College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2022 – December 2022

JANUARY – 2023

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Introduction

The College Performance Measurement Framework (CPMF)

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

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

2. Help Colleges improve their performance;

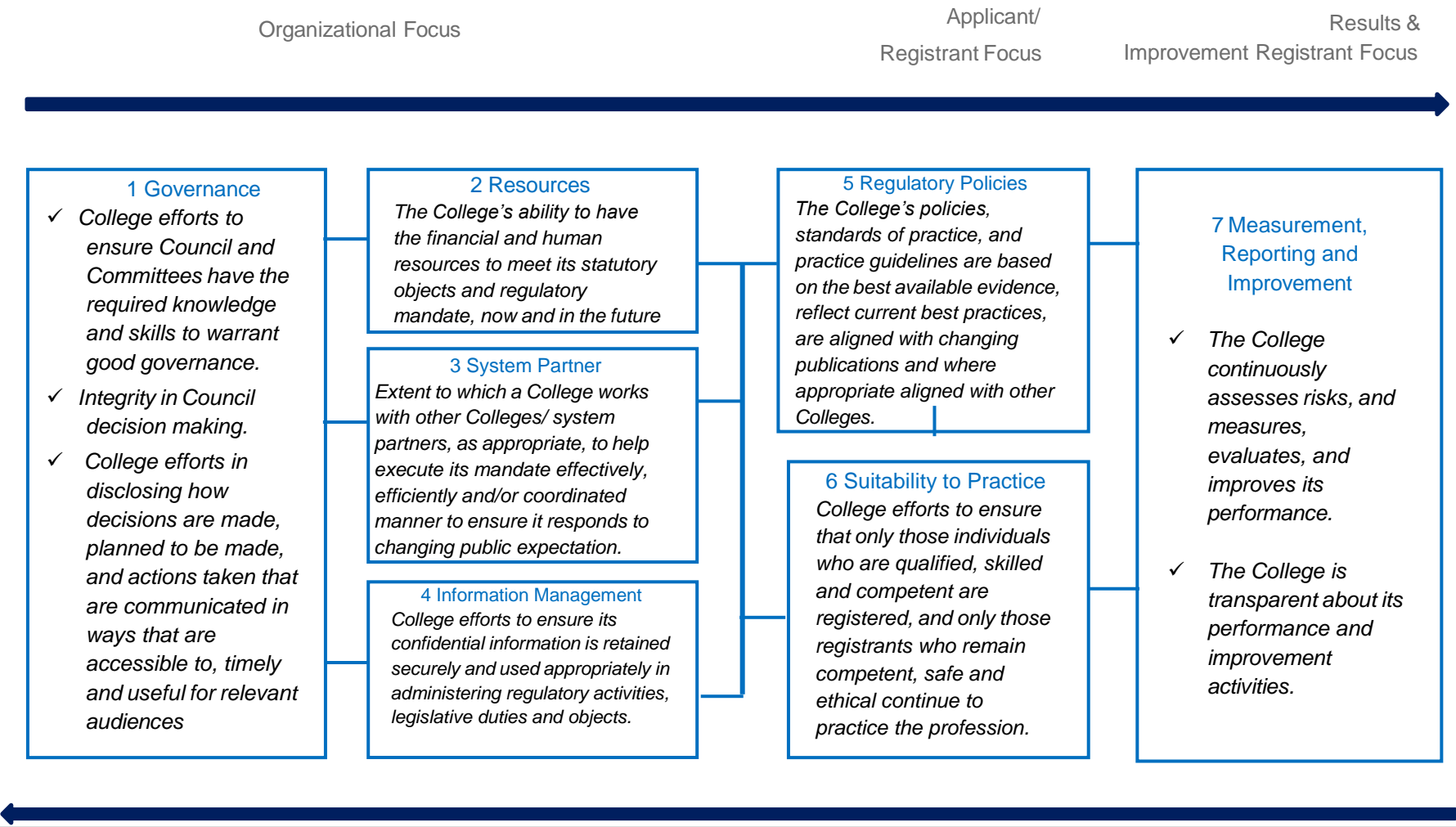Each College will report on seven Domains with the support of six components, as illustrated in Table 1.

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

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

Figure 1: CPMF Model for Measuring Regulatory Excellence

Organizational Focus

Applicant/ Registrant Focus

Results & Improvement Registrant Focus

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

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

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

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

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

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

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

Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

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

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

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

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

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

- Their performance against the CPMF standards and updates on the improvements Colleges committed to undertake in their previous CPMF reports;

- Provide detailed improvement plans where they do not fully meet a benchmarked Evidence.

Completing the CPMF Reporting Tool

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

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

What has changed in 2022?

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

Where a College fully met Evidence in 2021 and 2022, the College may opt to respond with 'Met in 2021 and Continues to Meet in 2022'. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to, or referencing College documents.

Part 1: Measurement Domains

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

DOMAIN 1: GOVERNANCE	STANDARD 1	**Required Evidence**	**College Response**	

		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:
			
			• 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.
			
			As previously reported, the RCDSO has a robust set of eligibility criteria set out in the College's by-laws (7, 8 and 9) in order for professional members (elected and selected by universities) to serve on Council and committees. These eligibility criteria include prohibitions based on conduct issues (such as discipline or criminal findings), cooling off provisions and completion of a candidate eligibility course, as well as meeting the minimum competencies which were established by Council.
			
			In 2022, the RCDSO implemented a new online orientation module with an increased focus on good governance principles, the public interest and the expectations and duties of Council and committee members. All candidates and applicants were required to complete this module as a precondition to eligibility for the 2022 election/recruitment cycle. This module is available on the College's website and accessible to the public. Please see the following link to view the orientation module.
			
			In 2022, the RCDSO made significant additions to the application form for Council and Committee members. These additions included:
			
			• Council skills matrix questionnaire
			• Committee skills matrix questionnaire
			• Diversity self-identification questionnaire (voluntary)
			• Behavior based essay questions on topics related to competencies including:
			    ◦ public interest and the College mandate
			    ◦ diversity, equity and inclusion
			    ◦ communication
			    ◦ collaboration
			    ◦ strategic thinking
			• New expanded declaration form
				Yes

				As in the previous election cycle, whether registrants wishing to serve on Council meet the competencies is decided by the Eligibility Review Committee ("ERC"). The ERC is composed of experts who are all external to the College. For 2022, the RCDSO amended its bylaws in order to broaden and diversify the perspectives of the members of the ERC. Previously the committee composition was only current or former Registrars/CEOs of regulatory bodies. The new by-law provisions set out that the composition is "at least three individuals…with significant experience relating to professional regulation and governance…". For 2022, the ERC had 10 committee members and included public members of other regulatory bodies as well as committee members and senior staff of external regulators. The ERC considers the applications based on transparent **competencies** passed by Council (see the following link: *Core Competencies to Serve on Council,* passed by Council June, 2020).
				In 2022, the ERC added an interview component to the screening process. All eligible applicants met with a panel of the ERC and were asked a standard set of questions focussing on the competencies of serving the public interest, communication/resolving conflict and equity, diversity and inclusion. The panel determined if each candidate met the competencies based on their interview answers using a scoring rubric developed by human resources consultant external to the College who also delivered training to the ERC.
				The ERC 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.

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

The College fulfills this requirement:

- 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 reported last year, 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 cycle and has an increased focus on good governance principles, the public interest and the expectations and duties of Council and committee members. All applicants had to complete the module, including returning Council members and those who had completed the previous version of the course.

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.

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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b. Statutory Committee candidates have:

i. Met 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.*

The RCDSO's Competencies for Committees document sets out the competencies for all RCDSO Committees.

			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. 1. Duration of each Statutory Committee Orientation Training: • **Executive Committee:** 4 on half days (equivalent to 2 full days). The orientation for Executive Committee is encompassed by Council orientation and the Executive Committee acts as Council between Council meetings. • **Registration Committee:** Half-day, where orientation is held. • **Fitness to Practise Committee:** Half-day. • **Inquiries, Complaints and Reports Committee:** 2 days orientation (entire Committee) + 1 hour specialized panel orientation (incapacity matters) + half day specialized panel orientation (sexual misconduct matters) + half day plenary (entire Committee). • **Discipline Committee:** 1 day orientation + at home review of additional resources. • **Patient Relations Committee:** Half day orientation. • **Quality Assurance Committee:** Half day orientation. 2. Format of Each Orientation Training • **Executive Committee:** In person (when possible), virtual panels with the use of facilitator, external presentation and staff.	Yes

- **Registration Committee:** In-person with facilitators, orientation materials and reference materials.

- **Fitness to Practice Committee:** All members of the FTP Committee are members of the Discipline Committee. As an adjunct to the thorough Discipline Committee training already provided, if and when a matter is referred to this Committee, specific training will be provided. This training will include: definition of incapacitated; powers of the Committee; best practices for decision-making; and writing exercises.

- **Inquiries, Complaints and Reports Committee:** On-line training with College staff and external legal counsel that included PowerPoint presentations, small group discussions, mock panel exercises, polling, and question and answer periods. In advance of the orientation, Committee members received a digital reference manual containing key resource materials and pre-recorded educational videos on the following topics: providing sedation/anaesthesia in dental practice; sexual abuse and boundary violations; and infection prevention and control, including COVID protocols.

- **Discipline Committee:** On-line training with College staff and external legal counsel that included polling exercises and a question-and-answer period. In advance of the orientation, Committee members received a digital reference manual containing key resource materials.

- **Patient Relations Committee:** On-line training with College staff that included a PowerPoint presentation and a question-and-answer period. In advance of the orientation, the Committee received a digital reference manual containing key resource materials.

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

3. Link to Website Training / List of Orientation Topics

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

- **Registration Committee:** The training topics include confidentiality, conflict of interest, bias; the Committee's authority under the Regulated Health Professions Act, 1991; the powers of the Panel, review of materials, the registration process including determining the issues, the decision, and applicant's right of review.

- **Fitness to Practice Committee:** Training topics include introduction to incapacity, hearings, role of the panel and parties, types of hearings, experts, deliberations and reasons writing.

- **Inquiries, Complaints and Reports Committee:** Topics covered during the orientation for the entire Committee included: role and responsibility of the ICRC; investigative procedures and administrative processes; confidentiality, conflict of interest and bias; preparing for panel meetings; risk-informed decision making (assessing risk, deciding outcomes, and general best practices); interim orders and focused training for panel Chairs. Following the orientation session, Committee members evaluated the session and gave feedback to College staff.

Topics covered during training for the specialized panel deciding incapacity matters included: the definition of incapacitated, stages in incapacity proceedings, physical or mental health examinations, interim orders and referrals to the Fitness to Practise Committee.

Topics covered during training for the specialized panel deciding sexual misconduct matters included: defining sexual abuse and boundary violations; legislative provisions; investigative procedures specific to sexual misconduct matters; College supports for patients; impact of trauma; delayed reporting; role of the ICRC and the decision-making process.

Topics covered during the plenary session for the entire Committee included: a review of new investigative processes; a newly developed College remediation selection tool; training to assist panels when reviewing complex, multi-patient files; and information about how legal advice is provided to the Committee.

