Royal College of
Dental Surgeons of Ontario

College Performance Measurement Framework (CPMF) Reporting Tool

March 2021

Royal College of
Dental Surgeons of Ontario

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INTRODUCTION

THE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

A CPMF has been developed by the Ontario Ministry of Health 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; and
2. help Colleges improve their performance.

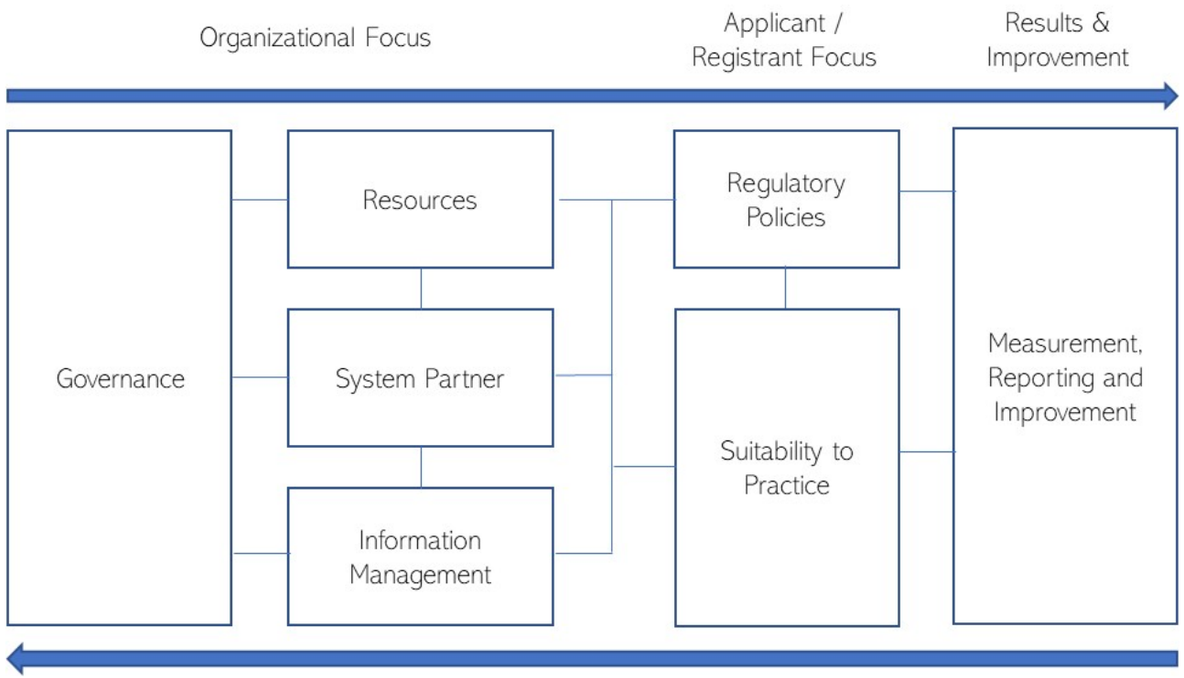
a) Components of the CPMF:

1	**Measurement domains**	→	Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	**Standards**	→	Best practices of regulatory excellence a College is expected to achieve and against which a College will be measured.
3	**Measures**	→	Further specifications of the standard that will guide the evidence a College should provide and the assessment of a College in achieving the 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.

b) Measurement domains:

The proposed CPMF has seven measurement domains. These domains were identified as the most critical attributes that contribute to a College effectively serving and protecting the public interest (Figure 1). The measurement domains relate to Ontario's health regulatory Colleges' key statutory functions and key organizational aspects, identified through discussions with the Colleges and experts, that enable a College to carry out its functions well.

Figure 1: CPMF Model for measuring regulatory excellence



The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. Table 1 describes what is being measured by each domain.

Table 1: Overview of what the Framework is measuring

	Domain	Areas of focus
1	**Governance**	• The efforts a College undertakes to ensure that Council and Statutory Committees have the required knowledge and skills to warrant good governance. • Integrity in Council decision making. • The efforts a College undertakes in disclosing decisions made or is planning to make 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**	• The extent to which a College is working with other Colleges and system partners, where appropriate, to help execute its mandate in a more effective, efficient and/or coordinated manner and to ensure it is responsive to changing public expectation.
4	**Information Management**	• The efforts a College undertakes to ensure that the confidential information it deals with is retained securely and used appropriately in the course of administering its regulatory activities and 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**	• The efforts a College undertakes 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.

c) Standards, Measures, Evidence, and Improvement:

The CPMF is primarily organized around five components: **domains**, **standards**, **measures**, **evidence** and **improvement**, as noted on page 3. The following example demonstrates the type of information provided under each component and how the information is presented within the Reporting Tool.

Example:

Domain 1: Governance			
Standard →	**Measure** →	**Evidence** →	**Improvement**
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.	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.	a. Professional members are eligible to stand for election to Council only after: i. Meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	• The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria. By-laws will be updated to reflect the screening criteria as a component of the election process to determine professional registrant eligibility to run for a Council position.
		b. Statutory Committee candidates have: i. met pre-defined competency / suitability criteria, and ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.	• The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria.
		c. Prior to attending their first meeting, public appointments to Council undertake a rigorous orientation training course about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	Nil
	2. Council and Statutory Committees regularly assess their effectiveness and address identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; ii. Council	Nil
		b. The framework includes a third-party assessment of Council effectiveness at minimum every three years.	Nil

THE CPMF REPORTING TOOL

For the first time in Ontario, the CPMF Reporting Tool (along with the companion Technical Specifications for Quantitative CPMF Measures document) will provide comprehensive and consistent information to the public, the Ministry of Health ('ministry') and other stakeholders by each of Ontario's health regulatory Colleges (Colleges). In providing this information each College will:

1. meet with the ministry to discuss the system partner domain;
2. complete the self-assessment;
3. post the Council approved completed CPMF Report on its website; and
4. submit the CPMF Report to the ministry.

The ministry will not assess whether a College meets or does not meet the Standards. The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. Furthermore, the reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved. Finally, the results of the first iteration may stimulate discussions about regulatory excellence and performance improvement among Council members and senior staff within a College, as well as between Colleges, the public, the ministry, registrants and other stakeholders.

The information reported through the completed CPMF Reporting Tools will be used by the ministry to strengthen its oversight role of Ontario's 26 health regulatory Colleges and may help to identify areas of concern that warrant closer attention and potential follow-up.

Furthermore, the ministry will develop a Summary Report highlighting key findings regarding the best practices Colleges already have in place, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public. The focus of the Summary Report will be on the performance of the regulatory system (as opposed to the performance of each individual College), what initiatives health regulatory Colleges are undertaking to improve regulatory excellence and areas where opportunities exist for colleges to learn from each other. The ministry's Summary Report will be posted publicly.

As this will be the first time that Colleges will report on their performance against the proposed CPMF standards, it is recognized that the initial results will require comprehensive responses to obtain the required baseline information. It is envisioned that subsequent reporting iterations will be less intensive and ask Colleges only to report on:

- Improvements a College committed to undertake in the previous CPMF Report;
- Changes in comparison to baseline reporting; and
- Changes resulting from refined standards, measures and evidence.[1]

[1] Informed by the results from the first reporting iteration, the standards, measures and evidence will be evaluated and where appropriate further refined before the next reporting iteration.

Completing the CPMF Reporting Tool

Colleges will be asked to provide information in the right-hand column of each table indicating the degree to which they fulfill the "required Evidence" set out in column two.

Furthermore,

- where a College fulfills the "required evidence" it will have to:
  - provide link(s) to relevant background materials, policies and processes ***OR*** provide a concise overview of this information.
- where a College responds that it "partially" meets required evidence, the following information is required:
  - clarification of which component of the evidence the College meets and the component that the College does not meet;
  - for the component the College meets, provide link(s) to relevant background material, policies and processes ***OR*** provide a concise overview of this information; and
  - for the component the College does not meet, whether it is currently engaged in, or planning to implement the missing component over the next reporting period.
- where a College does not fulfill the required evidence, it will have to:
  - indicate whether it is currently engaged in or planning to implement the standard over the next reporting period.

Furthermore, there may be instances where a College responds that it meets required evidence but, in the spirit of continuous improvement, plans to improve its activities or processes related to the respective Measure. A College is encouraged to highlight these planned improvement activities.

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the manner in which a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the proposed 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.

The areas outlined in red in the example below are what Colleges will be asked to complete.

Example:

DOMAIN 1: GOVERNANCE

Standard 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.

Measure	Required evidence	College response
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.	a. Professional members are eligible to stand for election to Council only after: i. Meeting pre-defined competency / suitability criteria, and 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 ☐ Partially ☐ No ☐ • The competency/suitability criteria are public: Yes ☐ No ☐ *If yes, please insert link to where they can be found, if not please list criteria:* • Duration of orientation training: • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • Insert a link to website if training topics are public ***OR*** list orientation training topics: *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *Additional comments for clarification (optional):*

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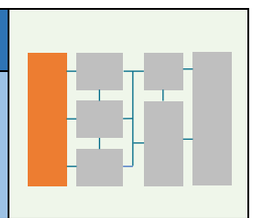
PART 1: MEASUREMENT DOMAINS

The following tables outline the information that Colleges are being asked to report on for each of the Standards. Colleges are asked to provide **evidence** of decisions, activities, processes, and verifiable results that demonstrate the achievement of relevant standards and encourages Colleges to not only to identify whether they are working on, or are planning to implement, the missing component if the response is "No", but also to provide information on improvement plans or improvement activities underway if the response is "Yes" or "Partially".

DOMAIN 1: GOVERNANCE



Standard 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.

Measure	Required evidence	College response
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.	a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency / suitability criteria, and 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 ☑ Partially ☐ No ☐ • The competency/suitability criteria are public: Yes ✓ No ☐ *If yes, please insert link to where they can be found, if not please list criteria:* **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. 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.** **Whether registrants wishing to serve on Council meet the competencies is decided by the Eligibility Review Committee ("ERC"). The ERC is composed of experienced regulators who are all external to the RCDSO. 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). 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 (see the following link: RCDSO By-Laws). **Also, prior to being eligible to serve on Council, candidates must successfully complete an online "Candidate Eligibility Course" and 21 question assessment. This requirement is also in the by-laws at article 7.2.4(p) for elected registrants and 8.1.1(p) for selected registrants. The score received on this assessment is one of several factors considered by the ERC in determining if the candidate meets the required competencies. This course was introduced in 2016 and will be updated prior to the next Council election cycle in December 2022.** **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).** • Duration of orientation training: **The candidate eligibility course is presented online through 6 learning modules plus a 21-question assessment. It takes approximately 1-2 hours to complete. Completion of this program is an eligibility criteria in order to allow a registrant to stand for election to Council.** • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): **The Candidate eligibility course is an online course with 6 modules followed by an assessment of 21 questions.** • Insert a link to website if training topics are public ***OR*** list orientation training topics: **The current modules in the candidate eligibility course include the following topics:** o **About RCDSO (Including mission statement, core purposes and values)** o **Governing Regulation** o **RCDSO Committees** o **RCDSO Council** o **Council Members Conduct**

		o **Communications Support** *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *Additional comments for clarification (optional):*
	b. Statutory Committee candidates have: i. met pre-defined competency / suitability criteria, and ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.	The College fulfills this requirement: Yes ☑ Partially ☐ No ☐ • The competency / suitability criteria are public: Yes ✓ No ☐ *If yes, please insert link to where they can be found, if not please list criteria:* **Please see the following link for competency / suitability criteria for all Statutory Committees.** • Duration of each Statutory Committee orientation training: 1. **Executive Committee: 4 one 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.** 2. **Registration Committee: Half-day.** 3. **Quality Assurance Committee: Half-day.** 4. **Inquiries, Complaints, and Reports Committee: 2 days of orientation + ½ day plenary.** 5. **Discipline Committee: 2 days.** 6. **Fitness to Practise Committee: Half day.** 7. **Patient Relations Committee: Half day.**

		• Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): 1. **<u>Executive Committee:</u> In person (when possible), virtual panels with use of facilitator, external presenters and staff.** 2. **<u>Registration Committee:</u> In-person with facilitators, orientation materials and reference materials.** 3. **<u>Quality Assurance Committee:</u> In-person or online with staff facilitators, orientation manual and reference materials.** 4. **<u>Inquiries, Complaints and Reports Committee:</u> In-person training with facilitators that includes group exercises, interactive exercises, break-out sessions and mock panels. Digital reference materials and training manual provided.** 5. **<u>Discipline Committee:</u> In-person training with facilitators and testing of knowledge during training. Mock hearing on DVD. Digital reference materials and training manual provided.** 6. **<u>Fitness to Practise Committee:</u> All members of the Committee are members of the Discipline Committee. As an adjunct to the thorough Discipline Committee training already provided, in-person file and process specific training, including writing exercises, provided on an as-needed basis given the very small number of cases.** 7. **<u>Patient Relations Committee:</u> In-person training with facilitators. Digital reference materials and training manual provided.** • Insert link to website if training topics are public ***OR*** list orientation training topics for Statutory Committee: 1. **<u>Executive Committee:</u> 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.**

		2. **Registration Committee: 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 the applicant's right of review.** 3. **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.** 4. **Inquiries, Complaints and Reports Committee: Training topics include the mandate of the committee and the role of the panel members, confidentiality, conflict of interest, bias, investigative procedures, administrative processes, issue identification, reviewing a Record of Investigation and reaching a consensus, assessing risk, forming an intention, deciding on outcomes, educational topics (letter of complaint research project, understanding sedation in dentistry, infection prevention and control procedures, dealing with complaints about sexual abuse and boundary violations), experienced panel members discussing best practices, and Citrix training.** **Plenary (2020): The RCDSO's strategic plan, the Complaints Triage Tool, dealing with complaints of sexual abuse, best practices for deciding complaints of sexual abuse.** 5. **Discipline Committee: Training topics include the purpose of discipline proceedings, legal framework, procedures for referrals to the discipline committee, role of chair and panel members, outline of processes prior to the discipline hearing, overview of hearing procedure, role of independent legal counsel, deliberating effectively, agreed statements of fact and joint submissions on penalty, reasons for decision and post-hearing matters.** 6. **Fitness to Practise Committee: Training topics include introduction to incapacity, hearings, role of the panel and parties, types of hearings, experts, deliberations and reasons writing.**

