations. • <u>Canadian Alliance of Dental Technology Regulators (CADTR)</u> - composed of seven provincial dental technology regulators from across Canada who work collaboratively, demonstrating leadership and accountability on matters which support the regulatory mandate of each provincial jurisdiction to protect the public interest in a consistent national approach. <ul style="list-style-type: none"> • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. <p>CDTO last reviewed and updated its registration requirements as part of the Access to Dental Technology Project which launched in 2017. The purpose of this project was to establish fair and consistent credentialing and assessment processes for domestic and internationally educated professionals seeking licensure in Canada.</p> <ul style="list-style-type: none"> • A currency requirement for experiential hours was implemented in 2021. All applicants applying for credentialing and assessment must demonstrate completion of 1300 experiential hours in dental technology practice within the 36 months prior to application. Experiential hours can be gained through education/training programs, work experiences and volunteering and may be completed in any country. | |

- CDTO continues to require successful assessment candidates to apply for registration within 15-months of receiving notice of eligibility. This requirement ensures that applicants who register with CDTO have recent experience in the practice of dental technology. It is crucial for CDTO to ensure that all successful assessment candidates who apply to become dental technologists do so promptly in order to continue to meet the entry-to-practice requirements and remain current.

On August 27, 2020, CDTO Council agreed to sign the Memorandum of Understanding (MOU) between Canadian Alliance of Dental Technology Regulators (CADTR) and CDTO. Under the MOU, CADTR provides credentialing and competency assessment services on behalf of provincial dental technology regulators to applicants seeking licensure. As of January 1, 2021, CDTO accepts proof of successful CADTR credentialing and competency assessment as evidence of meeting the non-exemptible registration requirements for education and examination. CDTO continues to administer the Jurisprudence & Ethics Examination which is based on current legislation that governs the profession of dental technology in Ontario.

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

Choose an item.

Additional comments for clarification (optional)

| Measure 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically. | | |
|---|---|-----------------|
| a. A risk-based approach is used to ensure that currency ³ and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.). | The College fulfills this requirement: | Yes |
| | <ul style="list-style-type: none"> Please briefly describe the currency and competency requirements registrants are required to meet. On an annual basis, CDTO requires registrants to demonstrate their ability to practice dental technology in a safe and professional manner, with decency, integrity, honesty and in accordance with the law. Registrants self-reporting requirements including findings of incompetence or guilt. Registrants are also required to confirm their participation in the Quality Assurance Program which includes self-assessment and professional development. The credentials (e.g., employment authorization from Immigration Canada, Professional Liability Insurance) of the registrant are also confirmed at annual renewal to ensure that they are permitted to engage in the practice of dental technology. Please briefly describe how the College identified currency and competency requirements, and the date of last review and update. As part of the Access to Dental Technology (ADT) Project, two environmental scans were conducted. These collected information on the state of the dental technology profession and uptake including competencies, education in Canada, regulation of the profession, examination practices in each Canadian jurisdiction. The environmental scans also identified problems, barriers, and gaps with current processes and tools to assess internationally and domestically educated candidates seeking licensure in Canada. Gaps were also identified in the Competency Profile (2011) resulting in development of a new National Essential Competencies for Dental Technology Practice in Canada (NEC). NEC is a comprehensive list of competencies and performance indicators including knowledge, skills, and abilities that may be expected of a registered dental technologist at the start and throughout their career to ensure public safety. All members of the Canadian Alliance of Dental Technology Regulators, including CDTO, adopted the NEC in 2019. Experts / stakeholders who were consulted on currency include the Registration Committee, Quality Assurance Committee, Council, Legal Counsel, Registrants of CDTO, Ministry of Health, Canadian Alliance of Dental Technology Regulators Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done. CDTO monitors currency requirements through self-declaration and collection of documentation (e.g., Professional Liability Insurance). | |
| | <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> | Choose an item. |
| | <i>Additional comments for clarification (optional)</i> | |

³ A ‘currency requirement’ is a requirement for recent experience that demonstrates that a member’s skills or related work experience is up-to-date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g. during renewal of a certificate of registration, or at any other time).