- **Discipline Committee:** Topics covered during the orientation session included: role, responsibility, and legislative authority of the Committee; confidentiality, conflict of interest and bias; pre-hearing conferences; discipline hearing procedures; decision-making and post-hearing matters. In addition, the Committee was sent a pre-recorded educational video on sexual abuse and boundary violations.

- **Patient Relations Committee:** Topics covered during the orientation session included: the Committee's legislative mandate, role and responsibilities of committee members; the RCDSO's strategic plan; PRC-led policies and initiatives; and an overview of the process to approve funding for funding for therapy and counseling.

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

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: • 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. In 2022, the RCDSO did not have a new public member appointed to Council. All new public members undertake an orientation prior to the first meeting. For 2021 - 2023 term, members took part in four half-day Council orientation modules in January-April of 2021. 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. See response to 1.1 (a) (ii) for details and descriptions of orientation training topics.	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:		
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 2021, continues to meet in 2022

	• 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, Council members continue to complete a brief evaluation form following each Council meeting. This practice started in late 2020 and has continued since that time. Results of these evaluations also continue to be included in Council meeting packages, which are posted publicly on the RCDSO's website. Please see pages 164-166 of the December 2022 RCDSO Council meeting package. In relation to the evaluation of Council members, as noted in the 2021 CPMF report, the RCDSO has engaged in dedicated work related to Council performance, supported by a third-party consultant. The RCDSO developed a Council Performance Evaluation Framework (approved November 2021) to ground the evaluation of Council members, and a survey to collect feedback on Council member's performance. The survey was completed by each Council member (November-December 2021) and allows for both self-assessment and feedback from fellow Council members. Based on the survey results, each Council member received individual reports and one on one debrief sessions with the consultant (February 2022). Council members were also asked to prepare individual learning plans (by March 2022) which were administered by the President. The consultant presented the rolled up evaluation findings to Council at its meeting on March 10, 2022. Council effectiveness results and a roll up (average) of aggregate top strengths and areas for development were reported to Council and publicly available on the College's website. Council members participated in breakout groups to brainstorm feedback about communication, inclusion, governance, relationship building, orientation, Council meeting structure and areas for discussion flowing from the performance evaluation. Please see the following link for the March 2022 Council meeting materials (pages 163-183). A direct result of the Council effectiveness exercise was the development of engagement guidelines by Council. This Council-developed and approved document sets out expectations for individual members and from each other in terms of how Council will conduct itself at meetings. The document appears at the beginning of all Council materials and is available for the public. Please see the following link. In Summer 2022, the President conducted a follow-up session with all Council members to discuss their performance plans and their general contributions and concerns.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

			Additional comments for clarification (optional)

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

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

- *If yes, how often do they occur?*

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

As previously noted, the RCDSO's approach to Council evaluation included a third-party assessment, supported by Satori Consulting. The evaluation launched in late 2021 and results were presented to Council in March 2022. It included both a self-evaluation element as well as a peer evaluation element, individual learning plans and coaching sessions in 2022, as detailed above. All Council members also had a follow-up session with the President. Frequency of the evaluation is yet to be determined.

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>.
			
			At its March 2022 meeting, the third-party vendor presented the results of the performance evaluation of Council conducted in December 2021. Council worked in breakout groups to discuss areas of strength and opportunities for improvement with respect to inclusion, effective use of Council time, relationship building and orientation. Informed by the self-evaluation and peer feedback in the evaluations, Council members developed individual learning plans in February-March 2022. Council continued to work towards achieving individual and Council-wide learning goals in 2022. The President met with each individual Council member in the summer of 2022 to discuss the status and progress on individual learning plans. To preserve continuity, the new Council President for the 2023-2025 term will continue to work with Council members to ensure individual learning plans are being carried out and to monitor progress towards goals. Please see the following link for pages 163 to 183 of the March 2022 Council meeting materials.
			
			In April 2022, as part of Council development governance expert, D'Arcy Delamere, facilitated an interactive education session focusing on board culture, communication and engagement. Areas of strength and opportunities for development as identified in the performance evaluation conducted by Satori were discussed in smaller breakout rooms and then by the group as a whole. Council discussed cultural expectations and preferred behaviours of working together that led to the creation of a "Rules of Engagement" document. Commencing in June 2022, this document is included at the front of Council materials for all Council meetings. Please see the following link.
			
			Council training for the 2021-2022 term has included sessions on equity, diversity and inclusion (EDI), access to care/professionalism, governance and College finances. EDI and access to care directly relate to the public's changing expectations of society and the dental profession. Sessions on governance were motivated by the needs of Council members and Governments' agenda to focus on governance reform in the regulatory sector. The session on finance was driven directly by feedback obtained on Council evaluations.
				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):	

		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.	The College fulfills this requirement: • 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 RCDSO began a partnership with the Canadian Centre for Diversity and Inclusion (CCDI) in 2020. That work included a foundational review of RCDSO culture and leadership in order to develop training and an action plan for a sustainable response. Leaders (including Council) have received training over the past year addressing unconscious bias, diversity and inclusion, and cultural competence. RCDSO Leadership engaged in a retreat in fall 2022 focused exclusively on EDI and wellness. Additionally, RCDSO staff participate in regular education and training sessions on a range of topics related to EDI. Council has received dedicated training and orientation on EDI in March and November of 2021. In March 2022, Council received an update on the RCDSO's EDI Action Plan that was developed as a result of the College's work with CCDI. The Action Plan will allow the RCDSO to proactively address and incorporate best practices related to EDI and opportunities for growth identified in the College's diversity and inclusion assessment. Please see pages 117-130 of the March 2022 Council meeting package for the materials on the RCDSO's EDI Action Plan. In December 2022, the Director General, Policy and Programs, Dental Care Task Force, Health Canada, presented to Council an overview of the interim Canada Dental Benefit program (a tax-free, up-front payment to provide financial support for eligible families to get oral health care for their children under 12 to Council) regarding eligibility criteria and the application process. This was followed by further discussions in breakout sessions on issues related to accessing care for Ontario patients. Please see the following link for Council highlights and links to information material for dentists.	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):	

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.	The College fulfills this requirement: **Yes** • Please provide the year when the Council Code of Conduct and 'Conflict of Interest' Policy was last evaluated/updated. • Please briefly describe any changes made to the Council Code of Conduct and 'Conflict of Interest Policy' resulting from the last review. The RCDSO's expectations concerning conduct and conflicts of interest are captured in applicable by-laws, rather than policies. RCDSO by-laws are accessible to the public on the College's website and can be found here. In March 2022, Council considered and approved proposed by-law amendments strengthening our conflict of interest rules including: 1. Expanding organizations that may be in conflict with a position on Council: Replacing Council and committee member eligibility criteria pertaining to holding a position of responsibility in a national or provincial association or a corporation or organization owned or controlled, either in whole or in part, by a national or provincial association with a broader general catchall provision to address conflicts with holding a position of responsibility in any organization and/or group whose mandate or interests conflict with the College (By-laws 7, 8 and 9); 2. Expanding cooling off periods from 2 to 3 years (By-laws 7, 8 and 9); 3. Clarifying conflict of interest requirements for public members (By-law 13); 4. Requiring all public and professional Council and Committee members to complete annual conflict of interest declaration forms (By-law 13); and 5. Publishing Council members' conflict of interest declaration forms for the public (By-law 13). In June 2022, the new By-law 13 provision came into effect regarding publication of Council members' conflict of interest declaration forms. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Choose an item.

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		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.	*Additional comments for clarification (optional)*

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		ii. accessible to the public.	The College fulfills this requirement:	Yes
			• 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.	
			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.

The cooling off period by-law was last amended from 2 to 3 years at the March 2022 Council meeting. The RCDSO has a number of "cooling off" periods setting a time period between a role that may be in conflict and the time that needs to pass before one is eligible to serve on Council or a Committee. The cooling off periods in respect of the association have been in place for 20 years, with the wording being revised over time, most recently in 2022. During the most recent election cycle (August 2022-December 2022), numerous eligibility decisions were made on the basis of the expanded conflict of interest rules and cooling off periods. A number of potential candidates were not eligible to serve on Council or as committee members as they held or recently held positions of responsibility with organizations that at least in part had a member advocacy role.

The cooling off provisions include:

• 3 years have passed since one held an office or position of responsibility in any organization and/or group whose mandate or interests conflict with the College [Articles 7.2.4(g), 8.1.1 (g) and 9.2.1(g)]
• 6 years have passed since one was employed by the RCDSO as staff member [Articles 7.2.4(h), 8.1.1(h), 9.2.1(h) of By-laws last updated: March 2012]
• There is also a cooling off period of approximately 4 years after a Council member serves a maximum of 4 consecutive terms (approx. 8 years) before they are eligible to seek election to Council again or serve on an RCDSO Committee [Articles 6.2.4, 7.2.4 (i), 8.1.1(i), 9.2.1(i), last updated: March 2008*]

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. | Met in 2021, continues to meet in 2022 |

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	
			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	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. 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 now 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 be included in the materials sent to Council prior to its meeting and that they be made publicly available. Council members' completed Forms are appended to each Council meeting package, and posted on the College website. The new Annual Conflict of Interest Declaration Form was completed by Council members in the summer of 2022, and appended to the September 2022 Council meeting package. Please see the following link.	Yes
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	

		responses and any conflict of interest <u>specific to the meeting agenda</u>.	*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: • 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 reported last year, starting in January 2021, all Council briefing notes contain a section on the "public interest". This section identifies the public interest rationale for the topic/issue contained in the briefing note, as well as the connection back to the RCDSO's Strategic Plan. The section on the public interest has been embedded into the briefing note template used for Council materials as well as Executive Committee materials. All briefing notes to Council are included in meeting materials packages that are available to the public via the RCDSO's website. Council materials are posted on the RCDSO's website. Meeting minutes are added when finalized. See the December 2022 Council materials.	Met in 2021, continues to meet in 2022
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

		e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College's strategic planning and operations. Further clarification: Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate. Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations. Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.	The College fulfills this requirement: • Please provide the year that the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College **OR** Council meeting materials where the risks were discussed and integrated into the College's strategic planning activities and indicate page number. Starting in 2020, the RCDSO launched an Issues Management strategy to identify, evaluate, and manage internal and external risks. This initiative supports the RCDSO's adoption of a risk-based approach as set out in its 2020-23 Strategic Plan. The Issues Management strategy enables senior staff from a range of departments around the College to identify and discuss emerging issues that pose new or unique challenges or considerations. This includes issues that give rise to risks to the public, the profession or the RCDSO. Examples of risks that have been identified through the Issues Management strategy include issues related to COVID, EDI, new privacy legislation, governance reform and evolutions in the practice of dentistry. In 2022, the Council approved an amalgamation of the Finance, Property and Administration Committee and the Audit Committee, to form the Finance, Audit and Risk (FAR) Committee. The FAR Committee will have formal accountability for the identification, assessment and management of risks. Of note, in 2022 the FAR Committee approved and is monitoring a risk register that has been developed for financial, human resource and information technology risks. Work on the risk register will continue to expand the content for enterprise risk and also provide the appropriate level of information to Council on a regular basis. A second example of risk identification, assessment and management is the recommendation and subsequent approval by Council to establish an independent Professional Liability Program (PLP) Expert Review Task Force. The Task Force will examine the regulatory, financial and reputational risks for the College, and recommend mitigation strategies and an implementation plan, to address the College's role in operating a malpractice protection program for the profession since the 1970's.	Yes
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

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:		Yes
			• 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. An example of such can be found on page 75 of 2022-12-01 Council Meeting.		
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?		Choose an item.
			Additional comments for clarification (optional)		

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

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	
			Additional comments for clarification (optional)	
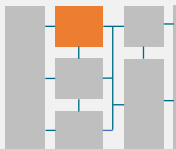
Measure:
3.2 Information provided by the College is accessible and timely.