		7. **Patient Relations Committee (PRC): Training topics include legislative mandate, role and responsibilities of the committee members, overview of existing PRC-led policies and initiatives, overview of the process to approve funding for therapy and counselling, communications projects, and strategic planning.**
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ✓ *No* ☐ **The RCDSO enhanced its training in 2021 to include half day sessions on each of:** • **fiduciary duty/apprehension of bias;** • **governance challenges and roles for the profession and public members;** • **equity, diversity and inclusion; and** • **strategy, financial and communication awareness, and transparency of RCDSO information.** **Orientation was rolled out in 4-half day modules from January – April 2021. Evaluations were conducted to enhance the content and delivery in 2022.**
		Additional comments for clarification (optional): **Committee members may also receive individual training on an as-needed basis for replacement committee members and mid-term plenary sessions on specific topics.**
	c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	The College fulfills this requirement: Yes ☐ Partially ☑ No ☐
		• Duration of orientation training: **3-8 hours.** • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): **New public member appointees are asked to voluntarily complete the same online "candidate eligibility course" as professional members who serve on Council: an online course of 1-2 hours duration with 6**

		learning modules and an assessment of 21 questions. Prior to attending any Council or committee meetings, new public members are provided with the orientation materials that were made available during Council orientation. In addition, they engage in a one-on-one sessions with the Registrar and receive individual committee orientation from senior staff. This was done in person until the pandemic and then virtually for the balance of 2020. • Insert link to website if training topics are public ***OR*** list orientation training topics: **https://www.rcdso.org/en-ca/rcdso-members/rcdso-candidate-eligibility-course**
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ✓ *No* ☐ **Beginning in 2021, the Council orientation program for registrants and public members will be comprised of 4 half-day virtual modules. Topics and dates outlined here.**
		Additional comments for clarification (optional):
1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; ii. Council	The College fulfills this requirement: Yes ☐ Partially ☑ No ☐
		• Year when Framework was developed ***OR*** last updated: **In November 2020 the first evaluation of a Council meeting was established. The evaluation form will evolve but it has already provided important input into the quality of materials and the importance of livestreaming the Council meeting.** • Insert a link to Framework ***OR*** link to Council meeting materials where (updated) Framework is found and was approved: <*insert link*> **Click here to view Council evaluation survey.**

		• Evaluation and assessment results are discussed at public Council meeting: Yes ☐ No ✓ **The evaluation results will be provided to Council beginning in May 2021 regarding the previous meeting.** • *If yes, insert link to last Council meeting where the most recent evaluation results have been presented and discussed:*
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? *Yes* ✓ *No* ☐
		Additional comments for clarification (optional) **The RCDSO has established a Governance Working Group (January 2021) to review and propose governance practices, including a systematic approach to Council evaluation. The Working Group will begin its work in early 2021 and will require 8 – 12 months to complete its work.**
	b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☑
		• A third party has been engaged by the College for evaluation of Council effectiveness: Yes ☐ No ✓ *If yes, how often over the last five years? <insert number>* • Year of last third-party evaluation: <*insert year*>

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? *Yes* ✓ *No* ☐
		Additional comments for clarification (optional) **The RCDSO has established a Governance Working Group (January 2021) to review and propose governance practices, including a systematic approach to Council evaluation. The Working Group will begin to meet in early 2021 and will require 8 – 12 months to complete its work. The plan will include recommendations for an external evaluation including a proposed frequency.**
	c. Ongoing training provided to Council has been informed by: i. the outcome of relevant evaluation(s), and/or ii. the needs identified by Council members.	The College fulfills this requirement: Yes ☐ Partially ☑ No ☐
		• Insert a link to documents outlining how outcome evaluations and/or needs identified by members have informed Council training; **N/A** • Insert a link to Council meeting materials where this information is found ***OR*** • Describe briefly how this has been done for the training provided over the last year. **The evaluation of Council meetings and educational needs has only recently started to be formalized. Meeting evaluations were implemented in November 2020 and will include information for more effective meeting preparation and meeting management, as well as educational needs that are based on strategic priorities and disruptions in the oral health care environment.** **Prior to this, Council training and education as taken place in a more informal manner, in relation to key initiatives of the RCDSO. For example, on March 5, 2020, Council received three presentations related to governance modernization: Legal environment in Ontario, College of Dental Surgeons of British Columbia, and General Dental Council UK (click the following link for the meeting materials). These presentations launched the RCDSO's strategic project on governance.**

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ✓ No ☐
		Additional comments for clarification (optional): **On the subject of Governance modernization, the training and education that RCDSO Council has received has included external expertise and perspectives. As noted above, the College hosted a Governance Symposium in March, 2020; the College's Governance Working Group contains external members (i.e., it is not solely comprised of members of Council to ensure an external perspective); the College has undertaken a cross-jurisdictional review of governance practices in Ontario, across Canada, and internationally; and Council has benefited from external speakers on a variety of governance matters.**

Standard 2 **Council decisions are made in the public interest.**		
Measure	**Required evidence**	**College response**
2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is accessible to the public.	The College fulfills this requirement: Yes ☑ Partially ☐ No ☐
		• Year when Council Code of Conduct and 'Conflict of Interest' Policy was implemented ***OR*** last evaluated/updated: **The RCDSO's expectations concerning conduct and conflicts of interest are captured in applicable by-laws (see below), rather than policies. RCDSO by-laws are accessible to the public on the College's website.** **1. Code of Conduct for Council members, Article 12 of By-laws: Last updated May, 2013*** **2. Conflict of Interest, Article 13 of By-laws: Last updated November, 2008*** **3. Disqualifications, General, Article 14 of By-laws: Last updated March 2016** **4. Disqualifications Code of Conduct, Article 15 of By-laws: Last updated December 2014**

		Note: There was a by-law consolidation that took place on December 31, 2014 where all by-laws were revoked and replaced and the numbering convention changed. While some housekeeping amendments took place at this time to some of the by-laws, substantive changes were not made through this process.** • Insert a link to Council Code of Conduct and 'Conflict or Interest' Policy ***OR Council meeting materials where the policy is found and was discussed and approved: **Click the following link for RCDSO By-laws.**
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)
	b. The College enforces cooling off periods[2].	The College fulfills this requirement: Yes ☑ No ☐
		• Cooling off period is enforced through: Conflict of interest policy ☐ By-law ✓ Competency/Suitability criteria ✓ Other <*please specify*> • The year that the cooling off period policy was developed ***OR*** last evaluated/updated: **Last update: 2018.** • How does the college define the cooling off period? **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**

[2] Cooling off period refers to the time required before an individual can be elected to Council where an individual holds a position that could create an actual or perceived conflict of interest with respect to his or her role and responsibility at the college.

		cooling off periods in respect of the association have been in place for more than 20 years, with the wording being revised over time, most recently in 2018. **The cooling off provisions include:** o **2 years have passed since one held an office or position of responsibility with a national or provincial association or organization [Articles 7.2.4(g) and 8.1.1 (g). 9.2.1(g) of By-laws last updated: June 2018]** o **2 years have passed since one held an office or position of responsibility with a corporation or entity owned or controlled by a national or provincial association or organization [Articles 7.2.4(g.1), 8.1.1(g.1), 9.2.1(g.1) of Bylaws last updated: June 2018** o **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]** o **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*]** – Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced; **Click the following link for RCDSO By-laws.** – insert a link to Council meeting where cooling of period has been discussed and decided upon; ***OR*** – where not publicly available, please describe briefly cooling off policy: **See above.** *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐*

		Additional comments for clarification (optional)
	c. The College has a conflict of interest questionnaire that all Council members must complete annually. <u>Additionally</u>: i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>.	The College fulfills this requirement: Yes ☐ Partially ☑ No ☐ • The year when conflict of interest the questionnaire was implemented ***OR*** last evaluated/updated **N/A (see below)** • Member(s) update his or her questionnaire at each Council meeting based on Council agenda items: Always ☐ Often ☐ Sometimes ☐ Never ☐ **N/A (see below)** • Insert a link to most recent Council meeting materials that includes the questionnaire: **N/A (see below)** *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes* ✓ *No* ☐ **Every professional Council member, at the time of election (2-year cycle) must complete a declaration that includes questions related to the eligibility criteria and potential conflicts.** **This is an area in need of development and will form part of the RCDSO's 2021 Action Plan.** *Additional comments for clarification (optional)*

	d. Meeting materials for Council enable the public to clearly identify the public interest rationale (See Appendix A) 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: Yes ☑ Partially ☐ No ☐ • Describe how the College makes public interest rationale for Council decisions accessible for the public: **Starting in January 2021, all new Council briefing notes contain a section on the "Public Interest". This section speaks to the specific topic and makes concrete links to the RCDSO's public interest mandate, the Strategic Plan priorities, and the importance of providing information for the College Performance Management Framework (CPMF). The briefing notes are part of the meeting materials that are available to the public via the RCDSO's website. The materials remain on the site. Meeting minutes are added when finalized.** • Insert a link to meeting materials that include an example of how the College references a public interest rationale: **See the January 2021 Council materials.** *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *Additional comments for clarification (if needed)*

Standard 3 The College acts to foster public trust through transparency about decisions made and actions taken.		
Measure	**Required evidence**	**College response**
3.1 Council decisions are transparent.	a. Council minutes (once approved) are clearly posted on the College's website. Attached to the minutes is a status update on implementation of Council decisions to date (e.g. indicate whether decisions have been implemented, and if not, the status of the implementation).	The College fulfills this requirement: Yes ☐ Partially ☑ No ☐
		• Insert link to webpage where Council minutes are posted: **Council meeting materials, including meeting minutes, are accessible on the RCDSO's website here. The RCDSO does not currently produce a discrete "status update" indicating which Council decisions have been implemented, however, a status update concerning the implementation of Council decision-items will form part of the College's 2021 Action Plan.**
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? *Yes* ✓ *No* ☐
		Additional comments for clarification (optional) **A status update concerning the implementation of Council decision-items will form part of the RCDSO's 2021 Action Plan.**
	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;	The College fulfills this requirement: Yes ☑ Partially ☐ No ☐
		• Insert a link to webpage where Executive Committee minutes / meeting information are posted: Executive Committee Meeting Summary – February 26, 2021.

	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.	*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *Additional comments for clarification (optional)* **Commencing March 2021, the RCDSO will implement a new practice following each Executive Committee meeting of posting on its website a summary of discussions and decisions made during the meetings, with recommendations going to Council for ratification and/or approval. RCDSO will also include the date of Executive Committee meetings on the College's website.**
	c. Colleges that have a strategic plan and/or strategic objectives post them clearly on the College's website (where a College does not have a strategic plan, the activities or programs it plans to undertake).	The College fulfills this requirement: Yes ☑ Partially ☐ No ☐ • Insert a link to the College's latest strategic plan and/or strategic objectives: **The RCDSO's Strategic Plan and Strategic Objectives can be found on the College's website here.** *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *Additional comments for clarification (optional)*

3.2 Information provided by the College is accessible and timely.	a. Notice of Council meeting and relevant materials are posted at least one week in advance.	The College fulfills this requirement: Yes ☑ Partially ☐ No ☐
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Notice of Council meetings, with materials, are posted here. **In addition, as of November 2020, all Council meetings are live-streamed online and are accessible to the general public.**
	b. Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g. allegations referred)	The College fulfills this requirement: Yes ☑ Partially ☐ No ☐
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Notice of Discipline Hearings are posted here.

DOMAIN 2: RESOURCES

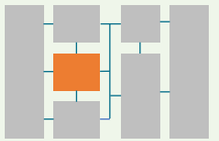
Standard 4

The College is a responsible steward of its (financial and human) resources.

Measure	Required evidence	College response
4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	a. The College's strategic plan (or, where a College does not have a strategic plan, the activities or programs it plans to undertake) has been costed and resources have been allocated accordingly. 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 ☑ Partially ☐ No ☐ • Insert a link to Council meeting materials that include approved budget ***OR*** link to most recent approved budget: **See Council meeting materials, November 17, 2020, 2021 Budget, pages 210-247, 252-263.** *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *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 furthermore, sets out the criteria for using the reserves; ii. possesses the level of reserve set out in its "financial reserve policy".	The College fulfills this requirement: Yes ☐ Partially ☑ No ☐ If applicable: • Insert a link to "financial reserve policy" ***OR*** Council meeting materials where financial reserve policy has been discussed and approved: **See Council meeting materials, November 17, 2020, 2021 Budget, pages 211, 249-251.** • Insert most recent date when "financial reserve policy" has been developed ***OR*** reviewed/updated: **Approved by Council November 17, 2020.** • Has the financial reserve policy been validated by a financial auditor? Yes ✓ No ☐ *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ✓ No ☐* *Additional comments for clarification (if needed)* **The RCDSO is engaged in a 3 – 5 year 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 ensuring that the organization has the workforce it needs to be successful now and, in the future (e.g. processes and procedures for succession	The College fulfills this requirement: Yes ✓ Partially ☐ No ☐ • Insert a date and link to Council meeting materials where the College's Human Resource plan, as it relates to the Operational and Financial plan, was discussed. **See Council meeting materials, November 17, 2020, 2021 Budget, pages 210-247, 252-263, and Strategic Plan Reports, pages 7-12.**

	planning, as well as current staffing levels to support College operations).	*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐*
		Additional comments for clarification (optional) **Council approved the RCDSO budget which includes salary, headcount and other HR costs, and is supportive of resourcing the College appropriately. Additionally, several important HR projects are identified in the RCDSO's strategic plan and regularly reported to Council, including Staff Development; Staff Performance; Remote Work; and training on Equity, Diversity & Inclusion.**

DOMAIN 3: SYSTEM PARTNER	
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.**	
Standard 6 **The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.**	
Standard 7 **The College responds in a timely and effective manner to changing public expectations.**	

	College response
Measure / Required evidence: N/A	***Colleges are requested to provide a narrative that highlights their organization's best practices for each of the following three standards. An exhaustive list of interactions with every system partner the College engages 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 that dialogue. For the initial reporting cycle, information may be from the recent past, the reporting period, or is related to an ongoing activity (e.g., planned outcomes).***
The three 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 three standards.	**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 within a health system where the profession it regulates 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:

<table>
<tr>
<td rowspan="2">Instead, Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health.

Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.