| Measure | | | |
|---|---|-----|-----------------|
| 9.3 Registration practices are transparent, objective, impartial, and fair. | | | |
| a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC). | The College fulfills this requirement: | Yes | |
| | <ul style="list-style-type: none"> • Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. • Where an action plan was issued, is it: Completed <p>In its most recent assessment report, OFC made a recommendation to develop website content for applicants. At the time of the assessment, CDTO had established a new layout for its website and the applicant content was still being updated. CDTO continued to provide support to applicants through phone and email, the Registration Examination Handbook, annual presentations at the approved Ontario dental technology program, George Brown College, and regular e-mail blasts and website postings.</p> <p>In 2021, the Canadian Alliance of Dental Technology Regulators (CADTR) launched its national credential and competency assessment services which resulted in changes to CDTO's application process. All new applicants are now required to apply to CADTR first and successfully complete the CADTR credentialing and competency assessment (the Dental Technology Entry-to-Practice Assessment consists of the Knowledge-Based Assessment and Performance-Based Assessment). These applicants may then apply to CDTO to complete their application for a General Class of Registration.</p> <p>In December 2021, CDTO's "For Applicants" webpage was completed and makes available to applicants in English and French:</p> <ul style="list-style-type: none"> • The routes of entry for applicants - Approved Programs, International Non-Approved Programs, Canadian Non-Approved Programs and Labour Mobility • 24/7 access to the online Applicant Portal • Information about CDTO's Jurisprudence & Ethics Examination, Professional Liability Insurance, Labour Mobility eligibility processes • Processes for referrals to the Registration Committee, Written Submissions, Decisions and Reasons, and Appeals | | |
| | If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? | | Choose an item. |
| | Additional comments for clarification (if needed) | | |

| Measure | | |
|--|---|---|
| 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice. | | |
| Required Evidence | College Response | |
| <p>a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> Name of Standard: COVID 19: Guidance for Registered Dental Technologists, first published on May 22, 2020, last revised on July 29, 2021 <p>CDTO and the Oral Health Colleges (OHCs) of Ontario (College of Dental Hygienists of Ontario, College of Denturists of Ontario, Royal College of Dental Surgeons of Ontario) collaborated to unify the COVID-19 guidance provided by each College. CDTO published its unified guidance on July 29, 2021 to:</p> <ul style="list-style-type: none"> Assure registrants of the OHCs that their regulators have agreed upon consistent expectations for overlapping areas of OHCs' guidance materials by setting the same rules (e.g., use of PPE) unless it is related to the uniqueness of each profession Clear and consistent expectations regardless of practice setting Support the safe and effective provision of oral healthcare Relevant guidance to real-life practice issues Duration of period that support was provided: Ongoing and continuous support Activities undertaken to support registrants <ul style="list-style-type: none"> Town hall/webinar for over 100 registrants providing an overview of the guidance, and answering questions and concerns The webinar is shared to all registrants and posted on our YouTube Channel with 540 views Related communications, news post and FAQs posted on our COVID-19 web-page, Communications in our quarterly Bridge Journal and through MailChimp Practice advisory provided to answer registrant's inquiries and/or concerns Participating in the Association of Dental Technologists of Ontario's Annual General Meeting to provide updates to COVID-19 guidance % of registrants reached/participated by each activity: All the activities are available to 100% of our registrants Evaluation conducted on effectiveness of support provided <p>CDTO has not evaluated the effectiveness formally. However, we engaged with Association of Dental Technologists of Ontario (ADTO) and dental technology regulators in other provinces to evaluate the extra supports that might be needed. Also, after each activity, we encourage registrants to reach out to us via email or phone call to give us their feedback in order to improve our processes, and/or to get additional support if needed.</p> | <p>Yes met in 2020, continues to meet in 2021</p> |

| | | |
|---|--|--|
| | | <ul style="list-style-type: none"> • Does the College always provide this level of support: Yes <i>If not, please provide a brief explanation:</i> <p>CDTO aims to provide the same level of support for its registrants in the uptake of a new or amended standards. However, in the event that we have limited resources, the level of support provided will be prioritized and proportionate to the risk to patients and the public posed by registrants.</p> |
| | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> |
| | | <p>Choose an item.</p> |
| | | <p><i>Additional comments for clarification (optional)</i></p> |
| <p>Measure:</p> | | |
| <p>10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation⁴.</p> | | |
| | <p>a. The College has processes and policies in place outlining:</p> <p>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice;</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please list the College’s priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found. • Is the process taken above for identifying priority areas codified in a policy: NO <i>If yes, please insert link to policy:</i> <p>CDTO’s priority areas of focus for its Quality Assurance Program are based on the Standards of Practice and Code of Ethics. How these areas are identified is discussed in detail under Measure 8.1. On an annual basis, registrants are required to complete a self-assessment against CDTO’s Standard of Practice to identify goals for professional development activities. Professional development profiles are assessed to ensure that a registrant has completed 90 professional development credits over a three-year period according to the QA Guidelines. These Guidelines set out activity type and subject limits that encourage registrants to engage in a variety of activities.</p> <p>CDTO’s practice assessment is an in-person review focusing on the Standards of Practice: Partial Dentures, Full Dentures, Crown and Bridge, Orthodontics, Laboratory Supervision and Infection Prevention and Control. Additional areas of focus are based on professional conduct trends and the regulatory environment. Since 2020, practice assessments evaluate registrants against the COVID-19 Guidelines to ensure safety of health services during the pandemic.</p> |
| | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> |
| | | <p>Choose an item.</p> |
| | | <p><i>Additional comments for clarification (optional)</i></p> |

