REGISTRATION PRACTICES ASSESSMENT REPORT —
The College of Dental Hygienists of Ontario (CDHO)

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The Office of the Fairness Commissioner is an arm's-length agency of the Ontario government, established under the Fair Access to Regulated Professions and Compulsory Trades Act, 2006. Its mandate is to ensure that certain regulated professions have registration practices that are transparent, objective, impartial and fair.

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AVAILABILITY OF REPORT

This report is provided by the OFC to the regulatory body assessed. The OFC will, upon request, release the report to other parties. The OFC will also post a summary of the report on its website. In the interest of transparency and accountability, the OFC encourages regulatory bodies to provide the detailed report to its staff, council members, the public, and other interested parties.

INTRODUCTION

Assessment is one of the Fairness Commissioner's mandated roles under the [Regulated Health Professions Act, 1991 (RHPA)](#).

ASSESSMENT CYCLE

To hold regulatory bodies accountable for continuous improvement, the OFC assesses their licensing practices using a two-year [assessment cycle](#).

Assessment cycles alternate between **full assessments** and **targeted assessments**:

- Full assessments address all specific and general duties described in the RHPA.
- Targeted assessments focus on the areas where the OFC made recommendations in the previous full assessment.

This approach establishes continuity between the assessment cycles.

FOCUS OF THIS ASSESSMENT AND REPORT

The targeted assessment of this regulatory body focused on the areas where the OFC made recommendations in the previous full assessment.

The OFC's detailed report captures the results of the targeted assessment. The assessment summary provides the following key information from the detailed report:

- duties that were assessed
- an overview of assessment outcomes for specific-duty practices
- an overview of comments related to the general duty
- commendable practices
- recommendations

ASSESSMENT SUMMARY

SPECIFIC DUTIES

Specific duties assessed

As a result of the recommendations made in the full assessment, the regulatory body has been assessed in the areas marked below:

Information for Applicants ☐

Internal "Review" ☐

Information on Appeal Rights ☐

Documentation of Qualifications ☐

Assessment of Qualifications ☑

Training ☐

Access to Records ☐

Outcomes

The regulatory body has demonstrated most of the practices in the following specific-duty areas:

- Assessment of Qualifications

For practices that are partially demonstrated or not demonstrated, see the Recommendations section later in this summary.

GENERAL DUTY

Assessment Method

The regulatory body selected one of the following three methods for the assessing of its adherence to the general-duty principles, and informed the OFC:

    a. OFC assesses based on the practices listed in the assessment guide ☐

    b. Regulatory body self-assesses based on the practices in the assessment guide ☑

    c. Regulatory body self-assesses using a system-based approach, in which it explains what it does to ensure that its practices are adhering to the general-duty principles ☐

Principles assessed

As a result of the recommendations made in the full assessment, the regulatory body has been assessed on the principles marked below:

Transparency ☑

Objectivity ☐

Impartiality ☑

Fairness ☐

Comments

The OFC found that since the last assessment, the College of Dental Hygienists of Ontario (CDHO) has taken some additional measures to ensure a transparent and impartial registration process. The OFC identified one area where the CDHO needs to take further steps to ensure transparency (see the Recommendations section below).

COMMENDABLE PRACTICES

A *commendable practice* is a program, activity or strategy that goes beyond the minimum standards set by the OFC assessment guides, considering the regulatory body's resources and profession-specific context. Commendable practices may or may not have potential for transferability to another regulatory body.

The regulatory body is demonstrating commendable practices in the following areas.

Assessment of Qualifications

- monitoring consistency in the application of criteria for the CDHO's Clinical Competency Evaluation by:
  - ensuring that clinical evaluators meet specific criteria set by the CDHO
  - requiring all evaluators to participate in training sessions and internal reliability exercises conducted by the CDHO
  - requiring evaluators to use a clinical performance evaluation form to assess the clinical competency evaluation
  - auditing the consistency of evaluators, including keeping statistics on their pass/fail rates
  - having two people mark every evaluation. The CDHO pairs evaluators based on their pass/fail statistics and changes pairings frequently.
  - using a third evaluator to assess three random candidates. This evaluator's results are not part of the candidate's record but are used by the CDHO as an internal audit of evaluators' performance. CDHO staff members compare the third evaluator's assessments to those of the other two evaluators assigned to the candidate. The CDHO changes the third evaluator for each clinical competency evaluation.