In preparation for their meetings with the ministry, Colleges have been asked to submit the following information:
o Colleges should consider the questions pertaining to each standard and identify examples of initiatives and projects undertaken during the reporting period that demonstrate the three standards, and the dates on which these initiatives were undertaken.</td>
<td colspan="2">• 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.).</td>
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<td>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive 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 “pushed” information by system partners, or where the College proactively seeks information in a timely manner.

• Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.
• 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).</td>
<td>Standard 7: The College responds in a timely and effective manner to changing public expectations.

Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner.

• 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? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).
• The College is asked to provide an example(s) of key successes and achievements from the reporting year.</td>
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College Response: Standard 5	**The RCDSO engages extensively with other regulators and system partners on a broad range of matters. Below are three specific examples of engagement that took place over 2020.** **Engagement: Highlights** **We consider engagement essential to performing our regulatory work and satisfying our mandate to protect and serve the public interest. There are three key examples that illustrate the RCDSO's engagement with system partners: COVID-19, Governance, and Direct to Consumer Orthodontics.** **1. COVID-19: Guidance to the Profession, Support to the Public, Adjustments to Regulatory Processes** **The RCDSO's response to the COVID-19 global pandemic has been extensive and has been informed by direct engagement with a range of system partners.** **a) Our Guidance Document, *COVID-19: Managing Infection Risks During in-person Dental Care*, contains common principles developed within a multi-stakeholder group comprised of representatives of all the oral health regulatory colleges in Ontario and the corresponding associations. These principles have grounded the guidance and resource each College or association has developed.** **Recent amendments incorporate feedback from Public Health Ontario, the Provincial Infectious Diseases Advisory Committee on Infection Prevention and Control, infectious diseases experts, and the Chief Medical Officer of Health.** **The requirements contained in the guidance have been informed by consultations with a range of stakeholders regarding the public health restrictions, emerging research and the application of both to dental practice: Faculties of Dentistry, Dental Regulatory Authorities across Canada, the Ontario Hospital Association, and Ontario Regulatory Colleges.** **We have engaged in tailored and specific outreach with oral health colleges to ensure close alignment of guidance and messaging around emerging issues. The Registrars of all four oral health colleges started to meet regularly in September 2020 to discuss collaboration opportunities.** **We have had regular meetings with the Ontario Dental Association to ensure consistency of messaging in our key resources and also consistency in response on emerging issues, such as testing, vaccinations, announcements from Premier Ford, and personal protective equipment. The guidance that the RCDSO developed for registrants on COVID-19 was translated by the Ontario Dental Association into a practical toolkit to assist the profession in complying with RCDSO and government guidance.** **We engage regularly Dental Regulatory Authorities in Canada, and relevant agencies (National Dental Examining Board of Canada, Commission on Dental Accreditation of Canada, Association of Canadian Faculties of Dentistry, Royal College of Dentists of Canada, and the Chief Dental Officer of Canada) to talk through the impact of the pandemic on examinations, accreditation, how public health direction applies to dentistry and how different jurisdictions are responding to emerging issues such as testing and vaccination.**

	b) Use of Teledentistry during the Pandemic: Based on restrictions imposed on the delivery of dental care in the earlier stages of the pandemic, the RCDSO took specific steps to address concerns of the public and to guide the profession. **We developed interim guidance to permit Teledentistry as a way to maintain access to oral health care and to assist registrants in triaging patient needs.** **c) Frequently Asked Questions and other Supports: We have drafted Frequently Asked Questions for the profession which responds to questions and queries received by our Practice Advisory Service from both the profession and the public.** **The webpage for the FAQs also contains links to supporting documents such as definitions of emergent, urgent and non-essential care, and direction on how to manage situations when patients cannot wear masks and require accommodation in accordance with registrants' obligations under the Ontario *Human Rights Code.*** **d) Support to the Public: We have a specific COVID-19 page for the public that contains frequently asked questions and links to supports provided by the Ministry of Health and Long-Term Care and TeleHealth Ontario.** **Earlier in the pandemic, when dental care was restricted to emergency care only, we also developed a list of clinics offering emerging care to assist patients in finding access to a dentist and supporting the RCDSO's overall commitment to improving access to oral health care.** **2. Direct to Consumer Orthodontics** **Direct to Consumer Orthodontics is an issue that emerged first in 2019 but is noteworthy given the extensive nature of the RCDSO's engagement with system partners.** **In order to understand this new model of delivery of orthodontic care and its implications for dental regulation and importantly to the public, the RCDSO engaged extensively with a range of stakeholders:** o **Smile Direct Club: the most prominent company providing direct to consumer orthodontics to date. We met with the clinical director to understand the business model, the involvement of Ontario dentists, and the ways in which the company complies with relevant Ontario law.** o **Ontario and Canadian Orthodontic Associations: to understand the orthodontic perspective and their concerns with the direct to consumer model from a clinical perspective.** o **American Association of Dental Boards to understand the American experience with direct consumer orthodontics as it emerged in the US before coming to Canada.** o **American Orthodontic Association: to understand the American orthodontist perspective.** o **Legal counsel: for American Dental Boards, for the American Orthodontic Association and our own counsel to understand how this model for**

	delivery of care maps onto the legal framework for regulation in Ontario. o **Colleges of Opticianry and Optometry to understand a comparable development in the direct-to-consumer delivery of eye glasses and contact lenses.** **Once the RCDSO obtained this baseline information we engaged in a number of meetings and talks to dental societies to clarify the information obtained to date on the business model and to clarify the College's role.** **The RCDSO engaged in a joint presentation to Canadian National Association of Regulators with the Colleges of Opticians and Optometry to discuss this new model of delivery of care, its implications for the public and the regulatory response chosen by each regulator.** **The RDCSO embarked on the development of a new Standard on Teledentistry that is not specifically targeting direct to consumer orthodontics but will capture this model of care delivery and set expectations for how dentists can engage in this model of care delivery while still ensuring that their legal and professional obligations to provide quality, safe professional care are met. This standard is in development and the work is being undertaken by a multidisciplinary working group comprised of public and dentist members of Council, dentist experts, and physician experts. The RCDSO will hold a broad stakeholder consultation on a draft of this standard in which feedback from the public, the profession and a broad range of stakeholders will be solicited.** **3) Governance** **The RCDSO's Strategic Plan contains seven strategic objectives. Objective #1 is that RCDSO governance is progressive and patient-centred. The project work involved in realizing this objective will likely span the duration of the Strategic Plan (until 2023). Engagement with system partners has been and will continue to be critical to this work. Efforts to date have involved:** o **March 2020: The RCDSO organized an educational symposium and think tank sessions for RCDSO Council, staff and invited guests. These invited guests included Martin Fletcher, CEO of the Australian Health Practitioner Regulation Agency; Dr. Chris Hacker, Registrar of the College of Dental Surgeons of British Columbia, Rebecca Durcan of Steinecke Macuira Leblanc, and David O'Flynn Registrar of the Dental Council of Ireland. These system partners each spoke of their own experiences with governance challenges and reforms.** o **As a direct result of this symposium and the think tank sessions, in June 2020, the RCDSO took one early concrete action: to make a by-law amendment setting out specific competencies as an eligibility requirement for Council elections.** o **August 2020: the RCDSO conducted a detailed analysis of the governance reforms announced by the government of British Columbia. Those reforms were captured in the August 2020 tri-partite report 'Recommendations to modernize the provincial health professional regulatory framework' and were informed by an earlier report by Harry Cayton, 'An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act'.** o **September 2020: the RCDSO conducted an extensive jurisdictional research scan to capture governance reform efforts in different jurisdictions in Ontario, across Canada and internationally to inform the RCDSO's own work in developing options for analysis and consideration by RCDSO Council.**

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November 2020: RCDSO Council received a presentation providing an overview of trends in governance reform both in Ontario, Canada and internationally. At that meeting, Council struck a Governance Working Group which will develop a governance vision for the RCDSO. The membership will include both public and professional members of Council, non-Council registrants, and external experts. In conducting this work the Working Group will be informed by the trends and experiences of system partners.
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<tr><td>College Response: Standard 6</td><td>
The RCDSO engages extensively with a broad range of partners. The chart below captures the major categories of partners and provides specific examples of the type of individuals or organizations with which we are engaged. This is not exhaustive.

Stakeholders and Partners:

<table>
<tr><td>Regulators</td><td>

Ontario Health Regulatory Colleges as part of the Health Professions Regulators of Ontario (HPRO) and the Advisory Group for Regulatory Excellence (AGRE) as well as outside of those meetings on a more informal basis.
Oral health regulators: Hygiene, Denturists, Dental Technologists; for focused and more tailored engagement
Ontario regulators outside the health sector such as College of Teachers, Law Society of Ontario, College of Social Work/Social Service Work, and College of Veterinarians.
Dental Regulators across Canada-under the Canadian Dental Regulatory Authorities Federation (CDRAF)
International regulators: Australian Health Practitioner Regulation Agency (AHPRA), Ireland dentistry, Dental Regulatory Boards from different states in the United States
Ontario Regulatory Access Consortium: comprised of representatives from Ontario regulatory Colleges (health and non-health) on registration matters.

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<tr><td>Associations/Agencies</td><td>

Associations for oral healthcare professions: Ontario Dental Association, Ontario Dental Hygiene Association, Association of Dental Technologists of Ontario, Denturist Association of Ontario, Denturist Group of Ontario
Regional Dental Societies across Ontario
Ontario Hospital Association
Information and Privacy Commissioner, Ontario
Public Health Ontario, Provincial Infectious Disease Advisory Committee on Infection Prevention and Control (PIDAC)
Royal Canadian Dental Corp (RCDC)
Chief Dental Officer of Canada
Commission on Dental Accreditation of Canada (CDAC)
National Dental Board Examination Body (NDEB)

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	Faculties	• **Faculties of Dentistry in Ontario: University of Toronto and Western University** • **Association of Canadian Faculties of Dentistry**
	Patient/Public	**We engaged in a broad number of public/patient focused organizations and advocacy groups for our Access to Care Symposium. A sample is below:** • **Oral Health, Total Health** • **Colour of Poverty** • **Canadian Association for People-Centred Health** • **The Center for Patient Protection** • **Canadian Child and Youth Health Coalition** • **The Canadian Alliance on Mental Illness and Mental Health** • **Canadian Academy of Health Sciences** • **Indigenous Services Canada**
	Miscellaneous	• **Industry: Insurance: Canadian Dental Service Plans Inc. (CDSPI); Smile Direct Club** • **Government: Ministry of Health (various branches), Ministry of Colleges and Universities**

College Response: Standard 7

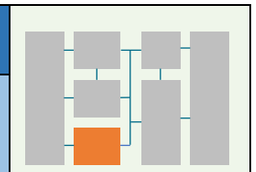
The RCDSO has responded to public expectations in a variety of ways over the reporting period. The following are key examples:

Public Expectation	RCDSO Response
Dental Offices adhere to current public health expectations for COVID-19	• **The RCDSO has produced multiple versions of comprehensive guidance for registrants to track, in real time, evolving expectations of government in relation to COVID-19.** • **The RCDSO has produced FAQs for registrants and continues to add to this document and its supporting documents in response to issues and concerns raised by the public either through system partners or through the RCDSO's Practice Advisory Service. One recent example: Resource on Masks and Exemptions. This resource speaks to the requirement to wear masks and registrants' obligations to accommodate under the Ontario *Human Rights Code.* The document was recently amended due to concerns raised through Practice Advisory Service of registrant non-compliance or poor communication.**

	Patients have access to clear information and resources on COVID-19	• **The RCDSO developed a specific webpage on COVID-19, tailored to the public. It includes FAQs and links to external resources from the Ministry of Health and Long-Term Care and TeleHealth Ontario**	
	Patients can continue to access dentists for care	• **In addition to the principal guidance, *COVID-19: Managing Risks of Infection during in-person Dental Care*, the RCDSO also developed guidance to permit registrants, for the first time, to leverage technology and provide dental care and supports virtually. COVID-19: Guidance for the Use of Teledentistry was developed to assess registrants in triaging patients and to support patient access to care** • **In the earliest stages of the pandemic, the RCDSO developed and posted a list of dental clinics that were providing emergency oral health care. This was intended to assist patients in finding clinics that were open and accessing needed care.**	
	Complaints should be resolved in a timely manner	• **RCDSO's timelines for processing complaints and registrar's investigations are not currently proceeding on satisfactory timelines.** • **The RCDSO has proactively identified opportunities for improvement and have implemented changes to increase efficiency. This has included re-structuring the entire department and adjusting investigative triage processes.** • **Some of this work has already begun but will continue into 2021 and will involve a more detailed review of internal processes, opportunities to maximize technology, and digitization to drive efficiency and increase responsiveness.**	
	College information is kept confidential and all privacy and confidentiality obligations are satisfied	• **In late 2020 the RCDSO reviewed its approach to managing privacy and confidentiality with a view toward ensuring that we are keeping pace with new amendments in the law, educating staff, and leveraging technology.** • **Two staff leads are currently receiving advanced training which relays the most recent amendments in privacy law and supports will be created to educate staff.**	

	The public receives a timely response to queries from RCDSO staff, despite the fact that our workforce is exclusively remote.	• **The RCDSO has taken a variety of steps to assist the public in accessing College staff throughout the pandemic when the workforce is entirely remote. The public can email or call staff.** • **In Q1 of 2021 we have integrated MS Teams calls to increase the ability of staff to answer calls from the public and the profession live.** • **Enhancing customer service or the customer experience (where the public is a key 'customer' group) will be a key area of focus in 2021 and into 2022. We are in the process of recruiting for a new role: Transformation and Innovation Lead.**	

DOMAIN 4: INFORMATION MANAGEMENT



Standard 8

Information collected by the College is protected from unauthorized disclosure.

