College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2023 – December 2023

March 2024

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Introduction

The College Performance Measurement Framework (CPMF)

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

1. Strengthen accountability and oversight of Ontario's health regulatory Colleges;

2. Help Colleges improve their performance;

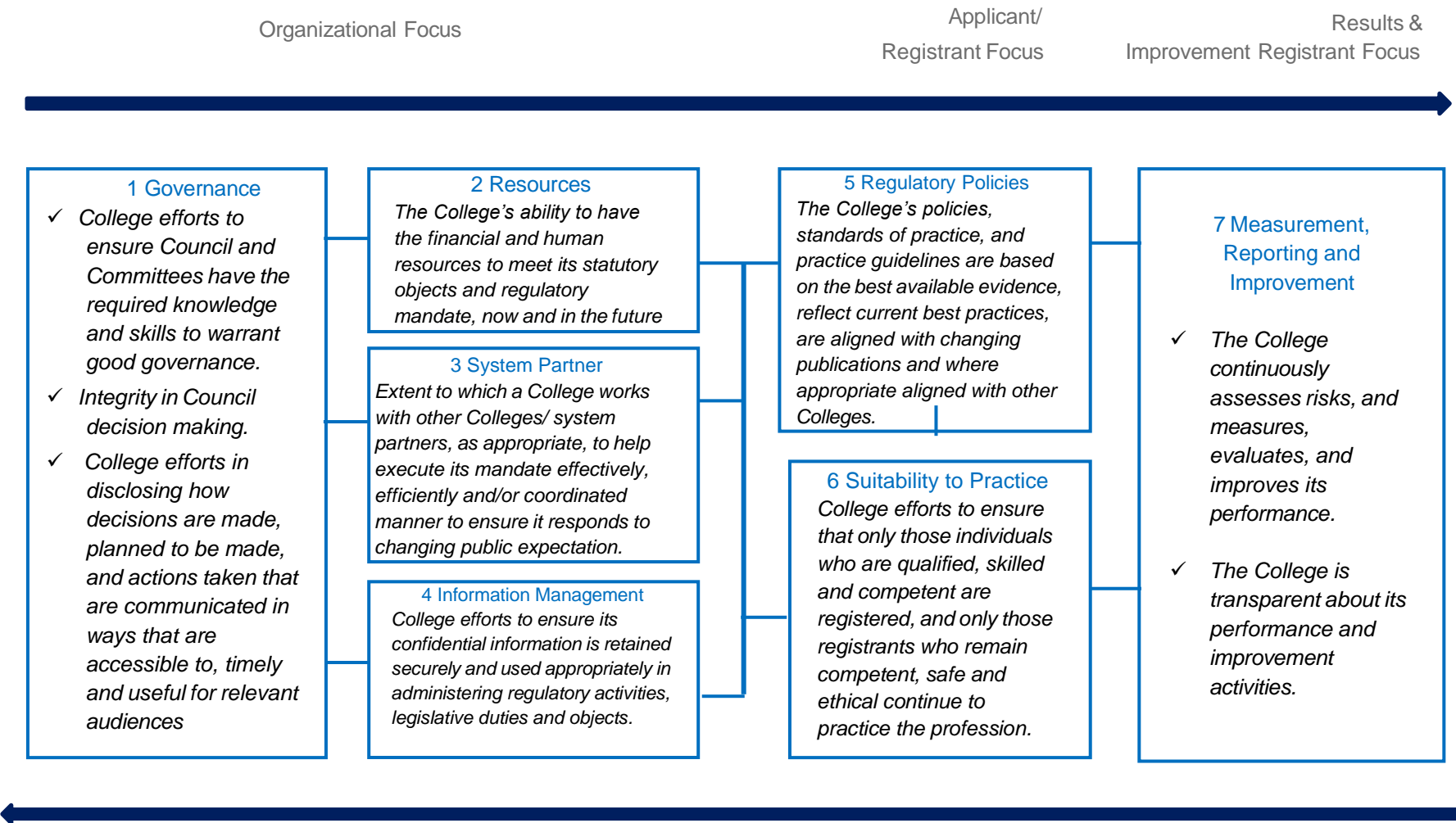Each College will report on seven Domains with the support of six components, as illustrated in Table 1.

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

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

Figure 1: CPMF Model for Measuring Regulatory Excellence

Organizational Focus

Applicant/ Registrant Focus

Results & Improvement Registrant Focus

1 Governance
- ✓ College efforts to ensure Council and Committees have the required knowledge and skills to warrant good governance.
- ✓ Integrity in Council decision making.
- ✓ College efforts in disclosing how decisions are made, planned to be made, and actions taken that are communicated in ways that are accessible to, timely and useful for relevant audiences

2 Resources
The College's ability to have the financial and human resources to meet its statutory objects and regulatory mandate, now and in the future

3 System Partner
Extent to which a College works with other Colleges/ system partners, as appropriate, to help execute its mandate effectively, efficiently and/or coordinated manner to ensure it responds to changing public expectation.

4 Information Management
College efforts to ensure its confidential information is retained securely and used appropriately in administering regulatory activities, legislative duties and objects.

5 Regulatory Policies
The College's policies, standards of practice, and practice guidelines are based on the best available evidence, reflect current best practices, are aligned with changing publications and where appropriate aligned with other Colleges.

6 Suitability to Practice
College efforts to ensure that only those individuals who are qualified, skilled and competent are registered, and only those registrants who remain competent, safe and ethical continue to practice the profession.

7 Measurement, Reporting and Improvement
- ✓ The College continuously assesses risks, and measures, evaluates, and improves its performance.
- ✓ The College is transparent about its performance and improvement activities.

Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

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

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

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

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

Completing the CPMF Reporting Tool

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

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

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

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

Part 1: Measurement Domains

<table>
<tr>
<td colspan="2" rowspan="2"></td>
<td colspan="3">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.</td>
</tr>
<tr>
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<tr>
<td rowspan="3">DOMAIN 1: GOVERNANCE</td>
<td rowspan="3">STANDARD 1</td>
<td>Required Evidence</td>
<td colspan="2">College Response</td>
</tr>
<tr>
<td rowspan="2">a. Professional members are eligible to stand for election to Council only after:

i. meeting pre-defined competency and suitability criteria; and

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Benchmarked Evidence
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<td>The College fulfills this requirement:</td>
<td>Yes</td>
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<td colspan="2">

• The competency and suitability criteria are public: Yes
   If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.

Eligibility criteria

As previously reported, the RCDSO has a robust set of eligibility criteria set out in the College's by-laws (7, 8 and 9) for professional members (elected and selected by universities) to serve on Council and committees. The eligibility criteria include prohibitions based on conduct issues (such as discipline or criminal findings), cooling-off provisions and completion of a Council and committee orientation training module, and requirements to meet minimum Core Competencies for Council Members established by Council.

The online orientation module focuses on good governance principles, the public interest, and the expectations and duties of Council and committee members. All Council candidates and dentist committee applicants are required to complete this module as a precondition to eligibility for elections, selections, and committee appointments. This module is available on the College's website and accessible to the public at the following link Council and committee orientation training module.

Nomination process

As previously reported, in 2022, the Council and committee member candidate application form was expanded to include: skills matrix questionnaires, a diversity questionnaire (voluntary), behaviour-based essay questions, and an expanded declaration form.

In the past two election cycles, the Eligibility Review Committee ("ERC"), composed of experts external to the College, decided whether Council candidates met the competencies. The process used by ERC to evaluate Council candidates is outlined in RCDSO's 2022 CPMF Report. There has not been another election since December 2022. The next election is scheduled to take place in December 2024.

In 2023, the ERC transitioned to a new standing Governance Committee established in by-law. The Governance Committee has become the central governance body, consolidating the governance functions of three RCDSO committees (including the ERC), which were sunset in 2023. The Governance Committee will assess the eligibility and competence of Council election candidates and committee applicants in 2024 and beyond.
</td>
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</table>

			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.

		ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement:	Yes
			• Duration of orientation training.	
			• Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).	
			• Please insert a link and indicate the page number if training topics are public **OR** list orientation training topics.	

As previously reported, prior to being eligible to serve on Council, dentist candidates must complete an online orientation module as a pre-condition for eligibility to serve on Council or a committee. This requirement is in the by-laws at article 7.2.4(p) for elected registrants and 8.1.1(p) for selected registrants. This course was introduced in 2016 and was updated in 2022 for the election, selection, and committee appointment cycle with an increased focus on good governance principles, the public interest, and the expectations and duties of Council and committee members. All applicants had to complete the module, including returning Council members and those who had completed the previous version of the course. The module takes approximately 45 minutes to complete and includes a fillable form to confirm completion at the end. This module is available on the College's website and accessible to the public. Please see the following link to view the orientation module: RCDSO Orientation Training.

There is also an extensive orientation program for Council members (professional and public) once they become a member of the Council, as well as committee orientation (detail concerning orientation is captured in the following sections). This intensive orientation takes place during the first few months of the two-year term, with plenary sessions occurring throughout the term.

In 2023, orientation for all Council members took place in 4-half day modules from January to April 2023. This orientation was for professional and public members, whether they were new or returning. The sessions included in-person and online presentations and content was delivered by guest speakers with subject matter expertise, with opportunity for live questions and answers. Evaluations were conducted to enhance the content and delivery.
Orientation topics covered in 2023 orientation modules and Council meetings included:

- The Role of the College
- Regulation in the public interest (fiduciary duty, bias, right touch regulation)
- Conflict of Interest
- Quality Assurance
- Governance Modernization and the Public Interest
- Facilitative Chair Training for effective meeting leadership and participation, tips and techniques for expanding discussion, respectful disagreement, and micro-interventions
- An Overview of Equity, Diversity, and Inclusion at RCDSO
- An introduction to the Indigenous Dental Association of Canada
- Canadian Black History and Dentistry and Diversity
- Governance Modernization
- Indigenous Peoples, Reconciliation, and Anti-Bias training for all four oral health college Councils
- The National Dental Examining Board of Canada: Understanding National, High Stakes Examinations

- Cyber Security
- Risk Management
- Access to Care
- The College Performance Measurement Framework
- Financial Stewardship
- The College Standards
- Communications
- Transparency
- Professional Liability Program
- Facility Inspection Program

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

b. Statutory Committee candidates have: i. Met pre-defined competency and suitability criteria; and ――――――――― *Benchmarked Evidence* ―――――――――	The College fulfills this requirement:	Yes

The College fulfills this requirement: **Yes**

- The competency and suitability criteria are public: Yes

- *If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.*

Eligibility criteria
As noted above, the RCDSO has a robust set of eligibility criteria set out in the College's by-laws (By-law 9A) for professional members to serve on committees. The eligibility criteria include prohibitions based on conduct issues (such as discipline or criminal findings), cooling off provisions, and completion of a Council and committee orientation training module. RCDSO's Council has also established Competencies for all RCDSO Committees.

Nomination process
As noted above, in 2022, the committee member candidate application form was expanded to include: skills matrix questionnaires; a diversity questionnaire (voluntary); behaviour-based essay questions, and an expanded declaration form.

In the past two election cycles, the Nominations Committee, composed of the newly elected Executive Committee members, decided whether committee candidates met the applicable competencies. Committee candidates were asked to self-assess against the list of competencies for the committees and committee chairs, and briefly set out in writing how they met them for the requested committees and chair positions. The submissions were reviewed by the Nominations

			Committee, who was responsible for recommending a slate of appointments of committee members and committee chairs to Council for approval. In populating the committees, numerous factors were considered by the Nominations Committee including terms of reference in the by-laws, competencies, diversity and representation, practice areas, availability to serve, balance of experience and inclusion of new perspectives, succession planning, and the needs of the committee. In 2023, a new standing Governance Committee was established in bylaw, and assumed the committee nominating function of the former Nominations Committee. The Governance Committee will assess the eligibility and competence of committee candidates in 2024 and beyond in accordance with the Operational Policy of the Governance Committee. In 2023, Council approved by-law amendments pertaining to selection criteria for non-Council committee members. The Governance Committee will consider applicable competencies and/or attributes, among other factors, when selecting a committee slate to present to Council for appointment. In 2023, Council approved by-law amendments to establish a new category of committee member, subject matter expert (SME), who is an individual with specific expertise required for certain committees as set out in the by-laws. Two SMEs were appointed to the inaugural standing Governance Committee. The College's statutory committees have yet to be populated with SMEs, however in future there will potentially be a need to include individuals on committees that have expertise that may not be present on Council, or within the membership at large. The eligibility criteria for SMEs are set out in By-law 9B. The specific expertise required of subject matter experts for a specific committee (e.g., "expertise relating to professional regulation and governance" for the Governance Committee) shall be included in By-law with the terms of reference.

			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.	
		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.	The College fulfills this requirement:	Yes

The College fulfills this requirement:

- Duration of each Statutory Committee orientation training.

- Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).

- Please insert a link and indicate the page number if training topics are public **OR** list orientation training topics for Statutory Committee.

As outlined above, all non-Council committee candidates must complete RCDSO's online Council and committee orientation training module as part of the application process. The online orientation module focuses on good governance principles, the public interest, and the expectations and duties of Council and committee members. All dentist committee applicants are required to complete this module as a precondition to eligibility for committee appointments. This module is available on the College's website and accessible to the public here: Council and committee orientation training module.

Information about additional committee specific training provided to committee members to support their work is outlined below. This training is provided to committee members after each election.

1. **Duration of each Statutory Committee Orientation Training:**

   - **Executive Committee**: 4half days (equivalent to 2 full days). The orientation for Executive Committee is encompassed by Council orientation and the Executive Committee acts as Council between Council meetings.

   - **Registration Committee**: Half-day orientation.

   - **Inquiries, Complaints and Reports Committee**: 2 days of orientation (entire Committee) + 1 hour specialized panel orientation for the (a) sexual abuse and boundary panel and (b) incapacity panel + 2 days of plenary training (entire Committee).

   - **Discipline Committee**: 2 days of orientation (joint orientation with the Hearings Committee of the College of Dental Hygienists of Ontario) + half day training on trauma-informed approach to adjudication and investigations.

- **Fitness to Practise Committee**: All members of the Fitness to Practise (FTP) Committee are members of the Discipline Committee. The FTP Committee members attend 2 days of hearings orientation (joint orientation with the Hearings Committee of the College of Dental Hygienists of Ontario) + half day training on trauma-informed approach to adjudication and investigations.

- **Patient Relations Committee**: Half day orientation + half day training on trauma-informed decision-making.

- **Quality Assurance Committee**: Half day orientation.

2. **Format of Each Orientation Training:**

- **Executive Committee**: In person (when possible), virtual panels with the use of facilitator, external presentation and staff.