Transparency

- maintaining very open governance, by including on the CDHO website the materials that are reviewed and decided upon in public council meetings. The website includes not only descriptive meeting updates and decision documents but also all of the meeting materials that council members need. This allows applicants and members of the public to see the CDHO's approach to documenting, reviewing, updating and approving policies that govern the CDHO and affect registration.

RECOMMENDATIONS

The regulatory body should improve in the following areas.

Assessment of Qualifications

- On the CDHO website, make information available about the written competency evaluation. This information should include a description of:
    - the criteria used for the evaluation
    - how the criteria are linked to the standards for entry into the profession
    - cost
    - appeal process
    (Practice 5.8a–d)

- In the registration materials on the website, describe procedures relating to the accommodation of special considerations for all qualifications assessments administered by the CDHO (e.g., course of study/equivalency process, clinical and written competency evaluations). (Practice 5.8e)

Transparency

- Identify all possible costs that an applicant may incur while completing the registration process. (Or, clearly describe where the applicant can learn these costs.) The costs include those associated with translation, notarizing, statutory declarations, and requests for education and other supporting documentation. If there are ways that an applicant can mitigate these costs through acceptable alternatives (e.g., through the CDHO's accepting documentation provided to the National Dental Hygiene Certification Board and/or allowing registration staff to verify true copies from original documents, to help reduce the cost of notarial services), describe these ways in the registration information on the website.

ASSESSMENT HISTORY

In the previous assessment, the OFC identified 9 recommendations for the regulatory body.

They have all been implemented.

DETAILED REPORT[1]

5. SPECIFIC DUTY — ASSESSMENT OF QUALIFICATIONS[2]

Legislation: RHPA, Schedule 2, s. 22.4(2)

If the College makes its own assessment of qualifications, it shall do so in a way that is transparent, objective, impartial and fair and, if it relies on a third party to assess qualifications, it shall take reasonable measures to ensure that the third party makes the assessment in a way that is transparent, objective, impartial and fair.

1. Qualifications assessments are based on transparent criteria. [Transparency]

Demonstrated ☑	Partially Demonstrated ☐	Not Demonstrated ☐	Not Applicable ☐

2. Qualifications assessment criteria are directly linked to the requirements/standards for entry to the profession. [Transparency]

Demonstrated ☑	Partially Demonstrated ☐	Not Demonstrated ☐	Not Applicable ☐

3. Qualifications assessment criteria are applied consistently to all applicants. [Objectivity]

Demonstrated ☑	Partially Demonstrated ☐	Not Demonstrated ☐	Not Applicable ☐

Commendable practice
- Monitoring consistency in the application of criteria for the CDHO's Clinical Competency Evaluation by:
    - ensuring that clinical evaluators meet specific criteria set by the CDHO
    - requiring all evaluators to participate in training sessions and internal reliability exercises conducted by the CDHO
    - requiring evaluators to use a clinical performance evaluation form to assess the clinical competency evaluation
    - auditing the consistency of evaluators, including keeping statistics on their pass/fail rates
    - having two people mark every evaluation. The CDHO pairs evaluators based on their pass/fail statistics and changes pairings frequently.
    - using a third evaluator to assess three random candidates. This evaluator's results are not part of the candidate's record but are used by the CDHO as an internal audit of evaluators' performance. CDHO staff members compare the third evaluator's assessments to those of the other two evaluators assigned to the candidate. The CDHO changes the third evaluator for each clinical competency evaluation.

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[1] Please note: Suggestions for continuous improvement appear only in the detailed report. Suggestions for improvement are not intended to be recommendations for action to demonstrate a practice, but are made solely to provide suggestions for areas that a regulatory body may consider improving in the future.

[2] Practices 1–9 refer to qualifications assessments that are conducted by the regulatory body itself. Only practice 10 refers to assessments conducted by third parties. Qualifications assessment includes assessment of the following: academic credential/educational programs, work experience, language, exams, prior learning assessment, and (in some cases) currency of qualifications.

4. **Information about educational programs used in qualifications assessment is current and accurate. [Fairness, Objectivity, Transparency]**

Demonstrated ☑	Partially Demonstrated ☐	Not Demonstrated ☐	Not Applicable ☐

5. **Assessment methods are reviewed for objectivity, validity and reliability. [Objectivity]**

Demonstrated ☑	Partially Demonstrated ☐	Not Demonstrated ☐	Not Applicable ☐

6. **The results of qualifications assessment are communicated to the applicant in writing (electronically or in hardcopy). [Fairness, Transparency]**

Demonstrated ☑	Partially Demonstrated ☐	Not Demonstrated ☐	Not Applicable ☐

7. **Applicants have an opportunity to appeal the results of a qualifications assessment or to have the results reviewed. [Fairness]**

Demonstrated ☑	Partially Demonstrated ☐	Not Demonstrated ☐	Not Applicable ☐

8. **On its website, the regulatory body informs applicants about the following items related to assessment of qualifications:**
    a. **the criteria that qualifications assessments are based on**
    b. **how those criteria are linked to the requirements/standards for entering the profession**
    c. **the costs**
    d. **opportunities to appeal the results of a qualifications assessment or have the results reviewed**
    e. **any policies and procedures relating to special considerations[3]**
    [Transparency]

Demonstrated ☐	Partially Demonstrated ☑	Not Demonstrated ☐	Not Applicable ☐

Recommendations
- On the CDHO website, make information available about the written competency evaluation. This information should include a description of:
    - the criteria used for the evaluation
    - how the criteria are linked to the standards for entry into the profession
    - cost
    - appeal process
    (Practice 5.8a–d)

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[3] Where it is impossible to remove barriers without undue hardship to the regulatory body, special arrangements must be made so that all individuals can fully participate. This accommodation may include, but is not limited to: accommodation for special needs, providing and accepting communication in multiple formats, mechanisms to allow flexibility in demonstrating competencies or ways to meet requirements, and providing flexibility and/or offering multiple dates for applicants participating in assessments.

- In the registration materials on the website, describe procedures relating to the accommodation of special considerations for all qualifications assessments administered by the CDHO (e.g., course of study/equivalency process, clinical and written competency evaluations). (Practice 5.8e)

9. **The regulatory body ensures that the following are done within a reasonable amount of time:**
   a. **assessing the qualifications**
   b. **communicating the results to applicants**
   c. **providing reasons in writing for unsuccessful applications**
   [Fairness, Transparency]

Demonstrated ✓	**Partially Demonstrated** ☐	**Not Demonstrated** ☐	**Not Applicable** ☐

10. **Regulatory bodies that rely on third-party assessments take measures to ensure that the third-party assessments are transparent, objective, impartial and fair. [Fairness, Transparency, Objectivity, Impartiality]**

Demonstrated ✓	**Partially Demonstrated** ☐	**Not Demonstrated** ☐	**Not Applicable** ☐

GENERAL DUTY

Legislation: RHPA, Schedule 2, S.22.2 The College has a duty to provide registration practices that are transparent, objective, impartial and fair.

Transparency:
A process is transparent if it is conducted in such a way that it is easy to see what actions are being taken to complete the process, why these actions are taken, and what results from these actions. In the regulatory context, transparency of the registration process encompasses the following:
- Openness: having measures and structures in place that make it easy to see how the registration process operates
- Access: making registration information easily available
  Clarity: ensuring that information used to communicate about registration is complete, accurate and easy to understand

Assessment Comments

Openness:

The CDHO uses effective strategies to ensure the following:
- registration policies and criteria are readily available to registration staff and decision-makers
- policies and criteria are regularly reviewed and updated
- all registration staff and decision-makers who are responsible for implementing policies and criteria are promptly informed of changes to policy.
- proposed registration policies are reviewed, discussed and decided in an open forum, during the Council meetings. The public has access to this information in advance of the decision making process.

The CDHO also takes adequate steps to ensure that applicants can see that the documented policies have been followed

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in their case. To take these efforts further, the CDHO could provide more comprehensive information about the "the good character" requirement (see below Suggestions for Continuous Improvement).

Access:

The CDHO takes measures to ensure that applicants have all relevant information at the time and in the way needed to take actions appropriate to their individual circumstances including information about fees and timelines. The CDHO provides applicants with information about the role and the requirements of the third parties with whom applicants come into contact during the registration process. To take these efforts further, the CDHO needs to identify more effectively, certain aspects of the registration process and qualifications assessment (see Assessment of Qualifications Section and below Recommendation).

Clarity:

The CDHO communicates well with applicants throughout the registration process. There are processes to communicate with applicants about their application before, during and after application. The CDHO takes measures to ensure that applicants know how their application progresses and understand the reasons for all decisions taken during the registration process.

Commendable practice
- Maintaining very open governance, by including on the CDHO website the materials that are reviewed and decided upon in public council meetings. The website includes not only descriptive meeting updates and decision documents but also all of the meeting materials that council members need. This allows applicants and members of the public to see the CDHO's approach to documenting, reviewing, updating and approving policies that govern the CDHO and affect registration.

Recommendation
- Identify all possible costs that an applicant may incur while completing the registration process. (Or, clearly describe where the applicant can learn these costs.) The costs include those associated with translation, notarizing, statutory declarations, and requests for education and other supporting documentation. If there are ways that an applicant can mitigate these costs through acceptable alternatives (e.g., through the CDHO's accepting documentation provided to the National Dental Hygiene Certification Board and/or allowing registration staff to verify true copies from original documents, to help reduce the cost of notarial services), describe these ways in the registration information on the website.

Suggestion for Continuous Improvement
- To further clarify how applicants can meet "the good character" requirement, the CDHO could provide more specific information about the requirement and criteria that are used to assess the requirement. This may include describing the process by which the CDHO makes its decisions about applicant's suitability and/or describing factors contributing to the decisions.

Impartiality:
A process or decision is impartial if the position from which it is undertaken is neutral. Neutrality occurs when actions or behaviours that may result in subjective assessments or decisions are mitigated. Impartiality may be achieved by ensuring that all sources of bias are identified and that steps are taken to address those biases. In the regulatory context, impartiality encompasses the following:
- Identification: having systems to identify potential sources of bias in the assessment or decision-making process (for example, sources of conflict of interest, preconceived notions, and lack of understanding of issues related to diversity)

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- Strategies: having systems to address bias and enable neutrality during the assessment and decision-making process (for example, training policies that address conflict of interest, procedures to follow if bias is identified, and using group deliberation and consensus strategies to come to decisions)

Assessment Comments

Identification:

The OFC finds that the CDHO has some strategies in place enabling the identification of potential sources of bias. These measures include:

- Identifying points at which conflict of interest in the assessment and decision-making processes can occur.
- Providing its staff and committee members with training and resources to identify bias (i.e. on anti-discrimination, cultural diversity and objectives of RHPA).

However, it is important that the CDHO take further steps to ensure that it identifies all sources of impartiality (e.g. preconceived notions, personal beliefs, etc.). Without having all sources of bias identified, it is impossible to determine whether the measures taken to mitigate impartiality are adequate. This is especially relevant to making decisions about "good character". The CDHO could take a more proactive approach to ensure that staff and committee members are able to identify all sources of bias and take appropriate steps and further enhance the systems it has (see Suggestions for continuous improvement).