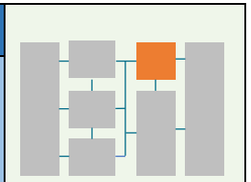
Measure	Required evidence	College response
8.1 College demonstrates how it protects against unauthorized disclosure of information.	a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds	The College fulfills this requirement: Yes ☑ Partially ☐ No ☐ • Insert a link to policies and processes ***OR*** provide brief description of the respective policies and processes. **The RCDSO has a range of policies that address privacy and confidentiality to ensure that the College's legal obligations are upheld in a variety of ways.** **<u>Privacy Code:</u>** o **The Privacy Code sets out the RCDSO's commitment to maintain the privacy and confidentiality of information it obtains in the course of fulfilling its regulatory objects, in keeping with its legal obligations under the *Regulated Health Professions Act, 1991* and the *Personal Health Information Protection Act 2004*. It outlines the principles to which the RCDSO adheres with respect to information collection, use, retention, disclosure and access.**

		Information Security and Acceptable Use Policy: o **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:** o **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:** o **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. The objectives of the Policy include that the RCDSO will comply with all records privacy requirements in applicable legislation.** **Records Management Procedures** o **The RCDSO has a number of specific records management procedures in place as part of the Records Management Program. From the perspective of ensuring the protection of information of a personal or sensitive nature, notable procedures include the Records Imaging Procedure – Scanning, which sets out privacy and security requirements in relation to the conversion of paper records to electronic records; and the Records Destruction Procedure – Analogue Records, which sets out requirements in relation to the secure destruction of records.**

		Workplace Social Media policy: o **This policy sets out the RCDSO's expectations for the appropriate conduct of employees using social media. The policy includes that each RCDSO employee is required to adhere to the strict privacy requirements of the College, including the confidentiality requirements of the *Regulated Health Professions Act, 1991*.** **Internal Social Media policy:** o **This policy includes a requirement that employees maintain confidentiality regarding RCDSO-related information, and that employees report to the Privacy Officer any sharing of confidential information in the social media space in error, improperly or inappropriately. This policy also prohibits employees from sharing anything via Twitter that would violate another RCDSO employee's right to privacy.** **IT security awareness training** o **In 2020, RCDSO staff participated 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. This training program seeks, through education of staff, to prevent any staff errors that could lead to a breach of the RCDSO's information systems and related services, and any associated privacy or confidential information breaches.** **IT security plans** o **The IT department of the RCDSO 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. 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", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional) **The RCDSO has a team of individuals to address matters concerning the management of confidential and private information within the College. This team will be available to staff for consultation with respect to such matters and will address any issues that arise regarding the unauthorized disclosure of confidential or private information. The team includes two privacy leads (one of whom is the designated Privacy Officer of the College), but will take a multidisciplinary approach including IT and data leads as well. The two privacy leads have recently completed an intensive course in privacy law and information management in the healthcare context, in order to ensure they have thorough and up-to-date knowledge on this subject.** **The RCDSO is currently developing a protocol for managing any unauthorized disclosure of confidential or private information. The protocol will formalize the process for any employee who believes or suspects that information has been disclosed in an unauthorized manner to report the incident, and for specific appointed individuals (currently, the two privacy leads) to take steps to contain the incident, assess the situation, and develop a strategy to address it.** **After the protocol for managing unauthorized disclosure of confidential or private information has been finalized and implemented, RCDSO employees will receive training on the protocol.** **The RCDSO is also currently developing a process for the regular keeping of statistics regarding any unauthorized disclosure of confidential or private information. These statistics will be regularly reviewed and considered, so that any patterns can be identified and appropriate steps can be taken to prevent further incidents wherever possible.** **The RCDSO intends to continue to bolster its policies and procedures concerning records in the next reporting period. The RCDSO's intentions include to review the Information Security and Acceptable Use Policy to ensure that records management aspects are addressed, and to develop records management procedures addressing storage, vital records, disaster recovery, archiving, and privacy.**

DOMAIN 5: REGULATORY POLICIES



Standard 9

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.

Measure	Required evidence	College response
9.1 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).	a. The College has processes in place for evaluating its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	The College fulfills this requirement: Yes ☑ Partially ☐ No ☐ • 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 ***OR*** describe in a few words the College's evaluation process (e.g. what triggers an evaluation, what steps are being taken, which stakeholders are being engaged in the evaluation and how). **At all times, the RCDSO seeks to ensure that Standards of Practice are accurate, comprehensive, reflective of the current practice environment, and serve the public's interest (for the purposes of this response, "Standards of Practice" may also include RCDSO Guidelines and Practice Advisories).** **The RCDSO utilizes a number of strategies to guide the evaluation of Standards of Practice, consistent with general best practices and the RCDSO's 2020 – 2023 Strategic Plan:** **Standard review cycle** o **RCDSO Standards are reviewed on a 5-year cycle; however, reviews may be expedited if needed (for instance, in response to changes in the practice landscape, new legislation, or direction received from Council).** o **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.** o **Additionally, in-keeping with the RCDSO's Strategic Plan, the College is aiming to have initiated or completed a review of 80% of Standards of Practice by the end of 2023.**

		Standards review and development - inputs o **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** o **The RCDSO has recently implemented an enhanced external consultation process that captures an expanded cross-section of stakeholder perspectives, including the public, dentists, experts, and other regulatory stakeholders, including Ontario's oral health colleges.** o **For existing Standards, a "preliminary consultation" may be undertaken if feedback is needed in respect to an existing document. This feedback will help to inform the development of a revised draft document.** o **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.** o **This approach ensures engagement with public perspectives and promotes alignment with other relevant systems partners, including Ontario's other oral health colleges.** o **Details concerning the RCDSO's Standards development and consultation process will be made public on the College's website.**
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)

	b. Provide information on when policies, standards, and practice guidelines have been newly developed or updated, and demonstrate how the College took into account the following components: 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.	The College fulfills this requirement: Yes ☑ Partially ☐ No ☐ • For two recent new policies or amendments, either insert a link to document(s) that demonstrate how those components were taken into account in developing or amending the respective policy, standard or practice guideline (including with whom it engaged and how) ***OR*** describe it in a few words. **Information is provided below concerning the following two documents:** **a) COVID-19: Managing Infection Risks During In-Person Dental Care (Updated January 2021)** **b) Use of Sedation and General Anaesthesia in Dental Practice** **i. Evidence and data.** **a) COVID-19 Guidance Document** - **Because our scientific understanding of COVID-19 is still incomplete, the RCDSO's COVID-19 Guidance is both reflective of available evidence while also prioritizing safety in the absence of evidence, or where evidence is unclear.** - **In formulating key principles, positions, and guidance, RCDSO staff reviewed available clinical data and sought out expert advice from clinical and policy experts in dentistry, medicine, and public health. This included:** o **A review of guidance from Public Health Ontario and the Chief Medical Officer of Health, including some direct discussions with Public Health Ontario and the Chief Medical Officer of Health for clarification.** o **Extensive reviews or scientific literature and published research.** o **Targeted stakeholder consultations focused on clinical and policy experts, including representatives from Public Health Ontario and academic dentistry**. **b) Use of Sedation and General Anaesthesia in Dental Practice** - **Because of the nature of the services provided and the risk to patients and the public, the RCDSO considers this particular Standard to be one of the most important documents we have. It is incorporated by reference in the Professional Misconduct Regulation under the Dentistry Act, such that contravention of this Standard may be considered professional misconduct.**

		- **As part of the review process and prior to convening an expert working group, a comprehensive jurisdictional scan was conducted, producing documents and other information from Canadian provincial and international dental regulatory authorities, the College of Physicians and Surgeons of Ontario (CPSO), the College of Nurses of Ontario (CNO), national and international dental and medical specialty associations and other organizations, dental and medical subject matters experts, the Canadian Standards Association, Health Canada, and related industry.** - **In addition, information and input was obtained from RCDSO processes, including Inquiries, Complaints and Reports Committee (ICRC) and the Facility Inspection department.** **ii. <u>The risk posed to patients / the public.</u>** **a) COVID-19 Guidance Document** - **The RCDSO's COVID-19: Managing Infection Risks During In-Person Dental Care document is focused on managing and mitigating risks posed to patients and the public, including risks associating with deferring oral healthcare needs and the risk of transmission occurring during in-person care.** - **The RCDSO has produced many versions of this document to track and reflect guidance from the Chief Medical Officer of Health and the provincial government. This has included tracking and referencing the colour-coded regional approach to public health restrictions.** - **In addition to reflecting public health restrictions the RCDSO has also taken significant proactive steps in this Guidance document to protect patients and the public. For example, in January 2021, the RCDSO's Guidance Document was updated to reflect the "second wave" of COVID-19. Given increasing rates of community transmission and an increasing risk of transmission in healthcare settings, the RCDSO's guidance was proactively revised to include stronger IPAC procedures and advice to registrants for supporting the Provincial stay-at-home order.** **b) Use of Sedation and General Anaesthesia in Dental Practice** - **As stated in the Standard, it is one of the most important documents we have because it literally concerns matters of life or death.** - **A key goal of the Standard is to ensure that patient safety is maintained throughout dental care, even when interventions involving higher risk are clinically indicated and employed, such as the use of sedation or general anaesthesia are clinically indicated. Safety is dependent on training,**

		careful patient selection and preparation, monitoring, equipment and emergency drugs, as well as continuing education on all of these elements. - As stated in the Standard, certain patient groups need greater attention: children, the elderly and medically-compromised people face particular challenges when receiving sedation or general anesthesia. - Children under 12 years of age - especially under 3 years of age – require even more diligent monitoring, as they have reduced physical reserves and impairment may occur rapidly. - The most current version of the Standard (approved by Council in late 2018) sets enhanced requirements and higher standards throughout, but especially to protect vulnerable patient groups. - These goals are supported by the RCDSO's robust inspection and review program to ensure that all registrants and related staff have the required training and experience to use sedation and general anesthesia safely and competently, and that all sedation and general anesthesia facilities in dentistry meet the required Standard. iii. The current practice environment. a) COVID-19 Guidance Document - The RCDSO's COVID-19 Guidance has been drafted with input from practising dentists to ensure that it is reflective of the current practice environment. - For example, the Guidance document provided guidance to ensure safety when specific dental procedures are provided, including aerosol generating procedures (AGPs). In recognition of the fact that many dental offices are open concept, the RCDSO Guidance set out expectations for how to modify the office (with temporary walls, doors, and enhanced air filtration) to ensure that any risks associated with AGPs in the current pandemic can be mitigated to the highest extent possible. - The guidance document also includes guidance to assist registrants in preparing their office to treat patients, guidance for patient intake and screening, guidance for office staff with respect to PPE, and other safety protocols. b) Use of Sedation and General Anaesthesia in Dental Practice - The Standard was reviewed and updated by an expert working group composed of educators and practitioners, representing general dentistry, dental anesthesia, oral and maxillofacial dentistry, pediatric dentistry and medicine, as well as patients and the public.

		- **The members of the expert working group were deliberately chosen to represent a diverse background of experience to ensure that the updated Standard was reflective of both the current practice environment as well as the current teaching of this important discipline.** - **As stated in the Standard, the document takes into account recent advancements in training, technology and knowledge, and provides clear guidance on staff training and requirements, patient selection and preparation, monitoring, equipment and emergency drugs, continuing competence and education, and reporting of adverse events.** **iv. Alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap).** **a) COVID-19 Guidance Document** - **The RCDSO has undertaken efforts to collaborate with / inform regulatory colleagues of upcoming changes to the COVID-19 Guidance Document. This has included (as key examples):** o **The development of common principles with all of Ontario's oral health colleges which underpin the guidance contained in the Guidance Document.** o **Participation in meetings of the Health Professions Regulators of Ontario (HPRO).** o **Targeted outreach with other oral health colleges, including providing senior staff with draft copies of RCDSO's guidance prior to the guidance being finalized.** - **Efforts to leverage system partnerships with other health regulatory Colleges will continue.** **b) Use of Sedation and General Anaesthesia in Dental Practice** - **The expert working group included diverse representation including members from medicine, dentistry, and the public.** - **As part of the review process, documents and other information was sought and obtained from the College of Physicians and Surgeons of Ontario (CPSO) and the College of Nurses of Ontario (CNO).** - **The Standard takes into account and is aligned with the CPSO's requirements for sedation and general anesthesia, as well as its Out of Hospital Premises Inspections Program (OHPIP) process.** - **The Standard incorporates requirements for physicians, nurses (nurse practitioners, registered nurses, and registered practical nurses) and respiratory therapists who are involved in the provision of sedation and general anesthesia services in a dental practice.**

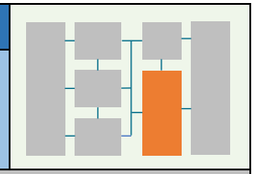
		v. Expectations of the public. **a) COVID-19 Guidance Document** - **The RCDSO is aware that patients expect safe access to care during the COVID-19 pandemic. For this reason, it is a foundational principle of the COVID-19 Guidance Document that patients must continue to receive continuity of care. The document further states that patients of record must have access to their dentist for guidance, support, and referral, where needed, but that access to oral healthcare must be balanced with the risks of contributing to the spread of COVID-19.** - **Registrants are provided with guidance (for instance, the option of managing care via teledentistry) to help achieve a compromise between providing continuity of care and protecting against the transmission of COVID-19.** - **The RCDSO has also taken the step of developing FAQs and other communications materials with a patient audience in mind.** - **Lastly, the public expects that the RCDSO's guidance will be updated as circumstances continue to change. For example, the RCDSO's COVID-19 Guidance Document has been reviewed and updated in response to changing rates of community transmission of COVID-19, emerging clinical evidence, and updates to the guidance and direction from the Chief Medical Officer of Health and the Provincial Government.** **b) Use of Sedation and General Anaesthesia in Dental Practice** - **As stated in the Standard, sedation and general anesthesia services are often beneficial and sometimes essential for the delivery of dental care to patients.** - **The RCDSO is keenly aware that patients and the public expect safe access to these services.** - **As the use of sedation and general anesthesia carries an element of risk, the Standard sets out the minimum requirements that all registrants must meet to maintain patient safety.** - **The RCDSO website provides patients and the public with information about our Standard and facility inspection program.**

		vi. **Stakeholder views and feedback.** **a) COVID-19 Guidance Document** - **In the course of developing and updating the RCDSO's COVID-19 Guidance Document, the College has consistently sought out meaningful stakeholder engagement. This has included external stakeholder consultations in both May and December 2020, seeking input from key subject matter experts (including dentists, physicians, and public health authorities).** **b) Use of Sedation and General Anaesthesia in Dental Practice** - **Following Council's approval, in principle, of the proposed Standard in June 2018, the RCDSO circulated the document to members and other stakeholders for 60 days for review and feedback.** - **The RCDSO received over 90 submissions, providing comments from general dentists, dental specialists, physicians, provincial and national dental associations and other organizations, and the Quebec dental regulatory authority (Ordre des Dentistes du Québec).** - **The expert working group was reconvened to consider these submissions and revised the proposed document.** - **The revised Standard received final approval in November 2018.**
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 10

The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.