- **Registration Committee**: orientation is virtual and provided by the Registration Manager supported by presentations from the Registrar and external legal counsel. Committee members are provided with an Orientation Manual and guided through the training materials and key topics with a PowerPoint presentation.

- **Inquiries, Complaints and Reports Committee**: orientation is held in-person and online and is provided by College staff and external legal counsel. The delivery format includes PowerPoint presentations, small group discussions, mock panel exercises, polling, and question and answer periods. Panel chair orientation is also provided to new and returning panel chairs. Prior to orientation, Committee members receive an updated reference manual as well as pre-recorded educational videos on several topics including sexual abuse and boundary violations and infection prevention and control. Plenary training is held in person and online and includes PowerPoint presentations, small group discussions, mock panel exercises, polling and question and answer periods.

- **Discipline Committee:** orientation is in-person and online and is provided by College staff and external legal counsel. The delivery format includes PowerPoint presentations, small group discussions, mock panel exercises, question and answer periods. In advance of the orientation, Committee members receive an electronic reference manual containing key resource materials. An online plenary training session is held online using PowerPoint presentations and question and answer periods.

- **Fitness to Practise Committee**: orientation is in-person and online and is provided by College staff and external legal counsel. The delivery format included PowerPoint presentations, small group discussions, mock panel exercises, question and answer periods. In advance of the orientation, Committee members receive an electronic reference manual containing key resource materials. An online plenary training session is held online using a PowerPoint presentation, as well as a question and answer period. As an adjunct to the training already provided, if and when a matter is referred to this Committee, specific training will be provided including: powers of the Committee, decision-making, definition of incapacity.

- **Patient Relations Committee**: online training with College staff. The delivery format includes PowerPoint presentations, small group discussions, as well as question and answer periods. Prior to the orientation, Committee members receive an electronic reference manual with key resource materials.

- **Quality Assurance Committee**: In-person or online with staff facilitators, orientation manual, and reference materials.

3. **Link to Website Training / List of Orientation Topics:**

- **Executive Committee**: The following issues covered in Council orientation are also relevant to the Executive Committee's roles and responsibilities: fiduciary duty, apprehension of bias, conflict of interest, diversity and equity, relationship of Council/Executive Committee to the Registrar and operations, communications and engagement, Strategic Plan.

- **Registration Committee**: orientation topics include information about the College and Registration Department; legislative obligations and reporting to the Office of the Fairness Commissioner; Committee's authority under the Regulated Health Professions Act (RHPA); conflicts of interest, bias and confidentiality; the powers of the Panel; review of materials and running an effective meeting; the registration process and referrals to Committee; issue-identification; risk-based decision-making; and the applicant's right of appeal to the Health Professions Review and Appeal Board.

- **Inquiries, Complaints and Reports Committee**: orientation topics include role and responsibilities of the ICRC; the life of an investigation; preparing for panel; panel decorum and expectations; effectively reviewing the ROI; facilitating deliberations; tips and tricks for panel chairs; per diems/expense claims; confidentiality, privacy, conflict of interest, and bias; assessing risk; outcomes available under the RHPA; deliberations; updates about procedural changes. Plenary training topics included; update about Health Professions Appeal and Review Board (HPARB) outcomes; risk assessment framework; remediation; equity, diversity and inclusion training; trauma-informed adjudication and investigations.

- **Discipline Committee:** orientation topics include an overview of the complaints and referral process; the Notice of Hearing; key hearing participants; opening the hearing; evidence; fact and expert witnesses; the hearing process, role and authority of the Committee; conflict of interest and bias; motions; deliberations. At a plenary session, training provided was about trauma-informed adjudication and investigations.

- **Fitness to Practise Committee:** orientation topics are identical to the Discipline Committee.

- **Patient Relations Committee**: orientation topics include the functions of the RCDSO, the role of the PRC, the RCDSO's Strategic Plan; confidentiality, bias, conflicts of interest; past work of the PRC; overview of access to care; work of the RCDSO on professionalism and ethics; an overview of the process to approve funding for therapy and counselling.

- **Quality Assurance Committee**: Training topics include confidentiality, conflict of interest, administrative processes, types of meetings, role of Committee members, the Quality Assurance Regulation and the Quality Assurance program, including continuing education and the e-Portfolio, the Practice Enhancement Tool, and the Peer and Practice Assessment processes, ongoing evaluation of the Quality Assurance Program, overview of Category 1: Core Course submission process, overview of guidance documents (Standards of Practice, Guidelines, Practice Advisories) and process for development and review of these documents, administrative practices, Citrix (software that enables secure and remote access to applications and resources), and GoToMeetings (web conferencing software).

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

			Additional comments for clarification (optional):

		c. 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:	Yes
			• Duration of orientation training.	
			• Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).	
			• Please insert a link and indicate the page number if training topics are public **OR** list orientation training topics. All new public members undertake an online orientation module prior to their first Council meeting. New public members complete the online orientation module (noted above in response to 1.1 (a) (i)) with a focus on good governance principles, the public interest, and the expectations and duties of Council and committee members to help orient them to their role as a Council and committee member. The module takes about 45 minutes to complete and includes a fillable form to confirm completion at the end. This module is available on the College's website and accessible to the public. The orientation module is available here: RCDSO Orientation Training: Council/Non-Council Committee Positions. In 2023, a new digital Council Member Orientation Package was developed which includes hyperlinks to key resource material and recordings of Council orientation and education sessions, as well as key Council meeting presentations that provide a background for ongoing discussions that may take place around the Council table.	
			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):	

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:
 	
   i. Council meetings; and
 	
   ii. Council.
	The College fulfills this requirement:
	
	• Please provide the year when Framework was developed **OR** last updated.
	
	• Please insert a link to Framework **OR** link to Council meeting materials and indicate the page number where the Framework is found and was approved.
	
	• Evaluation and assessment results are discussed at public Council meeting: Yes
	
	• *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.*
	
	The RCDSO developed a Council Performance Evaluation Framework (approved November 2021) to ground the evaluation of Council members, and a survey to collect feedback on Council members' performance.
	
	The RCDSO continues to meet this requirement and has provided a comprehensive outline of the Council Performance Evaluation Framework on page 16 of the CPMF report for 2022.
	
	Please see pages 162-164 of the December 7, 2023, Council Materials for the most recent Council Meeting Evaluation Survey Report.
		Met in 2022, continues to meet 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)	

		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	Yes

• Has a third party been engaged by the College for evaluation of Council effectiveness? Yes

• *If yes, how often do they occur?*

• Please indicate the year of last third-party evaluation.

As previously reported, the RCDSO's approach to Council evaluation included a third-party assessment, supported by Satori Consulting.

The last third-party evaluation launched in late 2021 and results were presented to Council in March 2022. It included both a self-evaluation element as well as a peer evaluation element, individual learning plans and coaching sessions in 2022. All Council members also had a follow-up session with the RCDSO President.

Frequency of the evaluation is yet to be determined; however, the next third-party evaluation of Council's effectiveness is scheduled to take place in 2024 in accordance with CPMF requirements.

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

Additional comments for clarification (optional)

		c. Ongoing training provided to Council and Committee members has been informed by: i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or	The College fulfills this requirement:	Yes

The College fulfills this requirement:

- Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers.
- Please insert a link to Council meeting materials and indicate the page number where this information is found **OR**
- Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>.

RCDSO has provided a comprehensive outline of how the results of the December 2021 Council performance evaluation have informed Council and committee training on page 19 of the <u>CPMF report for 2022</u>.

In 2023, the new Council President for the 2023-2025 term continued to work with Council members to ensure individual and collective learning plans were being carried out and monitored for progress towards goals.

In 2023, Council training has included sessions on:

- Regulation in the public interest (fiduciary duty, bias, right touch regulation)
- Conflict of Interest
- Quality Assurance
- Governance Modernization and the Public Interest
- Facilitative Chair Training for effective meeting leadership and participation
- An Overview of Equity, Diversity and Inclusion at RCDSO
- An introduction to the Indigenous Dental Association of Canada
- Canadian Black History and Dentistry and Diversity
- Governance Modernization
- Indigenous Peoples, Reconciliation and Anti-Bias training for joint oral health college Councils
- The National Dental Examining Board of Canada: Understanding National, High Stakes Examinations
- Cyber Security
- Risk Management
- Access to Care
- The College Performance Measurement Framework
- Financial Stewardship
- The College Standards
- Communications
- Transparency
- The College's Professional Liability Program

			• The College's Facility Inspection Program
			The conflict of interest and both public interest-related training sessions helped ground concepts and enable Council to develop a deeper applied understanding of the public interest. The virtual facilitative chair training for effective meeting leadership and participation was conducted at the commencement of the new Council and committee term with a focus on tips and techniques for expanding discussion, respectful disagreement, and micro-interventions. The cyber security training helped Council to understand the cyber threat landscape, as well as strategy, incident management, and risk management. The risk management training provided Council with a deeper understanding of the complexity of the risk environment for the College, and the development of an enterprise risk management 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):

	iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.	The College fulfills this requirement:	Yes

Further clarification:

Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders.

Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.

- Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers.
- Please insert a link to Council meeting materials and indicate the page number where this information is found **OR**
- Please briefly describe how this has been done for the training provided over the last calendar year.

Equity, diversity and inclusion (EDI), and access to care directly relate to the public's changing expectations of the dental profession, and are reflected in the RCDSO's 2023-2025 Strategic Plan. The Strategic Plan was informed by extensive consultation with the public, the profession, and key stakeholders.

2023 Council and Committee training related to EDI included the following:

- In February 2023, Rosemary Sadlier presented to Council on Black History Month and Dentistry and Diversity. Ms. Sadlier is a social justice advocate, EDI consultant, international speaker on Black History, anti-racism, and women's issues, and former member of the RCDSO's Eligibility Review Committee. In addition, Dr. Sheri McKinstry presented to Council an Introduction to the Indigenous Dental Association of Canada.

- In April 2023, Dr. Joel Rosenbloom, Staff Dentist at the Centre of Addiction and Mental Health, presented to Council on access to care.

- In May 2023, RCDSO organized training for the join oral health College Councils on Indigenous Peoples, Reconciliation, and Anti-bias. This training was provided by the First Peoples Group.

- In December 2023, Ms. Joan Rush, Advocacy Committee Chair, and Dr. Olaf Plotzke, Co-founder, Past President, and Director of the Canadian Society of Disability and Oral Health, presented to Council on access to care for persons with disabilities. The objective of the presentation was to deepen Council's understanding of the challenges faced by people living with disabilities in accessing oral health care, the solutions underway to improve this gap in our health care system, and the work that still needs to be done to improve health outcomes. Please see pages 243 – 251 in the December 2023 Council meeting materials.

- The RCDSO has maintained a partnership with the Canadian Centre for Diversity and Inclusion (CCDI) since 2020. The College works with CCDI to develop training and educational resources for the College, and RCDSO staff continue to participate in regular education and training sessions on a range of topics related to EDI.

Additionally, training sessions on governance were motivated by the needs of Council members and the Ontario Ministry of Health's policy proposal (January 2022) to focus on governance modernization and regulatory reform.

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

			Additional comments for clarification (optional):

DOMAIN 1: GOVERNANCE	**STANDARD 2**	**Measure:** **2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.**

Required Evidence	College Response	
a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is: i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and 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.	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 RCDSO's expectations concerning conduct and conflicts of interest are captured in applicable by-laws, rather than policies. RCDSO bylaws are accessible to the public on the College's website and can be found here. In March 2022, Council approved proposed bylaw amendments strengthening our conflict of interest rules as previously reported on page 21 and 24 of the CPMF report for 2022. In September 2023, Council approved by-law amendments to introduce a new category of committee member, "subject matter expert" – which is an individual with specific expertise required for certain committees as set out in the bylaws. The eligibility requirements for subject matter experts are set out in by-law 9B. An individual is ineligible for appointment as a subject matter expert if: a. the individual is a current or former member of the College; b. the individual is a current or former member of Council; c. the individual is a current or former employee of the College; or d. the individual is or has been for the three (3) years prior to the anticipated date of appointment, in any position of responsibility with any organization, association, or group whose mandate in any way conflicts with the College's mandate.	
	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)

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		ii. accessible to the public.	The College fulfills this requirement:	Met in 2022, continues to meet in

			• Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy **OR** Council meeting materials where the policy is found and was last discussed and approved and indicate the page number.
			
			Council Code of Conduct/Conflict of Interest
			
			    • Please see the following link for relevant by-laws (12 and 13).
			    • Links to Council materials where by-law amendments were addressed were provided in the CPMF report for 2022.
			
			Governance Committee and consequential housekeeping
			
			    • Please see the following link for pages 196 – 267 of the September 2023 Council meeting materials	

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		b. The College enforces a minimum	The College fulfills this requirement:	Met in 2022, continues to meet in 2023

| | | 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).

Further clarification:
Colleges may provide additional methods not listed here by which they meet the evidence. | • Cooling off period is enforced through: By-law

• Please provide the year that the cooling off period policy was developed *OR* last evaluated/updated.

• Please provide the length of the cooling off period.

• How does the College define the cooling off period?

  − Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number;

  − Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; *OR*

  − Where not publicly available, please briefly describe the cooling off policy.

RCDSO continues to meet this requirement and has provided a comprehensive outline of the cooling off periods on page 24 of the 2022 CPMF report. |

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

	c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally</u>: i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>.	The College fulfills this requirement:	Yes
		• Please provide the year when conflict of interest the questionnaire was implemented **OR** last evaluated/updated. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. As previously reported, every Council candidate, as part of their Council election or selection candidate application (2-year cycle), must complete a declaration that includes questions related to the eligibility criteria and some potential conflicts. Additionally, all Council members (both public and professional) are required to complete an Annual Conflict of Interest Declaration Form at the beginning of the Council term, annually thereafter, and whenever they have new conflicts to declare. The Form includes definitions of conflict of interest, and questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and College. At RCDSO Council meetings, there is a standing item at the beginning of each meeting for members to declare any updates to their form responses and any conflicts of interest with respect to the meeting agenda. Any declared conflicts are assessed by RCDSO's general counsel who advises on next steps. In June 2022, Council approved a new Annual Conflict of Interest Declaration Form for Council and committee members, and a bylaw provision requiring that all Council members' signed Annual Conflict of Interest Declaration Forms (or a summary of the form) be included in the materials sent to Council prior to its meeting and that they be made publicly available. A Summary Report of Council members' completed Forms are appended to each Council meeting package and posted on the College website. The Summary Report of Council members' Forms appended to the December 2023 Council meeting package can be found on pages 12 to 15 at the following link [December 2023 Council materials](#).	
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

			Additional comments for clarification (optional)

		d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).	The College fulfills this requirement:	Met in 2022, continues to meet in 2023

• Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public.

• Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number.