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:	Yes
	• 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. In 2013, the RCDSO began posting Council meeting minutes and since March of 2020 full Council meeting materials are posted. There is currently no set date for removing this content. Since November 2020, all Council meetings are live-streamed online and are accessible to the public here: Royal College of Dental Surgeons of Ontario - YouTube.	
	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:	Met in 2021, continues to meet in 2022
	• Please insert a link to the College's Notice of Discipline Hearings. Notice of Discipline Hearings are posted on the RCDSO's website here. The dates for upcoming Discipline Hearings and a list of allegations are posted on this page at least one month in advance of the hearing date. All Notices of Hearing are posted on the individual dentist profile page once the Notice is served on the dentist.	

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.	
	• 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.	
	Throughout 2022, the RCDSO was engaged in a partnership with The Canadian Centre for Diversity and Inclusion (CCDI) to complete a fulsome diversity and inclusion assessment of the College. We provided several tailored education/training sessions to our staff, leadership, and Council to support EDI competency. In addition, staff have access to a range of online EDI professional development training on-demand.	
	The RCDSO also partnered with representatives from the Get Real Movement, TAIBU Community Health Centre to provide sessions on issues related to anti-black racism and issues facing the LGBTQ2+ Communities during a full-day retreat dedicated to EDI and wellness.	
	The RCDSO's engagement with CCDI and other stakeholders supported our decision to create a dedicated EDI staff position at the end of 2022. With this new staff resource, there is a designated individual with accountability for EDI progress and action planning.	
	EDI has also been identified as a key strategic project for the RCDSO. The RCDSO's 2023-2025 Strategic Plan specifically includes the goal of "integrating the principles of Equity, Diversity, and Inclusion in all we do". Action planning is underway to develop key activities the RCDSO will undertake to demonstrate this commitment and to accelerate Council and the profession's training and development on EDI principles and actions.	

			Council meeting minutes:
			• [March 10, 2022 (EDI Action Plan on pg. 118)](#) • [December 1, 2022 (Strategic Plan on pg. 81)](#)

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

		b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. Further clarification: Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.	The College fulfills this requirement:	Partially
			• Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number *OR* please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted. RCDSO staff are participating in the Health Professional Regulators of Ontario (HPRO) Anti-Racism Working Group in support of producing an Equity Impact Assessment toolkit for Colleges. This work will include a training package to help Colleges become more inclusive organizations. HPRO's efforts will help to promote consistency, common frameworks, language, use of best practices, and information-sharing. Once completed, the RCDSO intends to use these HPRO tools to supplement our own EDI learning and efforts. While this work is underway, RCDSO staff have implemented interim tools to assess EDI impact when developing Standards and to guide strategic projects flowing from the College's Strategic Plan. Once the final equity impact assessment toolkit is received from HPRO, RCDSO will draw on that work and customize it for our unique environment.	
	Yes		*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?*	Yes
			Additional comments for clarification (optional) See above.	
	–			

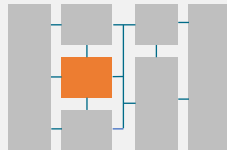|			
		Measure:	
		4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	

DOMAIN 2: RESOURCES	STANDARD 4	**Required Evidence**	**College Response**	
		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 principles were approved by the Finance, Property & Administration 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. See pages 112-124 of the Dec 1, 2022 Council materials. Management identified each of the strategic projects and ensured adequate resources were set aside to make progress or complete those projects. To ensure all projects were included each was listed along with the associated budget dollars. This was approved by senior management and provided to Council. See page 123 of the December 1st, 2022 Council Materials.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		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 reserve policy was last updated November 17, 2020 and can be found on pages 249-251 within the November, 2020 Council Meeting Materials.
				Partially

	Yes		*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?*	Yes
			Additional comments for clarification (if needed) The RCDSO is engaged in a 3-year Council approved plan to fund an Operating Reserve to the amount described in the policy (25% of operating costs).	

		c. Council is accountable for the success and sustainability of the organization it governs. This includes: i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement). *Benchmarked Evidence*	The College fulfills this requirement:	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, the Executive committee and then the Council. This process enables Council to ensure that the College has sufficient resources to carry out operations in the present. Council also conducts an annual performance review of the Registrar & CEO that is supported by a 3rd party, and which includes both an assessment of performance against objectives as well as a robust 360 feedback process that is more behavioural in its focus. This annual 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.	
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

			The College fulfills this requirement:	Yes

		ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	• Please insert a link to the College's data and technology plan which speaks to improving College processes **OR** please briefly describe the plan.
			
			The RCDSO maintains a technology road map. This document outlines the various information and communications technologies deployed to support the College's operations, as well as a five-year rolling road map for each technology. This document also outlines the technology adoption process and principles. The College's adoption of technology falls within the early or late majority adoption cycles. This is intended to help manage risk when acquiring new technologies while ensuring the technology used by the RCDSO is current and supportable. Additionally, the RCDSO maintains a three-year capital forecast of planned technology-based initiatives. Both documents are updated annually.
			
			Technology Adoption Principles:
			
			• Security: All solutions and systems must be secure by design and comply with all College priorities and legislative obligations.
			• Flexibility: All solutions and systems must be scalable and adaptable to meet the current and future needs of the College.
			• Affordability: All solutions, systems and partners are to be appropriately priced to ensure expected results within the College's fiscal constraints.
			• Usability: All solutions and systems must meet the usability needs of staff, members and other users. This includes stability, ease of use and accessibility (or support for accessibility tools), to support the user in accomplishing their tasks.
			• Standardize:
			    o Buy vs. build: Buy industry-standard solutions when appropriate instead of building custom solutions.
			    o 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.
			    o Fewer is better: Minimize the number of technology solutions used to meet specific business needs. This enables economies of scale and simplicity of support and training.
			• Engagement: Stakeholders are actively engaged, and their voices help to inform and guide IT direction.
			
			The RCDSO's security governance is based on the NIST Cyber Security Framework (Identity, Protect, Detect, Respond and Recover) and the deployment of our solutions are based on the defense in depth model.
			
			In early 2021, the College implemented a Data Plan to support the understanding, use and integration of data (and analytics) as part of operational and strategic decision-making. This plan identified four areas to act as pillars during conversations on planning, capacity and feasibility. These include:
			
			• Regulatory Reporting and Analytics: Understanding our data to further our mandate and generate insight.
			• Planning and Partnerships: Choosing to use data to further our strategic goals and partnerships.
			• People and Culture: Ensuring staff have resources and confidence to take stewardship of their data.
			• Processes and Technology: Connecting our processes and maximizing our technology systems.	

As the College embarks on their new Strategic Plan (2023-2025), the principles of the Data Plan will carry-over into an Analytics Roadmap, similar to the technology road map as described above. This approach to analytics will continue to incorporate fundamental principles of data management but will shift focus towards the vision for analytics that align with the College's operational priorities and strategic projects.

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

DOMAIN 3: SYSTEM PARTNER	
STANDARD 5 and STANDARD 6	

	College response
Measure / Required evidence: N/A	*Colleges are requested to provide a narrative that highlights their organization's best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.* *Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.*
The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no 'best practice' regarding the execution of these two standards. Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry</u>. Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.	**Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.** Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on: • *How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).* The RCDSO engages extensively with other regulators and system partners on a broad range of matters. Below are specific examples of engagement that took place over 2022:

Topic	Partner(s)	Date(s)	Outcome(s)
COVID-19 Guidance	CDRAF, HPRO, Oral Health Colleges, PHO, PIDAC, Faculties of Dentistry, Chief Medical Officer of Health, Dental	Ongoing, throughout 2022	• RCDSO's COVID guidance is aligned with direction from experts/agencies, best available evidence, and Ontario oral health colleges.

		Regulatory Authorities, Ontario Dental Association		• RCDSO undertook a targeted consultation with experts, in partnership with Ontario Oral Health Colleges in July 2022. • RCDSO and oral health colleges coordinated communications to our respective registrants, and coordinated the release of updated, aligned COVID guidance in July 2022. • This work included a significant re-evaluation of RCDSO positions (e.g., fallow time and enclosed operatories) following expert consultation and discussion with other oral health Colleges.
		Access to Care	ODA, Dental faculties, Patient advocacy organizations, Academic experts	Multi-partner meetings held in April and June, 2022	• Meetings helped to lay groundwork for the development of RCDSO's new Strategic Plan, which includes a major new initiative focused on professionalism and a strategic project promoting access to care.
		Equity, Diversity and Inclusion	College of Nurses, College of Physiotherapists, College of Massage Therapists, and College of Occupational Therapists	Preparatory meetings, Fall 2022; Citizen's Advisory Group (CAG) meeting October 22, 2022	• The feedback of CAG will help to support a strategy to promote engagement with equity seeking groups as part of future consultations. • Undertaking this work alongside the other Colleges will help to promote consistency, use of best practices, and information-sharing.
			Canadian Centre for Diversity and Inclusion (CCDI)	Engagement throughout 2022	• RCDSO has been engaged in partnership with CCDI to complete a diversity and inclusion assessment of the College, and to provide tailored educational sessions and learning objectives and plans to our leaders. Sessions are also available to all staff, and RCDSO has access to a range of on demand resources from CCDI related to different dimensions of equity, diversity and inclusion.
			Taibu Community Health Centre and The Get Real Movement	September 2022	• RCDSO partnered with representatives from TAIBU and The Get Real Movement to provide tailored sessions on issues related to anti-black racism, and issues facing the 2sLGBTQ+

				communities to our leadership team, and senior leaders at an all- day retreat dedicated to EDI and wellness.
	Strategic Plan (2023 - 2025)	ODA, CAG, Oral health regulators (including CDHO), Corporate dentistry (e.g., Dentalcorp), Dental Associations, the general membership and the public	June – July, 2022	• RCDSO engaged in two rounds of consultation with a broad range of partners on our 2023 – 2025 Strategic Plan, including proposed strategic initiatives and objectives. • One round of consultation focused on big picture, conceptual ideas. Feedback from that first round informed the development of the draft 2023-25 Strategic Plan. The second round of consultation was on the draft 2023-25 Strategic Plan. • Partners provided a substantial amount of feedback on both rounds of consultation. (The College received more than 1,100 responses.) Feedback directly informed the final content included in the 2023-25 Strategic Plan, approved by RCDSO Council in September 2022.
	Data	Engagement with external stakeholders related to RCDSO data: academics, ODA, Dental Societies	Throughout 2022	• RCDSO has developed a rubric to analyze requests for RCDSO data. • Approved data requests involve collaboration and partnership with the requester, facilitation of data sharing, and the development of supporting documents like memorandums of understanding. • Approved data requests focus on issues that are aligned with RCDSO's objects and mandate. For example, the RCDSO partnered with the ODA to facilitate the provision of free COVID rapid tests and N95s to Ontario dentists.
	NDEB (National Dental Examining Board of Canada)	Several meetings with Office of the Fairness Commissioner (OFC) and NDEB to discuss examination process, barriers for international graduates; impact of	Throughout 2022	• The RCDSO has had extensive engagement with the NDEB on issues related to exam provision and to the user experience of graduates from non-accredited dental programs. • This engagement has resulted in correspondence and other information sharing activities, and the development of a draft memorandum of understanding to solidify and modernize the