Measure	Required evidence	College response
10.1 Applicants meet all College requirements before they are able to practice.	a. Processes are in place to ensure that only 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.)[3].	The College fulfills this requirement: Yes ☑ Partially ☐ No ☐ • Insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements ***OR*** describe in a few words the processes and checks that are carried out: **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 list are found here.** **If all documentation has not yet been received in support of the application, staff will contact the applicant with a list of all outstanding documentation / information required to assist the applicant in fulfilling the requirements for registration.**

[3] 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.

		• Insert a link ***OR*** provide 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.): **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 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.** • **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 care, 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 regulator which with they are licensed. The certificate of standing outlines any conduct history or disciplinary matters to which they have been subject. The Canadian dental regulators have developed one common form that is used by all jurisdictions.** • **If applicants have not been licensed in another jurisdiction but have completed a specialty program in that jurisdiction, the RCDSO requires that the Program Director / Department head forward a letter directly to the RCDSO confirming the start and end dates of the program and whether the applicant has been the subject of any complaints, investigations or proceedings during the length of the program.**

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		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).	The College fulfills this requirement: Yes ☑ Partially ☐ No ☐
		• 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.), link to Council meeting materials where these have been discussed and decided upon ***OR*** describe in a few words the process and checks that are carried out. **The language proficiency policy was reviewed in early 2019 with the view to expand the options available to applicants where evidence of language proficiency was required. Staff looked at the language proficiency policies of other Ontario health regulatory authorities and reviewed the language proficiency policies (if any) among the other dental regulatory authorities across Canada. Our research showed that our existing language proficiency policy fell short in comparison to other health regulatory authorities. The policy was revised and approved by the RCDSO's Registration Committee in July 2019.** **In early 2020 the registration department team started an in-depth review of the administrative policies and procedures in place with the purpose of modernizing our approach to best practices to assess whether an applicant meets the registration requirements.** • Provide the date when the criteria to assess registration requirements was last reviewed and updated. **In 2019 and 2020, as part of the RCDSO's overall Strategic Plan, staff have been reviewing our registration policies and procedures to ensure that they are relevant and up to date.**

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐ *Additional comments for clarification (optional)*
10.2 Registrants continuously demonstrate they are competent and practice safely and ethically.	a. Checks are carried out to ensure that currency[4] and other ongoing requirements are continually met (e.g., good character, etc.).	The College fulfills this requirement: Yes ☑ Partially ☐ No ☐ • Insert a link to the regulation and/or internal policy document outlining how checks are carried out and what the currency and other requirements include, link to Council meeting materials where documents are found and have been discussed and decided upon ***OR*** provide a brief overview: **The Registration regulation under the Dentistry Act contains requirements with respect to currency:** • **s. 16(1)3, 18(2)(5) of Ontario Regulation 205/94 made under the Dentistry Act, 1991** **Applications are vetted internally to ensure that the requirements are met. Where applicants do not meet the requirements for currency, 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 enter into an undertaking to be mentored or monitored by a member of good standing, approved by the RCDSO.** **In terms of character, applicants for licensure must complete an attestation related to their past and present conduct including any findings of guilt. Applicants who answer in the affirmative to any of these questions on their initial application will be required to submit further documentation such as medical reports, court documents, and any information they may have in their possession relative to the outcome of a complaint, investigation or proceeding.**

[4] 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).

		As indicated above, applicants who are licensed in other jurisdictions must include certificates of standing from any regulatory body with which they are licensed. **Existing members applying for renewal of licensure must complete a mandatory conduct questionnaire through the Member Resource Portal. This allows the RCDSO to obtain information relating to a member's conduct on an ongoing basis beyond the initial good character screen at time of application.** • **Link to Annual Renewal Process https://rcdso-app-staging.azurewebsites.net/en-ca/rcdso-members/dispatch-magazine/articles/2278** • List the experts / stakeholders who were consulted on currency: **In-house legal counsel and external legal counsel were consulted when updates to the annual conduct questionnaire were made in 2018 based on the new mandatory reporting obligations set out in the Health Professions Procedural Code, made under the Regulated Health Professions Act, 1991.** • **Regulated Health Professions Act, 1991, S.O. 1991, c. 18** **RCDSO staff also consulted with other health regulatory authorities where we participate in different forums to discuss and share our concerns / understanding of new legislative requirements applicable to all health regulatory authorities.** • Describe how the College monitors that registrants meet currency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done. **The RCDSO's Registration Department has processes to ensure that applicants meet the requirements for licensure either on a first application with the College or on renewal of licensure. Those processes have been described above and include currency of practice.** **The RCDSO's Quality Assurance program has separate expectations related to the competency of members skills and requirements for continuing education. Details of that program are set out in Standard 11 below.**

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐ *Additional comments for clarification (optional)*
10.3 Registration practices are transparent, objective, impartial, and fair.	a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement: Yes ☑ Partially ☐ No ☐ • Insert a link to the most recent assessment report by the OFC ***OR*** provide summary of outcome assessment report: **The most recent assessment report provided by the OFC was for the 2016 – 2018 assessment cycle. A link to the report can be found here.** • Where an action plan was issued, is it: Completed ☑ In Progress ☐ Not Started ☐ No Action Plan Issued ☐ ***2019 Fair Registration Practice's Report*** **A link to the RCDSO's 2019 Fair Registration Practice's Report to the OFC can be found here.** *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *Additional comments for clarification (if needed)*

Standard 11 **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.**		
Measure	**Required evidence**	**College response**
11.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	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).	The College fulfills this requirement: Yes ☑ Partially ☐ No ☐ • Provide a brief description of a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: – Name of Standard Infection Prevention and Control (IPAC) in the Dental Office **November 2018 (previous document February 2010)** – Duration of period that support was provided **Ongoing** – Activities undertaken to support registrants **1. Final approval of the new Standard by Council was communicated via Council Highlights (eblast).** **2. The Standard was posted on the RCDSO's website, along with four supporting documents: a self-audit tool (a version of which is used in RCDSO investigations, assessments and monitoring) and FAQs. In addition, information about the Standard was posted to social media (Twitter).** **3. The RCDSO's Practice Advisory Service provides direct support to registrants by answering telephone and written enquiries on various issues related to the Standard.**

		4. RCDSO staff developed a three-hour continuing education course, suitable for 3 CE points in our highest category (Category 1: Core Courses). The course reviews the principles and requirements in the Standard, includes practical "real-world" examples, and provides all oral healthcare workers with the knowledge to properly implement necessary IPAC measures in dental practice. In November 2019, the RCDSO began delivering this course, which was designed for live, in-person delivery at dental conferences, as well as component dental society and study club meetings. **5. The RCDSO has included questions related to the Standard in our online Practice Enhancement Tool (PET) assessment. The competency area of infection prevention and control is mandatory, such that all registrants taking the PET will have this competency area selected as part of their assessment at least once every two PET cycles in order to assess their competency as practicing dentists.** **6. Since July 2017 and along with the College of Dental Hygienists of Ontario (CDHO) the RCDSO has participated in ongoing consultations with Public Health Ontario (PHO) to develop and periodically revise two dental checklists (Core Elements and Reprocessing of Dental/Medical Equipment/Devices), which are used by Public Health Units when conducting on-site inspections of dental offices. These checklists are posted on the PHO website and linked to the RCDSO's Standard. These checklists, as well as the RCDSO's self-audit tool, enable registrants to proactively determine whether they are meeting the requirements of the Standard in their dental practice.** **7. Along with the PHO and Public Health Unit staff, the RCDSO participated in numerous continuing education presentations for registrants and dental staff at the regional level to review the principles and requirements in the Standard.** – % of registrants reached/participated by each activity **For items 1, 2, 5 and 6, the RCDSO has reached approximately 100% of registrants.** **For item 3, the Practice Advisory Service is available to 100% of registrants. In 2020, IPAC (including COVID-19) was the number one issue for telephone and email inquiries received by the Practice Advisory Service. For example, approximately 44% of telephone inquiries were related to IPAC (including COVID-19). Currently, the RCDSO is unable to report more accurate data on this subject,**

		as it has not collected such data on a granular case basis. However, over 2021 the RCDSO will be developing a data strategy and looking for ways we can leverage our IT systems to track and gather data in this area more consistently and deliberately. **For item 4, in late 2019 and early 2020, the RCDSO presented the IPAC continuing education course three times to audiences that included about 300 dentists, representing about 3% of registrants. Unfortunately, the arrival of the COVID-19 pandemic forced the RCDSO to cancel additional presentations that had been scheduled, but additional presentations are being scheduled in 2021.** **For item 7, in 2019, the RCDSO participated in several continuing education presentations with the PHO and Public Health Unit staff to audiences that included about 130 dentists, representing about 1% of registrants.** – Evaluation conducted on effectiveness of support provided **Following final approval of the new Standard by Council in November 2018, and from December 1, 2018 to December 31, 2020, a total of 2778 registrants completed a PET assessment that included the competency area of infection prevention and control. Approximately 98.6% of registrants were successful in this competency area.** • Does the College always provide this level of support: Yes ☐ No ✓ *If not, please provide a brief explanation:* **The RCDSO takes a risk-based approach to determine the level of support that is appropriate and several factors are considered, including:** o **The nature and complexity of the subject;** o **The potential for risk to patients and the public; and** o **Whether this is a new document or an extensive revision of a previous document.** **For subjects that are deemed higher-risk, the RCDSO provides more support. In addition to the Standard on Infection Prevention and Control in the Dental Office, recent examples of similar support of our guidance include:** o **Standard on the Use of Sedation and General Anesthesia in Dental Practice, November 2018**

		o Guidelines on the Role of Opioids in the Management of Acute and Chronic Pain in Dental Practice, November 2015 o Guidance on COVID-19: Managing Infection Risks During In-Person Dental Care, January 2021
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)
11.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation[5].	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; 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 if multiple assessment activities); and	The College fulfills this requirement: Yes ☑ Partially ☐ No ☐
		• List the College's priority areas of focus for QA assessment and briefly describe how they have been identified ***OR*** link to website where this information can be found: **As described in our Quality Assurance (QA) Regulation (O. Reg. 27/10: QUALITY ASSURANCE (ontario.ca)), the RCDSO has three types of assessments:** **1. Practice Enhancement Tool (PET) – This is an online assessment program. All registrants with a general or specialty certificate of registration must complete a PET assessment at least once every five years. A PET assessment consisting of 200 multiple choice and case study questions, covering six assigned competency areas. 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 same competency areas in which their results were unsatisfactory. In addition, a registrant may contact one of the RCDSO's Practice Enhancement**

[5] "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).

	iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	**Consultants to review and interpret their detailed PET assessment results and, if requested, assist them in developing a continuing education plan to address any area of weakness that has been identified.** **2. <u>Practice Assessment</u> – This is an in-person assessment, conducted by an assessor. 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.** **3. <u>Peer Assessment</u> – This is an in-person assessment, conducted by an assessor. It can be ordered by the QA Committee where registrants fail to meet their continuing education requirements. 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 members 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 our QA Program, including a description of requirements for CE activities, categories of CE activities, the e-Portfolio and the PET, please visit our website:** • **Quality Assurance Program (rcdso.org)** • **Continuing Education and the e-Portfolio (rcdso.org)** • **Practice Enhancement Tool (rcdso.org)**

		• Is the process taken above for identifying priority areas codified in a policy: Yes ☐ No ✓ *If yes, please insert link to policy* **As part of its Strategic Plan, the RCDSO is reviewing and updating the current Quality Assurance Committee (QAC) Risk Assessment Framework to better identify and stratify risk across all elements of the Quality Assurance (QA) Program. This will enable the 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. This work is scheduled for completion by the end of Q1 2021.** • 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 ***OR*** describe right touch approach and evidence used: **The RCDSO uses a right-touch or risk-based approach to inform our 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).** **By design, the RCDSO's QA Regulation integrates a risk-based approach to inform our assessment approach. The QA Program incorporates general requirements for all registrants with a general or specialty certificate of registration, including requirements for CE activities and the PET. 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 same competency areas in which their results were unsatisfactory. 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 will prepare 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).** • Provide the year the right touch approach was implemented ***OR*** when it was evaluated/updated (if applicable): **The RCDSO's QA Regulation came into force in February 2010 and the QA Program was launched in December 2011. The current QAC Risk Assessment Framework was implemented in October 2018.** *If evaluated/updated, did the college engage the following stakeholders in the evaluation:* – *Public* *Yes* ☐ *No* ☐ – *Employers* *Yes* ☐ *No* ☐ – *Registrants* *Yes* ☐ *No* ☐ – *other stakeholders* *Yes* ☐ *No* ☐

		• Insert link to document that outlines criteria to inform remediation activities ***OR*** list criteria: **The criteria to inform remediation activities are outlined in the current QAC Risk Assessment Framework.** **As noted above, the RCDSO is currently reviewing and updating the QAC Risk Assessment Framework to better identify and stratify risk across all elements of the QA Program. This work is scheduled for completion by the end of Q1 2021.**
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)
11.3The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.	a. The College tracks the results of remediation activities a registrant is directed to undertake as part of its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.	The College fulfills this requirement: Yes ☑ Partially ☐ No ☐
		• Insert a link to the College's process for monitoring whether registrant's complete remediation activities ***OR*** 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, which may result in more serious outcomes.** **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 College by way of an in-office review, usually for 24 months.** **If a registrant agrees to enter into a written Remedial Agreement with the College, they are provided with information to obtain suitable courses. The registrant is required to provide the RCDSO with written evidence of successful completion of any course by the specified date.**

		Following successful completion of required courses, an assessor is assigned to conduct an in-office review of the registrant's practice. In order to provide the registrant with sufficient time to act on what they have learned and make necessary changes to their practice, the first office visit usually takes place about three months following completion of remedial courses. **Registrants are provided with information describing the RCDSO's monitoring process.** • Insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation ***OR*** describe the process: **Following an office visit, the assessor generates a written monitoring report of their findings and any recommendations. A copy of the monitoring report is provided to the registrant for information and they are invited to submit a written response prior to it being reviewed by the QA Committee.** **The QA Committee will review the monitoring report and any written response from the registrant. The QA Committee will then make a determination to either continue monitoring the registrant's practice, should it decide that further monitoring is required to ensure the registrant demonstrates appropriate knowledge, skill and judgement, or it may direct that no further monitoring is required, as all of its concerns have been adequately addressed by the registrant.**
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (if needed)

Standard 12 **The complaints process is accessible and supportive.**		
Measure	**Required evidence**	**College response**
12.1The College enables and supports anyone who raises a concern about a registrant.	a. The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College's website and are 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).	The College fulfills this requirement: Yes ☑ Partially ☐ No ☐ • Insert a link to the College's website that describes in an accessible manner for the public the College's complaints process including, options to resolve a complaint and the potential outcomes associated with the respective options and supports available to the complainant: **RCDSO Website:** o File a Complaint (rcdso.org) o What Can I Do? (rcdso.org) o Sexual Abuse Complaints (rcdso.org) o Support for Victims of Sexual Abuse (rcdso.org) o Funding for Therapy and Counselling (rcdso.org) o Legal Support for Victims of Sexual Abuse (rcdso.org) o How the Process Works (rcdso.org) o Accessibility and Accommodation (rcdso.org) **YouTube Content:** o YouTube: What should I do if I have a problem with my dentist? o YouTube: Our ADR process o YouTube: Sexual Abuse Complaints **All of the above information (with the exception of the YouTube videos), as well as a detailed brochure outlining the complaints process, can be sent in hard-copy to complainants who do not have internet access.**

		• Does the College have policies and procedures in place to ensure that all relevant information is received during intake and at each stage of the complaints process: Yes ✓ No ☐ **The RCDSO engages with the complainant at the outset of the process to ensure that it gathers all relevant information during the investigation. The RCDSO's online complaint form requests information about other dental and health care practitioners who may have information that is relevant to the complainant's concerns. In addition, supporting documentation can be uploaded directly into the form. The Intake Team solicits missing information by email or telephone.** **Complaints are triaged according to the Risk Assessment Framework (described in Standard 13, Measure 13.1). The assigned investigator prepares an investigation plan setting out what information will be required, including documentation, patient records and/or interviews. The investigator then takes steps to collect that information and conduct any required interviews. Comments from parties to the complaint are collected and parties can contact the investigator throughout the investigation. At any stage in the process, a complainant can request a Human Rights Code related accommodation under the RCDSO's Accessibility and Accommodation Policy in order to fully access and participate in the College's investigation processes. This policy is posted on the RCDSO's website and information about the policy can be provided directly by College staff when requested.** • Does the College evaluate whether the information provided is clear and useful: Yes ✓ No ☐ **The RCDSO regularly reviews and updates website content, YouTube videos, and key communication documents (e.g. template correspondence, brochures). Recently, key communication documents were reviewed, evaluated and revised by an internal working group. In 2021, the RCDSO will be conducting a further review and assessment of the content on its website concerning the complaints process, discipline process and sexual abuse complaints, as well as the available videos and key communication documents as part of its continuous quality improvement initiatives.** *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐*

		Additional comments for clarification (optional) **The RCDSO's website and YouTube channel contain accessible and detailed information about the College's complaints process and how members of the public can raise concerns about a registrant. The website's main Complaints page is organized in a navigable, accessible format as follows:** o **"How do I make a complaint" - details information that complainants should provide when submitting a complaint. The website includes an online complaint form and email address which is directed to the Intake Team who responds to inquiries about the complaint process.** o **"How is my complaint investigated" – details the type of information typically collected as part of the investigation.** o **"How will the Inquiries, Complaints and Reports Committee (ICRC) deal with my complaint?" – details the decision options of the ICR Committee.** o **"Can the dentist or patient appeal the decision" – details the right to review by the Health Professions Appeal and Review Board.** o **"Can the ICR Committee award money or damages" – clarifies that the Committee cannot, by law, award compensation of any kind.** o **"Is there another option instead of the complaints process?" – offers alternative dispute resolution (ADR) for appropriate matters.** o **"How does ADR work?" – provides an overview of the ADR process.** **The RCDSO website also includes specific information for complainants about boundary violations and sexual abuse matters:** o **"Sexual Abuse Complaints" – defines sexual abuse and boundary violations, explains what people can expect when filing a complaint of this nature, and proactively answers questions around confidentiality.** o **"Support for victims of sexual abuse" – details the RCDSO's policy providing for a support person for individuals who make allegations about sexual abuse and/or boundary violations of a sexual nature.** o **"Funding for Therapy and Counselling" – explains the process for patients to apply for funding for therapy and counseling when alleging sexual abuse by a dentist.** o **"Legal Support for Victims of Sexual Abuse" – details the RCDSO's legal support for people appearing before a discipline committee to testify about sexual misconduct matters.**

		In addition, the website includes an explanation of the discipline process and the RCDSO's Accessibility and Accommodation Policy: o **"Dentists Subject to Discipline – How the Process Works".** o **"Accessibility and Accommodation: Professional Conduct and Regulatory Affairs Procedures".**
	b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement: Yes ☐ Partially ☑ No ☐
		• Insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures) **See below.**
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ✓ No ☐
		Additional comments for clarification (optional) **The RCDSO does not currently have specific data on this point, however, anecdotally, the RCDSO's Intake Team and Practice Advisory Team provides a custom response to inquiries about the complaints process with a goal of responding within 3 days. In addition, the RCDSO has a Service Standards Policy which states that phone messages and emails are to be returned within one business day. As part of its strategic plan, the RCDSO is enhancing its IT systems to capture this data and monitoring its social media interactions in order to track and report on this data as part of its 2021 report.**
	c. Examples of the activities the College has undertaken in supporting the public during the complaints process.	• List all the support available for public during complaints process: o **Online complaint form accessed from the RCDSO website which provides an easy and timely way for members of the public to raise concerns about a registrant.** o **Complaints email address (info@rcdso.org) for complainants to pose questions about the process or submit their complaint in email form.** o **Intake Team members are available to answer questions about the complaints process by phone, email or regular mail.**

		○ **Practice Advisory staff available to speak with complainants and answer questions about dental issues prior to filing a complaint.** ○ **RCDSO staff members are available to speak with complainants on a no-names basis prior to filing a complaint to answer questions and offer supports as appropriate.** ○ **Accessibility and Accommodation Policy provides accommodations under the Ontario Human Rights Code and Accessibility for Ontarians with Disabilities Act.** ○ **Translation services, written and oral, provided on an as-needed basis in multiple languages.** ○ **In-house staff who speak a variety of languages.** ○ **Complaints can be taken orally and transcribed for parties who are unable to provide complaints in written, electronic, or other means.** ○ **Support program for people alleging sexual abuse or boundary violations of a sexual nature.** ○ **Funding for therapy and counselling.** ○ **Legal Support for victims of sexual abuse.** ○ **Offer of in-person meetings or video calls with potential complainants when complaints are of a sensitive, traumatic, or sexual nature.** ○ **Redaction of personal contact information from the registrant to protect the safety and/or privacy of complainants as needed to facilitate their participation in the process.** • Most frequently provided supports in CY 2020: ○ **Online complaint form,** ○ **Complaints email address,** ○ **Intake Team members available to respond to inquiries,** ○ **Accessibility and Accommodation Policy,** ○ **Translation and Interpretation Services,** ○ **Support program for patients who may have experienced sexual abuse or boundary violations of a sexual nature.**
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)

12.2All 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 and are supported to participate in the process.	The College fulfills this requirement: Yes ☑ Partially ☐ No ☐ • Insert a link to document(s) outlining how all parties will be kept up to date and support available at the various stages of the process ***OR*** provide a brief description: ***Intake Stage*** **Complainants are supported at the outset of the process in the following ways:** o **The RCDSO has a dedicated team, the Intake Team, who are 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 for additional information or send out hard-copy brochures as requested. In addition, they may direct parties to other areas of the College for assistance, such as the Practice Advisory Service, as appropriate.** o **The Practice Advisory Service responds to inquiries from the public about dental issues and informs individuals about their option to file a complaint.** o **The RCDSO can facilitate oral complaints, arrange translation services and provide accommodations under the HRC and AODA as needed.** o **People complaining about sexual abuse or boundary violations of a sexual nature are offered an in-person meeting or video call with the Sexual Abuse Protocol Officer or other specially trained investigator to discuss their concerns. During this meeting they are provided with information about the various supports available and funding for therapy and counselling. Further detail on the supports available are set out later in this document.** o **The staff members assigned to these matters have completed the Toronto Police College *Sexual Assault Investigations* training course, attended various educational courses on trauma-informed investigations and advanced interview techniques, and attended presentations by recognized experts in the area of dealing with survivors of sexual abuse.**

		o **After a complaint is received, an investigator contacts the complainant by telephone to provide a detailed explanation of the RCDSO's complaints process, including:** - **The role of the neutral investigator** - **The RCDSO's fulsome disclosure practices** - **The estimated timelines for investigation** - **The panel composition and decision options** - **The rights of review to the Health Professions Appeal and Review Board** o **The complainant is also given the opportunity to ask questions, provide additional information and clarify any concerns they may have about filing a complaint, including whether or not they wish to proceed with a complaint. Complainants are provided with the contact details of the assigned investigator and may contact them at any stage to ask questions, provide information or raise concerns.** ***Investigation Stage*** o **The RCDSO makes contact with each of the parties to the complaint and provides information about the process, and relevant legislation. The intention is to ensure parties know what to expect and approximate timelines. In addition, forms to apply for funding for therapy and counselling (Funding for Therapy and Counselling (rcdso.org) and a brochure outlining the RCDSO's Support Program (Support for Victims of Sexual Abuse (rcdso.org) are sent to complainants alleging sexual abuse by a registrant.** o **After this initial letter, the parties are updated about the status of their file at the following stages:** 1. **Receipt of the registrant's response – a copy of the registrant's response, if one is submitted, is sent to the complainant and they are offered an opportunity to reply.** 2. **150 day status letter – the parties are notified that it has been 150 days since the complaint was filed and told that they will continue to be updated every 30 days.** 3. **210 day status letter – the parties are notified that it has been 210 days since the complaint was filed. Status update letters, with reasons for the delay in the investigation, are subsequently sent every 30 days.** 4. **Record of Investigation (ROI) – a copy of the ROI is disclosed and they are provided an opportunity to comment.**

		5. **Awaiting panel review – the parties are told once their file is placed on a list awaiting scheduling for review by a panel of the Inquiries, Complaints and Reports Committee (ICRC).** o **In 2020, two positions were created which are dedicated to maintaining regular verbal and written communication with parties to a complaint, following the disclosure of the ROI as a file awaits review by a panel of the ICR Committee.** ***Discipline Stage*** **If allegations in a complaint are referred to a discipline committee, the parties are updated at the following stages:** o **Before a referral to discipline,** o **When allegations are referred to the discipline committee for a hearing,** o **After the referral,** o **Prior to the hearing,** o **Once the hearing date has been set,** o **Once the Committee has made a decision.** ***Ongoing Supports Available During the Complaints Process*** **1. Sexual Abuse and Boundary Violation complaints** o **When the RCDSO receives complaints concerning sexual abuse and boundary violations of a sexual nature, there are additional supports available, including: a Sexual Abuse Protocol Officer (SAPO) who is available to speak with anyone making inquiries about sexual abuse or boundary violations of a sexual nature. The SAPO will communicate with them on a no-names basis as requested and/or meet in-person or by video to explain the RCDSO's process, answer questions, and discuss supports available.** o **There is a Support Program available at no cost for people alleging sexual abuse or boundary violations of a sexual nature.** o **Funding for therapy and counselling is available for patients that allege sexual abuse by a registrant.** o **Funding for legal support is available for people testifying at a discipline committee about sexual misconduct matters.**

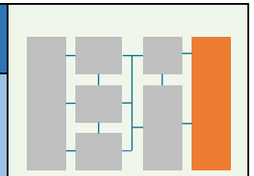
		2. Accessibility and Accommodation o **The RCDSO has an Accessibility and Accommodation policy offered pursuant to the Ontario Human Rights Code. The College also has an in-house Human Rights Protocol Officer who oversees this policy to ensure that the RCDSO is providing accommodations to the public that meet its obligations to accommodate Human Rights Code-protected needs up to the point of undue hardship.** **3. Translation Services** o **From initial inquiry through to final disposition of a complaint by a committee of the College, the RCDSO supports individuals who communicate in various languages by providing written and oral translation services. These services may be provided by multilingual staff members or an outside translator.** **4. Investigator** o **An RCDSO investigator will be available throughout the investigation to answer questions and receive information from the complainant by phone, email, or regular mail.**
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)

Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Measure	**Required evidence**	**College response**
13.1The College addresses complaints in a right touch manner.	a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement: Yes ☑ Partially ☐ No ☐ • Insert a link to guidance document ***OR*** describe briefly the framework and how it is being applied: **The Professional Conduct and Regulatory Affairs department of the RCDSO uses a framework - Professional Conduct and Regulatory Affairs Risk Framework (2020) - to guide the department's work in a risk-based approach. This Framework qualifies and quantifies risk in order to determine level of risk and proportionality of RCDSO resources and its departmental response.** **Further, the RCDSO employs a series of risk-based policies and frameworks to every complaint file to ensure it allocates its resources proportionately to the level of risk to the public. Objective #4 of the RCDSO's Strategic Plan is: "Continuous quality improvement and risk-based regulation informs the work of the College and the expectations the College sets for the profession."** **The frameworks are described below with the year they were implemented and are organized by investigative stage. Where applicable, a link to the RCDSO website is included:** o **Triage/Intake - Complaint Triage Risk Assessment Tool (2019)** **Complaints are triaged based on risk, using multi-factorial criteria for the purpose of determining the level of investigation which is proportionate to the level of public risk. The level of public risk will determine how the RCDSO proportionately devotes its investigate resources to ensure that all files are investigated in a timely manner, with special prioritization of high risk matters.** o **Triage/Intake and Mid-Investigation - Interim Order Assessment Tool (2018)** **The Tool guides Inquiries, Complaints and Reports Committee (ICRC) panel decision-making when considering making an interim order after the receipt of a complaint or appointment of an investigator if the panel feels the conduct of the registrant exposes or is likely to expose patients to harm or injury.**

		Link: RCDSO Risk Assessment Framework o **Scheduling for Panel** **The College uses an internal scheduling tool which allows for files to be flagged for priority scheduling with an ICR Committee panel. Files are identified for priority scheduling based on risk.** o **Panel Stage - ICRC Risk Assessment Framework (2015 and updated in 2018 to include the Interim Order Assessment Tool noted above).** **The Framework guides ICR Committee panel decision-making when addressing complaints and reports. The purpose of the Framework is to ensure consistent, fair and transparent decision-making that is guided by the panel's assessment of risk.** • Provide the year when it was implemented ***OR*** evaluated/updated (if applicable): *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *Additional comments for clarification (optional)*

Standard 14 The College complaints process is coordinated and integrated.		
Measure	**Required evidence**	**College response**
14.1 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: Yes ☐ Partially ☑ No ☐ • Insert a link to policy ***OR*** describe briefly the policy: • Provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as 'hospital', or 'long-term care home'). *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* *Yes* ✓ *No* ☐ **Historically, the RCDSO has utilized an informal policy when making decisions about the disclosure of concerns related to a registrant to other regulators and external system partners. This was done on a case-by-case basis related to matters such as registrant conduct history, IPAC, and to assist with police investigations. This information was not tracked for statistical purposes.** **In 2021, as part of the RCDSO's broader work to develop a data strategy, the College will be reviewing our current approach to sharing information to determine how we can track when and what we are sharing and how we can formalize and bolster our approach to sharing information.** *Additional comments for clarification (if needed)*

DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT



Standard 15

The College monitors, reports on, and improves its performance.

Measure	Required evidence	College response
15.1 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.	a. Outline the College's KPI's, including a clear rationale for why each is important.	The College fulfills this requirement: Yes ☑ Partially ☐ No ☐ • Insert a link to 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), link to Council meeting materials where this information is included ***OR*** list KPIs and rationale for selection: **The RCDSO implemented its first Strategic Plan in 2019. This Plan is being undertaken on a 3-year cycle with completion slated for 2023. The Strategic Plan and accompanying Strategic Objectives set the foundation for the RCDSO's Key Performance Indictors (KPIs), which are set out below (the College's draft Dashboard and KPIs can also be found beginning on page 13 of the November, 2020, RCDSO Council Meeting Package). These KPIs were selected following consultation with the management consulting firm Optimus SBR, which recommended a focused strategy based on a maximum of 9 – 10 KPIs.** **The RCDSO's KPIs (currently in draft form) will be finalized with the assistance of the College's Data Scientist and will be informed by the RCDSO's 2020 CPMF Report.** **The following KPIs do not represent all Strategic Projects arising from the Strategic Plan. Those projects that are operational in nature or that cannot be quantified with data have not been included. Instead, their progress will be reported through the broader Strategic Plan Report from the Executive Committee to Council.** **Additionally, the RCDSO has recently hired a new Data Scientist who will be providing support in reviewing the College's KPIs, making recommendations for future performance indicators, and assisting with reporting to Council.**

The RCDSO's KPIs

The RCDSO's (draft) KPIs are outlined below, along with a brief rationale.

KPI #1	**Targets: 90% of high-risk applications are completed in 60 days or less.**
	Rationale: This KPI reflects the Registration Department's risk-based approach. It will ensure that staff review applications that are of higher risk on a priority basis so that those can proceed through our process in a timely manner, including being forwarded to the Registration Committee for review. It supports the RCDSO in advancing its Strategic Objective: *Continuous quality improvement and risk-based regulation informs the work of the College and the expectations the College sets for the profession*.
KPI #2	**Target: 90% of high-risk conduct matters are completed in 270 days or less by the end of 2023 (targets for each year of the Strategic Plan: 35% of high-risk matters completed in 270 days by the end of 2021; 60% of high-risk matters completed in 270 days by the end of 2022).**
	Rationale: This KPI will ensure that conduct matters are triaged based on risk, and that high-risk conduct matters are investigated on a priority basis. It is grounded in the public interest and will help to advance the following Strategic Objective: *Continuous quality improvement and risk-based regulation informs the work of the College and the expectations the College sets for the profession*.
KPI #3	**Target: 90% of high-risk facility inspections are completed in 10 days or less by the end of 2021 (targets for each year of the Strategic Plan: 90% of high-risk inspections will be completed in 15 days by the end of 2020.**
	Rationale: This KPI will enhance patient safety by triaging facility inspections based on risk and ensure that high-risk inspections are conducted on a priority basis. It is grounded in public interest and patient safety, and will help to advance the following Strategic Objective: *Continuous quality improvement and risk-based regulation informs the work of the College and the expectations the College sets for the profession*.

		KPI #4	**Target: 80% of RCDSO Standards are under review or have been reviewed within the last 5 years by the end of 2023 (targets for reach year of the Strategic Plan: 50% of Standards under review or have been reviewed within the last 5 years by the end of 2020; 60% of Standards under review or have been reviewed within the last 5 years by the end of 2021; 70-75% of Standards under review or have been reviewed within the last 5 years by the end of 2022).**
			Rationale: This KPI will ensure that registrants have access to comprehensive and up-to-date guidance for the practice of dentistry. Up-to-date Standards support the provision of safe and effective care, and help to advance the following Strategic Objective: *Continuous quality improvement and risk-based regulation informs the work of the College and the expectations the College sets for the profession*.
		KPI #5	**Target: 90% of high-risk QA matters are addressed in 150 days or less by the end of 2021 (targets for each year of the Strategic Plan: 90% of high-risk matters are addressed in 180 days or less by the end of 2020).**
			Rationale: This KPI will ensure that Quality Assurance matters of high-risk are identified and addressed on a priority basis. This supports the public interest, promotes patient safety, and will helps to advance the following Strategic Objective: *Continuous quality improvement and risk-based regulation informs the work of the College and the expectations the College sets for the profession*.
		KPI #6	**Target: 100% of issues identified and responded to have direct alignment with the RCDSO's mandate.**
			Rationale: This KPI supports the RCDSO in identifying and responding to issues in the external environment that are aligned with its mandate and objectives. It focuses the RCDSO's efforts on matters with direct alignment with its statutory mandate. **This KPI helps to advance the following Strategic Objective*: Potential external disruptors are anticipated and addressed.***

		KPI #7	**Target: RCDSO Governance Assessment is completed by June 2020; recommendations proposed to Council in November 2020; Governance Reform underway by November 2020.**
			Rationale: This KPI will ensure a modern and effective governance structure aligned with current best practices (for instance, Council size and composition, and the introduction of mandatory competencies for Council members). **Progress has already been made against this KPI with the striking of a Governance Working Group (approved by Council in November 2020), that will make recommendations concerning Governance modernization.** **This KPI helps to advance the following Strategic Objective: *College governance is progressive and patient-centered.***
		KPI #8	**Target: Develop a metric of total engagement or outreach activities that are directed to a public audience; 30% of overall resources are directed to a public audience; 50% of all stakeholders identified through stakeholder analysis are public/patient-centric; develop an RCDSO social media strategy (end of 2020).**
			Rationale: This KPI will support the RCDSO's efforts to achieve enhanced engagement with the public and registrants (for instance, through enhanced consultation process, external communications, and patient-centered initiatives). **This KPI helps to advance the following Strategic Objective: *We build engagement with patients and dentists*.**
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐	
		Additional comments for clarification (if needed)	

	b. Council uses performance and risk information to regularly assess the College's progress against stated strategic objectives and regulatory outcomes.	The College fulfills this requirement: Yes ☐ Partially ☑ No ☐
		• Insert a link to last year's Council meetings materials where Council discussed the College's 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: **As noted above, the RCDSO's first Strategic Plan (2020 – 2023) was approved in 2019 and forms the basis for Key Performance Indicators (KPIs).** **As part of implementing the Strategic Plan, the RCDSO has undertaken the development of new data management systems and processes that will support data collection, analytics, and reporting (including the modernization of the RCDSO's Customer Relations Management [CRM] systems). These resources are essential for the evaluation of RCDSO performance against the Strategic Plan and to support reporting to Council. As these resources are still under development, a full reporting to Council concerning the RCDSO's performance against the Strategic Plan and KPIs has not been possible, however, we anticipate that these discussions will form a substantive part of all future meetings of Council.** **In the meantime, a risk-based approach to regulation is a key Strategic Objective under the RCDSO's Strategic Plan, and informs the College's overall approach to regulation.**
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ✓ No ☐
		Additional comments for clarification (if needed)

15.2 Council directs action in response to College performance on its KPIs and risk reviews.	a. Where relevant, demonstrate how performance and risk review findings have translated into improvement activities.	The College fulfills this requirement: Yes ☐ Partially ☑ No ☐ • Insert a link to Council meeting materials where relevant changes were discussed and decided upon: **As noted above, Council has not yet directed specific action in response to the RCDSO's Key Performance Indicators (KPIs).** **In general, a risk-based approach to regulation is a key Strategic Objective under the RCDSO's Strategic Plan and informs the development of new infrastructure and processes across the College that evaluate and respond to risk.** *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ✓ No ☐* *Additional comments for clarification (if needed)*
15.3 The College regularly reports publicly on its performance.	a. Performance results related to a College's strategic objectives and regulatory activities are made public on the College's website.	The College fulfills this requirement: Yes ☑ Partially ☐ No ☐ • Insert a link to College's dashboard or relevant section of the College's website: **Where they are available, performance results related to the RCDSO's Strategic Objectives and other regulatory activities are communicated as part of the package of materials submitted to each meeting of Council. These materials are posted publicly on the RCDSO's website.** **For example, the Strategic Plan Report to Council, including a draft Dashboard including the RCDSO's Key Performance Indicators, can be found beginning on page 4 of the November, 2020, Council Meeting Package.**

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

PART 2: CONTEXT MEASURES

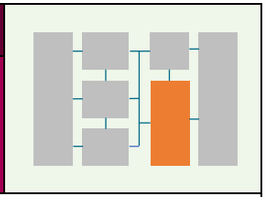
The following tables require Colleges to provide **statistical data** that will provide helpful context about a College's performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are 'good' or 'bad' without having a more in-depth understanding of what specifically drives those results.

In order to facilitate consistency in reporting, a recommended methodology 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 methodology other than outlined in the following Technical Document, the College is asked to provide the methodology in order to understand how the College calculated the information provided.

Domain 6: Suitability to Practice



Standard 11

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.

Statistical data collected in accordance with recommended methodology or College own methodology: ☑ Recommended ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 1. Type and distribution of QA/QI activities and assessments used in CY 2020*

Type of QA/QI activity or assessment	#
i. Continuing Education (CE) activities	10726
ii. e-Portfolio review	284
iii. Practice Enhancement Tool (PET) assessment	760
iv. Peer assessment	NR
v. Practice assessment	NR
vi. *<Insert QA activity or assessment>*	
vii. *<Insert QA activity or assessment>*	
viii. *<Insert QA activity or assessment>*	
ix. *<Insert QA activity or assessment>*	
x. *<Insert QA activity or assessment>*	

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).*

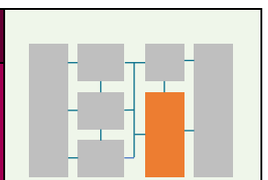
The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2020. The diversity of QA/QI activities and assessments is reflective of a 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 13(a) of Standard 11.

* *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** = Non-reportable: results are not shown due to < 5 cases*	

Additional comments for clarification (if needed)

CM 1.i. All registrants with a general or specialty certificate of registration are required to participate in the Quality Assurance Program. This includes pursuing Continuing Education activities and keeping a log of them in their online e-Portfolio, which is an online tool provided by the College for registrants to log and track their Continuing Education activities.
CM 1.ii. The QA Committee suspended the QA program from March 16, 2020 to December 31, 2020, due to the pandemic. This number reflects the total number of registrants who had their e-Portfolio review completed in 2020. This number does not include two registrants who had their e-Portfolio reviewed as part of a practice assessment.
CM 1.iii. The QA Committee suspended the QA program from March 16, 2020 to December 31, 2020, due to the pandemic. This number reflects the total number of registrants who completed their online PET assessment in 2020.
CM 1.iv. This number reflects the total number of registrants who had a peer assessment completed and a decision rendered by the QA Committee in 2020.
CM 1.v. This number reflects the total number of registrants who had a practice assessment completed and a decision rendered by the QA Committee in 2020.

DOMAIN 6: SUITABILITY TO PRACTICE



Standard 11

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

Statistical data collected in accordance with recommended methodology or College own methodology: ☑ Recommended ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

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 him or her to the College's QA Committee.*
CM 2. Total number of registrants who participated in the QA Program CY 2020	1013		

CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation. *	NR	NR	*The information provided here shows how many registrants who underwent an activity or assessment in CY 2020 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.*

Additional comments for clarification (optional)

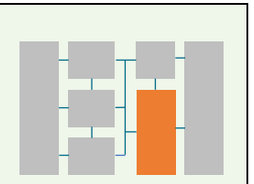
CM 2. This number reflects the total number of registrants who had their e-Portfolio review completed and/or who completed their online PET assessment in 2020, including 31 registrants who completed both an e-Portfolio review and a PET assessment.
CM 3. This number reflects the total number of registrants who entering into a Remedial Agreement at the direction of the QA Committee in 2020.

** NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)*

Domain 6: Suitability to Practice

Standard 11

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.



