

RCDSO RISK ASSESSMENT FRAMEWORK

September 2024

Purpose:

The RCDSO Risk Assessment Framework guides the decisions of regulatory committees and staff. The goal of the framework is to enable risk-based decision-making. It has been developed as a common framework across all programs areas to ensure transparent, consistent and fair decision-making. Each regulatory program will customize the Risk Assessment Tool and develop associated tools to drive area-specific decisions and outcomes.



The framework includes:

- **GUIDING PRINCIPLES** ground Committees in a common approach to assessing risk.
- **STEPS TO REGULATORY PROGRAM DECISIONS** outline the process to assess risk using a common framework supported by Committee-specific resources.
- **RISK TERMS AND DEFINITIONS** define each level of concern that decision makers may identify with regards to each specific area assessed when reviewing a file and are used to identify an overall level of risk presented in the situation.
- **OUTCOMES MAP** maps outcomes to levels of risk with the intent of consistent and transparent responses that are proportionate to the concern or risk identified.
- **RISK ASSESSMENT TOOL** allows committees to systematically consider types of concerns that may be raised in cases, applications or in response to information received by the College where the public interest is affected. It includes an assessment for aggravating and mitigating factors and is followed by an algorithm specific to each regulatory area used to guide selection from possible outcomes.
- **GLOSSARY OF OUTCOMES**

GUIDING PRINCIPLES

The RCDSO programs' approach to risk-based regulation will be grounded in the following principles:

1. This Risk Assessment Framework and Tool is intended for use by RCDSO Committees and Programs, including:

- **FIP** Facility Inspection Program
- **ICRC** Inquiries, Complaints and Reports Committee
- **QAC** Quality Assurance Committee
- **Reg** Registration Committee

2. The RCDSO's regulatory programs will:

a) identify risks in its regulatory work

- The identification of risk will be informed by the College's mandate and its objects, as set out in the Regulated Health Professions Act, 1991 and may be informed by the vision and mission of the RCDSO strategic plan

b) adopt a common lexicon and associated definitions across departments (e.g., probability (likelihood), severity (impact))

c) qualify and quantify risks to defined categories of risk level

d) prioritize those risks that have potential negative implications

- for patient or public harm or safety
- on the public's interest
- on the College's reputation

3. Regulatory responses or activities will:

a) apply principles of right touch regulation and will be proportionate to identified risks. Areas identified with low or inconsequential risk may not require any action

