



COLLEGE OF DENTAL
HYGIENISTS OF ONTARIO

College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2023 – December 2023

March 31, 2024

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Introduction

The College Performance Measurement Framework (CPMF)

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

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

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

The seven measurement domains shown in Figure 1 are the critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to key statutory functions and organizational aspects that enable a College to carry out its functions well. The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. The fourteen Standards within the seven measurement domains are listed in Figure 2.

Figure 1: CPMF Model for Measuring Regulatory Excellence

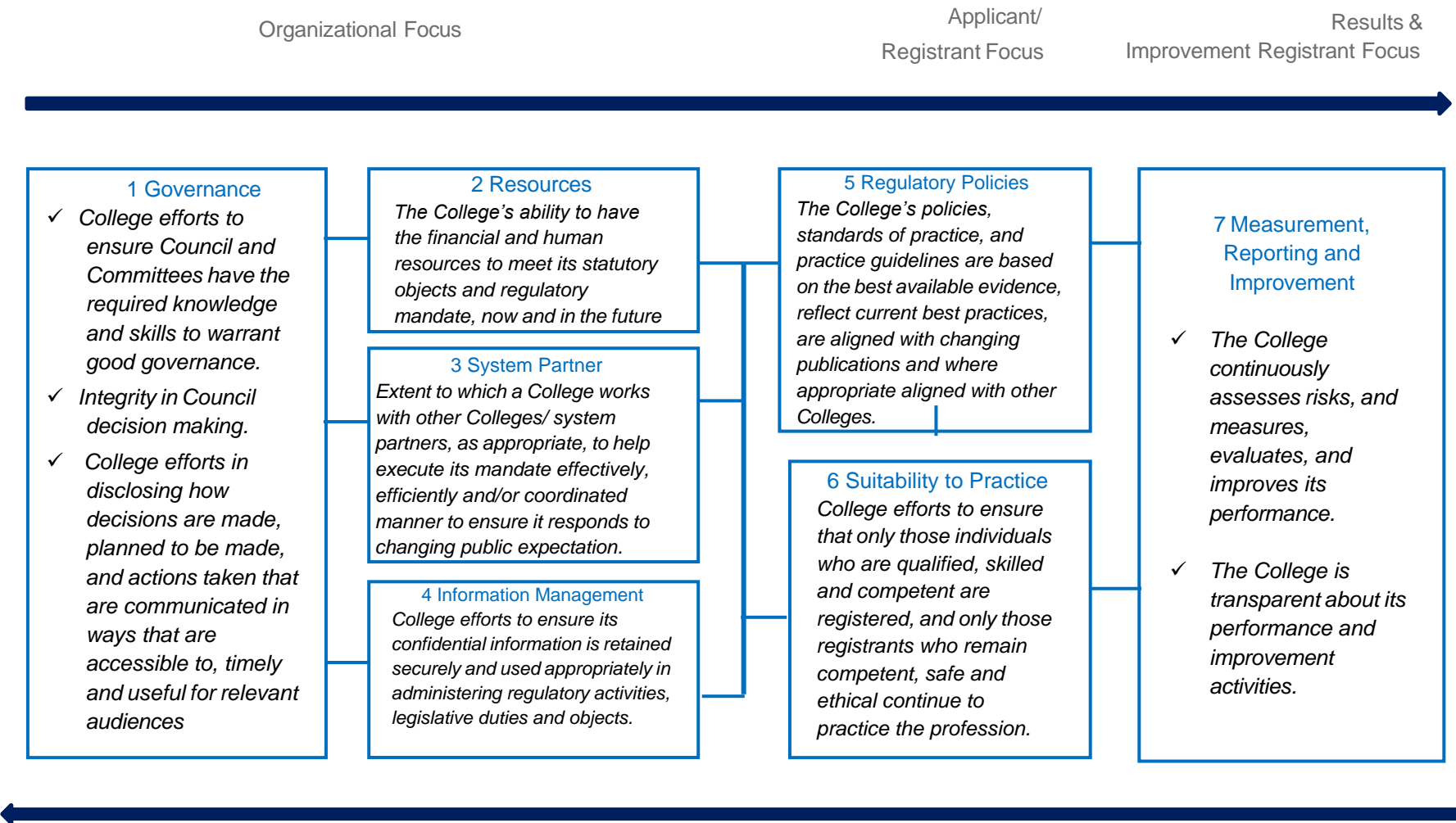


Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

The College Performance Measurement Framework (CPMF) continues to serve as a cornerstone for regulatory transparency and excellence. In the fourth iteration, the CPMF will help provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges.

For the 2023 reporting cycle, the focus remains on fostering an environment of continuous improvement. The information gathered through the CPMF Reporting Tool is intended to spotlight areas for enhancement, prompting closer attention and potential follow-up actions. As in the past, the Ministry will not assess whether Colleges meet or do not meet the Standards in the CPMF. The outcomes of the reporting will continue to facilitate meaningful dialogue on performance improvement among College staff and Council members and between Colleges and their broader communities, including the public, the Ministry, members, and other stakeholders.

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

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

Completing the CPMF Reporting Tool

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.

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

There are eight pieces of Evidence highlighted within Part 1 of the Reporting Tool as 'Benchmarked Evidence'. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is required to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark. This year Colleges should report on their progress in meeting the benchmarked Evidence.

Where a College fully met Evidence in 2022 and 2023, the College may opt to respond with 'Met in 2022 and Continues to Meet in 2023'. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to or referencing College documents.

Part 1: Measurement Domains

		Measure: 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.							
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response						
		a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency and suitability criteria; and <div><div></div><div>Benchmarked Evidence</div><div></div></div>	<table><tr><td>The College fulfills this requirement:</td><td>Partially</td></tr><tr><td colspan="2"><ul style="list-style-type: none">The competency and suitability criteria are public: Yes If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.<p>The eligibility criteria for professional members are found on page 12 of CDHO’s Bylaw No. 5. Registered Dental Hygienists (RDHs) interested in running for election must review the Council Competency Profile before submitting their nomination package. While eligibility is not determined based on the profile, RDHs elected to Council complete a self-assessment based on the profile to help identify opportunities for further training.</p></td></tr><tr><td colspan="2"><p>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</p><p>Historically, CDHO has not seen a great deal of interest from RDHs in running for Council. Restricting eligibility to stand for election to only those who meet the competencies would have resulted in empty seats on Council. If this situation were compounded in subsequent years, CDHO would run the risk of not having a quorum for Council decisions or sufficient Council members to populate committees.</p></td></tr></table>	The College fulfills this requirement:	Partially	<ul style="list-style-type: none">The competency and suitability criteria are public: Yes If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria. <p>The eligibility criteria for professional members are found on page 12 of CDHO’s Bylaw No. 5. Registered Dental Hygienists (RDHs) interested in running for election must review the Council Competency Profile before submitting their nomination package. While eligibility is not determined based on the profile, RDHs elected to Council complete a self-assessment based on the profile to help identify opportunities for further training.</p>		<p>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</p> <p>Historically, CDHO has not seen a great deal of interest from RDHs in running for Council. Restricting eligibility to stand for election to only those who meet the competencies would have resulted in empty seats on Council. If this situation were compounded in subsequent years, CDHO would run the risk of not having a quorum for Council decisions or sufficient Council members to populate committees.</p>	
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		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
			<ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>Professional members wishing to stand for election must attend a virtual orientation session before the election. In 2023, the pre-election orientations were held on October 10 and November 2 and were facilitated by the President and Registrar/CEO. The training lasts 1.5–2 hours and topics include:</p> <ul style="list-style-type: none"> • The role of CDHO and Council • Relevant legislation and regulations • The Policy Governance model • Council’s Code of Conduct • Conflict of interest • Confidentiality • Expectations of Council members <p>Once elected, new Council members attend a second orientation that briefly re-caps the matters above and deals with administrative matters (e.g., submitting expenses, online document platform for meeting materials, general questions). This orientation took place on January 12, 2023. At the first meeting of the year, CDHO’s legal counsel provides an overview on the <i>Regulated Health Professions Act</i>, conflict of interest, confidentiality, fiduciary duties and governance.</p>	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional):	

