College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2024 – December 2024

March 2025

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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 to act in the public interest?" This information:

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

2. Supports Colleges in improving their performance.

Each College reports on seven Domains with the support of six components, as illustrated in Table 1.
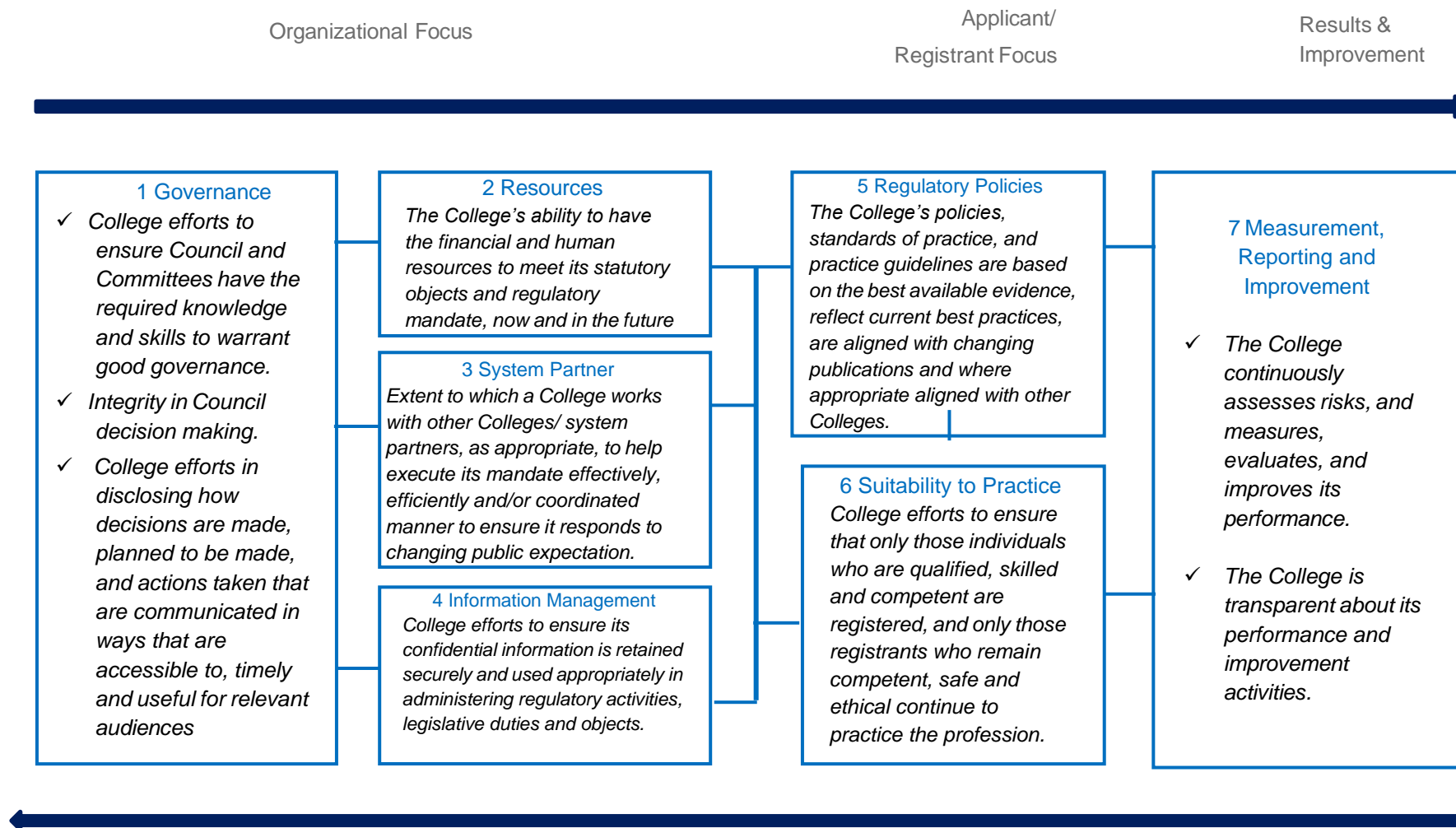
Table 1: CPMF Measurement Domains and Components

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 critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to statutory obligations and organizational processes that enable a College to carry out its functions well. The seven domains are interdependent and together lead to 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

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) remains a cornerstone of regulatory transparency and excellence in Ontario. Through this fifth iteration, the CPMF will continue to provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges during 2024.

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.

Completing the CPMF Reporting Tool
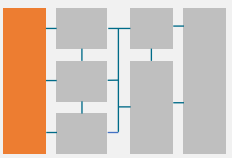
While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual 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 asked to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark.

Where a College fully met Evidence in 2023 and 2024, the College may opt to respond with 'Met in 2023 and Continues to Meet in 2024'. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to or referencing College documents.

Part 1: Measurement Domains

		Measure:
		1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.

DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response	
		a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency and suitability criteria; and *Benchmarked Evidence*	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 previously reported, the RCDSO has a robust set of eligibility criteria set out in the College's bylaws (7, 8 and 9A) 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, as well as meeting the minimum Core Competencies for Council Members established by Council (June 2020). 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** Council and committee member candidate application forms include a declaration form, skills matrix questionnaires, competency-based essay questions, and a voluntary diversity questionnaire. Prior to 2022, the Eligibility Review Committee ("ERC"), composed of only current or former Registrars/CEOs of regulatory bodies, decided whether Council candidates met the competencies to be eligible to be elected or selected to serve on Council. The ERC considered the applications based on transparent Core Competencies for Council Members. In 2022, RCDSO's bylaws were amended to broaden and diversify the ERC members' composition. The amended bylaw provisions set out that the ERC be composed of "at least three individuals…with significant experience relating to professional regulation and governance…".	

In 2022, all eligible Council candidates were required to meet with a panel of the ERC and were asked a standard set of interview questions focusing on the competencies of serving the public interest; collaboration and conflict resolution; and equity, diversity and inclusion. The panel considered the applications and determined if each candidate met the Core Competencies for Council Members based on their interview answers using a scoring rubric.

In 2023, the ERC transitioned to a new standing Governance Committee established in bylaw. The ERC interviewed Governance Committee candidates and brought a recommended slate of the inaugural Governance Committee members and chair to Council for appointment based on the Competencies for the Governance Committee (page 10). The Governance Committee has become the new screening and selection body and central governance body, assessing the eligibility and competence of Council candidates and committee applicants from 2024 and beyond, and consolidating the governance functions of three RCDSO committees (including the ERC), which were sunset in 2023.

The Governance Committee is composed of two Council dentists; two public Council members; and at least two external subject matter experts with expertise in regulation and governance. In 2024, the Governance Committee assessed the eligibility and competence of Council candidates wishing to run in the December 2024 election. The Governance Committee considered the applications based on the Core Competencies for Council Members, maintaining the candidate competency-based interview component of the selection process from the previous cycle. All eligible applicants met with a panel of the Governance Committee and were asked a standard set of competency-based questions. The panel determined if each candidate met the competencies based on their interview answers.

The Governance Committee issues written decisions with reasons. Only those who meet the competencies are eligible to stand for election or serve on Council as an academic appointee. See the by-laws at articles 7.2.4 (q), 7.2.7.1, 7.2.8 for elected dentists, and articles 8.1.1(q), 8.1.2, 8.1.4.1 and 8.1.5 for professional members selected by the Universities.

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. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	• 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. In 2022, all applicants had to complete the updated module, including returning Council members and those who had completed the previous version of the course. In 2024, all new candidates were required to complete the module. 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. Please see the following link to view the Council and Committee Orientation Training Module. 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. The Council members who were newly elected in December 2024 participated in a virtual orientation session on the College and Regulation by the Registrar in advance of the first meeting of the newly constituted Council. Education sessions were included in the March, June, September and December 2024 Council meetings. Session topics included: • Artificial Intelligence in Dentistry • Access to Care - Professionalism • Weaving Indigenous Ways of Knowing and Being Into our Work • IT Security • Canadian Oral Health Summit • Supporting Clinical and Cultural Competence for the 2SLGBTQ Community • Practice Models and Corporate Dentistry • Equity, Diversity and Inclusion • Service Experience • Spotlights on College portfolios (e.g., Professional Conduct and Regulatory Affairs, Quality Assurance) Additional orientation is scheduled to take place throughout Q1 and Q2 2025, and new Council members have been paired with experienced Council members to participate in mentorship programs for 2025.	