b) be outcome-focused and specific to the identified risks

4. Regulatory program decisions will be:

a) made using a risk-based framework and/or tools

b) supported by a clearly articulated rationale

STEPS TO REGULATORY PROGRAM DECISIONS

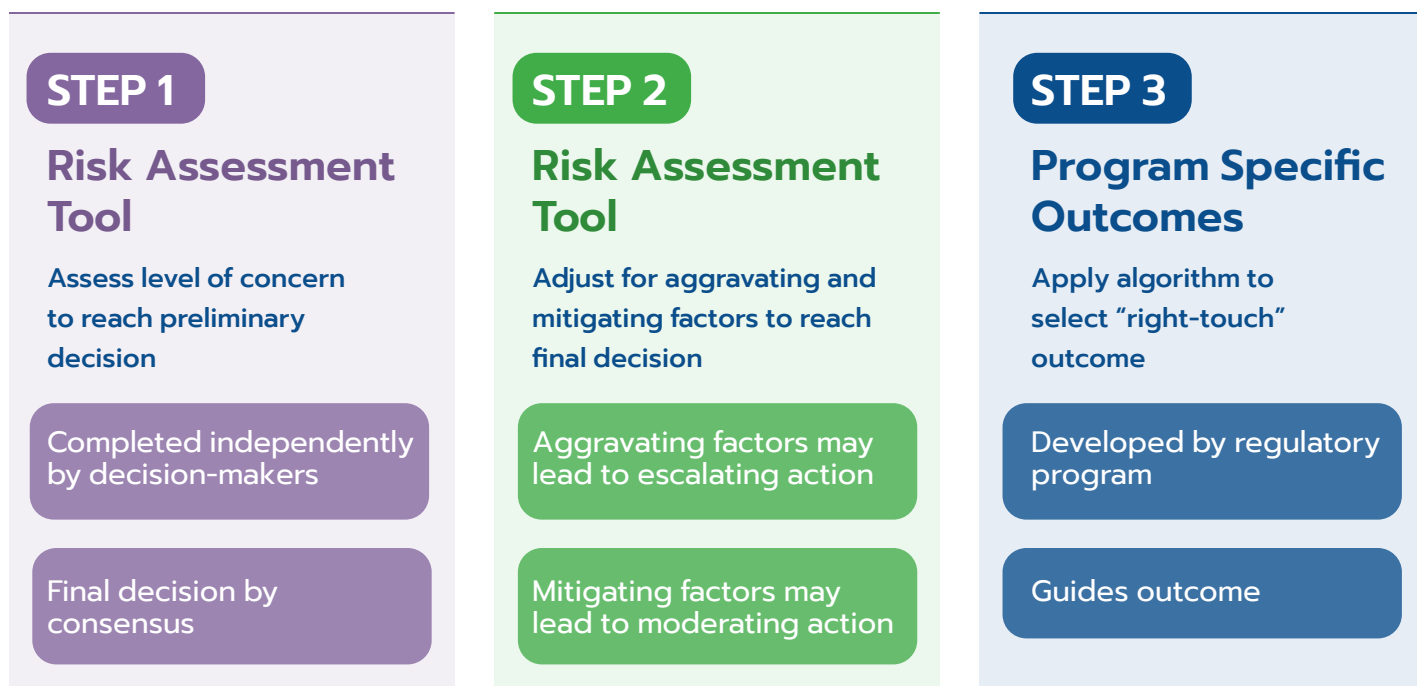


Figure 1. Steps to Regulatory Program Decisions: Assess, Adjust, Apply

RISK TERMS AND DESCRIPTIONS

LEVEL	DESCRIPTION
Inconsequential	Concerns about the dentist's conduct and/or practice have no or minimal impact on patient care, public safety or on public trust in the College
Low	<p>Likelihood: Concerns about the dentist's conduct and/or practice are unlikely to have a direct impact on patient care, public safety, or on public trust in the College</p> <p>Impact: If the conduct and/or event did occur, it is unlikely to be significant</p>
Moderate	<p>Likelihood: Concerns about the dentist's conduct and/or practice may have a direct impact on patient care, public safety, or on public trust in the College</p> <p>Impact: If the conduct and/or event did occur, it may be significant</p>
High	<p>Likelihood: Concerns about the dentist's conduct and/or practice are likely to have a direct impact on patient care, public safety, or on public trust in the College</p> <p>Impact: If the conduct and/or event did occur, it is likely to be significant</p>

OUTCOMES MAP

Inconsequential	Low	Moderate	High
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	FIP	REGISTRATION COMMITTEE		ICRC	QA COMMITTEE
No action	✓			✓	✓
Register or issue authorization or permit	✓	✓			
Advice and recommendations	✓			✓	
Warning	✓				
Remedial agreement				✓	✓
Undertaking to remediate		✓	✓	Public	
Caution				Public	
Specified Continuing Education or Remediation Program (SCERP)				Public	✓
Undertaking to restrict	Public	✓	Public	Public	✓
Refuse to issue certificate of registration, authorization or facility permit	✓	✓	✓		
Refer to Registrar	✓				
Impose Terms, Conditions and Limitations (TCLs) or interim order		Public		Public	✓
Refer to Discipline Committee				Public	
Refer to Fitness to Practice Committee				Public	
Refer to Inquiries, Complaints and Reports Committee (ICRC)					✓

RCDSO RISK ASSESSMENT TOOL

STEP 1: ASSESS level of concern

Please note: A response is only required where the concern has been identified. If the specific area was not assessed or was not relevant to the specific assessment, then the row should be left blank.