		COVID, exam security issues		terms of engagement for NDEB and RCDSO and set service standards for NDEB, including expectations for exam delivery, question banks, and consultation with representatives of graduates from non-accredited programs. • The RCDSO also assisted the NDEB in its recruitment of new examiners in August 2022, providing a list of over 500 interested Ontario dentists.
	Office of the Fairness Commissioner (OFC)	Frequent points of contact between Registrar and Commissioner, and between senior RCDSO and OFC staff	Throughout 2022	• The RCDSO has had many points of contact with the OFC to discuss fairness in registration practices, the impact of COVID-19 on dentists seeking licensure in Ontario and the experience of graduates of non-accredited dental programs who are seeking licensure in Ontario. • This contact has resulted in correspondence, meetings and other information sharing activities, RCDSO facilitating and participating in tri-partite meetings between the RCDSO, NDEB and OFC, consultation on OFC communiqués and documents.
	Internationally Trained Dentists Association of Canada	Semi-Annual Meetings	Throughout 2022	• The RCDSO meets with the President of the Internationally Trained Dentists Association of Canada on a semi-annual basis. • The outcomes are information sharing about NDEB practices, the RCDSO's practices and the user/lived experiences of internationally trained dentists who are seeking licensure in Ontario.
	Office of the Information and Privacy Commissioner of Ontario (IPC)	Engagement with IPC on specific privacy issues: abandonment of records	Throughout 2022	• RCDSO partnered with the IPC at several points over 2022 to discuss and resolve issues of shared responsibility: abandoned dental records. • This work entailed discussions with senior leadership of both organizations about the mandate and jurisdiction of each to deal with abandoned records; and a commitment to support each other with enhanced communication and resources.

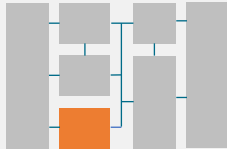| Faculties of Dentistry | Engagement with Deans and Faculty reps on ongoing issues | Throughout 2022 | RCDSO has had frequent with the two Ontario Faculties of Dentistry on a range of issues. Highlights are as follows: Faculty reps were involved in consultation to revise COVID guidance Faculty reps participated in the multi-partner Access to Care meetings Senior RCDSO staff was included in a U of T alumni speaker's panel on Access to Care Senior RCDSO staff attended a meeting and tour of Western University to discuss with senior faculty and the Vice-Dean opportunities for collaboration and mutual vision of both parties to have an enhanced focus on professionalism Registrar and Deputy Registrar met with Ethics and Professionalism lead at U of T to explore opportunities to partner on revised and modernized professionalism curricula and materials for learners and RCDSO applicants. |
| **Canadian Dental Regulatory Authorities Federation (CDRAF), Commission on Dental Accreditation of Canada (CDAC), National Dental Examining Board of Canada (NDEB), Association of Canadian Faculties of Dentistry (ACFD), and Royal College of Dentists of Canada (RCDC)** | Frequent meetings with national partners on issues of dental regulation | Throughout 2022 | RCDSO engages in regular meetings with the named partners to discuss matters of national relevance in dental regulation. Examples of issues include: Modernized approach to specialty certification examinations: partnership between NDEB and RCDC Modernized approach to accreditation of faculties of dentistry: CDAC, ACFD Consideration of applications for new dental specialties: with different specialty societies Consideration of emerging issues including virtual practice, HPV vaccination, federal dental benefits plan. |

		Canadian Military	Meeting to discuss mutual issues of dental regulation and quality practice	October 2022	• RCDSO has engaged in a number of discussions with Military representatives about the RCDSO's Facilities Inspection Program and its application to dentists on military bases • These discussions focused on opportunities to partner on alignment of processes

In the chart above, the outcomes of the RCDSO's engagement with a range of partners is captured. Highlights are captured here for ease of reference:

- COVID-19 revised guidance, aligned with Ontario oral health colleges, facilitating alignment of practices at the dental clinic level
- 2023 – 2025 Strategic Plan: final document approved by RCDSO Council in September 2022
- Information and resource sharing related to professionalism and access to care
- Modernized specialty certification examination processes
- Formalized service engagement through a new Memorandum of Understanding with the NDEB to enhance service delivery and remove unnecessary barriers to applicants
- Relationship building with Registrars of oral health Colleges and Dental Assistant Association of Ontario to create consistency in regulatory work to improve quality for the patient receiving oral health services from multiple professions

Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.

The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner.

- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*
- *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).*

1. **Examples of partners the College regularly interacts with including patients/public:**

   - Oral health colleges: CDHO, CDTO, CDO
   - Dental faculties
   - National organizations: ACFD, CDRAF, NDEB, CDAC, RCDC
   - Ontario regulatory Colleges and HPRO
   - Ontario Dental Association as well as Dental Societies across the province
   - PHO and other public health authorities
   - Citizen's Advisory Group
   - Patients and the public (via consultation)
   - Stakeholders related to Access to Care: Alliance for Healthier Communities; ODSP Coalition
   - Canadian Center for Diversity and Inclusion (CCDI)

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 are doing that may intersect with or complement College work. Examples include:

     o Access to Care: Multi-partner meetings.
     o Consultations on Standards, by-laws.
     o Consultations on concepts and proposed work: early feedback.
     o Focused questions through survey or focus groups at the Citizen's Advisory Group (CAG) on specific issues and projects.

	○ Public consultation on major new positions and initiatives (e.g., the RCDSO's new Strategic Plan and all future Standards) ○ CAG re: engagement with equity-seeking groups (see above). ○ Engagement with CCDI: Diversity and Inclusion assessment; presentations to staff, Council; training on unconscious bias, diversity and equity, safe culture for both leaders and Council personalized development plans to Leaders and Senior Leaders, development of EDI strategy. ○ All four oral health regulators began to meet with Indigenous advisors to discuss adopting a practice standard and to develop a joint Council Indigenous training session. 3. **How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy / program?** - As noted above, the RCDSO engaged CAG in two instances of collaboration: one on consultation with equity-seeking groups (in partnership with other regulatory colleges) and a second on the College's new Strategic Plan. - Both of these engagement activities allowed the College to obtain feedback on the public's expectations directly from a diverse panel of members of the public. - Feedback from these sessions directly informed the final 2023-25 Strategic Plan, and will inform partner engagement work planned for 2023 and beyond, specifically work on equity, diversity and inclusion. - The RCDSO used information from patients to draft a message to the profession related to inappropriate denial of services to patients on government-sponsored dental programs. 4. **How did the College engage system partners to inform changes to the relevant policy / program?** - Access to Care: The RCDSO engaged with a range of partners to identify and coordinate work that is happening in different organizations and different areas of the province to facilitate and improve access to oral health care and dental professionalism. - EDI: The RCDSO's engagement with CCDI and CAG has allowed us to engage in effective planning for EDI activities. This has in turn supported the College's decision to create a dedicated position for EDI so that the College can continue its work on EDI on both internally focused reforms and opportunities (to College staff and processes) but also expand our focus on outward facing College work and on Council/Committees development, education, and support.

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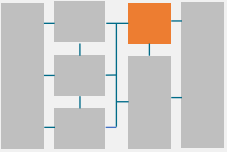<td colspan="3">Measure:

7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.</td>
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<tr>
<td rowspan="2" style="writing-mode: vertical">DOMAIN 4: INFORMATION MANAGEMENT</td>
<td rowspan="2" style="writing-mode: vertical">STANDARD 7</td>
<td>Required Evidence</td>
<td colspan="2">College Response</td>
</tr>
<tr>
<td>a. The College demonstrates how it:
  i. uses policies and processes to govern the disclosure of, and requests for information;</td>
<td>The College fulfills this requirement:</td>
<td>Yes</td>
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<tr>
<td colspan="2"></td>
<td colspan="2">
• 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 RCDSO has a 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.

Where disclosures are made to system partners for objectives related to the College's mandate, they are guided by 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.

In 2022, the RCDSO added to its work in this area by implementing a ticketing system to receive, track and manage all internal and external requests or issues related to information privacy. Additionally in late 2022 RCDSO announced a dedicated plan to support and enhance information security specifically with RCDSO Committees and Council. As part of this work, a protocol was developed that supports staff, Council and Committee members in ensuring appropriate security protocols are followed when accessing and transmitting College information. Additionally, a plan was developed to include Council and Committees in regular security training through short educational modules, and Privacy and Security issues were discussed at Council and Committees, including a Council discussion on a near-miss privacy incident and lessons learned.

Further work, including brief, practical, just-in-time resources will be developed in early 2023 to support staff, Committees and Council in maintaining the privacy and security of College information. Information on Privacy can be found on our website: https://www.rcdso.org/en-ca/privacy.
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| | | | 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) | |

				Yes
		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:	

• 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.

As indicated in the 2021 CPMF report, in addition to the Privacy Code described in the previous response, the RCDSO has a range of policies and processes that address cybersecurity and/or accidental or unauthorized disclosure of information, including the following:

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

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

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

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

Workplace Social Media Policy & Internal Social Media Policy: These policies concern the appropriate use of social media by employees, including requirements that employees maintain confidentiality requirements and report any inappropriate sharing of confidential information.

IT Security Awareness Training: All staff 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 Phishing simulation: The RCDSO's IT department periodically conducts phishing simulation tests on all staff. These tests are unannounced and staff who engage with the test messages are redirected to supplemental training that addresses the specific vulnerability area that was identified. The tests are staggered throughout the year and are used to refine the security awareness training program.

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 2021, continues to meet in 2022
			• 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 Standards of Practice, Guidelines, and Practice Advisories, are accurate, comprehensive, reflective of the current practice environment, and serve the public interest. The RCDSO utilizes a number of strategies to guide the evaluation of Standards of Practice, consistent with general best practices and the RCDSO's 2023 - 2025 Strategic Plan. **Standard review cycle:** • RCDSO staff are finalizing a framework to prioritize the sequence in which Standards are reviewed based on transparent criteria, including an analysis of risk to patients and the public. Additionally, reviews may be expedited if needed (for instance, in response to changes in the practice landscape, new legislation, or direction received from Council). • Issues requiring new or revised Standards may also be identified through a College-wide Issues Management initiative that identifies opportunities and disruptors impacting the regulation of dentistry. **Standards review and development – inputs:** Reviews are informed by a spectrum of inputs that form part of a standardized and consistent Standards review process. These include: • A review of empirical research and published literature. • A review of comparable positions adopted by other health regulators across Canada and internationally. • A review of applicable legislation. • Input from a Standards review Working Group, if struck (Working Groups are comprised of public and professional members of RCDSO Council alongside	

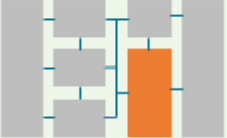| | | | | College staff, and are struck to assist with the review of complex Standards requiring ongoing expert input). |
				• Stakeholder feedback received in response to external / public consultation.
				External consultation:
				The RCDSO utilizes a comprehensive external consultation process that captures a broad cross-section of stakeholder perspectives, including the public, dentists, experts, and other regulatory stakeholders, including Ontario's oral health Colleges.
				For existing Standards, a "preliminary consultation" may be undertaken if feedback is needed in respect to an existing document. This feedback helps to inform the development of a revised draft document.
				For all new or revised draft Standards, a "general" consultation is undertaken to solicit feedback prior to finalizing the draft or seeking approval from RCDSO Council.
				This approach ensures engagement with public perspectives and promotes alignment with other relevant systems partners, including Ontario's other oral health Colleges.
				College staff are currently updating relevant sections of the RCDSO's website to transparently outline the RCDSO's Standards review, development, and consultation processes.
				If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.