			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: • 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** All Statutory Committee candidates meet pre-defined competency and suitability criteria. The RCDSO has a robust set of eligibility criteria set out in the College's Bylaws 9A and 9B for professional members and external subject matter experts (SME) to serve on committees. SMEs are individuals with specific expertise required for certain committees that may not be present on Council, or within the membership at large. The specific expertise required of subject matter experts for a specific committee is set out in bylaw with the terms of reference. 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. Committee member candidate application forms include a declaration form, skills matrix questionnaires, competency-based essay questions, and a voluntary diversity questionnaire. Committee candidates are asked to self-assess against the list of competencies for the committees and committee chairs and briefly set out in writing how they meet them for the requested committees and chair positions. **Nomination process** In 2023, a new standing Governance Committee was established in bylaw and assumed the committee nominating function of the former Nominations Committee. In 2024, the Governance Committee assessed the eligibility and competence of committee candidates in accordance with the Operational Policy of the Governance Committee: Committee Appointments. Candidates' submissions were reviewed by the Governance Committee, which 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 Governance Committee including terms of reference in the bylaws, 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.	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.	
		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: • 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.	Yes

As outlined above, all non-Council committee candidates must complete RCDSO's online [Council and committee orientation training module](). 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. 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. Information about additional committee specific training provided to committee members to support their work is outlined below.

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

    • **Executive Committee**: every election year, there are 4-5 sessions (equivalent to 2 full days). The orientation for the Executive Committee is encompassed by Council orientation and the Executive Committee acts as Council between Council meetings.
    • **Registration Committee**: every election year there is a half-day (virtual) orientation.
    • **Inquiries, Complaints and Reports Committee**: every election year, there are 2 days of orientation (for the entire committee) + 1 hour of specialized panel orientation for the (a) sexual abuse and boundary panel and (b) incapacity panel + 2 days of plenary training (for the entire committee). In years when there is no election, there are 2 days of plenary training for the entire committee.
    • **Discipline Committee**: every election year, there are 2 days of orientation + additional training on relevant topics (such as adjudication). In years when there is no election, there is 1 additional training day for the committee.
    • **Fitness to Practise Committee**: All members of the Fitness to Practise (FTP) Committee are members of the Discipline Committee. In election years, the FTP Committee members attend 2 days of hearings orientation + additional training on relevant topics (such as adjudication).
    • **Patient Relations Committee**: every election year, there is a half day orientation + additional half day training sessions on relevant topics.
    • **Quality Assurance Committee**: every election year, there is a full day orientation meeting.

2. **Format of Each Orientation Training**

    No orientation sessions were held in 2024 as it was not an election year; however, additional training was provided to committees. The format of orientation sessions provided in 2023, and additional training sessions that were provided in 2024, are described below:

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

- **Registration Committee**: Committee orientation for the two-year term (2023-2024) was held virtually in March 2023.
- **Inquiries, Complaints and Reports Committee**: Two 1-day plenary sessions were held in 2023. The delivery format included PowerPoint presentations, small group discussions, mock panel exercises, polling and question and answer periods. A guest speaker was invited to provide training about equity, diversity and inclusion in decision-making by the ICRC, and staff provided additional training on program updates.
- **Discipline Committee:** An in-person training session was held for some panel chairs, using PowerPoint presentations, mock exercises and question and answer periods.
- **Fitness to Practise Committee:** An in-person training session was held for some panel chairs, using PowerPoint presentations, mock exercises and question and answer periods.
- **Patient Relations Committee**: Online training was provided by College staff and external speakers about trauma-informed decision making. The delivery format included PowerPoint presentations, small group discussions, and question and answer periods.
- **Quality Assurance Committee**: The first meeting is held in person where possible. Agenda items are preceded by orientation presentations relevant to each particular item. In total, approximately 50% of the time is orientation, supplemented with written materials provided. When subsequent meetings address issues not yet presented to the Committee, an overview presentation is provided. Likewise, briefing notes may include appendices that outline past decisions or actions of the QA Committee. Standardized approaches to routine matters streamline orientation and support consistency across various iterations of the Committee. Specific training is provided to all Committee chairs.

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

No orientation sessions were held in 2024 as it was not an election year. The topics of orientation sessions provided in 2023, and any additional training provided in 2024, are described below:

- **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, reputation management, Strategic Plan.
- **Registration Committee:** orientation topics included 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; conflicts of interest 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. In September 2024, the Committee received updated training on using a risk-based approach to decision-making with a refreshed Risk Assessment Framework and Tool.
- **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. Plenary topics in 2024 included equity, diversity and including training by an external expert in EDI; HPARB and judicial review update by internal legal counsel; details about the delivery of the remedial implant dentistry course by a professor at the Faculty of Medicine and Dentistry at the University of Western Ontario; update about changes to remedial agreements and the launch of the clinical supervision program; details about the new Risk Assessment Framework and Tool; and chair training.
- **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. In 2024 additional panel chair training was provided to some chairs.

- **Fitness to Practise Committee:** orientation topics are identical to the Discipline Committee. No additional training was provided in 2024.
- **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. Detailed training was provided about trauma-informed care and approaches in January and September 2024.
- **Quality Assurance Committee:** orientation raining topics include confidentiality of meeting materials, conflict of interest (in particular for those who may sit on multiple Committees), administrative processes, role of Committee and its 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), Facility Inspection Program (FIP); SharePoint and Zoom. Orientation is provided to Strategic projects supported directly by the QA Committee, including those related to Access to Care; Equity, Diversity and Inclusion; and Standards. Additional training provided in 2024 includes training concerning right touch regulation, with a compare and contrast of Quality Assurance and Professional Conduct and Regulatory Affairs, and application of RCDSO Risk Assessment Framework and Tool to Quality Assurance matters.

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. It is designed 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.	
			In addition, Council members meet with the President and Registrar to discuss expectations of Council members and review the RCDSO's governance bylaws and policies.	
			A digital Council Member Orientation Package was developed in 2023, which includes hyperlinks to key resource material and recordings of Council orientation and education sessions, as well as key Council meeting presentations that provide background for ongoing discussions that may take place around the Council table.	
			In 2024, the RCDSO did not have a new public member appointed to Council.	
			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: Met in 2023, continues to meet in 2024
	
	• 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.*
	
	In relation to the evaluation of Council meetings, since 2020, Council members continue to complete a brief evaluation form following each Council meeting.
	
	Evaluation results continue to be included in the subsequent Council meeting package that is posted publicly on the RCDSO's website. Please see pages 105 to 107 of the December 2024 RCDSO Council meeting package.
	
	In relation to the evaluation of Council members, in 2021, RCDSO engaged Satori Consulting Inc. to develop its first third-party administered Council Performance Evaluation Framework. The customized framework was approved by Council, implemented between November 2021 and January 2022, and included:
	  • Council self and peer evaluation;
	  • overall Council effectiveness evaluation;
	  • Committee Chair and Council President evaluation;
	  • confidential debrief sessions with individual Council members; and
	  • a debrief meeting with Council to create a Council level action plan.
	
	A comprehensive outline of the 2021/22 Council Performance Evaluation Framework is on page 16 of the 2022 CPMF Report.
	
	In 2024, RCDSO's Governance Committee and Council approved the following proposal for a new Council Performance Evaluation Framework:
	  • Engaging a third-party vendor to observe Council meetings and assess Council meeting materials and to provide a report with recommendations;
	  • Facilitating a public observation of Council meetings with a structured survey; and
	  • Engaging the third-party vendor to administer a survey to Council members that will include:
	    o Council member self-evaluation;
	    o overall Council effectiveness evaluation;
	    o Committee Chair and Council President evaluation; and
	    o A method for the President to evaluate and provide ongoing feedback to individual Council members.
	
	The third-party will report to Council and will facilitate a debrief meeting to discuss results and create a Council level action plan.

			It is expected that the third-party evaluation will be administered mid-term (i.e., fall 2025), to enable the results and feedback to be used to improve Council's performance for the remainder of the term.	
			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 noted above, the RCDSO's approach to Council evaluation includes a third-party assessment. The last third-party evaluation, supported by Satori Consulting, was implemented from November 2021 to January 2022, 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 debrief sessions in 2022, as detailed above. All Council members also had a follow-up session with the 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 2025 in accordance with CPMF requirements. The new evaluation framework as detailed above will be used.	
	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: • 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 2021/22 Council Performance Evaluation have informed Council and committee training on page 19 of the 2022 CPMF report. In 2024, the Council President continued to work with Council members to ensure individual and collective learning and development were being carried out and to provide constructive feedback, maintain open dialogue, follow up and monitor progress and outcomes. The Council President and/or Registrar meet with all members of Council individually to support their active engagement in Council and to discuss Council's ongoing effectiveness. The President also leads any performance-related conversations with Council members. In 2024, Council training included sessions on: • Artificial Intelligence in Dentistry • Access to Care - Professionalism • Weaving Indigenous Ways of Knowing and Being Into our Work • IT Security • Canadian Oral Health Summit • Supporting Clinical and Cultural Competence for the 2SLGBTQ Community • Practice Models and Corporate Dentistry • Equity, Diversity and Inclusion • Service Experience • Spotlights on College portfolios (e.g., Professional Conduct and Regulatory Affairs, Quality Assurance) The session on Artificial Intelligence in Dentistry, led by Dr. Peter C. Fritz, covered how AI is integrated into dentistry, including its role in diagnostic support, radiographic analysis, patient communication, and practice management. The session also addressed key data governance, privacy, and ethical considerations related to AI implementation. Dr. Noha Gomaa, an RCDSO Council member, was a presenter at the inaugural Canadian Oral Health Summit 2024 in Halifax and presented to Council her thoughts and reflections on the summit, where oral health professionals, researchers, and policy makers from across Canada gathered to discuss advancements and challenges in oral health care. Presentations by portfolio staff leads and strategic project managers throughout the year helped Council understand the drivers, current state, opportunities, risks, research and analysis to support policy proposals. For example, presentations on Practice Models and Corporate Dentistry, one of the six strategic projects currently underway, have helped Council understand how rapidly dentistry practice is evolving, and why understanding the scope and context of business models is	Yes

important to the modernization of oral health care regulation.