		<p>b. Statutory Committee candidates have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none">The competency and suitability criteria are public: Yes<ul style="list-style-type: none">If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria. <p>The Committee Composition Profile is available on CDHO’s website and outlines the specific knowledge, skills, and attributes required of members appointed to statutory and non-statutory standing committees. Statutory committees are populated according to this profile.</p>	Yes
			<p>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</p>	
		<p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none">Duration of each Statutory Committee orientation training.Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. <p>Staff who support statutory committees facilitate a training session at the first meeting of the new committee. These orientation sessions last from an hour to a full day, depending on the committee, and are held virtually. Topics include:</p> <ul style="list-style-type: none">Committee’s legislated mandateRelevant legislation and regulationsRole of committee members and expectationsConfidentiality/conflicts of interest/bias (if applicable)Committee policies and procedures	Yes

			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
			Additional comments for clarification (optional):	Choose an item.
		c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			<ul style="list-style-type: none">• Duration of orientation training.• Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).• Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>Public appointees receive the same training (noted above) as professional members, and they also receive a general overview of dental hygiene. This training occurs whenever a new public appointee joins Council; however, there were no new appointments in 2023.</p>	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
			Additional comments for clarification (optional):	

		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">Has a third party been engaged by the College for evaluation of Council effectiveness? YesIf yes, how often do they occur?Please indicate the year of last third-party evaluation. <p>In June 2022, Council contracted Deanna Williams of Dundee Consulting to complete a third-party assessment of Council’s effectiveness. The assessment took place between June 2022 and February 2023. The final report was presented to Council at its March 2023 meeting (starting on page 182 of the March 2023 meeting materials) and is available on CDHO’s website.</p>	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <ul style="list-style-type: none"> i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or 	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> • Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>Council develops a plan for training at the beginning of the year and refines the plan before each meeting. The training agenda is based on input from Council members through a survey and a summary of assessments of governance performance from the previous year. The day before each Council meeting is a workshop that focuses on training and education. In a survey of Council members in January 2023, Council members identified their need for training in the following areas:</p> <ul style="list-style-type: none"> • Current regulatory issues and trends • Core regulatory activities of the College • Dental hygiene practice • Foundational concepts of self-regulation • Robert’s Rules of Order • Assessing monitoring reports • RHPA and other regulated legislation • Ten Principles of Policy Governance • Role of a Council member • Fiduciary duty • Policy development <p>This information was used in the planning for the following workshops/training in 2023:</p> <ul style="list-style-type: none"> • Council orientation — RHPA (Julie Maciura, SML Law) • Policy Governance and risk management (Rose Mercier, Governance Coach) • Financial literacy training (Hilborn LLP) • Risk management (Julie Maciura, SML Law) • Indigenous awareness training with the three other oral health profession regulators (First Peoples Group) • Current trends in regulation (Julie Maciura, SML Law) • Mentorship training (Anthony Marini) 	

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

		<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	The College fulfills this requirement:		Yes
			<ul style="list-style-type: none">• Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers.• Please insert a link to Council meeting materials and indicate the page number where this information is found OR• Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>Indigenous awareness and Reconciliation</p> <p>In response to growing calls to advance Reconciliation, CDHO’s Council and senior staff joined the Councils and staff of the Royal College of Dental Surgeons of Ontario, the College of Denturists of Ontario, and the College of Dental Technologists of Ontario for a day of training facilitated by First Peoples Group. The session focused on Indigenous peoples, Reconciliation and anti-bias.</p> <p>Risk management</p> <p>In March 2023, Julie Maciura of SML Law facilitated a session for Council on risk management for regulators. The session covered topics such as:</p> <ul style="list-style-type: none">• risk-based regulation• different types of risk and how to identify them• risk analysis• Board vs. CEO responsibilities for risk management		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
			Additional comments for clarification (optional):		

DOMAIN 1: GOVERNANCE	STANDARD 2	Measure:		
		2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.		
		Required Evidence	College Response	
		a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is: i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and <u>Further clarification:</u> Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">• Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated.• Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review. The Council Code of Conduct is found in sections 3.7–3.9 of CDHO's Bylaw No. 5 . The Code of Conduct also includes conflict of interest provisions (pages 19–22 of Bylaw No. 5). The Bylaw was last reviewed in December 2023 and Council approved consultation on several housekeeping amendments to the entire Bylaw (e.g., updating terminology, removing gendered terms). No changes were proposed to the Code of Conduct or conflict of interest provisions.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
Additional comments for clarification (optional)				

		ii. accessible to the public.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			<ul style="list-style-type: none"> Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. <p>The Council Code of Conduct can be found in sections 3.7–3.9 of CDHO Bylaw 5. The Code of Conduct also includes conflict of interest provisions (pages 13–16 of CDHO Bylaw 5).</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	
		b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods).	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			<ul style="list-style-type: none"> Cooling off period is enforced through: By-law Please provide the year that the cooling off period policy was developed OR last evaluated/updated. Please provide the length of the cooling off period. How does the College define the cooling off period? <ul style="list-style-type: none"> Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; OR Where not publicly available, please briefly describe the cooling off policy. <p>The cooling off period is stated in items 11 and 12 on pages 12–13 of Bylaw No. 5. At least one year must have passed since a registrant has been an officer, director or employee of any professional advocacy association before they can run for election. The Bylaw was last reviewed in December 2023, but only housekeeping amendments were proposed.</p>	
		<p><u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.</p>		

			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally:</u>	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>. 	<ul style="list-style-type: none"> • Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. <p>The annual conflict of interest declarations for 2023 can be found starting on page 15 of the December 2023 Council meeting package. At the beginning of every Council meeting, members declare any updates to their declaration responses and any conflicts specific to the meeting agenda. An example can be found starting on page 17 of the September 2023 Council meeting package.</p>	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			<ul style="list-style-type: none">• Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public.• Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. <p>Examples of public interest rationales can be found on page 78, page 82 and page 92 of the December 2023 Council meeting package.</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (if needed)</i>	