⁴ “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>).

| | | | |
|--|---|--|------------------|
| | <p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p> | <p>The College fulfills this requirement:</p> | <p>Partially</p> |
| | | <ul style="list-style-type: none"> • Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach OR please briefly describe right touch approach and evidence used. • Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <p>As per the General Regulation of the <i>Dental Technology Act, 1991</i>, every registrant must conduct an annual self-assessment, and 2-5% of registrants are selected at random to undergo a full professional development profile review. The Quality Assurance Committee has also set the requirement that, at the end of their 3-year cycle, RDTs provide a summary of their professional development profile demonstrating completion of 90 credits. RDTs who fail to comply will be required to undergo a full professional development profile review, and, where warranted, a practice assessment.</p> <p>As per the General Regulation of the <i>Dental Technology Act, 1991</i>, 2-5% of registrants are selected at random to undergo a practice assessment. CDTO's in-person assessment is conducted at the place of practice and involves an inspection of the environment, observation of the dental devices that are in progress, an interview of the registrant and relevant individuals, and a review of the patient records. Identified risks that have a negative impact on patient care through professional conduct programs and resultant practice advisories, inform the assessment approach.</p> | |
| | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>CDTO is engaged in a review and update of its QA Program. In September 2020, the National Essential Competencies, adopted by dental technology regulators across Canada, was approved as a framework for an updated Professional Development Program. Additionally, a QA Portal is being developed for registrants to track and complete their Professional Development Profile online. This will improve efficiencies that will support CDTO as it moves to update its Practice Assessment Program.</p> | <p>Yes</p> |
| | | <p><i>Additional comments for clarification (optional)</i></p> | |

| | | | | | |
|---|--|--|---|--|-----------------|
| | | iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary. | The College fulfills this requirement: | Yes met in 2020, continues to meet in 2021 | |
| | | | <ul style="list-style-type: none"> Please insert a link to the document that outlines criteria to inform remediation activities OR list criteria. | | |
| | | | The Quality Assurance Committee assesses the risk level identified in the Assessment Report considering prior history, seriousness of the concerns, governability, if the concerns pose a risk to the public, whether the Committee requires confirmation that the deficiencies have been corrected, and mitigating and aggravating factors. Decision tools for the Professional Development Profile Process and the Practice Assessment Process were approved on June 24, 2020 to ensure consistent decisions. | | |
| | | | <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> | | Choose an item. |
| <i>Additional comments for clarification (optional)</i> | | | | | |

| | | | | | |
|--|--|--|---|-----------------|--|
| Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment. | | | | | |
| | | a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising. | The College fulfills this requirement: | Yes | |
| | | | <ul style="list-style-type: none"> Please insert a link to the College's process for monitoring whether registrant's complete remediation activities OR please briefly describe the process. Please insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. | | |
| | | | Remediation activities directed by the Quality Assurance, Inquiries, Complaints and Reports, or Discipline Committee are tracked by CDTO staff using a Microsoft Excel spreadsheet. The spreadsheet contains the activity information, expected completion dates and status updates. | | |
| | | | A Committee determines if a registrant has demonstrated the knowledge, skills and judgement through: <ul style="list-style-type: none"> Certificate of completion for courses; Written report from the supervisor regarding the knowledge, skills and judgement; Submission from the registrant (e.g., written confirmation, reflective essay); and/or Re-assessment (not a stand-alone decision, ordered in addition to a Specified Continuing Education or Remediation Program or a term, condition or limitation). | | |
| | | <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> | | Choose an item. | |
| <i>Additional comments for clarification (if needed)</i> | | | | | |