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		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. These were presented to Council in May, 2021. Please see Page 180 of the May 2021 Council materials for the briefing note and attached protocols. These protocols continue to be updated by the RCDSO's Policy Team as we seek to further modernize and enhance the College's approach to Standards review and development. *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.*	Yes

c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.	The College fulfills this requirement:	Yes
	• Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. Although, the RCDSO's Standards, Practice Advisories, and Guidelines have historically focused discretely on clinical and general practice issues, key College documents do reflect the principles of equity, diversity, and inclusion (EDI). These include, as examples: • The RCDSO's Code of Ethics • Professional Use of Social Media (msecnd.net) • Maintaining a professional patient-dentist relationship (msecnd.net) • Practice Advisory - Prevention of Sexual Abuse and Boundary Violations (msecnd.net) Beginning in 2020, the RCDSO has updated its approach to Standards review and development to include a specific focus on EDI. This includes the incorporation of a draft Equity Impact Assessment, a commitment to increased engagement with stakeholder groups and communities, and the adoption of additional best practices. This work continues in partnership with key subject matters experts and partners, including the Canadian Center for Diversity and Inclusion (CCDI) and the HPRO anti-racism working group. Additionally, EDI is a key area of focus within the RCDSO's upcoming 2023 – 2025 Strategic Plan, which intersects with and will help to support upcoming Standards work. As examples: • Inclusion is a key value of the College, • EDI is included a 'strategic enabler' that will help guide the focus of all College work, and • Strategic Projects will be launched with a specific focus on Access to Care and Equity, Diversity, and Inclusion. Finally, in 2022, the RCDSO created a new role: Organizational Transformation and College Equity Officer Lead within the Office of the Registrar. The Equity Officer will play a key 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) | |

<table>
<tr><td colspan="2"></td><td colspan="2">**Measure:**

9.1 Applicants meet all College requirements before they are able to practice.</td></tr>
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		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: • 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.). 1. Ensuring that documentation meets registration requirements: Registration department staff follow a structured checklist to ensure that all required documentation in support of an application for registration of any class has been received. There are nine (9) classes of certificates of registration and each class has a corresponding checklist of requirements based on the Registration Regulation (Ontario Regulation 205/94, amended to 140/14, "General"). Information on the application process and requirements by certificate type can be found on our website. If documents in support of the application remain outstanding, staff will contact the applicant with a list of all outstanding documentation / information to ensure that all required documentation is submitted in order to determine whether an applicant fulfills the requirements for registration. 2. Review of registration processes: Once the application has been processed and all documentation is received, the Registration Manager reviews and confirms that registration requirements have been met prior to the issuance of a certificate. Where an applicant does not appear to meet registration requirements, the Registrar will consider the application and refer it to the Registration Committee for consideration as appropriate. The Registration Committee will determine if any additional training or courses are required for the applicant to meet registration requirements, or whether restrictions on the applicant's certificate of registration are necessary to protect the public. All applicants are required to sign an attestation confirming the veracity of the information included in the application along with the required supporting documentation. The information being attested to on the application form includes professional history, including issues of professional misconduct, academic misconduct, criminal conduct, as well as health history that may impair a dentist's ability to practice safely.	Met in 2021, continues to meet in 2022

The RCDSO additionally takes steps to confirm that the information received is accurate:

- To ensure the validity of academic credentials, the RCDSO requires applicants to submit copies of degrees, internship certificates (where applicable) and official transcripts.
- The RCDSO confirms directly with the examination body, the National Dental Examination Board (NDEB), that applicants have completed the required qualifying exams. The NDEB also verifies applicant credentials in their application process prior to an applicant being eligible to complete the licensing exams.
- Evidence of language proficiency that is required by regulation is gathered in accordance with the RCDSO's Language Proficiency policy. This includes completion of standardized tests offered by third party providers.
- To ensure applicants are eligible to study or work in Canada (depending on the licensure sought), the RCDSO requires applicants to submit a copy of their birth certificate, Canadian passport, permanent residency card, work permit or study permit.
- Where applicants are or have been licensed in a different jurisdiction (in dentistry or another regulated profession) the RCDSO requires that they submit a certificate of standing from each jurisdiction in which they are licensed. Canadian dental regulators have agreed upon the type of information to be included on the certificate of standing forms that are shared directly between regulators. The certificate of standing outlines the applicant's conduct history, information related to continuing competency and quality assurance, or any other information the regulator feels is relevant to the applicant meeting requirements for licensure.

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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.

		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:

• 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.

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

1. Language Proficiency

In 2022, a new Registration Regulation to the RHPA was introduced that required a review of our language proficiency policy. The RCDSO acted swiftly to review and update our language proficiency policy to ensure compliance with the Regulation. The policy was updated to add additional language proficiency tests that were not previously accepted by the RCDSO. The updated policy was approved by the Registration Committee in December 2022.

To demonstrate the regularity with which we review our policies, as reported in the RCDSO 2020 and 2021 CPMF Reports, previous reviews of our language proficiency policy were as follows:

• In 2021, the RCDSO reviewed and updated the language proficiency policy to improve readability and accessibility for applicants. The updated policy was approved by the Registration Committee in December 2021.
• In 2019, the language proficiency policy was updated to increase flexibility for applicants to demonstrate proficiency.

2. Registration Processes – Continuous Quality Improvement

In 2022, the registration department launched a continuous quality improvement project to carry out an in-depth review of registration department processes to increase efficiencies, optimize digital resources, and ensure RCDSO processes are reflective of a risk-based approach in line with the Ontario Fairness Commissioner's risk-informed framework and policy, introduced in 2021. This project directly relates to the RCDSO's objectives in the 2020-2023 Strategic Plan: continuous quality improvement and risk-based regulation informs the work of the College. | Yes |

As a result of the CQI project in 2022, we removed requirements for applicant documentation where we identified that it: 1) did not address an identified risk; 2) created an unfairness; and/or 3) was otherwise unnecessary to meet registration requirements.

With the introduction of timelines for registration pursuant to the new Registration Regulation, in effect in January 2023, we undertook an additional review of our application process at the end of 2022. This additional review was done to ensure that our registration requirements and required supporting documentation is clearly outlined and allows for an efficient, risk-based registration process. Technology updates were made in early 2023 to our online application portal to enable these additional process changes, increasing the efficiency of our application process to meet the required 14-day timeline in the new Registration Regulation.

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.**

   Currency and competency upon registration:

   The Registration regulation under the Dentistry Act, 1991 contains requirements with respect to currency for applicants: s. 16(1)3, 18(2)(5) of Ontario Regulation 205/94 made under the Dentistry Act, 1991.

   Staff vet applicants using a structured checklist to ensure that registration requirements are met. Staff review of applications for registration is guided by a Risk Framework for Registration. The risk framework outlines guiding principles for identifying and triaging high risk applications, including for issues of competence and currency of knowledge and skill. The framework is accompanied by a risk triage tool.

   Where applicants do not meet currency and competency requirements, or where the Registrar has doubt, the application is referred to the Registration Committee for consideration. The Committee may register the applicant, may refuse to register the applicant, may require the applicant to undergo an assessment of their clinical skills, or may require the applicant to take additional courses, training, or monitoring of their practice in order to reduce risk to the public. The Registration regulation also contains requirement with respect to past and current conduct for applicants: s.14(1) of Ontario Regulation 205/94 made under the Dentistry Act, 1991.

   On an application for registration, applicants must complete an attestation related to their past and present conduct, including conduct in other jurisdictions and criminal charges or findings of guilt. Any information submitted in relation to conduct in another jurisdiction will be assessed in conjunction with certificates of standing submitted 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.

Continuing Competency Requirements

a) Continuing Education:

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

All registrants with a general or specialty certificate of registration must obtain at least 90 continuing education (CE) points in each three-year CE cycle, with minimum requirements for Category 1 and Category 2 CE activities, and keep a record of their CE activities in their online e-Portfolio. Each month, the RCDSO randomly selects registrants for review of their e-Portfolio. If a registrant fails to meet their CE requirements for a CE cycle, as determined by a review of their ePortfolio, the QA Committee will review the matter, set out expectations for the registrant to make up the shortfall of CE points in the following CE cycle, and assign the registrant's e-Portfolio for review at the end of that CE cycle. If a registrant fails to meet these expectations, the QA Committee will again review the matter and may require the registrant to participate in a Peer Assessment and appoint an assessor. A Peer Assessment is broad-based.

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 15 clinical competencies on a rotational basis, with six competencies included in every 5-year cycle.

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

b) Mandatory Reporting:

The Health Professions Procedural Code to the 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

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

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

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

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

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

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

4. **Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done.**

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

   The renewal questionnaire requires registrants to self-report on the following:

   - Criminal conduct, including new criminal charges or findings of guilt
   - Investigations or professional conduct proceedings in other jurisdictions or with another regulatory body
   - Findings of professional misconduct or incompetence in another jurisdiction
   - Findings of professional negligence

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

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

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

Measure:		
9.3 Registration practices are transparent, objective, impartial, and fair.		
a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement: • 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: Completed In April 2021, the OFC launched its new Risk-Informed Compliance Framework, which came into effect in April 2022. The framework relies on the regulator's historical performance as well as a number of forward-looking risk factors to identify a risk rating for the College. The OFC reviewed the RCDSO's performance during a 12 month transition period, commencing on April 1, 2021. The OFC assigned the RCDSO a risk rating of "moderately low" and issued some advice to our organization related to the risk rating. The RCDSO has addressed the OFC's recommendations and advice. In order to address the advice identified by the OFC, the RCDSO has developed a Memorandum of Understanding with our third party services provider for the assessment of qualifications for dentistry applicants, the National Dental Examining Board of Canada (NDEB). The MOU establishes accountability mechanisms to ensure that delegated assessment activities are undertaken in a way that is transparent, objective, impartial and fair. The MOU articulates service standards for application verification and exam availability and delivery, and contains a stated commitment to continuous quality improvement. Given that the NDEB is a national provider, the RCDSO is also engaged nationally with other dental regulators and the NDEB to review the NDEB's core processes with a view to modernizing its practices and enhancing efficiencies. The RCDSO's 2021 Fair Registration Practices Report was submitted to the OFC in December 2022. A copy of our report can be found on our website here.	Met in 2021, continues to meet in 2022
	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:
			
			• 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
			  − Evaluation conducted on effectiveness of support provided
			
			For more information, see RCDSO's 2021 CPMF Report.
				Met in 2021, continues to meet in 2022

			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 2021, continues to meet in 2022

• Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified **OR** please insert a link to the website where this information can be found and indicate the page number.