Council members evaluated the value of education at the conclusion of each Council meeting, and areas for further enrichment were documented and monitored.

In 2024, on average, 97% Council members Agreed or Strongly Agreed on post-Council meeting evaluation surveys that Council education at the meeting enhanced their ability to perform effectively in their role. The education sessions at Council meetings have helped Council to operate in a more informed manner that contributes to diverse policy discussions.

In addition to the education sessions delivered at Council meetings, in 2024, College IT staff provided Cyber Security Training monthly modules to Council and committee members to support the protection of RCDSO's data and information. Completion of the modules is tracked and feedback is provided to ensure that all Council and Committee members are maintaining their understanding of the cybersecurity risks to the College, and their role in protecting against breaches. Accessibility for Ontarians with Disabilities Act Customer Service Standard Training was also rolled out for Council and committee members in accordance with legislative 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):	

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

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iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.

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.

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

The College continues to strengthen the competence and social and cultural awareness of Council members through education and training. This training supports our understanding of the public that we serve and the evolving expectations they have.

Additionally, Council reviewed the College enterprise risk framework in 2024 which includes identified risks related to equity, diversity and inclusion. The risk framework outlines what we are doing to anticipate issues related to potential EDI risks and how we plan to mitigate those risks. We continuously monitor public sentiment on issues through our community/system partners, registrants, public consultations, media/social monitoring and public inquires to the College. Enhancing diverse perspectives around the Council table and ensuring Council and committee members have EDI competence warrants good governance. An intentional focus on EDI for Council promotes inclusion, improves performance and accountability, supports making decisions about governing the profession in a diverse public's interest, and fosters trust with a diverse public.

2024 Council and Committee training related to EDI included the following:
- Louise Aerts, Chief Officer, Strategy, Governance and Reconciliation, at the British Columbia College of Nurses and Midwives (BCCNM), presented to Council on Weaving Indigenous Ways of Knowing and Being Into our Work to strengthen Council's understanding of how Reconciliation requires reflection on the impact of colonialism on our processes, examining how board meetings are conducted, and deepening our understanding of why Indigenous representation and engagement on boards is important.
- Rainbow Health Ontario presented to Council to help the board members better understand the 2SLGBTQ community, their patients, and the measures the College has taken to better serve 2SLGBTQ communities (e.g., RCDSO's Quality Assurance Committee approved Rainbow Health Ontario (RHO) as a sponsor for continuing education (CE) credits for RCDSO registrants).

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<td>*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?*</td>
<td>Choose an item.</td>
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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 bylaws, 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 24 of the 2022 CPMF report. In September 2023, Council approved bylaw amendments to introduce a new category of committee member, "subject matter expert," an individual with specific expertise required for certain committees as set out in the by-laws. The eligibility requirements for subject matter experts are set out in Bylaw 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)*

		ii. accessible to the public.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• 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. Please see the following link for RCDSO By-laws. Please see the following link for pages 184 – 210 of the March 2022 Council meeting materials. Please see the following link for pages 117 – 134 of the June 2022 Council meeting materials. 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 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.
			The College fulfills this requirement:
			
			• 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.
				Met in 2023, continues to meet in 2024

			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:
			
			• 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 by-law 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 2024 Council meeting package can be found on pages 12 to 18 at the following link December 2024 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)	

		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 2023, continues to meet in 2024

The College fulfills this requirement:

- 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 imbedded 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 the December 2024 Council meeting materials, there is an example of the public interest rationale set out in the materials related to Trauma-informed Training undertaken by the Patient Relations Committee.

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.	The College fulfills this requirement:	Yes

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 2024, the RCDSO finalized its Enterprise Risk Management (ERM) Framework and undertook the development of core work needed to implement and apply the ERM and launch the RCDSO's risk program. An initial step of this work entailed developing risk registers for all College departments. These risk registers were used to identify a range of potential risks for the College. From there, work was undertaken to assess and analyze these potential risks, focusing on impacts to public safety, College reputation, business continuity and College finances. Risks were scored based on the likelihood of the risk occurring and the potential impact.

This work resulted in the College identifying eight top risks for 2024. These top risks were presented to RCDSO Council at its December 2024 meeting (pages 197 – 202). Throughout 2025, further supporting work will be undertaken, including the development of a risk policy and process. Progress on the risk program will be monitored by senior staff and the College's Financial, Audit and Risk Committee.

In addition to this ERM work, throughout 2024, each of the RCDSO's regulatory programs (Quality, Registration, Facilities Inspection, and Professional Conduct and Regulatory Affairs) have collaborated to develop a common risk framework for all regulatory programs. Each program area has developed risk tools that are aligned with the common framework but tailored to suit the needs and processes of the individual program areas. That work was completed in 2024.

Lastly, the RCDSO has continued to 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.

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 as 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.

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

		External risks are economic, political and/or natural factors that happen outside of the organization.	*Additional comments for clarification (if needed)*	

DOMAIN 1: GOVERNANCE	STANDARD 3	**Measure:**		
		3.1 Council decisions are transparent.		
		Required Evidence	**College Response**	
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College's website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement: • 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.	Met in 2023, continues to meet in 2024
			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.
	
	Notice of Council meetings are posted on the RCDSO's website here: Council and Committees.
		Met in 2023, continues to meet in 2024

	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. The College's Notice of Discipline Hearings is posted at least one month in advance and includes a link to the allegations posted on the public register: https://www.rcdso.org/Complaints-and-Investigations/discipline-hearings	Met in 2023, continues to meet in 2024

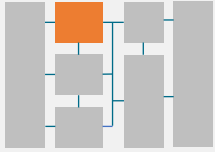| | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item. |
| | | *Additional comments for clarification (optional)* | |

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.

  An overview of the College's DEI plan can be found in the RCDSO's Report on its 2023-25 Strategic Plan – 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.

  Council Meeting - March 28, 2024: 2024-03-28 Council Meeting_20240319222948_0.pdf
  Pg. 253-258

  Council Meeting - September 20, 2024 2024-09-20 Council Meeting_20240909185226_0.pdf
  Pg. 196-197, 216-223 & [EDI Presentation on YouTube]

  Council Meeting - December 5, 2024: 2024-12-05 Council Meeting_20241126094048.pdf
  Pg. 120

  The Governance Committee of Council developed the RCDSO's public EDI Commitment Statement. This statement was approved in September 2024. It acknowledges RCDSO's commitment to embracing Equity, Diversity, Inclusion and Accessibility as fundamental to our role in ensuring the public has safe, equitable and competent oral health care. We strive to contribute to better experiences and outcomes for the diverse public that we serve.

  We are taking actions on this commitment statement through initiatives in our 2023-2025 Strategic Plan. The RCDSO has prioritized embedding EDIA into everything that we do. Staff, Council, Committees, and Ontario's dentists are aware that this is a commitment that will take our collective efforts. Regular reporting of our work on EDI is communicated publicly in our March, September, and December 2024 strategic updates to Council and our Annual Report.

Council and Committee members continue to have comprehensive programming on EDI fundamentals, anti-racism, managing bias and are building empathy though participating in education sessions with guest speakers. In 2024, Council received a presentation from Louise Aerts on "Weaving Indigenous Ways of Knowing and Being into our work". Council also heard from Rainbow Health Ontario about the importance of building cultural competency on the LGBTQ+ community and why this competency matters for those leading boards who protect the public. Additionally, ahead of Committee selection and recruitment process, our Governance Committee viewed a vodcast about Managing Bias in Recruitment – followed by a facilitated group discussion. This four-part module highlighted concepts like power, privilege, and bias, and set the stage for our work in building inclusive spaces for Council and Committee members.

To support internal efforts, the College completed its biannual staff experience survey that included several indicators related to staff's feelings of inclusion, diversity and belonging. The College also asked several voluntary and anonymous demographic questions to help us better understand the diversity in our staff compliment. Staff are highly engaged with a 91% response rate. RCDSO staff continue to actively participate in a variety of EDI learning and experiential activities. As a highlight, staff completed learning facilitated by The Get Real Movement called Trans 101. Staff also had the opportunity to share a learning opportunity with colleagues from the College of Dental Technologists and screen a documentary focused on the impact of anti-black racism in the workplace called "Working While Black" followed by discussion facilitated by Liben Gebremikael, CEO of TAIBU Community Health Centre.