		<p>e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please provide the year that the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. <p>In the Policy Governance model, the College’s strategic plan is set out in the Global Ends Policy (page 4 of the CDHO Policy Manual). Formal monitoring of all policies is completed by the Council according to set schedules (pages 20–21 and 47–48 of the Policy Manual). Internal and external risks are identified within each policy and the associated monitoring reports are designed to provide evidence that these risks have been assessed and mitigated. In 2023, the following policies were monitored:</p> <p>Reviewed at the March 2023 Council meeting (pages 7–9 of the March 2023 meeting minutes):</p> <ul style="list-style-type: none"> • GP-2 Council Job Contributions (Mitigates risk by ensuring proper organizational performance and that Council fulfils its responsibilities) • GP-6.1 Executive Committee Terms of Reference (Mitigates risk through ensuring the Executive Committee governs lawfully, effectively, and efficiently) • Global Ends 1–4 (In policy governance, the Ends policies are the strategic ends, so by monitoring these policies CDHO ensures they are providing the public with safe, ethical, and quality dental hygiene services) • EL-4(1) Financial Conditions and Activities (Mitigates risk by monitoring of actual expenditures) • EL-7 Compensation of Benefits (Mitigates risk by ensuring an objective and fair approach to compensation and benefits) <p>Reviewed at the June 2023 Council meeting (pages 7–8 of the June 2023 meeting minutes):</p> <ul style="list-style-type: none"> • EL-3 Planning (Mitigates risk by ensuring resources are allocated according to the Ends priorities) • EL-4 Financial Conditions and Activities (Mitigates risk by monitoring of actual expenditures) • EL-6 Investment (Mitigates risk by ensuring that investments are made with the objectives of reasonable growth and capital preservation) • EL-9 Ethical Behaviour (Mitigates risk by ensuring a high degree of integrity at all levels of the organization) <p>Reviewed at the September 2023 Council meeting (pages 7–9 of the September meeting minutes):</p> <ul style="list-style-type: none"> • CRD-4 Monitoring Registrar/CEO Performance (Mitigates risk by ensuring accomplishment of a reasonable interpretation of the Ends and organizational operation within the boundaries established in the Executive Limitations policies) 	Yes
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			<ul style="list-style-type: none">• EL-2 Treatment of Staff External Report (Mitigates risk by ensuring a work environment that is fair, respectful and safe)• EL-5 Protection of Assets (Mitigates risk by ensuring assets are protected and adequately maintained)• CRD-5 Monitoring Registrar/CEO Compensation (Mitigates risk by ensuring the Registrar's/CEO compensation is decided based on organization performance and executive market conditions)• GP-12 Special Rules of Order (Mitigates risk by ensuring Council meetings are conducted in an orderly, effective process)• EL-10 Development of Standards Governing Practice (Mitigates risk by ensuring that standards of practice are developed in a way that are defensible and consistent with the College's legislated mandate)• EL-11 Amendments to Act or Bylaws (Mitigates risk by ensuring the Bylaws do not interfere with the College's legislated mandate)• EL-4(1) Financial Conditions and Activities (Mitigates risk by monitoring of actual expenditures) <p>Reviewed at the December 2023 Council meeting (pages 5–6 and of the December meeting minutes):</p> <ul style="list-style-type: none">• CRD-2 Accountability of the Registrar/CEO (Mitigates risk by ensuring the Registrar/CEO is the Council's only link to operational achievement and conduct)• CRD-3 Delegation to the Registrar/CEO (Mitigates risk by ensuring Council directs the Registrar/CEO in accordance with the organizational Ends and outlines actions to be avoided)• GP-7 Council and Committee Stipend and Expenses (Mitigates risk by ensuring Council and Committee members are paid an honorarium and reimbursed for reasonable expenses according to the policy)• GP-8 Code of Conduct (Mitigates risk by ensuring Council members are conducting themselves in accordance with the Bylaws)• General Executive Constraint Policy (Mitigates risk by ensuring organizational practices, activities, decisions, or circumstances which are lawful, prudent and not in violation of commonly accepted business and professional ethics)• EL-3 Planning (Mitigates risk by ensuring resources are allocated according to the Ends priorities)• EL-4(1) Financial Conditions and Activities (Mitigates risk by monitoring of actual expenditures)• EL-8 Communication and Support to Council (Mitigates risk by ensuring Council is informed and supported in its work)
			<div>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</div> <div>Choose an item.</div>

			<i>Additional comments for clarification (if needed)</i>
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DOMAIN 1: GOVERNANCE	STANDARD 3	Measure:	
		3.1 Council decisions are transparent.	
		Required Evidence	College Response
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.	<div> <div>The College fulfills this requirement:</div> <div> <div>Met in 2022, continues to meet in 2023</div> <div> <ul style="list-style-type: none"> Please insert a link to the webpage where Council minutes are posted. Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted. <p>Approved Council meeting minutes and Council packages can be found on the Council meetings webpage.</p> </div> </div> </div>
			<div> <div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div> <div>Choose an item.</div> </div>
			Additional comments for clarification (optional)

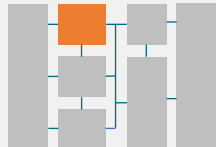
		<p>b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information).</p> <ul style="list-style-type: none"> i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as 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
			<ul style="list-style-type: none"> Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. <p>The Executive Committee provides a written report to Council for information at each Council meeting. These reports include the Executive Committee meeting dates, topics of discussion, and decisions. These reports can be found on:</p> <ul style="list-style-type: none"> Page 83 of the March 2023 meeting package Page 66 of the June 2023 meeting package Page 66 of the September 2023 meeting package Page 64 of the December 2023 meeting package 	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

Measure: 3.2 Information provided by the College is accessible and timely.		
Required Evidence		College Response
a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
	<ul style="list-style-type: none"> Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. <p>Council materials and the livestream link can be found on the Council meetings webpage. Council packages and approved minutes are kept on the website indefinitely.</p>	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	
	Choose an item. Additional comments for clarification (optional)	
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
	<ul style="list-style-type: none"> Please insert a link to the College's Notice of Discipline Hearings. <p>The Upcoming Discipline Hearings webpage is updated as soon as details are available, which is usually at least one month before a hearing.</p>	

		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	
Measure:			
3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.			
Required Evidence		College Response	
a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).		The College fulfills this requirement:	Partially
		<ul style="list-style-type: none">• Please insert a link to the College’s DEI plan.• Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number. <p>Council will consider the development of a formal DEI strategic plan in 2024. While no formal plan has been developed, CDHO has advanced several initiatives that support DEI, including:</p> <ul style="list-style-type: none">• Providing free access to the NVision course <i>The Path: Your Journey Through Indigenous Canada</i> for all Registered Dental Hygienists and CDHO staff. The course is not mandatory, and over 3,000 Registered Dental Hygienists have completed it at the time of writing.• Partnering with Indspire, an Indigenous national charity, to create the CDHO Bursary for Indigenous Students in Dental Hygiene Programs. Through this partnership, CDHO is supporting efforts to increase access to higher education for Indigenous students.• Posting a land acknowledgment outside its office and on its website.• Staff continues to attend training and some of the sessions attended in 2023 include:<ul style="list-style-type: none">○ Unlearn and Learn Gender Diversity and Gender Inclusive Communications, and Gender Diversity and Inclusion workshop – presented by the Canadian Network of Agencies of Regulation (CNAR)○ Black History Month workshop: Canada’s History – presented by Allied Property Management (CDHO’s landlord)○ Exploring Bias – presented by the Canadian Centre for Diversity and Inclusion (CCDI) and the Canadian Society of Association Executives (CSAE)	

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
			<i>Additional comments for clarification (optional)</i>	

		<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none">• Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments.• If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted. <p>CDHO continues to monitor the work of the Health Profession Regulators of Ontario (HPRO) on DEI. The Anti-Racism in Health Regulation Project Steering Committee delivered their final products, which includes an equity impact assessment. HPRO is holding meetings to help colleges implement these tools, which CDHO is observing. CDHO continues to study these resources to better understand how to implement them and will collaborate with the other colleges on the rollout of these tools.</p>	Partially
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Yes
			<p><i>Additional comments for clarification (optional)</i></p>	

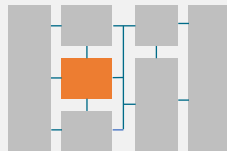
		Measure:									
		4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.									
DOMAIN 2: RESOURCES	STANDARD 4	Required Evidence	College Response								
		a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated. <u>Further clarification:</u> A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	<table><tr><td>The College fulfills this requirement:</td><td>Yes</td></tr><tr><td colspan="2"><ul style="list-style-type: none">Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number.Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. CDHO's Policy Manual (page 8 – EL-3 Planning) provides guidelines on strategy, planning and budgeting. The Senior Leadership team meets before developing the annual budget to discuss: <ul style="list-style-type: none">The multi-year planStrategic initiatives for the coming yearSpecial projectsDepartmental requirementsHR needs This information is then used to gather quotes in advance (if required) to develop a budget for the coming year. The budget clearly defines where funds are being allocated. CDHO’s draft 2024 budget can be found on page 88 of the December 2023 meeting package. The budget was approved at the December 2023 meeting (see page 4 of the December meeting minutes).</td></tr><tr><td></td><td>Choose an item.</td></tr><tr><td colspan="2"><i>Additional comments for clarification (optional)</i></td></tr></table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none">Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number.Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. CDHO's Policy Manual (page 8 – EL-3 Planning) provides guidelines on strategy, planning and budgeting. The Senior Leadership team meets before developing the annual budget to discuss: <ul style="list-style-type: none">The multi-year planStrategic initiatives for the coming yearSpecial projectsDepartmental requirementsHR needs This information is then used to gather quotes in advance (if required) to develop a budget for the coming year. The budget clearly defines where funds are being allocated. CDHO’s draft 2024 budget can be found on page 88 of the December 2023 meeting package . The budget was approved at the December 2023 meeting (see page 4 of the December meeting minutes).			Choose an item.	<i>Additional comments for clarification (optional)</i>	
		The College fulfills this requirement:	Yes								
		<ul style="list-style-type: none">Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number.Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. CDHO's Policy Manual (page 8 – EL-3 Planning) provides guidelines on strategy, planning and budgeting. The Senior Leadership team meets before developing the annual budget to discuss: <ul style="list-style-type: none">The multi-year planStrategic initiatives for the coming yearSpecial projectsDepartmental requirementsHR needs This information is then used to gather quotes in advance (if required) to develop a budget for the coming year. The budget clearly defines where funds are being allocated. CDHO’s draft 2024 budget can be found on page 88 of the December 2023 meeting package . The budget was approved at the December 2023 meeting (see page 4 of the December meeting minutes).									
	Choose an item.										
<i>Additional comments for clarification (optional)</i>											

