

# College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2022 – December 2022

JANUARY – 2023

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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.

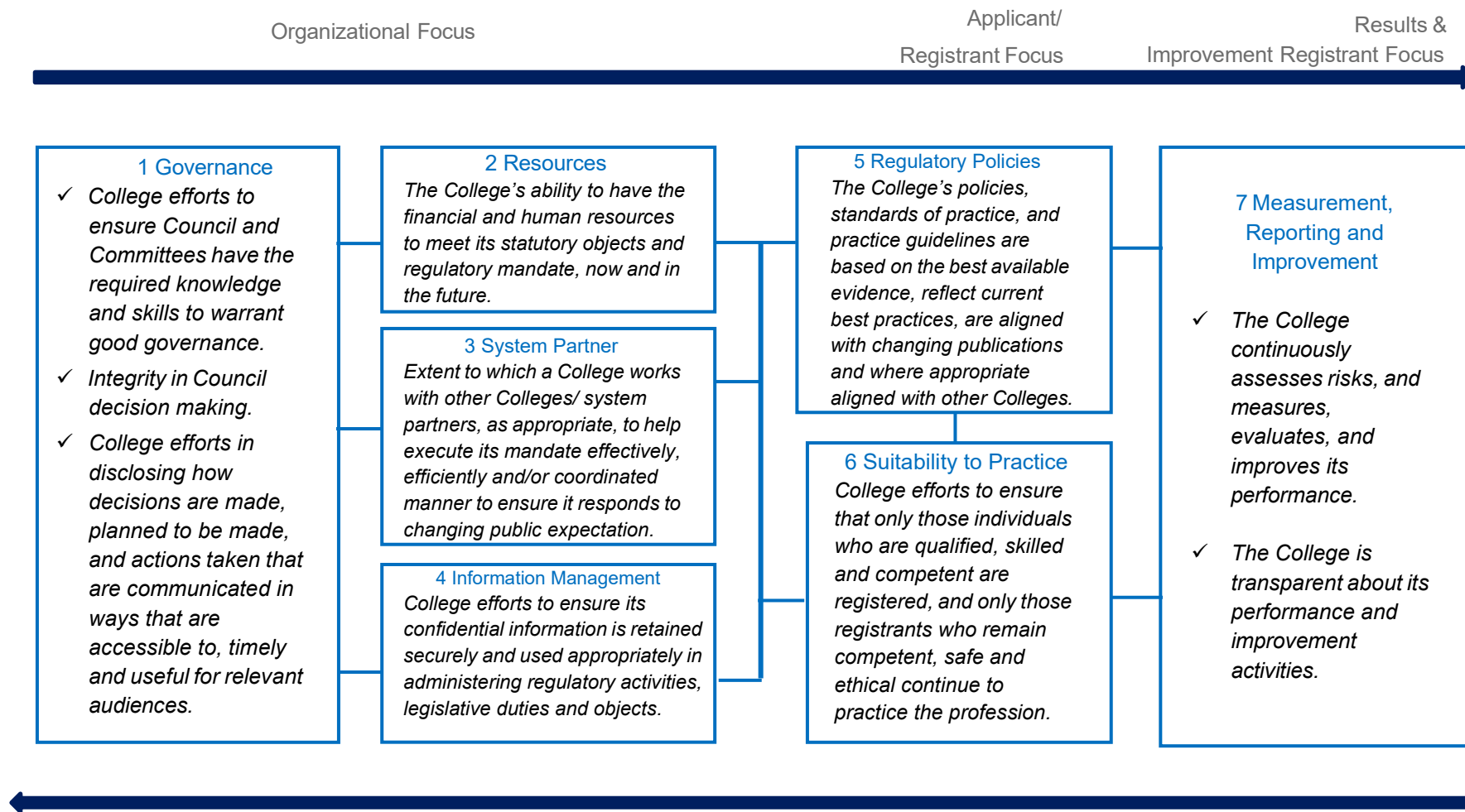
**Table 1:** CPMF Measurement Domains and Components

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

## CPMF Model

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

**Figure 1:** CPMF Model for Measuring Regulatory Excellence



**Figure 2: CPMF Domains and Standards**

<b>Domains</b>	<b>Standards</b>
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 third iteration of the CPMF will continue to provide the public, the ministry, and other stakeholders with information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. At this time, the ministry will not assess whether a College meets or does not meet the Standards.

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

Additionally, in 2022 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2021 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for Colleges to learn from each other.

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

For this reporting cycle, Colleges will be asked to report on:

- Their performance against the CPMF standards and updates on the improvements Colleges committed to undertake in their previous CPMF reports;
- Provide detailed improvement plans where they do not fully meet a benchmarked Evidence.

## **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.

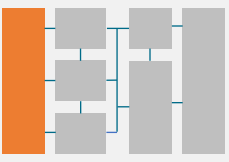
### **What has changed in 2022?**

This year, eight pieces of Evidence have been 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. In subsequent CPMF reports, Colleges will be expected to report on their progress in meeting the benchmarked Evidence.

Where a College fully met Evidence in 2021 and 2022, the College may opt to respond with ‘Met in 2021 and Continues to Meet in 2022’. 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
		<p>a. Professional members are eligible to stand for election to Council only after:</p> <p>i. meeting 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"> <li>The competency and suitability criteria are public: Yes <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i></li> </ul> <p>The <a href="#">Council Competency Profile</a> was adopted by Council in 2021 and describes the knowledge, skills and attributes needed for Council members to effectively execute their fiduciary role and responsibilities pertaining to the public protection mandate of the College. This profile comprises the framework for assessing and supporting the development of the required competencies.</p> <p>Since the adoption of the Profile, the College sought nominations for eligible Registered Dental Hygienists to stand for election as a Professional member of Council from Districts 1 (Bruce, Grey, Elgin, Essex, Huron, Kent, Lambton, Middlesex, Oxford and Perth counties); 5 (Frontenac, Peterborough, Hastings, Lanark, Lennox and Addington, Prince Edward, Victoria, Haliburton, Northumberland Counties and the regional municipality of Durham); and 6 (Dundas, Glengarry, Leeds, and Grenville, Prescott, and Russell, Renfrew and Stormont Counties and the Regional Municipality of Ottawa-Carleton). The Call for Nominations was sent to all registrants in each district. There were 1637 registrants in District 1, 1464 in District 5 and 1582 in District 6. Interested individuals were required to attend an information session prior to the election to provide them with information that included the <a href="#">Council Competency Profile</a>. Registrants who then wished to run for election were required to complete the <a href="#">nomination package</a>. Following the information session, <u>only one</u> candidate from each of the three districts submitted their nomination package and all were elected by acclamation to the Council.</p> <p>All Council members completed a self-assessment of their level of expertise in the competencies in the profile in October 2021. Professional members interested in standing for election completed the self-assessment in 2022 following the election. As new Council members join, and others retire from Council, a living document is maintained that articulates the competencies possessed by the Council at any point in time. This document is used to determine the training that is necessary to upskill members of the Council to enable them to address the identified gaps in knowledge, skills, and attributes considered essential to becoming competent Council members.</p> <p>None of the 3 newly elected members met all criteria as specified in the <a href="#">Council Competency Profile</a>. Restricting eligibility to stand for election to only those who meet the competencies would have resulted in 3 empty seats on Council. If this situation were compounded in subsequent years, we would run the risk of not having a quorum for Council decisions or sufficient Council members to populate Statutory Committees.</p>

			<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>Historically, the CDHO has not seen a great deal of interest in running for Council. We always reach out to registrants and encourage them to consider running for Council; however, these endeavours have not resulted in a significant spike in interest. Elections occur each November so efforts will once again be put forth in order to attract more candidates such as messaging the registrants with upcoming elections in their districts. Our goal is to generate enough interest to allow us to fully implement this measure in the future.</p>				
		<p>ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td data-bbox="776 456 2206 516">The College fulfills this requirement:</td> <td data-bbox="2206 456 2612 516" style="text-align: center;">Yes</td> </tr> <tr> <td colspan="2" data-bbox="776 516 2612 1429"> <ul style="list-style-type: none"> <li>• Duration of orientation training.</li> <li>• Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics.</li> </ul> <p>Professional members wishing to stand for election must attend an orientation training session that takes place prior to elections. The session takes place with College staff online with the aim being to provide those seeking election with education related to the expectations pertaining to the member’s role and responsibilities. The duration of the orientation training is 1.5–2 hours. Once elected, new Council members attend a second orientation that runs approximately 2 hours and deals with administrative matters.</p> <p>Training topics include:</p> <ul style="list-style-type: none"> <li>• History of the College</li> <li>• Discussion of Self-Regulation</li> <li>• Organizational Chart</li> <li>• College’s Mandate</li> <li>• Role and Composition of Council</li> <li>• Governance Structure</li> <li>• Policy Governance</li> <li>• Code of Conduct</li> <li>• Fiduciary Duty</li> <li>• Conflict of Interest</li> <li>• Confidentiality</li> <li>• Council Expectations</li> <li>• Council Culture</li> <li>• Council Meetings</li> <li>• Current Council Business</li> <li>• Council Communication</li> </ul> </td> </tr> </table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none"> <li>• Duration of orientation training.</li> <li>• Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics.</li> </ul> <p>Professional members wishing to stand for election must attend an orientation training session that takes place prior to elections. The session takes place with College staff online with the aim being to provide those seeking election with education related to the expectations pertaining to the member’s role and responsibilities. The duration of the orientation training is 1.5–2 hours. Once elected, new Council members attend a second orientation that runs approximately 2 hours and deals with administrative matters.</p> <p>Training topics include:</p> <ul style="list-style-type: none"> <li>• History of the College</li> <li>• Discussion of Self-Regulation</li> <li>• Organizational Chart</li> <li>• College’s Mandate</li> <li>• Role and Composition of Council</li> <li>• Governance Structure</li> <li>• Policy Governance</li> <li>• Code of Conduct</li> <li>• Fiduciary Duty</li> <li>• Conflict of Interest</li> <li>• Confidentiality</li> <li>• Council Expectations</li> <li>• Council Culture</li> <li>• Council Meetings</li> <li>• Current Council Business</li> <li>• Council Communication</li> </ul>	
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		<ul style="list-style-type: none"> <li>• Monitoring Reports</li> <li>• Honoraria Policies</li> <li>• Next Steps – After Election and Committees</li> <li>• Committee Commitments</li> <li>• 2023 Council Schedule</li> </ul>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>
		<p>Choose an item.</p> <p><i>Additional comments for clarification (optional):</i></p>
	<p>b. 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>
		<p>Yes</p> <ul style="list-style-type: none"> <li>• The competency and suitability criteria are public: <b>Yes</b></li> <li>• <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i></li> </ul> <p>The <a href="#">Committee Composition Profile</a> 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>
		<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>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>
		<p>Yes</p> <ul style="list-style-type: none"> <li>• Duration of each Statutory Committee orientation training.</li> <li>• Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics for Statutory Committee.</li> </ul> <p>See <a href="#">Appendix A</a> which sets out the training details for all members of Statutory Committees including the duration, format, and topics of training. Topics include the mandate of the Committee and expectations pertaining to a member’s role and responsibilities. The orientation training takes place during the first committee meeting and prior to decision-making regarding specific cases.</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>		
		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 2021, continues to meet in 2022
		<ul style="list-style-type: none"> <li>• Duration of orientation training.</li> <li>• Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics.</li> </ul> <p>See <a href="#">Appendix B</a> which sets out the orientation/training details for all public appointees to Council and includes the duration, format, and topics of training. Topics include the mandate of the Committee and expectations pertaining to a member’s role and responsibilities and takes place prior to their first Council meeting.</p>		
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional):</i>	

