College Performance Measurement Framework (CPMF) Reporting Tool

March 2021

INTRODUCTION

THE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

A CPMF has been developed by the Ontario Ministry of Health 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.

a) Components of the CPMF:

1	**Measurement domains**	→	Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	**Standards**	→	Best practices of regulatory excellence a College is expected to achieve and against which a College will be measured.
3	**Measures**	→	Further specifications of the standard that will guide the evidence a College should provide and the assessment of a College in achieving the 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.

b)   Measurement domains:

The proposed CPMF has seven measurement domains. These domains were identified as the most critical attributes that contribute to a College effectively serving and protecting the public interest (Figure 1). The measurement domains relate to Ontario's health regulatory Colleges' key statutory functions and key organizational aspects, identified through discussions with the Colleges and experts, that enable a College to carry out its functions well.

Figure 1: CPMF Model for measuring regulatory excellence
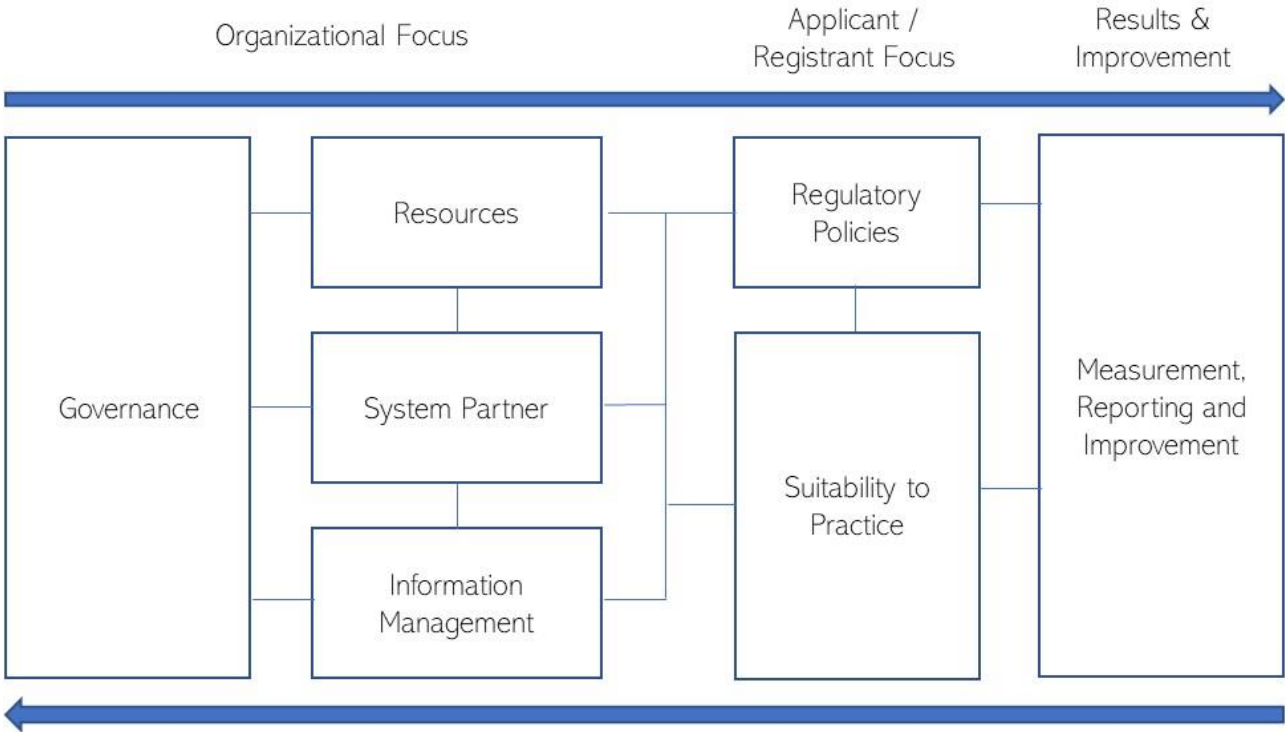
The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. Table 1 describes what is being measured by each domain.

Table 1: Overview of what the Framework is measuring

	Domain	Areas of focus
1	**Governance**	• The efforts a College undertakes to ensure that Council and Statutory Committees have the required knowledge and skills to warrant good governance. • Integrity in Council decision making. • The efforts a College undertakes in disclosing decisions made or is planning to make and actions taken, that are communicated in ways that are accessible to, timely and useful for relevant audiences.
2	**Resources**	• The College's ability to have the financial and human resources to meet its statutory objects and regulatory mandate, now and in the future.
3	**System Partner**	• The extent to which a College is working with other Colleges and system partners, where appropriate, to help execute its mandate in a more effective, efficient and/or coordinated manner and to ensure it is responsive to changing public expectation.
4	**Information Management**	• The efforts a College undertakes to ensure that the confidential information it deals with is retained securely and used appropriately in the course of administering its regulatory activities and legislative duties and objects.
5	**Regulatory Policies**	• The College's policies, standards of practice, and practice guidelines are based on the best available evidence, reflect current best practices, are aligned with changing publications and where appropriate aligned with other Colleges.
6	**Suitability to Practice**	• The efforts a College undertakes to ensure that only those individuals who are qualified, skilled and competent are registered, and only those registrants who remain competent, safe and ethical continue to practice the profession.
7	**Measurement, Reporting and Improvement**	• The College continuously assesses risks, and measures, evaluates, and improves its performance. • The College is transparent about its performance and improvement activities.

c) Standards, Measures, Evidence, and Improvement:

The CPMF is primarily organized around five components: **domains**, **standards**, **measures**, **evidence** and **improvement**, as noted on page 3. The following example demonstrates the type of information provided under each component and how the information is presented within the Reporting Tool.

Example:

Domain 1: Governance			
Standard ➝	**Measure** ➝	**Evidence** ➝	**Improvement**

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.	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.	a. Professional members are eligible to stand for election to Council only after:
		  i. Meeting pre-defined competency / suitability criteria, and
		  ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.
			• The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria. By-laws will be updated to reflect the screening criteria as a component of the election process to determine professional registrant eligibility to run for a Council position.

		b. Statutory Committee candidates have:
		  i. met pre-defined competency / suitability criteria, and
		  ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.
			• The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria.

		c. Prior to attending their first meeting, public appointments to Council undertake a rigorous orientation training course about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	Nil

	2. Council and Statutory Committees regularly assess their effectiveness and address identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:
		  i. Council meetings;
		  ii. Council
			Nil

		b. The framework includes a third-party assessment of Council effectiveness at minimum every three years.	Nil

The CPMF Reporting Tool

For the first time in Ontario, the CPMF Reporting Tool (along with the companion Technical Specifications for Quantitative CPMF Measures document) will provide comprehensive and consistent information to the public, the Ministry of Health ('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;

2. complete the self-assessment;

3. post the Council approved completed CPMF Report on its website; and

4. submit the CPMF Report to the ministry.

The ministry will not assess whether a College meets or does not meet the Standards. The purpose of the first iteration 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. 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 iteration may stimulate discussions about regulatory excellence and performance improvement among Council members and senior staff within a College, as well as between Colleges, the public, the ministry, registrants and other stakeholders.

The information reported through the completed CPMF Reporting Tools will be used by the ministry to strengthen its oversight role of Ontario's 26 health regulatory Colleges and may help to identify areas of concern that warrant closer attention and potential follow-up.

Furthermore, the ministry will develop a Summary Report highlighting key findings regarding the best practices Colleges already have in place, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public. The focus of the Summary Report will be on the performance of the regulatory system (as opposed to the performance of each individual College), what initiatives health regulatory Colleges are undertaking to improve regulatory excellence and areas where opportunities exist for colleges to learn from each other. The ministry's Summary Report will be posted publicly.

As this will be the first time that Colleges will report on their performance against the proposed CPMF standards, it is recognized that the initial results will require comprehensive responses to obtain the required baseline information. It is envisioned that subsequent reporting iterations will be less intensive and ask Colleges only to report on:

- Improvements a College committed to undertake in the previous CPMF Report;

- Changes in comparison to baseline reporting; and

- Changes resulting from refined standards, measures and evidence.[1]

---

[1] Informed by the results from the first reporting iteration, the standards, measures and evidence will be evaluated and where appropriate further refined before the next reporting iteration.

Completing the CPMF Reporting Tool

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.
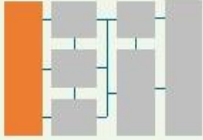
Furthermore,

- where a College <u>fulfills the "required evidence"</u> it will have to:

  o   provide link(s) to relevant background materials, policies and processes **OR** provide a concise overview of this information.

- where a College responds that it <u>"partially" meets required evidence</u>, the following information is required:

  o   clarification of which component of the evidence the College meets and the component that the College does not meet;

  o   for the component the College meets, provide link(s) to relevant background material, policies and processes **OR** provide a concise overview of this information; and

  o   for the component the College does not meet, whether it is currently engaged in, or planning to implement the missing component over the next reporting period.

- where a College <u>does not fulfill the required evidence</u>, it will have to:

  o   indicate whether it is currently engaged in or planning to implement the standard over the next reporting period.

Furthermore, there may be instances where a College responds that it meets required evidence but, in the spirit of continuous improvement, plans to improve its activities or processes related to the respective Measure. A College is encouraged to highlight these planned improvement activities.