1. Demonstrates knowledge, skill and judgment in clinical practice (in accordance with the standards, etc.)

	LEVEL OF CONCERN			
	None/ Inconsequential	Low	Moderate	High
Treatment and Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiographic findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informed consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fee estimate provided and discussed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Progress notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow-up plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LEVEL OF CONCERN

	None/ Inconsequential	Low	Moderate	High
Transfer of Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care is transferred where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfers of care are timely and complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controlled Acts/Non-controlled Acts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controlled acts are not delegated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-controlled acts are appropriately assigned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care (including documentation) is consistent with RCDSO Standards of Practice, Guidelines and Advisories, including:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental CT Scanners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Recordkeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Records Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implant Dentistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infection Prevention and Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informed Consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical History Recordkeeping Guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most Responsible Dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Role of Opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Sedation and General Anesthesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Virtual Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Practices within scope

	LEVEL OF CONCERN			
	None/ Inconsequential	Low	Moderate	High
CARE PROVIDED IS:				
Within scope of registration type (e.g., generalist, specialist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistent with authorizations/facility permits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Upholds duties of confidentiality and privacy

	LEVEL OF CONCERN			
	None/ Inconsequential	Low	Moderate	High
PERSONAL HEALTH INFORMATION IS:				
Accessible to patient on request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disclosed with consent ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safeguarded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secure, including digital records and communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy for breach is in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ PHI doesn't always need to be disclosed with consent. For instance, privacy law contemplates situations where disclosure is required by law (i.e., mandatory report) or permitted by law (e.g., in duty to warn situations).

4. Upholds regulatory responsibilities, including legal, ethical and professionalism principles

	LEVEL OF CONCERN			
	None/ Inconsequential	Low	Moderate	High
OBSERVED OR DOCUMENTED				
Demonstrates effective communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With other professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With the RCDSO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperates with College	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complies with committee decisions/orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complies with regulatory requirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Documented violation of professionalism:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acting while in a <u>conflict of interest</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishonesty/misrepresentation/falsification of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Ethical breach</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Failure to report</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial integrity/responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Charges</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Practice Management

LEVEL OF CONCERN

	None/ Inconsequential	Low	Moderate	High
OFFICE INSPECTION				
Safety equipment available and accessible (e.g., fire extinguisher, emergency bag-valve-mask)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical emergency kit (medications available and unexpired, stored properly), naloxone available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controlled substances and register secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPR, ACLS certificates available as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HARP certificates available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policies and procedures available as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INFECTION PREVENTION AND CONTROL				
Sterilization procedures available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IPAC self-assessment completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAINTENANCE RECORDS AVAILABLE				
General equipment (e.g., compressor, suction, I/O camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT and X-ray equipment (e.g., panoramic x-ray, Cone Beam CT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sedation / anesthetic equipment (e.g., N ₂ O/O ₂)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RADIOGRAPHY EQUIPMENT				
Daily X-ray testing completed and recorded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RCDSO SEDATION AUTHORIZATION (IF APPLICABLE)				
RCDSO facility permit (sedation) available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sedation authorization certificate available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RCDSO CT AUTHORIZATION (IF APPLICABLE)				
CT authorization certificate available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RCDSO facility permit (CT) available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Maintains professional boundaries

Note: where this rises to level of moderate or high then becomes driver of decision

	LEVEL OF CONCERN			
	None/ Inconsequential	Low	Moderate	High
OBSERVED OR DOCUMENTED				
Boundary crossings/violations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuse (physical, psychological, emotional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Use of Social Media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Mentally competent and physically able to safely practice dentistry

Note: where this rises to level of moderate or high then becomes driver of decision