The College continues to prioritize staff resources for this work with an Equity Officer and project coordinator who facilitates equity impact assessments, develops content, supports the internal employee resource group, and mobilizes impactful learning opportunities. Through their work, staff have access to a quarterly internal newsletter (The EDI Spotlight), a diversity calendar embedded into productivity tools, and employer partnership with The Canadian Centre for Diversity and Inclusion, and a webpage with learning resources and e-modules.

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.	The College fulfills this requirement:	Yes

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.

- 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.

With the variety of work that we do at the College, both internally and externally, the College uses various resources to assess equity across our many programs, processes, operations, and policies. Staff also need flexibility to be innovative and respond to the ever-changing EDI landscape.

Our policy team, Employee Resource Group ("The IDEA Committee"), 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.

With respect to Standards of Practice and other registrant-facing professional guidance, our policy team is equipped with a strong team of analysts with EDI competency and a diversity of lived experience. They consistently consider intersectionality and social determinants of health when developing RCDSO's guidance for the profession, and have established equity impact assessments as a routine component of the Standards review and development process. The policy team has also taken the proactive step of including a set of voluntary self-identification (demographic) questions for our survey-based consultations, and engages diverse groups, including patient advocacy organizations and partners.

Presently, questions and inquiries related to EDI are handled sensitively and we have built regular internal channels such as our Issues Management Group, Leadership Network, and The Inclusion, Diversity, Equity, and Accessibility (IDEA) 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.

As an additional example, the College Employee Resource Group (The IDEA Committee) has been reviewing internal policies and procedures using the Equity Sequence. The Committee is on track to have all internal policies reviewed with an equity lens by the end of 2025, meeting an objective of our Strategic Plan.

Another impact assessment tool that we have used at the College is the HPRO Assessment and EDI Action Guide. In 2024, all departments systematically reviewed their processes and program areas using the HPRO Assessment and EDI Action Guide. This assessment tool has a specific health regulatory lens. The strength of the HPRO tool is the menu of ideas and options for creating a more equitable and inclusive College that supports the public interest. The result of the RCDSO's self-assessment revealed the great work we have completed and areas of opportunities in 2025. As an example, the College released a document for the public describing how we seek to address bias in College Committee decisions. Additionally, flowing from the HPRO Action Guide assessment work, each team developed a vision statement that reflects on EDI in their area of responsibility which can help to address bias, remove barriers and inspire innovation.

There are many more opportunities ahead for the College to embed equity impact assessments into the fabric of our committees, programs, processes and services. Our team continuously seeks the best practice approach in assessing, evaluating and measuring the impact of our work to ensure a sustainable and positive impact on Ontario's dentists and the public that 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)	

		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:	Yes
			• 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 link – December 5, 2024, Council book, pages 172-186 Strategic Projects link to budget – December 5, 2024, Council book, page 185 Budget principles were approved by the Finance, Audit & Risk Committee to guide management's creation of the budget, including one that stated: "Ensure adequate resources are set aside to make progress on the strategic plan and identified strategic priorities." This was communicated to staff when preparing the budget. Management identified each of the strategic projects (see page 123) 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 185).	
			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:
   i. has a "financial reserve policy" that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and
   ii. possesses the level of reserve set out in its "financial reserve policy".
	The College fulfills this requirement:
	
	• 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 Reserves Policy](#) was last updated for Committee name administrative revisions on August 14, 2023.
	
	The policy has been approved by a financial auditor.
	
	Council approved the addition of $2 million to the Operating Reserve in 2024 (June 20, 2024, Council book, pages 149-150) to increase the balance to $3.5 million. Although still underfunded at 50% of the required amount of $7 million, based on the 2024 forecasted surplus it is anticipated that the Operating Reserve will be fully funded by June 2025.
		Partially

	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)	

		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).	The College fulfills this requirement:	Yes
			• 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 behavioral 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.	
		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.	

		ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	The College fulfills this requirement:	Yes

The College fulfills this requirement:

- 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 2.0 (Govern, 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 the last year of its 2023-25 Strategic Plan, 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 a 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
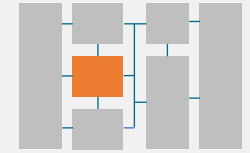
STANDARD 5 and STANDARD 6

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.).*

1. **How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations?**

Topic	Partner(s)	Date(s)	Outcome(s)
Access to Care	Advocacy organizations, Faculties, Health Canada, Law Society of Ontario	Throughout 2024	• In partnership with Canadian Society for Disability and Oral Health (CSDH) and Special Olympics Ontario (SOO), SOO was designated as an approved sponsor for RCDSO's Quality Program: to provide Continuing Education courses for Ontario

					dentists on the unique treatment needs of the communities SOO represents. • [Rainbow Health Ontario](#) (RHO) was designated as an approved sponsor for Continuing Education Courses for Ontario dentists to ensure that dentists understand the unique needs of the communities for which RHO advocates (2SLGBTQ). RHO also delivered a training session to RCDSO Council. • RCDSO held an in-person engagement session with the Schulich School of Dentistry and Medicine, the Wright Clinic (London), ODA, practicing oral health professionals and dental students to explore and examine issues related to Access to Care. • RCDSO was accepted for a poster presentation at the annual Alliance for Healthier Communities conference. • RCDSO partnered with the Law Society of Ontario to deliver a presentation on Access issues (care and justice) and EDI issues at a national regulatory conference (CNAR). • RCDSO partnered with Health Canada to collect and disseminate information related to the Canada Dental Care Plan. • RCDSO partnered with NIHB (Indigenous Services Canada Non-Insured Health Benefits program) to update profession and system partners on recent program improvements. • RCDSO developed and submitted two proposals in response to Health Canada's Oral Health Action Fund. One proposal was developed in support of Schulich's School of Medicine and Dentistry and proposed the development of professionalism curriculum to support greater knowledge and training around underserviced populations seeking oral healthcare. The second proposal sought to provide internationally trained dentists with the opportunity to gain clinical experience while

				pursuing licensure, where the clinical practice was supporting greater access to oral healthcare.
	Equity, Diversity and Inclusion	HPRO EDI Network	Throughout 2024	• RCDSO partnered with HPRO to implement the EDI Action Guide, Assessment Tool, Case Studies, and FAQs to support health regulatory Colleges in responding to CPMF and designing College-wide EDI efforts.
		Louise Aerts, BC College of Nurses and Midwives Midwives	June 2024	• Council had an education session: "Weaving Indigenous Ways of Knowing and Being Into our Work".
		Taibu Community Health Centre	October 2024	• Screening of "Working While Black" documentary, and supportive discussion session.
		Get Real Movement	November 2024	• Trans 101 education session.
	Registration and Fair Practices National Multi-Stakeholder Working Group: 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 Dentistry (ACFD), Ontario Fairness Commissioner (OFC), Ministry of Health (MOH)	Throughout 2024	• Participated in the Steering Committee for ACFD, to direct the development of an alternate pathway for applicants going through the equivalency process (pre-registration with RCDSO). The first cohort will be launched in Q1 2025. • Engagement with OFC, MOH and NDEB frequently 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, transparency in response to the lived experiences of internationally trained dentists. • Reviewed and confirmed the RCDSO-NDEB MOU that guides the engagement between the two organizations and allows RCDSO to monitor and

			oversee the NDEB's efforts to enhance service, efficiencies and fairness in its core work.
Data	Engagement with external stakeholders related to RCDSO data: Academics, Ontario Dental Association (ODA), Institute for Clinical Evaluative Sciences (ICES), MOH	Throughout 2024	- RCDSO has completed reports for the MOH in response to their College Registration Data Collection Template. - RCDSO has explored a potential partnership with ICES to engage in data analytics around anti-microbial stewardship and dentists' compliance. - 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 engaged in analytics of our own data collected from the Annual Renewal Questionnaire to better understand health human resource issues related to oral healthcare. - 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 Schulich's School of Medicine and Dentistry to understand which dentists accept patients who rely on government-sponsored oral health programs, and the geographical distribution of those dentists.
Canadian Dental Regulatory Authorities (DRAs), Federation (CDRAF), Commission on Dental Accreditation of Canada (CDAC), National Dental Examining Board of Canada (NDEB), Association of	Frequent meetings with national partners on issues of dental regulation	Throughout 2024	- 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 accreditation of faculties of dentistry: CDAC, ACFD; - Development of national specialty certification and examination program: RCDC; - Collaboration on national document related to virtual practice: CDRAF;

		Canadian Faculties of Dentistry (ACFD), and Royal College of Dentists of Canada (RCDC)			○ Engaged DRAs on work related to Antimicrobial Stewardship that the RCDSO completed with Choosing Wisely Canada.
		Clinical Practice: Antimicrobial Stewardship	Choosing Wisely Canada, Canadian Dental Association (CDA), College of Family Physicians of Canada (CFPC), Canadian Association of Hospital Dentists (CAHD), clinicians with expertise in dentistry, infectious diseases, emergency medicine and family medicine, and Dental Regulatory Authorities in Canada (DRAs)	Throughout 2024	• Choosing Wisely Canada facilitated a partnership of CDA, CFPC, CAHD, RCDSO and many clinicians to develop a chairside resource *Taking the Bite Out of Tooth Pain: A Toolkit for Using Antibiotics Wisely* to guide clinicians in their treatment decisions and communications with patients. • RCDSO Council endorsed a Choosing Wisely campaign for antibiotic prescribing for dentists, and developed an implementation plan for dental clinics, including the granting of Continuing Education (CE) points for demonstrated implementation.
		Public Service through Requests for Assistance	Ontario Police Services, Office of the Chief Coroner	Throughout 2024	• 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 2024, the College sent out 155 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 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 for 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.