Measure:		
1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.		
Required Evidence	College Response	
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> <li>i. Council meetings; and</li> <li>ii. Council.</li> </ul>	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
	<ul style="list-style-type: none"> <li>• Please provide the year when Framework was developed <b>OR</b> last updated.</li> <li>• Please insert a link to Framework <b>OR</b> link to Council meeting materials and indicate the page number where the Framework is found and was approved.</li> <li>• Evaluation and assessment results are discussed at public Council meeting: <b>Yes</b></li> <li>• <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i></li> </ul>	
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
<i>Additional comments for clarification (optional)</i>		

		<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> <li>• Has a third party been engaged by the College for evaluation of Council effectiveness? <b>Yes</b></li> <li>• <i>If yes, how often do they occur?</i></li> <li>• Please indicate the year of last third-party evaluation.</li> </ul> <p>Council has contracted Deanna Williams of Dundee Consulting Inc. to perform a third-party assessment of Council effectiveness. Evaluation activities took place in 2022 and the Council looks forward to receiving the final report in early 2023 to determine what, if any, changes the consultant has recommended to improve Council effectiveness.</p>		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>		

		<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers.</li> <li>• Please insert a link to Council meeting materials and indicate the page number where this information is found <b>OR</b></li> <li>• Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>.</li> </ul> <p>The Council develops a plan for training at the beginning of the year and refines the plan prior to each meeting. The training agenda is based on input from Council members by way of a survey and a summary of assessments of governance performance through the prior year. Council allocates the day prior to the Council meeting for training and education.</p> <p>In a survey of Council members in November 2021, Council members identified their need for training in the following areas for 2022:</p> <ul style="list-style-type: none"> <li>○ Current Regulatory Issues and Trends - 58%</li> <li>○ RHPA and other regulated legislation - 50%</li> <li>○ Policy Development - 42%</li> <li>○ Reading Financial Statements - 0%</li> <li>○ Assessing Monitoring Reports - 33%</li> <li>○ Core Regulatory Activities of the College - 42%</li> <li>○ Specific Duties and Functions of the College - 25%</li> <li>○ Role of a Council Member - 17%</li> <li>○ Robert’s Rules of Order - 17%</li> <li>○ Dental Hygiene Practice - 17%</li> <li>○ Foundational Concepts of Self-Regulation - 25%</li> <li>○ Ten Principles of Policy Governance - 0%</li> <li>○ Fiduciary Duty - 8%</li> <li>○ No need/time for Education - 0%</li> </ul> <p>This information was used in the planning for the following workshops/training which were held in 2021:</p> <table border="1" data-bbox="870 1208 2502 1382"> <thead> <tr> <th>Date</th> <th>Topic</th> <th>Presenter</th> </tr> </thead> <tbody> <tr> <td>January 21, 2022</td> <td>Conflict of Interest and Confidentiality</td> <td>Rebecca Durcan, SML</td> </tr> <tr> <td></td> <td>Regulation/RHPA</td> <td>Richard Steinecke, SML</td> </tr> </tbody> </table>	Date	Topic	Presenter	January 21, 2022	Conflict of Interest and Confidentiality	Rebecca Durcan, SML		Regulation/RHPA	Richard Steinecke, SML	<p>Yes</p>
Date	Topic	Presenter											
January 21, 2022	Conflict of Interest and Confidentiality	Rebecca Durcan, SML											
	Regulation/RHPA	Richard Steinecke, SML											

			February 25, 2022 Workshop	Current, Important Topics in Professional Regulation Diversity and Inclusion (Unconscious Bias) Governance Reform and Regulatory Modernization: Ministry of Health Consultation	Rebecca Durcan, SML Canadian Centre for Diversity and Inclusion (CCDI) Dr. G. Pettifer and Julie Maciura, SML
			March 4, 2022 Meeting	Risk-Based Regulation	Rebecca Durcan, SML
			June 9, 2022 Workshop	Ownership Linkage Committee Overview Guidelines for Reviewing Policies with an Inclusion Focus Reconciliation and Indigenous Inclusion within Health Care Profession Regulatory Bodies	Terri Strawn (Council President) and Carla Grbac Michael Bach, CCDI Harmony Johnson
			June 10, 2022 Meeting	Third-Party Assessment	Deanna Williams
			September 9, 2022 Workshop	Third-Party Assessment Indigenous Inclusion	Deanna Williams Roy Pogorzelski, CCDI
			December 1, 2022 Workshop	Land Acknowledgment Bias and Noise Roles and Responsibilities of Council Members CDHA and CNAR Conference Reports from Council Members who attended	Christine Luckasavitch Rebecca Durcan, SML Rebecca Durcan, SML Terri Strawn and Carla Grbac (CDHA Summit) Terri Strawn and Vanessa Pereira (CNAR)
			December 2, 2022 Meeting	Inequality in Access to Oral Health Care Quality Assurance Strategic Planning	Dr. Catherine Carstairs Dr. Zubin Austin
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?			Choose an item.



			<i>Additional comments for clarification (optional):</i>
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		<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"> <li>• Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers.</li> <li>• Please insert a link to Council meeting materials and indicate the page number where this information is found <b>OR</b></li> <li>• Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>.</li> </ul> <p>Ongoing training is informed by many factors including evolving public expectations. The CDHO regularly surveys the public and registrants and engages stakeholders through consultations to help inform risk management that occurs through the monitoring of CDHO policies as described in 2.1 e) below. Surveys of members of the public were completed in 2018 and 2020 and in 2022 another comprehensive survey of the public was commissioned by the CDHO. The results of these various surveys are used to help define evolving public expectations. Input is also gathered from regular surveys of the registrant base.</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>	Choose an item.	
<p><i>Additional comments for clarification (optional):</i></p>				

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

- 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

Further clarification:

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.

College Response

The College fulfills this requirement:

Yes

- 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 CDHO Council Code of Conduct and rules for the Conduct Committee are contained on pages 11–22 in [CDHO Bylaw 5](#), Sections 3.7 through 3.9 (last updated 18/09/2020).

The Conduct Committee Terms of Reference are described in Policy GP 6.4 on page 38 of the [CDHO Policy Manual](#) (last updated 4/12/2020). This Committee is in place to assist the Council in enforcing upon itself the self-discipline needed to govern with excellence.

The CDHO Council Conflict of Interest Policy is contained on page 13 of [CDHO Bylaw 5](#), Section 3.7 (16.) (last updated 18/09/2020).

Code of Conduct and Conflict of Interest policies are due to be updated in 2023.

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

Choose an item.

*Additional comments for clarification (optional)*

		ii. accessible to the public.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			<ul style="list-style-type: none"> <li>Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy <b>OR</b> Council meeting materials where the policy is found and was last discussed and approved and indicate the page number.</li> </ul>	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	
		b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods).  <u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			<ul style="list-style-type: none"> <li>Cooling off period is enforced through: By-law</li> <li>Please provide the year that the cooling off period policy was developed <b>OR</b> last evaluated/updated.</li> <li>Please provide the length of the cooling off period.</li> <li>How does the College define the cooling off period? <ul style="list-style-type: none"> <li>– Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number;</li> <li>– Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; <b>OR</b></li> <li>– Where not publicly available, please briefly describe the cooling off policy.</li> </ul> </li> </ul>	

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>		
		<p>c. The College has a conflict-of-interest questionnaire that all Council members must complete annually.  <u>Additionally:</u></p> <ul style="list-style-type: none"> <li>i. the completed questionnaires are included as an appendix to each Council meeting package;</li> <li>ii. questionnaires include definitions of conflict of interest;</li> <li>iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and</li> <li>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></li> </ul>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> <li>• Please provide the year when conflict of interest the questionnaire was implemented <b>OR</b> last evaluated/updated.</li> <li>• 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</li> <li>• Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number.</li> </ul> <p>The annual declarations for 2022 for Council members can be viewed under item 3.1 on pages 15–33 of the <a href="#">March 4, 2022 Council meeting minutes</a></p> <p>At the beginning of every Council meeting, members declare any updates to their annual declaration responses and any conflicts of interest specific to the meeting agenda. This can be seen starting on page 9 under item 3.1 in the <a href="#">September 16, 2022 Council meeting agenda.</a></p>		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>		

		<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2021, continues to meet in 2022</p>	
			<ul style="list-style-type: none"> <li>• Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public.</li> <li>• 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.</li> </ul>		
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
			<p><i>Additional comments for clarification (if needed)</i></p>		