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the manner in which a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the proposed 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.
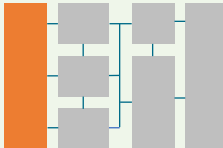
The areas outlined in red in the example below are what Colleges will be asked to complete.

Example:

DOMAIN 1: GOVERNANCE

Standard 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.

Measure	Required evidence	College response
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.	a. Professional members are eligible to stand for election to Council only after: i. Meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐ • The competency/suitability criteria are public: Yes ☐ No ☐ *If yes, please insert link to where they can be found, if not please list criteria:* • Duration of orientation training: • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • Insert a link to website if training topics are public **OR** list orientation training topics: *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Yes ☐ No ☐ *Additional comments for clarification (optional):*

PART 1: MEASUREMENT DOMAINS

The following tables outline the information that Colleges are being asked to report on for each of the Standards. Colleges are asked to provide **evidence** of decisions, activities, processes, and verifiable results that demonstrate the achievement of relevant standards and encourages Colleges to not only to identify whether they are working on, or are planning to implement, the missing component if the response is "No", but also to provide information on improvement plans or improvement activities underway if the response is "Yes" or "Partially".

DOMAIN 1: GOVERNANCE		
Standard 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.**		
Measure	**Required evidence**	**College response**
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.	a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement:　　Yes ☐　**Partially** ✓　No ☐ • **The competency/suitability criteria are public:**　Yes ✓　No ☐ *If yes, please insert link to where they can be found, if not please list criteria:* Section 10.05 (Eligibility for Election) of CDTO's By-Laws identify the suitability criteria for professional members to be eligible for election. Criteria include professional standing and conflict of interest. Prior to election, all registrants of the District up for election receive the Council Elections Candidate Information Guide which includes information about the role, its responsibilities and Key Behavioural Competencies (e.g., leadership, effective communication). CDTO does not currently have a process to assess the candidates against these competencies. CDTO provides training for professional members after election and prior to their first Council meeting as outlined below. • **Duration of orientation training:** 2-3 hours • **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 2020 was held virtually. • **Insert a link to website if training topics are public** *OR* **list orientation training topics:**

<table>
<tr>
<td></td>
<td></td>
<td>

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 – *Regulated Health Professions Act*, *1991*, *Dental Technology Act*, *1991*, CDTO's By-Laws
4. Strategic Direction – current strategic priorities and how strategic priorities are determined. In 2020, CDTO was part of a national project, the Access to Dental Technology Project and an overview was included in the training.
5. Good Governance – its meaning and how it can be achieved

</td>
</tr>
</table>

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

At the September 25, 2020 meeting, Council made a motion to confirm their support of diversity, equity and inclusion, and key behavioural competencies for all Council Members (both elected and appointed). Council and staff were tasked with assessing Section 10 of CDTO's By-Laws, Election of Council Members, for necessary changes to give effect to this resolution. CDTO will look to align its implementation with the work of the Health Profession Regulators of Ontario on governance matters.

Additional comments for clarification (optional):

---

b. Statutory Committee candidates have:

   i. met pre-defined competency / suitability criteria, and

   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 ☐   **Partially** ✓   No ☐

- **The competency / suitability criteria are public:** Yes ✓ No ☐
If yes, please insert link to where they can be found, if not please list criteria:
Section 2 (Terms of Reference) of the CDTO's Governance Policy Manual contains each Statutory Committee's Terms of Reference to define the roles and responsibilities of the Committee. This is used to determine the suitability for appointment to a Committee.

In addition to the suitability based on the Terms of Reference, suitability of non-Council professional members to Statutory Committees is determined through the criterion for professional members in Section 10.05 (Eligibility for Election) of CDTO's By-Laws. Criteria include professional standing and conflict of interest.

Prior to establishing the Committee Slate, each Council member receives the Terms of References and completes an online survey to indicate their preferences and suitability. Suitability may be demonstrated with past experience on a Committee, education or professional experience.

- **Duration of each Statutory Committee orientation training:** 1-2 hours

		• **Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):** Orientation training format is in-person or virtually and dependent 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. Each Committee receives training annually at its first meeting. • **Insert link to website if training topics are public OR list orientation training topics for Statutory Committee:** 1. Relevant Legislation to the Committee – _Regulated Health Professions Act_, 1991, _Dental Technology Act_, 1991, CDTO's By-Laws 2. Mandate of the Committee 3. Roles and Responsibilities of Committee Members and staff 4. Overview of the relevant programs (e.g., Quality Assurance, Patient Relations) 5. Committee Toolkits
		**If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ✓ No ☐** CDTO will establish competency/suitability criteria for Statutory and non-Statutory Committees based on its Terms of References and will review best practices.
		Additional comments for clarification (optional):
	c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	The College fulfills this requirement: **Yes** ✓ Partially ☐ No ☐
		• **Duration of orientation training**: 2-3 hours • **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 2020 was held virtually. • **Insert link to website if training topics are public OR list orientation training topics:** 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 – _Regulated Health Professions Act_, 1991, _Dental Technology Act_, 1991, CDTO's By-Laws 4. Strategic Direction – current strategic priorities and how strategic priorities are determined. In 2020, CDTO was part of a national project, the Access to Dental Technology Project and an overview was included in the training. 5. Good Governance – its meaning and how it can be achieved

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional):

1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:
	
	i. Council meetings;
	
	ii. Council
		The College fulfills this requirement: **Yes** ✓ Partially ☐ No ☐
		
		• **Year when Framework was developed OR last updated:**
		
		Council approved in December 2017; Implemented in January 2018; Last reviewed in March 2020. CDTO's three-pronged effectiveness evaluation framework includes:
		
		   1. Council meeting evaluation – 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.
		
		   2. Council annual performance evaluation – 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.
		
		   3. Council member annual self-evaluation – 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.
		
		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.
		
		• **Insert a link to Framework OR link to Council meeting materials where (updated) Framework is found and was approved:**
		
		Section 7 (Evaluation) of CDTO's Governance Policy Manual
		
		• **Evaluation and assessment results are discussed at public Council meeting:** Yes ✓ No ☐
		
		• ***If yes, insert link to last Council meeting where the most recent evaluation results have been presented and discussed:***
		Agenda Item #11 of the January 31, 2020 Council Meeting
		Council performance evaluation starts on Page 106. An evaluation of the previous Council meeting is on Page 109 and can be found attached to each Council package.

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ *No* ☐
		Additional comments for clarification (optional) CDTO has engaged a governance expert to review the evaluation framework at a Council workshop in March 2021 to improve its effectiveness through an increase in response rate and quality of information collected.
	b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement: Yes ☐ Partially ☐ **No** ✓
		• A third party has been engaged by the College for evaluation of Council effectiveness: Yes ☐ No ✓ *If yes, how often over the last five years?* N/A • Year of last third-party evaluation: N/A
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ✓ **No** ☐ Council is engaged with a governance expert to improve the evaluation framework as stated in 1.2 a). This will include having Council's effectiveness measured against the framework by a third-party assessor. CDTO is committed to conducting an assessment at a minimum of every three years and as necessary.
		Additional comments for clarification (optional)
	c. Ongoing training provided to Council has been informed by: i. the outcome of relevant evaluation(s), and/or ii. the needs identified by Council members.	The College fulfills this requirement: Yes ☐ **Partially** ✓ No ☐
		• **Insert a link to documents outlining how outcome evaluations and/or needs identified by members have informed Council training; Insert a link to Council meeting materials where this information is found *OR* describe briefly how this has been done for the training provided <u>over the last year</u>.** In 2020, 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. For example, in 2020, training was provided to Council on the Citizens Advisory Group, Diversity, Equity and Inclusion and Modernizing the Health Profession Regulatory Framework.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ✓ **No** ☐ In 2021, the Council performance evaluation and Council member self-evaluation questionnaires will be reviewed to ensure that the design prompts more fulsome consideration of training opportunities. This improvement will elicit an actionable response and result in outcome driven training. CDTO will continue 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.
		Additional comments for clarification (optional):

Standard 2

Council decisions are made in the public interest.

Measure	Required evidence	College response
2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is accessible to the public.	The College fulfills this requirement: **Yes** ✓ Partially ☐ No ☐
		• **Year when Council Code of Conduct and 'Conflict of Interest' Policy was implemented *OR* last evaluated/updated:** 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 • **Insert a link to Council Code of Conduct and 'Conflict or Interest' Policy *OR* Council meeting materials where the policy is found and was discussed and approved:** Section 4.1 (Code of Conduct) and Section 4.2 (Conflict of Interest) of CDTO's Governance Policy Manual
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)

	b. The College enforces cooling off periods[2].	The College fulfills this requirement: **Yes** ✓ No ☐
		• **Cooling off period is enforced through:** Conflict of interest policy ☐ **By-law** ✓ Competency/Suitability criteria ☐ Other *\<please specify\>*
• **The year that the cooling off period policy was developed** OR **last evaluated/updated:** 2015
• **How does the college define the cooling off period?**
− **Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced;**
− **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](#)
The By-Laws stipulate a cooling off period for CDTO employees and professional Members 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.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)
CDTO understands that the possibility of real or perceived conflicts of interest exist when a cooling off period is not specified. For example, 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. CDTO will consult with other regulators and legal counsel on best practices.

[2] Cooling off period refers to the time required before an individual can be elected to Council where an individual holds a position that could create an actual or perceived conflict of interest with respect to his or her role and responsibility at the college.
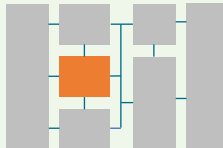

	c. The College has a conflict of interest questionnaire that all Council members must complete annually.
	