Oral Health Regulatory Colleges	CDHO, CDO, CDTO	Throughout 2024	• The Registrars of the four oral health Colleges in Ontario meet monthly to share key priorities, to discuss issues of importance to all oral health professions and to identify potential shared projects.
			• Examples of connected work includes:
			   ○ Communication by RCDSO of changes made to registered dental technologist identification stamp requirements, used to authenticate fabricated materials;
			   ○ Shared information on investigations that overlapped with professions;
			   ○ Utilized CDHO experience in collecting patient and public experience data, and replicated this at RCDSO for dentists;
			   ○ Greater consultation across Colleges for standards and policy development.

2. **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.).**

In the chart above, detail of the RCDSO's engagement with a range of partners is captured. Highlights that relate specifically to how the engagement has shaped the outcome of a policy or program are as follows:

- Partnerships captured in our Access to Care entry above have allowed the RCDSO to expand the CE content that we make available to dentists and provide opportunities for dentists to learn the unique needs of individuals in the disabled and 2SLGBTQ communities. This initiative simplifies the opportunity for dentists to expand their knowledge and build their capacity to treat patients from these communities.

- Through our work on Access to Care, the RCDSO has engaged the dental profession, the Citizen Advisory Group and the public at large (through public polling) to gain feedback on key concepts that will be included in the RCDSO's resource on Professionalism (in development) and a Standard on Accepting Patients (in development). The engagement will directly shape and inform our analysis of the issues and the final content in both documents.

- The partnerships related to antimicrobial stewardship led directly to the development of a comprehensive chairside resource intended to support clinical practice. RCDSO also provided CE points for implementation of the resource at chairside.

	- Partnerships with the BC College of Nurses and Midwives, and Rainbow Health Ontario have led to two impactful education sessions for RCDSO Council that have enriched Council's understanding of the lived experiences and worldviews of indigenous populations and 2SLGTBQ communities. - 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 as well as to identify potential factors that may pose barriers to the public's ability to access oral health care. - The RCDSO's engagement with the NDEB, particularly in compliance with our MOU, has resulted in the RCDSO and NDEB experiencing enhanced and more effective communication, and in the NDEB committing to reforming and improving the service experience they offer and the programs and processes that they run. Results have included shorter examination timelines, increased examination seat capacity and greater engagement with the internationally trained dental community.

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
   - Citizen Advisory Group (CAG)
   - Patients and the public (through RCDSO consultations, polling 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 and its regional Dental Societies
   - 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
     - Consultations on Standards, by-laws
     - Consultations on concepts, and proposed work: early feedback
     - Polling of over 2,000 Ontarians on dentists' visits (recency, reason), insurance coverage, patient experience, awareness of regulatory body
     - Focused questions through survey, or focus groups at the CAG on specific issues, and projects
     - Public consultation on major new positions and initiatives (e.g., RCDSO's Strategic Plan, all future Standards)

	o CAG re: engagement with equity-deserving groups (see above)
	o Transparent approach to informing the public via the College website and social media (LinkedIn, Instagram, Bluesky)
	
	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?**
	
	• The RCDSO engaged a market research firm (Pivotal) to solicit the public's expectations on dental professionalism, and their experiences in accessing oral healthcare. This feedback will be used directly to shape and inform two resources that are currently in development: a "Foundations of Professionalism document" and a standard on Accepting New Patients.
	• The RCDSO engaged the CAG to provide feedback on two strategic projects: Access to Care and Practice Models and Corporate Dentistry.
	    o 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.
	    o Feedback from these sessions directly informed our analysis of the key issues in both projects and the development of documents and resources that will be generated through each project over 2025 and onwards.
	
	4. **How did the College engage the public / patients to inform changes to the relevant policy / program?**
	
	• Access to Care: For this strategic project, we have engaged the public through polling, through the CAG, and through a consultation survey that was released publicly (available to all interested parties) and sent directly to specific patient advocacy groups.
	• EDI: The RCDSO's work on EDI resulted in the development of the RCDSO's first EDI Statement.
	• Professional Liability Program (PLP): Based on the recommendations of the Expert Task Force for the PLP, the RCDSO has begun the process to divest the PLP from the RCDSO. The profession and the public were consulted on the change in late 2023. Significant material is available on our website and is regularly provided on our social media channels.
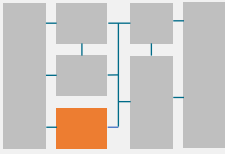
		Measure:
		7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.

DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	**Required Evidence**	**College Response**
		a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	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 2024 to shore up our approach to privacy, confidentiality and cybersecurity. **New work includes:** • Development of an e-learning module on privacy, confidentiality and security. The module was developed over 2024, and the target audience is: RCDSO staff, and RCDSO Council and Committee members. The module will launch in February 2025. • Targeted advice to RCDSO staff on generative AI. • Providing all Council and Committee members with after-hours IT support on evenings and weekends. • Completion of the initiative to provide all Council and Committee members with College-issued laptops. • Engaged third party Cybersecurity firm to conduct internal and external security assessment and penetration testing. • Implemented Privilege Identity Management Solution for Microsoft Cloud platform. This solution allows for just-in-time administrative access allowing us to reduce the number of permanently assigned administrators. • Deployed College managed devices to Council, Committee and Panel members to improve secure access to College data. **Practices and Resources previously reported which remain in place are:** • Resources 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 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.
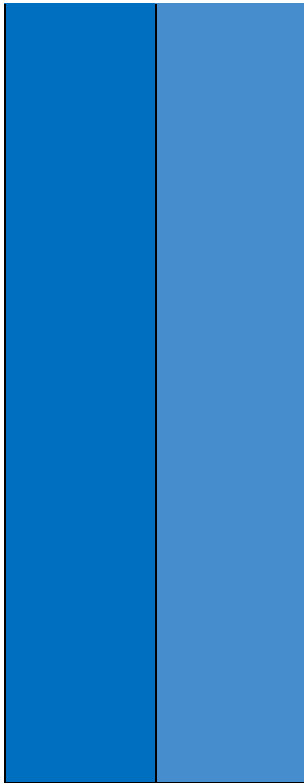
• Data is released only subject to a memorandum of understanding or data sharing agreement. Where disclosures are made to parties to College matters the College uses security protocols such as secure mail. • Breaches are managed in accordance with an Information Breach Protocol developed in 2021. Annual presentations on the number, and cause of breaches is shared with RCDSO staff, together with tips and mitigation tactics. • 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 2024. They are:

- **Cyber Security/Risk Updates:** Provide Finance Audit and Rick Committee with regular cyber security / risk updates including planned initiatives, audit reports, and operational reports.
- **IT Service Continuity / Disaster Recovery Plan:** This plan outlines the processes and procedures that will be followed to maintain critical IT services during and after a disruptive event.

Further, the resources highlighted in the 2023 report continue to be in place. They are:

Secure Communication of Confidential Information: This resource 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.

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. This policy was further updated in 2024 to provide additional incident response guidance.

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 participate in mandatory IT security awareness training. This training program is ongoing. Periodically, staff 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 them and avoid them, and then complete a quiz related to the themes covered in the training video.

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 2023, continues to meet in 2024
			• 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 and other relevant resources) are accurate, comprehensive, and supportive of 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. A more fulsome description can be found in RCDSO's 2023 CPMF submission.	
			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.	
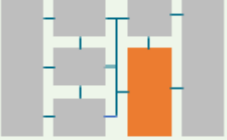
| | | b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:

 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:

 • 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 of Practice. These protocols describe how the College takes into account specific inputs when developing or amending Standards of Practice, including evidence and data, patient risk, stakeholder feedback, etc. These protocols were presented to Council in May, 2021, and can be found on pages 180-188 of the May 2021 Council materials.

 In 2024, a number of draft Standards were presented to Council for approval to engage in external consultation. These included, as examples, new draft Standards on *Consent to Treatment* and *Prevention of Boundary Violations and Sexual Abuse*. As a standard component of the public briefing materials that are submitted in support of these decisions, Council is provided with a fulsome description of how each input has informed the development of the draft guidance (see pages 154 – 189 of the September 2024 Council meeting materials). | 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.* | |

		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.	
			Beginning in 2020, the RCDSO began updating its approach to Standards review and development to include a specific focus on EDI. This included the incorporation of equity impact assessments and a commitment to increased engagement with equity-deserving communities. This work continues in partnership with relevant subject matter experts and partners, including the Health Professions Regulators of Ontario (HPRO) Antiracism Working Group – now known as HPRO EDI Network.	
			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 and support the adoption of EDI principles across all College Standards: a new "Foundations of Professionalism document", which will articulate overarching expectations of professionalism and replace the College's current Code of Ethics, and a new Standard of Practice for accepting new patients.	
			Finally, the RCDSO's 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 2023, continues to meet in 2024

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.).