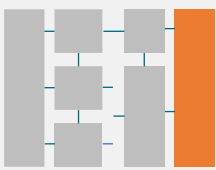
| | | | | |
|--|--------------------|---|---|-----------|
| DOMAIN 6: SUITABILITY TO PRACTICE | STANDARD 11 | Measure 11.1 The College enables and supports anyone who raises a concern about a registrant. | | |
| | | Required Evidence | College Response | |
| | | a. The different stages of the complaints process and all relevant supports available to complainants are: <ul style="list-style-type: none"> i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy); and | The College fulfills this requirement: <ul style="list-style-type: none"> • Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. • Please insert a link to the policies/procedures for ensuring all relevant information is received during intake <i>OR</i> please briefly describe the policies and procedures if the documents are not publicly accessible. <p>Web page for the complaints process</p> <p>CDTO also provides a simple brochure outlining the complaints process and important facts</p> <p>Complaints are reviewed to determine whether all relevant information such as supporting documentation, witness contact information is included. The complainant is contacted by phone to discuss the complaint's process, provide an opportunity for questions and clarify information in the complaint. These discussions are documented and kept on file. The complainant also receives a formal notice of receipt which includes relevant legislation and CDTO's Complaint's Brochure.</p> | Partially |
| | | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>CDTO will review best practices to develop a formal policy to ensure all relevant information is received during intake at each stage, including next steps for follow up.</p> | Yes |
| <p><i>Additional comments for clarification (optional)</i></p> | | | | |

| | | | | | |
|---|-----------------|--|--|--|--|
| | | iii. evaluated by the College to ensure the information provided to complainants is clear and useful. | The College fulfills this requirement: | Yes | |
| | | | <ul style="list-style-type: none"> Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. <p>CDTO reviews the documents it provides to the complainant on a regular basis to ensure that it is relevant and current to the legislation. Support staff also contact the complainant by phone after providing formal notice of receipt and resources about the complaints process. This becomes an opportunity for the complainant to ask questions about the process and for Staff to understand whether the information provided is clear and useful or how it may be improved.</p> | | |
| | | | <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> | Choose an item. | |
| | | <i>Additional comments for clarification (optional)</i> | | | |
| | | b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary. | The College fulfills this requirement: | Yes met in 2020, continues to meet in 2021 | |
| | | | <p>Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures).</p> <p>In 2021, CDTO received 8 inquiries from the public relating to the complaints process. All inquiries were responded to within 5 days and provided with timelines for follow-up where necessary. Therefore, CDTO responds to public inquiries within 5 days 100% of the time.</p> | | |
| <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> | Choose an item. | | | | |
| <i>Additional comments for clarification (optional)</i> | | | | | |

| | | | |
|---|--|---|------------------------|
| | <p>c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g. translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).</p> | <p>The College fulfills this requirement:</p> | <p>Yes</p> |
| | | <ul style="list-style-type: none"> • Please list supports available for public during complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. <p>Complainants would be made aware of the supports at the start of the complaints process. CDTO also works closely with parties to a conduct matter to identify how it can provide additional supports to them (e.g., training on the use of technology for virtual hearings). Supports available to the public during the complaints process include:</p> <ul style="list-style-type: none"> • Direct support from CDTO staff • CDTO's Complaints Brochure and dedicated webpages for 'Concerns and Complaints' and 'Addressing Sexual Abuse' for accessible information on the process • Funding for therapy and counselling for patients who have been sexually abused by a registrant • Translation services | |
| | | <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> | <p>Choose an item.</p> |
| | | <p><i>Additional comments for clarification (optional)</i></p> | |
| <p>Measure</p> <p>11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</p> | | | |
| | <p>a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).</p> | <p>The College fulfills this requirement:</p> | <p>Yes</p> |
| | | <ul style="list-style-type: none"> • Please insert a link to document(s) outlining how complainants can contact the College during the complaints process OR please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process OR please provide a brief description. <p>Upon receipt of the complaint, the complainant and the registrant receive the contact information of the Staff support who is dedicated and available throughout the process. Staff can be contacted by phone, email or in-person at CDTO. Both parties are updated at various stages of the process (e.g., upcoming ICRC meetings, scheduling hearings). CDTO aims to provide an update at a minimum of every 30 days. Complainants are provided thorough information about the status of the case, notified of opportunities to participate and provided with new information in a timely manner to ensure that they are engaged throughout the process.</p> | |
| | | <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> | <p>Choose an item.</p> |
| | | <p><i>Additional comments for clarification (optional)</i></p> | |

| | | | |
|---|--|---|--|
| DOMAIN 6: SUITABILITY TO STANDARD 12 | Measure | | |
| | 12.1 The College addresses complaints in a right touch manner. | | |
| | a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol). | The College fulfills this requirement: <ul style="list-style-type: none"> Please insert a link to guidance document OR please briefly describe the framework and how it is being applied. Please provide the year when it was implemented OR evaluated/updated (if applicable). <p>Complaints and reports are reviewed by CDTO staff to assess risk (e.g., if the conduct exposes or is likely to expose patients to harm or injury) and identify any needs for immediate action (e.g., appointment of investigator). This risk assessment is used to prioritize Inquiries, Complaints and Reports Committee meetings, investigations and the drafting of Decisions and Reasons. The Inquiries, Complaints and Reports Committee utilizes a Risk Assessment Framework to ensure that its decisions are consistent and fair. The Framework was approved in May 2017 and ensures that the Committee members have considered the conduct, prior history, and mitigating and aggravating factors in its decision.</p> | Yes met in 2020, continues to meet in 2021 |
| | | <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> | Choose an item. |
| <i>Additional comments for clarification (optional)</i> | | | |