As previously reported, starting in January 2021, all Council briefing notes contain a section on the "public interest". This section identifies the public interest rationale for the topic/issue contained in the briefing note, as well as the connection back to the RCDSO's Strategic Plan.

The section on the public interest has been embedded into the briefing note template used for Council materials as well as Executive Committee materials. All briefing notes to Council are included in meeting materials packages that are available to the public via the RCDSO's website. Council materials are posted on the RCDSO's website. Meeting minutes are added when finalized.

On page 210 of the December 2023 Council materials, there is an example of the public interest rationale for revisions to the Standard of Practice on Virtual Care.

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)	

		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. Further clarification: 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. 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. 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.	The College fulfills this requirement: • Please provide the year that the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College **OR** Council meeting materials where the risks were discussed and integrated into the College's strategic planning activities and indicate page number. In 2023, the RCDSO began the process of developing a formalized Enterprise Risk Management (ERM) Framework. This framework will bring forward the most significant and serious risks to Council's attention, along with mitigation plans. To support the development of this framework, RCDSO Council has approved 'risk appetite statements' with direct input from senior staff and a skilled external consultant. See pages 235-242 of the December 2023 Council Meeting Materials. Work on the ERM Framework will continue in 2024. Also in 2023, all four core regulatory areas of the RCDSO engaged in a collaborative project to refresh and modernize risk frameworks and tools to ensure that the RCDSO continues to apply a risk-based approach to regulation. Over 2023, this work involved developing common definitions and principles, and in 2024, specific tools tailored to each department will be implemented. In addition to this work, the RCDSO has continued with two other initiatives that it uses to identify, assess and mitigate risks. First, we utilize our Issues Management strategy (launched in 2020 and previously reported) to identify, evaluate, and manage internal and external risks together with senior staff across the RCDSO. Second, the RCDSO's Audit Committee/FPA have a risk register for financial risks and have augmented the register to include with HR and IT risks.	Yes
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

		Measure:	
DOMAIN 1: GOVERNANCE	**STANDARD 3**	**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:	Met in 2022, continues to meet in 2023
			• Please insert a link to the webpage where Council minutes are posted.	
			• Please insert a link to where the status updates on implementation of Council decisions to date are posted **OR** where the process for requesting these materials is posted.	
			Council meeting materials, including meeting minutes, are accessible on the RCDSO's website ([Council and Committees](#)). RCDSO provides a regular status update indicating which Council decisions have been implemented as part of draft minutes presented at each Council meeting.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information). 　i. the meeting date; 　ii. the rationale for the meeting; 　iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and 　iv. if decisions will be ratified by Council.	The College fulfills this requirement: 　• Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. Summaries of the RCDSO's Executive Committee meetings can be found here. These include dates, rationale, and reporting on discussions and decisions referred to Council.	Yes
			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)	

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:
	
	  • Please insert a link to where past Council meeting materials can be accessed **OR** where the process for requesting these materials is clearly posted.
	
	Please see the RCDSO's 2022 CPMF report.
		Met in 2022, continues to meet 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)	
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: • Please insert a link to the College's Notice of Discipline Hearings. Please see the RCDSO's 2022 CPMF report.	Met in 2022, continues to meet 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)	

Measure:

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

Required Evidence	College Response	
a. The DEI plan is reflected in the Council's strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).	The College fulfills this requirement:	Yes

- Please insert a link to the College's DEI plan.

  Strategic Plan 2023-2025 (msecnd.net) – Pages 12 & 13

- 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.

  April 4, 2023: 2023-04-04 Council Meeting_20230327193222_0.pdf (agilitycms.com)
  Pg. 93-102, pg. 169-242, Agenda Item. 16 (verbal update)

  June 15, 2023: 2023-06-15 Council Meeting_20230606184412_0.pdf (agilitycms.com)
  Pg. 2, pg. 90, 93, 98, 118

  September 21, 2023 2023-09-21 Council Meeting.pdf (agilitycms.com)
  Pg. 165, 169, 171, 178, 179

  December 7, 2023: 2023-12-07 Council Meeting_20231127160640_0.pdf (agilitycms.com)
  Pg. 243-251, 252-274

EDI Commitment

The RCDSO has made a public EDI commitment by way of our Strategic Plan. Additionally, the College has a strategic project on Equity, Diversity and Inclusion
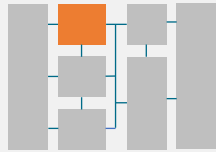
(EDI) underway spanning the length of the plan (2023-2025). Our high-level goals and actions are communicated to Council on a regular basis. College communications including our annual report and other public communication vehicles regularly and consistently share our ongoing actions to be a more diverse, inclusive, and equitable organization.

EDI Learning and Development (Council, Committees, Staff)

EDI competency is an active part of our learning and development and our goal is to have these competencies demonstrated by our staff and decision makers.

In 2023, the College held a half day orientation on EDI featuring a session on Anti-Black racism and Black History in Canada with Rosemary Sadlier, and a special presentation from the Indigenous Dental Association of Canada with Dr. Sherri McKinstry.

The College participated in a joint initiative with the Ontario oral health colleges (CDTO, CDHO, and CDO) to co-host a learning day with our Councils and Committees in an effort to advance our collective knowledge on Indigenous Peoples, Anti-Bias, Truth and Reconciliation. Our Council and Committee members participated in an education day led by First Peoples Group featuring Bob Watts, Heather Watts, Danielle Roy, Charlotte Qamaniq, and Paul Robitaille. Before the session 78% of respondents indicated that they had fair/poor knowledge of Indigenous history, traditional teachings and Truth and Reconciliation. 100% of Council/Committee respondents indicated the training improved/much improved their knowledge.

Council closed the year hearing from The Canadian Society for Disability and Oral Health (CSDH). The key objective of the presentation was to deepen Council's understanding of the challenges faced by people living with disabilities in accessing oral health care, the solutions underway to improve this gap in our health care system, and the work that still needs to be done in order to improve health outcomes. In addition, staff actively prepared a variety of Committee specific EDI learning opportunities (e.g. Trauma Informed Approaches).

Staff and resources

2023 was the first full year the College designated a staff person as the College Equity Officer. This role currently holds accountability for EDI progress and action planning, and was added to the Senior Leadership Team to provide additional support on operational activities.

Staff continue to play a key part in leading EDI initiatives and are highly engaged. The College has an IDEA Committee with volunteer members who serve as an EDI resource group on training, projects, the external environment, and internal policies. Specific funds are set aside annually for learning, training & projects related to EDI, there is budgeting and planning process for EDI initiatives, and College finance staff/budget holders are tracking how resources are used related to EDI.

College staff are displaying awareness and skills related to EDI and there are several EDI learning opportunities, events, and resources available to them. An emphasis on EDI competency and Inclusive Leadership was a focus for all of our people leaders in 2023. Each leader completed an Intercultural Development Inventory (IDI), coaching session, and final debrief shared in a community context.

The College continues to partner with the Canadian Centre for Diversity and Inclusion (CCDI) and all staff have access to an EDI Library of learning resources to learn at their own pace. A year end EDI survey revealed 91% of staff respondents strongly agreed/agreed that EDI learning opportunities in 2023 made them better informed. Additionally, 98% of staff respondents reported EDI learning in 2023 had a beneficial impact on the culture at the College. The diversity of

			College staff cuts across several identity factors and we continue to offer a flexible work environment which puts us in a good position to hire and retain diverse talent that reflects the public we serve.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. Further clarification: 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.	The College fulfills this requirement:	Partially
			• Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number **OR** please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted. The College has been exploring several resources in order to select and/or create an equity impact assessment tool that can be applied across our many programs, processes, operations, and policies. In 2023, staff participated in training from Equity at the Centre and Tidal Equality on equity impact assessments. Our Policy Team and the College Equity Officer have been using The Equity Sequence equity impact assessment tool which is an evidence based practice designed to equip decision makers to make more equitable decisions and open up opportunities for transformative change. EDI competency was a key factor in the hiring of our several new highly skilled policy analysts in 2023. Our new team is equipped with strong EDI competency, a diversity of lived experience, and they consistently take into account intersectionality and social determinants of health when developing policies and standards. EDI impact is a top priority when developing and renewing policies and standards and the team applies this lens based on several resources. The College is currently undergoing a major review of all of its standards and EDI will be embedded into our policies and practice standards using an EDI lens and best available evidence. We have taken the proactive step of including a set of voluntary self-identification (demographic) questions for our survey-based policy consultations. This data is collected in a voluntary and anonymous fashion and attempts to support ensuring that we are hearing from a diverse sample of the Ontario public, and it will allow us to focus our engagement strategies on communities that we are not hearing from. We have also included diverse groups, such as patient advocacy organizations and partners in our engagement processes (e.g., through invitations to survey-based consultations, engagement with the Citizen Advisory Group, and others). Presently, questions and inquiries related to EDI are handled sensitively and we have built regular internal channels like our Issues Management Group, Leadership Network, and IDEA (Inclusion, Diversity, Equity, and Accessibility) Committee where we can collaborate on the development of responses, FAQs and other communications tools to support dentists looking for support with EDI related matters. The College has also been an active partner in the development of the HPRO EDI Action Guide and assessment tools and we are building out ways to use this resource at our College to advance EDI efforts. The College has staff as members of HPRO's EDI Network and they actively participate in meetings and educational opportunities. The Network's activities include environmental scans and knowledge sharing, outreach to system partners through HPRO (e.g., Office of the Fairness Commissioner), opportunities for sharing in a safe and inclusive space, and documents and tools that the College can consider for possible implementation. There are many opportunities ahead to embed equity impact assessments into the fabric of our Committees, programs, and services. Our team is seeking out a best practice approach in assessing, evaluating and measuring the impact of our work to ensure sustainable positive impact on Ontario's dentists and the public that we serve.	

	Yes		*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?*	Yes
			Additional comments for clarification (optional)	
			See above for information about how the College is planning to improve its performance.	

		Measure:	
		4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	

		Required Evidence	**College Response**	
DOMAIN 2: RESOURCES	**STANDARD 4**	a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated. Further clarification: A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	The College fulfills this requirement: • Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan *AND* a link to the most recent approved budget and indicate the page number. • Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. Budget principles were approved by the Finance, Audit & Risk Committee to guide management's creation of the budget, including one that stated: "The 2024 budget includes new resources to support regulatory effectiveness, to advance the new Strategic Plan, and to recognize the increasing volume of work in standards development." This was communicated to staff when preparing the budget. See pages 298-316 of the Dec 7, 2023, Council materials. Management identified each of the strategic projects and ensured adequate resources were set aside to make progress or complete those projects. To ensure all projects were included each was listed along with the associated budget dollars. This was approved by senior management and provided to Council. See page 310 of the Dec 7, 2023, Council materials.	Yes
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

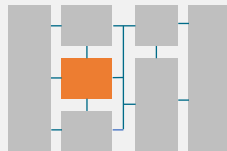|		b. The College:	The College fulfills this requirement:	Partially
		i. has a "financial reserve policy" that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and ii. possesses the level of reserve set out in its "financial reserve policy".	• Please insert a link to the "financial reserve policy" **OR** Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. • Please insert the most recent date when the "financial reserve policy" has been developed **OR** reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? Yes The financial reserve policy was last updated November 17, 2020, and can be found on pages 249-251 of the November 17, 2020, Council Meeting Materials. The Operating Reserve remains underfunded at less than 25% of the required amount, at $1.5 million. Based on the 2024 operating budget the required Reserve is calculated at $7.5 million, which will require sustained surplus results. Future surplus will be directed to fund the reserve over three years, from 2023 to 2025. The 2023 year is forecasted to result in a healthy surplus, potentially in excess of $3.4 million. We have forecasted surpluses for 2024 and 2025 and anticipate the Operating Reserve will be fully funded by the end of 2025. More information on the Operating Reserve can be found starting on page 298 of the December 2023 Council Materials.	
	Yes		*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?*	Yes
			Additional comments for clarification (if needed) The RCDSO is engaged in a 3-year Council approved plan to fund an Operating Reserve to the amount described in the policy (25% of operating costs).	

		c. Council is accountable for the success and sustainability of the organization it governs. This includes: 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). _Benchmarked Evidence_	The College fulfills this requirement: • Please insert a link to the College's written operational policies which address staffing complement to address current and future needs. • Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. **Note:** Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success. During the budgeting process, each department head is invited to review their department's staffing level and to submit a business case for any requested additions. These business cases are reviewed by the Senior Leadership Team and then any recommended additions are included in the budget that is approved by the Finance, Audit & Risk committee and Council. This process enables Council to ensure that the College has sufficient resources to carry out operations. Council also conducts an annual performance review of the Registrar & CEO that is supported by a 3rd party, which includes both an assessment of performance against objectives as well as a robust biannual 360 feedback process that is more behavioural in its focus. This performance review provides Council with an annual opportunity to consider succession-related issues and to ensure that the Registrar, the Council's single employee, is focused on future staffing needs for the RCDSO. Outside of this, the College has a number of staff-facing policies related to staffing including the Recruitment, Retention, and Advancement policy and the Fair Hiring policy. The College also has a Pandemic Plan and a Business Continuity plan in the event of an unexpected staffing disruption.	Yes

			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.

			The College fulfills this requirement:	Yes

		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).	• Please insert a link to the College's data and technology plan which speaks to improving College processes **OR** please briefly describe the plan.
			
			The RCDSO maintains a technology road map. This document outlines the various information and communications technologies deployed to support the College's operations, as well as a five-year rolling road map for each technology. This document also outlines the technology adoption process and principles. The College's adoption of technology falls within the early or late majority adoption cycles. This is intended to help manage risk when acquiring new technologies while ensuring the technology used by the RCDSO is current and supportable. Additionally, the RCDSO maintains a three-year capital forecast of planned technology-based initiatives. Both documents are updated annually.
			
			Technology Adoption Principles:
			
			• Security: All solutions and systems must be secure by design and comply with all College priorities and legislative obligations.
			• Flexibility: All solutions and systems must be scalable and adaptable to meet the current and future needs of the College.
			• Affordability: All solutions, systems and partners are to be appropriately priced to ensure expected results within the College's fiscal constraints.
			• Usability: All solutions and systems must meet the usability needs of staff, members and other users. This includes stability, ease of use and accessibility (or support for accessibility tools), to support the user in accomplishing their tasks.
			• Standardize:
			   ○ Buy vs. build: Buy industry-standard solutions when appropriate instead of building custom solutions.
			   ○ Cloud preferred: where appropriate, use secure cloud-based solutions instead of locally deployed systems. Canadian residency for these solutions is preferred. Where Canadian residency is not available, confidential College information should not be stored in these services.
			   ○ Fewer is better: Minimize the number of technology solutions used to meet specific business needs. This enables economies of scale and simplicity of support and training.
			• Engagement: Stakeholders are actively engaged, and their voices help to inform and guide IT direction.
			
			The RCDSO's security governance is based on the NIST Cyber Security Framework (Identity, Protect, Detect, Respond and Recover) and the deployment of our solutions are based on the defense in depth model.
			
			In early 2021, the College implemented a Data Plan to support the understanding, use and integration of data (and analytics) as part of operational and strategic decision-making. This plan identified four areas to act as pillars during conversations on planning, capacity and feasibility. These include:
			
			• Regulatory Reporting and Analytics: Understanding our data to further our mandate and generate insight.
			• Planning and Partnerships: Choosing to use data to further our strategic goals and partnerships.
			• People and Culture: Ensuring staff have resources and confidence to take stewardship of their data.
			• Processes and Technology: Connecting our processes and maximizing our technology systems.
			
			As the College embarks on their new Strategic Plan (2023-2025), the principles of the Data Plan will carry-over into an Analytics Roadmap, similar to the technology road map as described above. This approach to analytics will continue to incorporate fundamental principles of data management but will shift	

			focus towards the vision for analytics that align with the College's operational priorities and strategic projects.	
			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 3: SYSTEM PARTNER

STANDARD 5 and STANDARD 6

Measure / Required evidence: N/A	College response
	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. *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.*
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. Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry</u>. Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.	**Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.** Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice 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: • *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.).* The RCDSO engages extensively with other regulators and system partners on a broad range of matters. Below are specific examples of engagement that took place over 2023:

Topic	Partner(s)	Date(s)	Outcome(s)
Access to Care	Patient advocacy organizations, Academic experts, Faculties, Federal Government	Throughout 2023	• RCDSO Council Orientation: Sheri McKinstry (Indigenous Dental Association of Canada). • Speaker series: Joel Rosenbloom (University of Toronto & CAMH), Ms. Joan Rush and Dr. Olaf Plotzke (Canadian Society for Disability and Oral Health), Lindy Vanamburg (Health Canada).

				• RCDSO Connect: Indigenous Services Canada: NIHB program.
	Equity, Diversity, and Inclusion	HPRO EDI Network (supported by consultants from GrayBridge Malkham)	Launched Fall 2023	• Development of the HPRO EDI Action Guide, Assessment Tool, Case Studies, and FAQs to support health regulatory Colleges in responding to CPMF and designing College-wide EDI efforts.
		Canadian Centre for Diversity and Inclusion (CCDI)	Fall 2023	• RCDSO has been engaged in partnership with CCDI to complete a diversity and inclusion assessment of the College, and to provide tailored educational sessions and learning objectives and plans to our leaders. All people leaders completed an Intercultural Development Inventory for building cultural competence and a wrap-up education session in Fall 2023. A range of on demand learning sessions and resources are also available to all RCDSO staff throughout the year, related to different dimensions of equity, diversity, and inclusion.
		Habanero Consulting- Caterina Sanders	March 2023	• International Women's Day event and equity training: guest speakers discussed women's equity issues.
		First Peoples Group	May 2023	• RCDSO led efforts to organize a training day for the Council, Committees, and senior staff of all four Ontario oral health colleges. The training focused on indigenous peoples, anti-bias, and reconciliation, and it was facilitated by First Peoples Group. This session is notable not only because it advanced key goals specific to our EDI work, but also because it marked an important milestone in inter-college collaboration: this session was the first joint training session of oral health Councils and Committees ever held.

			The Get Real Movement	July 2023	• Pride month celebration and equity training on issues relevant to the LGTBQ2S+ communities.
			Ministry of Indigenous Affairs-Ashley Jacobs	September 2023	• In support of advancing our knowledge of Truth and Reconciliation, Ashley Jacobs provided all staff with an overview and discussion about the Indigenous Justice Program. This visit also sparked conversations about future work and participation in RCDSO consultations and internal process reviews.
			Indigenous Services Canada-NIHB oral health program	December 2023	• Indigenous Services Canada provided registrants with an online education session on the NIHB oral health program in support of ensuring the RCDSO can facilitate the dissemination of accurate information about the program and support dentists in accepting patients who participate in the program.
			Canadian Society for Disability and Oral Health (CSDH)	December 2023	• Provided RCDSO Council and senior staff with an educational presentation on access to care-related barriers for persons living with disabilities. The presentation was also live-streamed to YouTube. RCDSO continues to partner with CSDH in exploring the development of new continuing education courses/resources for dentists.
		Registration and Fair Practices National Multi-Stakeholder WG: Equivalency Process	National Dental Examining Board of Canada (NDEB), Canadian Dental Regulatory Authorities Federation (CDRAF), Dental Regulatory Authorities, Commission on Dental Accreditation Canada (CDAC), Association of Canadian Faculties of	Throughout 2023	• Supported a grant application to the federal government-Employment and Social Development Canada- that proposes to develop an alternate pathway for applicants going through the equivalency process (pre-registration with RCDSO). The grant application was successful, and the government has awarded the requested funds for program development. • Engagement with ITDAOC on issues and concerns of internationally trained dentists: NDEB examination practices, the RCDSO's practices, and

		Dentistry (ACFD), Ontario Fairness Commissioner (OFC), Employment and Social Development Canada, Internationally Trained Dentists Association of Canada (ITDAOC)		• the user/lived experiences of internationally trained dentists who are seeking licensure in Ontario. • Engagement with OFC and NDEB on issues relevant to fairness, examination practices, and experiences of internationally trained dentists seeking licensure in Ontario. • Led national multi-stakeholder working group to critically assess the NDEB's equivalency process with a view to promoting reforms that would increase accessibility, fairness, and transparency in response to the lived experiences of internationally trained dentists.
	Data	Engagement with external stakeholders related to RCDSO data: Academics, Ontario Dental Association (ODA), Dental Societies, Statistics Canada, ICES, Canadian Dental Association (CDA), Region of Peel	Throughout 2023	• RCDSO has explored data partnerships with a range of providers to support a better understanding of health human resource needs in oral health, and the current distribution of dentists across Ontario. • RCDSO has responded to external data requests, using a decision-making rubric developed in 2022 anchored to RCDSO's legal obligations and objects. • An example of an approved data request was to the Region of Peel who was looking to better understand the number of dentists practicing in the region to support planning.

	Canadian Dental Regulatory Authorities Federation (CDRAF), Commission on Dental Accreditation of Canada (CDAC), National Dental Examining Board of Canada (NDEB),	Frequent meetings with national partners on issues of dental regulation	Throughout 2023	• RCDSO engages in regular meetings with the named partners to discuss matters of national relevance in dental regulation. Examples of issues include:
				  • Modernized approach to specialty certification examinations: partnership between NDEB and RCDC
				  • Modernized approach to accreditation of faculties of dentistry: CDAC, ACFD

Association of Canadian Faculties of Dentistry (ACFD), and Royal College of Dentists of Canada (RCDC)				• Consideration of applications for new dental specialties: with different specialty societies • Consideration of emerging issues including virtual practice, HPV vaccination, federal dental benefits plan
Canadian Military	Meeting to discuss mutual issues of dental regulation and quality practice	Throughout 2023	• RCDSO has engaged in a number of discussions with Military representatives about the RCDSO's Facilities Inspection Program and its application to dentists on military bases. • These discussions focused on opportunities to partner on alignment of processes.
COVID-19 Guidance	CDRAF, HPRO, Oral Health Colleges, PHO, Faculties of Dentistry,	Spring, summer 2023	• Joint communication from all Oral Health Colleges • Coordinated rescission of COVID Guidance for all oral health regulatory Colleges.
Assisting investigations through Requests for Assistance	Ontario Police Services, Office of the Chief Coroner	Throughout 2023	• Upon request from the Office of the Chief Coroner or local Police Service, the College sends Requests for Assistance to registrants to help identify remains. In 2023, the College sent out 93 Requests. • The Office of the Chief Coroner for Ontario (OCC) handles about 1200 cases of unidentified human remains per year. About 250 of these individuals are positively identified using dental methods. • Collaboration and assistance which helps to identify individuals, assisting medicolegal death investigation stakeholders including coroners, forensic pathologists, police services, and the criminal justice system. • Reminds dentists of obligations to comply with requests for records under Missing Persons Act and Ontario Coroner's Act, and provides an opportunity to thank them for public service in delivering closure to families.

Heath Human Resources	HPRO, Ontario College of Pharmacists, College of Massage Therapists of Ontario	March 2023	• Remarks to Ontario's Standing Committee on Social Policy to support innovation via Bill 60 and note the public safety impact of registration. • Offered to work with government to ensure that professionals with a complaint or a conduct issue in one province are properly vetted before working in Ontario. • Raised issues of complaint accountability and professional liability. • Committed to continual improvement of registration processes to ease health labour mobility while maintaining public protection.
Mandatory Reporting	College of Dental Hygienists of Ontario (CDHO), College of Dental Technologists of Ontario (CDTO), College of Denturists of Ontario (CDO)	Launched October 2023	• Partnered with the regulatory colleges representing dental hygienists, denturists, and dental technologists to create an interactive learning module outlining legal and professional duty to report certain concerns about other healthcare professionals. • Included explanation of mandatory reporting requirements of the Health Professional Code. • Included consequences of failing to report. • Coordinating with other oral health colleges helps to clarify obligations for professionals working together.
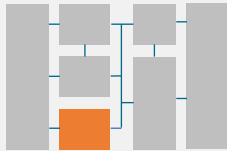
In the chart above, the outcomes of the RCDSO's engagement with a range of partners is captured. Highlights are captured here for ease of reference:

- Engagement with partners in support of Access to Care has enabled the RCDSO to provide enhanced information and resources online for the public and profession which are aimed to remove barriers in accessing oral health care.

- EDI partnerships have allowed the RCDSO to delve deeper into issues, barriers, and experiences of indigenous communities, the LGTBQ2SIA+ communities and individuals who identify as disabled. This in turn has allowed us to raise awareness, plan impactful educational sessions and put into place building blocks to support the integration of an EDI-lens into College work and into the provision of oral health care.

- Initiatives on Access to Care and EDI have also increased the visibility of the RCDSO to equity-deserving communities and helped build our trustworthiness as a regulator of the dental profession.

	• Our focus on data and the partnerships we have fostered have allowed us to engage in data collection and analysis that supports an enhanced understanding of health human resource issues and enables us to identify potential factors that may pose barriers to the public's ability to access oral health care. • Enhanced engagement with system partners on issues related to internationally trained dentists with a view to harmonizing communications, foundational processes, and requirements, and identifying opportunities for improvements. This work supports defining and adhering to service standards and fairness in certification processes and pre-registration with regulatory Colleges. • Relationship building with Registrars of oral health Colleges and the Dental Assistant Association of Ontario to create consistency in regulatory work, communications to respective registrants, and more specifically rescission of COVID-19 guidance. This work supports an improved patient experience in receiving oral health services from multiple professions.

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).*

1. **Examples of partners the College regularly interacts with including patients/public:**
   - Canadian Society for Disability and Oral Health
   - Stakeholders related to Access to Care: Alliance for Healthier Communities; ODSP Coalition
   - ReadyBe
   - Canadian Center for Diversity and Inclusion (CCDI)
   - Citizen Advisory Group (CAG)
   - Patients and the public (through RCDSO consultations and other engagement tactics)
   - Ontario regulatory Colleges and HPRO, including oral health colleges (CDHO, CDTO, CDO)
   - Dental faculties
   - National organizations: ACFD, CDRAF, NDEB, CDAC, RCDC
   - Other provincial dental regulators (BCHOP, ODQ)
   - Ontario Dental Association
   - PHO and other public health authorities

2. **How does the College leverage those relationships to ensure it can respond to changing public/societal expectation?**
   - We engage public and patient groups in an intentional manner to get input on different College activities and to learn about work they're doing which may intersect or complement College work. Engagement activities include:
     - Council training and education

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o Consultations on Standards and by-laws
o Consultations on concepts and proposed work: early feedback
o Focused questions through survey, or focus groups at CAG on specific issues and projects
o Public consultation on major new positions and initiatives (e.g., RCDSO's new Strategic Plan, all future Standards)
o CAG: engagement with equity-seeking groups (see above)
o Engagement with CCDI: Diversity and Inclusion assessment; presentations to staff, Council; training on unconscious bias, diversity and equity, safe culture for both leaders and Council personalized; development plans to Leaders and Senior Leaders; development of EDI strategy
o Transparent approach to informing the public via the College website and social media (LinkedIn, Instagram, X)

3. **How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy / program?**

- As noted above, the College engaged the CAG in two instances of collaboration: one on consultation with equity seeking groups (in partnership with other regulatory colleges) and a second on the College's new Strategic Plan.
  - Both of these engagement activities allowed the College to obtain feedback on the public's expectations directly from a diverse panel of members of the public.
  - Feedback from these sessions directly informed the final 2023-25 Strategic Plan and will inform partner engagement work planned for 2023 and beyond, specifically work on equity, diversity and inclusion.
- The RCDSO engaged in an extensive review process with the support of an Expert Task Force and consultation related to a core business area of the RCDSO: the Professional Liability Program (PLP). This is a program that is unique to the RCDSO in the regulatory space, and the RCDSO was alive to the fact that the public's expectations about the RCDSO's role and involvement in liability coverage for dentists may have changed since the program's inception. As a result of the review, Council directed that the College proceed with a divestiture process of PLP.

4. **How did the College engage the public / patients to inform changes to the relevant policy / program?**

- Access to Care: We engaged with a range of partners to identify and coordinate work that is happening in different organizations and different areas of the province to facilitate and improve access to oral health care and dental professionalism
- EDI: The College's engagement with CCDI and CAG led to the creation of a dedicated RCDSO position on EDI. This individual is leading EDI work that is directed to RCDSO processes, policies, Council, Committees, the dental profession, and the public.
- PLP: The RCDSO's work through the Expert Task Force supported by the consultation has led to a principle-based analysis of the program, and options for the future. Feedback impacted the articulation of key program elements to preserve in any divestiture. It has supported Council's discussion and direction in terms of a path forward.
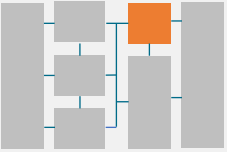
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		Measure: **7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.**		

		Required Evidence	**College Response**	
DOMAIN 4: INFORMATION MANAGEMENT	**STANDARD 7**	a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement:	Yes

The College fulfills this requirement: | Yes

- Please insert a link to policies and processes *OR* please briefly describe the respective policies and processes that addresses disclosure and requests for information.

The elements covered in previous CPMF reports remain in place. To supplement those, we have undertaken further work in 2023 to shore up our approach to privacy, confidentiality and cybersecurity.

New work includes:

- Providing all Council and Committee members (including non-Council Committee members) with an RCDSO email address to ensure information provided by email remains secure.
- Launching an initiative to provide all Council and Committee members with College-issued laptops. The first deployment was initiated in late 2023; the second will take place in early 2024.
- New resources were developed for staff, Council, and Committees that set out practical tips for protecting security of information, and for identifying breaches where information has been accessed by an unauthorized individual.
- Ongoing, proactive training modules for Council on cybersecurity threats and mitigation tactics.
- Educational session developed and delivered to Council by an industry expert on cybersecurity.

Practices and Resources previously reported on and which remain in place are:

- RCDSO Privacy Code which sets out the College's commitments and obligations for maintaining the confidentiality of information. Requests for information are guided by this Privacy Code and the language of section 36 of the RHPA and are assessed by the RCDSO's Privacy Officer and the Registrar. Disclosures of information are made consistent with RCDSO processes for security and data sharing.
- Data sharing analytic rubric to ensure that disclosure of data is consistent with the RCDSO's legal obligations and objects, and complies with best practices in cybersecurity.
- Data is released only subject to a memorandum of understanding or data sharing agreement. Where disclosures are made to parties concerning College matters, the College uses security protocols such as secure mail.
- Breaches are managed in accordance with an Information Breach Protocol developed in 2021. Annual presentations on the number and cause of breaches is shared with RCDSO staff, together with tips and mitigation tactics.
- A ticketing system specific to privacy was launched in 2022 to receive, track, and manage all internal and external requests or issues related to information

			privacy. • Dedicated plan to support and enhance information security specifically with RCDSO Committees and Council. Information on Privacy can be found on our website: https://www.rcdso.org/en-ca/privacy
			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. uses cybersecurity measures to protect against unauthorized disclosure of information; and iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information. *Benchmarked Evidence*	The College fulfills this requirement:	Yes

The College fulfills this requirement:

- Please insert a link to policies and processes **OR** please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information.

New resources to support the RCDSO's approach to privacy and cybersecurity were developed and implemented in 2023. They are:

- **Secure Communication of Confidential Information Policy:** This policy gives direction on how to safely communicate electronic and hard copy confidential information outside the College.

- **Tip Sheet on Recognizing a Potential Privacy Breach:** This resource defines and explains privacy breaches and provides examples of breaches. As its title suggests, the resource is intended to complement the RCDSO's Information Breach Protocol and assist staff, Council, and Committee members in identifying a breach and then taking the required steps to manage the breach in accordance with the Breach Protocol.

- **Cyber Security/Risk Updates:** Provide Finance Audit and Risk Committee regular cyber security / risk updates including planned initiatives, audit reports, and operational reports.

Further, the resources highlighted in the 2022 report, continue to be in place. They are:

Information Breach Protocol: This protocol sets out a comprehensive process for tracking, managing and remedying any privacy breaches or other unauthorized disclosures of information. The protocol requires all College personnel to report breaches and unauthorized disclosures to a team that includes appointed privacy leads for the organization as well as IT and data leads. The protocol was implemented in 2021 and staff have received training on the protocol. Ongoing training for staff is anticipated.

Information Security and Acceptable Use Policy: This policy sets out requirements for using the RCDSO's information systems and related services in order to ensure that the information on those systems is held securely, including confidential and private information. The policy covers such topics as the proper use of user identifications and passwords; prevention of the transmission of computer viruses; and steps to take in the event that a device is lost or stolen so that it may be "wiped" remotely of data.

Password and Authentication Policy: This policy's goal is to help protect the RCDSO's information and technical systems by setting out minimum requirements for the use of unique identifications, passwords and multifactor authentication systems.

Records Management Policy & Records Management Procedures: The Records Management Policy outlines the RCDSO's commitment to a Records Management Program which, through detailed procedures, ensures that all College records are handled in a standardized, responsible and legally compliant manner, and seeks to mitigate the risks of information, data or cyber-security breaches and information management errors. Under this policy, there are a number of specific records management procedures which set out, for example, the requirements for converting paper records to electronic records, and requirements for secure destruction of records.

Workplace Social Media Policy & Internal Social Media Policy: These policies concern the appropriate use of social media by employees, including requirements
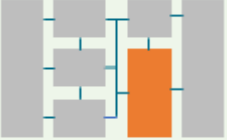
				that employees maintain confidentiality requirements and report any inappropriate sharing of confidential information.
				IT Security Awareness Training: All staff, Council, Committee, panel members, inspectors and monitoring offices participate in mandatory IT security awareness training. This training program is delivered monthly. These individuals are required to watch a training video on a topic related to IT security awareness, such as, for example, phishing threats and how to recognize and avoid them, and then complete a quiz related to the themes covered in the training video. Additionally, to reenforce this training the College conducts periodic random phishing simulation campaigns. Individuals who click on these links are directed to additional security training. **IT security plans**: The RCDSO's IT department has specific plans for handling an IT security emergency, such as, for example, if the College's information systems were hi-jacked or otherwise attacked. IT security is also audited regularly both by automated systems as well as by external security firms. The RCDSO also leverages various backup solutions to protect both onsite and cloud-based services. These solutions are architected to ensure backups are stored in a different location than the original data and are tested quarterly or better. A diverse approach to backup solutions was adopted to ensure a breach or failure in any one system could not affect all College functions. Additionally, the backup of cloud-based services is in addition to the protection provided by default by these cloud service providers.
				If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.

		Measure:	
		8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).	

DOMAIN 5: REGULATORY POLICIES	STANDARD 8	**Required Evidence**	**College Response**	
		a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment. *Benchmarked Evidence*	The College fulfills this requirement:	Met in 2022, continues to meet in 2023

- Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) **OR** please briefly describe the College's evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved).

At all times, the RCDSO seeks to ensure that guidance to the profession (as set out in Standards of Practice, Guidelines, Practice Advisories, and other relevant resources) are accurate, comprehensive, reflective of the current practice environment, and serve the public interest.

The RCDSO uses a number of strategies to guide the evaluation of Standards of Practice, consistent with general best practices and the RCDSO's 2023-2025 Strategic Plan.

Standard review cycle:

- In 2023, RCDSO staff launched a new decision-making framework – the *Standards Prioritization Decision Support Tool* – which will help us to prioritize the sequence in which Standards are reviewed and developed based on transparent criteria, including an analysis of risk to patients. As a first step, following the approval of this new framework, RCDSO staff have assessed all of the College's guidance for registrants with a focus on accuracy, comprehensiveness, and clarity.
- Key emerging issues may also be identified through a College-wide Issues Management initiative that identifies opportunities and disruptors impacting the regulation of dentistry, and which may require the development of new guidance or communications to registrants.

Standards review and development – inputs:

Reviews are informed by a spectrum of inputs that form part of a standardized and consistent Standards review process. These include (as key examples):

- A review of empirical research and published literature.
- A review of comparable positions adopted by other health regulators across Canada and internationally.
- A review of applicable legislation.
- Input from a Standing Policy Working Group, as-needed (the Working Group is currently being struck, but will be comprised of public and

			professional members of RCDSO Council). • Stakeholder feedback received in response to rigorous external / public consultation. **External consultation:** The RCDSO utilizes a comprehensive external consultation process that captures a broad cross-section of stakeholder perspectives, including the public, dentists, experts, and other regulatory stakeholders, including Ontario's oral health Colleges. For existing Standards, a "preliminary consultation" may be undertaken if feedback is needed to support the assessment of an existing document. This feedback helps to inform the development of a revised draft document. For all new or revised draft Standards, a "general" consultation is undertaken to solicit feedback prior to finalizing the draft or seeking final approval from RCDSO Council. This approach ensures engagement with public perspectives and promotes alignment with other relevant systems partners, including Ontario's other oral health Colleges. College staff are currently updating relevant sections of the RCDSO's website to transparently outline the RCDSO's Standards review, development, and consultation processes.
			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.

		b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines: i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. *Benchmarked Evidence*	The College fulfills this requirement:	Yes
			• Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) **OR** please briefly describe the College's development and amendment process. In early 2021, RCDSO staff developed a series of protocols to guide the development and review of RCDSO Standards. These were presented to Council in May, 2021. See pages 180-188 of the May 2021 Council materials for the briefing note and attached protocols. These protocols continue to be updated by the RCDSO's Policy Team as we further modernize and enhance the College's approach to Standards review and development. Relevant updates in 2023 include (as examples): • The recruitment of new Contract Policy Staff, who will provide urgent, time-limited support for the priority review of key Standards and emerging issues. • The development and adoption of a *Standards Prioritization Decision Support Tool* that will guide the assessment and prioritization of upcoming Standards work (see pages 120-125 of the June 2023 Council materials for more information). • The striking of a *Standing Policy Working Group* consisting of public and professional members of RCDSO Council. The Working Group will meet throughout the year to provide input and direction to Policy Staff on new and revised Standards of Practice.	
			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.	

c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.	The College fulfills this requirement:	Yes
	• Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. Although, the RCDSO's Standards, Practice Advisories, and Guidelines have historically focused discretely on clinical and general practice issues, key College documents reflect the principles of equity, diversity, and inclusion (EDI). This includes RCDSO's Code of Ethics. Beginning in 2020, the RCDSO began updating its approach to Standards review and development to include a specific focus on EDI. This includes the incorporation of an Equity Impact Assessment and a commitment to increased engagement with key stakeholder groups and equity-deserving communities. This work continues in partnership with relevant subject matters experts and partners, including the Canadian Center for Diversity and Inclusion (CCDI) and the HPRO antiracism working group. Additionally, professionalism and EDI are dedicated areas of focus within the RCDSO's 2023-2025 Strategic Plan, and form the foundation for Strategic Projects that will help improve guidance for registrants, update RCDSO's Standards of Practice, and promote access to care. The work on the Access to Care Strategic Project will include the development of two new documents that will help reinforce principles of EDI in dentistry: a new "good practice guide", which will articulate overarching expectations of professionalism, and a new Standard of Practice for accepting new patients. Finally, the RCDSO's new Organizational Transformation and College Equity Officer within the Office of the Registrar plays an important role in helping the Policy Team incorporate best practices for EDI into all new Standards and policy work.	
	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)	

		Measure: **9.1 Applicants meet all College requirements before they are able to practice.**	

		Required Evidence	**College Response**	
DOMAIN 6: SUITABILITY TO PRACTICE	**STANDARD 9**	a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)[1].	The College fulfills this requirement:	Met in 2022, continues to meet in 2023

The College fulfills this requirement:

- Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number **OR** please briefly describe in a few words the processes and checks that are carried out.

- Please insert a link and indicate the page number **OR** please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.).

The RCDSO's registration process remained the same in 2023. Staff continue to use a structured checklist to ensure that we have received all required documentation, and that the documents and information demonstrate that an applicant meets the RCDSO's regulated registration requirements. Details of that checklist and how it is operationalized were reported on page 58-59 of the CPMF report for 2022.

At the end of 2022, staff updated our online application system to optimize document submission and verification through a dynamic document requirements checklist. The online application form generates an individualized document checklist for each applicant, depending on how the applicant answers the questions on the application form. The document checklist prompts applicants to submit the documents required to demonstrate compliance with registration requirements at the time of submission of their application. Documents obtained from third parties, such as Certificates of Good Standing, are still submitted directly to staff to ensure that the veracity of information is maintained.

The updated application form reduced the time required to process applications in 2023, allowing staff to process applications within the timelines required by the new Registration Regulation, while also improving the user experience for applicants.

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

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

b. 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.).	The College fulfills this requirement:	Yes

The College fulfills this requirement:

- Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers **OR** please briefly describe the process and checks that are carried out.

- Please provide the date when the criteria to assess registration requirements was last reviewed and updated.

1. Language Proficiency

As previously reported, the RCDSO regularly reviews and updates our policies to ensure alignment with best practices, including our policy on language proficiency. The RCDSO's language proficiency policy was most recently updated in late 2022 to ensure compliance with the new Registration Regulation, in effect January 2023. The updated policy was approved by the Registration Committee in December 2022.

Details on previous reviews of the language proficiency policy have been reported in previous CPMF reports (see a short list of previous reviews for proficiency on page 60 of the CPMF Report for 2022).

2. Registration Processes – Continuous Quality Improvement

The RCDSO's most recent continuous quality improvement project was outlined on page 60-61 in the RCDSO's CPMF report for 2022, including initiatives undertaken to support the implementation of the new Registration Regulation. Through this project, we reviewed, assessed, and where appropriate, updated, registration requirements. The aim of this process was to ensure compliance with the new regulated timelines in 2023, while also ensuring our registration processes and decisions are risk-based, and to provide a seamless service experience for applicants. Our continuous quality improvement initiatives were also documented in the in the RCDSO's 2022 Fair Registration Practices Report to the Office of the Fairness Commissioner.

Through these efforts, the RCDSO successfully maintained the required 15 and 30 day processing and decision timelines throughout 2023. Staff regularly report to Council on compliance with these timelines through a Council Operational Dashboard. See pages 42 and 43 in the December 2023 Council Materials.

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)

		Measure: **9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.**		

		c. A risk-based approach is used to ensure that currency[2] and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement: • Please briefly describe the currency and competency requirements registrants are required to meet. • Please briefly describe how the College identified currency and competency requirements. • Please provide the date when currency and competency requirements were last reviewed and updated. • Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done. **1. Please briefly describe the currency and competency requirements registrants are required to meet** **Currency and competency upon registration** The Registration regulation under the Dentistry Act, 1991 contains requirements with respect to currency for applicants: s. 16(1)3, 18(2)(5) of Ontario Regulation 205/94 made under the Dentistry Act, 1991. Staff vet applicants using a structured checklist to ensure that registration requirements are met. Staff review of applications for registration is guided by a Risk Framework for Registration. The risk framework outlines guiding principles for identifying and triaging high risk applications, including for issues of competence and currency of knowledge and skill. The framework is accompanied by a risk triage tool. Where applicants do not meet currency and competency requirements, or where the Registrar has doubt, the application is referred to the Registration Committee for consideration. The Committee may register the applicant, may refuse to register the applicant, may require the applicant to undergo an assessment of their clinical skills, or may require the applicant to take additional courses, training, or monitoring of their practice in order to reduce risk to the public. The Registration regulation also contains requirement with respect to past and current conduct for applicants: s.14(1) of Ontario Regulation 205/94 made under the Dentistry Act, 1991. On an application for registration, applicants must complete an attestation related to their past and present conduct, including conduct in other jurisdictions and criminal charges or findings of guilt. Any information submitted in relation to conduct in another jurisdiction will be assessed in conjunction with certificates of standing submitted directly from other regulatory bodies. Applicants who have a history of criminal conduct matters will be required to submit further documentation, such as court documents, in order for staff to appropriately review and consider the information in the public interest.	Yes

Continuing Competency Requirements

a) Continuing Education:

The RCDSO does not have a practice hours requirement for registrants. RCDSO requirements for continuing education are set out in the Quality Assurance (QA) Regulation: O. Reg. 27/10: QUALITY ASSURANCE

All registrants with a general or specialty certificate of registration must obtain at least 90 continuing education (CE) points in each three-year CE cycle, with minimum requirements for Category 1 and Category 2 activities. In 2023, the RCDSO launched its new e-Portfolio, a secure online place for dentists to record their CE activities and store their verification documents. Dentists are required to maintain their e-Portfolio as confirmation that they have satisfied the CE requirements of the Quality Assurance Program. One of the features of the new platform is an automated audit function, allowing the RCDSO to assess 100% of registrants who have completed their cycle. The QA Committee approved thresholds for assessing risk based on the shortfall of points and defined audit results as 1) CE requirements met; 2) minor shortfall; 3) moderate shortfall; 4) significant shortfall. Follow up actions are required for all registrants noted to have a moderate or significant shortfall.

The QA Regulation (O. Reg. 27/10) requires that registrants complete the Practice Enhancement Tool (PET) to assess their clinical competency. This PET is administered to all eligible registrants every five years, and assesses 16 clinical competencies on a rotational basis, with six competencies included in every 5-year cycle.

All registrants are required to attest to their compliance with the QA program at the time of renewal by completing their Annual Declaration.
More information about our QA Program, including a description of requirements for CE activities, categories of CE activities and the e-Portfolio is available on our website: Quality Assurance Program.

b) Mandatory Reporting:

The Health Professions Procedural Code to the RHPA contains ongoing obligations for registrants to self-report issues of conduct, including criminal conduct (charges and findings of guilt), professional negligence or malpractice, as well as findings of professional misconduct from other professional regulatory bodies.

The RCDSO has developed a process by which self-reported information is reviewed and considered by staff, in order to identify risks to patients. This information is reported to a dedicated inbox that is monitored by trained staff. Where self-reported conduct is associated with possible risk to patients, the information is reported to the Registrar who may initiate an investigation into the conduct with reasonable and probable grounds.

RCDSO is also prescribed by regulation to post certain information with respect to the criminal or regulatory conduct of registrants on our website. This requirement necessitates the self-reporting of this information by registrants.

More information about dentists' mandatory reporting obligations and our mandatory reporting process can be found in the RHPA and on our website:

- [Regulated Health Professions Act, 1991, S.O. 1991, c. 18](#)
- [Mandatory Reporting](#)

2. Please briefly describe how the College identified currency and competency requirements.

Currency and competency requirements for registrants are prescribed in Regulation as detailed above.

3. Please provide the date when currency and competency requirements were last reviewed and updated.

As currency and competency requirements are prescribed in Regulation, review and updates to these requirements are not within the purview of RCDSO. However, the RCDSO regularly reviews internal policies and processes in respect of how registrants are required to report the required information to the College.

In particular, each year the RCDSO conducts a review of the College's annual renewal questionnaire to ensure the questions asked of registrants with respect to competency and good character (conduct) are up-to-date and worded appropriately to identify self-reported information that is most high-risk. The renewal questionnaire is mandatory; registrants cannot renew their license without first completing the questionnaire.

The RCDSO's current process for on-going mandatory reporting to a dedicated College inbox was developed in 2018 after the new mandatory reporting provisions set out in the Health Professions Procedural Code were introduced. The RCDSO's mandatory reporting process is regularly reviewed and updated in consultation with legal counsel and other health regulators.

4. 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.

As described above, each year, on renewal of licensure, registrants must self-report information pertaining to continuing competency on the annual renewal questionnaire. Annual self-reporting allows the RCDSO to obtain information relating to a registrant's continuing competence on an ongoing basis, beyond an initial good character screen at the time of application. This is in addition to the ongoing requirement for registrants to make mandatory reports of certain information, which is also described above.

The renewal questionnaire requires registrants to self-report on the following:
- Criminal conduct, including new criminal charges or findings of guilt
- Investigations or professional conduct proceedings in other jurisdictions or with another regulatory body
- Findings of professional misconduct or incompetence in another jurisdiction
- Findings of professional negligence

In addition, registrants must self-declare on the annual renewal questionnaire whether they are in compliance with the Quality Assurance Program requirements of the College. For registrants in the middle of a CE cycle, compliance means that they are aware of their ongoing CE responsibilities, and are pursuing CE activities in the three categories to ensure they have fulfilled all of their CE point requirements by the end of their cycle.

			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)	

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

Measure:		
9.3 Registration practices are transparent, objective, impartial, and fair.		
a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
	• Please insert a link to the most recent assessment report by the OFC **OR** please provide a summary of outcome assessment report. • Where an action plan was issued, is it: No Action Plan Issued As was reported in last year's CPMF Report, the Office of the Fairness Commissioner (OFC) reviewed the RCDSO's compliance with the Risk-Informed Compliance Framework in April 2021. As a result of that review, the RCDSO was assigned a risk rating of "moderately low" and in February 2022, issued some advice to our organization related to the risk rating. The RCDSO addressed the OFC's recommendations and advice in 2022. No further advice has been issued. Last year, the RCDSO reported on how we addressed this advice through the development of a Memorandum of Understanding with our third-party service provider, the National Dental Examining Board of Canada. As was reported last year, the MOU establishes accountability mechanisms to ensure that delegated assessment activities are undertaken in a way that is transparent, objective, impartial and fair. The MOU articulates service standards for application verification and exam availability and delivery, and contains a stated commitment to continuous quality improvement. The MOU was signed by both parties in 2023, and has been active since May 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 (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 10

Measure:

10.1   The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.

Required Evidence	College Response

a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).
 	
Further clarification:
 	
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.
	The College fulfills this requirement: Met in 2022, continues to meet in 2023
	
	• Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:
	
	  − Name of Standard
	  − Duration of period that support was provided
	  − Activities undertaken to support registrants
	  − % of registrants reached/participated by each activity
	  − Evaluation conducted on effectiveness of support provided
	
	• Does the College always provide this level of support: No
	If not, please provide a brief explanation:
	
	For more information, see page 59-60 of the RCDSO's 2021 CPMF Report.
	
	Brief explanation for not always providing this level of support:
	
	The RCDSO takes a risk-based approach to determine the level of support that is appropriate and several factors are considered, including:
	
	• the nature and complexity of the subject (including the likelihood of confusion and misunderstanding),
	• the potential for risk to patients and the public; and
	• whether this is a new document or an extensive revision of a previous document.
	
	For subjects that are deemed higher-risk or likely to cause greater confusion, the RCDSO provides more support. A recent example where the College provided greater support was the rescission of RCDSO's COVID-19 infection prevention and control guidance, which was accompanied by thorough communications, an FAQ, and updated website content. These strategies were undertaken in co-ordination with Ontario's other oral health regulatory Colleges, in an effort to provide the maximum possible support to registrants and the broader oral health community.
	
	• https://www.rcdso.org/standards-guidelines-resources/2019-novel-coronavirus

			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)	

		Measure: **10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation[3].**	
	a. The College has processes and policies in place outlining: i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;	The College fulfills this requirement: • Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified **OR** please insert a link to the website where this information can be found and indicate the page number. • Is the process taken above for identifying priority areas codified in a policy: No • *If yes, please insert link to the policy.* As described in the Quality Assurance (QA) Regulation of the Dentistry Act (O. Reg. 27/10: QUALITY ASSURANCE), the RCDSO uses three types of assessments: 1. **Practice Enhancement Tool (PET):** This is an online assessment program. All eligible registrants with a general or specialty certificate of registration must complete a PET assessment after five years in practice and every five years thereafter. The PET assesses 16 clinical competency areas on a rotational basis, with six competencies included in every iteration. A 17th competency (dental public health) will be added in 2024. Each assessment includes 200 multiple choice and case study questions. If a registrant's PET assessment results are unsatisfactory in one or more competency areas, they have up to six months to pursue continuing education activities to remediate them before retaking the relevant areas of the PET. Upon completion, a registrant may contact one of RCDSO's Practice Enhancement Consultants to review and interpret their detailed PET assessment results and, if requested, assist them in developing a continuing education plan to address areas of weakness identified. 2. **Practice Assessment:** This type of assessment is ordered by the QA Committee if a registrant's PET assessment results are unsatisfactory in one or more competency areas after two attempts. Depending on the nature of the competency area(s) in which the registrant's results were unsatisfactory, the Practice Assessment may be focused or broad-based. Assessments typically begin with a review of the registrant's overall compliance with the QA Program (CE points and PET scores), followed by an onsite visit to assess a) Health and safety; b) radiography equipment and training; c) sedation/anesthesia (if offered); office policies and procedures, including Infection Prevention and Control; dental recordkeeping. Observation of clinical technique may be included. 3. **Peer Assessment**: This assessment follows the same protocols as the Practice Assessment. It may be ordered by the QA Committee where registrants fail to meet their continuing education requirements in two consecutive 3-year cycles and have surpassed a defined risk threshold in the magnitude of their shortfall. All registrants with a general or specialty certificate of registration must obtain at least 90 continuing education (CE) points in each three-year CE cycle, with minimum requirements for Category 1 and Category 2 CE activities and keep a record of their CE activities in their online e-Portfolio. The RCDSO launched a new e-Portfolio platform in July 2023 featuring an automated audit function, allowing the RCDSO to assess 100% registrants who have completed their cycle. The QA Committee established thresholds for assessing risk based on the shortfall of points and segmented audit results as 1) CE requirements met; 2) minor shortfall; 3) moderate shortfall; 4) significant shortfall. Follow-up actions are required for all registrants noted to have a moderate or significant shortfall.	Met in 2022, continues to meet in 2023

	For more information about RCDSO's QA Program, including a description of requirements for CE activities, categories of CE activities, the e-Portfolio and the PET, please visit RCDSO's website: • Quality Assurance Program (rcdso.org) • Continuing Education and the e-Portfolio (rcdso.org) • Practice Enhancement Tool (rcdso.org)	
	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)	

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

		ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and	The College fulfills this requirement:	Met in 2022, continues to meet in 2023

The College fulfills this requirement:

- Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s).
  OR please briefly describe right touch approach and evidence used.
- Please provide the year the right touch approach was implemented **OR** when it was evaluated/updated (if applicable).
  If evaluated/updated, did the college engage the following stakeholders in the evaluation:
    - *Public*   No
    - *Employers*   No
    - *Registrants*   No
    - *other stakeholders* No

The RCDSO's QA Regulation came into force in February 2010 and the QA Program was launched in December 2011. A QAC Risk Assessment Framework was implemented in October 2018, updated in June 2021 and refined in 2023. The College uses a right-touch or risk-based approach to inform its assessment approach, as well as the QA Committee's determination to exercise its discretion in referring matters to the Inquiries, Complaints and Reports Committee (ICRC).

The QA Regulation made under the Dentistry Act integrates a risk-based approach that informs the College's assessment approach. The QA Program incorporates general requirements, including requirements for CE activities, the PET, and an annual declaration of participation in the QA Program. If a registrant has an unsatisfactory outcome from these general requirements, then escalating interventions are employed to address the identified needs of the registrant.

In 2023, the regulatory leads at the RCDSO collaborated to refine and streamline a common risk assessment tool. This broad-based tool was structured to be adapted to reflect the areas of focus for each Committee and to be implemented in conjunction with a Committee-specific algorithm for action. This, combined with the capacity stemming from the new e-Portfolio (described above), allows the QA Committee to follow individual registrants over time and moderate or escalate responses to shortfalls in successive cycles if it is noted that the shortfall in CE points has improved (reduced) or worsened (increased), respectively. The Committee also introduced a series of interventions ranging from self-assessment, chart review or Peer Assessment that would allow for a right-touch response to shortfall in CE points.

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)	
		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			• Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number **OR** list criteria. The criteria to inform remediation activities are outlined in the current QAC Risk Assessment Framework as well as risk-based thresholds and algorithms defined by the Quality Assurance Committee. Risk thresholds describe shortfalls in CE points as "inconsequential/low" when at least 90% points have been reported; "moderate" when at least 80% points have been reported; and "high" when fewer than 80% points have been entered. Remediation activities are escalated if there is a repeated shortfall in the subsequent CE cycle. The Risk Assessment Framework assesses whether the registrant: • Demonstrates knowledge, skill and judgment in clinical practice • Practices within scope • Upholds duties of confidentiality and privacy • Upholds regulatory responsibilities, including legal, ethical and professionalism principles • Practice management (includes office inspection , IPAC, emergency preparedness and equipment maintenance) • Maintains professional boundaries • Is mentally competent and physically able to safely practice dentistry Once the assessment has been completed, the QA Committee arrives at an overall risk rating by consensus. Actions may include: • Inconsequential/low risk: no further action • Moderate risk: remedial agreement and/or undertaking agreement • High risk: SCERP • Allegations of incompetence, incapacity or misconduct: refer to ICRC As noted above, the regulatory leads collaborated to create a common Risk Assessment Framework and associated tools.	
			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)

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

- Please insert a link to the College's process for monitoring whether registrant's complete remediation activities **OR** please briefly describe the process.

As described in the Quality Assurance Committee (QAC) Risk Assessment Framework, the RCDSO's Quality Assurance (QA) approach is to focus on minimal to moderate risk matters that can be remediated through such measures as continuing education and monitoring. Matters that are deemed high risk are referred to the Inquiries, Complaints and Reports Committee (ICRC) for formal investigation and consideration by a panel of the ICRC.

As a result of a practice and/or peer assessment, and to address any concerns, the QA Committee may propose that the registrant voluntarily agree to enter into a written Remedial Agreement with the RCDSO or require them to complete a Specified Continuing Education or Remediation Program (SCERP). Following their successful completion of one or more courses by a specified date they will be monitored by a representative of the RCDSO for implementation of practice changes, usually for 24 months.

Once a registrant enters into a written Remedial Agreement or SCERP with the RCDSO, Quality department staff will:

- Communicate with the registrant to inform and remind them about requirements for course pre-approval and course completion deadlines.
- Follow-up with registrant who has yet to complete courses as the deadline for completion approaches/passes.
- Assist registrant to locate and develop courses that meet the required remediation.
- Approve course providers and course content.
- Verify successful course completion.
- Assist registrant to re-register and re-take courses as necessary until successful completion.
- Arrange for a practice monitor to meet in person with the registrant (and other persons, such as office staff, as appropriate) to verify the effectiveness of the remediation.

- Please insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation **OR** please briefly describe the process.

During the practice monitoring process of QA matters:

- Practice monitors contact registrant within 3-4 months of course completion to conduct in person monitoring visits to assess the registrant's knowledge, skills or judgment following remediation.
- Practice monitors rely upon the College's standards, guidelines and practice advisories, Dental Faculty educational standards and current standards of practice, to evaluate the effectiveness of the remediation.
- Monitors inquire about changes registrant has made to their practice since completing the course.
- Monitors may select a random sample of patient records to review and assess clinical and financial issues identified by the QA Committee.
- Monitors give feedback and instruction to registrant on how they can improve their knowledge, skills or judgement if concerns are identified during the monitoring visit.
- Monitors report on the registrant's knowledge, skill and judgment. Registrants are given a copy and an opportunity to provide a written response to the College.
- The monitoring report and registrant's comments are provided to the QA Committee.
- The QA Committee reviews the monitoring report and the registrant's comments and decides whether:
    - The monitoring should continue and at what frequency.
    - Guidance should be provided to the registrant about a specific issue identified in the report.
    - The registrant should attend before the Committee to discuss concerns identified in the report.
    - The monitoring file should be closed.
- If a monitoring period has expired and outstanding deficiencies remain in the registrant's knowledge, skill or judgement, the Committee may ask a registrant to voluntarily enter into a remedial agreement to extend the monitoring for the registrant's benefit to implement recommendations and improve their practice.
- The Registrar may be notified when registrants breach the requirements or fail to successfully complete remediation and decline to voluntarily engage in further remediation.

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

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 11	**Measure 11.1** **The College enables and supports anyone who raises a concern about a registrant.**		
		Required Evidence	**College Response**	
		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;	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 polices/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.	
			The information provided in RCDSO's 2022 Report continues to apply.	
			The RCDSO maintains policies and procedures for complaints and Registrar's Investigations.	
			In 2023, the RCDSO revised its online complaints form. The new form is designed to give people a choice as to whether they wish to complain or share information ('concerns') with the College about a registrant for the purposes of a potential Registrar's Investigation. The online form is compliant with the *Accessibility for Ontarians with Disabilities Act*. The RCDSO website has been revised to provide clearer information about complaints and Registrar's Investigations to help people decide how they wish to proceed.	
			Building on the revisions to the RCDSO website in 2022, the RCDSO webpages about funding for therapy and counselling for patients who allege sexual abuse by a registrant were updated in 2023 to be clear, concise, and readable to help patients, complainants and therapists/counsellors understand the available supports.	
			Links to RCDSO Website Content:	

			• Complaints and Investigations
			  ○ Our Complaints and Investigation Process
			  ○ Frequently Asked Questions
			  ○ Do you have a concern or complaint against a dentist?
			  ○ Concern or Complaint Form
			  ○ Registrar's Investigations and Reports
			  ○ The Resolution Program
			  ○ Accessibility and Accommodation
			  ○ Risk Assessment Framework
			  ○ File a concern or complaint	

- [Sexual Abuse Protection](#)
  - [Supports for Patients Who Experienced Sexual Abuse](#)
    - [Confidential Support Program](#)
    - [Funding for Therapy and Counselling](#)
    - [Information for therapists and counsellors](#)
    - [Legal Support](#)
  - [How to Recognize Sexual Abuse and Boundary Violations](#)
  - [Sexual Abuse Concerns and Complaints](#)

YouTube Content:

- [Reporting Boundary Violations or Sexual Abuse](#)
- [Appropriate Patient Boundaries](#)
- [Boundaries and the Issue of Touch](#)
- [Alternative Dispute Resolution](#)

The RCDSO's policies and procedures described in the 2021 and 2022 Reports remain in effect to support anyone who wishes to raise a concern or make a complaint about a registrant.

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)	

	iii. evaluated by the College to ensure the information provided to complainants is clear and useful.	The College fulfills this requirement:		Yes
		• Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. As of 2022, the RCDSO sends exit surveys to complainants and registrants after the complaints process is complete. Complainants are asked if the information about the complaints process is clear, useful, and easy to understand. The survey results are analyzed quarterly with a view to improving the complainant's experience throughout the RCDSO investigation. The exit survey results prompted several of the revisions to the online complaints form.		
	Benchmarked Evidence	*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.*		
	b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:		Yes
		Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures): 97% Two teams at RCDSO respond to inquiries from the public: the Intake Team in the Professional Conduct and Regulatory Affairs Department and the Practice Advisory Service (PAS) in the Communications Department. In the 2022 report, the RCDSO reported that it was developing methods to track this data. In 2023, the Intake Team tracked data from March 1 to December 31, 2023, and PAS tracked data from June 1 to December 31, 2023. In 2024, the RCDSO will provide data for the entire calendar year. Both teams met their benchmarks: Intake and PAS respond to 97% of inquiries within 5 business days, with follow-up timelines as necessary.		
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?		Choose an item.

			Additional comments for clarification (optional)

c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
	• Please list supports available for the public during the complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. The information provided in the RCDSO's 2022 Report continues to apply. 1. **Decisions of the Inquiries Complaints and Reports Committee:** The format and style of the decisions and reasons of the Inquiries, Complaints and Reports Committee were revised in 2022 to be clearer and more accessible to complainants and registrants. The Committee aims to write decisions at a grade 9 level. The decision of the Committee is on the first page of the document, followed by a clear summary of the complainant's concerns. The analysis section sets out in detail the reasons for the Committee's decision. These changes continue to be in effect to help the public understand how the Committee makes decisions that affect them. 2. **Interpretation and Translation services are Available** Interpretation and translation services are available to complainants. While the RCDSO provides services primarily in English and in French, the RCDSO has retained a vendor to provide interpretation and translation services 24 hours per day / 7 days per week in over 300 languages. Interpretation services include telephone interpretation, face-to-face, message relay, and remote simultaneous interpretation. These services are available mostly when people initially provide information to RCDSO in languages other than English or French, or require information about our complaints process. In 2023, the RCDSO began a project to translate its complaints brochure into the 10 languages most commonly spoken in Ontario (French, Punjabi, Russian, Hindi, Spanish, Farsi, Chinese, Arabic, Urdu and Tagalog). The RCDSO will publish these brochures on its website in early 2024. As a result of recent hiring, RCDSO has several French-speaking staff who can offer services in French upon request. 3. **Use of Technology** The College's online complaints form and website are desktop and mobile compatible (both have a responsive layout). Members of the public can make a complaint or provide information to RCDSO about a concern at any time.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

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

- Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) *OR* please provide a brief description.

- Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) *OR* please provide a brief description.

The information reported in the 2022 report continues to apply.

1. **Parties can contact the RCDSO at any time for information about their complaint or discipline case**

The RCDSO's website has a '**Contact Us**' link on every page, which provides the contact information (RCDSO mailing address, general inquiry email address, as well as local and toll-free phone numbers) for the Intake Team and the Practice Advisory Service: https://www.rcdso.org/about-rcdso/contact-us

a) **Complaints**

The online complaints form has a page detailing the contact information for the Intake Team and the Practice Advisory Service: https://www.rcdso.org/Complaints-and-Investigations/complaints-and-investigation-process/complaint-form/complaint-form/process-questions.

Once a complaint has been received, a complaints associate or investigator is assigned to the file, who provides their direct contact information to the complainant and registrants. The complainant and registrants may contact the complaints associate or investigator by email, phone (local or toll-free), fax or letter mail. Email and letter mail may be sent and received outside regular business hours.

At the outset of a complaint, the complainant is contacted by email or phone and asked to confirm their concerns. The investigator or complaints associate will provide information about the investigative process, the timelines for completion, details about the Committee that decides the complaints, and possible outcomes of the complaint. Complainants are informed that they may contact the RCDSO complaints associate or investigator to ask questions,

request additional information, and add information to their complaint at any time during the complaint process. The complainant's concerns are confirmed in writing.

Persons who complain about sexual abuse or boundary violations of a sexual nature are contacted by phone, email or both. They are sent:

- a Fact Sheet
- forms to apply for funding for funding and counselling (Funding for Therapy and Counselling) if they are a patient
- a brochure detailing the College's Support Program (details of which are also found on the RCDSO website here: https://www.rcdso.org/Complaints-and-Investigations/sexual-abuse-protection/supports-for-patients-who-experienced-sexual-abuse)

Registrants are informed about the complaint within 14 days of the date that the complaint was filed. Registrants are given an opportunity to review the complaint and respond to the confirmed concerns.

Complainants (and registrants) are updated throughout the investigation process. In particular,

- Parties are sent status letters at 150 days and 210 days after the complaint was filed and are informed about the status of the complaint. They are informed about any reasons for the delay in investigation. After 210 days, status update letters are sent to the parties every 30 days.
- Complainants and registrants are sent relevant documents or records for review and response whenever needed to further the investigation.

RCDSO continues to maintain an Accessibility and Accommodation Policy to ensure that accommodations are provided to persons upon request. The RCDSO also has a Multi-Year Accessibility Plan detailing its commitments under *AODA* and detailing how the RCDSO will meet its accessibility requirements for anyone who interacts with the RCDSO.

As detailed above, translation and interpretation services are available 24/7 in over 300 languages for all complaints, as needed.

b) **Discipline**

Both the RCDSO Hearings Office and the RCDSO prosecutor communicate routinely with complainants and registrants once a matter has been referred to discipline.

Complainants:

- The RCDSO Hearings office notifies the complainant in the event of a referral of a complaint to the Discipline Committee and informs them who the assigned RCDSO prosecutor is.
- The prosecutor is the complainant's main contact for the entirety of the hearing, and will provide updates leading up to the hearing. If the complainant is asked to testify at the hearing, the prosecutor will inform the complainant about the hearings process and help them to prepare for the hearing. In cases of sexual abuse, if there is a finding of guilt by the Discipline Committee, the prosecutor will ask the complainant if they wish to make a statement about the impact of the sexual abuse.

			Registrants: - The RCDSO Hearings Office notifies the registrant of a referral to the Discipline Committee by serving the Notice of Hearing, schedules the pre-hearing conference and the hearing. - The RCDSO prosecutor is the key contact for the registrant (or their legal counsel) during the hearings process, and is responsible for effecting disclosure of all relevant materials from the investigation process. The prosecutor works with the registrant to schedule a pre-hearing conference to identify, simplify or settle the issues in the proceeding, choose dates for the hearing and address any procedural issues in advance of the hearing). The prosecutor will also communicate with registrants about any legal and/or procedural issues related to the hearings process. **Both parties:** Copies of the Discipline Committee's decision and reasons (and any motions before and during the hearing) are provided to the complainant by the Hearings Office. **Publication of Discipline Decisions on CanLII** In 2023, the RCDSO began publishing its full text decisions and reasons of the Discipline Committee on the Canadian Legal Information Institute (Canadian Legal Information Institute | CanLII), a not-for-profit organization that provides free electronic access to court judgments from all Canadian courts and many tribunals. As of December 31, 2023, Discipline Committee decisions from 2020-2023 were available on CanLII. In 2024, RCDSO will endeavour to publish all new discipline decisions as well as its archive of discipline decisions from 2014-2019 on www.canlii.org/en/on/onrcdso/. The benefits of publishing on CanLII are that all decisions are publicly accessible and the decisions are easily searchable. **Translation and Interpretation Services for Discipline Proceedings** Interpretation and translation services are available for discipline proceedings as needed.
		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)	

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 2022, continues to meet in 2023

DOMAIN 6: SUITABILITY TO PRACTICE — STANDARD 12

- 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).

The information reported in the 2022 report continues to apply.

Triage: RCDSO applies a right-touch regulation approach to its investigation and disposition of complaints and reports. The RCDSO uses a *Complaint Triage Risk Assessment Guideline* (updated in 2022) to assess the potential risk to patient safety and the public for each new complaint or report received.

Scheduling for Committee Review: In scheduling matters to be reviewed by the RCDSO's Inquiries, Complaints and Reports Committee (ICRC), staff identify and prioritize higher risk matters for earlier review. RCDSO continues to use two specialized panels of the ICRC, one for potential sexual abuse and boundary concerns, the other for health and potential incapacity matters. These panels meet regularly and on an ad hoc basis to ensure timely review of higher risk matters.

Decision-making: The RCDSO's ICRC continues to apply a risk-based approach to decision-making, applying the Risk Assessment Framework to each matter before it. Not only does the Framework bring a risk-based lens to decisions, it also assists the ICRC in making consistent, fair, and transparent decisions. Lastly, the ICRC continues to use an Interim Order Assessment Tool (see page 3) when determining whether to exercise its power to issue an interim order.

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

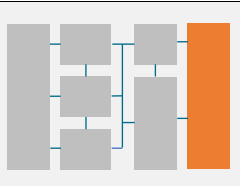|			*Additional comments for clarification (optional)*

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 13	**Measure:**

13.1 **The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).**

a. The College's policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023

- Please insert a link to the policy and indicate page number **OR** please briefly describe the policy.

- Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as 'hospital', or 'long-term care home').

On a case-by-case basis, the RCDSO shares information with other regulators in the interest of patient safety as permitted by s. 36(1) of the RHPA, 1991. Typically, the RCDSO has shared registrant conduct history with other dental regulators in Canada, or has shared information about another regulated professional with their regulator.

In 2023, RCDSO shared information with the College of Dental Hygienists of Ontario about regulated dental hygienists who may have been practising outside their scope of practice. In a second matter, the RCDSO received information from another dental regulator about a potential illegal practitioner engaged in the practice of dentistry.

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

Additional comments for clarification (if needed)

		Measure:
		14.1 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.

		Required Evidence	**College Response**	
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD 14	a. Outline the College's KPIs, including a clear rationale for why each is important.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			• Please insert a link to a document that list College's KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number **OR** list KPIs and rationale for selection.	
			RCDSO's current Strategic Plan was approved by Council in September, 2022, and includes Strategic Objectives for the 2023-2025 Strategic Planning cycle (see pages 83-100 of the September 2022 Council meeting materials).	
			The Strategic Plan and accompanying Strategic Objectives set the foundation for RCDSO's Strategic Projects and Key Performance Indictors (KPIs), which are set out in the Report to Council and accompanying Dashboard of each meeting of Council along with the Operational Dashboard (starting on page 261 and 147, respectively, of the December 2023, Council meeting materials)	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

b.	The College regularly reports to Council on its performance and risk review against: i. stated strategic objectives (i.e., the objectives set out in a College's strategic plan); ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and iii. its risk management approach.	The College fulfills this requirement: • 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. See the Report to Council and accompanying Dashboard beginning on <u>page 252 of the December, 2023 Council meeting materials</u>.	Met in 2022, continues to meet 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 (if needed)	

		Measure:		
		14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
		a. Council uses performance and risk review findings to identify where improvement activities are needed. *Benchmarked Evidence*	The College fulfills this requirement: • 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. As noted above, the RCDSO's Strategic Plan forms the basis for the College's key performance indicators, which can be viewed as part of the regular report to Council (dashboard) beginning on page 252 of the December, 2023 Council meeting materials. Council receives regular updates on the status of strategic and operational KPIs at each Council meeting. For 2021 and for 2022, updates to Council focused on all Strategic Projects as well as PCRA metrics, which were previously identified as an important area of risk for the College. This reporting, along with key process enhancements, were successful in achieving significant improvements in the average time to process complaints. To help enable effective reporting of KPIs and to support Council decision-making, significant work has been undertaken in recent years to create new data management systems and processes that support data collection, reporting, and analysis. Staff will continue to look for opportunities to further enhance our reporting on KPIs over the coming year.	Yes
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	
		Measure:		
		14.3 The College regularly reports publicly on its performance.		
		a. Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website.	The College fulfills this requirement: • Please insert a link to the College's dashboard or relevant section of the College's website. A report on the RCDSO's Strategic Plan, including a status update on active Strategic Projects and current data on KPIs, is included as a standing item at each meeting of Council. These materials are posted publicly on the RCDSO's website.	Met in 2022, continues to meet in 2023

			Following the conclusion of the RCDSO's 2020 -2023 Strategic Plan, the College developed a public-facing report which outlines key outcomes of our strategic work under the Strategic Plan (see page 1 and 2). Additionally, the Colleges uses an operational dashboard tool to track key metrics from College operations which can be found in Council meeting materials that are posted publicly on the RCDSO's website (for example, starting on page 147 of the December 2023, Council meeting materials).
			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)	

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.
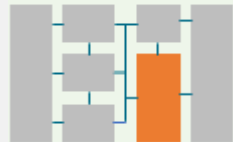
Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using a method other than the recommended method outlined in the following 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: R e c o m m e n d e d *If a College method is used, please specify the rationale for its use:*	

Context Measure (CM)	

CM 1. Type and distribution of QA/QI activities and assessments used in CY 2023*		

Type of QA/QI activity or assessment:	#	
i. Continuing Education (CE) activities	11396	*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).*
ii. CE Audits (formerly e-Portfolio review)	1688	
iii. Practice Enhancement Tool (PET) assessment	2140	
iv. Peer assessment	NR	
v. Practice assessment	NR	*The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2023. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.*
_		

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)

i. All registrants with a general or specialty certificate of registration are required to participate in the Quality Assurance Program, which includes obtaining at least 90 CE points in every 3-year CE cycle. In 2023, the RCDSO launched a new e-Portfolio, a secure online platform for dentists to record their CE activities and store their verification documents. Dentists are required to maintain their e-Portfolio as confirmation that they have satisfied the CE requirements of the Quality Assurance Program.

ii. This number reflects the total number of registrants who completed their CE cycle in 2023 and were audited by the College. The number is significantly higher than in previous years as one of the features of the new e-Portfolio platform is an automated audit function, allowing the RCDSO to assess 100% of registrants who have completed their cycle. The QA Committee uses thresholds for assessing risk based on the shortfall of points and defines audit results as 1) CE requirements met; 2) minor shortfall; 3) moderate shortfall; 4) significant shortfall. Follow up actions are required for all registrants noted to have a moderate or significant shortfall.

iii. All registrants with a general or specialty certificate of registration are required to complete a PET assessment after five years in practice and every five years thereafter. This number reflects the total number of registrants who completed their online PET assessment in 2023. The number reflects successful completion by the registrants in their initial assessment or completion of their second attempt if they failed their first attempt. PET selection for the 5-year 2018-2023 cycle ended on October 1, 2023. Selection for PET 2024-2028 is on pause while the PET platform is being redeveloped with an anticipated launch in Fall 2024.

iv. This number reflects the total number of registrants who had a peer assessment completed; however, to-date a decision is still pending by the QA Committee. This number does not include one registrant who was directed to participate in a peer assessment in 2022; however, the report was completed and a decision rendered by the QA Committee in 2023.

v. This number reflects the total number of registrants who had a practice assessment completed in 2023; however, to-date decisions on these matters are still outstanding. This number does not include one registrant who was directed to participate in a practice assessment in 2023; however, an office visit has not been conducted as this registrant was not practicing in 2023 and their license of registration was suspended on February 1, 2024 due to non-payment of fees.

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: R e c o m m e n d e d
If a College method is used, please specify the rationale for its use:

Context Measure (CM)			
	#	%	*What does this information tell us? If a registrant's knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer them to the College's QA Committee.*
CM 2. Total number of registrants who participated in the QA Program CY 2023	3743		
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2023.	6	<1%	*The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2023, understanding that some cases may carry over.*
NR			

Additional comments for clarification (if needed)

CM 2   This number reflects the total number of registrants that were directed by the QA Committee to undertake a Remedial Agreement in 2023. This number also includes five registrants carried over from previous year. All registrants are required to participate in the QA Program activities as indicated in CM1; however, this number reflects the total number of registrants who had their CE audits completed and/or who completed their online PET assessment in 2023; 85 registrants completed both the CE audit and the PET. As noted in CM1 ii, the number of CE Audits increased significantly in 2023 leading to an overall increase in the number of registrants who participated in the QA Program.

CM 3   This number reflects the total number of registrants that were directed by the QA Committee to undertake a Remedial Agreement in 2023. This number also includes five registrants carried over from previous year.

Table 3 – Context Measure 4
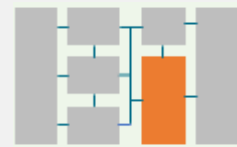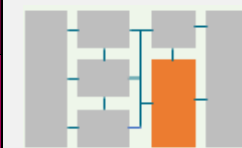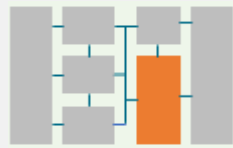
DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 10	

Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d
If a College method is used, please specify the rationale for its use:

Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2023:**	#	%	*What does this information tell us? This information provides insight into the outcome of the College's remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its "QA remediation activities". Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.*
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	0		
II. Registrants still undertaking remediation (i.e., remediation in progress)	6	100%	

NR
* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2023.
**This measure may include any outcomes from the previous year that were carried over into CY 2023.

Additional comments for clarification (if needed)

CM 4.I. Registrants who undertake remedial agreements are given up to 30 months to complete remedial courses (6 months) and office monitoring (up to 24 months).

CM 4.II.¨ This number includes one registrant whose remediation remains in progress from 2020. Registrants who undertake remedial agreements are given up to 30 months to complete remedial courses (6 months) and subsequent office monitoring for implementation of practice changes (up to 24 months).

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: R e c o m m e n d e d
If a College method is used, please specify the rationale for its use:

Context Measure (CM)

CM 5. Distribution of formal complaints and Registrar's Investigations by theme in CY 2023	Formal Complaints received		Registrar Investigations initiated		
Themes:	#	%	#	%	
I. Advertising	11	2%	0	0%	
II. Billing and Fees	161	24%	11	17%	*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.*
III. Communication	224	33%	0	0%	
IV. Competence / Patient Care	516	75%	29	44%	
V. Intent to Mislead including Fraud	19	3%	0	0	
VI. Professional Conduct & Behaviour	148	22%	35	53%	
VII. Record keeping	56	8%	7	11%	
VIII. Sexual Abuse	6	1%	NR	NR	
IX. Harassment / Boundary Violations	9	1%	NR	NR	
X. Unauthorized Practice	0	0	NR	NR	
XI. Other <*please specify*>	NR	NR	NR	NR	
Total number of formal complaints and Registrar's Investigations**	684	100%	66	100%	

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

Additional comments for clarification (if needed)

For these themes,
1) Complaints:
   - the data values are NR.
2) Registrar's Investigations:
   - Sexual conduct (non-patients) - the data values is NR.
   - Harassment/boundary violations (non-patients) - the data value is NR.

Other Theme types include :(1) failure to comply with the RHPA (2) contravening a municipal, territorial, provincial or federal law, relevant to the provision of dental care to the public; (3) workplace issue; and (4) abandonment of patient records.

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: R e c o m m e n d e d			
If a College method is used, please specify the rationale for its use:			

Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2023	734		
CM 7. Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2023	76		
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2023	71***		
CM 9. Of the formal complaints and Registrar's Investigations received in CY 2023**:	#****	%	*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. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	53	8%	
II. Formal complaints that were resolved through ADR	44	6%	
III. Formal complaints that were disposed of by ICRC	110		
IV. Formal complaints that proceeded to ICRC and are still pending	41	6%	
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	8	1%	

VII.	Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	NR	NR	

ADR
Disposal
Formal Complaints
Formal Complaints withdrawn by Registrar at the request of a complainant
NR
Registrar's Investigation

May relate to Registrar's Investigations that were brought to the ICRC in the previous year.
*** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at 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.*

Additional comments for clarification (if needed)

***In calculating the number of requests for appointments under s.75(1)(a), s.75(1)(b) and s.75(2) under the RHPA, the College has included appointments of investigator in which the investigation into the conduct of the registrant has been expanded. In calculating the number of requests for appointments under s.75(1)(a), s.75(1)(b) and s.75(2) under the RHPA, the College has excluded appointments of investigator that were amended to add additional investigator(s) to an existing appointment.

****In addition to the reported numbers above, the College is reporting casefiles received by the College prior to CY2023 and completed in CY2023 for context measures CM9i to CM9vii. As such, the casefiles listed below span several calendar years.
CM9i. n= 57
CM9ii. n= 54
CM9iii. n= 745
CM9iv. n= 35
CM9v. n= 10
CM9vi. n= 12
CM9vii. n= 8

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: R e c o m m e n d e d

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

Context Measure (CM)	
CM 10. Total number of ICRC decisions in 2023	837
Distribution of ICRC decisions by theme in 2023*	# of ICRC Decisions++

Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	6	NR	0	0	0	0	NR
II. Billing and Fees	138	28	NR	12	0	NR	NR
III. Communication	263	65	NR	8	0	NR	NR
IV. Competence / Patient Care	424	136	19	97	NR	NR	25
V. Intent to Mislead Including Fraud	NR	0	NR	0	NR	NR	0
VI. Professional Conduct & Behaviour	64	15	NR	NR	0	NR	0
VII. Record Keeping	60	73	6	31	NR	NR	30
VIII. Sexual Abuse	0	NR	0	NR	0	0	0
IX. Harassment / Boundary Violations	0	0	0	NR	0	NR	0

X.	Unauthorized Practice	NR	NR	0	0	0	0	0
XI.	Other *<please specify>*	18	NR	6	6	NR	NR	0

- *Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2023.*
++ 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)

*Note: VIII (Sexual Abuse) and IX (Harassment/Boundary Violations) (n= NR and n= NR, respectively): The number of ICRC decisions before the Committee relating to concerns of Sexual Abuse or Harassment/Boundary Violations but took no action, including allegations that were unsubstantiated.

The College has also collected additional data values in relation to the distribution of ICRC decisions by theme in 2023 for sexual conduct (non-patients) and harassment/boundary violations (non-patients). The additional data values for the distribution of ICRC decisions by theme and the actions taken is NR.

Other Theme types include: (1) failure to comply with the RHPA (2) contravening a municipal, territorial, provincial or federal law, relevant to the provision of dental care to the public (3) failure to cooperate with a College investigation or provide accurate information to the College.

The College issued a comparable number of ICRC decisions in 2023 (837) as was done in 2022. For reference, the College issued 892 decisions of the ICRC in 2022 and issued 629 decisions in 2021.

Table 7 – Context Measure 11

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d
If College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 11. 90th Percentile disposal of:	Days	*What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar's investigations are being disposed by the College.*
I. A formal complaint in working days in CY 2023	578	*The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar's investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar's investigation undertaken by, the College.*
II. A Registrar's investigation in working days in CY 2023	585	
[Disposal](#)		

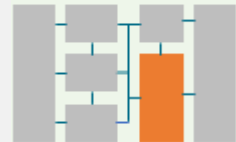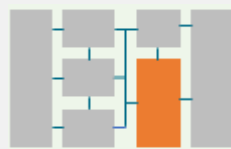| *Additional comments for clarification (if needed)* |
|---|
| The College continued to implement process improvements made in 2021-2022 to reduce its timelines for completing complaints and Registrar's Investigations. In 2023, the disposal rate for Registrar's Investigations fell 19% (from 722 working days in 2022 to 585 working days) and by 2% for complaints (from 590 working days in 2022 to 577 working days). In 2024, the College is focusing its efforts to further reduce investigation timelines. |

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: R e c o m m e n d e d

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

Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	*What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.*
I. An uncontested discipline hearing in working days in CY 2023	438*	
II. A contested discipline hearing in working days in CY 2023	586*	*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.*

Disposal
Uncontested Discipline Hearing
Contested Discipline Hearing

Additional comments for clarification (if needed)

*The two Hearings calculated in this table were referred to discipline in 2021. Three additional uncontested Hearings were held in 2023 that originated in 2022 but were not included because Reasons for Decision were not received in 2023.

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: R e c o m m e n d e d	
If College method is used, please specify the rationale for its use:	
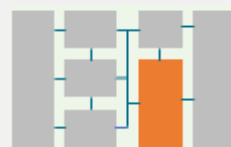
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		
Type	#	
I. Sexual abuse	NR	
II. Incompetence	NR	
III. Fail to maintain Standard	10	
IV. Improper use of a controlled act	NR	
V. Conduct unbecoming	0	*What does this information tell us? This information facilitates transparency 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.*
VI. Dishonourable, disgraceful, unprofessional	7	
VII. Offence conviction	0	
VIII. Contravene certificate restrictions	0	
IX. Findings in another jurisdiction	0	
X. Breach of orders and/or undertaking	0	
XI. Falsifying records	NR	
XII. False or misleading document	NR	
XIII. Contravene relevant Acts	NR	

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

NR

Additional comments for clarification (if needed)

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d
If a College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		
Type	#	*What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.*
I. Revocation	NR	
II. Suspension	NR	
III. Terms, Conditions and Limitations on a Certificate of Registration	19	
IV. Reprimand	7	
V. Undertaking	0	

* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.
Revocation
Suspension
Terms, Conditions and Limitations
Reprimand
Undertaking
NR   -
Additional comments for clarification (if needed)

Glossary

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

Return to: Table 5

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

Return to: Table 8

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

Return to: Table 5, Table 7, Table 8

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

Return to: Table 4, Table 5

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

Return to: Table 5

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

Return to: Table 1, Table 2, Table 3, Table 4, Table 5, Table 6, Table 9, Table 10

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

Return to: Table 4, Table 5

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

Return to: Table 10

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

- Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g., doctor, nurse),

- Practice the profession in Ontario, or

- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

Return to: Table 10

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

Return to: Table 10

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

Return to: Table 10

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

Return to: Table 8

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

Return to: Table 10