• Is the process taken above for identifying priority areas codified in a policy: No

• *If yes, please insert link to the policy.*

As described in the Quality Assurance (QA) Regulation of the Dentistry Act (O. Reg. 27/10: QUALITY ASSURANCE), the RCDSO uses three types of assessments:

1. **Practice Enhancement Tool (PET):** This is an online assessment program. All eligible registrants with a general or specialty certificate of registration must complete a PET assessment at least once every five years. The PET assesses 15 clinical competency areas on a rotational basis, with six competencies included in every 5-year cycle. Each assessment includes 200 multiple choice and case study questions. If a registrant's PET assessment results are unsatisfactory in one or more competency areas, they have up to six months to pursue continuing education activities to remediate them before retaking the relevant areas of the PET. Upon completion, a registrant may contact one of RCDSO's Practice Enhancement Consultants to review and interpret their detailed PET assessment results and, if requested, assist them in developing a continuing education plan to address areas of weakness identified.

2. **Practice Assessment:** This type of assessment is ordered by the QA Committee if a registrant's PET assessment results are unsatisfactory in one or more competency areas after two attempts. Depending on the nature of the competency area(s) in which the registrant's results were unsatisfactory, the Practice Assessment may be focused or broad-based. Assessments typically begin with a review of the registrant's overall compliance with the QA Program (CE points and PET scores), followed by an onsite visit to assess a) Health and safety; b) radiography equipment and training; c) sedation/anesthesia (if offered); office policies and procedures, including Infection Prevention and Control; dental recordkeeping.

3. **Peer Assessment:** This assessment follows the same protocols as the Practice Assessment. It can be ordered by the QA Committee where registrants fail to meet their continuing education requirements in two consecutive 3-year cycles. 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. Each month, RCDSO randomly selects registrants for review of their e-Portfolio. If a registrant fails to meet their CE requirements for a CE cycle, as determined by a review of their e-Portfolio, the QA Committee will review the matter, set out expectations for the registrant to make up the shortfall of CE points in the following CE cycle and assign the registrant's e-Portfolio for review at the end of that CE cycle. If a registrant fails to meet these expectations, the QA Committee will again review the matter and may require the registrant to participate in a Peer Assessment and appoint an assessor. A Peer Assessment is broad-based.

For more information about RCDSO's QA Program, including a description of requirements for CE activities, categories of CE activities, the e-Portfolio and the PET, please visit RCDSO's website:

			• [Quality Assurance Program](#) (rcdso.org) • [Continuing Education and the e-Portfolio](#) (rcdso.org) • [Practice Enhancement Tool](#) (rcdso.org)	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional) The RCDSO updated the Quality Assurance Committee (QAC) Risk Assessment Framework and developed the QA Program Risk Assessment Guideline to better identify and stratify risk across all elements of the Quality Assurance (QA) Program. This will enable RCDSO to prioritize action, especially for registrants who do not meet QA Program requirements and for registrants who are required to participate in a peer and/or practice assessment. As these are internal documents and not posted publicly, RCDSO does not consider them "policies" as per the question above.	

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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).

ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
	• Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). **OR** please briefly describe right touch approach and evidence used. • Please provide the year the right touch approach was implemented **OR** when it was evaluated/updated (if applicable). *If evaluated/updated, did the college engage the following stakeholders in the evaluation:* − *Public* No − *Employers* No − *Registrants* No − *other stakeholders* No The RCDSO uses a right-touch or risk-based approach to inform its assessment approach, as well as the QA Committee's determination to exercise its discretion in referring matters to the Inquiries, Complaints and Reports Committee (ICRC). The QA Regulation of the Dentistry Act integrates a risk-based approach that informs the RCDSO's assessment approach. The QA Program incorporates general requirements, including requirements for CE activities, the PET, and an annual declaration of participation in the QA Program. If a registrant has an unsatisfactory outcome from these general requirements, then escalating interventions are employed to address the identified needs of the registrant. For example, and as set out in our QA Regulation, all registrants with a general or specialty certificate of registration must complete a PET assessment at least once every five years. If a registrant's PET assessment results are unsatisfactory in one or more competency areas, they have up to six months to pursue continuing education activities to remediate them, before being required to complete their PET assessment for a second time in the competency areas that yielded unsatisfactory results. If a registrant's PET assessment results are unsatisfactory in one or more competency areas after two attempts, the QA Committee will review the matter and may require the registrant to participate in a Practice Assessment and appoint an assessor. This demonstrates that general requirements, such as the PET, are used to guide the employment of escalating interventions for those registrants with unsatisfactory outcomes. The inspiration for the development of the PET evolved from consultations with the National Dental Examination Board of Canada (NDEB) and the Wilson Centre in Toronto. The intention was to develop a low-stakes assessment that could be administered to all registrants with a general or specialty certificate of registration within a five-year period or cycle, and that could reliably identify a particular registrant with a weakness in their knowledge, skill and/or judgement in one or more areas of dental practice, based on peer-derived standards. The scope of practice of dentistry was divided into 15 competency areas and, when selected for a PET assessment, a registrant faces 200 multiple choice and case study questions covering six assigned competency areas. Initially, the NDEB was contracted to provide questions for the PET at the generalist level. In subsequent years, the two Ontario faculties of dentistry and recognized experts in particular competency areas and/or specialties became involved in the development of additional questions, both at the generalist and specialist levels. Regarding Practice and Peer Assessments, the assessor prepares a written report to the QA Committee for its review and consideration, providing findings and recommendations from the assessment. The registrant is provided with a copy of the assessor's report and has 30 days to submit a written response. In reviewing an	

			assessor's report, the QA Committee employs a Risk Assessment Framework to guide its analysis of the matter in various domains and corresponding level of concerns (i.e., no concerns, somewhat concerning, moderately concerning, seriously concerning), and to ensure consistent, fair and transparent decision-making with respect to possible outcomes, based on its assessment of risk (i.e., no/minimal risk, low risk, moderate risk, high risk). 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 and updated in June 2021.

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

iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
	• Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number **OR** list criteria. The criteria to inform remediation activities are outlined in the current QAC Risk Assessment Framework. As noted above, the RCDSO updated the QAC Risk Assessment Framework and developed the QA Program Risk Assessment Guideline to better identify and stratify risk across all elements of the QA Program.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

			Additional comments for clarification (optional)	

Measure:
10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.

		a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.	The College fulfills this requirement:	Yes

- Please insert a link to the College's process for monitoring whether registrant's complete remediation activities **OR** please briefly describe the process.
- 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 (QAC) Risk Assessment Framework, the RCDSO's Quality Assurance (QA) approach is to focus on minimal to low risk matters that can be remediated through such measures as voluntary continuing education and monitoring. Matters that are deemed moderate to 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 in order to address any concerns, the QA Committee may propose that the registrant voluntarily agree to enter into a written Remedial Agreement with the RCDSO to successfully complete one or more courses by a specified date and be monitored by a representative of the RCDSO for implementation of practice changes, usually for 24 months.

If a registrant agrees to enter into a written Remedial Agreement with the RCDSO, QA department staff will:

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

During the practice monitoring process of QA matters:

- Practice monitors contact registrant within 3-4 months of course completion to conduct in person monitoring visits to assess the registrant's knowledge, skills or judgment following remediation.
- Practice monitors rely upon the College's standards, guidelines and practice advisories, Dental Faculty educational standards and current standards of practice, to evaluate the effectiveness of the remediation.

			- Monitors inquire about changes registrant has made to their practice since completing the course. - Monitors may select a random sample of patient records to review and assess clinical and financial issues identified by the QA Committee. - Monitors give feedback and instruction to registrant on how they can improve their knowledge, skills or judgement if concerns are identified during the monitoring visit. - Monitors report on the registrant's knowledge, skill and judgment. Registrants are given a copy and an opportunity to provide a written response to the College. - The monitoring report and registrant's comments are provided to the QA Committee. - The QA Committee reviews the monitoring report and the registrant's comments and decides whether: - The monitoring should continue and at what frequency. - Guidance should be provided to the registrant about a specific issue identified in the report. - The registrant should attend before the Committee to discuss concerns identified in the report. - The monitoring file should be closed. - If a monitoring period has expired and outstanding deficiencies remain in the registrant's knowledge, skill or judgement, the Committee may ask a registrant to voluntarily enter into a remedial agreement to extend the monitoring for the registrant's benefit to implement recommendations and improve their practice. - The Registrar is notified when registrants breach the requirements or fail to successfully complete remediation and decline to voluntarily engage in further remediation.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (if needed)	

		Measure 11.1		
		The College enables and supports anyone who raises a concern about a registrant.		
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 11	**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 policies/procedures for ensuring all relevant information is received during intake **OR** please briefly describe the policies and procedures if the documents are not publicly accessible.	
			RCDSO Website: In 2022, the RCDSO completed a refresh of its website content which included a refresh of all content related to the complaints and Registrar's investigation processes. The goals of this refresh were to: • Remove obsolete, irrelevant or redundant content • Simplify language to increase readability • Upgrade the layout by increasing whitespace and improving navigation • Improve accessibility and maintain compliance with the *Accessibility for Ontarians with Disabilities Act* **Links to Website Content:** • Complaints and Investigations • Our Complaints and Investigation Process • Frequently Asked Questions • Registrar's Investigations and Reports • ADR (Alternative Dispute Resolution) • Accessibility and Accommodation • File a Complaint • Sexual Abuse Protection • Supports for Patients or Persons Who Experienced Sexual Abuse (Confidential Support Program) • Supports for Patients or Persons Who Experienced Sexual Abuse (Funding for therapy and counselling) • Supports for Patients or Persons Who Experienced Sexual Abuse (Legal support for victims of sexual abuse) • How to Recognize Sexual Abuse and Boundary Violations	

| | | | • Sexual Abuse Concerns and Complaints
• Discipline Process

YouTube Content:

• Reporting Boundary Violations or Sexual Abuse
• Appropriate Patient Boundaries
• Boundaries and the Issue of Touch
• Alternative Dispute Resolution

The website content, as well as a detailed brochure outlining the complaints process, can be sent in hard copy format to complainants who do not have internet access, upon request. The RCDSO's policies and procedures described in the 2021 Report continue to enable and support anyone who wishes to raise a concern about a registrant:

• RCDSO staff engage with complainants during the Intake stage to gather relevant information to initiate a complaint and tell complainants the investigative steps
• During the investigation, investigations staff engage with complainants by phone or in writing to gather relevant information and keep them informed about the status of the investigation
• Complainants alleging sexual misconduct or boundary violations are told about the available supports and funding for therapy and counselling as applicable
• Complainants can be accommodated under the College's Accessibility and Accommodation policy
• As of the 4th quarter in 2022, all correspondence sent by staff in the Professional Conduct and Regulatory Affairs Department has been drafted using gender neutral and gender inclusive language | |
| | | | *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.	
			In 2022, the RCDSO implemented exit surveys for parties in the complaints process. The survey is sent to complainants post-ICRC decision. As part of the survey, complainants are asked if information about the complaints process is clear, useful, and easy to understand. The survey results are analyzed quarterly to identify opportunities to improve the complainant experience and the RCDSO's investigative policies and processes.	
	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:	Partially
			Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures).	
			At the RCDSO, there are two primary points of contact for inquiries from the public about making a complaint: the Intake Team in the Professional Conduct and Regulatory Affairs department, and the Practice Advisory Service in the Communications department.	
			As described in the RCDSO's 2021 Report, the College appointed a staff lead to examine the service experience of parties who interact with the RCDSO to gain insights into what the College can do to enhance service and facilitate seamless access to information across the organization. One result was the move of the Practice Advisory Service from the Quality Assurance Department to the Communications Department.	
			In 2022, the RCDSO also worked to further enhance technology systems across the entire organization to enable the gathering of data to support understanding timelines for responses to inquires with follow-up timelines as necessary.	
			Service standards for the Practice Advisory Service are to respond to emails and voicemails within two (2) business days. The RCDSO believes that it meets this metric, although further development of the tracking systems is needed to statistically report on a percentage rate of response. The RCDSO is tracking this data in 2023 and expects to be in full compliance with this measure in 2023.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes

			In 2023, the College will continue its work to enhance its telephony and centralized reporting systems to enable the gathering of data to support understanding timelines for an individualized response which provides either a resolution or a timeline for follow-up as necessary.