	Additionally:
	
	  i. the completed questionnaires are included as an appendix to each Council meeting package;
	
	  ii. questionnaires include definitions of conflict of interest;
	
	  iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and
	
	  iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>.
		The College fulfills this requirement: Yes ☐ **Partially ✓** No ☐

The College fulfills this requirement: Yes ☐   **Partially ✓**   No ☐

- **The year when conflict of interest the questionnaire was implemented _OR_ last evaluated/updated:** Implemented in 2015; Professional members of Council are required to complete a conflict of interest questionnaire that includes definitions of conflict of interest and focuses on areas of risk specific to CDTO and the profession.

- **Member(s) update his or her questionnaire at each Council meeting based on Council agenda items:**

  Always ✓ Often ☐ Sometimes ☐ Never ☐

  During the reporting period of 2020, all Council members were asked verbally, at the start of each Council meeting, to declare any conflict of interests with the matters being discussed at the meeting.

- **Insert a link to most recent Council meeting materials that includes the questionnaire:** During the reporting period of 2020, CDTO did not attach the completed conflict of interest questionnaires to its Council meeting packages. CDTO maintained the signed and completed questionnaires internally.

**If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ✓ No ☐**
Starting in 2021, all Council members, including public members, will be required to complete the conflict of interest questionnaire and it will be attached to each Council meeting package. See Agenda Item #4 of the [March 19, 2021 Council Meeting](#) for the completed questionnaires.

Additional comments for clarification (optional)

| | d. Meeting materials for Council enable the public to clearly identify the public interest rationale (See Appendix A) and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note). | The College fulfills this requirement: **Yes ✓**   Partially ☐   No ☐ |

- **Describe how the College makes public interest rationale for Council decisions accessible for the public:** CDTO has dedicated a section at the beginning of each briefing note that clearly identifies how the matter being discussed aligns with the mandate of CDTO and is in the public interest. CDTO explains its rationale considering public protection, regulatory mandate, accountability and transparency.

- **Insert a link to meeting materials that include an example of how the College references a public interest rationale:** Example in the Briefing Note for Agenda Item #5.1 of the [December 11, 2020 Council Meeting](#)

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (if needed)

Standard 3		
The College acts to foster public trust through transparency about decisions made and actions taken.		

Measure	**Required evidence**	**College response**
3.1 Council decisions are transparent.	a. Council minutes (once approved) are clearly posted on the College's website. Attached to the minutes is a status update on implementation of Council decisions to date (e.g. indicate whether decisions have been implemented, and if not, the status of the implementation).	The College fulfills this requirement: **Yes** ✓ Partially ☐ No ☐
		• **Insert link to webpage where Council minutes are posted:** In 2020, CDTO included implementation status updates to its Council minutes starting from its September 25 Council meeting. These updates are posted to the Council webpage along with the approved minutes.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)

	b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information).
	  i. the meeting date;
	  ii. the rationale for the meeting;
	  iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and
	  iv. if decisions will be ratified by Council.
		The College fulfills this requirement: **Yes** ✓ Partially ☐ No ☐

		• **Insert a link to webpage where Executive Committee minutes / meeting information are posted:** Agenda Item #4.2 of the December 11, 2020 Council Meeting An Executive Committee report is attached to every Council package. The report includes Committee meeting dates in between meetings of Council, discussions and decisions made by the Executive Committee and recommendations for Council approval.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)

	c.	Colleges that have a strategic plan and/or strategic objectives post them clearly on the College's website (where a College does not have a strategic plan, the activities or programs it plans to undertake).	The College fulfills this requirement: **Yes** ✓ Partially ☐ No ☐
			• **Insert a link to the College's latest strategic plan and/or strategic objectives:** 2018-2022 Strategic Plan
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ *No* ☐
			Additional comments for clarification (optional)
3.2 Information provided by the College is accessible and timely.	a.	Notice of Council meeting and relevant materials are posted at least one week in advance.	The College fulfills this requirement: **Yes** ✓ Partially ☐ No ☐
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ *No* ☐
			Additional comments for clarification (optional)
			Council meeting notices and relevant materials are posted at least one week in advance and can be found on the Council webpage.
	b.	Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g. allegations referred)	The College fulfills this requirement: **Yes** ✓ Partially ☐ No ☐
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ *No* ☐
			Additional comments for clarification (optional)
			Discipline Hearing notices and materials are posted at least one week in advance and can be found on the Discipline webpage.

DOMAIN 2: RESOURCES	
Standard 4	
The College is a responsible steward of its (financial and human) resources.	

Measure	Required evidence	College response
4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	a. The College's strategic plan (or, where a College does not have a strategic plan, the activities or programs it plans to undertake) has been costed and resources have been allocated accordingly.	The College fulfills this requirement: **Yes** ✓ Partially ☐ No ☐
		• **Insert a link to Council meeting materials that include approved budget *OR* link to most recent approved budget:** Agenda Item #6 of the April 3, 2020 Council Meeting
	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.	*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes* ☐ *No* ☐
		Additional comments for clarification (optional) CDTO's Strategic Plan sets out its priorities over a period of five years and thus spans multiple financial planning years. CDTO maintains a Strategic Projects budget that is separate from the Operating budget. The Operating budget is cost neutral and supports the ongoing delivery of programs. The Strategic Projects budget is funded from an internally restricted reserve from prior surpluses. This separation in the budgets results in reasonable fee increases for registrants. At the conclusion of a Strategic Project, the ongoing expenditures are included in the Operating budget to ensure sustainability of the outcomes.
	b. The College: i. has a "financial reserve policy" that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and	The College fulfills this requirement: Yes ☐ Partially ☐ **No** ✓
		If applicable: • Insert a link to "financial reserve policy" *OR* Council meeting materials where financial reserve policy has been discussed and approved: • Insert most recent date when "financial reserve policy" has been developed *OR* reviewed/updated: • Has the financial reserve policy been validated by a financial auditor? Yes ☐ No ☐

		furthermore, sets out the criteria for using the reserves; ii. possesses the level of reserve set out in its "financial reserve policy".	***If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes*** ✓ ***No*** ☐ CDTO does not have a policy but in practice maintains a financial reserve of three to six months' expenses in accordance with best practices and validated by its financial auditors. A formal policy has been drafted and will be presented to Council for approval in 2021.
			Additional comments for clarification (if needed)
	c.	Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and, in the future (e.g. processes and procedures for succession planning, as well as current staffing levels to support College operations).	The College fulfills this requirement: Yes ☐ **Partially** ✓ No ☐
			• **Insert a date and link to Council meeting materials where the College's Human Resource plan, as it relates to the Operational and Financial plan, was discussed.** 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. 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 also 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.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ✓ ***No*** ☐ CDTO will consult with other regulators on best practices for human resource planning.
			Additional comments for clarification (optional)

DOMAIN 3: SYSTEM PARTNER	
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.	
Standard 6 The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.	
Standard 7 The College responds in a timely and effective manner to changing public expectations.	

	College response
Measure / Required evidence: N/A	*Colleges are requested to provide a narrative that highlights their organization's best practices for each of the following three standards. An exhaustive list of interactions with every system partner the College engages is not required.* *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 that dialogue. For the initial reporting cycle, information may be from the recent past, the reporting period, or is related to an ongoing activity (e.g., planned outcomes).*

The three 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 three standards. Instead, Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health. Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners. **In preparation for their meetings with the ministry, Colleges have been asked to submit the following information:** • **Colleges should consider the questions pertaining to each standard and identify examples of initiatives and projects undertaken during the reporting period that demonstrate the three standards, and the dates on which these initiatives were undertaken.**	**Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.** **Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice within a health system where the profession it regulates 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:** • *How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations?* CDTO engages system partners on an ongoing basis as a participating member of many groups. CDTO is a member of the 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 of each provincial jurisdiction to protect the public interest. In 2020, CDTO collaborated with CADTR regulators on COVID-19 Return to Practice Guidance and the Access to Dental Technology Project, discussed in detail below. CDTO is also a member of the Health Profession Regulators of Ontario (HPRO), comprised of the colleges of the 26 regulated health professions in Ontario and participates on many of its working groups including College Performance Measurement Framework, Governance, and anti-BIPOC racism. CDTO also participates on the Quality Assurance Working Group and Ontario Regulators for Access Consortium (ORAC) composed of various Ontario regulators. Being a member of these groups provides a forum for discussion and allows CDTO to network with other regulators, share information and resources, and engage in joint initiatives. Participation in these groups improves access to information and supports effective regulation. CDTO's strategic plan, which sets out the priorities over the next five years, identifies which system partners it will engage and how. Additional system partners that CDTO engages with include the Ministry of Health, Office of the Fairness Commissioner (OFC), Canadian Network Agencies of Regulation (CNAR) Council on Licensure, Enforcement and Regulation (CLEAR), Program Advisory Committee (PAC) of George Brown College's Dental Technology program, Association of Dental Technologists of Ontario (ADTO), and the Infection Prevention and Control Knowledge Translation and Exchange Working Group. • *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.).* **Initiative: Access to Dental Technology (ADT) Project** 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
- Demand for dental technology services is on the rise due to an aging Canadian population

CDTO aligned itself with the Canadian Alliance of Dental Technology Regulators (CADTR) to prioritize this issue and form a strategy. CADTR is an alliance of seven dental technology regulators[3] across Canada whose individual mandates are to protect the rights of the public to receive safe, effective and ethical care. 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 the 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[4] across Canada, other national alliances[5], 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 CADTR regulators agreed that the following policies/program outcomes were necessary for robust entry-to-practice requirements that would meet the legislation of all seven jurisdictions:
- Minimum Canadian dental technology education, including experiential hours, required to determine substantial equivalence of international and Canadian non-approved programs (dental technology and dental health programs).
- National approval of six Canadian Dental Technology Programs.
- A Profession Specific Credential Evaluation tool that enables the education of international and domestic applicants who graduate from an unapproved program to be evaluated against the Canadian Education Benchmark to determine whether the education is substantially equivalent.

---

[3] Alberta, British Columbia, New Brunswick, Nova Scotia, Ontario, Quebec and Saskatchewan
[4] George Brown College, Northern Alberta Institute of Technology, Vancouver Community College, CDI College, Cégep Édouard-Montpetit, Technical Vocational High School
[5] National Association of Pharmacy Regulatory Authorities, Association of Canadian Occupational Therapy Regulatory Organizations, Canadian Alliance of Audiology and Speech-Language Pathology Regulators, Canadian Alliance of Physiotherapy Regulators, National Nursing Assessment Service

- National Dental Technology Entry to Practice Assessment, knowledge and performance based, that is psychometrically defensible, efficient and cost effective for the applicant and self-funded.
- National credential and assessment policies and applicant guides.
- National Essential Entry-to-Practice Competencies and performance indicators which describe the knowledge, skill, ability, and judgment required of a dental technologist at the start of their career.
- National Essential Competencies for Dental Technology Practice in Canada and performance indicators, for entry-to-practice and continuing competence based on the current and best practice delivery model. This is the foundational document for the next CADTR initiative which is creating national joint standards of practice and common expectations in workplace settings.

In 2020, 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, setting and enforcing professional and practice standards, and providing continuous improvement and education opportunities to the dental technology profession.

Initiative: COVID-19 Return to Practice Guidance
In 2020, the COVID-19 pandemic required all colleges to provide guidance to cease elective and non-essential health services. CDTO aligned itself with the Royal College of Dental Surgeons to ensure consistent messaging. CDTO ensured that registrants continued to follow the Standard for Infection Prevention and Control for emergency services. Although it was uncertain when elective and non-essential services could resume, CDTO wanted to ensure that registrants were prepared to return to practice during the pandemic. Recognizing that registrants are an integral part of the oral healthcare team, it was important to establish consistent requirements while respecting the need to be responsive to changing requirements as more was learned about COVID-19.

The oral health profession regulators of Ontario[6] and each profession's respective association[7] 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.

CDTO also collaborated with the CADTR to develop a profession specific Return to Practice (RTP) Guidance document, drawing from Ministry approved frameworks in British Columbia and Alberta. In turn, CDTO shared its final RTP Guidance document and Infection Prevention and Control (IPAC) standard with dental technology regulators in provinces where the lack of resources would limit a timely response to the pandemic. This resulted in consistencies in guidance and responsiveness to the pandemic across Canada which ultimately improves public protection.

Initiative: College Performance Measurement Framework (CPMF)
In response to the Ministry of Health's initiative, to help the public understand how well colleges are executing their mandate to act in the public interest, CDTO collaborated with many stakeholders. In February 2020, the oral health profession regulators of Ontario (College of Dental Hygienists of Ontario, Royal College of Dental Surgeons of Ontario, College of Denturists of Ontario and the College of Dental Technologists of Ontario) formed a Working Group to develop a template to ensure consistency in reporting of qualitative and quantitative information for the Ministry and the public. This Working Group was also joined by representatives from the Ministry. A slightly revised version of the template was implemented with CPMF and distributed by the Ministry to all regulated health colleges in September 2020.

	CDTO continues to engage with the Oral Health Colleges Working Group on a monthly basis and the Health Profession Regulators of Ontario (HPRO) on a weekly basis to exchange knowledge, offer suggestions to improve performance measurements or close existing gaps, and to identify opportunities to meet the standard through shared resources (e.g., statutory committee pre-defined suitability criteria). CDTO is also participating in a College Collaboration Working Group with seven other regulatory health colleges to improve our ability to meet the reporting mandates. The project is intended to position the Colleges to understand their data, and program and policy evidence, using an Inventory Tool, to: 1. Capture information about each College's ability to complete the CPMF Report 2. Identify ambiguity in the reporting requirements 3. Identify individual College's gaps or challenges that would prevent the provision of evidence 4. Act as a repository for individual college's reporting information, including the provision of pre-built calculators for the quantitative context measures, to be used by individual colleges, and 5. Identify opportunities for collaboration to improve performance on the standards.

---

[6] College of Dental Hygienists of Ontario, Royal College of Dental Surgeons of Ontario, College of Denturists of Ontario and the College of Dental Technologists of Ontario
[7] Ontario Dental Hygienists' Association, Ontario Dental Association, Denturist Association of Ontario, Denturist Group of Ontario, Association of Dental Technologists of Ontario

Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive 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 "pushed" information by system partners, or where the College proactively seeks information in a timely manner.

- *Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.*
- *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).*

Registered Dental Technologists (RDTs) do not typically practice in a patient-facing setting. RDTs are part of the oral health team and design, construct, repair or alter dental prosthesis ordered by dentists and denturists. This highlights a unique circumstance in identifying how to improve quality of care for the patient in the chair. CDTO maintains relationships with multiple groups, through collaboration and information sharing, to ensure that it has access to information and is responsive to changing public/societal expectations.

CDTO engages with the Ministry of Health and attends regular meetings including for COVID-19, and Infection Prevention and Control Knowledge Translation and Exchange Working Group. For example, CDTO engaged with the Ministry in its initiative, the College Performance Measurement Framework, to increase transparency and accountability of regulatory health colleges to the public. CDTO was part of the Working Group to develop a template to ensure consistency in the reporting of qualitative and quantitative information. CDTO also engages with the Health Profession Regulators of Ontario (HPRO) as an active participant on many working groups including College Performance Measurement Framework and Governance. CDTO's Registrar also chairs the anti-BIPOC racism Working Group of HPRO. In the past year, these relationships have allowed CDTO to be responsive to changing public expectations.

Patient safety is improved from relationships with educators and industry partners through the George Brown College Program Advisory Committee. This ensures that the curriculum for entry-level dental technologists is responsive to changing public/societal expectations. Furthermore, the Citizen's Advisory Group was invited to speak at the January 2020 Council meeting about their work to bring the patient voice and perspective to health regulation in Ontario. Council made the decision for a member of the Patient Relations Committee to attend one of the Group's meetings and identify how CDTO could leverage this relationship to improve patient care. This information will be considered in 2021 at a Patient Relations Committee and reported to Council.

CDTO identifies system partners through its strategic plan. The strategic plan identifies the priorities over the next five years and the system partners it will need to engage with to further the strategic objectives. CDTO also stays up to date with current events to identify further relationships that it should maintain. For example, systemic racism is an issue that has drawn much attention worldwide. It was important for our College to reflect on how we could reduce barriers to ensure not only that individuals have an opportunity to participate in the regulatory work of the College but that patients have access to healthcare services.

See Standard 7 for specific examples of relationships that CDTO leverages to be responsive to changing public/societal expectations.

Standard 7: The College responds in a timely and effective manner to changing public expectations.

Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner.

- *How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).*
  The College is asked to provide an example(s) of key successes and achievements from the reporting year.

Modernization of the Regulatory Framework
The Cayton Report was released in December 2018 which highlighted important considerations for improving the regulatory framework. One of the suggestions in the Report is the encouragement and support for the voluntary amalgamation of colleges. The objective being fewer, larger colleges with resources adequate to do its job, which may result in a reduction of fees to registrants. The Report goes on further to state that the priority is for the smaller colleges to seek partners for amalgamation as they are likely to benefit most from the economies of scale and increased capacity arising from mergers. This has resulted in discussions surrounding amalgamation and, as a first step, collaboration.

CDTO has participated in meetings to explore opportunities to work with other regulatory colleges and discuss how health profession regulation might change in Ontario. Areas of discussion include strengthening governance, sharing resources as it relates to operational responsibilities (e.g., payroll or IT services) or programs (e.g., QA and registration processes), and voluntary amalgamation as opposed to mandated amalgamation (the British Columbia model). On October 23, 2020, CDTO Council participated in a facilitated workshop to build a shared understanding and alignment on how the College will move forward. Bradley Chisholm, Director Governance and Strategy, shared his knowledge and experience on the British Columbia College of Nurses and Midwives amalgamation at the workshop. The College's progress is updated at the public Council meetings.

Diversity, Equity and Inclusion
Many events outside of the health sector have highlighted the need for diversity, equity and inclusion. Health profession regulators are responsible to support their health professionals, Council members and staff to ensure that every person has an equal opportunity to access services and is able to fully participate. Diversity, equity and inclusion can result in better decision making by Council and improved outcomes for patients. 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.

CDTO invited the College of Physicians and Surgeon of Ontario and the College of Audiologists and Speech-Language Pathologists of Ontario to speak at the September 2020 Council meeting regarding their work in this area. They discussed the steps that they have taken to be more inclusive, their Council and staff training and the competencies identified for professional appointments to Council. In 2020, CDTO made changes to its messaging for elections of professional members. BIPOC (Black, Indigenous, People of Colour) and young professionals were encouraged to participate and key behavioural competencies for Council members were specified. Establishing a more inclusive Council will lead to improved decision-making for better public protection. The College has dedicated
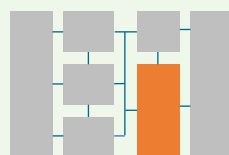
| | staff resources to this important area and a workplan will be developed to include the appointment of a Diversity, Equity and Inclusion Officer. The Patient Relations Committee will review and receive updates on the workplan, and report to Council.

Reducing Barriers for Internationally Educated Dental Technology Professionals (IEDTPs)
The Access to Dental (ADT) Project is discussed in detail under Standard 5. One of the many focuses of the project was to create awareness and preparedness, and improve access for IEDTPS seeking to immigrate to Canada, which aligns with the federal government mandate. An environmental scan was conducted which identified several obstacles for IEDTPs seeking licensure, from lengthy and costly licensure examinations to dependence on less than appropriate credential evaluation methodologies. These findings were addressed by creating harmonized standards, processes, programs and tools to support transparent, fair, objective, and impartial credential evaluation and competency-based assessments. Also, providing fair and consistent credential and assessment policies and requirements; making the credential and assessment process feasible (time, cost, location, availability), attainable (acceptable pass rate), and legally defensible were some of the important initiatives to address the barriers to access the profession for all applicants including highly skilled newcomers.

As part of this project, Orientation and Self-Assessment Tools (OSAT) were developed to support IEDTPs in accessing credentialing and assessment information, policies, resources, and provide them with useful tools including the Knowledge-Based Assessment (KBA) Pre-Test, Credentials Self-Evaluation Tool and Cost Estimator. Through the OSAT initiative, IEDTPS are supported in making well-informed decisions about applying for immigration to Canada and licensing prior to leaving their home country. IEDTPs can assess how closely their education and experience meets Canadian requirements for the profession; and identify any eligibility and competency gaps they will need to address before or upon arrival in Canada. |
|---|---|

DOMAIN 4: INFORMATION MANAGEMENT	
Standard 8 **Information collected by the College is protected from unauthorized disclosure.**	

Measure	Required evidence	College response
8.1 The College demonstrates how it protects against unauthorized disclosure of information.	a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds	The College fulfills this requirement: **Yes** ✓ Partially ☐ No ☐

The College fulfills this requirement: **Yes** ✓   Partially ☐   No ☐

- **Insert a link to policies and processes *OR* provide brief description of the respective policies and processes.**

Section 17 (Confidentiality) of [CDTO's By-Laws](#) outlines the duty of confidentiality and disclosures under the *Regulated Health Professions Act, 1991* for Council and Committee members, staff and persons retained or appointed by CDTO. These individuals are required to sign a confidentiality agreement annually. CDTO also maintains a policy for remote access of information.

[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. See [CDTO's summary](#) for more information regarding risk mitigation strategies with respect to technology.

In 2020, CDTO had a risk assessment of its servers and website conducted by a third-party. The vendors of the servers and website were made aware of the findings and will be looking for opportunities to improve the protection of CDTO's information in 2021.

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

Additional comments for clarification (optional)

DOMAIN 5: REGULATORY POLICIES		
Standard 9 **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.**		
Measure	**Required evidence**	**College response**
9.1 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).	a. The College has processes in place for evaluating its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	The College fulfills this requirement: **Yes** ✓ Partially ☐ No ☐ • **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* describe in a few words the College's evaluation process (e.g. what triggers an evaluation, what steps are being taken, which stakeholders are being engaged in the evaluation and how).** In CDTO's annual strategic planning, an environmental scan is conducted to determine the status of the current and future practice environment which includes information received through the Health Profession Regulators of Ontario, Ministry of Health, Program Advisory Committee of George Brown College, and CDTO's complaints, investigations and discipline. This information determines the priorities for evaluation of standards of practice and practice guidelines. CDTO aims to review its competencies, standards of practice and practice guidelines every 5 years. In addition, CDTO is responsive to current events (e.g., COVID-19 pandemic) that impact the practice environment. A literature review would be conducted, and other regulators (national and provincial) and relevant stakeholders (e.g., experts in the specific areas, public) would be consulted. CDTO may also consult with other regulators to identify opportunities to collaborate and create consistency in practice expectations. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *Additional comments for clarification (optional)*

| b. Provide information on when policies, standards, and practice guidelines have been newly developed or updated, and demonstrate how the College took into account the following components:

 i. evidence and data,

 ii. the risk posed to patients / the public,

 iii. the current practice environment,

 iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap)

 v. expectations of the public, and

 vi. stakeholder views and feedback. | The College fulfills this requirement: **Yes** ✓ Partially ☐ No ☐

 • **For two recent new policies or amendments, either insert a link to document(s) that demonstrate how those components were taken into account in developing or amending the respective policy, standard or practice guideline (including with whom it engaged and how) OR describe it in a few words.**

 National Essential Competencies
 In 2019, the National Essential Competencies was implemented by all regulators of the Canadian Alliance of Dental Technology Regulators (CADTR), including CDTO. This was a critical first step in creating a harmonized registration process across Canada. An Essential Competencies document is used for many reasons, including to:
 • Provide the foundation for the entry-level examinations;
 • Support education programs by informing curricula;
 • Provide guidance and direction to professionals within practice settings;
 • Help the public understand what they may expect from dental technologists/technicians;
 • Establish the minimum expectations for regulation; and
 • Provide the foundation for professional development and continuing competence assessment tools.

 The validation of the Essential Competencies involved eight key steps:
 1. Literature review and global environmental scan of essential competencies and competency profiles;
 2. Review of the different legislated scopes of practice, as defined in the Canadian provincial dental technology profession's legislation and regulations;
 3. Gap analysis of the Competency Profile for Canadian Dental Technicians/Technologists (2010);
 4. Development of the competency framework outline, with dental technology program educators;
 5. Competency writing sessions with national representation from practising dental technologists/technicians and dental technology program educators;
 6. Stakeholder consultations with the Canadian Alliance of Dental Technology Regulators (CADTR) – ADT Steering Committee, dental technology program educators, and practising dental technologists/technicians;
 7. Administration of a national validation survey; and
 8. Finalization and approval by the CADTR Board. |

		Return to Practice Guidance for Registered Dental Technologists (RDTs)
		In March 2020, Directive #2 from the Chief Medical Officer of Health prohibited non-essential healthcare services. CDTO prioritized the development of a COVID-19 Return to Practice Guidance to support registrants in preparing and, eventually, returning to practice in the pandemic. This guidance document would be a supplemental document to CDTO's Standards of Practice for Infection Prevention and Control. Along with the development of the Guidance, CDTO's Infection Prevention and Control Standard was assessed for currency.
		CDTO conducted a literature review recognizing the information available about how COVID-19 is transmitted, and how it may be transmitted in the dental technology practice environment. CDTO consulted with national dental technology regulators, drawing from Ministry approved frameworks in British Columbia and Alberta, and sharing CDTO's Infection Prevention and Control Standards. CDTO also consulted with provincial oral health regulators (College of Dental Hygienists of Ontario, College of Denturists of Ontario and Royal College of Dental Surgeons of Ontario) to exchange information regarding requirements and expectations for return to practice. The oral health regulators of Ontario and their respective associations agreed upon Returning to Practice During the Pandemic - Guiding Principles to ensure that all colleges would be held to the same accountabilities and priorities.
		CDTO consulted with the aforementioned stakeholders, and members of the public and the profession for feedback on the draft guidance prior to its publication. Shortly after CDTO's Guidance was published, Directive #2 was modified to permit non-essential healthcare services along with the release of the Ministry of Health's COVID-19 Operational Requirements: Health Sector Restart document. The Guidance was later updated for alignment with the Ministry's direction. Shortly after these revisions, registrant feedback on the Guidance was collected via a survey to be incorporated into later versions.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional) A set of unique challenges arose in 2020 which shifted the focus of CDTO towards responding and adapting to the pandemic. In 2019, CDTO revised its Standard of Practice for Supervision and RDT Stamp. Review of stakeholder feedback and subsequent revisions was to be conducted in 2020. This work will be completed in 2021-2022.

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 10
The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.

Measure	Required evidence	College response
10.1 Applicants meet all College requirements before they are able to practice.	a. Processes are in place to ensure that only 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.)[8].	The College fulfills this requirement: **Yes** ✓ Partially ☐ No ☐ • **Insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements _OR_ describe in a few words the processes and checks that are carried out:** The requirements for registration are set out in CDTO's Registration Regulation of the _Dental Technology Act, 1991_ A full review of CDTO's registration processes, requirements and forms was conducted in 2015-2016 with legal counsel to facilitate CDTO's move from a paper-based to an online application process. This review identified the information that would be collected in the application, the online application process and good character requirements. Legal counsel advised that a notary to witness a signature, receive a declaration or affidavit, and/or certify that a document is a true copy of the original was not required. CDTO confirms the identity of applicants through government issued photo identification which must resemble the passport photo and by matching legal name to documentation (e.g., employment eligibility status documents). Applicants provide information, upload documents and complete declarations online and thus the application process and timelines were not affected by the COVID-19 pandemic. Staff reviews each application using an Application Checklist to ensure that all requirements have been met. When staff have doubts that an applicant meets the registration requirements, those applications are escalated to the Registrar using a Decision Chart. The Registrar may decide to refer the application to the Registration Committee. In this case, referrals are made following the _Regulated Health Professions Act, 1991_ process (e.g., notice, disclosure). See CDTO's registration process for full details.

---

[8] 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.

		• **Insert a link *OR* provide 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.):** To ensure documentation provided by candidates meets registration requirements (e.g., unaltered, accurate), CDTO requires that certain documents are submitted directly from the issuing organization. For example, transcripts must be submitted by the educational institution for new applicants and the Certificate of Professional Conduct (i.e., Letter of Good Standing, Letter of Good Character) is submitted from a provincial regulator for applicants transferring under labour mobility. CDTO also contracts with a Government of Canada designated credentialing agency, the International Credential Assessment Service of Canada (ICAS) to authenticate and evaluate the credentials of applicants who completed their education from a non-approved program. At the examinations level, staff will verify the identity of the candidate using government issued identification and also comparing to photographs submitted in their application.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)

	b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency).	The College fulfills this requirement: **Yes** ✓ Partially ☐ No ☐
		• **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.), link to Council meeting materials where these have been discussed and decided upon OR describe in a few words the process and checks that are carried out.** CDTO maintains relationships with system partners to identify best practices: Ontario Regulators for Access Consortium (ORAC) – 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. Office of the Fairness Commissioner (OFC) – 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. Canadian Network of Agencies of Regulation (CNAR) – CNAR 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. Canadian Alliance of Dental Technology Regulators (CADTR) - CADTR is 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. CDTO reviews its registration processes on a regular basis against identified best practices. Policies and processes will be developed or updated, and modifications will be made to regulation where necessary. **Provide the date when the criteria to assess registration requirements was last reviewed and updated.** The registration requirements were reviewed as part of the Access to Dental Technology Project, a project to establish fair and consistent credentialing and assessment processes for domestic and internationally educated professionals seeking licensure in Canada. A currency requirement for experiential hours will be implemented in 2021. All applicants applying for credentialing and assessment will need to demonstrate completion of 1300 experiential hours in dental technology practice within the

<table>
<tr>
<td colspan="2"></td>
<td>36 months prior to application. Experiential hours can be gained in methods including education/training programs, work experiences and volunteering.

CDTO requires successful assessment candidates to apply for registration within 15-months of receiving notice of the results. 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.</td>
</tr>
<tr>
<td colspan="2"></td>
<td>*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐   No ☐*</td>
</tr>
<tr>
<td colspan="2"></td>
<td>*Additional comments for clarification (optional)*</td>
</tr>
<tr>
<td>10.2 Registrants continuously demonstrate they are competent and practice safely and ethically.</td>
<td>a. Checks are carried out to ensure that currency[9] and other ongoing requirements are continually met (e.g., good character, etc.).</td>
<td>The College fulfills this requirement: **Yes** ✓   Partially ☐   No ☐

• **Insert a link to the regulation and/or internal policy document outlining how checks are carried out and what the currency and other requirements include, link to Council meeting materials where documents are found and have been discussed and decided upon *OR* provide a brief overview:**

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.</td>
</tr>
</table>

[9] 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

		• **List the experts / stakeholders who were consulted on currency:** Registration Committee, Council, Legal Counsel, Registrants of CDTO, Ministry of Health, Canadian Alliance of Dental Technology Regulators
		• **Identify the date when currency requirements were last reviewed and updated:**
		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 (2010) 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.
		• **Describe how the College monitors that registrants meet currency 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). CDTO also checks for continued competence by using professional development activities and practice assessments. Registrants are required to complete 90 professional development credits every 3 years and submit a summary professional development profile at the end of their cycle. This profile contains a list of all professional development completed in the last 3 years and a declaration that the registrant is abiding by the legislation, competencies, standards of practice and all applicable regulations. Registrants completing a practice assessment will be evaluated on their compliance with CDTO's Standards of Practice and relevant legislation.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)

Measure	Required evidence	College response
10.3 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 ☐ **Partially** ✓ No ☐ • **Insert a link to the most recent assessment report by the OFC _OR_ provide summary of outcome assessment report:** In its most recent assessment report, OFC made one recommendation to CDTO: 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 program (George Brown College), and regular e-mail blasts and website postings. **Where an action plan was issued, is it:** Completed ☐ **In Progress** ✓ Not Started ☐ No Action Plan Issued ☐
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? **Yes** ✓ **No** ☐ Since 2017, CDTO has been engaged in the Access to Dental Technology (ADT) Project which resulted in consistency in credentialing and assessment services across Canada. These services will be delivered by the Canadian Alliance of Dental Technology Regulators on behalf of the dental technology regulators starting in 2021. In February 2021, CADTR launched its website where international and domestic applicants will be able to apply online for these services, and access important information and tools. In 2021, CDTO will be revising its website content to address these changes brought about by the ADT Project.
		Additional comments for clarification (if needed)

Standard 11

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.

Measure	Required evidence	College response
11.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond	The College fulfills this requirement: **Yes** ✓ Partially ☐ No ☐ • **Provide a brief description of a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:** − **Name of Standard:** COVID-19 Return to Practice Guidance for Registered Dental Technologists

<table>
<tr>
<td colspan="2"></td>
<td>communicating the existence of new standard, FAQs, or supporting documents).</td>
<td>

− **Duration of period that support was provided:** From the release of the document in May 2020 to present (continuous/ongoing)

− **Activities undertaken to support registrants:** practice support, a live webinar with question-and-answer session, webinar recording, a webpage dedicated to FAQs

− **% of registrants reached/participated by each activity:** 8% through practice support, 19% through the live webinar, 518 views on the webinar recording

− **Evaluation conducted on effectiveness of support provided:** A survey was sent to registrants collecting their feedback on clarity and completeness of resources provided. CDTO also received feedback from registrants and the Association of Dental Technologists of Ontario that the support provided was effective.

• **Does the College always provide this level of support: Yes** ✓ No ☐
If not, please provide a brief explanation:

</td>
</tr>
<tr>
<td colspan="3"></td>
<td>*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐   No ☐*</td>
</tr>
<tr>
<td colspan="3"></td>
<td>*Additional comments for clarification (optional)*</td>
</tr>
<tr>
<td>11.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation[10].</td>
<td colspan="2">

a. The College has processes and policies in place outlining:

i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;

ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and

</td>
<td>

The College fulfills this requirement: Yes ☐   **Partially** ✓   No ☐

• **List the College's priority areas of focus for QA assessment and briefly describe how they have been identified *OR* link to website where this information can be found:**

Registrants are required to complete an annual self-assessment against CDTO's Standard of Practice. Through this assessment, registrants determine areas to target their professional development activities towards. Every three years registrants are required to complete 90 professional development credits through a variety of subjects and activities.

The practice assessment areas of focus are based on CDTO's Standards of Practice: Partial Dentures, Full Dentures, Crown and Bridge, Orthodontics, Laboratory Supervision and Infection Prevention and Control. As per section 32 of the *Regulated Health Professions Act, 1991* no person shall design, construct, repair or alter a dental prosthetic, restorative or orthodontic device unless the technical

</td>
</tr>
</table>

.
"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).

| | which type if multiple assessment activities); and

iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary. | aspects were supervised by the College of Dental Technologists of Ontario or the Royal College of Dental Surgeons of Ontario, notwithstanding some exceptions. In the practice of the profession, evidence shows that the ratio of regulated to unregulated dental laboratory workers is 1:3. Supervision is deemed a high-risk area to quality of patient care and, as such, is a focus of peer and practice assessments.

In addition, all registrants assessed in the 2020 year were assessed against the Return to Practice Guidance for Registered Dental Technologists for COVID-19 protocols.

• **Is the process taken above for identifying priority areas codified in a policy:** Yes ☐ No ✓
If yes, please insert link to policy

• **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* describe right touch approach and evidence used:**

As per the General Regulation of the *Dental Technology Act, 1991*, a random selection of 2-5% of registrants will undergo a practice assessment per year. CDTO maintains one type of practice assessment. This assessment is conducted in-person at the place of practice and involves an inspection of the practice, observation of the dental devices that are in progress, an interview 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.

• **Provide the year the right touch approach was implemented *OR* when it was evaluated/updated (if applicable):**
If evaluated/updated, did the college engage the following stakeholders in the evaluation:
    – *Public*   Yes ☐   No ☐
    – *Employers*   Yes ☐   No ☐
    – *Registrants*   Yes ☐   No ☐
    – *other stakeholders*   Yes ☐   No ☐

• **Insert link to 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. |

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? **Yes** ✓ **No** ☐ CDTO's Quality Assurance Program is currently under review as part of the 2018-2022 Strategic Plan to implement a best practice redesigned QA program. However, due to the COVID-19 pandemic and the Access to Dental Technology (ADT) Project deliverables (as discussed in 15.2. (a)) this review has been deferred.
		Additional comments for clarification (optional)
11.3 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 its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.	The College fulfills this requirement: **Yes** ✓ Partially ☐ No ☐ • **Insert a link to the College's process for monitoring whether registrant's complete remediation activities *OR* describe the process:** Remediation activities are tracked by CDTO staff using a Microsoft Excel spreadsheet and reported to the Quality Assurance Committee. The spreadsheet contains the activity information, expected completion dates and status updates. • **Insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation *OR* describe the process:** The Quality Assurance Committee determines if a registrant has demonstrated the knowledge, skills and judgement through: • Certificate of completion for courses; • Written report from the supervisor regarding the knowledge, skills and judgement; • Submission from the registrant (e.g., written confirmation, reflective essay); and/or • Re-assessment (not a stand-alone decision, ordered in addition to a Specified Continuing Education or Remediation Program or a term, condition or limitation).
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (if needed)

Standard 12		
The complaints process is accessible and supportive.		
Measure	**Required evidence**	**College response**

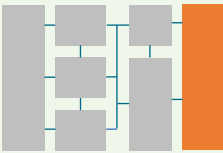| 12.1 The College enables and supports anyone who raises a concern about a registrant. | a. | The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College's website and are communicated directly to complainants 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). | The College fulfills this requirement: **Yes** ✓   Partially ☐   No ☐

 • **Insert a link to the College's website that describes in an accessible manner for the public the College's complaints process including, options to resolve a complaint and the potential outcomes associated with the respective options and supports available to the complainant:**

 Concerns and Complaints Webpage

 Complaint's Brochure

 Addressing Sexual Abuse Webpage

 • **Does the College have policies and procedures in place to ensure that all relevant information is received during intake and at each stage of the complaints process:**   **Yes** ✓   No ☐

 • **Does the College evaluate whether the information provided is clear and useful: Yes** ✓   No ☐

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

 Additional comments for clarification (optional) |
| | 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** ✓   Partially ☐   No ☐

 • **Insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures)**

 In 2020, CDTO received 5 inquiries from the public relating to the complaints process. All 5 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.

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

 Additional comments for clarification (optional) |
| | c. | Examples of the activities the College has undertaken in supporting the public during the complaints process. | • **List all the support available for public during complaints process:**

 o Support from CDTO staff regarding the complaints process (e.g., next steps, outcomes) and assisting with any questions.

 o Complaints Brochure which includes important information in a concise manner regarding the complaints process. |

		o Dedicated webpage 'Concerns and Complaints' which provides details on how to file a complaint, the possible outcomes of the Inquiries, Complaints and Reports Committee and contains the Complaint's brochure.
		o Dedicated webpage 'Addressing Sexual Abuse' which defines sexual abuse and sexual harassment, and provides information on the Patient Relations Program and the actions against sexual abuse and sexual harassment.
		o Funding for therapy and counselling for patients who have been sexually abused by a registrant, staff support throughout the process on what occurs and opportunities to participate.
		• **Most frequently provided supports in CY 2020:** o Support from CDTO staff
		o Attachment of the Complaints Brochure to each notice of receipt of a complaint to the complainant
		o Referrals to the webpage on 'Concerns and Complaints'
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)
12.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.	a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process.	The College fulfills this requirement: **Yes** ✓ Partially ☐ No ☐ • **Insert a link to document(s) outlining how all parties will be kept up to date and support available at the various stages of the process *OR* provide a brief description:** The complainant and the registrant receive notices regarding the receipt of the complaint. Along with this notice is information regarding the complaints process and contact information of the staff support who is available throughout the process. Both parties are updated at various stages of the process (e.g., written responses, upcoming ICRC meetings). CDTO aims to provide an update at a minimum of every 30 days. Both parties are notified if the matter requires more than 150 days to resolve with an estimated resolution date. Thereafter, both parties are updated according to the timelines outlined in the *Health Professions Procedural Code* of the *Regulated Health Professions Act, 1991*. Due to the COVID-19 pandemic, Discipline hearings were held virtually. CDTO staff provided technical support to the parties including testing of equipment prior to the hearing to support their participation in the process.

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Measure	Required evidence	College response
13.1 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: **Yes** ✓ Partially ☐ No ☐
		• **Insert a link to guidance document *OR* describe briefly the framework and how it is being applied:** 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 ensures that the Committee members have considered the conduct, prior history, and mitigating and aggravating factors in its decision. • **Provide the year when it was implemented *OR* evaluated/updated (if applicable):** The Risk Assessment Framework was implemented in May 2017.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)

Standard 14
The College complaints process is coordinated and integrated.

Measure	Required evidence	College response

14.1 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: Yes ☐ **Partially ✓** No ☐
		
		• **Insert a link to policy _OR_ describe briefly the policy:**
		
		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.
		
		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.
		
		• **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').**
		   o Information was shared with other oral regulatory health colleges where concerns were identified regarding a registrant of that college.
		   o Directing complainants to the appropriate oral health college for their concerns regarding a health professional.
		
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? **Yes ✓ No ☐**
		The College plans to develop a policy to outline the criteria for disclosing information to its system partners.
		
		Additional comments for clarification (if needed)

DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT

Standard 15

The College monitors, reports on, and improves its performance.

Measure	Required evidence	College response
15.1 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.	a. Outline the College's KPI's, including a clear rationale for why each is important.	The College fulfills this requirement: Yes ☐ **Partially** ✓ No ☐

		• **Insert a link to 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), link to Council meeting materials where this information is included *OR* list KPIs and rationale for selection:**
		CDTO tracks its performance against the Strategic Plan, Operating and Strategic budget and program outcome statistics (e.g., number of complaints, number of registrants). These are reported at Council meetings and through the Annual Report.
		    • Agenda Item #5.1 (2018-2022 Strategic Plan Update) and Agenda Item #7 (Financial and Management Reporting) of the December 11, 2020 Council Meeting
		    • 2019-2020 Annual Report

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? **Yes** ✓ **No** ☐ Council is engaged with a governance expert to improve the evaluation framework as stated in 1.2 a). This will include reviewing measures to track Council's performance, and assess internal and external risks to evaluate governance effectiveness.
		Additional comments for clarification (if needed)
	b. Council uses performance and risk information to regularly assess the College's progress against stated strategic objectives and regulatory outcomes.	The College fulfills this requirement: **Yes** ✓ Partially ☐ No ☐
		• **Insert a link to last year's Council meetings materials where Council discussed the College's 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:** CDTO provides regular updates to its strategic objectives and regulatory outcomes through Financial and Management Reports and Strategic Plan Updates. These updates highlight performance and, internal and external risk information.

<table>
<tr>
<td></td>
<td></td>
<td>
• Agenda Item #7 (Financial and Management Report) and Agenda Item #8 (Strategic Plan Update) of the June 19, 2020 Council Meeting
• Meeting Minutes of the June 19, 2020 Council Meeting
</td>
</tr>
<tr>
<td></td>
<td></td>
<td>
If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐   No ☐
</td>
</tr>
<tr>
<td></td>
<td></td>
<td>
Additional comments for clarification (if needed)
Risk is assessed on a regular basis by the Executive Committee. CDTO will establish a formal process including a risk review policy and registry. Risk parameters may include cybersecurity, financial, human resources and emergency preparedness.
</td>
</tr>
<tr>
<td>
15.2 Council directs action in response to College performance on its KPIs and risk reviews.
</td>
<td>
a.   Where relevant, demonstrate how performance and risk review findings have translated into improvement activities.
</td>
<td>
The College fulfills this requirement: **Yes** ✓   Partially ☐   No ☐

• **Insert a link to Council meeting materials where relevant changes were discussed and decided upon:** Agenda Item #8 (Strategic Plan Update) of the June 19, 2020 Council Meeting
CDTO was engaged in the Access to Dental Technology (ADT) Project which spanned multiple years and had a deadline of October 31, 2020. Seven provincial regulators participated, however, CDTO was leading the project with significant dedication in human resources. Risks were identified that could delay the completion of the project and were brought to the Executive Committee for consideration.

It was critical for the project to meet its timelines as outlined to Employment and Social Development Canada (ESDC) when its funding was received. The project was also a high profile and complex initiative that could impact new applicants looking to become registered dental technologists. The Executive Committee approved a reprioritization of CDTO's strategic projects until the completion of the ADT project. Council confirmed this decision at its June 19, 2020 meeting.

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

Additional comments for clarification (if needed)
</td>
</tr>
</table>

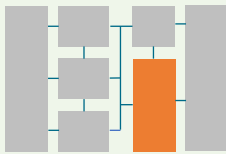| 15.3 The College regularly reports publicly on its performance.	a. Performance results related to a College's strategic objectives and regulatory activities are made public on the College's website.	The College fulfills this requirement: **Yes** ✓ Partially ☐ No ☐
		• **Insert a link to College's dashboard or relevant section of the College's website:** CDTO provides updates on its performance against strategic objectives and regulatory activities on a regular basis through its Council meetings and publications including the Annual Report and Fair Registration Practices Report.
		• Agenda Item #7 (Financial and Management Report) and Agenda Item #8 (Strategic Plan Update) of the June 19, 2020 Council Meeting
		• Council webpage which contains Council meeting packages
		• Publications' webpage which contains the Annual Report and Fair Registration Practices Report
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (if needed)

PART 2: CONTEXT MEASURES

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College's performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are 'good' or 'bad' without having a more in-depth understanding of what specifically drives those results.
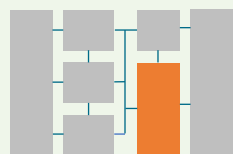
In order to facilitate consistency in reporting, <u>a recommended methodology to calculate the information is provided in the companion document</u> "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g. due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.
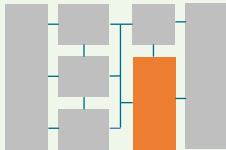
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: 'Nil' and indicate any plans to collect the data in the future.

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

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11

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.