Statistical data collected in accordance with recommended methodology or College own methodology: ☑ Recommended ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)			
CM 4. Outcome of remedial activities in CY 2020*:	#	%***	***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*
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation**	NR	NR	

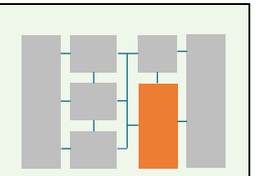
II. Registrants still undertaking remediation (i.e. remediation in progress)	NR	NR	*QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.*

Additional comments for clarification (if needed)

CM 4.I. This number includes one registrant whose remediation commenced in 2019 and was concluded in 2020.
CM 4.II. This number includes two registrants whose remediation remain in progress from 2019 and one registrant whose remediation commenced in 2020.
***** As indicated in the technical specifications, the denominator of the percentage should align with the numerator of CM 3. However, CM 4i allows for the inclusion of registrants who completed remediation that originated in previous years. The RCDSO has calculated the denominator for CM 4i and CM 4ii using the following criteria: All registrants who demonstrated required knowledge, skills and judgment following remediation from current and previous years PLUS all registrants still undertaking remediation (i.e. remediation in progress) from current and previous years.**

** NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)*
*** This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2020.*

Domain 6: Suitability to Practice



Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology: ☑ Recommended ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 5. Distribution of formal complaints* and Registrar's Investigations by theme in CY 2020	Formal Complaints received‡		Registrar Investigations initiated‡	
Themes:	#	%	#	%
I. Advertising	11	2%	0	0%
II. Billing and Fees	132	24%	5	16%
III. Communication	166	30%	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	400	72%	22	69%
V.	Fraud	8	1%	0	0%
VI.	Professional Conduct & Behaviour	57	10%	NR	NR
VII.	Record keeping	54	10%	6	19%
VIII.	Sexual Abuse / Harassment / Boundary Violations	11	2%	NR	NR
IX.	Unauthorized Practice	0	0	NR	NR
X.	Other <*please specify*>	NR	NR	NR	NR
Total number of formal complaints and Registrar's Investigations**		**557**	**100%**	**32**	**100%**

* ***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 inquires and other interactions with the College that do not result in a formally submitted complaint.*
***Registrar's Investigation**: Where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her 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.*

ǂ ***NR** = Non-reportable: results are not shown due to < 5 cases (for both # and %)*

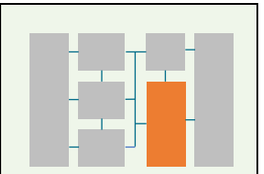
** *The requested statistical information (number and distribution by theme) recognizes that formal complaints and registrar's investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number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

Additional comments for clarification (if needed)

Domain 6: Suitability to Practice

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology: ☑ Recommended ☐ College methodology

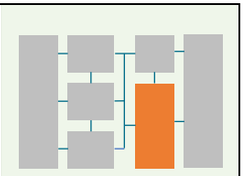
If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2020	451		
CM 7. Total number of ICRC matters brought forward as a result of a Registrars Investigation in CY 2020	38		
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 2020	32		
CM 9. Of the formal complaints* received in CY 2020**:	#	%	
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)ǂ	52	9%	
II. Formal complaints that were resolved through ADR	32	6%	
III. Formal complaints that were disposed** of by ICRC	30		
IV. Formal complaints that proceeded to ICRC and are still pending	5	1%	
V. Formal complaints withdrawn by Registrar at the request of a complainant Δ	14	3%	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	6	1%	
VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	NR	NR	

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 committee that investigates concerns about its registrants.*

** ***Disposal:*** *The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).* * ***Formal Complaints:*** *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 inquires and other interactions with the College that do not result in a formally submitted complaint.* ǂ ***ADR****: Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.* Δ *The Registrar may withdraw a formal complaint 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.* # *May relate to Registrars Investigations that were brought to 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 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 ICRC.* ϕ ***Registrar's Investigation:*** *Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her 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.* ***NR*** *= Non-reportable: results are not shown due to < 5 cases (for both # and %)*	
Additional comments for clarification (if needed) **CM 9. The total number of formal complaints that were filed with the College in CY 2020 was 557.** **CM 9.II. Formal complaints that were resolved through ADR - This was calculated using the date of resolution as being the date that the Facilitator's Report is signed by both parties.** **CM 9 IV. This calculation includes files that were brought to a panel of ICRC for a frivolous and vexatious disposition but were not deemed frivolous and vexatious and no decision was issued in 2020.**	

DOMAIN 6: SUITABILITY TO PRACTICE



Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology: ☑ Recommended ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)	**Additional note: The totals reported below represent the results of analysis undertaken in accordance with the Ministry's *Technical Specifications for Quantitative CPMF Measures* document, which defines the recommended methodology for calculating quantitative measures that form part of the CPMF Report.** **In keeping with the Ministry's instructions, the following table includes all complaints which resulted in a decision that was provided to the registrant and the complainant. It is not restricted to only complaints in which an allegation was proven, but also includes complaints where the College's Inquiries, Complaints, and Reports Committee (ICRC) concluded that the complaint had no basis and/or an allegation was unsubstantiated.** **In order to more clearly represent this distinction concerning complaints alleging sexual abuse, harassment, and /or boundary violations, which are an area of priority for the College and a priority issue as set out in the Regulated Health Professions Act, two figures are reported at Row VIII.:** **1. 5 = the total number of ICRC decisions concerning Sexual Abuse / Harassment / Boundary Violations that resulted in no further action, including allegations that were found to be unsubstantiated by the Committee.** **2. NR (i.e., less than 5) = the number of ICRC decisions in which the Committee found evidence of Sexual Abuse / Harassment / Boundary Violations but took no further action. This could occur, for example, in a situation where the registrant was no longer entitled to practice.**

CM 10. Total number of ICRC decisions in 2020	505						
Distribution of ICRC decisions by theme in 2020*	# of ICRC Decisions‡						
Nature of issue ***Includes the nature of issues as identified in Committee materials, including unproven allegations**	Take no action	Proves advice or recommendations	Issues an oral caution	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	14	NR	NR	0	0	0	0
II. Billing and Fees	89	25	NR	7	0	NR	NR
III. Communication	106	49	NR	NR	0	NR	0
IV. Competence / Patient Care	247	97	17	41	NR	NR	12
V. Fraud	NR	NR	NR	NR	0	0	0
VI. Professional Conduct & Behaviour	16	7	NR	NR	0	0	0
VII. Record keeping	25	41	12	28	NR	NR	11
VIII. Sexual Abuse / Harassment / Boundary Violations	5* | NR**	NR	0	0	0	NR	0
IX. Unauthorized Practice	NR	0	0	0	0	NR	0
X. Other: (contravene a law, failure to comply with	8	5	5	NR	0	9	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 2020.*

*‡ **NR** = Non-reportable: results are not shown due to < 5 cases.*

++ 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 findings.

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)

***VIII. Sexual Abuse / Harassment / Boundary Violations (n=5): The total number of ICRC decisions concerning Sexual Abuse / Harassment / Boundary Violations that resulted in no further action, including allegations that were found to be unsubstantiated.**
****VIII. Sexual Abuse / Harassment / Boundary Violations (n=NR): The number of ICRC decisions in which a Committee found evidence of Sexual Abuse / Harassment / Boundary Violations but took no further action. This could occur, for example, in a situation where the registrant was no longer entitled to practice.**

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology: ☑ Recommended ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

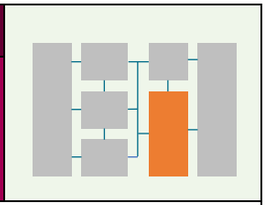
Context Measure (CM)		
CM 11. 90th Percentile disposal* of:	Days	***What does this information tell us?*** *This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar's investigations are being disposed by the College.* *The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar's investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar's investigation undertaken by, the College.*
I. A formal complaint in working days in CY 2020	587	
II. A Registrar's investigation in working days in CY 2020	718	

* ***Disposal Complaint:*** *The day where a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).*
* ***Disposal Registrar's Investigation:*** *The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).*

Additional comments for clarification (if needed)

Our current timelines for processing complaints and Registrar's investigations do not meet our statutory targets. In 2020, the RCDSO began restructuring in this area, supported by data and analysis provided by a new Customer Relationship Management system (CRM). Further planning and process changes will aim to significantly improve timelines for 2021 and beyond. These changes are part of an organization-wide transformation that aims to improve stakeholder experience in every aspect of our work.

DOMAIN 6: SUITABILITY TO PRACTICE



Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology: ☐ Recommended ☑ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

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. ** *The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.*
I. An uncontested^ discipline hearing in working days in CY 2020	230	
II. A contested# discipline hearing in working days in CY 2020	0	

* ***Disposal:*** *Day where all relevant decisions were provided to the registrant and complainant 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).*

^ ***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.*

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

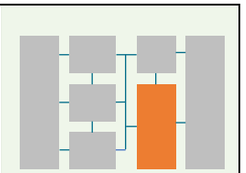
Additional comments for clarification (if needed)

In 2020, the College held 11 uncontested discipline hearings. The 90th percentile disposal in working days for 9 of those hearings was 230 days. These long timelines reflect the delay caused by the need to reschedule hearings due to the global pandemic.

Two additional hearings held in 2020 took significantly longer because:

(i) registrant(s) were incarcerated and/or involved in criminal proceedings at the same time which resulted in delays to the discipline proceedings which were outside the control of the College; (ii) registrant(s) required accommodations under the *Human Rights Code* which delayed the discipline proceedings; (iii) matters were previously proceeding on a contested basis with the need for multiple hearing days and later were resolved.

DOMAIN 6: SUITABILITY TO PRACTICE



Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology: ☑ Recommended ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 13. Distribution of Discipline finding by type*

Type		#
I.	Sexual abuse	NR
II.	Incompetence	NR
III.	Fail to maintain Standard	5
IV.	Improper use of a controlled act	NR
V.	Conduct unbecoming	0

What does this information tell us? *This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar's Investigation is referred to the Discipline Committee by the ICRC.*

VI.	Dishonourable, disgraceful, unprofessional	11	
VII.	Offence conviction	NR	
VIII.	Contravene certificate restrictions	NR	
IX.	Findings in another jurisdiction	0	
X.	Breach of orders and/or undertaking	0	
XI.	Falsifying records	NR	
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.*

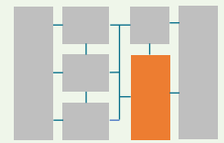
***NR** = Non-reportable: results are not shown due to < 5 cases.*

Additional comments for clarification (if needed)

Domain 6: Suitability to Practice

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology: ☑ Recommended ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 14. Distribution of Discipline orders by type*

Type		#
I.	Revocation+	NR
II.	Suspension$	7
III.	Terms, Conditions and Limitations on a Certificate of Registration**	26
IV.	Reprimand^ and an Undertaking#	NR
V.	Reprimand^	7

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.*

* *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 be equal and may not equal the total number of discipline cases.*

\+ *Revocation of a 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 his/her ability to practice the profession.*

$ *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 himself/herself 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.*

** *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.*

^ *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 his or her practice*

\# *An undertaking is a written promise from a registrant that he/she will carry out certain activities or meet specified conditions requested by the College committee.*

***NR** = Non-reportable: results are not shown due to < 5 cases*

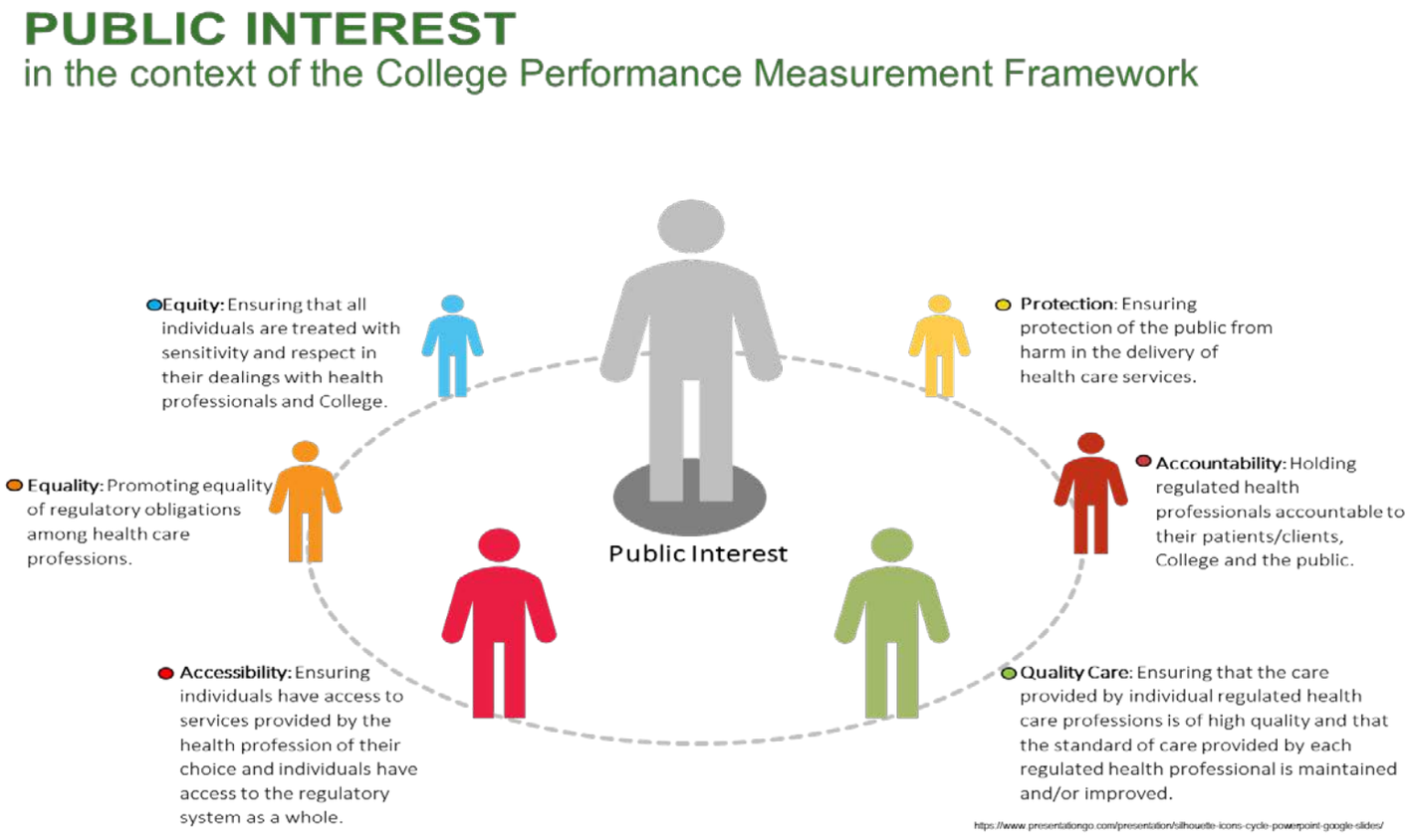
Additional comments for clarification (if needed)

Royal College of
Dental Surgeons of Ontario

For questions and/or comments, or to request permission to use, adapt or reproduce the information in the CPMF please contact:

Regulatory Oversight and Performance Unit
Health Workforce Regulatory Oversight Branch
Strategic Policy, Planning & French Language Services Division
Ministry of Health
438 University Avenue, 10th floor
Toronto, ON M5G 2K8

E-mail: RegulatoryProjects@Ontario.ca

Appendix A: Public Interest

When contemplating public interest for the purposes of the CPMF, Colleges may wish to consider the following (please note that the ministry does not intend for this to define public interest with respect to College operations):