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: • 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 2021 Report continues to apply. In addition, in 2022, the Professional Conduct and Regulatory Affairs department updated its template correspondence to include gender neutral and gender inclusive language as a means of reflecting inclusivity in the process. In the first quarter of 2022, all ICRC decision templates were also updated using gender neutral and gender inclusive language as a default, except when the gender identity and preferences of the parties are known. At the same time, efforts began to write all ICRC decisions at approximately a grade 9 level to provide complainants and dentists with clear and useful decisions. Those efforts are ongoing in 2023. The 2022 refresh of the College's website not only enhanced content to provide additional information about the investigation and decision-making process, but also improved accessibility and compliance with the *AODA*. Thanks to a new vendor contract, real time translation services are available during business hours. Communication in French and other languages is available upon request.	Met in 2021, continues to meet in 2022
	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

The College fulfills this requirement:

- 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.

1. Description of how parties are regularly updated on the progress of their complaint and how they can contact the College for information

The RCDSO's Contact Us webpage includes multiple ways for parties to contact the College during the complaints process:

- Toll-free and local phone number
- General inquiry email address
- College mailing address
- Map providing directions to the RCDSO's office to assist complainants who want to deliver mail by hand

Investigators and Complaints Associates (CAs) are the key contacts for parties during the complaints process. They communicate with parties primarily by email and phone but also by mail, facsimile, and in-person, as needed. Upon receipt of a complaint, the Investigator or CA will attempt to contact the complainant by phone to confirm the issues in the complaint and provide information about the following:

- The role of the neutral investigator
- The investigative process
- The estimated timelines for the investigation
- The Committee composition and decision options
- The rights of review to the Health Professions Appeal and Review Board

The complainant is given an opportunity to ask questions, provide additional information about their complaint and confirm their intention to proceed with an investigation. Complainants receive the contact details of the assigned Investigator or CA so that they can contact them at any stage to ask questions, provide additional information or raise other concerns.

After the initial phone call with the complainant, a detailed notification letter is sent to the complainant confirming the issues in the complaint and providing information about the investigation process, the expected timelines, the decision-making process and possible outcomes. For persons who complain about sexual abuse or boundary violations of a sexual nature, they are sent a Fact Sheet, forms to apply for funding for therapy and counselling (Funding for Therapy and

Counselling) if they are a patient, and a brochure outlining the College's Support Program (Supports for Patients or Persons Who Experienced Sexual Abuse). The Investigator or CA contact information and the RCDSO's contact information is included in this correspondence.

The notification of the complaint sent to the dentist contains information about the investigation process, the estimated timelines for the investigation, the Committee decision options and the rights of review to the Health Professions Appeal and Review Board. Parties are updated during the process at the following points during the investigation:

- 150 day status letter – the parties are notified that it has been 150 days since the complaint was filed and are told the status of the complaint investigation.
- 210 day status letter – the parties are notified that it has been 150 days since the complaint was filed. Status update letters, with reasons for the delay in the investigation, are subsequently sent every 30 days.
- Disclosure of relevant, substantive documents or records – the parties are provided with copies of relevant, substantive documents or records for comment as necessary to further the investigation.
- Awaiting panel review – the parties are told that their file has been transferred to a Coordinator, Committee Review, while it awaits review by the ICRC. This team maintains regular verbal and written communication with the parties.

For files that result in a referral of specified allegations of professional misconduct for a hearing before a Discipline Committee:

Complainants are updated during the discipline process as follows:

- Immediately upon referral, the Administrator, Hearings, writes to the complainant to provide information about the hearings process and the possible outcomes. The contact information for the Administrator, Hearings, is included in this communication.
- During the hearing process, the RCDSO prosecutor is the complainant's key contact for information about the status of the hearing and whether the complainant will testify at the hearing. The prosecutor communicates with the complainant while the file is being prepared for a hearing and during the hearing. For sexual abuse cases, if the complainant's testimony is required, the prosecutor will provide the complainant with information about the funding available for independent legal advice (Legal Support). In addition, if there is a finding of guilt following the hearing, the prosecutor will consult with the complainant to determine whether they want to provide a statement regarding the impact of sexual abuse. Information about the hearing is also posted on the College's website (Discipline Hearings). After the hearing, the Administrator, Hearings, will send the complainant a copy of the decision and reasons. For files involving allegations of sexual misconduct or boundary violations of a sexual nature, the Patient Relations and Boundary team continues to maintain contact with the complainant to answer questions and provide information about the status of the hearing process as needed.

Dentists are notified about the referral and provided with updates during the hearing process as follows:

- Upon referral of specified allegations of professional misconduct for a hearing before a discipline committee, the dentist or their defence counsel is served with a Notice of Hearing.
- The College's prosecuting counsel is the dentist/defence counsel's key contact during the hearing process.
- The prosecutor provides the dentist/defence counsel with disclosure of the College's investigative materials.
- The prosecutor communicates with the dentist/defence counsel to arrange a date for a pre-hearing conference, as required. Copies of pre-hearing

conference materials are sent to the dentist/defence counsel. The Administrator, Hearings sends the dentist/defence counsel a copy of the pre-hearing conference report.

- The Administrator, Hearings communicates with the dentist/defence counsel to arrange hearing date(s) as needed.
- Throughout the hearing process, the prosecutor maintains communication with the dentist/defence counsel to provide ongoing disclosure, negotiate a possible resolution and agreement on allegations, and discuss legal and procedural issues related to the hearing process.
- Following the hearing, the Administrator, Hearings, sends the dentist/defence counsel a copy of the discipline committee's decision and reasons.

2. Description of how complainants are supported in the process:

Complainants are supported throughout the investigation and discipline processes in the following ways:

- Intake Team (info@rcdso.org): The Intake Team is available to respond to inquiries from complainants and other interested members of the public. They provide information about the complaints process, answer general inquiries, direct complainants to the website or the College's Practice Advisory Service as appropriate or send out hard-copy brochures as requested.
- Practice Advisory Service (practiceadvisory@rcdso.org): The PAS responds to inquiries from the public about dental issues and their option to file a complaint.
- Investigators and CAs: The assigned investigative staff person is the complainant's key contact once the complaint has been filed with the College. They are available to respond to correspondence and phone calls about the progress of the investigation.
- Coordinators, Committee Review: Once the matter is listed for review by the ICRC, the Coordinators notify the complainant. They receive and respond to communications from complainants about the investigation.
- Patient Relations and Boundaries Team: A dedicated team investigates allegations of sexual abuse and boundary violations. These staff have completed specialized training, including trauma-informed investigations and advanced interview techniques, and attended presentations by recognized experts who work with survivors of sexual abuse. People complaining about sexual abuse or boundary violations of a sexual nature are offered an in-person meeting or video-call with a team member to discuss their concerns. During this meeting, they are provided with information about the various supports available and the funding for therapy and counselling, if they are a patient.
- Accessibility and Accommodation Policy: The RCDSO has an Accessibility and Accommodation policy offered pursuant to the *Ontario Human Rights Code*. The College's in-house Human Rights Protocol Officer oversees this policy to ensure that RCDSO is providing accommodations to the public that meet its obligations to accommodate Human Rights Code-protected needs up to the point of undue hardship.
- Accessible Customer Service Plan: RCDSO has developed an Accessible Customer Service Plan applicable to anyone who interacts with the College. A copy of the plan is posted on the College's website (Accessibility Policy).
- French Language Services: From initial inquiry through to final disposition of a complaint by a Committee of the College, RCDSO supports people who communicate in French by providing written and oral translation services. These services can be provided by multilingual staff or an outside translation service retained by the College.

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

Measure: **12.1 The College addresses complaints in a right touch manner.**		

DOMAIN 6: SUITABILITY TO PRACTICE — **STANDARD 12**

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).	Met in 2021, continues to meet in 2022

The RCDSO continues to address complaints in a right touch manner using a series of risk frameworks to assess and guide its work. As referenced in the College's 2020 and 2021 Reports, the RCDSO uses a framework titled the *Complaint Triage Risk Assessment Guideline* (2020) to guide the department's work in a risk-based approach.

As part of the RCDSO website refresh, additional information was added to the College's website about how the College takes a risk-based approach to inspection and investigatory processes and how it triages complaints and issues based on risk to public safety. That information can be found here: Risk Assessment Framework.

Triage Protocol (2022)

In the RCDSO's 2021 Report, it noted that the PCRA *Complaint Triage Risk Assessment Guideline* was being re-evaluated to verify that the assignment of cases was appropriate. In 2022, the protocol was evaluated and updated to ensure that the assignment of cases reflects best practices. Using a risk-based approach, the protocol provides general guidance when assigning files and determining investigative steps.

ICRC Risk Assessment Framework and Interim Order Assessment Tool (2018)

The Risk Assessment Framework that guides ICRC decision-making when reviewing complaints and reports is posted on the RCDSO website (ICRC Risk Assessment Framework and Interim Order Assessment Tool). The Committee uses this tool to ensure consistent, fair and transparent decision-making guided by the Committee's analysis and assessment of risk.

The Interim Order Assessment Tool guides the Committee's decision-making to determine whether to issue an interim order.

			Scheduling Protocol (2020) The RCDSO uses an internal scheduling tool to flag files for priority scheduling before an ICRC panel. Files are identified for priority scheduling based on risk. Higher risk files are scheduled at the earliest opportunity. The ICRC includes two specialized panels; one for sexual misconduct and boundary violations of a sexual nature and one for incapacity matters. These specialized panels meet on an ad-hoc, priority basis to deliberate and make decisions on these higher risk files.	
			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: • 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'). As set out in the RCDSO's 2021 Report, the College takes a consistent approach to disclosing concerns related to registrants to other regulators and external system partners. In 2022, this continued to be done on a case-by-case basis related to matters such as registrant conduct history and information about another regulated professional. In 2022, the RCDSO shared information with another regulator in Ontario about a health care professional when there were allegations involving multiple health care professionals working in the same dental practice. In a second matter, the RCDSO shared information with another regulator outside of Ontario about a dentist registered in both provinces.	Yes
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (if needed) The RCDSO continues to work as part of a multi-College working group under the Health Profession Regulators of Ontario (HPRO) to develop a consistent approach to sharing registrant specific information with external system partners such as other regulators, law enforcement, public health departments and Children's Aid Societies. This work remains in progress.	