	•	b. The College: i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and ii. possesses the level of reserve set out in its “financial reserve policy”.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			<ul style="list-style-type: none">• Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number.• Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. This is accomplished during CDHO’s annual audit process (Q1 2023)• Has the financial reserve policy been validated by a financial auditor? Yes <p>While CDHO does not have a separate financial reserve policy outlining minimum reserves, the Policy Manual includes several policies addressing financial matters and use of reserves (pages 8–11 of the Policy Manual). These policies are reviewed annually as part of the financial audit and the last review was Q1 2023. CDHO’s 2022 Annual Report outlines the organization’s net assets, which includes restricted and unrestricted funds (page 21 of the 2022 Annual Report).</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (if needed)</i>	

		<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. • Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. <p>Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p>CDHO’s Policy Manual includes two policies related to human resources and succession planning:</p> <ul style="list-style-type: none"> • EL-2 Treatment of Staff (page 7 of the Policy Manual) • CRD-6 Registrar/CEO Succession (pages 22–24 of the Policy Manual) <p>A succession plan has been developed for operational purposes. This plan addresses the following:</p> <ul style="list-style-type: none"> • Ensuring departmental procedure manuals are developed. • Assessing current and future needs based on either the strategic plan, goals and objectives, programs, and/or projects and matching these to the capabilities of the existing workforce. • Developing a plan to manage the gaps that will arise when individuals in key positions leave or are promoted. • Training and developing existing staff and external recruitment. • Completion of performance evaluations and assisting employees in developing goals that will assist the individual and the College to meet future needs. • Allocating resources for staff education and training. • Supporting supervisors in coaching and mentoring skills and activities. • Including succession planning in the annual strategic planning process. <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	<p>Yes</p>
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		ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">Please insert a link to the College’s data and technology plan which speaks to improving College processes OR please briefly describe the plan. <p>CDHO’s data and technology plan includes the following elements:</p> <p>1. Robust cybersecurity framework:</p> <ul style="list-style-type: none">Implementation of comprehensive network security policies to protect digital infrastructure and personal information.Deployment of advanced antivirus, endpoint detection and response software, and real-time monitoring systems to guard against unauthorized access and cyber threats.Regular updates and vulnerability assessments, along with rigorous password security protocols and incident response plans. <p>2. Continuous improvement and compliance:</p> <ul style="list-style-type: none">Ongoing enhancement of cybersecurity posture, adhering to industry best practices and legal standards.Timely patching of vulnerabilities, precise user access management, and staff training on cybersecurity awareness to promote a culture of digital vigilance. <p>3. Resilience and recovery:</p> <ul style="list-style-type: none">Collaboration with external IT providers for 24/7 monitoring of the IT infrastructure.Enhanced backup and disaster recovery systems with on-site and off-site failover and recovery options, adhering to a 30-minute point-in-time restoration schedule.Subscription to a secondary ISP provider for backup failover to maintain uninterrupted service. <p>4. Advanced threat protection and monitoring:</p> <ul style="list-style-type: none">Implementation of advanced threat protection in the in-office firewall, including content and web filtering.Protection of endpoints through DNS filter agents, blocking access to malicious sites.Continuous monitoring of security violations by a security operations center, with instant alert generation and response based on established policies and procedures. <p>5. Staff training and awareness:</p> <ul style="list-style-type: none">Provision of monthly cyber education and training for all staff, ensuring mandatory participation (e.g., KnowBe4 platform).Availability of educational materials like the “Quick Guide: Steps to Deal with a Privacy Breach” and a detailed Cybersecurity Incident Response Plan, outlining steps for breach containment, investigation and remediation.	

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

DOMAIN 3: SYSTEM PARTNER		
STANDARD 5 and STANDARD 6		
Measure / Required evidence: N/A	College response	
	<p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>	
<p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"><i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i> <p>In 2023 CDHO engaged with several regulators and other partners to strengthen its oversight mandate and align practice expectations. Examples include:</p> <p>Other regulators:</p> <ul style="list-style-type: none">Ontario’s oral health profession regulators: CDHO regularly collaborates with the Royal College of Dental Surgeons of Ontario (RCDSO), the College of Denturists of Ontario (CDO), and the College of Dental Technologists of Ontario (CDTO). The registrars meet monthly to discuss issues of common interest. A few examples of issues in which the colleges collaborated include:	

	<ul style="list-style-type: none">• COVID-19/IPAC guidance: Recognizing the reduced risk of COVID-19, the four colleges rescinded their COVID-19 guidance and worked to align and update infection, prevention and control (IPAC) guidance. The colleges coordinated communications around rescinding COVID-19 protocols and updates to IPAC guidance and coordinated the release of information to registrants. This work built on efforts undertaken in 2021 and 2022 to better align COVID-19 and IPAC guidance.• Mandatory reporting: The four colleges collaborated to develop a mandatory reporting resource for oral health professionals. The colleges formed a working group with one representative from each college to develop plain language content on the topic. The information was converted to an interactive module that the colleges shared with their registrants in late 2023.• Discipline Committee training: CDHO collaborated with RCDSO on training for both colleges’ Discipline Committees and staff support. A hybrid session was held over two days in February 2023 and was presented by both Committees’ independent legal counsel. <p>• Hub 601: Hub 601 was launched in April 2023 and is a multi-regulator workspace hosted by CDHO. Hub 601 is a place for partner colleges to use for in-person work, staff meetings, and Council/Board and committee meetings in a setting that promotes collaboration and innovation. Inaugural partners included CDHO (provides the space), the College of Denturists of Ontario and the College of Dietitians of Ontario. At the end of 2023, Hub 601 was pleased to welcome the College of Audiologists and Speech-Language Pathologists of Ontario. The colleges have collaborated on staff diversity training and are exploring ways to further share resources and expertise.</p> <p>Educators: In September 2023, CDHO’s Council rescinded the Standard for Authorization to Self-Initiate Profession-Specific Acts. CDHO convened Dental Hygiene program administrators to discuss the proposed changes and gather feedback before a proposal was presented to Council.</p> <p>Professional associations: CDHO maintains close and cooperative relationships with the Ontario Dental Hygienists’ Association (ODHA), the Canadian Dental Hygienists Association (CDHA), and the Federation of Dental Hygiene Regulators of Canada (FDHRC). CDHO’s Council and Registrar/CEO meet twice a year with the ODHA’s Executive and Executive Director, or more often if required, to discuss issues of common interest. At these meetings CDHO discussed ongoing modernization of its Quality Assurance Program and proposed rescinding of the standard for self-initiation. CDHO’s Registrar/CEO is a director on the FDHRC Board, which provides a forum for networking and information exchange among Canadian dental hygiene regulators.</p>
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Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.

The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner.

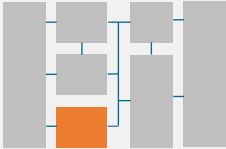
- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*
- *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).*

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

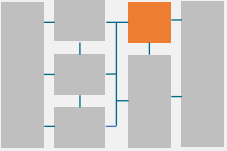
Equity, Diversity and Inclusion:

- The four oral health profession regulators engaged First Peoples Group to facilitate a session for their staff and Council on Indigenous peoples, reconciliation and anti-bias. This was a hybrid workshop that took place in June 2023.
- CDHO partnered with [Indspire](#), an Indigenous national charity, to create the [CDHO Bursary for Indigenous Students in Dental Hygiene Programs](#). Through this partnership, CDHO is supporting efforts to increase access to higher education for Indigenous students.
- CDHO partnered with NVision Insight Group to provide their course *The Path: Your Journey Through Indigenous Canada* free of charge to all Registered Dental Hygienists. Completing *The Path* provides a valuable opportunity for RDHs to learn about the history and contemporary realities of First Nations, Inuit and Métis in Canada. Completion can count toward an RDH’s Quality Assurance requirements.

	<p>Public engagement:</p> <ul style="list-style-type: none">• In 2022, CDHO engaged an external research firm to administer a Voice of the Patient (VOP) survey. The survey is administered in four languages – English, French, Mandarin and Punjabi – and 2,000 patients are surveyed. The survey asks about their experiences with Dental Hygiene practice, with a focus on equity, diversity and inclusion. The survey was administered again in 2023 and will be administered annually. CDHO uses this data to improve resources for RDHs and to develop more patient-focused information.<ul style="list-style-type: none">○ Through this survey CDHO learned that some patients experienced racism and discrimination during their dental appointments. Results were shared with other oral health regulators and CDHO will be working to provide resources and information to clients and Registered Dental Hygienists to help create more inclusive and welcoming environments.
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		Measure: 7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.	
DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	Required Evidence	College Response
		a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	<div>The College fulfills this requirement:</div> <div>Yes</div> <div><ul style="list-style-type: none">Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information.<p>Information on how CDHO collects and uses personal information can be found on the Privacy webpage. CDHO also has a Retention and Safeguarding Policy.</p></div>
			<div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div> <div>Choose an item.</div>
			<div>Additional comments for clarification (optional)</div>

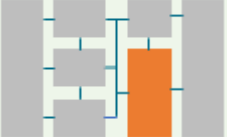
		ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. <p>Information on CDHO’s cybersecurity measures can be found on the Privacy webpage. Several educational materials have also been developed for staff, including a three-step process that must be taken when a suspected breach has occurred:</p> <ol style="list-style-type: none">1. Immediately alert your manager/the senior management team2. Identify the scope of the breach and take steps to contain it3. Investigate and remediate	
		<div>Benchmarked Evidence</div>	If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

		Measure: 8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).	
DOMAIN 5: REGULATORY POLICIES	STANDARD 8	Required Evidence	College Response
		a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment. <hr/> <i>Benchmarked Evidence</i> <hr/>	<div>The College fulfills this requirement:</div> <div>Met in 2022, continues to meet in 2023</div> <ul style="list-style-type: none">Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) OR please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). <p>College staff regularly monitor changes in dental hygiene practices and technology through various means, including review of current evidence-based literature and consultations with system partners. These include but are not limited to other regulators in Ontario and across Canada, dental hygiene educators, HPRO working groups, dental hygiene associations, the Ministry of Health, Public Health Ontario and the Citizen Advisory Group. College policies, Standards of Practice and Practice Guidelines are reviewed every five years or as needed.</p>
			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>

		<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <p>i. evidence and data;</p> <p>ii. the risk posed to patients / the public;</p> <p>iii. the current practice environment;</p> <p>iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap);</p> <p>v. expectations of the public; and</p> <p>vi. stakeholder views and feedback.</p> <div><hr/><p><i>Benchmarked Evidence</i></p><hr/></div>	<p>The College fulfills this requirement:</p> <p>• Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) OR please briefly describe the College’s development and amendment process.</p> <p>CDHO develops or changes its standards, guidelines, and policies by:</p> <ul style="list-style-type: none">• considering emerging evidence and research• reviewing questions received via the Practice Advisory Service• comparing regulatory practices in other jurisdictions• consulting with registrants, the public, educators, other regulators, government, etc. <p>CDHO prioritizes development or changes based on risk to the public and requirements for the delivery of care. For example, in 2023, CDHO rescinded its COVID-19 guidance and updated its infection, prevention and control (IPAC) guidance. Recognizing the reduced risk of COVID-19, CDHO collaborated with Ontario’s three other oral health profession regulators to align this guidance and communication to oral health professionals. CDHO considered COVID-19 data from various sources (i.e., Public Health Ontario, the Public Health Agency of Canada) and regulatory trends in other Canadian jurisdictions. Another example of this process was the work to rescind the <i>Standard for Authorization to Self-Initiate Profession-Specific Acts</i>. CDHO conducted a scan of other Canadian dental hygiene regulators and considered the impacts on access to care.</p>	Yes
			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	

Benchmarked Evidence

		c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> • Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. <p>An example of how CDHO considered DEI in its Standards was when Council rescinded the <i>Standard for Authorization to Self-Initiate Profession-Specific Acts</i> in September 2023. When the Standard was in effect, RDHs had to apply to CDHO for authorization to perform the controlled acts of scaling and root planing, or work under a standing order from a dentist. To apply for authorization, several criteria had to be met and RDHs had to wait until approved before performing these acts. This created a barrier to care, especially in remote and under-served communities. Rescinding the Standard made it easier for RDHs to practise independently and helped increase access to care. CDHO consulted with several partners on the change, including educators and other regulators, before implementation.</p> <p>Through its annual Voice of the Patient survey, CDHO learned that some clients experience racism and discrimination, and a follow-up survey was conducted with those who reported these experiences. This data will be used to help CDHO develop further resources to promote DEI in practice (e.g., a Standard on cultural competence, modules on trauma- and violence-informed care).</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

		Measure: 9.1 Applicants meet all College requirements before they are able to practice.	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	Required Evidence	College Response
		a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.) ¹ .	<div> <div> The College fulfills this requirement: </div> <div> Met in 2022, continues to meet in 2023 </div> </div> <ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. • Please insert a link and indicate the page number OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). <p>The following processes are in place to ensure that those who meet the registration requirements receive a certificate to practice:</p> <ul style="list-style-type: none"> • The online application forms employ built-in logic and validation rules to ensure the accuracy of data submitted and to ensure that all required information is entered before submission. • Some supporting documentation such as transcripts and letters or certificate of good standing must be submitted directly to CDHO by the issuing body to ensure their authenticity. • Submitted applications and supporting documentation are reviewed by internal staff to confirm that all requirements have been met. • Applicants are notified of any inconsistencies or inaccuracies in information submitted and are provided an opportunity to correct the information and make any additional submissions. • Application anomalies and escalated application concerns are reported to the Registration Manager and Deputy Registrar for further review and decision. • If there are doubts based on reasonable grounds as to whether an applicant fulfills the registration requirements, the Registrar will refer their application to the Registration Committee for review and decision. • All applicants sign a release that allows CDHO to contact any institution, agency, employer or regulatory body to verify any information relevant to their application and that would assist CDHO in determining whether they are eligible to be registered.