Statistical data collected in accordance with recommended methodology or College own methodology: ✓ Recommended   ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 1. Type and distribution of QA/QI activities and assessments used in CY 2020*

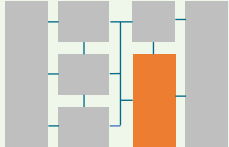| Type of QA/QI activity or assessment	#
i. Summary Professional Development Profile	153
ii. Full Professional Development Profile	10
iii. Practice Assessment (practice site visit/inspection, direct observation in practice)	NR
iv. *<Insert QA activity or assessment>*	
v. *<Insert QA activity or assessment>*	
vi. *<Insert QA activity or assessment>*	
vii. *<Insert QA activity or assessment>*	
viii. *<Insert QA activity or assessment>*	
ix. *<Insert QA activity or assessment>*	
x. *<Insert QA activity or assessment>*	

* 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** = Non-reportable: results are not shown due to < 5 cases*

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).*

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 2020. 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(a) of Standard 11.

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11
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

Statistical data collected in accordance with recommended methodology or College own methodology: ✓ Recommended   ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)			
	#	%	**What does this information tell us?** *If a registrant's knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer him or her to the College's QA Committee.*
CM 2. Total number of registrants who participated in the QA Program CY 2020	167		
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation. *	NR	NR	*The information provided here shows how many registrants who underwent an activity or assessment in CY 2020 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.*
Additional comments for clarification (optional)			
* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)			

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11

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.

Statistical data collected in accordance with recommended methodology or College own methodology: ✓ Recommended   ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)			
CM 4. Outcome of remedial activities in CY 2020*:	#	%	*What does this information tell us?* This information provides insight into the outcome of the College's remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its "QA remediation activities". Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation**	0	0	
II. Registrants still undertaking remediation (i.e. remediation in progress)	0	0	

Additional comments for clarification (if needed)
One registrant who was directed to undertake remediation has since resigned. A record is made for all registrants who resign during a Quality Assurance Program process. Those who re-register into the General Class will be expected to resume the process.

* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)
** This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2020.
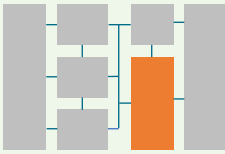
DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology: ✓ Recommended   ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 5. Distribution of formal complaints* and Registrar's Investigations by theme in CY 2020	Formal Complaints received‡		Registrar Investigations initiated‡		
Themes:	#	%	#	%	
I. Advertising	0	0	0	0	
II. Billing and Fees	0	0	0	0	
III. Communication	0	0	0	0	*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.*
IV. Competence / Patient Care	NR	NR	0	0	
V. Fraud	0	0	0	0	
VI. Professional Conduct & Behaviour	NR	NR	NR	NR	
VII. Record keeping	0	0	NR	NR	
VIII. Sexual Abuse / Harassment / Boundary Violations	0	0	0	0	
IX. Unauthorized Practice	0	0	0	0	
X. Other <please specify>	0	0	0	0	
Total number of formal complaints and Registrar's Investigations**	**NR**	**NR**	**NR**	**NR**	

*   ***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 inquires and other interactions with the College that do not result in a formally submitted complaint.*
    Registrar's Investigation*: 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 upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her 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.*
ǂ   ***NR*** *= Non-reportable: results are not shown due to < 5 cases (for both # and %)*
**   *The requested statistical information (number and distribution by theme) recognizes that formal complaints and registrar's investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations.*

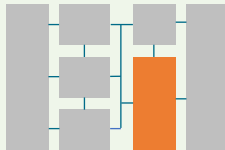*Additional comments for clarification (if needed)*

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology: ✓ Recommended   ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

	#	%
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2020	NR	
CM 7. Total number of ICRC matters brought forward as a result of a Registrars Investigation in CY 2020	0	
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 2020	NR	
CM 9. Of the formal complaints* received in CY 2020**:	#	%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)ⁱ	0	0
II. Formal complaints that were resolved through ADR	0	0
III. Formal complaints that were disposed** of by ICRC	0	
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 Δ	0	0
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0
VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	0	0

What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar's Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College's committee that investigates concerns about its registrants.

** **Disposal:** The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).

* **Formal Complaints:** 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 inquires and other interactions with the College that do not result in a formally submitted complaint.

ⁱ **ADR**: Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.

Δ The Registrar may withdraw a formal complaint 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.
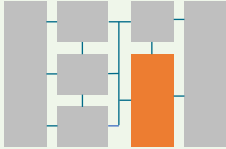
May relate to Registrars Investigations that were brought to ICRC in the previous year.
** *The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by ICRC.*
ϕ   **Registrar's Investigation:** *Under s.75(1)(a) of the 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 upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her 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.*
NR *= Non-reportable: results are not shown due to < 5 cases (for both # and %)*
Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.
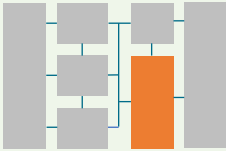
Statistical data collected in accordance with recommended methodology or College own methodology: ✓ Recommended   ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)	
CM 10. Total number of ICRC decisions in 2020	NR
Distribution of ICRC decisions by theme in 2020*	# of ICRC Decisionsǂ

Nature of issue	Take no action	Proves advice or recommendations	Issues an oral caution	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising	0	0	0	0	0	0	0
II. Billing and Fees	0	0	0	0	0	0	0
III. Communication	0	0	0	0	0	0	0
IV. Competence / Patient Care	0	0	0	0	0	0	0
V. Fraud	0	0	0	0	0	0	0
VI. Professional Conduct & Behaviour	0	0	0	0	0	NR	0
VII. Record keeping	0	0	0	0	0	0	0
VIII. Sexual Abuse / Harassment / Boundary Violations	0	0	0	0	0	0	0
IX. Unauthorized Practice	0	0	0	0	0	0	0
X. 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 2020.*

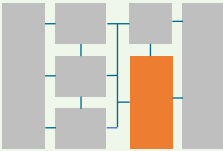ǂ **NR** = Non-reportable: results are not shown due to < 5 cases.

++ *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 findings.*
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)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology: ✓ Recommended   ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)		
CM 11. 90th Percentile disposal* of:	Days	***What does this information tell us?*** *This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar's investigations are being disposed by the College.*
I. A formal complaint in working days in CY 2020	0	*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*
II. A Registrar's investigation in working days in CY 2020	0	*regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar's investigation undertaken by, the College.*
* **Disposal Complaint:** *The day where a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).*		
* **Disposal Registrar's Investigation:** *The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).*		
Additional comments for clarification (if needed) CDTO did not dispose of any formal complaints in the 2020 calendar year.		

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology:	✓ Recommended	☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 12. 90th Percentile disposal* of:	Days	***What does this information tell us?*** *This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. **
I. An uncontested^ discipline hearing in working days in CY 2020	195	*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.*
II. A contested# discipline hearing in working days in CY 2020	0	

*   **Disposal:** *Day where all relevant decisions were provided to the registrant and complainant 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).*

^   **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.*

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

Additional comments for clarification (if needed)
CDTO did not have a contested discipline hearing in 2020.

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology: ✓ Recommended   ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 13. Distribution of Discipline finding by type*

Type		#
I.	Sexual abuse	0
II.	Incompetence	0
III.	Fail to maintain Standard	NR
IV.	Improper use of a controlled act	0
V.	Conduct unbecoming	0
VI.	Dishonourable, disgraceful, unprofessional	NR
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	NR

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.

*   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 = Non-reportable: results are not shown due to < 5 cases.

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology: ✓ Recommended   ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 14. Distribution of Discipline orders by type*

Type	#
I. Revocation+	0
II. Suspension$	NR
III. Terms, Conditions and Limitations on a Certificate of Registration**	NR
IV. Reprimand^ and an Undertaking#	0
V. Reprimand^	NR

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.

* 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 be equal and may not equal the total number of discipline cases.

+ Revocation of a 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 his/her ability to practice the profession.

$ 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 himself/herself 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.

** 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.

^ 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 his or her practice

An undertaking is a written promise from a registrant that he/she will carry out certain activities or meet specified conditions requested by the College committee.

NR = Non-reportable: results are not shown due to < 5 cases

Additional comments for clarification (if needed)

For questions and/or comments, or to request permission to use, adapt or reproduce the information in the CPMF please contact:

Regulatory Oversight and Performance Unit
Health Workforce Regulatory Oversight Branch
Strategic Policy, Planning & French Language Services Division
Ministry of Health
438 University Avenue, 10th floor
Toronto, ON M5G 2K8

E-mail: RegulatoryProjects@Ontario.ca

Appendix A: Public Interest

When contemplating public interest for the purposes of the CPMF, Colleges may wish to consider the following (please note that the ministry does not intend for this to define public interest with respect to College operations):

PUBLIC INTEREST
in the context of the College Performance Measurement Framework

Equity: Ensuring that all individuals are treated with sensitivity and respect in their dealings with health professionals and College.

Equality: Promoting equality of regulatory obligations among health care professions.

Accessibility: Ensuring individuals have access to services provided by the health profession of their choice and individuals have access to the regulatory system as a whole.

Public Interest

Protection: Ensuring protection of the public from harm in the delivery of health care services.

Accountability: Holding regulated health professionals accountable to their patients/clients, College and the public.

Quality Care: Ensuring that the care provided by individual regulated health care professions is of high quality and that the standard of care provided by each regulated health professional is maintained and/or improved.

https://www.presentationgo.com/presentation/silhouette-icons-cycle-powerpoint-google-slides/