| | | | |
|--|--|-----------|-----|
| Measure | | | |
| 13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.). | | | |
| a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results. | The College fulfills this requirement: | Partially | |
| | <ul style="list-style-type: none"> • Please insert a link to the policy <i>OR</i> please briefly describe the policy. • Please provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). <p>Information is shared between CDTO and other system partners on a case-by-case basis. Regulated health professionals in oral health work closely together in one place of practice or collaboratively for a patient. Concerns regarding other oral health professionals represent the majority of the information that is shared with other system partners.</p> <p>CDTO also considers sharing information, within the legal framework, with other system partners where there may be a risk to public safety (e.g., local health authorities and employers). Decisions of the Discipline and Inquiries, Complaints and Reports Committee (i.e., more serious than no further action and recommendations) are public information and can be viewed on the registrant’s Public Register.</p> <p>Information shared over the past year were made in accordance with Section 36 (Confidentiality) of the <i>Regulated Health Professions Act, 1991</i> which include:</p> <ul style="list-style-type: none"> • Concerns identified regarding a registrant of another regulatory health college (e.g., through an investigation) • Directing complainants to the appropriate oral health college for their concerns regarding a health professional | | |
| | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>CDTO is a member of the Information Sharing Policy Working Group of the Health Professions Regulators of Ontario (HPRO). The goal of this group is to develop a consistent approach across all Colleges as it relates to proactive and reactive disclosure of specific information. A framework has been established that sets out the system partners and guidelines for the information that would be shared. The framework was reviewed by the HPRO Board of Directors in December 2021 and their feedback compiled for further revisions.</p> | | Yes |
| | <p><i>Additional comments for clarification (if needed)</i></p> | | |

| | | |
|---|---|---|
|  | <p>Measure 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.</p> | |
| | <p style="writing-mode: vertical-rl; transform: rotate(180deg);">DOMAIN 7: MEASUREMENT, REPORTING AND IMPROVEMENT</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STANDARD 14</p> | <p>Required Evidence</p> |
| <p>a. Outline the College’s KPI’s, including a clear rationale for why each is important.</p> | | <p>The College fulfills this requirement: Yes</p> <ul style="list-style-type: none"> 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 OR list KPIs and rationale for selection. <p>CDTO’s KPIs are tied to its performance on achieving Council’s strategic plan and how well we are executing our mandate, which is to act in the public interest. KPIs are used to achieve organisational excellence, defined as the consistent performance of good practice combined with continuous improvement. Measures can be quantitative or qualitative.</p> <p>The strategic priorities for the next five years were approved by Council in 2017, and are reviewed and updated annually. Staff identify projects to achieve these priorities ensuring operational manageability (financial and human resources). An operational plan not to exceed 24 months and strategic initiative budget to support successful delivery is approved by Council annually and reviewed quarterly. Council identified six strategic priorities to measure its performance against:</p> <ol style="list-style-type: none"> 1. Improve transparency and communications 2. Review, assess and revise standards of practice 3. Improve governance effectiveness 4. Implement a best practice redesigned QA program 5. Ensure Ontarians have access to RDTs 6. Implement best practice regulation <p>Progress against strategic priorities is reported on the “Who We Are” webpage under strategic plan and at Council meetings. It is also reported in the Annual Report along with metrics about registration, quality assurance and professional conduct processes. For example, one of CDTO’s six strategic priorities is to improve transparency and communications. A communication strategy was established with goals, objectives and tactics. Metrics such as website visits, click rates and newsletter open rates are reported on Page 205 of the December 10, 2021 Council package.</p> |

| | | | |
|--|--|---|-----------------|
| | | <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> | Choose an item. |
| | | <i>Additional comments for clarification (if needed)</i> | |