Registration policies and processes remain the same as was reported in the 2023 CPMF Report. Information on the RCDSO's application process and requirements by certificate type can be found on our website.

As reported in previous reports, staff vet applicants using a structured checklist to ensure that registration requirements are met prior to registration. Senior department staff conduct a second review of the application once the application is complete to ensure that requirements are met before approving the application for registration.

Where an applicant is or has been registered in another jurisdiction, certificates of standing are obtained directly from regulatory bodies. Staff confirm certification by the National Dental Examining Board (NDEB), the body that administers national dental licensing exams, directly through a portal. 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 is assessed in conjunction with certificates of standing submitted from other regulatory bodies.

Where applicants do not meet registration requirements, or where the Registrar or Deputy Registrar has doubts, 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 requirements with respect to past and current conduct for applicants: s.14(1) of Ontario Regulation 205/94 made under the Dentistry Act, 1991.

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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. **Registration Processes**

The RCDSO regularly reviews and updates processes and policies to ensure they are up-to-date and reflective of industry best practices.

The RCDSO reported in 2023 on our most recent review of, and updates to, our registration processes to meet the newly required registration timelines effective in January 2023. The review was conducted to ensure compliance with the new regulated timelines, while also ensuring our registration processes and decisions are risk-based and provide a seamless service experience for applicants.

With our process updates, we continued to successfully maintain the required 15- and 30-day processing and decision timelines throughout 2024. Staff regularly reported to Council on compliance with these timelines throughout 2024.

2. **Language Proficiency**

The RCDSO uses our Language Proficiency policy to ensure applicants meet the regulated requirement related to language proficiency. The policy was most recently updated at the end of 2024 with the aim of simplifying the language and improving the formatting to ensure that it can be easily understood by applicants.

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:	Yes

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.**

   a. **Currency and competency upon registration:**

The RCDSO continues to use a risk-based approach to ensure that currency and competency requirements are met 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 review of applications to determine whether requirements are met, including the currency and competency requirements, is guided by risk using a risk framework and risk tools.

In 2024, RCDSO staff collaborated to review our approach to managing risk in our regulatory program areas. We updated our pre-existing department risk assessment frameworks with the aim of creating one common approach to risk that could be adapted to the unique needs of each department. The common risk framework provides transparency to the public and dentists so they can understand how the College and its committees make decisions rooted in risk, including whether a dentist demonstrates competence and can practice safely and ethically. The risk framework is available here.

Where applicants do not meet currency and competency requirements, or where the Registrar has doubts, 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 requirements with respect to past and current conduct for applicants: s.14(1) of Ontario Regulation 205/94 made under the Dentistry Act, 1991. These decisions are guided by risk principles and are made using the risk framework and accompanying risk tools.

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 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.

b. Continuing Competency Requirements

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 CE activities, and keep a record of their CE activities in their online e-Portfolio. The RCDSO launched a new e-Portfolio platform in 2023 and now audits 100% registrants upon completion of their 3-year cycle. The audit identifies registrants who have met the requirements, and then uses risk-based thresholds established by the QA Committee to segment others based on the magnitude of their shortfall – minor/inconsequential (registrant has at least 90% points), moderate (registrant has 80-89% points) and significant (registrant has fewer than 80% points). The Committee has established a risk-based protocol to follow up with those who have a shortfall. An escalation protocol has been established for those who repeatedly report fewer than the required continuing education points.

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. New questions are developed on a rotational basis to ensure that the areas included are relevant and reflect the most current evidence.
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.

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

Currency and competency requirements for registrants are prescribed in Regulation O. Reg. 27/10 QUALITY ASSURANCE | ontario.ca as detailed above. The QA program is administered by the QA Committee.

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

Currency and competency requirements for registration and quality assurance are prescribed in Regulation. The RCDSO regularly reviews its policies and processes to ensure they are up-to-date and in line with best practices. 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 also has a process for monitoring ongoing reporting of criminal conduct, negligence or malpractice by registrants, which is detailed below. This process was developed in 2018 after the new mandatory reporting provisions were set out in the Health Professions Procedural Code. 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**.

Once registered, competence and safety to practice are continually monitored through reporting mechanisms. The Health Professions Procedural Code to the Regulated Health Professions Act, 1991 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

Additionally, 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, 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, and
- findings of professional negligence.

Finally, 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. Details regarding administration of other aspects of the QA Program are included in #2 above.

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:	Yes
	• 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: In Progress In November 2023, the Office of the Fairness Commissioner implemented the second iteration of the Risk-Informed Compliance Framework (RICF). As a result of that review, in April 2024, the RCDSO was assigned the risk rating of "moderately low", the middle of three risk ratings. This risk rating is in place from April 1, 2024, to March 31, 2026, with the possibility of revisiting the rating during the risk cycle with further evidence of success. In its communication to the College about the risk rating, the OFC was clear that the RCDSO's risk rating was connected exclusively to one risk factor: the RCDSO's relationship with and control over a third-party service organization: the National Dental Examining Board of Canada (NDEB). The OFC otherwise identified a number of positive practices that the RCDSO has undertaken to improve registration outcomes for applicants to the dental profession, particularly pertaining to assessing the skills and competence of internationally trained dentists. A copy of the RICF risk assessment and risk rating letter is available here. As a moderately low risk regulator, the RICF policy specifies that the RCDSO must complete a compliance action plan and meet with OFC staff quarterly to review progress. In June 2024, in compliance with the OFC's required timelines, the RCDSO completed an action plan demonstrating how we will address the risks and priorities set out by the OFC in the short, medium and long-term. The RCDSO remains in regular contact with the OFC about progress on our action plan through quarterly meetings to review progress.	
	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 2023, continues to meet in 2024
			
			• 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.
			
			RCDSO takes a risk-based approach when evaluating the level of support that is needed to accompany a new Standard of Practice. Factors that are considered include (as examples):
			
			• the nature and complexity of the subject (including the likelihood of confusion and misunderstanding),
			• the potential for risk to patients and the public; and
			• registrants' general familiarity with the content or subject matter.
			
			For subjects that are deemed higher-risk or higher complexity, the RCDSO provides more support. For example, the recent rescission of RCDSO's COVID-19 infection prevention and control guidance in 2023 was accompanied by extensive 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.
			
			Beginning in 2024, the policy team is revisiting its current strategies for stakeholder support and knowledge translation. This will include new tactics to ensure that registrants and patients are aware of new Standards of Practice and understand the College's expectations of dentists. Tactics will include (as examples): dedicated communication via the College's well-attended RCDSO Connect education sessions, and offering continuing education credits when dentists review and implement new Standards of Practice.

			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: | Met in 2023, continues to meet in 2024 |

- 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.*

The [Quality Assurance (QA) Regulation of the Dentistry Act](#) (O. Reg. 27/10) describes the components of the quality assurance program, the requirements for registrants and responsibilities of the QA Committee to administer the program. All registrants with a general or specialty certificate of registration must satisfy the elements of the program as listed below, and in 2024, the QA Committee approved the inclusion of registrants who hold an Academic certificate of registration.

1. **Practice Enhancement Tool (PET):** The PET is an independent, online assessment that assesses a dentist's knowledge, skill and judgment through a series of multiple-choice questions. All dentists must complete the PET five years after registration with the RCDSO and every five years thereafter. In 2024, the RCDSO redeveloped the PET platform to improve the user experience and add evaluative features. Supporting resources were developed, including a [User Guide](#), [Frequently Asked Questions document](#), [video demonstration](#) and regularly scheduled live demonstrations. Pilot tests were completed and a broad launch planned for April 1, 2025.

   If a registrant's PET assessment results are unsatisfactory in one or more competency areas, they have up to six months to complete continuing education activities, then an additional six months to retake 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.

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. **Continuing Education (CE):** All registrants must participate in three-year CE cycles, with a requirement to earn at least 15 points in Category 1 and 45 points in Category 2, up to 30 points in Category 3, and a total of 90 points overall. Registrants must enter their points into an e-Portfolio provided by the RCDSO. A modernized platform was launched in 2023, with new features including automatic allocation of CE activities to the correct category, reducing entry errors; addition of a dashboard on the home page so that the registrant can monitor their points by category and overall; and the ability to automatically audit 100% registrants upon completion of their CE cycle. In 2024, the RCDSO implemented a proactive cycle of messaging, beginning 9 months before the end of

the cycle, including e-blasts, direct messages customized with the registrant's point totals, and reinforcement of messages through associations and other providers of CE. 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 shortfall.

4. **Peer Assessment:** This assessment follows the same protocols as the Practice Assessment. It may be ordered by the QA Committee when registrants fail to meet their CE requirements in two consecutive 3-year cycles and have surpassed a defined risk threshold in the magnitude of their shortfall.

5. **Annual Declaration of Compliance:** The third requirement of the QA Program is the annual declaration of compliance with the QA Program. As part of the annual renewal, all registrants must declare their compliance.

For more information about RCDSO's QA Program, please visit RCDSO's website:

- Quality Assurance Program (rcdso.org)
- Continuing Education and the e-Portfolio (rcdso.org)
- Practice Enhancement Tool (rcdso.org)
- Annual Declaration of Compliance (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)	

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[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).

			The College fulfills this requirement:	Met in 2023, continues to meet in 2024

		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	• 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
			
			Years the right touch approach was implemented and updated:
			
			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 2023-2024 to align with other regulatory areas of the RCDSO.
			
			Details of right touch approach:
			
			The QA Regulation of the Dentistry Act integrates a risk-based approach that informs the College's right-touch 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 Peer and Practice Assessments are used as escalating interventions.
			
			The QA Committee has established transparent and consistent decision trees that allow it to exercise its full authority. Responses are based on risk and are defined in the recently released Risk Assessment Tool and Framework and associated algorithms.
			
			In 2023-2024, the regulatory leads at the RCDSO collaborated to refine and streamline a common risk assessment framework and 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. In 2024, the QA Committee 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.

		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 2023, continues to meet in 2024

- Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number **OR** list criteria.

  The criteria for informing 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 80%-89% 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,
  - maintains appropriate practice management requirements (includes office inspection, IPAC, emergency preparedness and equipment maintenance),
  - maintains professional boundaries, and
  - 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. Patterns of behaviour are noted through aggravating and mitigating factors observed. 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.

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

The College fulfills this requirement:

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

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

As described in the Quality Assurance Committee 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 successful completion of required courses, the registrant is typically monitored by a Practice Enhancement Consultant 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 a registrant who has yet to complete courses as the deadline for completion approaches/passes.
- Assist the registrant with locating courses that meet the required remediation.
- Approve course providers and course content.
- Verify successful course completion.
- Assist the registrant with re-registering and re-taking courses as necessary until successful completion.
- Arrange for a practice enhancement consultant to meet with the registrant to verify the effectiveness of the remediation.

During the practice monitoring process of QA matters:

- The practice enhancement consultant arranges a monitoring visit to assess the registrant's knowledge, skills or judgment following remediation. Typically,

this occurs 3-4 months after course completion to allow the registrant sufficient time to implement changes to practice.

- The practice enhancement consultant uses the RCDSOs standards, guidelines and practice advisories, Dental Faculty educational standards and current standards of practice, to evaluate the effectiveness of the remediation.
- They inquire about changes the registrant has made to their practice since completing the course, select a random sample of patient records to review, and assess issues identified by the QA Committee.
- The practice enhancement consultant gives feedback in real time and instructs the registrant on how they can improve.
- A summary report is provided to the QA Committee, with a copy to the registrant. Registrants are given a time to provide a written response to the College for inclusion with the package provided to the 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 judgment, 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 if a registrant breaches the requirements, fails to successfully complete remediation or declines 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 2023 CPMF Report continues to apply.	
			The RCDSO maintains policies and procedures for Complaints and Registrar's Investigations.	
			In 2024, the RCDSO updated all its templates for Complaints and Registrar's Investigations. Duplicative or unnecessary templates were deleted. All other templates were updated to simplify the content, remove unnecessary legal terms, be more concise and thus more helpful for complainants and registrants alike. The College reduced its templates for investigations by approximately one-third.	
			The College also created a webpage about how the ICRC, Fitness to Practice Committee, and Discipline Committee work to ensure that their decision are not influenced by bias or conflict of interest. The content is on the College's webpage here: https://cdn.agilitycms.com/rcdso/pdf/complaints-process-brochures/RCDSO_5626_Addressing_Bias.pdf	
			Links to the College's Website Content about complaints, Registrar's Investigations, the Resolution Program, sexual abuse complaints and supports for patients who experienced sexual abuse are below:	
			• 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

In 2024, the College created three additional YouTube videos about the Resolution Program to assist complainants in understanding the program, and to help them prepare for a mediation. The content can be found on the College's webpage (https://www.rcdso.org/Complaints-and-Investigations/complaints-and-investigation-process/the-resolution-program) and on YouTube using the links below:

- Overview of the Resolution Program Process
- Preparing for a Mediation
- During and After a Mediation

The RCDSO's policies and procedures described in the 2021-2023 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 reported in the 2023 CPMF Report, starting in 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 at least semi-annually to consider the complainant's experience throughout the RCDSO investigation. In 2024, the exit survey results prompted several of the revisions to the College's complaints and investigation's templates and were used to evaluate the College's revisions to the Resolution Program.		
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:		Met in 2023, continues to meet in 2024
	• Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures): 97%		
	As reported in the 2023 CPMF Report, two teams at the 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.		
	RCDSO has been tracking data for this measure since 2023. Both teams met their benchmarks: Intake responded to 97% of inquiries within 5 business days, with follow-up timelines as necessary. PAS responded to 99% 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 2023, continues to meet in 2024

The College fulfills this requirement:

- 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 2023 Report continues to apply.

1. **Decisions of the Inquiries Complaints and Reports Committee (ICRC):**

The ICRC continues to work diligently to make its decisions as clear and accessible to complainants and registrants as possible. The ICRC aims to write decisions at a grade 9 level. The decision of the ICRC is on the first page of the document, followed by a clear summary of each of the complainant's concerns. The analysis section sets out in detail the reasons for the ICRC's decision. These changes help the public understand how the ICRC makes decisions that affect them. In 2024, the RCDSO updated its templates for decisions about Complaints and Registrar's Investigations to simplify the content, ensure consistency across documents and use more of an active rather than passive voice.

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 2024, the RCDSO published its complaints brochure in the 11 most commonly spoken languages in Ontario (English, French, Arabic, Chinese, Farsi, Hindi, Punjabi, Russian, Spanish, Farsi, Tagalog and Urdu). All complaints brochures can be found on the College website: https://www.rcdso.org/Complaints-and-Investigations/complaints-and-investigation-process

RCDSO has several French-speaking staff who can offer services in French upon request. Such services include the intake of complaints, and investigations of matters.

3. **Use of Technology**

The College's online complaints form and website are desktop and mobile compatible (both have a responsive layout). The public can make a complaint or provide information to RCDSO about a concern at any time by completing the form: https://www.rcdso.org/Complaints-and-Investigations/complaints-and-investigation-process/complaint-form. The College's website is AODA compliant.

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:

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 and 2023 CPMF Reports continue 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 , and
- a brochure detailing the College's Support Program (details of which are also found on the RCDSO website here: Supports for patients who experienced sexual abuse).

Registrants are informed about the complaint within 14 days of its filing date. 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 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 the 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 has an Accessible Customer Service Plan and 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, the College has retained a vendor to provide translation and interpretation services 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 Hearings Office notifies the complainant in case of a referral to the Discipline Committee and tells them who the assigned 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 victim statement (per the *Health Professions Procedural Code*) about the impact of the abuse.
- For years, the College has engaged Ruth Gallop to provide free and confidential support to patients. Thanks to Dr. Gallop's expertise in sexual abuse and boundary issues, she answers questions from complainants about making a complaint, provides information to complainants to help them understand the investigation and discipline processes, and supports complainants if they experience stress during those processes. Dr. Gallop provides regular feedback and helpful suggestions to the College about its investigations processes.

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 (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. The benefits of publishing on CanLII are that all decisions are publicly accessible, and the decisions are easily searchable. As of December 31, 2024, Discipline Committee decisions from 2017-2024 were available on CanLII. In 2025, RCDSO plans to publish all new discipline decisions as well as its archive of discipline decisions from 2014-2016 on www.canlii.org/en/on/onrcdso/.

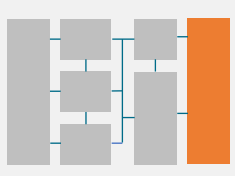**Translation and Interpretation Services for Discipline Proceedings**

Interpretation and translation services are available for discipline proceedings as needed. The Discipline Committee can convene a hearing in French.

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

Additional comments for clarification (optional)

DOMAIN 6: SUITABILITY TO PRACTICE	**STANDARD 12**	**Measure:** **12.1 The College addresses complaints in a right touch manner.**

a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement: • 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 and 2023 CPMF Reports 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 <u>Risk Assessment Framework</u> to each matter before it. Not only does the Framework bring a risk-based lens to decisions, but it also assists the ICRC in making consistent, fair and transparent decisions. Lastly, the ICRC continues to use <u>an Interim Order Assessment Tool</u> (page 3) when determining whether to exercise its power to issue an interim order. In late 2024, the College created a new common Risk Assessment Framework and Tool for the Registration Committee, the Quality Assurance Committee and the Inquiries, Complaints and Reports Committee. The new Risk Assessment Framework and Tool will be launched for the ICRC's use in 2025.	Met in 2023, continues to meet in 2024
	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 2023, continues to meet in 2024
			• 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 *Regulated Health Professions Act*. 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 2024, the College received information from the College of Dental Hygienists of Ontario (CDHO) about a potential illegal practitioner engaged in the practice of dentistry. The College also shared information with the CDHO about a dental hygienist. The College also received information from law enforcement about several dentists. The College shared information about a registrant registered in Ontario and with a dental regulator in another province. Lastly, the College routinely receives reports from public health authorities in the province.	
			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.	
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	**STANDARD 14**	**Required Evidence**	**College Response**
		a. Outline the College's KPIs, including a clear rationale for why each is important.	The College fulfills this requirement:

Met in 2023, continues to meet in 2024

- 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 116 and 142, respectively, of the December 2024, 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)	

	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 (page 116) and accompanying Dashboard beginning on (page 125) of the December 2024, Council meeting materials.
			Met in 2023, continues to meet in 2024

		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:	Yes
	• 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 116 of the December 2024, Council meeting materials. Council receives regular (quarterly) updates on the status of strategic and operational KPIs. 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.	
	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:	Met in 2023, continues to meet in 2024
	• 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 quarterly meetings of Council. Materials for Council meetings are posted publicly on the RCDSO's website (see page 116 of the December 2024, Council meeting materials). 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 3 and 4).	