¹ This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p>	Choose an item.
		<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers OR please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. <p>CDHO operationalized several recommendations from a legal audit conducted in 2022 of the Registration Committee and Registration Department. Key changes include:</p> <ul style="list-style-type: none"> • Updating resources related to the orientation and training of Registration Committee members and staff on registration requirements and processes. • Updating template files related to the referral of applications to the Registration Committee by the Registrar. • Eliminating the requirement to submit notarized copies of supporting/verifying documents and the need to mail a copy of the application form and supporting documents. • Adding a new gender option on application forms (“Other/Non-Binary”). <p>In September 2023, CDHO launched a new website and the following changes were made to applicant content:</p> <ul style="list-style-type: none"> • Content was organized by education stream. • An updated fee schedule and timelines were made available. • An updated listing of refresher course providers was added. <p>In late 2022, CDHO engaged a third-party research company to conduct a survey of new registrants’ experience of the application process. CDHO did the following in 2023 in response to the survey:</p>	Yes

			<ul style="list-style-type: none">• Updated the online application form by eliminating redundancies and making the form more user friendly.• Continued working towards digitizing all aspects of the application process.• Began developing an internal service standard policy for response to external communications. <p>CDHO will continue to survey new registrants on an ongoing basis to assess their experience of the application process and to identify further improvements.</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	<input type="radio"/> Choose an item.
			<i>Additional comments for clarification (optional)</i>	

Measure: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
c. A risk-based approach is used to ensure that currency ² and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none">• Please briefly describe the currency and competency requirements registrants are required to meet.• Please briefly describe how the College identified currency and competency requirements.• Please provide the date when currency and competency requirements were last reviewed and updated.• Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done. <p>Under CDHO’s Registration Regulation, currency is considered graduation or practise within the previous three years, or completion of a refresher course or competency assessment within the previous 18 months. Ongoing conditions of registration include conduct, insurance and authorization to work in Canada.</p> <p>Registrants self-declare:</p> <ul style="list-style-type: none">• currency annually during renewal and on change of status and reinstatement applications.• conduct, insurance and work authorization annually during renewal and on change of status and reinstatement applications. <p>Every year, 5% of RDHs in the General Class are randomly selected to take part in an insurance audit. Currency is not addressed for registrants who continue to hold General or Specialty Certificate of Registration, though proposed regulation change will address this gap. Currency requirements were last reviewed in preparation for the proposed changes to the regulation.</p>	
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

² A ‘currency requirement’ is a requirement for recent experience that demonstrates that a member’s skills or related work experience is up to date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g., during renewal of a certificate of registration, or at any other time).

Measure:		
9.3 Registration practices are transparent, objective, impartial, and fair.		
a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
	<ul style="list-style-type: none">Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report.Where an action plan was issued, is it: No Action Plan Issued <p>There were no recommendations for improvement resulting from CDHO’s 2022 Fair Registration Practices Report.</p>	
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
	Choose an item.	
Additional comments for clarification (if needed)		

Community of Practice	STANDARD 10	Measure: 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	
		Required Evidence	College Response
		a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).	<p>The College fulfills this requirement:</p> <p>• Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:</p> <p>In September 2023, CDHO’s Council voted to rescind the <i>Standard for Authorization to Self-Initiate Profession-Specific Acts</i>.</p> <ul style="list-style-type: none"> – Name of Standard: Standard for Authorization to Self-Initiate (rescinded) – Duration of period that support was provided: Ongoing – Activities undertaken to support registrants (% of registrants reached/participated by each activity): <ul style="list-style-type: none"> ○ News post on CDHO website (8,522 views since post was published) ○ Resource page on the Contraindications Regulation (4,153 views since page was published) ○ Email announcement (83% open rate among registrants) ○ One community of practice (currently at 1,700 members, or 11% of registrants) ○ Webinar – English (2,713 views) ○ Webinar – French (105 views) ○ Practice Advice – Available to all registrants by phone and by email (51 calls and 34 emails since announcement) – Evaluation conducted on effectiveness of support provided: CDHO did not formally evaluate these efforts, but the low number of calls and emails suggest that the support is helpful, and the information was clear. Typically, if information is unclear or if more support is needed, more calls and emails are received. <p>• Does the College always provide this level of support: Yes If not, please provide a brief explanation:</p> <p>The above represents an increased availability of support due to the new Communities of Practice, but all other activities (news/announcement, email, webinar, practice advice) are normally undertaken for such a change.</p>
		<p><u>Further clarification:</u></p> <p>Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.</p>	Met in 2022, continues to meet in 2023

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

Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ³ .		
	a. The College has processes and policies in place outlining: <ul style="list-style-type: none"> i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice; 	The College fulfills this requirement: <div> <div>Met in 2022, continues to meet in 2023</div> <div> <ul style="list-style-type: none"> Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. Is the process taken above for identifying priority areas codified in a policy: Yes <i>If yes, please insert link to the policy.</i> <p>All registrants complete 75 hours of learning for each three-year cycle. Registrants who are selected to submit their Quality Assurance records may submit their Learning Portfolio or pass a written assessment (QA Test), and those currently practising may submit a Practice Profile or choose to participate in an onsite practice review. Registrants with gaps identified in knowledge (Learning Portfolio or QA Test) may be directed to complete remediation. Registrants with deficiencies in the Practice Profile are asked to participate in a telephone interview with an assessor. If the telephone interview does not clear up the deficiency, the registrant is asked to participate in an onsite practice review. Registrants with gaps in skill/judgement (Practice Profile or onsite practice review) may be directed to complete remediation and/or further assessment (onsite practice review and/or chart audit). View the QA Policies and Procedures.</p> </div> </div>
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? <div>Choose an item.</div>
		Additional comments for clarification (optional) <div></div>

³ "Right touch" regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

		ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and	The College fulfills this requirement:		Met in 2022, continues to meet in 2023	
			<ul style="list-style-type: none">• Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s) OR please briefly describe right touch approach and evidence used.• Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i><ul style="list-style-type: none">– <i>Public</i> Yes (Public opinion survey in 2011)– <i>Employers</i> No– <i>Registrants</i> Yes (Registrant opinion surveys in 2013 and 2022; TQI surveys in 2014 and 2021)– <i>other stakeholders</i> Yes (QA assessor survey in 2022 and QA Committee survey in 2022) <p>Onsite practice reviews (practice assessment) are risk based – only those with deficiencies identified in the practice profile and telephone interview participate in an onsite practice review. Where deficiencies are identified in practice, registrants may be required to participate in remediation and/or further assessment.</p>			
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>			
			Choose an item.			
		Additional comments for clarification (optional)				
		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:		Met in 2022, continues to meet in 2023	
			<ul style="list-style-type: none">• Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. <p>See pages 1–5 of the QA Program Guidelines and pages 4–5, 8–12 and 29–40 of the QA Policies.</p>			
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>			
			Choose an item.			

		Additional comments for clarification (optional)	
Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.			
a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.	The College fulfills this requirement:		Yes
	<ul style="list-style-type: none">• Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process.• Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. <p>Remediation required as part of an outcome before the Inquiries, Complaints and Reports Committee (ICRC) or Discipline Committee normally includes a period of monitoring or evidence of successful completion to ensure that the registrant has demonstrated the required competence. These outcomes are monitored by staff and any issues identified are brought to the Registrar for consideration of further investigation. Successful completion of remediation activities is noted on the registrant’s Public Register profile.</p> <p>Quality Assurance remediation requirements and deadlines are tracked on an internal database. The registrant submits a certificate of completion for the course, or the course facilitator submits a report/certificate directly to CDHO. In some cases where a certificate is not issued, a registrant may be asked to submit a summary of learning.</p>		
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
	Additional comments for clarification (if needed)		

DOMAIN 6: SUITABILITY TOPRACTICE	STANDARD 11	Measure 11.1	
		The College enables and supports anyone who raises a concern about a registrant.	
		Required Evidence	College Response
		<p>a. The different stages of the complaints process and all relevant supports available to complainants are:</p> <p>i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up;</p> <p>ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;</p>	<p>The College fulfills this requirement:</p> <p>Yes</p> <ul style="list-style-type: none"> Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. Please insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible. <p>Information on CDHO’s complaints process can be found on the File a Complaint webpage and the Investigating your Complaint webpage. Information is also available for clients who have been sexually abused by a Registered Dental Hygienist on the Funding for Therapy webpage.</p> <p>CDHO’s complaint intake protocol includes:</p> <ul style="list-style-type: none"> acknowledging receipt of the complaint contacting the complainant to discuss the process verifying the concerns identified to ensure all relevant information has been received having the complainant sign a confirmation of issues form to ensure that CDHO has understood their complaint or concerns correctly. <p>All correspondence sent to the parties informs them of the next steps in the process.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>Choose an item.</p>

			<i>Additional comments for clarification (optional)</i>
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		<p>iii. evaluated by the College to ensure the information provided to complainants is clear and useful.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. CDHO uses standardized correspondence during the complaints process to ensure that information provided to complainants is consistent and useful. These templates are reviewed regularly by staff and updated as needed. CDHO conducts a full audit of its complaint process every five years by external legal counsel. Legal counsel reviews all templates to ensure that the information is clear and accurate. CDHO invites participants in the complaint process to participate in a voluntary survey at key points during the investigation process to provide comments on their experience, including whether the information provided by CDHO was clear and helpful. Feedback received from these surveys is reviewed and incorporated into CDHO’s protocols as appropriate. 	Yes
			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	
		<p>b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</p>	<p>The College fulfills this requirement:</p> <p>Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>).</p> <p>CDHO’s Professional Conduct department has an administrative policy to respond to all inquiries within two business days. The Professional Conduct department responded to 100% of inquiries from the public within five business days.</p>	Met in 2022, continues to meet in 2023
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.

			<i>Additional comments for clarification (optional)</i>
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		c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			<ul style="list-style-type: none">• Please list supports available for the public during the complaints process.• Please briefly describe at what points during the complaints process that complainants are made aware of supports available. <p>Supports available to the public during the complaints process include:</p> <ul style="list-style-type: none">• Access to interpretation/translation services• A dedicated case manager to serve as a central point of contact to respond to questions, provide guidance about the process and give updates on progress of the complaint• Staff availability outside of regular business hours where required• Tailored assistance to complainants with a disability to ensure accessibility <p>Complainants are made aware of available supports upon initial intake of their complaint, and, where needed, by CDHO staff during the complaints process.</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

		Measure: 11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.		
		a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">• Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description.• Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description.• Complainants are assigned a dedicated case manager to serve as a central point of contact to respond to questions, provide guidance about the process and give updates on the progress of the complaint. Complainants can contact their case manager by phone, e-mail, fax or mail. All correspondence contains the contact details of the case manager and an invitation to contact them if there are any questions.• Professional Conduct staff provide regular updates to parties in the proceeding based on milestones in their case. Staff also advise parties of the expected timeframes for completion of the next stage in the process. For example, staff will advise parties when the complaint investigation has completed and of the scheduled date for review by a panel of the ICRC, including the expected timeframe for receipt of the panel’s decision and reasons.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (optional)		

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	Measure: 12.1 The College addresses complaints in a right touch manner.		
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied. Please provide the year when it was implemented OR evaluated/updated (if applicable). <p>CDHO formalized its complaint triage protocol in 2021. A numeric value is assigned to complaints upon intake, based on factors such as:</p> <ul style="list-style-type: none"> the nature of the alleged conduct the registrant’s prior history risk to other clients (e.g. infection prevention and control) <p>This value is assigned in the College’s case tracking database and used to prioritize complaints based on their assessed risk.</p>	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 13	Measure:		
		13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).		
		a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			<ul style="list-style-type: none">• Please insert a link to the policy and indicate page number OR please briefly describe the policy.• Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). <p>CDHO is participating in a working group through the Health Profession Regulators of Ontario to develop a policy for the disclosure of information to third parties. Over the past year, the College has shared information regarding the following matters:</p> <ul style="list-style-type: none">• Information related to concerns regarding a registrant to the registrant’s employer (e.g., notification of suspension)• Information related to potential concerns about a regulated health professional with their regulatory college	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
<i>Additional comments for clarification (if needed)</i>				

		Measure: 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.									
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD 14	Required Evidence	College Response								
		a. Outline the College’s KPIs, including a clear rationale for why each is important.	<table><tr><td>The College fulfills this requirement:</td><td>Met in 2022, continues to meet in 2023</td></tr><tr><td colspan="2"><ul style="list-style-type: none">Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection.<p>Council sets broad strategic directions for CDHO through four outcomes called “Ends Statements”. The Ends Statements can be found on page 4 of CDHO’s Policy Manual. KPIs are established using the Executive Limitations Policies (starting on page 5 of the Policy Manual).</p></td></tr><tr><td colspan="2">If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</td></tr><tr><td colspan="2">Choose an item.</td></tr></table>	The College fulfills this requirement:	Met in 2022, continues to meet in 2023	<ul style="list-style-type: none">Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. <p>Council sets broad strategic directions for CDHO through four outcomes called “Ends Statements”. The Ends Statements can be found on page 4 of CDHO’s Policy Manual. KPIs are established using the Executive Limitations Policies (starting on page 5 of the Policy Manual).</p>		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.	
		The College fulfills this requirement:	Met in 2022, continues to meet in 2023								
		<ul style="list-style-type: none">Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. <p>Council sets broad strategic directions for CDHO through four outcomes called “Ends Statements”. The Ends Statements can be found on page 4 of CDHO’s Policy Manual. KPIs are established using the Executive Limitations Policies (starting on page 5 of the Policy Manual).</p>									
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?									
Choose an item.											

			Additional comments for clarification (if needed)
	b. The College regularly reports to Council on its performance and risk review against: i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan); ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and iii. its risk management approach.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
		<ul style="list-style-type: none">Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number. At each Council meeting, Council receives monitoring reports from the Registrar/CEO relating to the Executive Limitations Policies. Examples include: <ul style="list-style-type: none">December 1, 2023 meeting minutes (starting on page 9)September 22, 2023 meeting minutes (starting on page 7)June 2, 2023 meeting minutes (starting on page 6)March 31, 2023 meeting minutes (starting on page 7)	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (if needed)	

		Measure:	
		14.2 Council directs action in response to College performance on its KPIs and risk reviews.	
		a. Council uses performance and risk review findings to identify where improvement activities are needed.	<div> <div>The College fulfills this requirement:</div> <div> <div>Yes</div> <div> <ul style="list-style-type: none"> Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number. </div> </div> </div>
		<div> <div></div> <div>Benchmarked Evidence</div> <div></div> </div>	<div> <div>If Council determines that criteria in the monitoring reports lack defensible rationale or if there is insufficient evidence of achievement of Ends or compliance with limitations, they will provide a deadline for the Registrar to produce defensible criteria and/or further evidence, unless there is defensible reason for nonachievement. In 2023, there were no instances where there was insufficient evidence of progress. This process is laid out in the Policy Manual under CRD 3: Delegation to the Registrar and CRD 4: Monitoring Registrar Performance, starting on page 18 of Council’s Policy Manual.</div> <div>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</div> </div>
		Measure:	
		14.3 The College regularly reports publicly on its performance.	
		a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.	<div> <div>The College fulfills this requirement:</div> <div> <div>Met in 2022, continues to meet in 2023</div> <div> <ul style="list-style-type: none"> Please insert a link to the College’s dashboard or relevant section of the College’s website. </div> </div> </div> <div>In addition to the monitoring reports that are presented at each Council meeting, CDHO’s annual reports also detail its performance toward meeting strategic objectives and various regulatory outcomes.</div> <div> <div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div> <div>Choose an item.</div> </div>

			<i>Additional comments for clarification (if needed)</i>
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Part 2: Context Measures

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

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

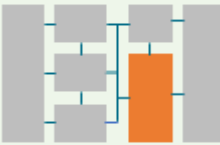
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: ‘Nil’ and indicate any plans to collect the data in the future.

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

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

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Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College's own method: Choose an item. <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2023*		<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2023. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i></p>	
Type of QA/QI activity or assessment:	#		
i. Learning Portfolio	14		
ii. QA Test	10		
iii. Practice Profile	15		
iv. Onsite Practice Review (incl. practice environment + chart audit)	6		
v. Chart Audit (charts only)	14		
vi. Clinical Competency Evaluation	1		
-			

** Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College’s QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.*

[NR](#)

Additional comments for clarification (if needed)

Table 2 – Context Measures 2 and 3

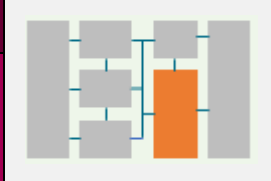
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: Choose an item.			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
	#	%	What does this information tell us? If a registrant’s knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee. The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2023, understanding that some cases may carry over.
CM 2. Total number of registrants who participated in the QA Program CY 2023	45	0.3	
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2023.	16	35.6	
NR			
Additional comments for clarification (if needed)			

Table 3 – Context Measure 4

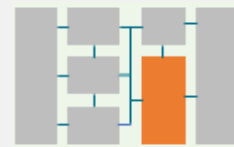
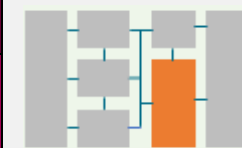
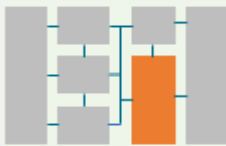
DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 10				
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item.				
If a College method is used, please specify the rationale for its use:				
Context Measure (CM)				
CM 4. Outcome of remedial activities as at the end of CY 2023:**		#	%	What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*		13	81.3	
II. Registrants still undertaking remediation (i.e., remediation in progress)		3	18.8	
NR * This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2023. **This measure may include any outcomes from the previous year that were carried over into CY 2023.				
Additional comments for clarification (if needed)				
-				

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE					
STANDARD 12					
Statistical data is collected in accordance with the recommended method or the College’s own method: Choose an item. If a College method is used, please specify the rationale for its use:					
Context Measure (CM)					
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2023	Formal received	Complaints	Registrar initiated	Investigations	<i>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.</i>
Themes:	#	%	#	%	
I. Advertising	NR	NR	NR	NR	
II. Billing and Fees	NR	NR	NR	NR	
III. Communication	5	28%	NR	NR	
IV. Competence / Patient Care	8	44%	6	40%	
V. Intent to Mislead including Fraud	NR	NR	NR	NR	
VI. Professional Conduct & Behaviour	7	39%	7	47%	
VII. Record keeping	NR	NR	NR	NR	
VIII. Sexual Abuse	NR	NR	NR	NR	
IX. Harassment / Boundary Violations	NR	NR	NR	NR	
X. Unauthorized Practice	NR	NR	NR	NR	
XI. Other <please specify> Breach of Privacy / Confidentiality	NR	NR	NR	NR	
Total number of formal complaints and Registrar’s Investigations**	18	100%	15	100%	

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

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

DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 12				
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item.				
If a College method is used, please specify the rationale for its use:				
Context Measure (CM)				
CM 6.	Total number of formal complaints that were brought forward to the ICRC in CY 2023	18		What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.
CM 7.	Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2023	23		
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 2023	15		
CM 9.	Of the formal complaints and Registrar’s Investigations received in CY 2023**:	#	%	
I.	Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	NR	NR	
II.	Formal complaints that were resolved through ADR	NR	NR	
III.	Formal complaints that were disposed of by ICRC	18	100%	
IV.	Formal complaints that proceeded to ICRC and are still pending	NR	NR	
V.	Formal complaints withdrawn by Registrar at the request of a complainant	NR	NR	
VI.	Formal complaints that are disposed of by the ICRC as frivolous and vexatious	NR	NR	

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

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
STANDARD 12							
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item.							
If a College method is used, please specify the rationale for its use:							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2023	41						
Distribution of ICRC decisions by theme in 2023*	# of ICRC Decisions++						
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	NR	NR	NR	NR	NR	NR	NR
II. Billing and Fees	NR	NR	NR	6	NR	NR	NR
III. Communication	NR	NR	NR	NR	NR	NR	NR
IV. Competence / Patient Care	NR	5	NR	NR	NR	NR	NR
V. Intent to Mislead Including Fraud	NR	NR	NR	NR	NR	NR	NR
VI. Professional Conduct & Behaviour	14	NR	NR	NR	NR	NR	NR
VII. Record Keeping	NR	NR	NR	NR	NR	NR	NR
VIII. Sexual Abuse	NR	NR	NR	NR	NR	NR	NR
IX. Harassment / Boundary Violations	NR	NR	NR	NR	NR	NR	NR

Table 7 – Context Measure 11

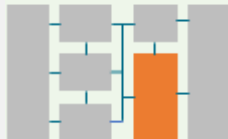
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d			
If College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 11. 90 th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.	
I. A formal complaint in working days in CY 2023	173	The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.	
II. A Registrar’s investigation in working days in CY 2023	317		
Disposal			
Additional comments for clarification (if needed)			
-			

Table 8 – Context Measure 12

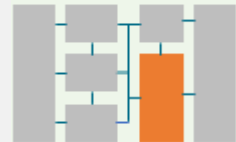
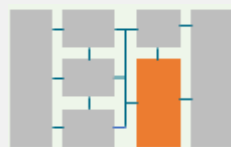
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item.			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 12. 90 th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.	
I. An uncontested discipline hearing in working days in CY 2023	146		
II. A contested discipline hearing in working days in CY 2023	855		
Disposal Uncontested Discipline Hearing Contested Discipline Hearing			
Additional comments for clarification (if needed)			
One contested discipline matter was postponed for an extended period due to a related criminal proceeding and the registrant’s subsequent incarceration.			
-			

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12



Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item.

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

Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		<p>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.</p>
Type	#	
I. Sexual abuse	NR	
II. Incompetence	NR	
III. Fail to maintain Standard	NR	
IV. Improper use of a controlled act	NR	
V. Conduct unbecoming	NR	
VI. Dishonourable, disgraceful, unprofessional	NR	
VII. Offence conviction	NR	
VIII. Contravene certificate restrictions	NR	
IX. Findings in another jurisdiction	NR	
X. Breach of orders and/or undertaking	NR	
XI. Falsifying records	NR	
XII. False or misleading document	NR	
XIII. Contravene relevant Acts	NR	

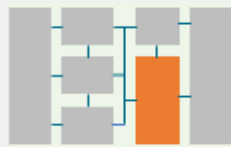
** The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.*

[NR](#)

Additional comments for clarification (if needed)

-

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: Choose an item.		
If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.
Type	#	
I. Revocation	NR	
II. Suspension	NR	
III. Terms, Conditions and Limitations on a Certificate of Registration	NR	
IV. Reprimand	NR	
V. Undertaking	NR	
* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.		
Revocation Suspension Terms, Conditions and Limitations Reprimand Undertaking NR		
Additional comments for clarification (if needed)		

Glossary

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

Return to: [Table 5](#)

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

Return to: [Table 8](#)

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

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

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

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

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

Return to: [Table 5](#)

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

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

Registrar’s Investigation: Under s.75(1)(a) of the *Regulated Health Professions Act, 1991*, (RHPA) where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent, they can appoint an investigator which must be approved by the Inquiries, Complaints and Reports Committee (ICRC). Section 75(1)(b) of the RHPA, where the ICRC receives information about a member from the Quality Assurance Committee, it may request the Registrar to conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.

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

Revocation: Of a member or registrant’s Certificate of Registration occurs where the discipline or fitness to practice committee of a health regulatory College makes an order to “revoke” the certificate which terminates the registrant’s registration with the College and therefore their ability to practice the profession.

Return to: [Table 10](#)

Suspension: A suspension of a registrant’s Certificate of Registration occurs for a set period of time during which the registrant is not permitted to:

- Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g., doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

Return to: [Table 10](#)

Reprimand: A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with their practice.

Return to: [Table 10](#)

Terms, Conditions and Limitations: On a Certificate of Registration are restrictions placed on a registrant’s practice and are part of the Public Register posted on a health regulatory College’s website.

Return to: [Table 10](#)

Uncontested Discipline Hearing: In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.

Return to: [Table 8](#)

Undertaking: Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee.

Return to: [Table 10](#)