| | | | | | |
|--|--|---|---|---|-----------------|
| | | <p>b. The College regularly reports to Council on its performance and risk review against:</p> <p>i. stated strategic objectives (i.e. the objectives set out in a College’s strategic plan);</p> <p>ii. regulatory outcomes (i.e. operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</p> <p>iii. its risk management approach.</p> | The College fulfills this requirement: | Yes met in 2020, continues to meet in 2021 | |
| | | | <ul style="list-style-type: none"> Please insert a link to Council meetings materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes. <p>CDTO reports to Council and the public on a quarterly basis at its Council meetings on its performance and risk review findings against the strategic plan and regulatory outcomes. Each Council package contains reports for regulatory programs, financial and management reporting, and strategic plan updates. The latest update can be found in the December 10, 2021 Council package:</p> <ul style="list-style-type: none"> Page 25-40, Committee Reports Page 62-86, Financial and Management Report Page 104-109, Strategic Planning Update Page 205-232, Communications Strategy <p>The corresponding Meeting Minutes of the December 10, 2021 Council meeting.</p> | | |
| | | | | <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> | Choose an item. |
| | | | <i>Additional comments for clarification (if needed)</i> | | |

| Measure | | | |
|---|---|-----|-----------------|
| 14.2 Council directs action in response to College performance on its KPIs and risk reviews. | | | |
| a. Council uses performance and risk review findings to identify where improvement activities are needed. | The College fulfills this requirement: | Yes | |
| | <ul style="list-style-type: none"> Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities. <p>Council reviewed its performance against the College Performance Measurement Framework (CPMF), Governance Domain. It has also monitored regulatory trends provincially and internationally towards governance modernization (e.g., College of Nurses of Ontario’s Vision 2020). Good governance is essential to a college’s ability to meet its mandate and achieve sustainability, now and in the future. Council identified this risk of failing to meet the public’s expectations and improve effectiveness in governance, and identified improvement activities.</p> <p>In March 2021, Council approved an 18-month strategic priority to improve governance effectiveness, a priority set by CDTO’s 2018-2022 Strategic Plan, and to ensure that it could meet the performance expectations of CPMF:</p> <ul style="list-style-type: none"> Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education. Council has developed and implemented a framework to regularly evaluate the effectiveness of Council meetings and Council. Evaluation and assessment results are discussed at a public Council meeting. Ongoing training provided to Council has been informed by the outcome of relevant evaluation(s), and/or the needs identified by Council members. <p>A background of the project and the latest update to Council can be found on Page 109 of the September 24, 2021 Council package.</p> | | |
| | If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? | | Choose an item. |
| | Additional comments for clarification (if needed) | | |

| Measure | | | |
|--|--|--|-----------------|
| 14.3 The College regularly reports publicly on its performance. | | | |
| a. Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website. | The College fulfills this requirement: | Yes met in 2020, continues to meet in 2021 | |
| | <ul style="list-style-type: none"> Please insert a link to the College's dashboard or relevant section of the College's website. <p>CDTO reports to Council and the public on a quarterly basis at its Council meetings on its performance and risk review findings against the strategic plan and regulatory outcomes. Each Council package contains reports for regulatory programs, financial and management reporting, and strategic plan updates. The latest update can be found in the December 10, 2021 Council package:</p> <ul style="list-style-type: none"> Page 25-40, Committee Reports Page 62-86, Financial and Management Report Page 104-109, Strategic Planning Update Page 205-232, Communications Strategy <p>CDTO's progress towards its 2018-2022 Strategic Plan (Strategic Map and Annual Progress) can be found on our "Who We Are" webpage under Strategic Plan.</p> <p>CDTO also reports to the public through multiple accountability reports: (1) Annual Report (2) College Performance Measurement Framework (3) Fair Registration Practices Report which can be found on our "Publications" webpage.</p> | | |
| | <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> | | Choose an item. |
| | <i>Additional comments for clarification (if needed)</i> | | |

Part 2: Context Measures

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

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

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

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

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

Table 1 – Context Measure 1

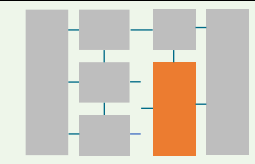
| DOMAIN 6: SUITABILITY TO PRACTICE | |  |
|--|------------|---|
| Standard 11 | | |
| Statistical data collected in accordance with the recommended method or the College's own method: Recommended If a College method is used, please specify the rationale for its use: | | |
| Context Measure (CM) | | |
| CM 1. Type and distribution of QA/QI activities and assessments used in CY 2021* | | |
| Type of QA/QI activity or assessment: | # | <p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2021. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13.1(a) of Standard 11.</i></p> |
| i. Summary Professional Development Profile | 154 | |
| ii. Full Professional Development Profile | 10 | |
| iii. Practice Assessment | 10 | |
| iv. <Insert QA activity or assessment> | | |
| v. <Insert QA activity or assessment> | | |
| * 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. NR | | |
| Additional comments for clarification (if needed) | | |

Table 2 – Context Measures 2 and 3

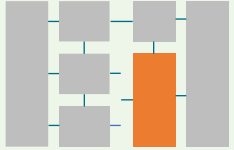
| DOMAIN 6: SUITABILITY TO PRACTICE | | |  |
|---|-----|----|--|
| Standard 11 | | | |
| Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d | | | |
| <i>If a College method is used, please specify the rationale for its use:</i> | | | |
| Context Measure (CM) | # | % | |
| CM 2. Total number of registrants who participated in the QA Program CY 2021 | 174 | 35 | <i>What does this information tell us? If a registrant's knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer them to the College's QA Committee.</i> |
| CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation as of the start of CY2021. | 0 | 0 | <i>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 2021, understanding that some cases may carry over.</i> |
| <u>NR</u> | | | |
| <i>Additional comments for clarification (if needed)</i> | | | |

Table 3 – Context Measure 4

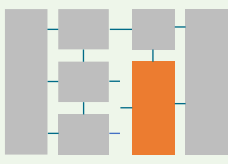
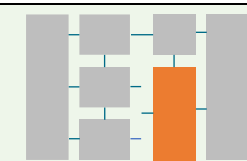
| DOMAIN 6: SUITABILITY TO PRACTICE | | |  |
|---|---|---|---|
| Standard 11 | | | |
| Statistical data collected in accordance with the recommended method or the College’s own method: Recommended | | | |
| <i>If a College method is used, please specify the rationale for its use:</i> | | | |
| Context Measure (CM) | | | |
| CM 4. Outcome of remedial activities as at the end of CY 2021:** | # | % | <i>What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.</i> |
| I. Registrants who demonstrated required knowledge, skills, and judgment following remediation* | 0 | 0 | |
| II. Registrants still undertaking remediation (i.e. remediation in progress) | 0 | 0 | |
| <p>NR</p> <p>* This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2021.</p> <p>**This number may include any outcomes from the previous year that were carried over into CY 2021.</p> | | | |
| <i>Additional comments for clarification (if needed)</i> | | | |

Table 4 – Context Measure 5

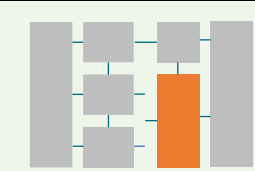
| DOMAIN 6: SUITABILITY TO PRACTICE | | | | |
|--|----------------------------|-------------|------------------------------------|-------------|
| Standard 13 | | | | |
| Statistical data is collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d | | | | |
| <i>If a College method is used, please specify the rationale for its use:</i> | | | | |
| Context Measure (CM) | | | | |
| CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2021 | Formal Complaints received | | Registrar Investigations initiated | |
| Themes: | # | % | # | % |
| I. Advertising | 0 | 0 | 0 | 0 |
| II. Billing and Fees | NR | NR | 0 | 0 |
| III. Communication | 0 | 0 | 0 | 0 |
| IV. Competence / Patient Care | NR | NR | 0 | 0 |
| V. Intent to Mislead including Fraud | NR | NR | 0 | 0 |
| VI. Professional Conduct & Behaviour | NR | NR | NR | NR |
| VII. Record keeping | 0 | 0 | 0 | 0 |
| VIII. Sexual Abuse | 0 | 0 | 0 | 0 |
| IX. Harassment / Boundary Violations | 0 | 0 | 0 | 0 |
| X. Unauthorized Practice | 0 | 0 | 0 | 0 |
| XI. Other <please specify> | 0 | 0 | 0 | 0 |
| Total number of formal complaints and Registrar’s Investigations** | NR | 100% | NR | 100% |

What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.



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

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

| DOMAIN 6: SUITABILITY TO PRACTICE | | | |
|--|----|---|----|
| Standard 13 | | | |
|  | | | |
| 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 <i>If a College method is used, please specify the rationale for its use:</i> | | | |
| Context Measure (CM) | | | |
| CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2021 | 3 | <i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s committee.</i> | |
| CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2021 | 2 | | |
| CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2021 | 1 | | |
| CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2021**: | # | | % |
| I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR) | 0 | | 0 |
| II. Formal complaints that were resolved through ADR | 0 | | 0 |
| III. Formal complaints that were disposed of by ICRC | NR | | NR |
| IV. Formal complaints that proceeded to ICRC and are still pending | NR | | NR |
| V. Formal complaints withdrawn by Registrar at the request of a complainant | 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.

** *The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.*

Additional comments for clarification (if needed)

Total number of matters brought forward include those carried over from previous years.

Table 6 – Context Measure 10

| DOMAIN 6: SUITABILITY TO PRACTICE | | | | | | | |
|---|-----------------------|----------------------------------|------------------------------------|--|-----------------------|--|--|
| Standard 13 | | | | | | | |
| Statistical data collected in accordance with the recommended method or the College’s own method: Recommended | | | | | | | |
| <i>If a College method is used, please specify the rationale for its use:</i> | | | | | | | |
| Context Measure (CM) | | | | | | | |
| CM 10. Total number of ICRC decisions in 2021 | NR | | | | | | |
| Distribution of ICRC decisions by theme in 2021* | # of ICRC Decisions++ | | | | | | |
| Nature of Decision | Take no action | Proves advice or recommendations | Issues a caution (oral or written) | Orders a specified continuing education or remediation program | Agrees to undertaking | Refers specified allegations to the Discipline Committee | Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws. |
| I. Advertising | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| II. Billing and Fees | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| III. Communication | NR | NR | 0 | 0 | 0 | 0 | 0 |
| IV. Competence / Patient Care | NR | NR | 0 | 0 | 0 | 0 | 0 |
| V. Intent to Mislead Including Fraud | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| VI. Professional Conduct & Behaviour | NR | NR | 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> | 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 2021.*

++ *The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or decisions.*

[NR](#)

What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.

Additional comments for clarification (if needed)

Table 7 – Context Measure 11

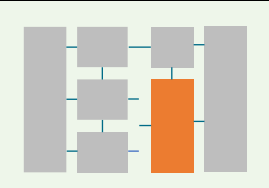
| | | |
|---|------|--|
| DOMAIN 6: SUITABILITY TO PRACTICE | |  |
| Standard 13 | | |
| Statistical data collected in accordance with the recommended method or the College own method: Recommended | | |
| <i>If College method is used, please specify the rationale for its use:</i> | | |
| Context Measure (CM) | | |
| CM 11. 90 th Percentile disposal of: | Days | <i>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> |
| I. A formal complaint in working days in CY 2021 | 178 | <i>The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.</i> |
| II. A Registrar’s investigation in working days in CY 2021 | 217 | |
| Disposal | | |
| <i>Additional comments for clarification (if needed)</i> | | |

Table 8 – Context Measure 12

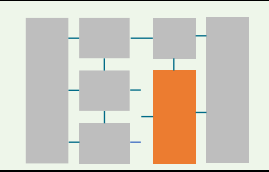
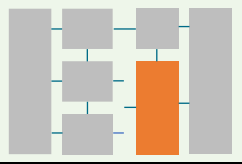
| | | |
|---|------|---|
| DOMAIN 6: SUITABILITY TO PRACTICE | |  |
| Standard 13 | | |
| Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i> | | |
| Context Measure (CM) | | |
| CM 12. 90th Percentile disposal of: | Days | <p><i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.</i></p> <p><i>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</i></p> |
| I. An uncontested discipline hearing in working days in CY 2021 | N/A | |
| II. A contested discipline hearing in working days in CY 2021 | N/A | |
| Disposal Uncontested Discipline Hearing Contested Discipline Hearing | | |
| <i>Additional comments for clarification (if needed)</i> | | |

Table 9 – Context Measure 13

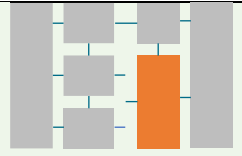
| DOMAIN 6: SUITABILITY TO PRACTICE | |  |
|---|---|--|
| Standard 13 | | |
| Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d <i>If College method is used, please specify the rationale for its use:</i> | | |
| Context Measure (CM)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

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

[NR](#)

Additional comments for clarification (if needed)

Table 10 – Context Measure 14

| DOMAIN 6: SUITABILITY TO PRACTICE | | Standard 13 |  |
|---|---|-------------|---|
| Context Measure (CM) | | | |
| Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d <i>If a College method is used, please specify the rationale for its use:</i> | | | |
| CM 14. Distribution of Discipline orders by type* | | | <i>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i> |
| Type | # | | |
| I. Revocation | 0 | | |
| II. Suspension | 0 | | |
| III. Terms, Conditions and Limitations on a Certificate of Registration | 0 | | |
| IV. Reprimand | 0 | | |
| V. Undertaking | 0 | | |
| <p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.</p> <p> Revocation Suspension Terms, Conditions and Limitations Reprimand Undertaking NR </p> | | | |
| Additional comments for clarification (if needed) | | | |

Glossary

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

Return to: [Table 5](#)

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

Return to: [Table 8](#)

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

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

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

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

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

Return to: [Table 5](#)

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

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

Registrar's Investigation: Under s.75(1)(a) of the *Regulated Health Professionals 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 he/she 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](#)