			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 (see page 142 of the [December 2024, 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.
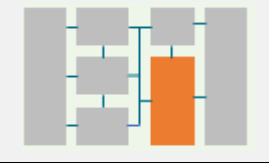
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be 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:

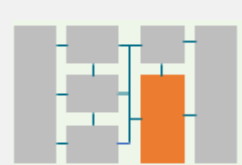| Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2024*		*What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred 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).*
Type of QA/QI activity or assessment:	#	
i. Continuing Education (CE) activities	12,266	
ii. CE Audits (formerly e-Portfolio review)	6,757	
iii. Practice Enhancement Tool (PET) assessment	27	
iv. Peer assessment / Chart Audit	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 2024. 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.*
v. Practice assessment	NR	
_		

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.
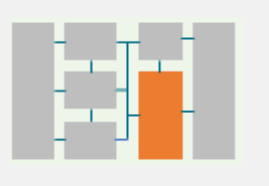
NR

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 1) obtaining at least 90 CE points in every 3-year CE cycle; 2) completing the PET five years after registration and every five years thereafter; and 3) completing an annual declaration of compliance with the QA program. In 2024, the QA Committee made the decision that registrants who hold an academic certificate of registration must participate in the QA Program.

ii) One component of the QA Program is Continuing Education. Registrants are required to maintain their e-Portfolio as confirmation that they have satisfied the CE requirements of the Quality Assurance Program. In 2023, the RCDSO launched a new e-Portfolio platform to record their CE activities and store their verification documents. One of the features of the new e-platform is an automated audit function, allowing the RCDSO to assess 100% registrants once they have completed their cycle. This number is significantly higher than previous years and reflects the total number of registrants who completed their CE cycle in 2024 and were audited by the College. The QA Committee uses thresholds for assessing risk based on the magnitude of the shortfall of points and defines audit results as 1) CE requirements met; 2) minor shortfall (registrant has reported at least 90% of the required points); 3) moderate shortfall (registrant has reported 80-89% of required points); 4) significant shortfall (registrant has reported fewer than 80% of the required points). Risk-based, consistent, transparent protocols to follow up shortfalls are in place for all registrants noted to have a shortfall. There is an escalated response to those who continue to have a shortfall in a subsequent CE cycle.

iii) All registrants with a general or specialty certificate of registration are required to complete a PET assessment five years after registering with the RCDSO and every five years thereafter. This number reflects successful completion by the registrants in their initial assessment, or completion of their second attempt if they failed their first attempt. It is significantly lower than previous years since 2024 was a transition year. There were no new PET selections, and completions were restricted to deferrals and retakes from the 2018-2023 cycle. The PET platform was redeveloped in 2024 for the purpose of improving functionality and user experience, including analytics. The platform and refined processes will begin on April 1, 2025.

iv) This number reflects the total number of registrants who had a peer assessment or chart audit completed.

v) This number reflects the total number of registrants who had a practice assessment completed in 2024.

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 2024	6,768		
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 2024.	9	<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 2024, understanding that some cases may carry over.*
NR			

Additional comments for clarification (if needed)

CM 2: 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 2024. 16 registrants completed both the CE audit and the PET. As noted in CM1 ii, the number of CE Audits increased significantly in 2024 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 who were directed by the QA Committee to undertake a Remedial Agreement in 2024. 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 2024:**	#	%	*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*	NR			
II. Registrants still undertaking remediation (i.e., remediation in progress)	8	NR		

NR
* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2024.
**This measure may include any outcomes from the previous year that were carried over into CY 2024.

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 registrants whose remediation remains in progress from 2022 and 2023. 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).
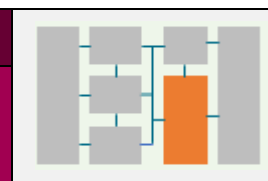
Table 4 – Context Measure 5

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 2024	Formal Complaints received		Registrar Investigations initiated		
Themes:	#	%	#	%	
I. Advertising	7	1%	NR	NR	
II. Billing and Fees	145	23%	8	16%	*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	186	29%	5	10%	
IV. Competence / Patient Care	499	79%	28	56%	
V. Intent to Mislead including Fraud	18	3%	NR	NR	
VI. Professional Conduct & Behaviour	140	22%	29	58%	
VII. Record keeping	58	9%	NR	NR	
VIII. Sexual Abuse	6	1%	NR	NR	
IX. Harassment / Boundary Violations	11	2%	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**	635	**100%**	50	**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)

The College has also collected additional data for themes related to sexual conduct (non-patients) and harassment/boundary violations (non-patients). For these themes, the data values are NR.

Other - Failure to comply with the RHPA (ii) Inappropriate delegation (iii) Workplace issue

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 2024	599		
CM 7. Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2024	71		
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 2024	50***		
CM 9. Of the formal complaints and Registrar's Investigations received in CY 2024**:	#****	%	*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)	46	7%	
II. Formal complaints that were resolved through ADR	21	3%	
III. Formal complaints that were disposed of by ICRC	61		
IV. Formal complaints that proceeded to ICRC and are still pending	38	6%	
V. Formal complaints withdrawn by Registrar at the request of a complainant	7	1%	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	11	2%	

VII. Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	0	0%	

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 CY2024 and completed in CY2024 for context measures CM9i to CM9vii. As such, the casefiles listed below span several calendar years.

CM9i. n= 64

CM9ii. n= 41

CM9iii. n= 603

CM9iv. n= 29

CM9v. n= 8

CM9vi. n= 13

CM9vii. n= 38

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

Statistical data collected in accordance with the recommended method or the College's own method: Recommended

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

Context Measure (CM)	
CM 10. Total number of ICRC decisions in 2024	685
Distribution of ICRC decisions by theme in 2024*	# 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	7	NR	0	0	0	NR	0
II. Billing and Fees	108	16	7	15	NR	10	NR
III. Communication	201	39	NR	12	0	18	NR
IV. Competence / Patient Care	335	119	10	80	5	22	17
V. Intent to Mislead Including Fraud	NR	0	NR	0	0	NR	0
VI. Professional Conduct & Behaviour	48	11	NR	NR	0	NR	0
VII. Record Keeping	74	59	8	38	NR	23	15
VIII. Sexual Abuse	NR	NR	0	NR	NR	NR	0
IX. Harassment / Boundary Violations	0	0	0	NR	0	NR	0

X. Unauthorized Practice	NR	NR	0	0	0	NR	0
XI. Other**	17	9	NR	NR	0	8	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 2024.*

++ 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.
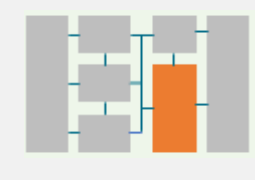

Additional comments for clarification (if needed)

*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.
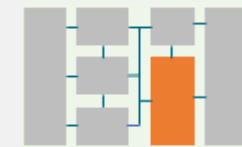
The College has also collected additional data values in relation to the distribution of ICRC decisions by theme in 2024 for sexual conduct (non-patients) and harassment/boundary violations (non-patients). The additional data values for the distribution of ICRC decisions by theme and the actions taken 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.
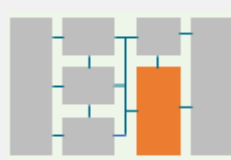
Table 7 – Context Measure 11

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 2024	432	*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 2024	729	

[Disposal]

Additional comments for clarification (if needed)

The College continues its work to improve upon the timelines for processing its investigations. The disposition measure for complaints was reduced significantly in 2024. The disposition measure for Registrar's Investigations increased because the College prioritized completing many of its older investigations in 2024.

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 2024	589	
II. A contested discipline hearing in working days in CY 2024	N/A*	*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 College did not have any contested discipline hearings in 2024.
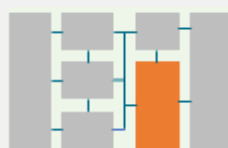
Table 9 – Context Measure 13

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	NR	
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	NR	
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	5	
III. Terms, Conditions and Limitations on a Certificate of Registration	23	
IV. Reprimand	6	
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.

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.

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.

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.

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.

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.

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