	LEVEL OF CONCERN			
	None/ Inconsequential	Low	Moderate	High
OBSERVED OR DOCUMENTED CONCERNS WITH				
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health (including addiction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Preliminary Decision

Based on responses to questions 1-7 and the definitions of levels of concern described on page 1, please assess the following criteria and indicate your overall level of concern:

	LEVEL OF CONCERN			
	None/ Inconsequential	Low	Moderate	High
OVERALL ASSESSMENT				
Conduct or practice may cause harm to a patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk to the public or public trust in the College	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL LEVEL OF CONCERN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2: ADJUST for aggravating and mitigating factors

Please check the aggravating and mitigating factors observed in the materials.

MITIGATING FACTORS (MAY REDUCE RISK)		AGGRAVATING FACTORS (MAY INCREASE RISK)	
<input type="checkbox"/>	No prior history	<input type="checkbox"/>	Prior history
<input type="checkbox"/>	No intent	<input type="checkbox"/>	Intent
<input type="checkbox"/>	No intent to deceive/dishonesty	<input type="checkbox"/>	Deception/dishonesty
<input type="checkbox"/>	Willingness to address the issue(s)	<input type="checkbox"/>	No willingness to address the issue(s)
<input type="checkbox"/>	Cooperation	<input type="checkbox"/>	Lack of cooperation
<input type="checkbox"/>	Years of experience	<input type="checkbox"/>	Years of experience
<input type="checkbox"/>	Insight	<input type="checkbox"/>	No insight
<input type="checkbox"/>	Reflection	<input type="checkbox"/>	No reflection
<input type="checkbox"/>	Character/reputation	<input type="checkbox"/>	Character/reputation
<input type="checkbox"/>	No harm to the patient/public	<input type="checkbox"/>	Harm to the patient/effect on public interest
<input type="checkbox"/>	Voluntary admission	<input type="checkbox"/>	No admission
<input type="checkbox"/>	Remediation in progress/openness to remediation	<input type="checkbox"/>	Lack of rehabilitation potential
<input type="checkbox"/>	Number of concerns/allegations	<input type="checkbox"/>	Number of concerns/allegations
<input type="checkbox"/>	No financial gain/no economic harm	<input type="checkbox"/>	Financial gain/economic harm
<input type="checkbox"/>	Likelihood of recurrence	<input type="checkbox"/>	Likelihood of recurrence
<input type="checkbox"/>	Not practicing/resignation while under investigation	<input type="checkbox"/>	Currently practicing
		<input type="checkbox"/>	Conscious avoidance

Final Decision

Based on the aggravating and mitigating factors, please indicate your overall assessment of risk:

	LEVEL OF RISK			
	None/ Inconsequential	Low	Moderate	High
OVERALL ASSESSMENT				
OVERALL LEVEL OF RISK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 3: APPLY algorithm to determine outcome

1. Each regulatory program has established an algorithm to guide consistent and transparent decisions.
2. Possible outcomes are identified below, noting that not all outcomes may be included for all regulatory programs.

Inconsequential	Low	Moderate	High
<input type="checkbox"/> No action (ICRC, QAC, FIP) <input type="checkbox"/> Register (Reg) <input type="checkbox"/> Issue authorization or permit (FIP)	<input type="checkbox"/> Advice and recommendations (ICRC, FIP) <input type="checkbox"/> Warning (FIP) <input type="checkbox"/> Remedial agreement (ICRC) <input type="checkbox"/> Undertaking to remediate (Reg)	<input type="checkbox"/> Caution (ICRC) <input type="checkbox"/> SCERP (ICRC) <input type="checkbox"/> Undertaking to remediate (Reg, ICRC) <input type="checkbox"/> Remedial agreement (QAC) <input type="checkbox"/> Undertaking to restrict (QAC, Reg) <input type="checkbox"/> Refuse to issue authorization/facility permit (FIP)	<input type="checkbox"/> SCERP (QAC) <input type="checkbox"/> Undertaking to restrict (ICRC, Reg, FIP) <input type="checkbox"/> Refuse to register (Reg) <input type="checkbox"/> Refuse to issue authorization/facility permit (FIP) <input type="checkbox"/> Referral to Registrar (FIP) <input type="checkbox"/> Impose TCLs (Reg, QAC) <input type="checkbox"/> Refer to Discipline (ICRC) <input type="checkbox"/> Refer to Fitness to Practice (ICRC) <input type="checkbox"/> Impose interim order (ICRC) <input type="checkbox"/> Refer to ICRC (QAC)