		<p>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"> <li>Please provide the year that the formal approach was last reviewed.</li> <li>Please insert a link to the internal and external risks identified by the College <b>OR</b> Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number.</li> </ul> <p>In the Policy Governance model, the College’s strategic plan is set out in the Global Ends Policy which can be found on page 3 of the <a href="#">CDHO Policy Manual</a>. Formal monitoring of all policies is completed by the Council according to set schedules which can be found on pages 19 and 46–47. Compliance with each policy must be demonstrated through the monitoring reports that are reviewed and approved by the Council during Council meetings. 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.</p> <p>In 2022, the following policies were monitored, and it was determined that the College was in compliance with the policies and had appropriately managed all related risks:</p> <table border="1" data-bbox="838 646 2553 1416"> <thead> <tr> <th>Policy</th> <th>Location</th> <th>Associated risk</th> <th>Approval of Monitoring Report</th> </tr> </thead> <tbody> <tr> <td>Executive Limitations Policy 4(1): Financial Conditions and Activities</td> <td>Page 8 of <a href="#">CDHO Policy Manual</a>.</td> <td>Fiscal jeopardy or a material deviation of actual expenditures from Council priorities</td> <td>Page 7 of <a href="#">March 4, 2022 Council meeting minutes</a></td> </tr> <tr> <td>Executive Limitations Policy 7: Compensation and Benefits</td> <td>Page 12 of <a href="#">CDHO Policy Manual</a>.</td> <td>Jeopardy to fiscal integrity or public image.</td> <td>Page 7 of <a href="#">March 4, 2022 Council meeting minutes</a></td> </tr> <tr> <td>Executive Limitations Policy 10: Development of Standards Governing Practice</td> <td>Page 15 of <a href="#">CDHO Policy Manual</a>.</td> <td>Development of standards of practice that cannot be adequately defended, or are inconsistent with the legislated mandate of the College.</td> <td>Page 7 of <a href="#">March 4, 2022 Council meeting minutes</a></td> </tr> <tr> <td>Executive Limitations Policy 11: Amendments to Act or Bylaws</td> <td>Page 16 of <a href="#">CDHO Policy Manual</a>.</td> <td>Interference with the Council’s legislated responsibilities.</td> <td>Page 7 of <a href="#">March 4, 2022 Council meeting minutes</a></td> </tr> <tr> <td>Governance Process 6.2: Ownership Linkage Terms of Reference</td> <td>Page 35 of <a href="#">CDHO Policy Manual</a>.</td> <td>Assists the Council in fulfilling its responsibilities regarding connection with the owners (public).</td> <td>Page 8 of <a href="#">June 10, 2022 Council meeting minutes</a></td> </tr> </tbody> </table>	Policy	Location	Associated risk	Approval of Monitoring Report	Executive Limitations Policy 4(1): Financial Conditions and Activities	Page 8 of <a href="#">CDHO Policy Manual</a> .	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			Governance Process 11: Council Linkage with Ownership	Page 49 of <a href="#">CDHO Policy Manual</a> .	Governing in a manner that protects and serves the public interest and the obligation to identify and know what the owners (public) want and need.	Page 8 of <a href="#">June 10, 2022 Council meeting minutes</a>
			Executive Limitations Policy 6: Investment	Page 11 of <a href="#">CDHO Policy Manual</a> .	Managing investments in a way that is consistent with the objectives of reasonable growth and capital preservation.	Page 9 of <a href="#">June 10, 2022 Council meeting minutes</a>
			Governance Process 6: Council Committee Principles	Page 31 of <a href="#">CDHO Policy Manual</a> .	Council committees are assigned to reinforce the wholeness of the Council's job and do not interfere with delegation from Council to Registrar.	Page 6 of <a href="#">September 16, 2022 Council Meeting Minutes</a>
			Governance Process 6.4: Conduct Committee Terms of Reference	Page 38 of <a href="#">CDHO Policy Manual</a> .	Assisting the Council in enforcing upon itself the self-discipline needed to govern with excellence by considering and determining complaints made about Council or Committee members	Page 6 of <a href="#">September 16, 2022 Council Meeting Minutes</a>
			<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 (if needed)</i></p>			



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.	The College fulfills this requirement: <span style="float: right;">Met in 2021, continues to meet in 2022</span>
	<ul style="list-style-type: none"> <li>• Please insert a link to the webpage where Council minutes are posted.</li> <li>• Please insert a link to where the status updates on implementation of Council decisions to date are posted <b>OR</b> where the process for requesting these materials is posted.</li> </ul>
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> <span style="float: right;">Choose an item.</span></p> <p><i>Additional comments for clarification (optional)</i></p>

		<p>b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information).</p> <ul style="list-style-type: none"> <li>i. the meeting date;</li> <li>ii. the rationale for the meeting;</li> <li>iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and</li> <li>iv. if decisions will be ratified by Council.</li> </ul>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> <li>• Please insert a link to the webpage where Executive Committee minutes/meeting information are posted.</li> </ul> <p>The Council’s Governance Process policy GP 6.1 on page 32 of the <a href="#">CDHO Policy Manual</a> contains the terms of reference for the Executive Committee which opens with the statement, “the Executive Committee will assist the Council in its responsibilities to govern lawfully, effectively, and efficiently”. The terms of reference also state the jobs of Council including, “As provided for in the <i>Regulated Health Professions Act</i> and CDHO Bylaws, decisions on behalf of the Council, only in urgent situations when it is not feasible to convene a quorum of the Council.” The latter statement recognizes the importance of holism in governing – Council as a whole making decisions – and a commitment to support Council’s decision-making rather than making decisions on behalf of Council.</p> <p>If there is an urgent situation which requires the Executive Committee to make a decision on behalf of Council, the policy states that, “[Council will produce] a report to Council at its immediate next meeting of any decision made on behalf of the Council.” If such a decision was made, it would be declared in the report of the Executive Committee to the Council meeting.</p> <p>In 2022, the Executive Committee made no such decisions on behalf of the Council.</p>		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>		

Measure:			
3.2 Information provided by the College is accessible and timely.			
Required Evidence	College Response		
a. With respect to Council meetings: 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 2021, continues to meet in 2022	
	<ul style="list-style-type: none"> <li>Please insert a link to where past Council meeting materials can be accessed <b>OR</b> where the process for requesting these materials is clearly posted.</li> </ul> <p><a href="#">Council Meeting agendas and minutes</a> are posted on the CDHO website and are accessible for at least 3 years.</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. 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 2021, continues to meet in 2022	
	<ul style="list-style-type: none"> <li>Please insert a link to the College's Notice of Discipline Hearings.</li> </ul> <p><a href="#">Notice of Discipline Hearings</a> are posted on the CDHO website at least one month in advance and include allegations made against the registrant.</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>		

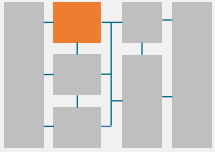
**Measure:**

**3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.**

Required Evidence	College Response																																	
<p>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).</p>	<p>The College fulfills this requirement:</p>																																	
	<p>Partially</p> <ul style="list-style-type: none"> <li>Please insert a link to the College’s DEI plan.</li> <li>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.</li> </ul> <p>CDHO staff and Council recognize the importance of a comprehensive DEI plan to support Council and operational initiatives. It was determined that staff and Council required additional knowledge to develop this plan and have therefore focused on acquiring the necessary background information to support the development of a meaningful and inclusive DEI plan. In 2022, staff and Council participated in a variety of different training sessions in this regard as shown below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="background-color: #d9e1f2;">CDHO PD Training Log re: DEI/Indigenous Activities</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">February 25, 2022</td> <td style="width: 35%;">Diversity and Inclusion (Unconscious Bias)</td> <td style="width: 35%;">Canadian Centre for Diversity and Inclusion (CCDI)</td> <td style="width: 15%;">Council, CDHO staff</td> </tr> <tr> <td>March 1, 2022</td> <td>Inclusion, Diversity, Equity, &amp; Access Essentials</td> <td>Coursera (University of North Texas)</td> <td>Some staff (at least 1 staff member)</td> </tr> <tr> <td>March 21, 2022</td> <td>Indigenous Inclusion</td> <td>Roy Pogorzelski, CCDI</td> <td>CDHO staff, CDO (College of Denturists) staff</td> </tr> <tr> <td>March 30, 2022</td> <td>Corporate Services – DEI and Staff Culture and Engagement-Presentation on CNO’s DEI Initiatives</td> <td>Elizabeth Horlock, Director, People and Culture at the College of Nurses of Ontario</td> <td>Some staff</td> </tr> <tr> <td>April 6, 2022</td> <td>DEI in your DNA? How diversity, equity and inclusion will shape the board’s future</td> <td>Institute of Corporate Directors (webinar)</td> <td>Some staff (at least 1 staff member)</td> </tr> <tr> <td>May 9, 2022</td> <td>Diversity and Equity in Investigation Processes</td> <td>CNAR workshop</td> <td>Some staff (at least 1 staff member)</td> </tr> <tr> <td>June 2022</td> <td>CDHO staff focus groups to identify barriers and inequalities within the College (processes, language, website)</td> <td>CDHO staff</td> <td>CDHO staff</td> </tr> </tbody> </table>			CDHO PD Training Log re: DEI/Indigenous Activities				February 25, 2022	Diversity and Inclusion (Unconscious Bias)	Canadian Centre for Diversity and Inclusion (CCDI)	Council, CDHO staff	March 1, 2022	Inclusion, Diversity, Equity, & Access Essentials	Coursera (University of North Texas)	Some staff (at least 1 staff member)	March 21, 2022	Indigenous Inclusion	Roy Pogorzelski, CCDI	CDHO staff, CDO (College of Denturists) staff	March 30, 2022	Corporate Services – DEI and Staff Culture and Engagement-Presentation on CNO’s DEI Initiatives	Elizabeth Horlock, Director, People and Culture at the College of Nurses of Ontario	Some staff	April 6, 2022	DEI in your DNA? How diversity, equity and inclusion will shape the board’s future	Institute of Corporate Directors (webinar)	Some staff (at least 1 staff member)	May 9, 2022	Diversity and Equity in Investigation Processes	CNAR workshop	Some staff (at least 1 staff member)	June 2022	CDHO staff focus groups to identify barriers and inequalities within the College (processes, language, website)	CDHO staff
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			June 9, 2022	Reconciliation and Indigenous Inclusion within Health Care Profession Regulatory Bodies	Harmony Johnson	Council and CDHO staff
			September 9, 2022	Indigenous Inclusion	Roy Pogorzelski, CCDI	Council and CDHO staff
			September 30, 2022	Virtual Blanket Exercise	Fred Martin Communications	CDHO staff and CDO (College of Denturists) staff
			September 30, 2022 –October 1, 2022	CDHA Summit focused on truth and reconciliation, understanding Indigenous issues, cultures and history, mental health, advocacy, unconscious bias, and equity, diversity and inclusion.	CDHA Summit	Two members of Council
			October 24, 2022	Master Class on Equity, Diversity, and Inclusion	CNAR pre-conference workshop	Two CNAR attendees (one staff and two Council)
			October 25, 2022	A Collaborative Professional Standard: Indigenous Cultural Safety, Cultural Humility, and Anti-Racism	CNAR Conference, British Columbia College of Nurses and Midwives	CNAR attendees (some members of staff and Council)
			December 1, 2022	Land Acknowledgment Workshop	Christine Luckasavitch	Council
			December 1, 2022	Bias and Noise	Rebecca Durcan, SML	Council
			December 1, 2022	CDHA and CNAR Conference Reports from Council Members who attended, topics included: inclusive leadership, types of diversity, and reconciliation in Canada	Terri Strawn and Carla Grbac (CDHA Summit) and Terri Strawn and Vanessa Pereira (CNAR)	Council
			December 2, 2022	Inequality in Access to Oral Health Care	Dr. Catherine Carstairs	Council
		<p>In 2022, the CDHO explored actions for supporting the education of Registered Dental Hygienists in Indigenous history and issues. As a result of this research, the CDHO has made the decision to invest the resources necessary to provide this educational opportunity to the entire pool of over 14,000 Registered Dental Hygienists in the province. We are currently working with a consulting firm to articulate and expand a sustainable DEI strategy that will inform the organizations’ DEI activities for the foreseeable future. The CDHO is also seeking cross-College opportunities related to DEI with the other Oral Health Profession Regulatory Colleges.</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>				Yes
		<p><i>Additional comments for clarification (optional)</i></p>				