Strategies:

The OFC finds that the CDHO takes measures to be neutral during assessment and the decision-making processes. These measures include:

- Training staff and committee members in applying criteria and following standard procedures.
- Ensuring those decision-makers who deal with registration applications are free from real or perceived conflict of interest (e.g. having a conflict of interest policy and procedures).
- Ensuring procedures that minimize potential for bias (e.g. staff prepare the documents by assigning an application number and removing any identifying characteristics, ensuring that decisions are based on concrete evidence, using group deliberation and consensus strategies to come to decisions, recording decisions and the reasons for them).

To take these efforts further, the CDHO could take a more proactive approach to ensure the quality and appropriateness of its training activities (see Suggestions for continuous improvement).

Suggestions for Continuous Improvement:
The CDHO could:

- Improve the quality and appropriateness of its training activities. This could include:
  - Providing ongoing training for staff and committee members on practical applications of fair access principles.
  - Measuring whether the training is adequate for preparing its committee members in interpreting assessment and registration criteria. If it is not adequate, CDHO should provide additional or more adequate training.
  - Re-assessing whether there is a need for additional training or more suitable training enabling identification of bias. Where the CDHO identifies that additional or more suitable training is required, the CDHO should take

steps to provide the training. Ensuring ongoing training for staff and committee members on practical applications of fair-access principles would also be useful.

- o Taking a robust approach to identifying and addressing potential bias when making decisions about "good character". The approach may include the following actions:
  - o Reviewing decision-making procedures with intention to identify any sources of bias that may influence assessment and registration decisions.
  - o Recording what constitutes a bias (e.g. preconceived notions) and a basis for discrimination.
  - o Establishing procedures to be followed where potential for bias is identified.
  - o Including this information in training material for the Registration committee members.

- Develop a code of conduct, conflict of interest policies and/or guidelines for staff involved in handling of applications and/or decision-making; review/update these policies and guidelines regularly.

BACKGROUND

ASSESSMENT METHODS

Assessments are based on the *Registration Practices Assessment Guide – For Health Regulatory Colleges.* The guide presents registration practices relating to the specific duties and general duty in the RHPA.

A regulatory body's practices can be measured against the RHPA's specific duties in a straightforward way. However, the general duty is broad, and the principles it mentions (transparency, objectivity, impartiality and fairness) are not defined in the legislation.

As a result, the specific-duty and general-duty obligations are assessed differently (see the *Strategy for Continuous Improvement of Registration Practices).*

Specific Duties

The OFC can clearly determine whether a regulatory body demonstrates the specific-duty practices in the assessment guide. Therefore, for each specific-duty practice, the OFC provides one of the following assessment outcomes:

- Demonstrated – all required elements of the practice are present or addressed
- Partially Demonstrated – some but not all required elements are present or addressed
- Not Demonstrated – none of the required elements are present or addressed
- Not Applicable – this practice does not apply to the *(acronym of regulatory body)*'s registration practices

General Duty

Because there are many ways that a regulatory body can demonstrate that its practices, overall, are meeting the principles of the general duty, the OFC makes assessment *comments* for the general duty, rather than identifying assessment outcomes. For the same reason, assessment comments are made by principle, rather than by practice.

For information about the OFC's interpretations of the general-duty principles and the practices that the OFC uses as a guideline for assessment, see the *Registration Practices Assessment Guide – For Health Regulatory Colleges*.

Commendable Practices and Recommendations

Where applicable, the OFC identifies commendable practices or recommendations for improvement related to the specific duties and general duty.

Sources

Assessment outcomes, comments, and commendable practices and recommendations are based on information provided by the regulatory body. The OFC relies on the accuracy of this information to produce the assessment report. The OFC compiles registration information from sources such as the following:

- Fair Registration Practices Reports, audits, Entry-to-Practice Review Reports, annual meetings
- the regulatory body's:
    - website
    - policies, procedures, guidelines and related documentation templates for communication with applicants
    - regulations and bylaws
    - internal auditing and reporting mechanisms
    - third-party agreements and related monitoring or reporting documentation
    - qualifications assessments and related documentation
- targeted questions/requests for evidence that the regulatory body demonstrates a practice or principle

For more information about the assessment cycle, assessment process, and legislative obligations, see the *Strategy for Continuous Improvement of Registration Practices.*