Rationale for Outcome (decision):

GLOSSARY OF OUTCOMES

POSSIBLE OUTCOME	DESCRIPTION
Advice and recommendations	<p>Provided when there is room for improvement in registrant's conduct.</p> <p>Can include advice on practice reform or reviewing College standards, or guidelines and/or practice advisories</p>
Caution	The registrant appears before the ICRC Panel to be formally cautioned, which involves the Panel stating their concerns with the registrant's conduct and providing recommendations for the future.
Direct the Registrar to impose terms, conditions or limitations (TCLs) s. 80.2 (QAC) s. 18(2)(4) (Reg)	A committee directs the Registrar to impose a term, condition or limitation on an applicant or registrant's certificate of registration.
Interim order s. 25.4 (ICRC) s. 62 (ICRC)	A term, condition or limitation is placed on the registrant's certificate of registration, or the registrant is suspended pending the outcome of a professional conduct matter.
No action	No regulatory action is taken by the College or Committee.
Refer to Discipline Committee	The registrant is referred to the Discipline Committee for a public hearing.
Refer to Fitness to Practise Committee	The registrant is referred to the Fitness to Practise Committee for a hearing.
Refer to Inquiries, Complaints and Reports Committee (ICRC)	The QA Committee may refer to the ICRC if it thinks the registrant may have committed an act of professional misconduct or may be incompetent or incapacitated.
Refuse registration	Registration Committee refuses to register an applicant where the dentist does not meet registration requirements and/or is not safe and/or competent to practice dentistry.
Refer to Registrar	Registrar may consider appointment of investigator under s.75 of the Health Professions Procedural Code .
Refuse to issue certificate of authorization or facility permit	Registrar refuses to issue a certificate of authorization where the dentist does not currently meet all requirements for authorization or facility permit, or where there are concerns with the registrant's competence or prior conduct as relates to sedation or dental CT scans.
Register	Register without limitations or restrictions (voluntary or imposed).

POSSIBLE OUTCOME	DESCRIPTION
Remedial agreement	A voluntary agreement between a registrant and the College for some remedial activities, such as self-reflection and peer review
Specified Continuing Education or Remediation Program (SCERP)	<p>ICRC: Used to address situations where a registrant requires remediation to improve their practice. May involve completing a course or courses, one-on-one instruction, clinical supervision, and/or practice monitoring which includes practice/chart reviews and meetings with a College-approved practice monitor.</p> <p>QAC: Used to address situations where the registrant requires significant improvement in an area that has a direct impact on patient safety or registrant has been in breach of the terms of a voluntary Remedial Agreement or Undertaking Agreement.</p>
Undertaking to remediate	The registrant agrees to participate in remedial measures to improve aspects of their conduct or practice.
Undertaking to resign and never reapply	A registrant acknowledges and agrees to resign their certificate of registration with the College and agrees to never reapply.
Undertaking to restrict practise	A registrant or applicant voluntarily acknowledges and agrees to restrict their practise, or withdraw from practice, with terms, conditions or limitations placed on their certificate of registration based on identified concerns.
Warning	The College issues a warning to a registrant who has not completed all steps/actions required comply with a Standard and/or College by-law (i.e. requirement to apply for authorization).
FIP	Facility Inspection Program
ICRC	Inquiries, Complaints and Reports Committee
QAC	Quality Assurance Committee
Reg	Registration Committee