		<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"> <li>• Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number <b>OR</b> please briefly describe how the College conducts Equity Impact Assessments.</li> <li>• 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.</li> </ul> <p>The CDHO is currently working with a team of consultants to develop an equity impact assessment process that will include the following objectives:</p> <ul style="list-style-type: none"> <li>• That the Leadership team, staff and Council of the College of Dental Hygienists of Ontario have a shared understanding of the anti-racism/anti-oppression (ARAO) related issues, concerns, needs and how these impact on their work;</li> <li>• To be aware of the differential treatment that people who are Black, Indigenous &amp; racialized experience as patients seeking care, and as health care providers;</li> <li>• To understand what contributes to health inequities in Canada;</li> <li>• To explore and identify what ARAO means at a personal, interpersonal, organizational, and systemic level.</li> </ul> <p>Council and staff training and education on the issue is ongoing and it is anticipated that the Equity Impact Assessment tool will be used in 2023 to assess the fairness of College policies, programs and/or processes.</p>	<p>Partially</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>Yes</p>	
<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		
<p>a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.</p> <p><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.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan <b>AND</b> a link to the most recent approved budget and indicate the page number.</li> <li>• Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.</li> </ul> <p>The Senior Leadership Team (Management) meet regularly prior to developing the annual budget to discuss the multi-year plan, strategic initiatives, special projects, departmental requirements, and any HR needs that would be required to fulfill the directives.</p> <p>When necessary, quotes are gathered prior to the completion of the annual budget that will be presented to Council for approval to ensure costing is in alignment with the budgeted amount.</p> <p>Within the Budget are separate line items that represent salaries, professional development for staff, ongoing initiatives, and specific projects that Management has deemed necessary to ensure operational goals are being met.</p> <p>The Council approved the 2023 budget at the December 2, 2022, Council meeting. See page 2 of the <a href="#">Agenda</a>, Sections 8.1 and 8.2.</p> <p>Minutes will be approved at the March 31, 2023 Council meeting and posted on the website.</p>		<p>Yes</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. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to the “financial reserve policy” <b>OR</b> Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number.</li> <li>• Please insert the most recent date when the “financial reserve policy” has been developed <b>OR</b> reviewed/updated.</li> <li>• Has the financial reserve policy been validated by a financial auditor? Yes</li> </ul> <p>The financial reserve policy (Financial Conditions and Activities) <b>HAS</b> been validated by a financial auditor.</p> <p>The CDHO Council policies (<a href="#">link</a>) makes note of not making use of long-term reserves, this piece has been reviewed by Council (link below) <b>BUT</b> the level of reserves as well as the allocation of reserves have not been formalized in this policy or a separate financial reserve policy.</p> <p><a href="#">CDHO Policy Manual</a> FINANCIAL CONDITIONS AND ACTIVITIES (pages 7–10)</p> <ul style="list-style-type: none"> <li>EL-3 Planning</li> <li>EL-4 Financial Conditions and Activities</li> <li>EL-5 Protection of Assets</li> </ul> <table border="1" data-bbox="835 755 2529 1117"> <thead> <tr> <th>Policy</th> <th>Evidence in Minutes</th> <th>Last reviewed/updated</th> </tr> </thead> <tbody> <tr> <td>EL-3</td> <td><a href="#">September 16, 2022 Meeting Minutes</a></td> <td>Last reviewed and updated on September 16, 2022 (evidence in meeting minutes on pages 5–6).</td> </tr> <tr> <td>EL-3 #5</td> <td><a href="#">September 16, 2022 Meeting Minutes</a></td> <td>Last reviewed September 16, 2022 – no updates (evidence in meeting minutes on pages 5–6).</td> </tr> <tr> <td>EL-4 #4</td> <td><a href="#">September 16, 2022 Meeting Minutes</a></td> <td>Last reviewed September 16, 2022 – no updates (evidence in meeting minutes on page 6).</td> </tr> <tr> <td>EL-4 #4.5</td> <td><a href="#">September 16, 2022 Meeting Minutes</a></td> <td>Last reviewed September 16, 2022 – no updates (evidence in meeting minutes on page 6).</td> </tr> <tr> <td>EL-5</td> <td>December 2, 2022 Meeting Minutes *</td> <td>Last reviewed December 2, 2022 – no updates (section 11.2 – page 7 of the draft minutes)</td> </tr> </tbody> </table> <p>* Last reviewed December 2, 2022 – no updates. Meeting minutes will be approved at the March 31, 2023 Council meeting. The policies are listed on the December agenda here: <a href="#">December 2, 2022 Council Meeting Agenda</a></p>	Policy	Evidence in Minutes	Last reviewed/updated	EL-3	<a href="#">September 16, 2022 Meeting Minutes</a>	Last reviewed and updated on September 16, 2022 (evidence in meeting minutes on pages 5–6).	EL-3 #5	<a href="#">September 16, 2022 Meeting Minutes</a>	Last reviewed September 16, 2022 – no updates (evidence in meeting minutes on pages 5–6).	EL-4 #4	<a href="#">September 16, 2022 Meeting Minutes</a>	Last reviewed September 16, 2022 – no updates (evidence in meeting minutes on page 6).	EL-4 #4.5	<a href="#">September 16, 2022 Meeting Minutes</a>	Last reviewed September 16, 2022 – no updates (evidence in meeting minutes on page 6).	EL-5	December 2, 2022 Meeting Minutes *	Last reviewed December 2, 2022 – no updates (section 11.2 – page 7 of the draft minutes)	<p>Yes</p>
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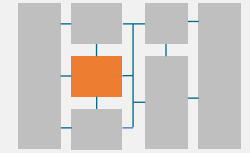


<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes 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 style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <p><a href="#">CDHO Policy Manual</a>  EL-2 Treatment of Staff (page 6)  COUNCIL-REGISTRAR/CEO DELEGATION (pages 17–24)</p> <p>Council Registrar/CEO Succession Policy:  As outlined in the <a href="#">CDHO Policy Manual</a> CRD-6 Registrar/CEO Succession (pages 21–22)</p> <p>Operational Succession Policy summary:  A succession plan has been developed for operational purposes. This plan addresses the following;</p> <ul style="list-style-type: none"> <li>• Ensuring departmental procedure manuals are developed</li> <li>• Assessing current and future needs based on either the strategic plan, goals and objectives, or priority programs and projects and matching these to the capabilities of the existing workforce.</li> <li>• Developing a plan to manage the gaps that will arise when individuals in key positions leave or are promoted.</li> <li>• Training and developing existing staff, and external recruitment.</li> <li>• Completion of performance evaluations and assisting employees in developing goals that will assist the individual and the College to meet future needs.</li> <li>• Allocating resources for staff education and training.</li> <li>• Supporting supervisors in coaching and mentoring skills and activities.</li> <li>• Including succession planning in the annual strategic planning process.</li> </ul> <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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		<p>ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>	
		<ul style="list-style-type: none"> <li>• Please insert a link to the College’s data and technology plan which speaks to improving College processes <b>OR</b> please briefly describe the plan.</li> </ul> <p>CDHO’s IT department meets weekly with its external IT provider. Areas that are addressed:</p> <ol style="list-style-type: none"> <li>1. Data security / Cyber security</li> <li>2. Best practices</li> <li>3. New technology</li> <li>4. Staff training – Cyber security/software</li> <li>5. IT infrastructure improvements</li> </ol> <p>CDHO’s IT department works closely with all departments on a regular basis to discuss departmental needs with respect to:</p> <ol style="list-style-type: none"> <li>1. Database capabilities</li> <li>2. Database improvements (e.g., automating processes, registrant/stakeholder experience)</li> <li>3. Frequent meetings prior to annual registrant renewals – updates and testing included in these meetings</li> <li>4. Debrief sessions post-IT deployment/renewal process/new IT developments</li> <li>5. Reporting/analytics tools</li> <li>6. Training <ol style="list-style-type: none"> <li>a. Onboarding of new software, and personnel</li> <li>b. Cybersecurity awareness</li> </ol> </li> </ol> <p>When budgeting for the College’s annual technology plan, the following is considered:</p> <ol style="list-style-type: none"> <li>1. Departmental database upgrades</li> <li>2. CDHO’s IT Infrastructure – upgrades/replacements</li> <li>3. Unforeseeable projects</li> <li>4. IT staffing and support requirements</li> <li>5. Strategic Technology Initiatives – near-/long-term projects to maintain and update business processes</li> </ol>			
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>			

DOMAIN 3: SYSTEM PARTNER

STANDARD 5 and STANDARD 6



<p>Measure / Required evidence: N/A</p>	<p>College response</p> <p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>
<p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</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><b>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.</b></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"> <li>• <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></li> </ul> <ol style="list-style-type: none"> <li>1. The CDHO regularly engages with other health regulatory Colleges and other system partners to execute our mandate to regulate the practice of dental hygiene in the interest of the overall health and safety of the public of Ontario. The following examples, as discussed in our meeting with the Ministry in November 2021, illustrate how working together with these partners has resulted in aligned practice expectations related to infection prevention and control.</li> </ol> <p>In 2021, the four oral health Colleges (College of Dental Hygienists of Ontario, College of Denturists of Ontario, College of Dental Technologists of Ontario, and the Royal College of Dental Surgeons of Ontario) made a commitment to collaborate on matters of mutual interest related to IPAC guidance provided to registrants related to COVID-19 and its variants. This collaboration continued into 2022. Registrars appointed one member from the staff of each College to a working group to review guidance and provide them with recommendations for amendments aimed at aligning the guidance provided to the registrants of the four Colleges. Alignment is critical in the oral health field, particularly between registrants of the CDHO and the RCDSO as the majority of Registered Dental Hygienists work collaboratively in dental practices.</p>

	<p>In 2022, an expert panel of infectious disease physicians and representatives from each of the 4 professions was formed to provide advice to the oral health Colleges. They were tasked with considering recommendations for changes to the IPAC guidance of the respective Colleges. The recommendations of the group were then used to help inform changes to the guidance. The four Colleges worked together to ensure alignment of their respective guidance and the Registrars communicated with their registrants about revisions to IPAC guidance in late June 2022. Although the guidance from the four College may look different, the result is consistent in regard to the expectations for registrants of any oral health College.</p> <p>2. The CDHO continues to collaborate with both the Canadian Dental Hygienists Association (CDHA) through the Federation of Dental Hygiene Regulators of Canada (FDHRC) and the Ontario Dental Hygienists' Association (ODHA).</p> <p>The mission of the FDHRC is to provide national leadership on issues concerning the protection of the public. The FDHRC provides a forum for networking and information exchange among Canadian dental hygiene regulators. They regularly collaborate with the CDHA on national issues of mutual interest. For example, the Federation has sought input regarding the development of national standards of practice, national competencies for dental hygienists, accreditation standards/processes and labour mobility. Regular consultation with the CDHA helps to inform Federation decisions. In 2022 discussions revolved around the development of National Standards related to the new National competencies adopted by the CDHO and the other provincial regulators in 2021.</p> <p>At a provincial level, the CDHO Council and ODHA Executive meet twice yearly along with the CDHO Registrar and the ODHA Executive Director, or more often if required, to engage in discussions of items of common interest. Of great interest to the ODHA in 2022 were the anticipated changes coming to the CDHO Quality Assurance program that will result from recommendations coming out of a program evaluation process and through strategic planning sessions.</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).*

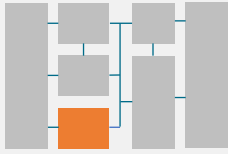
The CDHO maintains collaborative relationships with a number of system partners which allows the College to respond to and identify changing public/societal expectations and to ensure the exchange of relevant information related to the practice of dental hygiene. The following is just one example of how system partners have participated in and helped to inform College initiatives.

In recent news, the public and society have been horrified to learn about the shameful and disturbing abuse that occurred at the sites of former residential schools in Canada. The Truth and Reconciliation Commission of Canada: Calls to Action include a resounding call for Canadians to learn about this history and to take action to be a part of the reconciliation process. Along with our system partners, the CDHO takes this call very seriously and is actively engaging in learning about that history. We are examining ways for the College Council, staff and registrants to engage in activities that will support learning and understanding of the past, present and future lives and experiences of First Nations, Métis and Inuit people in Canada and how we can make meaningful contributions to the reconciliation process. In 2022, as part of the CDHO journey, Council and College staff engaged in the following activities with our system partners that supported learning and understanding of the lives and experiences of the Indigenous peoples of Canada:

- In February 2022, both staff and Council participated in a workshop offered by the Canadian Centre for Diversity and Inclusion aimed at debunking myths about Indigenous communities in Canada and providing an understanding of ways of engaging with Indigenous communities.
- At their September Council meeting, CCDI and facilitator Roy Pogozelski provided further education about the opportunity to build solid relationships with Indigenous communities. Mr. Pogozelski has been contracted by the CDHO to assist in the development of the CDHO land acknowledgement and to consult with us on Indigenous matters.
- On the National Day for Truth and Reconciliation, the CDHO Council and Staff were invited to participate in a Virtual Blanket Exercise by the College of Denturists of Ontario. This experiential workshop explored the relationship between Indigenous and non-Indigenous peoples in Canada.

- The CDHO researched providing all registrants with access to an Indigenous education module as part of our new QA program which will be available in 2023.
- The FDHRC has engaged a consultant to undertake a review project to look at the National Competencies through a lens of Indigenous Cultural Safety and Humility, decolonization, indigenization, as well as Anti-Racism and Indigenous rights. Indigenous Subject Matter Experts will review standards and policies through an Indigenous lens and produce a final report containing a summary of the SME feedback and guidance for implementation of the recommendations.
- The 4 Ontario Oral Health Profession Regulatory Colleges are in discussions to develop a multi-College initiative designed to support Council education on the history and issues surrounding Indigenous history and current paths to Reconciliation. Included in this initiative is discussion around the development of a Standard of Practice for Cultural Safety, Cultural Humility and Anti-Racism.

The CDHO has an extensive network of system partners such as other regulators, both provincially and nationally, educators, educational institutions, government and other provincial and national organizations that they can reach out or respond to for assistance at any time. The two-way relationships are collegial and collaborative and provide valuable information that is used to assist the College in responding to and identifying changing public/societal expectations in a timely manner. Within the CDHO, staff in most departments belong to advisory groups related to their regulatory functions such as registration, quality assurance, corporate services, information technology and complaints. These relationships are maintained through regular correspondence and meetings with the various partners. Information and experiences are freely shared amongst the groups in the interest of regulatory excellence.



Measure:

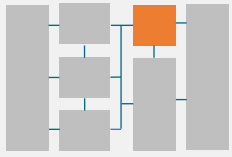
7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.

DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	Required Evidence	College Response			
		<p>a. The College demonstrates how it:</p> <p>i. uses policies and processes to govern the disclosure of, and requests for information;</p>	The College fulfills this requirement:		Yes	
			<ul style="list-style-type: none"> <li>Please insert a link to policies and processes <b>OR</b> please briefly describe the respective policies and processes that addresses disclosure and requests for information.</li> </ul> <p>All personal information provided to CDHO will be collected, used and disclosed in accordance with the CDHO Privacy Policy.  <a href="https://cdho.org/privacy/">https://cdho.org/privacy/</a></p> <p>The protection of information that is personal or sensitive is outlined in the CDHO Retention and Safeguarding Policy for Records Containing Personal Information.  <a href="https://cdho.org/cdho-resources/retention-and-safeguarding-policy/">https://cdho.org/cdho-resources/retention-and-safeguarding-policy/</a></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>		Choose an item.	
<p><i>Additional comments for clarification (optional)</i></p>						

		<p>ii. Uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to policies and processes <b>OR</b> please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information.</li> </ul> <p>Cyber Security measures:</p> <ul style="list-style-type: none"> <li>– CDHO risks related to IT have been further mitigated through 2022 with the aid of our external IT provider who monitors CDHO’s IT infrastructure 24/7.</li> <li>– CDHO enhanced the Backup and Disaster Recovery system that provides full on-site and off-site failover and recovery options. Improvements to this system have been made by adjusting the backup schedule to recovery timeframes of within 30 minutes with Veeam.</li> <li>– CDHO has subscribed to a secondary ISP provider to provide a backup failover for instances where our main ISP’s service is rendered offline.</li> <li>– Advanced Threat protection is in place on CDHO’s in-office firewall including content and web filtering. End points are protected via a DNS (Domain Name System) filter agent that prevents access to malicious sites and other content-related sites.</li> <li>– Security violations are monitored 24/7 by Security Operations Center via EDR (Endpoint Detection and Response), SIEM (Security Information and Event Management) and DNS agents. Alerts for incidents are generated and sent to the Security Team where they are reviewed, triaged, and actioned based on existing policies and procedures.</li> <li>– Monthly cyber education and training via KnowB4 is mandatory for all CDHO staff.</li> <li>– All personal information provided to CDHO will be collected, used and disclosed in accordance with the CDHO Privacy Policy. <a href="https://cdho.org/privacy/">https://cdho.org/privacy/</a></li> <li>– The protection of information that is personal or sensitive is outlined in the CDHO Retention and Safeguarding Policy for Records Containing Personal Information. <a href="https://cdho.org/cdho-resources/retention-and-safeguarding-policy/">https://cdho.org/cdho-resources/retention-and-safeguarding-policy/</a></li> <li>– CDHO has developed educational material that is available for staff. ‘Quick Guide: Steps to Deal with a Privacy Breach’. This document outlines the 3-step process that must be taken when a suspected breach has occurred: <ul style="list-style-type: none"> <li>• STEP 1: Immediately Alert Your Manager / Senior Management Team</li> <li>• STEP 2: Identify the Scope of the Breach and Take Steps to Contain It</li> <li>• STEP 3: Investigate and Remediate</li> </ul> </li> </ul>	<p>Yes</p>
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			<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>
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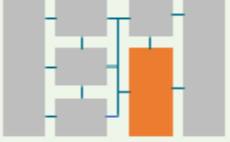
Measure:

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.	The College fulfills this requirement:		Met in 2021, continues to meet in 2022
			<ul style="list-style-type: none"> <li>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) <b>OR</b> 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).</li> </ul>		
<hr style="border: 1px solid #0070C0;"/> <i>Benchmarked Evidence</i> <hr style="border: 1px solid #0070C0;"/>		<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> <ul style="list-style-type: none"> <li>i. evidence and data;</li> <li>ii. the risk posed to patients / the public;</li> <li>iii. the current practice environment;</li> <li>iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap);</li> <li>v. expectations of the public; and</li> <li>vi. stakeholder views and feedback.</li> </ul> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• 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) <b>OR</b> please briefly describe the College’s development and amendment process.</li> </ul> <p>Policies, guidelines, and practice standards are developed or amended for registrants by the College following consultation and information released by various groups including Health Canada, CDC, Public Health Ontario, PIDAC, PHAC, other public health authorities and experts in the field. Current research and evidence as well as inquiries from members of the public are regularly monitored by the practice advisory service and as new evidence emerges, documents are updated accordingly. Policies, guidelines and practice standards are written based on the risk posed to clients and staff during the provision of dental hygiene care. Other provincial and national regulators of the oral health professions are also consulted and alignment with other Colleges is considered where practice matters overlap.</p> <p>Where possible, the documents are sent out for stakeholder feedback; however, due to the time-sensitive nature of some guidance and the need to get the information out to registrants quickly, this process may be bypassed (i.e. the urgent nature of COVID-19 guidance). The CDHO has monitored stakeholder views and feedback, including that from members of the public, and incorporated changes when indicated since the initial guideline release in May 2020. Revised guidance was provided to registrants three times in 2022 as a response to changing evidence related to COVID-19:</p>	<p>Yes</p>
		<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>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.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> <li>• Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion.</li> <li>• Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected.</li> </ul> <p>CDHO staff and Council have attended a number of DEI Training/Awareness Workshops in 2022 as described in section 3.3 a). Ongoing development and refinement of our Diversity, Equity, and Inclusion plan is currently underway and inform revisions to the College's policies, guidelines, standards and the CDHO Code of Ethics so that these principles and values are reflected in the care provided by the registrants of the College.</p>	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional)</i></p>				

		<b>Measure:</b> <b>9.1 Applicants meet all College requirements before they are able to practice.</b>	
		<b>Required Evidence</b>	<b>College Response</b>
<b>DOMAIN 6: SUITABILITY TO PRACTICE</b>	<b>STANDARD 9</b>	<p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)<sup>1</sup>.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• 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 <b>OR</b> please briefly describe in a few words the processes and checks that are carried out.</li> <li>• Please insert a link and indicate the page number <b>OR</b> 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.).</li> </ul> <p>In April 2022, Bill 106 (<i>Pandemic and Emergency Preparedness Act, 2022</i>) came into effect. Bill 106 requires all Health Profession Regulatory Colleges to establish an Emergency Class of Registration. An Emergency Class of Registration is a temporary class of registration that provides for expedited registration of healthcare professionals. While it is reasonable to assume that the Government of Ontario put this requirement for an Emergency Class of Registration in force as a result of observed challenges during the COVID-19 pandemic, the existence of a public health emergency is not the only reason for the opening of an Emergency Class of Registration. In the proposed Regulation amendment, the Minister of Health or the CDHO Council can declare that emergency circumstances exist that make it in the public interest for the College to begin issuing and renewing Emergency Certificates of Registration.</p> <p>To expedite the registration process in this context, some of the requirements that are required for registration in a General Class of Registration will be altered or removed. These changes are impending in 2023 and will be submitted to the CDHO Council for approval pending stakeholder consultation.</p>

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

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>		
		<p>b. The 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>	<p>Yes</p>
		<ul style="list-style-type: none"> <li>• 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 <b>OR</b> please briefly describe the process and checks that are carried out.</li> <li>• Please provide the date when the criteria to assess registration requirements was last reviewed and updated.</li> </ul> <p>In May of 2022 the CDHO retained the College’s legal counsel (who is familiar with the operations of CDHO and many similar regulators) to conduct an objective legal audit of the Registration Committee and Registration Department functions. While the focus of the audit was the legal appropriateness of the Registration processes at CDHO, some comments were made on non-legal matters which have an impact on the effectiveness of the Committee’s and department’s work. An audit of the CDHO’s Registration process has not previously been undertaken. The CDHO is in the process of operationalizing the audit recommendations for 2023.</p> <p>The College initiated a review and update to its jurisprudence education examination questions in 2021, which had not been fully updated since 2016. The old examination questions will be retired in 2023 and replaced with a new set of questions, currently under development. There is no change to the requirement for applicants to complete the jurisprudence examination, which retains the same format.</p> <p>A fulsome review of the registration content on the College website was conducted in 2022 identifying areas for improvement. The College has contracted the services of a third-party provider to assist with the updating and streamlining of information made available to applicants and registrants on the College website. Updates to the website is anticipated in 2023.</p>		
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>		
<p><i>Additional comments for clarification (optional)</i></p>				

Measure:		
9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
c.	A risk-based approach is used to ensure that currency <sup>2</sup> and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:
		Yes
		<ul style="list-style-type: none"> <li>Please briefly describe the currency and competency requirements registrants are required to meet.</li> <li>Please briefly describe how the College identified currency and competency requirements.</li> <li>Please provide the date when currency and competency requirements were last reviewed and updated.</li> <li>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.</li> </ul> <p>No changes have been made since last reported in 2021. Under the registration regulation, currency is considered graduation or practise within the previous 3 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>On their annual registration renewal:</p> <ul style="list-style-type: none"> <li>Registrants self-declare currency on change status applications, reinstatement applications.</li> <li>Registrants self-declare conduct, insurance, and work authorization on annual renewal and on applications to change status or reinstate.</li> </ul> <p>An annual insurance audit is conducted on random 5% of active registrants.</p> <p>Currency is not addressed for registrants who continue to hold general or specialty registration, though the current proposed regulation change will address this gap. Currency requirements were last reviewed in preparation for the proposed changes to the regulation.</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>	

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

Measure:		
9.3 Registration practices are transparent, objective, impartial, and fair.		
		<p>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).</p>
		<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to the most recent assessment report by the OFC <b>OR</b> please provide a summary of outcome assessment report.</li> <li>• Where an action plan was issued, is it: No Action Plan Issued</li> </ul> <p>There were no recommendations for improvement resulting from the 2021 Fair Registration Practices Report. Please see <a href="#">here</a> for a link to the report.</p>
		Met in 2021, continues to meet in 2022
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>
		Choose an item.
<p><i>Additional comments for clarification (if needed)</i></p>		



Measure:	
10.1 The College supports registrants in applying the (new/ revised) standards of practice and practice guidelines applicable to their practice.	
Required Evidence	College Response
<p>a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.</p>	<p>The College fulfills this requirement:</p> <p>Met in 2021, continues to meet in 2022</p> <ul style="list-style-type: none"> <li>Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> <li>Name of Standard</li> <li>Duration of period that support was provided</li> <li>Activities undertaken to support registrants</li> <li>% of registrants reached/participated by each activity</li> <li>Evaluation conducted on effectiveness of support provided</li> </ul> </li> </ul> <p><b>Name of Standard:</b> COVID-19 IPAC Guidance for registrants</p> <p><b>Duration of period that support was provided:</b> Continuous/Ongoing</p> <p><b>Activities undertaken to support registrants:</b> Email announcements to individual registrants and posting on website news feed on <a href="#">June 6, 2022</a>, <a href="#">June 16, 2022</a> and <a href="#">August 3, 2022</a>. Practice advisors always available by email and telephone.</p> <p><b>% of registrants reached/participated by each activity:</b> available to 100% of registrants</p> <p><b>Evaluation conducted on effectiveness of support provided:</b> Minor revisions were made to the COVID-19 CDHO Guidance of IPAC in Dental Hygiene Practice, which provided greater clarity on particular measures, rather than changed them (e.g. standardizing terminology and alignment of PPE requirements with other oral health regulators). 100% of registrants were notified by email announcements, an update was posted to website news feed, and Practice Advisors continued to be available for questions/clarification. No further activities were undertaken to inform or follow up with registrants due to the limited scope of the revisions. As the pandemic continues to evolve, an evaluation of effectiveness of support has not been completed at this time.</p> <ul style="list-style-type: none"> <li>Does the College always provide this level of support: <b>Yes</b>  <i>If not, please provide a brief explanation:</i></li> </ul>
	<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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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 <sup>3</sup> .			
a. The College has processes and policies in place outlining: <ul style="list-style-type: none"> <li>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;</li> </ul>	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Yes</td> </tr> </table> <ul style="list-style-type: none"> <li>• Please list the College’s priority areas of focus for QA assessment and briefly describe how they have been identified <b>OR</b> please insert a link to the website where this information can be found and indicate the page number.</li> </ul> <p>All registrants complete 75 hours of learning for each 3-year cycle. Registrants who are selected for audit (approximately 20% annually), may submit their learning (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.</p> <p>Registrants with gaps identified in knowledge (Learning Portfolio or QA Test) may be directed to complete remediation.</p> <p>Registrants with deficiencies in the Practice Profile are asked to participate in a telephone interview with the assessor. If the telephone interview does not clear up the deficiency, the registrant is asked to participate in an onsite practice review.</p> <p>Registrants with gaps in skills/judgment (Practice Profile or Onsite Practice Review) may be directed to complete remediation and/or further assessment (onsite practice review and/or chart audit).</p> <ul style="list-style-type: none"> <li>• Is the process taken above for identifying priority areas codified in a policy: Yes</li> <li>• <i>If yes, please insert link to the policy.</i> <a href="https://www.cdho.org/docs/default-source/pdfs/quality-assurance/gareg_policies.pdf">https://www.cdho.org/docs/default-source/pdfs/quality-assurance/gareg_policies.pdf</a></li> </ul>		Yes
		Yes	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Choose an item.</td> </tr> </table>		Choose an item.
		Choose an item.	
<i>Additional comments for clarification (optional)</i>			

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

		<p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>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). <b>OR</b> please briefly describe right touch approach and evidence used.</li> </ul> <p>Onsite practice review (practice assessment) is risk based – only those with deficiencies identified in the practice profile and telephone interview are required to 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> <ul style="list-style-type: none"> <li>Please provide the year the right touch approach was implemented <b>OR</b> 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"> <li><i>Public</i> Yes (Public Opinion Survey 2011)</li> <li><i>Employers</i> No</li> <li><i>Registrants</i> Yes (Registrant Opinion Surveys in 2013 and 2022; TQI Surveys in 2014 and 2021)</li> <li><i>other stakeholders</i> Yes (QA Assessor Survey 2022 and QA Committee Survey 2022)</li> </ul> </li> </ul>	<p>Met in 2021, continues to meet in 2022</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><i>Additional comments for clarification (optional)</i></p> <p>The QA program is presently under review as part of a scheduled program evaluation. Data / reports from the 2021 Total Quality Improvement Survey and the 2022 Registrant, Assessor, and Committee Opinion Surveys, along with an ongoing strategic planning initiative, will inform any future changes to the program.</p>	<p>Choose an item.</p>	
		<p>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number <b>OR</b> list criteria.</li> </ul> <p><a href="https://www.cdho.org/docs/default-source/pdfs/quality-assurance/qareg_policies.pdf">https://www.cdho.org/docs/default-source/pdfs/quality-assurance/qareg_policies.pdf</a></p> <p><a href="https://www.cdho.org/docs/default-source/pdfs/quality-assurance/qaprogram_guidelines.pdf">https://www.cdho.org/docs/default-source/pdfs/quality-assurance/qaprogram_guidelines.pdf</a></p>	<p>Yes</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p>	<p>Choose an item.</p>	

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"> <li>Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities <b>OR</b> please briefly describe the process.</li> <li>Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation <b>OR</b> please briefly describe the process.</li> </ul> <p>Remediation required as part of an outcome before the 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 inquiries or investigation. Successful completion of remediation activities is noted on the registrant’s public register profile on the College’s website.</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 the College. In some cases where a certificate is not issued, a registrant may be asked to submit a summary of learning.</p>		
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
		<i>Additional comments for clarification (if needed)</i>		

Measure 11.1

The College enables and supports anyone who raises a concern about a registrant.

Required Evidence

- a. The different stages of the complaints process and all relevant supports available to complainants are:
  - i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up;
  - ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;

College Response

The College fulfills this requirement:

Yes

- 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.

Overview of complaints process:

<https://www.cdho.org/for-the-public/complaints-about-a-dental-hygienist/complaints-process>

Information on understanding boundary violations and sexual abuse can be found here:

<https://www.cdho.org/for-the-public/public-education-program/understanding-boundary-violations-and-sexual-abuse>

Information on funding for therapy and counselling can be found here:

<https://www.cdho.org/for-the-public/public-education-program/funding-for-therapy-and-counselling>

Policy / Procedure Overview:

The College’s complaint intake protocol includes acknowledging receipt of the complaint; contacting the complainant to discuss the process; verifying the concerns identified to ensure all relevant information has been received; and having the complainant sign a confirmation of issues form to ensure that the College has understood their complaint or concerns correctly. All correspondence sent to the parties informs of the next steps in the process.

*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>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>	Yes
			<ul style="list-style-type: none"> <li>Please provide details of how the College evaluates whether the information provided to complainants is clear and useful.</li> </ul> <p>The College uses standardized correspondence during the complaints process to ensure that the information provided to complainants is consistent and useful. These templates are reviewed regularly by staff and updated as needed. The College 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. Additionally, the College sends all complainants a voluntary feedback survey near the end of the complaints process that invites them to provide comments on their experience, including on whether the information provided by the College was clear and helpful. Feedback received from these surveys is reviewed and incorporated into the College's protocols as appropriate.</p> <p>In 2023, the College is expanding its complaint feedback program to include surveys of participants at key points during the investigation process and an exit interview to glean insights into how the College may improve its process.</p>	
			<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>	Met in 2021, continues to meet in 2022
			<p>Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>).</p> <p>The College's Professional Conduct department has an administrative policy to respond to all inquiries within two (2) business days. The Professional Conduct department responded to 100% of inquiries from the public during 2022 within five business days.</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>	Choose an item.
			<p><i>Additional comments for clarification (optional)</i></p>	

		<p>c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2021, continues to meet in 2022</p>
			<ul style="list-style-type: none"> <li>• Please list supports available for the public during the complaints process.</li> <li>• Please briefly describe at what points during the complaints process that complainants are made aware of supports available.</li> </ul>	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	



Measure:		
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"> <li>Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) <b>OR</b> please provide a brief description.</li> <li>Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) <b>OR</b> please provide a brief description.</li> </ul> <p>Complainants are assigned a dedicated Case Manager to serve as a central point of contact to respond to questions, to provide guidance about the process, and to give updates on the progress of the complaint. Complainants can contact their Case Manager by phone, e-mail, fax, or post. All correspondence contains the contact details of the Case Manager and an invitation to contact them if there are any questions.</p> <p>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.</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:

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:

Met in 2021, continues to meet in 2022

- 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).

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

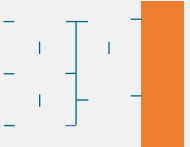
Choose an item.

*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 2021, continues to meet in 2022	
	<ul style="list-style-type: none"> <li>• Please insert a link to the policy and indicate page number <b>OR</b> please briefly describe the policy.</li> <li>• 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’).</li> </ul>		
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
	Additional comments for clarification (if needed)		

	<b>Measure:</b> <b>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.</b>	
	<b>Required Evidence</b> a. Outline the College’s KPIs, including a clear rationale for why each is important.	<b>College Response</b> The College fulfills this requirement: <span style="float: right;">Met in 2021, continues to meet in 2022</span> <ul style="list-style-type: none"> <li>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 <b>OR</b> list KPIs and rationale for selection.</li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> <span style="float: right;">Choose an item.</span></p> <p><i>Additional comments for clarification (if needed)</i></p>
b. The College regularly reports to Council on its performance and risk review against: <ol style="list-style-type: none"> <li>stated strategic objectives (i.e., the objectives set out in a College’s strategic plan);</li> <li>regulatory outcomes (i.e., operational indicators/ targets with reference to the goals we are expected to achieve under the RHPA); and</li> <li>its risk management approach.</li> </ol>	<b>College Response</b> <span style="float: right;">Met in 2021, continues to meet in 2022</span> <ul style="list-style-type: none"> <li>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.</li> </ul> <p>Evidence of monitoring of performance and risk information to assess the College’s progress against stated strategic objectives and regulatory outcomes can be found in the 2022 Council meeting minutes:</p> <ul style="list-style-type: none"> <li><a href="#">March 4, 2022 Council meeting minutes</a></li> <li><a href="#">June 10, 2022 Council meeting minutes</a></li> <li><a href="#">September 16, 2022 Council Meeting Minutes</a></li> <li>December 2, 2022 Council Meeting Minutes (to be approved at March 31, 2024 meeting)</li> </ul>	

**DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT**  
**STANDARD 14**

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

Measure:		
14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
<p>a. Council uses performance and risk review findings to identify where improvement activities are needed.</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p>	Yes
	<ul style="list-style-type: none"> <li>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.</li> </ul> <p>If Council determines that either (a) the criteria demonstrating progress towards expected performance lack defensible rationale, or (b) there is insufficient evidence of achievement of Ends or compliance with limitations, Council will identify the timeframe within which it requires that the Registrar produce defensible criteria and/or such evidence by a specified date, unless there is defensible reason for nonachievement. In the past year, there have been no instances where there was insufficient evidence of progress.</p> <p>This process is laid out in the Policy Manual under CRD 3: Delegation to the Registrar and CRD 4: Monitoring Registrar Performance and can be found on pages 17–19 at <a href="https://www.cdho.org/docs/default-source/pdfs/policies/cdho-policy-manual.pdf">https://www.cdho.org/docs/default-source/pdfs/policies/cdho-policy-manual.pdf</a>.</p>	
	<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>	
Measure:		
14.3 The College regularly reports publicly on its performance.		
<p>a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.</p>	<p>The College fulfills this requirement:</p>	Met in 2021, continues to meet in 2022
	<ul style="list-style-type: none"> <li>Please insert a link to the College’s dashboard or relevant section of the College’s website.</li> </ul> <p>Each year, the College publishes an annual report that is posted on its website. The 2021 Annual Report can be viewed <a href="#">here</a>.</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>	

			<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.

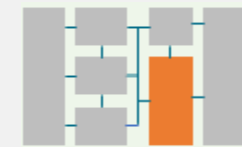
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: ‘Nil’ and indicate any plans to collect the data in the future.

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.



**Table 1 – Context Measure 1**

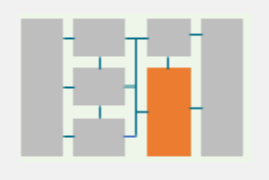
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 10		
Statistical data collected in accordance with the recommended method or the College's own method: <b>Recommended</b>		
<i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2022*		
Type of QA/QI activity or assessment:	#	<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2022. 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>
i. Learning Portfolio	935	
ii. QA Test	1352	
iii. Practice Profile	2123	
iv. Onsite Practice Review (Incl. practice environment + chart audit)	14	
v. Chart Audit (Charts only)	35	
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.*

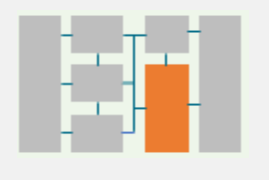
[NR](#)

*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: Recommended			
<i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)	#	%	
<b>CM 2.</b> Total number of registrants who participated in the QA Program CY 2022	2389	16.2%	<i>What does this information tell us? If a registrant’s knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.</i>
<b>CM 3.</b> Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2022.	42	1.75%	<i>The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2022, understanding that some cases may carry over.</i>
<u><a href="#">NR</a></u>			
<i>Additional comments for clarification (if needed)</i>			
Remediation rate for 2022 (1.75%) was lower than in either 2021 (5.9%) or 2020 (5.6%). The rate of deficiencies in Quality Assurance records submissions did <i>not</i> decrease during this timeframe, but the Quality Assurance Committee did publish new policies in 2022 clarifying how registrants could demonstrate correction of various deficiencies, resulting in fewer registrants being directed to complete remediation. See policy at: <a href="https://www.cdho.org/docs/default-source/pdfs/quality-assurance/qareg_policies.pdf">https://www.cdho.org/docs/default-source/pdfs/quality-assurance/qareg_policies.pdf</a> (pages 8–12).			

**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: <b>Recommended</b> <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)	#	%	
<b>CM 4.</b> Outcome of remedial activities as at the end of CY 2022:**			<i>What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.</i>
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation*	31	73.8%	
II. Registrants still undertaking remediation (i.e., remediation in progress)	11	26.2%	
<a href="#">NR</a> <i>* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2022.</i> <i>**This measure may include any outcomes from the previous year that were carried over into CY 2022.</i>			
<i>Additional comments for clarification (if needed)</i>  -			

**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: Recommended				
<i>If a College method is used, please specify the rationale for its use:</i>				
Context Measure (CM)				
<b>CM 5.</b> Distribution of formal complaints and Registrar’s Investigations by theme in CY 2022	Formal received	Complaints	Registrar Investigations	initiated
Themes:	#	%	#	%
I. Advertising	NR	NR	NR	NR
II. Billing and Fees	9	29%	NR	NR
III. Communication	12	39%	NR	NR
IV. Competence / Patient Care	14	45%	NR	NR
V. Intent to Mislead including Fraud	NR	NR	NR	NR
VI. Professional Conduct & Behaviour	9	29%	21	91%
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> <b>Breach of Confidentiality</b>	NR	NR	NR	NR
<b>Total number of formal complaints and Registrar’s Investigations**</b>		<b>100%</b>		<b>100%</b>

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

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

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

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: <b>Recommended</b> <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
<b>CM 6.</b> Total number of formal complaints that were brought forward to the ICRC in CY 2022	32	
<b>CM 7.</b> Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2022	19	
<b>CM 8.</b> 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 2022	23	
<b>CM 9.</b> Of the formal complaints and Registrar’s Investigations received in CY 2022**:	#	%
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	32	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
<i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.</i>		

VII. Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	NR	NR	
<p> <a href="#">ADR</a>  <a href="#">Disposal</a>  <a href="#">Formal Complaints</a>  <a href="#">Formal Complaints withdrawn by Registrar at the request of a complainant</a>  <a href="#">NR</a>  <a href="#">Registrar's Investigation</a> </p> <p> <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> </p>			
<p><i>Additional comments for clarification (if needed)</i></p>			



**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: Recommended								
<i>If a College method is used, please specify the rationale for its use:</i>								
Context Measure (CM)								
CM 10. Total number of ICRC decisions in 2022		52						
Distribution of ICRC decisions by theme in 2022*		# 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	NR	NR	NR	NR
III.	Communication	7	NR	NR	NR	NR	NR	NR
IV.	Competence / Patient Care	10	8	NR	7	NR	NR	NR
V.	Intent to Mislead Including Fraud	NR	NR	NR	NR	NR	NR	NR
VI.	Professional Conduct & Behaviour	8	11	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

X.	Unauthorized Practice	NR	5	NR	NR	NR	NR	NR
XI.	Other <please specify>	NR	NR	NR	NR	NR	NR	NR

• Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2022.  
 ++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations, or decisions.

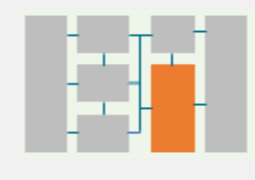
[NR](#)

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

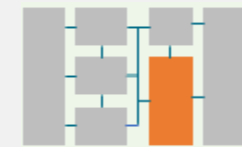
*Additional comments for clarification (if needed)*

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**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: <b>Recommended</b> <i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
<b>CM 11.</b> 90 <sup>th</sup> Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.</i>
I. A formal complaint in working days in CY 2022	<b>185</b>	<i>The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.</i>
II. A Registrar’s investigation in working days in CY 2022	<b>248</b>	
<a href="#">Disposal</a>		
<i>Additional comments for clarification (if needed)</i>		
-		

**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: <b>Recommended</b> <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
<b>CM 12.</b> 90th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.  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 2022	<b>724</b>	
II. A contested discipline hearing in working days in CY 2022	<b>735</b>	
<a href="#">Disposal</a> <a href="#">Uncontested Discipline Hearing</a> <a href="#">Contested Discipline Hearing</a>		
<i>Additional comments for clarification (if needed)</i>  Three discipline matters were adjourned on consent pending the resolution of other legal proceedings; these matters were then resolved as uncontested hearings following the completion of the other proceedings. If these three matters were excluded from the calculation, the 90 <sup>th</sup> percentile disposal of an uncontested discipline hearing would be 333 working days.		

**Table 9 – Context Measure 13**

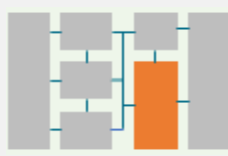
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: <b>Recommended</b> <i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
<b>CM 13.</b> Distribution of Discipline finding by type*		<i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.</i>
Type	#	
I. Sexual abuse	<b>NR</b>	
II. Incompetence	<b>NR</b>	
III. Fail to maintain Standard	<b>NR</b>	
IV. Improper use of a controlled act	<b>NR</b>	
V. Conduct unbecoming	<b>NR</b>	
VI. Dishonourable, disgraceful, unprofessional	<b>8</b>	
VII. Offence conviction	<b>NR</b>	
VIII. Contravene certificate restrictions	<b>NR</b>	
IX. Findings in another jurisdiction	<b>NR</b>	
X. Breach of orders and/or undertaking	<b>NR</b>	
XI. Falsifying records	<b>NR</b>	
XII. False or misleading document	<b>7</b>	
XIII. Contravene relevant Acts	<b>NR</b>	

*\* 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: <b>Recommended</b> <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
<b>CM 14.</b> Distribution of Discipline orders by type*		<i>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i>
Type	#	
I. Revocation	<b>NR</b>	
II. Suspension	<b>9</b>	
III. Terms, Conditions and Limitations on a Certificate of Registration	<b>8</b>	
IV. Reprimand	<b>8</b>	
V. Undertaking	<b>NR</b>	
<p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.</p> <p> <a href="#">Revocation</a>  <a href="#">Suspension</a>  <a href="#">Terms, Conditions and Limitations</a>  <a href="#">Reprimand</a>  <a href="#">Undertaking</a>  <a href="#">NR</a> -                     </p>		
Additional comments for clarification (if needed)		

## Appendix A

Table 1.1 b. ii. Training Details for All Members of Each Statutory Committee (Council, Non-Council and Public Members)			
Committee	Duration of training	Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end, etc.)	Orientation training topics
Quality Assurance	½ day	Online presentation and discussion with staff support person.	<ul style="list-style-type: none"> <li>• Mandate, expectations and role of Committee members</li> <li>• QA Committee Mission/Vision/Values</li> <li>• Role/Authority of the Committee, Composition, Quorum</li> <li>• Confidentiality/Conflicts of Interest/Bias</li> <li>• Overview of the QA Program and its Components</li> <li>• Role and Selection of Assessors</li> <li>• QA Policies and Procedures</li> <li>• Committee Decisions and Scenarios</li> <li>• Role and Election of Committee Chair</li> </ul>
Patient Relations	2 hours	Orientation training takes place online with facilitation by the staff support person for the Committee.	<ul style="list-style-type: none"> <li>• Mandate, expectations and role of Committee members</li> <li>• Statutory requirement for Committee</li> <li>• RHPA/requirements for PR Program</li> <li>• Committee role/responsibilities</li> <li>• Committee composition/Quorum requirements as per Bylaw</li> <li>• Reporting relationship with Council</li> <li>• Time commitment</li> <li>• Role of HPRAC</li> <li>• Nature of Committee work</li> <li>• Components of Sexual Abuse Prevention Plan</li> <li>• Funding for therapy and counselling</li> <li>• Sources of information to inform Committee decisions</li> <li>• Public Education Plan</li> <li>• Communication with Registrants</li> <li>• Updates to legislation/definitions</li> <li>• Mandatory revocation provisions</li> </ul>



**Table 1.1 b. ii. Training Details for All Members of Each Statutory Committee (Council, Non-Council and Public Members)**

Committee	Duration of training	Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end, etc.)	Orientation training topics
Executive	1 hour	Online facilitated training on the use of OurBoardroom (website with Council policies and documents).	<ul style="list-style-type: none"> <li>• OurBoardroom platform orientation</li> </ul>
	Half day (3 hours)	Usually in person – presentation and discussion. Online during pandemic. Facilitated by President/VP of Council and/or Registrar.	<ul style="list-style-type: none"> <li>• Mandate, expectations and role of Committee members</li> <li>• Introduction to the role of Council and committees</li> <li>• Role of the CDHO</li> <li>• Policy Governance</li> <li>• Council member responsibilities and expectations</li> <li>• Expense forms</li> </ul>
	½ day–full day	Usually in person – presentation and discussion with support person. Online during pandemic. Facilitator (legal counsel) conducts the training with Council.	<ul style="list-style-type: none"> <li>• Annual Council orientation refresher on confidentiality and conflict of interest</li> <li>• Fill in additional details</li> </ul>
	Full day	Usually in person – presentation and discussion with support person. Online during pandemic. Facilitated media training for President and VP.	<ul style="list-style-type: none"> <li>• Presentation and mock interview practice and coaching</li> <li>• Distance media interviews</li> <li>• Distance set up/ background and performance</li> <li>• Radio and print interviews</li> </ul>

**Table 1.1 b. ii. Training Details for All Members of Each Statutory Committee (Council, Non-Council and Public Members)**

Committee	Duration of training	Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end, etc.)	Orientation training topics
Registration	2 hours	Usually in person – presentation and discussion with staff support person. Online during pandemic.	<ul style="list-style-type: none"> <li>• Mandate, expectations and role of Committee members</li> <li>• Committee information (composition, quorum, etc.)</li> <li>• Role of Chair and Committee Members</li> <li>• Mandate and Authority</li> <li>• Referral and Registration Process</li> <li>• Confidentiality</li> <li>• Conflict of Interest and Bias</li> <li>• Decision Making including special consideration of exemptions and scenario reviews</li> <li>• CFTA, OFC and other mobility issues</li> <li>• Human rights and anti-discrimination</li> <li>• Accessibility and Accommodation</li> </ul>
ICRC	½ day	New ICRC members attend an orientation session facilitated by staff, currently held online. The orientation includes consideration of a mock complaint.	<ul style="list-style-type: none"> <li>• Jurisdiction and Mandate</li> <li>• Key Legislation and Principles</li> <li>• Intake and Investigation Procedures</li> <li>• Complaints and Reports Review Protocols</li> <li>• Decisions, Reasons, Appeals</li> </ul>

**Table 1.1 b. ii. Training Details for All Members of Each Statutory Committee (Council, Non-Council and Public Members)**

Committee	Duration of training	Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end, etc.)	Orientation training topics
Discipline	<p>2–3 hours</p> <p>2–3 hours</p> <p>Full day</p>	<p>New Discipline Committee members attend a live orientation session facilitated by staff, currently held online.</p> <p>In addition, all Discipline Committee members (new and returning) attend an annual training session of approximately 2–3 hours facilitated by independent legal counsel, which has included participation in a mock hearing.</p> <p>The College also regularly sends members of the Committee to participate in the full-day discipline hearing training sessions (basic and advanced) offered by Health Professions Regulators Ontario.</p>	<ul style="list-style-type: none"> <li>• Jurisdiction and Mandate</li> <li>• Key Legislation and Principles</li> <li>• Roles of Participants</li> <li>• Pre-Hearing and Hearing Procedures</li> <li>• Decisions, Findings, Orders, Reasons, Appeals</li> </ul>
Fitness to Practise	The Fitness to Practise (“FTP”) Committee has not been required to meet in the history of the College	If a panel of the FTP Committee is required to meet in future, a customized training session would be arranged to be provided by external legal counsel to the panel in advance of the hearing. Topics covered would be similar to those covered in the Discipline Committee orientation.	

## Appendix B

Table 1.1 c. Training Details for Each New Publicly Appointed Member of Council			
Council	Duration of training	Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end, etc.)	Orientation training topics
All new members	1 hour	Online facilitated training on the use of OurBoardroom (website with Council policies and documents).	<ul style="list-style-type: none"> <li>• OurBoardroom platform orientation</li> </ul>
	½ day (3 hours)	<p>Usually in person – presentation and discussion. Online during pandemic.</p> <p>Facilitated by President/VP of Council and/or Registrar.</p>	<ul style="list-style-type: none"> <li>• Introduction to the role and responsibilities of Council and committees</li> <li>• Role of the CDHO</li> <li>• Policy Governance</li> <li>• Council member responsibilities and expectations</li> <li>• Expense forms</li> </ul>
	½ day–full day	<p>Usually in person – presentation and discussion with support person. Online during pandemic.</p> <p>Facilitator (legal counsel) conducts the training with Council.</p>	<ul style="list-style-type: none"> <li>• Annual Council orientation refresher on confidentiality and conflict of interest</li> <li>• Additional training is provided as determined by Executive Committee</li> </ul>

## Glossary

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

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

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**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).

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**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.

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**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.

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

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**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.

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**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*.

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**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.

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**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.

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**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.

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

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