		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 2021, continues to meet in 2022 • 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. As noted in RCDSO's 2021 CPMF Report, the RCDSO implemented its first Strategic Plan in 2020. This Plan was undertaken on a 3-year cycle and concluded at the end of 2022. The Strategic Plan and accompanying Strategic Objectives set the foundation for RCDSO's Key Performance Indictors (KPIs), which are set out in the Report to Council and accompanying Dashboard beginning on page 45 of the November, 2021 Council meeting materials. With the conclusion of RCDSO's 2020 – 2023 Strategic Plan, a new Strategic Plan has been developed which will come into effect in 2023. This new Strategic Plan was approved by Council in September, 2022, and includes updated Strategic Objectives and KPIs for the 2023 – 2025 Strategic Planning cycle. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Choose an item.

			Additional comments for clarification (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 and accompanying Dashboard beginning on page 183 of the December, 2022 Council meeting 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 (if needed)	

Measure:		
14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
a. Council uses performance and risk review findings to identify where improvement activities are needed. *Benchmarked Evidence*	The College fulfills this requirement: • Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number. As noted above, the RCDSO's Strategic Plan forms the basis for the College's key performance indicators, which can be viewed as part of the regular report to Council (dashboard) beginning on page 183 of the December, 2022 Council meeting materials. Council receives regular updates on the status of strategic and operational KPIs at each Council meeting. For 2021 and for 2022, updates to Council focused on all Strategic Projects as well as PCRA metrics, which were previously identified as an important area of risk for the College. This reporting, along with key process enhancements, have been successful in achieving significant improvements, including a 20% reduction in the average time to process complaints. To help enable effective reporting of KPIs and to support Council decision-making, significant work has been undertaken in recent years to create new data management systems and processes that support data collection, reporting, and analysis (e.g., the modernization of the RCDSO's Customer Relations Management [CRM] systems and the digitization of College documents and processes). 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.*	Yes

		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:	Yes
			• Please insert a link to the College's dashboard or relevant section of the College's website. A report on the Strategic Plan, including a status update on active Strategic Projects and current data on KPIs is included as a standing item at each meeting of Council. These materials are posted publicly on the RCDSO's website. For an example, see the Strategic Plan Report to Council beginning page 183 of the December, 2022 Council meeting materials. Additionally, following the conclusion of the RCDSO's 2020 -2023 Strategic Plan, the College will develop a public-facing report outlining key outcomes of our strategic work under the Strategic Plan.	
			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.
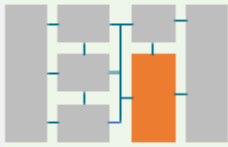
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: 'Nil' and indicate any plans to collect the data in the future.

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: Choose an item.

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 2022*		
Type of QA/QI activity or assessment:	#	
i. Continuing Education (CE) activities	11080	*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).*
iii. e-Portfolio review	323	
iii. Practice Enhancement Tool (PET) assessment	2418	*The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2022. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.*
iv. Peer assessment	10	
v. Practice assessment	0	
_		

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 pursuing continuing education activities and keeping a log of them in their online e-Portfolio. All registrants must obtain at least 90 CE points in every 3-year CE cycle.

ii. This number reflects the total number of registrants who had their e-Portfolio review completed in 2022.

iii. All registrants with a general or specialty certificate of registration are required to complete a PET assessment once every five years. This number reflects the total number of registrants who completed their online PET assessment in 2022. The number reflects successful completion by the registrants in their initial assessment or completion of their second attempt if they failed their first attempt. To rectify the backlog of selection numbers due to the suspension of the QA program during the pandemic from March 2020 to January 2021, PET selection monthly number was increased by 70% in order to ensure all registrants complete their PET assessment by the end of the 5-year cycle.

iv. This number reflects the total number of registrants who had a peer assessment completed and a decision rendered by the QA Committee in 2022. This number does not include one registrant who was directed to participate in a peer assessment; however, the report was not completed nor was a decision rendered by the QA Committee in 2022.

v. This number reflects the total number of registrants who had a practice assessment completed and a decision rendered by the QA Committee in 2022, and does not include one registrant who was directed to participate in a practice assessment, but closed their practice shortly after and an office site assessment could not be conducted.

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: Choose an item.			
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 2022	2644		
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 2022.	7	<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 2022, 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 ePortfolio review completed and/or who completed their online PET assessment in 2022. 97 registrants completed both the ePortfolio and the PET.

CM 3: This number reflects the total number of registrants that were directed by the QA Committee to undertake a Remedial Agreement in 2022. This number also includes one registrant carried over from previous year.
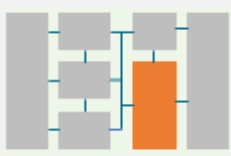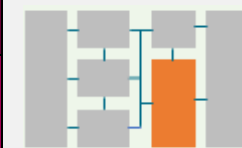
Table 3 – Context Measure 4

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			

Statistical data collected in accordance with the recommended method or the College's own method: Choose an item.			
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 2022:**	#	%	*What does this information tell us? This information provides insight into the outcome of the College's remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its "QA remediation activities". Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.*
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	0		
II. Registrants still undertaking remediation (i.e., remediation in progress)	7	100%	

NR
* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2022.
**This measure may include any outcomes from the previous year that were carried over into CY 2022.

Additional comments for clarification (if needed)

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

CM 4.II. This number includes one registrant whose remediation remains in progress from 2020. Registrants who undertake remedial agreements are given up to 30 months to complete remedial courses (6 months) and subsequent office monitoring for implementation of practice changes (up to 24 months).
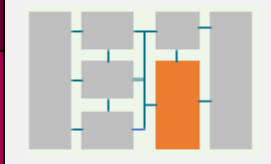
Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 12				

Statistical data is collected in accordance with the recommended method or the College's own method: Choose an item.
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 2022	Formal Complaints received		Registrar Investigations initiated		
Themes:	#	%	#	%	
I. Advertising	NR	NR	0	0%	
II. Billing and Fees	123	21%	15	24%	
III. Communication	163	27%	0	0	*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.*
IV. Competence / Patient Care	463	77%	21	33%	
V. Intent to Mislead including Fraud	6	1%	NR	NR	
VI. Professional Conduct & Behaviour	120	20%	19	30%	
VII. Record keeping	18	3%	8	13%	
VIII. Sexual Abuse	8	1%	NR	NR	
IX. Harassment / Boundary Violations	NR	NR	NR	NR	
X. Unauthorized Practice	0	0	6	10%	
XI. Other <*please specify*>	NR	NR	NR	NR	
Total number of formal complaints and Registrar's Investigations**	596	**100%**	63	**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) Contravening a municipal, territorial, provincial or federal law, relevant to the provision of dental care to the public (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: Choose an item. *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 2022	808		
CM 7. Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2022	64		
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 2022	64***		
CM 9. Of the formal complaints and Registrar's Investigations received in CY 2022**:	# ****	%	*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)	57	10%	
II. Formal complaints that were resolved through ADR	40	7%	
III. Formal complaints that were disposed of by ICRC	82		
IV. Formal complaints that proceeded to ICRC and are still pending	52	6%	
V. Formal complaints withdrawn by Registrar at the request of a complainant	12	2%	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	12	1%	

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.

****CM9 VI – calculation for this data point is based on the date of the frivolous and vexation decision of the ICRC.

In addition to the reported numbers above, the College is reporting casefiles received by the College prior to CY2022 and completed in CY2022 for context measures CM9i to CM9vii. As such, the casefiles listed below span several calendar years.
CM9i. n= 61
CM9ii. n= 52
CM9iii. n= 818
CM9iv. n= 56
CM9v. n= 20
CM9vi. n= 12
CM9vii. n= 5

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: Choose an item.
If a College method is used, please specify the rationale for its use:

Context Measure (CM)	
CM 10. Total number of ICRC decisions in 2022	
Distribution of ICRC decisions by theme in 2022*	# of ICRC Decisions++

Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	17	6	NR	NR	0	0	0
II. Billing and Fees	189	29	9	14	NR	NR	NR
III. Communication	250	56	11	9	NR	0	NR
IV. Competence / Patient Care	499	140	24	96	NR	0	29
V. Intent to Mislead Including Fraud	NR	0	NR	0	0	NR	0
VI. Professional Conduct & Behaviour	79	16	NR	NR	NR	NR	0
VII. Record Keeping	63	85	11	44	NR	NR	28
VIII. Sexual Abuse*	NR	0	NR	NR	0	NR	0
IX. Harassment / Boundary Violations	NR	NR	NR	NR	0	0	NR

X.	Unauthorized Practice	0	0	0	0	0	NR	0
XI.	Other *<please specify>*	20	7	5	NR	NR	NR	0

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

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

Additional comments for clarification (if needed)

*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 2022 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: (i) Failure to comply with the RHPA (ii) Contravening a municipal, territorial, provincial or federal law, relevant to the provision of dental care to the public (iii) Workplace issue (iv) Practice management (v) Failure to follow COVID protocols (vii) Allowing a patient to dictate treatment
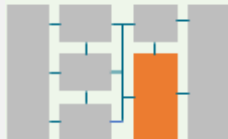
Table 7 – Context Measure 11

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

Statistical data collected in accordance with the recommended method or the College own method: Choose an item.
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 2022	590	*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 2022	722	

[Disposal](#)

Additional comments for clarification (if needed)

The College continued to make process improvements to significantly improve its timelines for completing complaints and Registrar's Investigations. In 2022, there was a 20% reduction in processing timelines for complaints and Registrar's Investigations.

Notably in 2022, more matters were before the ICRC for decision than in previous years: 808 casefiles were before the ICRC for decision in 2022. This marked a 19% increase (n=131 additional files) over the number of casefiles before ICRC in 2021.

The College continues its work to address the backlog of casefiles in order to meet its statutory targets.
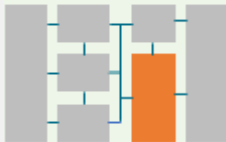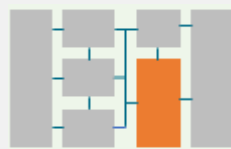
Table 8 – Context Measure 12

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

Statistical data collected in accordance with the recommended method or the College's own method: Choose an item.

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 2022	225	
II. A contested discipline hearing in working days in CY 2022	0	*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)

There were no concluded contested discipline hearings in 2022.

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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: Choose an item.

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

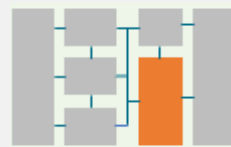| Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		
Type	#	
I. Sexual abuse	0	
II. Incompetence	NR	
III. Fail to maintain Standard	6	
IV. Improper use of a controlled act	0	
V. Conduct unbecoming	0	*What does this information tell us? This information facilitates transparency 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	0	
XII. False or misleading document	7	
XIII. Contravene relevant Acts	0	

* 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: Choose an item.
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	0	
II. Suspension	NR	
III. Terms, Conditions and Limitations on a Certificate of Registration	21	
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.

Return to:

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

Return to:

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

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

- Practice the profession in Ontario, or

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

Return to:

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

Return to:

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

Return to:

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

Return to:

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

Return to: