

# College Performance Measurement Framework (CPMF) Reporting Tool

March 2022

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# Introduction

## The College Performance Measurement Framework (CPMF)

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

1. strengthen accountability and oversight of Ontario’s health regulatory Colleges; and
2. help Colleges improve their performance.

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

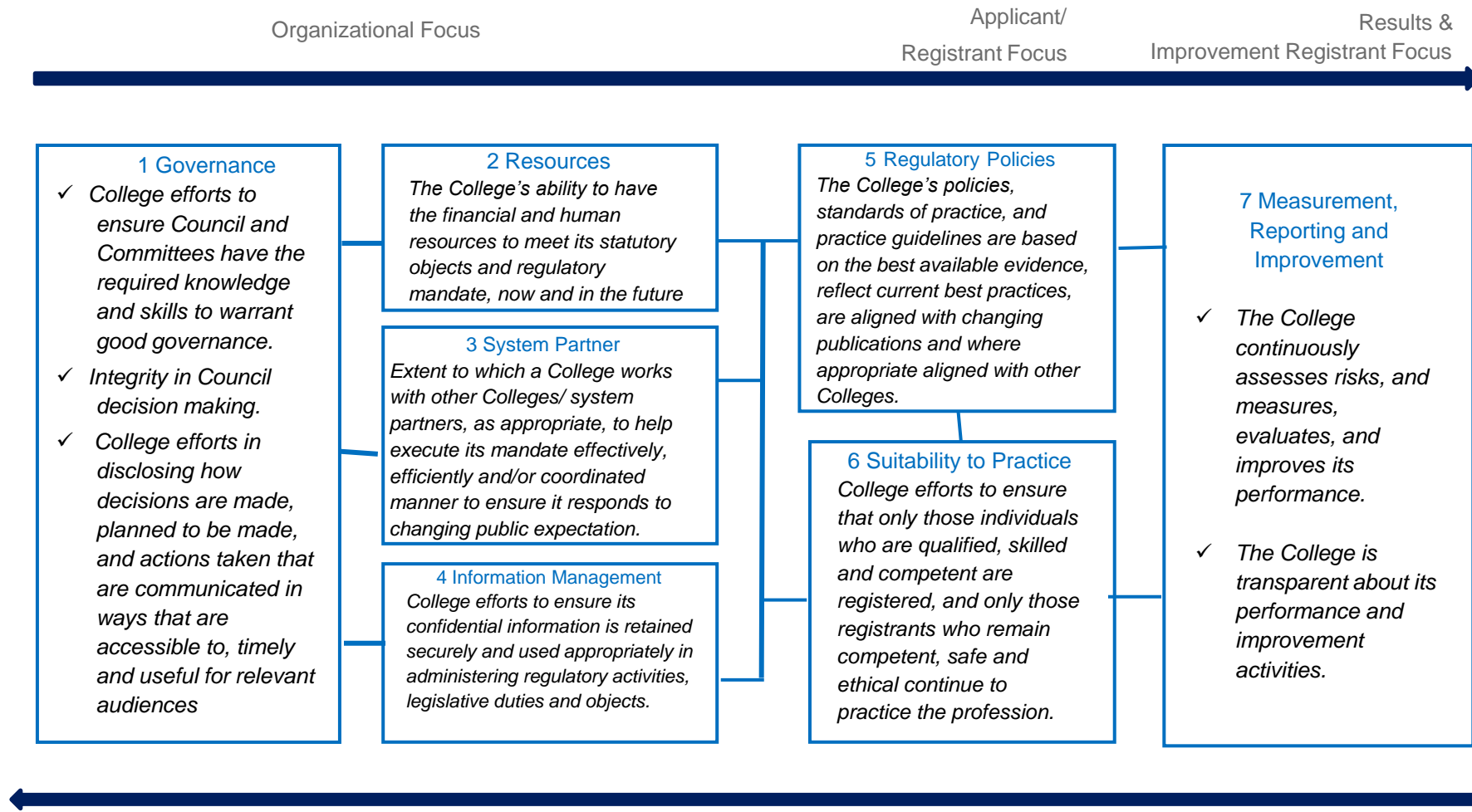
**Table 1:** CPMF Measurement Domains and Components

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

## CPMF Model

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

**Figure 1:** CPMF Model for Measuring Regulatory Excellence



**Figure 2:** CPMF Domains and Standards

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

## The CPMF Reporting Tool

The second iteration of the CPMF Reporting Tool (along with the companion Technical Specifications for Quantitative CPMF Measures document) will continue to provide comprehensive and consistent information to the public, the 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 and their progress on improvement commitments identified in the 2020 CPMF Report;
2. complete the self-assessment;
3. post the completed CPMF Report on its website; and
4. submit the CPMF Report to the ministry.

The purpose of the first and second iterations 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. At this time, the ministry will not assess whether a College meets or does not meet the Standards.

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

Additionally, in 2021 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2020 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for colleges to learn from each other.

The ministry's Summary Report is available:

In English: [health.gov.on.ca/en/pro/programs/hwrob/regulated\\_professions.aspx](https://health.gov.on.ca/en/pro/programs/hwrob/regulated_professions.aspx), and

In French: [health.gov.on.ca/fr/pro/programs/hwrob/regulated\\_professions.aspx](https://health.gov.on.ca/fr/pro/programs/hwrob/regulated_professions.aspx)

As this will be the second time that Colleges will be reporting on their performance against the CPMF standards, the Colleges will be asked to report on:

- Improvements a College committed to undertake in the previous CPMF Report;
- Changes in comparison to baseline reporting from the 2020 CPMF Report; and
- Changes resulting from new or refined standards, measures, and evidence.<sup>1</sup>

## **Completing the CPMF Reporting Tool**

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

In the spirit of continuous improvement, if the College plans to improve its activities or processes related to the respective Measure or Evidence, it is encouraged to highlight these planned improvement activities.

### **What has changed in 2021?**

Based on feedback from the Colleges, the ministry made improvements to the current CPMF Reporting Tool, making it easier to complete.

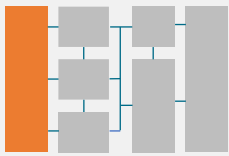
- In Part 1 - These changes include drop-down menus, bookmarks to Measures, and additional information for clarification. Where a question remained unchanged from the 2020 CPMF reporting tool and a College fully met the Standard or Evidence, a College may opt to respond with 'Meets Standard' to illustrate that the current response is consistent with last year's response for the same Evidence. However, if there were changes between 2020 and 2021, the College is required to provide this updated information, including supporting information (i.e. provision of relevant links). Please note that this option is limited to only certain Evidence and is not available for all Evidence. 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.
- In Part 2 - Colleges are requested to refer to the Technical Specifications Document for detailed guidance on how to complete the section on Context Measures. Additionally, the ministry has also applied a drop-down menu where appropriate and has hyperlinked the definitions to a glossary of terms for easier navigation.

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<sup>1</sup> Informed by the results from the first reporting iteration, the standards, measures, and evidence were evaluated by a second CPMF Working Group and where appropriate were further refined for the second reporting cycle. Additionally, Colleges will also be asked to report on Measures where it was identified that further information is required to establish baseline information relevant to the intent of the requested Evidence.



## Part 1: Measurement Domains

		Measure 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.		
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response	
		a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> <li>i. meeting pre-defined competency and suitability criteria; and</li> </ul>	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> <li>• The competency and suitability criteria are public: <b>Yes</b>  <i>If yes, please insert a link to where they can be found, if not please list criteria.</i></li> </ul> <p>As reported last year, 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.</p> <p>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: <a href="#">Core Competencies to Serve on Council, passed by Council June, 2020</a>). 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: <a href="#">RCDSO By-Laws</a>).</p>	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
	<i>Additional comments for clarification (optional):</i>			

		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
		<ul style="list-style-type: none"> <li>• Duration of orientation training.</li> <li>• Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link to the website if training topics are public <b>OR</b> list orientation training topics.</li> </ul> <p>As reported last year, prior to being eligible to serve on Council, candidates must successfully complete an online "<a href="#">Candidate Eligibility Course</a>" and <a href="#">21 question assessment</a>. 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.</p> <p>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).</p> <p>In addition to the candidate eligibility course described in the RCDSO's last report, after election or appointment, Council members completed 11 hours of additional orientation in 2021.</p> <p>Orientation for all Council members took place in 4-half day modules from January - April 2021. This orientation was for professional and public members, whether they were new or returning. The sessions were online presentations and content was delivered by guest speakers with expertise in these areas, with opportunity for live questions and answers. Evaluations were conducted to enhance the content and delivery in 2022.</p> <p>Topics covered were:</p> <ul style="list-style-type: none"> <li>• fiduciary duty, apprehension of bias, conflict of interest, RCDSO mandate;</li> <li>• governance;</li> <li>• equity, diversity and inclusion; and</li> <li>• strategy, financial and communication awareness, and transparency of RCDSO information.</li> </ul> <p><a href="#">Click here for list of Council meeting materials.</a>  <a href="#">Council Orientation - Diversity, Equity and Inclusion - March 19, 2021</a></p>		
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
		<i>Additional comments for clarification (optional):</i>		

		<p>b. Statutory Committee candidates have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> <li>• The competency and suitability criteria are public: <b>Yes</b></li> <li>• <i>If yes, please insert a link to where they can be found, if not please list criteria.</i></li> </ul> <p>Please see the following link: <a href="#">Competencies for Committees</a>.</p>	

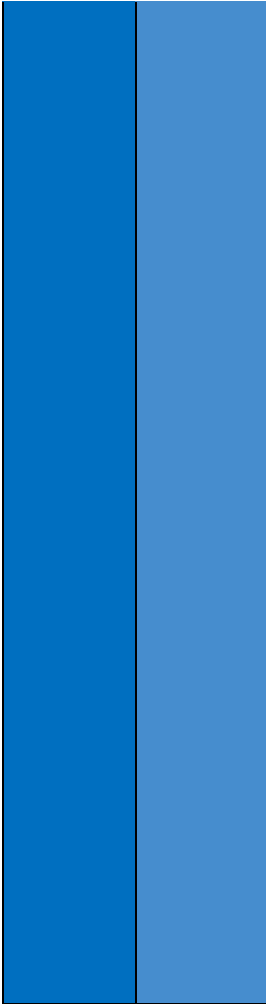
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional):	
		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> <li>• Duration of each Statutory Committee orientation training.</li> <li>• Please briefly describe the format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link to the website if training topics are public <b>OR</b> list orientation training topics for Statutory Committee.</li> </ul> <p><b><u>1. Duration of each Statutory Committee Orientation Training:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Executive Committee:</b> 4 on half days (equivalent to 2 full days). The orientation for Executive Committee is encompassed by Council orientation and the Executive Committee acts as Council between Council meetings.</li> <li>• <b>Registration Committee:</b> Half-day.</li> <li>• <b>Fitness to Practise Committee:</b> Half-day.</li> <li>• <b>Inquiries, Complaints and Reports Committee:</b> 2 days orientation (entire Committee) + 1 hour specialized panel orientation (incapacity matters) + half day specialized panel orientation (sexual misconduct matters) + half day plenary (entire Committee)</li> <li>• <b>Discipline Committee:</b> 1 day orientation + at home review of additional resources</li> <li>• <b>Patient Relations Committee:</b> Half day orientation</li> <li>• <b>Quality Assurance Committee:</b> Half day orientation</li> </ul> <p><b><u>2. Format of Each Orientation Training</u></b></p> <ul style="list-style-type: none"> <li>• <b>Executive Committee:</b> In person (when possible), virtual panels with the use of facilitator, external presentation and staff.</li> <li>• <b>Registration Committee:</b> In-person with facilitators, orientation materials and reference materials.</li> </ul>	

- **Fitness to Practise Committee:** All members of the FTP Committee are members of the Discipline Committee. As an adjunct to the thorough Discipline Committee training already provided, if and when a matter is referred to this Committee, specific training will be provided. This training will include: definition of incapacitated; powers of the Committee; best practices for decision-making; and writing exercises.
- **Inquiries, Complaints and Reports Committee:** On-line training with College staff and external legal counsel that included PowerPoint presentations, small group discussions, mock panel exercises, polling, and question and answer periods. In advance of the orientation, Committee members received a digital reference manual containing key resource materials and pre-recorded educational videos on the following topics: providing sedation/anaesthesia in dental practice; sexual abuse and boundary violations; and infection prevention and control, including COVID protocols.
- **Discipline Committee:** On-line training with College staff and external legal counsel that included polling exercises and a question and answer period. In advance of the orientation, Committee members received a digital reference manual containing key resource materials.
- **Patient Relations Committee:** On-line training with College staff that included a PowerPoint presentation and a question and answer period. In advance of the orientation, the Committee received a digital reference manual containing key resource materials.
- **Quality Assurance Committee:** In-person or online with staff facilitators, orientation manual and reference materials.

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

- **Executive Committee:** The following issues covered in Council orientation are also relevant to the Executive Committee's roles and responsibilities: fiduciary duty, apprehension of bias, conflict of interest, diversity and equity, relationship of Council/Executive Committee to the Registrar and operations, communications and engagement, strategic plan.
- **Registration Committee:** The training topics include confidentiality, conflict of interest, bias; the Committee's authority under the Regulated Health Professions Act, 1991; the powers of the Panel, review of materials, the registration process including determining the issues, the decision, and applicant's right of review.
- **Fitness to Practise Committee:** Training topics include introduction to incapacity, hearings, role of the panel and parties, types of hearings, experts, deliberations and reasons writing.
- **Inquiries, Complaints and Reports Committee:** Topics covered during the orientation for the entire Committee included: role and responsibility of the ICRC; investigative procedures and administrative processes; confidentiality, conflict of interest and bias; preparing for panel meetings; risk-informed decision making (assessing risk, deciding outcomes, and general best practices); interim orders and focused training for panel Chairs. Following the orientation session, Committee members evaluated the session and gave feedback to College staff.

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

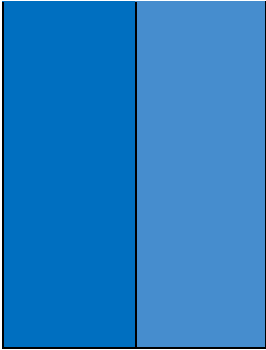


<p>Topics covered during training for the specialized panel deciding sexual misconduct matters included: defining sexual abuse and boundary violations; legislative provisions; investigative procedures specific to sexual misconduct matters; College supports for patients; impact of trauma; delayed reporting; role of the ICRC and the decision making process.</p> <p>Topics covered during the plenary session for the entire Committee included: a review of new investigative processes; a newly developed College remediation selection tool; training to assist panels when reviewing complex, multi-patient files; and information about how legal advice is provided to the Committee.</p> <ul style="list-style-type: none"><li>• <b>Discipline Committee:</b> Topics covered during the orientation session included: role, responsibility, and legislative authority of the Committee; confidentiality, conflict of interest and bias; pre-hearing conferences; discipline hearing procedures; decision-making and post-hearing matters. In addition, the Committee was sent a pre-recorded educational video on sexual abuse and boundary violations.</li><li>• <b>Patient Relations Committee:</b> Topics covered during the orientation session included: the Committee's legislative mandate, role and responsibilities of committee members; the RCDSO's strategic plan; PRC-led policies and initiatives; and an overview of the process to approve funding for funding for therapy and counseling.</li><li>• <b>Quality Assurance Committee:</b> 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.</li></ul>	
<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
<i>Additional comments for clarification (optional):</i>	

		<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>Yes met in 2020, continues to meet in 2021</p>
<ul style="list-style-type: none"> <li>• Duration of orientation training.</li> <li>• Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link to the website if training topics are public <b>OR</b> list orientation training topics.</li> </ul> <p><b>Standard met:</b> RCDSO did not have any new public appointments since the last report.</p> <p>All public members took part in 4-half day Council orientation modules from January-April 2021. See response to 1.1 (a) (ii) for more details.</p>				
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>				<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional):</i></p>				

Measure 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.		
Required Evidence	College Response	
<p>a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:</p> <ul style="list-style-type: none"> <li>i. Council meetings; and</li> <li>ii. Council.</li> </ul>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please provide the year when Framework was developed <b>OR</b> last updated.</li> <li>• Please insert a link to Framework <b>OR</b> link to Council meeting materials where (updated) Framework is found and was approved.</li> <li>• Evaluation and assessment results are discussed at public Council meeting: <b>Yes</b></li> <li>• <i>If yes, please insert a link to the last Council meeting where the most recent evaluation results have been presented and discussed.</i></li> </ul> <p>Beginning in late 2020, after each Council meeting, Council members complete a brief meeting evaluation form. The information collected provides valuable input into the format of meetings and the quality of materials. The results of these evaluations are available in the subsequent Council meeting materials which are also posted publicly to the College's website (<a href="#">see pages 32 - 34 of the March, 2022, Council meeting materials for an example</a>).</p> <p>In January 2021 the RCDSO established a Governance Working Group, comprised of public and professional Council members, a member at large and two external regulatory experts to review and propose governance practices, including a systematic approach to Council evaluation.</p> <p>After an RFQ, the Working Group selected a third party consultant to develop and administer a performance evaluation framework for Council, its members, and Chairs of Statutory Committees. In November 2021, Council approved the Council Performance Evaluation Framework including the survey, which consisted of both scoring questions and questions soliciting written comments.</p> <p>Council members completed the survey over a two-week period in November-December 2021.</p> <p>Council members received individual reports and participated in one on one debrief sessions with the consultant in February 2022.</p> <p>Council members prepared individual learning plans in advance of the March 2022 Council meeting.</p> <p>Click the following links for <a href="#">November 2021 Council meeting materials</a>; <a href="#">Council Performance Evaluation Framework - November 2021</a>.</p> <p>The consultant presented the rolled up evaluation findings to Council at its meeting on March 10, 2022 and created a Council level action plan, with a planned touch base with Council as a whole in Fall 2022 to re-address the action plan. Council effectiveness results and a roll up (average) of aggregate top strengths and areas for development were reported to Council and publicly available on the College's website.</p> <p>Click the following link for the <a href="#">March 2022 Council meeting materials</a>.</p>	Yes





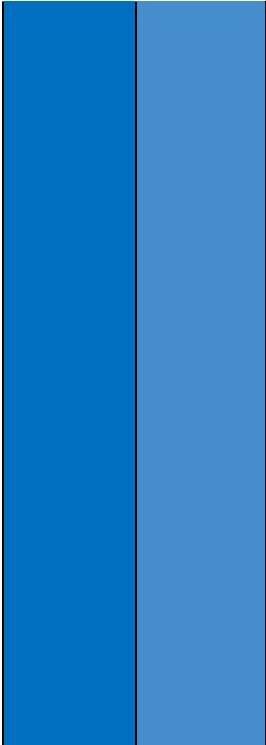
<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
<i>Additional comments for clarification (optional)</i>	

		<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> <li>• A third party has been engaged by the College for evaluation of Council effectiveness: Yes</li> <li>• <i>If yes, how often over the last five years?</i></li> <li>• Year of last third-party evaluation.</li> </ul> <p>As indicated directly above, the RCDSO's approach to Council evaluation, included a third-party assessment, is supported by Satori Consulting. The evaluation launched in late 2021 and it included both a self-evaluation element as well as a peer evaluation element.</p>	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	

		<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> <li>• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training.</li> <li>• Please insert a link to Council meeting materials where this information is found <b>OR</b></li> <li>• Please briefly describe how this has been done for the training provided <u>over the last year</u>.</li> </ul> <p>At its March 2022 meeting, Council developed an action plan that includes additional training components. Informed by the self-evaluation and peer feedback in the evaluations, Council members developed individual learning plans in February-March 2022. The plan is to deliver on these individual and Council-wide plans and learning goals in 2022.</p> <p>Click the following link for the <a href="#">March 2022 Council meeting materials</a>.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional):</i></p> <p>Council training for 2021 has included sessions on equity, diversity and inclusion (EDI), access to care/professionalism, governance and College finances. EDI and access to care directly relate to the public’s changing expectations of society and the dental profession. Sessions on governance were motivated by the needs of Council members and Governments' agenda to focus on governance reform in the regulatory sector. The session on finance was driven directly by feedback obtained on Council evaluations.</p>	

		<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> <li>• Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training.</li> <li>• Please insert a link to Council meeting materials where this information is found <b>OR</b></li> <li>• Please briefly describe how this has been done for the training provided <u>over the last year</u>.</li> </ul> <p>In 2020 the RCDSO partnered with the Canadian Centre for Diversity and Inclusion (CCDI) to conduct a thorough review of our culture and leadership in order to develop training and an action plan for a sustainable response. Leaders (including Council) have received training over the past year addressing unconscious bias, diversity and inclusion, and cultural competence. There was a 2.5-hour session for Council on March 19, 2021 dedicated to EDI training: it provided a framework to identify the elements of diversity and to present a business case for effective inclusion in the workplace.</p> <p>Click the following link for the <a href="#">March 2021 Council Orientation Program Agenda</a>.</p> <p>At the November 2021 Council meeting there was a presentation by CCDI and a high level overview of the RCDSO's action plan.</p> <p>Click the following link for the <a href="#">November 2021 Council meeting</a> materials.</p>		
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (optional):</i></p>		

Measure	
2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	
Required Evidence	College Response
<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is:</p> <ul style="list-style-type: none"> <li>i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g. Diversity, Equity and Inclusion); and</li> </ul> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders and the public. While there will be similarities across Colleges such as Diversity, Equity and Inclusion, this is also an opportunity to reflect additional issues, expectations and emerging initiatives unique to a College or profession.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please provide the year when Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated.</li> <li>• Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the review.</li> </ul> <p>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 <a href="#">College's website</a>.</p> <ol style="list-style-type: none"> <li>1. Code of Conduct for Council members, Article 12 of By-laws: Last updated May, 2013*</li> <li>2. Conflict of Interest, Article 13 of By-laws: Last updated November, 2022*</li> <li>3. Disqualifications, General, Article 14 of By-laws: Last updated March 2016</li> <li>4. Disqualifications Code of Conduct, Article 15 of By-laws: Last updated December 2014</li> </ol> <p>*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.</p> <p>In January 2022, the Executive Committee considered a number of issues related to conflict of interest and directed that the following items be brought forward to Council for consideration:</p> <ol style="list-style-type: none"> <li>1. Replacing Council eligibility criteria pertaining to holding a position of responsibility in a national or provincial association or a corporation or organization owned or controlled, either in whole or in part, by a national or provincial association with a broader general catchall provision to address conflicts with holding a position of responsibility in any organization and/or group whose mandate or interests conflict with the College;</li> <li>2. Expanding cooling off periods from 2 to 3 years;</li> <li>3. Clarifying conflict of interest requirements for public members;</li> <li>4. Requiring all public and professional Council and Committee members to complete annual conflict of interest declaration forms; and</li> <li>5. Publishing Council members' conflict of interest declaration forms.</li> </ol> <p>In March 2022, Council considered and approved proposed by-law amendments stemming from the Executive Committee meeting including:</p> <ol style="list-style-type: none"> <li>1. Replacing Council eligibility criteria pertaining to holding a position of responsibility in a national or provincial association or a corporation or organization owned or controlled, either in whole or in part, by a national or provincial association with a general catchall provision to address conflicts with holding a position of responsibility in any organization and/or group whose mandate or interests conflict with the College;</li> </ol>
	Yes



- 2. Expanding cooling off periods from 2 to 3 years;
- 3. Clarifying conflict of interest requirements for public members; and
- 4. Requiring all public and professional Council members to complete annual conflict of interest declaration forms.

In June 2022, a new draft By-law 13 provision will come into effect regarding publication of Council members' conflict of interest declaration forms. A draft annual conflict of interest declaration form will be provided to Executive Committee and/or Council at the same time period.

Staff will give further consideration in 2022 to administrative mechanisms to address other conflict-related matters considered by the Executive Committee (e.g., fiduciary duty to call attention to other Council/Committee members' conflicts, etc.).

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

Choose an item.

*Additional comments for clarification (optional)*

		<p>ii. accessible to the public.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to the Council Code of Conduct and 'Conflict or Interest' Policy <b>OR</b> Council meeting materials where the policy is found and was discussed and approved.</li> </ul> <p>Click the following link for <a href="#">RCDSO By-laws</a>.</p> <p>Click the following link for <a href="#">March 2022 Council meeting materials</a>.</p>	<p>Yes</p>
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>	
<p><i>Additional comments for clarification (optional)</i></p>				
		<p>b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e. cooling off periods).</p> <p><u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Cooling off period is enforced through: By-law</li> <li>Please provide the year that the cooling off period policy was developed <b>OR</b> last evaluated/updated.</li> <li>Please provide the length of the cooling off period.</li> <li>How does the college define the cooling off period? <ul style="list-style-type: none"> <li>– Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced;</li> <li>– Insert a link to Council meeting where cooling of period has been discussed and decided upon; <b>OR</b></li> <li>– Where not publicly available, please describe briefly cooling off policy.</li> </ul> </li> </ul> <p>Last updated: 2022</p> <p>Cooling off period amended from 2 to 3 years at March 2022 Council meeting.</p> <p>The RCDSO has a number of "cooling off" periods setting a time period between a role that may be in conflict and the time that needs to pass before one is eligible to serve on Council or a Committee. The cooling off periods in respect of the association have been in place for 20 years, with the wording being revised over time, most recently in 2022.</p> <p><b><i>(Response continues under "additional comments")</i></b></p>	<p>Yes met in 2020, continues to meet in 2021</p>

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p> <p><b>(Response continues from above)</b></p> <p>The cooling off provisions include:</p> <ul style="list-style-type: none"> <li>• 3 years have passed since one held an office or position of responsibility in any organization and/or group whose mandate or interests conflict with the College [Articles 7.2.4(g) and 8.1.1 (g). 9.2.1(g)]</li> <li>• 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]</li> </ul> <p>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*]</p> <p>Click the following link for <a href="#">RCDSO By-laws</a>.</p> <p>Click the following link for <a href="#">March 2022 Council meeting materials</a>.</p>	Choose an item.
		<p>c. The College has a conflict of interest questionnaire that all Council members must complete annually. <u>Additionally:</u></p> <ol style="list-style-type: none"> <li>the completed questionnaires are included as an appendix to each Council meeting package;</li> <li>questionnaires include definitions of conflict of interest;</li> <li>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</li> </ol>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please provide the year when conflict of interest the questionnaire was implemented <b>OR</b> last evaluated/updated.</li> <li>• Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: <b>No</b></li> <li>• Please insert a link to the most recent Council meeting materials that includes the questionnaire.</li> </ul> <p>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 some potential conflicts. Additionally, public members will soon be required to complete a conflict of interest declaration before sitting on Council.</p> <p>At RCDSO Council meetings, there is a standing item for declarations of conflicts of interest and any declared conflicts are assessed by RCDSO's general counsel who advises on next steps.</p> <p>In June 2022, Council will be asked to consider approving a new by-law provision requiring that all Council members' signed conflict of interest declaration forms be included in the materials sent to Council prior to its meeting and that they be made publicly available. It is anticipated that Council will consider additional by-law amendments to the Conflict of Interest by-law in June 2022 and a draft conflict of interest declaration form will be considered by the Executive Committee and/or Council in the same time period.</p>



		<p>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>.</p>	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
		<p><i>Additional comments for clarification (optional)</i></p> <p>Council passed a bylaw amendment in March 2022 that will come into effect in June requiring an annual conflict of interest declaration by all members of Council: professional and public.</p>		

		<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement:</p>	<p>Yes met in 2020, continues to meet in 2021</p>
		<ul style="list-style-type: none"> <li>• Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public.</li> <li>• Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale.</li> </ul> <p>As reported last year, starting in January 2021, all 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 Measurement Framework (CPMF). The briefing notes are part of the meeting materials that are available to the public via the RCDSO's website. Council materials are posted on the RCDSO's website. Meeting minutes are added when finalized.</p> <p>See the <a href="#">November 2021 Council materials</a>.</p>		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (if needed)</i></p>		

		<p>e. The College has and regularly reviews a formal approach to identify, assess and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> <li>• Please provide the year the formal approach was last reviewed.</li> <li>• Please insert a link to the internal and external risks identified by the College <b>OR</b> Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities.</li> </ul> <p>Starting in 2020, the RCDSO launched an Issues Management strategy to identify, evaluate, and manage internal and external risks. This initiative relates directly to strategic objectives 3 and 4 of the RCDSO's Strategic Plan related to external disruptors and formally adopting a risk-based approach for the College's core regulatory departments. A pilot period for the Issues Management strategy was launched in 2020. The results of that pilot were assessed prior to the Issues Management strategy being implemented as a formal structure.</p> <p>Examples of risks that have been identified through the Issues Management strategy include issues related to COVID, EDI, and new privacy legislation. Materials on EDI and COVID can be found in the <a href="#">November 2021 Council materials</a>.</p> <p>The Audit Committee/FPA have considered a risk register for financial risks and in 2022 will be augmenting the register with HR and IT risks. Work will continue to expand the content for enterprise risk and also determine the appropriate level of information to provide to Council on a regular basis.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (if needed)</i></p>	

Measure	
3.1 Council decisions are transparent.	
Required Evidence	College Response
a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:
	<ul style="list-style-type: none"> <li>• Please insert a link to the webpage where Council minutes are posted.</li> <li>• Please insert a link to where the status updates on implementation of Council decisions to date are posted <b>OR</b> where the process for requesting these materials is posted.</li> </ul> <p>Council meeting materials, including meeting minutes, are accessible on the RCDSO's website <a href="#">here</a>. 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 2022 Action Plan.</p>
	Partially
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
Yes	
<i>Additional comments for clarification (optional)</i>	
A status update concerning the implementation of Council decision items will form part of RCDSO's 2022 Action Plan.	

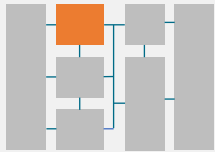
		<p>b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information).</p> <ul style="list-style-type: none"> <li>i. the meeting date;</li> <li>ii. the rationale for the meeting;</li> <li>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</li> <li>iv. if decisions will be ratified by Council.</li> </ul>	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> <li>• Please insert a link to the webpage where Executive Committee minutes / meeting information are posted.</li> </ul> <p>Summaries of the RCDSO's Executive Committee meetings can be found <a href="#">here</a>.</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

Measure		
3.2 Information provided by the College is accessible and timely.		
Required Evidence	College Response	
a. With respect to Council meetings: <ul style="list-style-type: none"> <li>i. Notice of Council meeting and relevant materials are posted at least one week in advance; and</li> <li>ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.</li> </ul>	The College fulfills this requirement: <ul style="list-style-type: none"> <li>• Please insert a link to where past Council meeting materials can be accessed <b>OR</b> where the process for requesting these materials is clearly posted.</li> </ul>	Yes
	Notice of Council meetings are posted on the RCDSO's website <a href="#">here</a> .	
	The RCDSO began posting Council meeting minutes in 2013 and full Council meeting materials in March, 2020. There is currently no set date for removing this content.	
	In addition, as of November 2020, all Council meetings are live-streamed online and are accessible to the general public.	
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
	<i>Additional comments for clarification (optional)</i>	
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement: <ul style="list-style-type: none"> <li>• Please insert a link to the College's Notice of Discipline Hearings.</li> </ul>	Yes
	Notice of discipline hearings are posted here: <a href="#">Upcoming Discipline Hearings</a> .	
	All Notices of Hearing are posted once hearing dates are scheduled, which are at least one month in advance of the hearing date.	

		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	
<b>Measure</b>			
<b>3.3 The College has a Diversity, Equity and Inclusion (DEI) Plan.</b>			
	<b>Required Evidence</b>	<b>College Response</b>	
	a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g. DEI training for staff).	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> <li>• Please insert a link to the College’s DEI plan.</li> <li>• Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved.</li> </ul> <p>A link to the RCDSO's EDI Action Plan can be found here: RCDSO's EDI Action Plan - <a href="#">March 2022 Council Materials (pages 117-130)</a>.</p> <p>EDI has been identified as a Strategic Project and resources were approved as part of the 2022 budget presentation (<a href="#">November 2021 Council meeting, page 118</a>).</p>	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	

		<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders and patients it serves.</p>	The College fulfills this requirement:	No	
			<ul style="list-style-type: none"> <li>• Please insert a link to the Equity Impact Assessments conducted by the College <b>OR</b> please briefly describe how the College conducts Equity Impact Assessments.</li> <li>• If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program or process) in which Equity Impact Assessments were conducted.</li> </ul> <p>RCDSO does not currently conduct Equity Impact Assessments but work is underway to incorporate them into College processes. A conversation about taking a consistent approach with Ontario's other health regulatory Colleges (e.g., identifying a specific tool) has been initiated with the Health Profession Regulators of Ontario (HPRO). The RCDSO intends to collaborate with HPRO and other regulatory colleges on this initiative to ensure consistency.</p>		
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes	
			Additional comments for clarification (optional)		





Measure

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

DOMAIN 2: RESOURCES

STANDARD 4

Required Evidence

a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.

Further clarification:

A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.

College Response

The College fulfills this requirement:

Yes

- Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan **AND** a link to most recent approved budget.
- Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.

Budget principles were approved by the Finance, Property & Administration Committee to guide management's creation of the budget, including one that stated: “Ensure adequate resources are set aside to make progress on the strategic plan and identified strategic priorities.” This was communicated to staff when preparing the budget.

See Council meeting materials, Budget link – [November 18, 2021, 2022 Budget, pages 110-119.](#)

Management identified each of the strategic projects and ensured adequate resources were set aside to make progress or complete those projects. To ensure all projects were included each was listed along with the associated budget dollars. This was approved by senior management and provided to Council.

See Council meeting materials, Strategic Projects link to budget - [November 18, 2021, Strategic Projects Budget, page 118.](#)

*If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?*

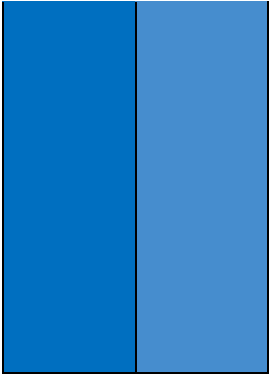
Choose an item.

*Additional comments for clarification (optional)*

		<p>b. The College:</p> <p>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</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement:</p>	<p>Partially</p>
			<ul style="list-style-type: none"> <li>• Please insert a link to the “financial reserve policy” <b>OR</b> Council meeting materials where financial reserve policy has been discussed and approved.</li> <li>• Please insert the most recent date when the “financial reserve policy” has been developed <b>OR</b> reviewed/updated.</li> <li>• Has the financial reserve policy been validated by a financial auditor? <b>Yes</b></li> </ul> <p>Policy approved by Council November 17, 2020.</p> <p>See Council meeting materials, <a href="#">November 17, 2020, Financial Reserve Policy, pages 211, 249-251.</a></p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
			<p><i>Additional comments for clarification (if needed)</i></p> <p>RCDSO is engaged in a 3-5 year plan to fund the Operating Reserve to the amount described in the policy (25% of operating costs).</p>	

		<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g. processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs.</li> <li>Please insert a link to Council meeting materials where the operational policy was last reviewed.</li> </ul> <p><b>Note:</b> Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p>Council reviews the annual budget which enables them to ensure that the College has sufficient resources to carry out operations in the present.</p> <p>We have drafted a Pandemic Plan in 2020 and have a Business Continuity Plan to ensure we have plans to carry on work if an unexpected event occurs.</p> <p>In 2022, Council was provided with a detailed presentation on the College's performance and compensation management programs where information related to staff turnover was also discussed.</p> <p><a href="#">Council Presentation - November 2021.</a></p>	<p>Partially</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Yes</p>	
<p><i>Additional comments for clarification (optional)</i></p>				

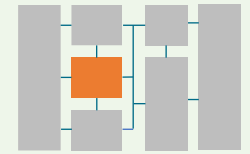
		<p>ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> <li>Please insert a link to the College’s data and technology plan which speaks to improving College processes <b>OR</b> please briefly describe the plan.</li> </ul> <p>The RCDSO maintains a technology road map. This document outlines the various information and communications technologies deployed to support the College’s operations, as well as a five year rolling road map for each technology. This document also outlines the technology adoption process and principles. The College’s adoption of technology falls within the early or late majority adoption cycles. This is intended to help manage risk when acquiring new technologies while ensuring the technology used by the College is current and supportable.</p> <p>Additionally, the RCDSO maintains a three year capital forecast of planned technology based initiatives. Both documents are updated annually.</p> <p><b>Technology Adoption Principles:</b></p> <ul style="list-style-type: none"> <li>Security: All solutions and systems must be secure by design and comply with all College priorities and legislative obligations.</li> <li>Flexibility: All solutions and systems must be scalable and adaptable to meet the current and future needs of the College.</li> <li>Affordability: All solutions, systems and partners are to be appropriately priced to ensure expected results within the College's fiscal constraints.</li> <li>Usability: All solutions and systems must meet the usability needs of staff, members and other users. This includes stability, ease of use and accessibility (or support for accessibility tools), to support the user in accomplishing their tasks.</li> <li>Standardize: <ul style="list-style-type: none"> <li>Buy vs build: buy industry-standard solutions when appropriate instead of building custom solutions.</li> <li>Cloud preferred: where appropriate use secure cloud-based solutions instead of locally deployed systems. Canadian residency for these solutions is preferred. Where Canadian residency is not available, confidential College information should not be stored in these services.</li> <li>Fewer is better: Minimize the number of technology solutions used to meet specific business needs. This enables economies of scale and simplicity of support and training.</li> </ul> </li> <li>Engagement: Stakeholders are actively engaged and their voices help to inform and guide IT direction.</li> </ul>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>



*Additional comments for clarification (optional)*

DOMAIN 3: SYSTEM PARTNER

STANDARD 5 and STANDARD 6



Measure / Required evidence: N/A	College response
	<p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>

The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.

Instead, 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.

**Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.**

Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:

- How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).*

The RCDSO actively engages with other health regulatory colleges and system partners to align oversight of the practice of dentistry and support execution of our mandate to protect and serve the public interest.

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 2021.

**1. COVID-19:**

The RCDSO's ongoing response to the COVID-19 global pandemic has been extensive and has been informed by direct engagement with a range of system partners.

Throughout this second year of the COVID-19 pandemic the RCDSO has needed to pivot quickly in keeping with changing public health restrictions and new variants of COVID-19. In doing so, we have worked closely with a range of system partners:

- a) Oral Health Colleges: The RCDSO has formed a working group with representatives from the three other health regulatory colleges governing oral healthcare professions. The goal of this working group is to evaluate changes in the landscape and develop common language and requirements for our respective professions so that guidance on COVID-19 is unified across the Ontario oral health professions.
- b) Faculties of Dentistry: The RCDSO has worked closely with our partners at the two faculties of dentistry in Ontario to gain important insight, expertise and perspective on the impact of public health restrictions on the faculties of dentistry and to explore potential revisions to RCDSO guidance.
- c) Public Health Ontario/Chief Medical Officer of Health: The RCDSO has continued to work closely with our partners at Public Health Ontario and the Chief Medical Officer of Health's office to understand public health restrictions so that the RCDSO's guidance can align with best practices and the current direction from the Chief Medical Officer of Health.
- d) Ontario Dental Association: The RCDSO continued to work closely with the Ontario Dental Association to ensure that communiques and guidance to Ontario dentists from each organization were aligned and consistent. Through this partnership we were also able to adopt a coordinated strategy where we identified the issues each organization were best positioned to address.
- e) Ministry of Health, Ontario Dental Association and Industry: To support an initiative by the Ministry of Health to donate free PPE and rapid tests to Ontario dentists, the RCDSO partnered with the Ontario Dental Association and Industry to support an e-portal where Ontario dentists could register to receive the donated supplies.
- f) Dental Regulatory Authorities: The RCDSO continued to meet regularly with our counterparts across the country to discuss developments and emerging issues related to COVID-19 and to discuss and coordinate our responses.
- g) National Dental Examination Board of Canada (NDEB), Ontario Fairness Commissioner (OFC) and International Dental Graduates: The RCDSO was in contact at several points throughout 2021 with the NDEB, OFC and international dental graduates on a range of issues related to COVID-19 and its impact on the delivery of qualifying dental examinations

**2. Compassion in Digital Health Care**

The RCDSO participated in an initiative hosted by the College of Nurses of Ontario to examine the impact of the digitization of healthcare and ways to ensure that care can remain compassionate despite increased reliance on technology. The initiative included representatives from College of Physicians and Surgeons of Ontario and the Ontario College of Pharmacists, along with industry partner, AMS Healthcare.

Through the initiative, we developed common definitions, competencies and expectations for our respective registrants.

**3. Dental Laboratories**

The RCDSO partnered with the College of Dental Technologists to develop common expectations and communications for our registrants with respect to dental laboratories. This work is still in progress but will be completed in 2022.

**4. Access to Care**

RCDSO Council has approved a proposal for multi-stakeholder work related to Access to Care. The proposal included identifying and engaging with system partners on a range of issues related to access to care.

The partners include those in academia, patient/public advocates, dental organizations and public health. The initiative was planned in 2021 but the specific meetings will take place in Q2 of 2022.

The intention is to learn from partners who are doing work on access to care, identify ongoing initiatives, examine how the RCDSO can facilitate ongoing coordination amongst those system partners and identify how the RCDSO's own work in this area can support and augment existing efforts.

**5. Protecting Regulatory Practices**

The RCDSO partnered with three other health regulatory Colleges (College of Nurses of Ontario, College of Physicians and Surgeons of Ontario and Ontario College of Pharmacists) to seek intervenor status in a Supreme Court of Canada case. The case, Law Society of Saskatchewan v. Abrametz, touches on the issue of delay in administrative proceedings. The RCDSO and its partners were concerned about the potential for the Supreme Court of Canada's ruling to be applied in a regulatory context in cases involving serious misconduct like alleged sexual abuse. The RCDSO and its partners sought to build understanding at the Supreme Court of Canada of the impact of their ruling on the regulatory sector and public safety.



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

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

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

The RCDSO's strategic plan includes two objectives which directly support partnerships with the public or patients. Objective 5 relates to Improving Access to Care and Objective 6 relates to increasing engagement with the public and the profession.

In support of those objectives, the RCDSO partners with the public and patients in a variety of ways.

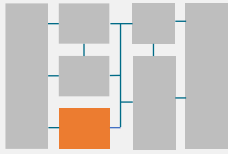
- The RCDSO has joined a group of health regulatory Colleges who support and utilize the Citizen's Advisory Group: a panel of members of the public and patients who can provide direct input into College work and initiatives.
- The RCDSO began reforms to its consultation processes in 2019 to specifically increase engagement with the public. Each consultation that the RCDSO undertakes solicits feedback from a broad range of public/patient organizations. This includes consultations on Standards for dentists, by-law amendments, the RCDSO's Strategic Plan and many more initiatives and documents.
- Our stakeholder list contains over 300 organizations and agencies. Select examples of public or patient organizations include: Patients Canada, Patient Commando, Patients for Patient Safety, Advocacy Centre for the Elderly, Colour of Poverty, Égale Canada Human Rights Trust, and Rainbow Health.
- The RCDSO's work on Access to Care will include engagement with the Alliance for Healthier Communities, and the ODSP Coalition.

In 2021 the RCDSO engaged in specific work related to service and the user experience. This work will continue into 2022 and will include looking at different ways we interact with and provide service to the public and patients and how we can continuously improve our efforts in this area.

The RCDSO has taken a number of steps to respond to changing public or societal expectations and these efforts have shaped the outcome of our work product or initiatives. Some examples include:

- Live-stream virtual Council meetings: Throughout the COVID-19 pandemic all of RCDSO Council meetings have been virtual. In 2021, we undertook to live-stream those meetings to our YouTube channel so that all interested parties could continue to access those meetings and hear the discussions and decision making first hand. We did not want to compromise public access to meetings simply because we have had to move to virtual meetings. When we return to in person meetings, our intention is to engage in a hybrid meeting where we can continue to live-stream so that members of the public have the option to attend the meeting in person or virtually.
- COVID 19: The RCDSO has remained informed of public and societal expectations with respect to COVID-19; largely that dental offices remain safe and patients can continue to access oral health care without compromising their safety. To that end, we have engaged in frequent updates to our core Guidance document for dentists to ensure it reflects the most current expectations from the Chief Medical Officer of Health. We have also engaged in efforts to develop comprehensive materials on COVID-19 for the public. We have supported government efforts to increase vaccination and have shared information about efforts to support public vaccination, including resources to overcome vaccine hesitancy.
- Access to Care: Access to oral health care continues to be an issue for Ontario citizens. The RCDSO has renewed its efforts to engage in this topic by developing a detailed proposal for how the RCDSO can contribute to efforts to remove barriers to access. This will include engaging in a robust project on dental professionalism.
- Equity Diversity and Inclusion: The RCDSO has responded to society's expectations that issues of equity, diversity and inclusion have increased focus and prominence in organizations. The RCDSO has engaged in an extensive organizational review with the support of the Canadian Centre for Diversity and Inclusion to evaluate what work the RCDSO needs to do to ensure that organizationally, our practices, policies and staff development promote EDI and address systemic barriers. We have formed a staff advisory group on EDI and have developed a detailed action plan for how to achieve change and growth. The RCDSO has also engaged in EDI training for our Council.

The RCDSO has developed a robust stakeholder list of over 300 organizations and entities. We actively maintain and update this list. We invite individuals and agencies/organizations to request that they be included in upcoming consultations; we post all of our consultation materials and an invitation to participate in the consultation on our public webpage, accessible to any interested party; we promote consultations through our social media platforms and maintain active dialogue with known partners. All of these tactics enable us to identify and add to the list of stakeholders that we can engage with and solicit feedback from.



Measure

7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.

DOMAIN 4: INFORMATION MANAGEMENT

STANDARD 7

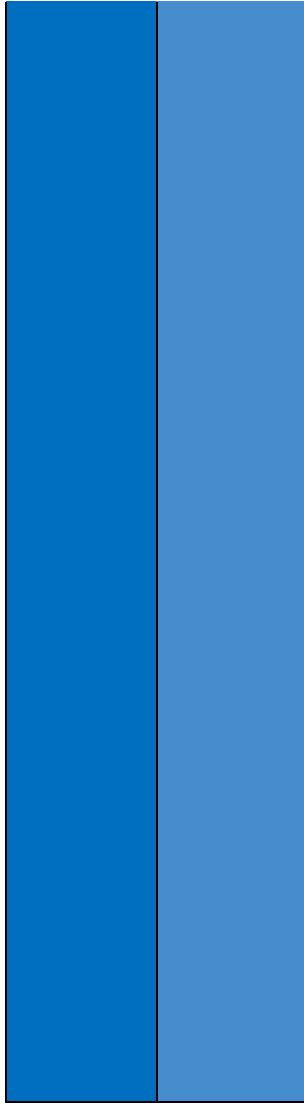
Required Evidence

- a. The College demonstrates how it:
  - i. uses policies and processes to govern the disclosure of, and requests for information;

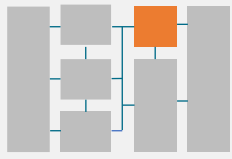
College Response

The College fulfills this requirement:		Yes
<ul style="list-style-type: none"> <li>• Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information.</li> </ul> <p>The RCDSO has a Privacy Code which sets out the College's commitments and obligations for maintaining the confidentiality of information. Requests for information are guided by this Privacy Code and the language of section 36 of the RHPA and are assessed by the RCDSO's Privacy Officer and the Registrar. Disclosures of information are made consistent with RCDSO processes for security and data sharing. Where disclosures are made to system partners for objectives related to the College's mandate, they are guided by a memorandum of understanding or data sharing agreement. Where disclosures are made to parties to College matters the College uses security protocols such as secure mail.</p> <p>In 2021, the RCDSO added to this approach by developing and implementing an Information Breach protocol to track, manage, and remedy any privacy breaches or unauthorized disclosures that may occur.</p> <p>Information on Privacy can be found on our website: <a href="https://www.rcdso.org/en-ca/privacy">https://www.rcdso.org/en-ca/privacy</a></p>		
If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?		Choose an item.
Additional comments for clarification (optional)		

		<p>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to policies and processes <b>OR</b> please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information.</li> </ul> <p>In addition to the Privacy Code described in the previous response, the RCDSO has a range of policies and processes that address cybersecurity and/or accidental or unauthorized disclosure of information, including the following:</p> <p><b>Information Breach Protocol:</b></p> <p>This protocol sets out a comprehensive process for tracking, managing and remedying any privacy breaches or other unauthorized disclosures of information. The protocol requires all College personnel to report breaches and unauthorized disclosures to a team that includes appointed privacy leads for the organization as well as IT and data leads. The protocol was implemented in 2021 and staff have received training on the protocol. Ongoing training for staff is anticipated.</p> <p><b>Information Security and Acceptable Use Policy:</b></p> <p>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.</p> <p><b>Password and Authentication Policy:</b></p> <p>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.</p> <p><b>Records Management Policy &amp; Records Management Procedures:</b></p> <p>The Records Management Policy outlines the RCDSO's commitment to a Records Management Program which, through detailed procedures, ensures that all College records are handled in a standardized, responsible and legally compliant manner, and seeks to mitigate the risks of information, data or cyber-security breaches and information management errors. Under this policy, there are a number of specific records management procedures which set out, for example, the requirements for converting paper records to electronic records, and requirements for secure destruction of records.</p> <p><b>Workplace Social Media Policy &amp; Internal Social Media Policy:</b></p> <p>These policies concern the appropriate use of social media by employees, including requirements that employees maintain confidentiality requirements and report any inappropriate sharing of confidential information.</p>	<p>Yes</p>
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<b>IT Security Awareness Training:</b> <p>All staff participate in mandatory IT security awareness training. This training program is ongoing. Periodically, staff are required to watch a training video on a topic related to IT security awareness, such as, for example, phishing threats and how to recognize them and avoid them, and then complete a quiz related to the themes covered in the training video.</p>	
<b>IT security plans:</b> <p>The RCDSO's IT department has specific plans for handling an IT security emergency, such as, for example, if the College's information systems were hi-jacked or otherwise attacked. IT security is also audited regularly both by automated systems as well as by external security firms. The RCDSO also leverages various backup solutions to protect both onsite and cloud-based services. These solutions are architected to ensure backups are stored in a different location than the original data and are tested quarterly or better. A diverse approach to backup solutions was adopted to ensure a breach or failure in any one system could not affect all College functions. Additionally, the backup of cloud-based services is in addition to the protection provided by default by these cloud service providers.</p>	
<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
<i>Additional comments for clarification (optional)</i>	



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

DOMAIN 5: REGULATORY POLICIES

STANDARD 8

**Required Evidence**

a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.

**College Response**

The College fulfills this requirement:

Yes met in 2020, continues to meet in 2021

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

At all times, the RCDSO seeks to ensure that Standards of Practice are accurate, comprehensive, reflective of the current practice environment, and serve the publics' 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 RCDSO's 2020 - 2023 Strategic Plan.

**Standard review cycle:**

- 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).
- 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.
- 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:**

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

- A review of empirical research and published literature.
- A review of comparable positions adopted by other health regulators across Canada and internationally.
- A review of applicable legislation.
- Input from a Standards review Working Group, if struck (Working Groups are comprised of public and professional members of RCDSO Council alongside College staff, and are struck to assist with the review of complex Standards requiring ongoing expert input).
- Stakeholder feedback received in response to external / public consultation.

**External consultation:**

The RDSO 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.

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.

For all new or revised draft Standards, a "general" consultation is undertaken to solicit feedback prior to finalizing the draft or seeking approval from RCDSO Council.

This approach ensures engagement with public perspectives and promotes alignment with other relevant systems partners, including Ontario's other oral health Colleges.

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?*

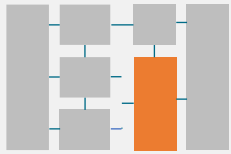
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*Additional comments for clarification (optional)*

		<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> <li>i. evidence and data;</li> <li>ii. the risk posed to patients / the public;</li> <li>iii. the current practice environment;</li> <li>iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap);</li> <li>v. expectations of the public; and</li> <li>vi. stakeholder views and feedback.</li> </ul>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components <b>OR</b> please briefly describe the College’s development and amendment process.</li> </ul> <p>In early 2021, RCDSO staff developed a series of protocols to guide the development and review of RCDSO Standards. These were presented to RCDSO Council at its May 2021 meeting. Please see Page 180 of the <a href="#">May 2021 Council materials</a> for the briefing note and attached protocols.</p> <p>These protocols continue to be updated as RCDSO seeks to modernize and enhance its approach to Standards development and review.</p>	Yes
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
			<p><i>Additional comments for clarification (optional)</i></p>	



	<p>c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p>	<p>The College fulfills this requirement:</p>	<p>Partially</p>
		<ul style="list-style-type: none"> <li>• Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion.</li> <li>• Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected.</li> </ul> <p>To date, the RCDSO's standards have largely focused on clinical and general practice issues. However, RCDSO's <a href="#">Code of Ethics</a> and certain other documents reflect the principles and values of equity, diversity, and inclusion (EDI), including:</p> <ul style="list-style-type: none"> <li>• <a href="#">Professional Use of Social Media (msecnd.net)</a></li> <li>• <a href="#">Maintaining a professional patient-dentist relationship (msecnd.net)</a></li> <li>• <a href="#">Practice Advisory - Prevention of Sexual Abuse and Boundary Violations (msecnd.net)</a></li> </ul> <p>EDI is a key area of focus for RCDSO and inclusion is a value in our <a href="#">Strategic Plan</a>. Since mid-2020, RCDSO has retained the <a href="#">Canadian Centre for Diversity and Inclusion (CCDI)</a> to engage with all staff members, including staff surveys, staff focus groups and leadership interviews, to develop an action plan for the College.</p> <p>Also starting in 2020, RCDSO has revised its approach to standards development and, as identified above, this has included the development and implementation of various protocols. RCDSO has committed to increased engagement with the public and the profession, including the development of standards and the Strategic Plan, through new consultation tactics. RCDSO recently joined the group of RHPA Colleges that support and utilize the Citizen's Advisory Group, which will be rich resource to explore how we can expand our approach and portfolio to address EDI issues and perspectives.</p> <p>Additionally, in late 2021, RCDSO Council approved an initiative related to Access to Care that, among other things, will include an examination of EDI and other social determinants and factors that lead to barriers in accessing care. It will also entail a broader project on professionalism in dentistry that will examine and articulate the professions' ethical duties and obligations in the provision of dental care.</p>	
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
		<p><i>Additional comments for clarification (optional)</i></p> <p>See above.</p>	



Measure

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

DOMAIN 6: SUITABILITY TO PRACTICE STANDARD 9	Required Evidence	College Response	
	<p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)<sup>2</sup>.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements <b>OR</b> please briefly describe in a few words the processes and checks that are carried out.</li> <li>Please insert a link <b>OR</b> please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.).</li> </ul> <p><b><u>1. Ensuring that documentation meets registration requirements:</u></b></p> <p>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”).</p> <p>Information on the application process and requirements are found <a href="#">here</a>.</p> <p>If documents in support of the application remain outstanding, staff will contact the applicant with a list of all outstanding documentation / information to ensure that all required documentation is submitted in order to determine whether an applicant fulfills the requirements for registration.</p> <p><b><u>2. Review of registration processes:</u></b></p> <p>Once the application has been processed, the Registration Manager reviews and confirms that registration requirements have been met prior to the issuance of a certificate. Where an applicant does not appear to meet registration requirements, the Registrar will consider the application and refer it to the Registration Committee for consideration if needed. The Registration Committee will determine if any additional training or courses are required for the applicant to meet registration requirements, or whether restrictions on the applicant's certificate of registration are necessary to protect the public.</p> <p>All applicants are required to sign an attestation confirming the veracity of the information included in the application along with the required supporting documentation.</p>	

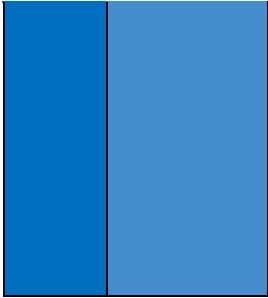
The RCDSO additionally takes steps to confirm that the information received is accurate:

- 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 card, work permit or study permit.
- Where applicants are or have been licensed in a different jurisdiction (in dentistry or another regulated profession) the RCDSO requires that they submit a certificate of standing from each jurisdiction in which they are licensed. Canadian dental regulators have agreed upon the type of information to be included on the certificate of standing forms that are shared directly between regulators. The certificate of standing outlines the applicant's conduct history, information related to continuing competency and quality assurance, or any other information the regulator feels is relevant to the applicant meeting requirements for licensure.
- If applicants have completed a specialty program in a jurisdiction that did not require them to be registered during the length of the program, 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.

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<sup>2</sup> 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.

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	
		<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> <li>• Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon <b>OR</b> please briefly describe the process and checks that are carried out.</li> <li>• Please provide the date when the criteria to assess registration requirements was last reviewed and updated.</li> </ul> <p>The RCDSO regularly reviews and updates processes and policies to ensure they are up-to-date and reflective of industry best practices.</p> <p>In 2021, the RCDSO reviewed and updated the <a href="#">language proficiency policy</a> to improve readability and accessibility for applicants. The updated policy was approved by the Registration Committee in December 2021. As was reported in the RCDSO's 2020 CPMF report, the language proficiency policy was previously updated in 2019. The 2019 updates increased flexibility for applicants to demonstrate proficiency. A review of our language proficiency will take place every few years to ensure that requirements are current and reflective of best practices.</p> <p>In 2022, the registration department launched a continuous quality improvement project to carry out an in-depth review of registration department processes to increase efficiencies, optimize digital resources, and ensure RCDSO processes are reflective of a risk-based approach in line with the Ontario Fairness Commissioner's risk-informed framework and policy, introduced in 2021. This project directly relates to the RCDSO's objectives in the strategic plan: continuous quality improvement and risk-based regulation informs the work of the College</p> <p>As noted in the 2020 CPMF report, the criteria to assess registration requirements was last reviewed in 2020 as part of the RCDSO's overall Strategic Plan.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>



*Additional comments for clarification (optional)*

Measure		
9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
a.	A risk-based approach is used to ensure that currency <sup>3</sup> and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:
		Yes
		<ul style="list-style-type: none"> <li>• Please briefly describe the currency and competency requirements registrants are required to meet.</li> <li>• Please briefly describe how the College identified currency and competency requirements.</li> <li>• Please provide the date when currency and competency requirements were last reviewed and updated.</li> <li>• Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done.</li> </ul> <p><b>1. Please briefly describe the currency and competency requirements registrants are required to meet</b></p> <p><u>Currency and competency upon registration:</u></p> <p>The Registration regulation under the Dentistry Act, 1991 contains requirements with respect to currency for applicants: <a href="#">s. 16(1)3, 18(2)(5) of Ontario Regulation 205/94 made under the Dentistry Act, 1991</a>.</p> <p>Staff vet applicants using a structured checklist to ensure that registration requirements are met. Staff review of applications for registration is guided by a <a href="#">Risk Framework for Registration</a>. The risk framework outlines guiding principles for identifying and triaging high risk applications, including for issues of competence and currency of knowledge and skill. The framework is accompanied by a <a href="#">risk triage tool</a>.</p> <p>Where applicants do not meet currency and competency requirements, or where the Registrar has doubt, the application is referred to the Registration Committee for consideration. The Committee may register the applicant, may refuse to register the applicant, may require the applicant to undergo an assessment of their clinical skills, or may require the applicant to take additional courses, training, or monitoring of their practice in order to reduce risk to the public.</p> <p>The Registration regulation also contains requirement with respect to past and current conduct for applicants: <a href="#">s.14(1) of Ontario Regulation 205/94 made under the Dentistry Act, 1991</a>.</p> <p>On an application for registration, applicants must complete an attestation related to their past and present conduct, including conduct in other jurisdictions and criminal charges or findings of guilt. Any information submitted in relation to conduct in another jurisdiction will be assessed in conjunction with certificates of standing submitted from other regulatory bodies. Applicants who have a history of criminal conduct matters will be required to submit further documentation such as court documents in order for staff to appropriately review and consider the information in the public interest.</p>

## Continuing Competency Requirements

### a) Continuing Education:

The RCDSO does not have a practice hours requirements for registrants.

RCDSO requirements for continuing education are set out in the Quality Assurance (QA) Regulation: [O. Reg. 27/10: QUALITY ASSURANCE](#).

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

More information about our QA Program, including a description of requirements for CE activities, categories of CE activities and the e-Portfolio is available on our website: [Quality Assurance Program \(rcdso.org\)](#) / [Continuing Education and the e-Portfolio \(rcdso.org\)](#)

### b) Mandatory Reporting:

The Health Professions Procedural Code to the Regulated Health Professions Act, 1991 contains ongoing obligations for registrants to self-report issues of conduct, including criminal conduct (charges and findings of guilt), professional negligence or malpractice, as well as findings of professional misconduct from other professional regulatory bodies.

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

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

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

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

[Mandatory Reporting \(rcdso-app-staging.azurewebsites.net\)](#)

[New Mandatory Reporting Obligations \(rcdso-app-staging.azurewebsites.net\)](#)

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

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

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

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

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

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

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

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

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

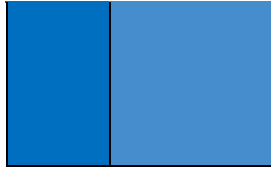
- Criminal conduct, including new criminal charges or findings of guilt
- Investigations or professional conduct proceedings in other jurisdictions or with another regulatory body
- Findings of professional misconduct or incompetence in another jurisdiction
- Findings of professional negligence

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

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

Choose an item.





*Additional comments for clarification (optional)*

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<sup>3</sup> A 'currency requirement' is a requirement for recent experience that demonstrates that a member's skills or related work experience is up-to-date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g. during renewal of a certificate of registration, or at any other time).

Measure			
9.3 Registration practices are transparent, objective, impartial, and fair.			
a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021	
	<ul style="list-style-type: none"> <li>Please insert a link to the most recent assessment report by the OFC <b>OR</b> please provide a summary of outcome assessment report.</li> <li>Where an action plan was issued, is it: No Action Plan Issued</li> </ul> <p>In April 2021, the OFC launched its new Risk-informed Compliance Framework. In phase one, the OFC reviewed historical performance of the RCDSO and assigned a provisional designation for compliance with the Framework.</p> <p>Based on the OFC's review, the RCDSO was assigned a provisional rating of "full compliance." This means that the RCDSO has successfully implemented each of the compliance recommendations that the OFC had previously issued; additional recommendations were not identified and other criteria have been met.</p> <p>Due to the RCDSO's assigned compliance designation of "full compliance", no action plan was issued for the College.</p> <p>2020 Fair Registration Practices Report</p> <p>A link to the RCDSO's 2020 Fair Registration Practice's Report to the OFC (most recent) can be found <a href="#">here</a>.</p>		
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?		Choose an item.
	Additional comments for clarification (if needed)		

Measure 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	
Required Evidence	College Response
<p>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).</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.</p>	<p>The College fulfills this requirement:</p> <p>Yes met in 2020, continues to meet in 2021</p> <ul style="list-style-type: none"> <li>Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> <li>Name of Standard</li> <li>Duration of period that support was provided</li> <li>Activities undertaken to support registrants</li> <li>% of registrants reached/participated by each activity</li> <li>Evaluation conducted on effectiveness of support provided</li> </ul> </li> <li>Does the College always provide this level of support: <b>NO</b> <i>If not, please provide a brief explanation:</i></li> </ul> <p><b>Name of Standard:</b></p> <p><a href="#">Infection Prevention and Control (IPAC) in the Dental Office</a>, November 2018 (previous document February 2010).</p> <p><b>Duration of period that support was provided:</b></p> <p>Ongoing</p> <p><b>Activities undertaken to support registrants:</b></p> <ol style="list-style-type: none"> <li>Final approval of the new Standard by Council was communicated via Council Highlights (eblast).</li> <li>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).</li> <li>The RCDSO's Practice Advisory Service provides direct support to registrants by answering telephone and written enquiries on various issues related to the Standard.</li> <li>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 presentations at dental conferences, as well as component dental society and study club meetings.</li> <li>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</li> </ol>

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 2021, IPAC (including COVID-19) was the number one issue for telephone and email inquiries received by the Practice Advisory Service. For example, approximately 31% 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, the RCDSO is pursuing 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, from 2019 to 2021, the RCDSO presented the IPAC continuing education course four times to audiences that included about 550 dentists, representing about 5% of registrants. Unfortunately, the COVID-19 pandemic forced the RCDSO to cancel additional presentations that had been scheduled, but more presentations are being scheduled in 2022.

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.

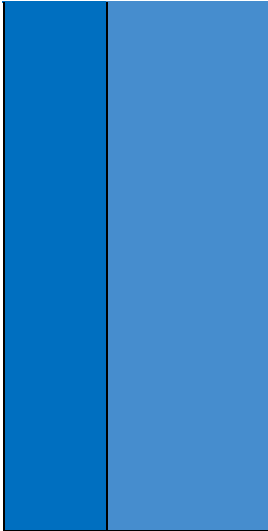
**Evaluation conducted on effectiveness of support provided:**

Following final approval of the new Standard by Council in November 2018, and from December 1, 2018 to December 31, 2021, a total of 3379 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 on their first attempt.

**Brief explanation for not always providing this level of support:**

The RCDSO takes a risk-based approach to determine the level of support that is appropriate and several factors are considered, including:

- The nature and complexity of the subject;
- The potential for risk to patients and the public; and
- Whether this is a new document or an extensive revision of a previous document.



For subjects that are deemed higher-risk, 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:

- [Standard on the Use of Sedation and General Anesthesia in Dental Practice](#), November 2018
- [Guidelines on the Role of Opioids in the Management of Acute and Chronic Pain in Dental Practice](#), November 2015
- [Guidance on Covid-19: Managing Risks During In-Person Dental Care](#), February 2022

*If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?*

Choose an item.

*Additional comments for clarification (optional)*

Measure:		
10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation <sup>4</sup> .		
		<p>a. The College has processes and policies in place outlining:</p> <p>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;</p>
	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please list the College’s priority areas of focus for QA assessment and briefly describe how they have been identified <b>OR</b> please insert a link to the website where this information can be found.</li> <li>• Is the process taken above for identifying priority areas codified in a policy: <b>No</b> <i>If yes, please insert link to policy:</i></li> </ul>	<p>Yes met in 2020, continues to meet in 2021</p>
	<p>As described in our Quality Assurance (QA) Regulation (O. Reg. 27/10: QUALITY ASSURANCE (ontario.ca)), the RCDSO has three types of assessments:</p> <p><u>1. Practice Enhancement Tool (PET)</u>: 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 RCDSO's Practice Enhancement Consultants to review and interpret their detailed PET assessment results and, if requested, assist them in developing a continuing education plan to address any area of weakness that has been identified.</p> <p><u>2. 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.</p> <p><u>3. 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, RCDSO randomly selects registrants for review of their e-Portfolio. If a registrant fails to meet their CE requirements for a CE cycle, as determined by a review of their e-Portfolio, the QA Committee will review the matter, set out expectations for the registrant to make up the shortfall of CE points in the following CE cycle and assign the registrant's e-Portfolio for review at the end of that CE cycle. If a registrant fails to meet these expectations, the QA Committee will again review the matter and may require the registrant to participate in a Peer Assessment and appoint an assessor. A Peer Assessment is broad-based.</p> <p>For more information about RCDSO's QA Program, including a description of requirements for CE activities, categories of CE activities, the e-Portfolio and the PET, please visit RCDSO's website:</p> <ul style="list-style-type: none"> <li>• <a href="http://rcdso.org">Quality Assurance Program (rcdso.org)</a></li> <li>• <a href="http://rcdso.org">Continuing Education and the e-Portfolio (rcdso.org)</a></li> <li>• <a href="http://rcdso.org">Practice Enhancement Tool (rcdso.org)</a></li> </ul>	

	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
	<p><i>Additional comments for clarification (optional)</i></p> <p>As part of its Strategic Plan, the RCDSO updated the <a href="#">Quality Assurance Committee (QAC) Risk Assessment Framework</a> and developed the <a href="#">QA Program Risk Assessment Guideline</a> to better identify and stratify risk across all elements of the Quality Assurance (QA) Program. This will enable RCDSO to prioritize action, especially for registrants who do not meet QA Program requirements and for registrants who are required to participate in a peer and/or practice assessment.</p> <p>As these are internal documents and not posted publicly, RCDSO does not consider them "policies" as per the question above.</p>	

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<sup>4</sup> "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>).

	<p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach <b>OR</b> please briefly describe right touch approach and evidence used.</li> <li>• Please provide the year the right touch approach was implemented <b>OR</b> when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> <li>- <i>Public</i>                    No</li> <li>- <i>Employers</i>                No</li> <li>- <i>Registrants</i>                No</li> <li>- <i>other stakeholders</i>      No</li> </ul> </li> </ul> <p>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).</p> <p>By design, the RCDSO's QA Regulation integrates a risk-based approach to inform the College's 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.</p> <p>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.</p> <p>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.</p>	<p>Yes met in 2020, continues to meet in 2021</p>
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		<p>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).</p> <p>The RCDSO's QA Regulation came into force in February 2010 and the QA Program was launched in December 2011. A QAC Risk Assessment Framework was implemented in October 2018 and updated in June 2021.</p>	
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
	<p>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p>	<p>The College fulfills this requirement:</p>	<p>Yes met in 2020, continues to meet in 2021</p>
		<ul style="list-style-type: none"> <li>Please insert a link to the document that outlines criteria to inform remediation activities <b>OR</b> list criteria.</li> </ul> <p>The criteria to inform remediation activities are outlined in the current QAC Risk Assessment Framework.</p> <p>As noted above, the RCDSO updated the <a href="#">QAC Risk Assessment Framework</a> and developed the <a href="#">QA Program Risk Assessment Guideline</a> to better identify and stratify risk across all elements of the QA Program.</p>	
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>

			Additional comments for clarification (optional)				
<b>Measure:</b> <b>10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.</b>							
		a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.	<table border="1"> <tr> <td data-bbox="758 495 2198 548">The College fulfills this requirement:</td> <td data-bbox="2198 495 2580 548">Yes</td> </tr> <tr> <td colspan="2" data-bbox="758 548 2580 1456"> <ul style="list-style-type: none"> <li>• Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities <b>OR</b> please briefly describe the process.</li> <li>• Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation <b>OR</b> please briefly describe the process.</li> </ul> <p><b>1) Please insert a link for the College's process for monitoring whether registrant's complete remediation activities OR please briefly describe the process.</b></p> <p>As described in the <a href="#">Quality Assurance Committee (QAC) Risk Assessment Framework</a>, the RCDSO's Quality Assurance (QA) approach is to focus on minimal to low risk matters that can be remediated through such measures as voluntary continuing education and monitoring. Matters that are deemed moderate to high risk are referred to the Inquiries, Complaints and Reports Committee (ICRC) for formal investigation and consideration by a panel of the ICRC.</p> <p>As a result of a practice and/or peer assessment, and in order to address any concerns, the QA Committee may propose that the registrant voluntarily agree to enter into a written Remedial Agreement with the RCDSO to successfully complete one or more courses by a specified date and be monitored by a representative of the RCDSO by way of an in-office review, usually for 24 months.</p> <p>If a registrant agrees to enter into a written Remedial Agreement with the RCDSO, QA department staff will:</p> <ul style="list-style-type: none"> <li>• Communicate with registrants to inform and remind them about requirements for course pre-approval and course completion deadlines.</li> <li>• Follow-up with registrants who have yet to complete courses as the deadline for completion approaches/passes.</li> <li>• Assist registrants to locate and develop courses that meet the required remediation.</li> <li>• Approve course providers and course content.</li> <li>• Verify successful course completion.</li> <li>• Assist registrants to re-register and re-take courses as necessary until successful completion.</li> <li>• Arrange for a practice monitor to meet in person with the registrant (and other persons, such as office staff, as appropriate) to verify the effectiveness of the remediation.</li> </ul> </td> </tr> </table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none"> <li>• Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities <b>OR</b> please briefly describe the process.</li> <li>• Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation <b>OR</b> please briefly describe the process.</li> </ul> <p><b>1) Please insert a link for the College's process for monitoring whether registrant's complete remediation activities OR please briefly describe the process.</b></p> <p>As described in the <a href="#">Quality Assurance Committee (QAC) Risk Assessment Framework</a>, the RCDSO's Quality Assurance (QA) approach is to focus on minimal to low risk matters that can be remediated through such measures as voluntary continuing education and monitoring. Matters that are deemed moderate to high risk are referred to the Inquiries, Complaints and Reports Committee (ICRC) for formal investigation and consideration by a panel of the ICRC.</p> <p>As a result of a practice and/or peer assessment, and in order to address any concerns, the QA Committee may propose that the registrant voluntarily agree to enter into a written Remedial Agreement with the RCDSO to successfully complete one or more courses by a specified date and be monitored by a representative of the RCDSO by way of an in-office review, usually for 24 months.</p> <p>If a registrant agrees to enter into a written Remedial Agreement with the RCDSO, QA department staff will:</p> <ul style="list-style-type: none"> <li>• Communicate with registrants to inform and remind them about requirements for course pre-approval and course completion deadlines.</li> <li>• Follow-up with registrants who have yet to complete courses as the deadline for completion approaches/passes.</li> <li>• Assist registrants to locate and develop courses that meet the required remediation.</li> <li>• Approve course providers and course content.</li> <li>• Verify successful course completion.</li> <li>• Assist registrants to re-register and re-take courses as necessary until successful completion.</li> <li>• Arrange for a practice monitor to meet in person with the registrant (and other persons, such as office staff, as appropriate) to verify the effectiveness of the remediation.</li> </ul>	
The College fulfills this requirement:	Yes						
<ul style="list-style-type: none"> <li>• Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities <b>OR</b> please briefly describe the process.</li> <li>• Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation <b>OR</b> please briefly describe the process.</li> </ul> <p><b>1) Please insert a link for the College's process for monitoring whether registrant's complete remediation activities OR please briefly describe the process.</b></p> <p>As described in the <a href="#">Quality Assurance Committee (QAC) Risk Assessment Framework</a>, the RCDSO's Quality Assurance (QA) approach is to focus on minimal to low risk matters that can be remediated through such measures as voluntary continuing education and monitoring. Matters that are deemed moderate to high risk are referred to the Inquiries, Complaints and Reports Committee (ICRC) for formal investigation and consideration by a panel of the ICRC.</p> <p>As a result of a practice and/or peer assessment, and in order to address any concerns, the QA Committee may propose that the registrant voluntarily agree to enter into a written Remedial Agreement with the RCDSO to successfully complete one or more courses by a specified date and be monitored by a representative of the RCDSO by way of an in-office review, usually for 24 months.</p> <p>If a registrant agrees to enter into a written Remedial Agreement with the RCDSO, QA department staff will:</p> <ul style="list-style-type: none"> <li>• Communicate with registrants to inform and remind them about requirements for course pre-approval and course completion deadlines.</li> <li>• Follow-up with registrants who have yet to complete courses as the deadline for completion approaches/passes.</li> <li>• Assist registrants to locate and develop courses that meet the required remediation.</li> <li>• Approve course providers and course content.</li> <li>• Verify successful course completion.</li> <li>• Assist registrants to re-register and re-take courses as necessary until successful completion.</li> <li>• Arrange for a practice monitor to meet in person with the registrant (and other persons, such as office staff, as appropriate) to verify the effectiveness of the remediation.</li> </ul>							

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

During the practice monitoring process of QA matters:

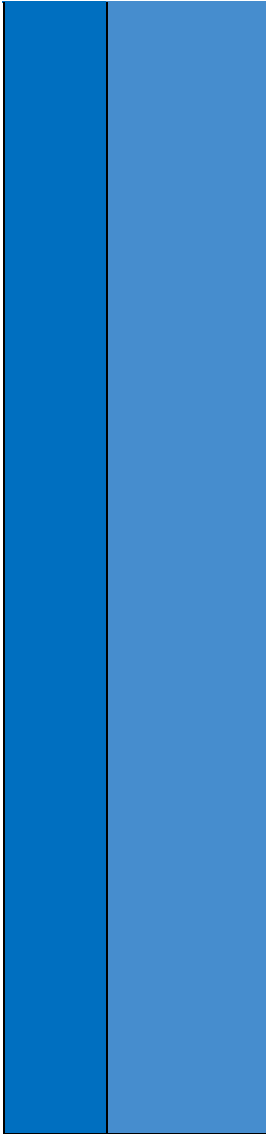
- Practice monitors contact registrants within 3-4 months of course completion to conduct in person monitoring visits to assess a registrant's knowledge, skills or judgment following remediation. Practice monitors rely upon the College's standards, guidelines and practice advisories, Dental Faculty educational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

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

Choose an item.

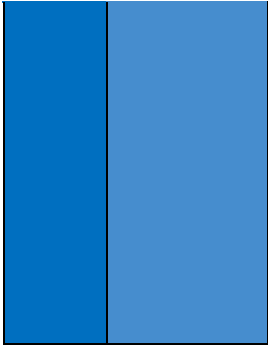
*Additional comments for clarification (if needed)*

Measure		
11.1 The College enables and supports anyone who raises a concern about a registrant.		
Required Evidence	College Response	
<p>a. The different stages of the complaints process and all relevant supports available to complainants are:</p> <p>i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up;</p> <p>ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy); and</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant.</li> <li>• Please insert a link to the policies/procedures for ensuring all relevant information is received during intake <b>OR</b> please briefly describe the policies and procedures if the documents are not publicly accessible.</li> </ul> <p><b>RCDSO Website:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Submit a Complaint</a></li> <li>• <a href="#">What Can I Do If I Have a Problem with My Dentist?</a></li> <li>• <a href="#">Registrar's Investigations and Reports</a></li> <li>• <a href="#">How the Discipline Process Works</a></li> <li>• <a href="#">Sexual Abuse Complaints</a></li> <li>• <a href="#">Our Investigations and Discipline Process</a></li> <li>• <a href="#">Support for Victims of Sexual Abuse</a></li> <li>• <a href="#">Funding for Therapy and Counselling for Sexual Abuse Victims</a></li> <li>• <a href="#">Legal Support for Victims of Sexual Abuse</a></li> <li>• <a href="#">Accessibility and Accommodation: Professional Conduct and Regulatory Affairs Procedures</a></li> </ul> <p><b>YouTube Content:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Alternative Dispute Resolution</a></li> <li>• <a href="#">Reporting Boundary Violations or Sexual Abuse</a></li> </ul> <p>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.</p> <p>The RCDSO engages with the complainant from the outset of the process. The following methods are used to ensure that RCDSO gathers all relevant information during Intake and at each stage:</p> <ul style="list-style-type: none"> <li>• On-line <a href="#">Complaint Form</a>: The online form contains fields for complainants to enter information about the registrant, as well as other dentists or health care providers and health facilities that may have relevant records. Complainants can also upload documents directly into the form.</li> </ul>	<p>Yes</p>



<ul style="list-style-type: none"><li>• Email or hard copy complaints: Complaints received by email, mail or facsimile are reviewed by College staff for completeness. College staff contact complainants by phone, email or mail to obtain missing or additional information.</li><li>• Professional Conduct and Regulatory Affairs (PCRA) Intake Team: The Team answers questions about the complaints process and gathers initial information from complainants about their concerns.</li><li>• Triaging of Complaints: Every complaint is triaged according to the Risk Assessment Framework (described in Standard 12, Measure 12.1).</li><li>• Investigators and Complaints Associates (CAs): Investigators and CAs typically contact the complainant by phone after receiving a complaint to confirm the complainant's concerns, obtain additional details about the complaint and identify witnesses or other relevant health care providers. College staff seek written confirmation from the complainant that their summary of the issues is accurate before notifying the registrant of the complaint. This correspondence to the complainant also includes a comprehensive outline of the investigative steps that will be taken, the Committee's decision-making process, possible outcomes and rights of review.</li><li>• Patient Relations and Boundaries (PRB) Team: The PRB Team speaks with complainants alleging sexual misconduct to gather information, explain the investigation process, provide information about the supports and funding for therapy and counseling that are available and answer questions. These conversations take place in person, by video or by phone and are followed up with detailed written correspondence.</li><li>• Investigative Planning: The assigned investigator or CA prepares an investigation plan setting out what information will be required, including documentation, patient records and/or interviews. The investigator/CA then takes steps to collect that information and conduct any required interviews. Complainants can contact the investigator or CA throughout the investigation.</li><li>• <a href="#">Accessibility and Accommodation policy</a>: At any stage in the process, a complainant can request a Human Rights Code related accommodation under RCDSO's Accessibility and Accommodation Policy in order to fully access and participate in the College's investigation processes. This policy is posted on RCDSO's website and information about the policy can be provided directly by College staff when requested.</li><li>• <a href="#">Fact Sheet</a>: A Fact Sheet has been developed for complainants alleging sexual abuse. The Fact Sheet describes investigative steps, the decision making processes, the <a href="#">College's Support program</a>, as well as <a href="#">Funding for Therapy and Caounselling</a> for patients alleging sexual abuse. It is sent to all complainants alleging sexual misconduct.</li><li>• CRM System: In 2021, the RCDSO developed and implemented a new CRM system to record and track investigative steps for each case.</li></ul>	
<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
<i>Additional comments for clarification (optional)</i>	

		<p>iii. evaluated by the College to ensure the information provided to complainants is clear and useful.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please provide details of how the College evaluates whether the information provided to complainants is clear and useful.</li> </ul> <p>Over the past year, the RCDSO updated and clarified language in various key communication documents, including template correspondence and brochures, as part of its continuous quality improvement and process change initiatives.</p> <p>In 2021, College staff created exit surveys that will be sent to complainants post-ICRC decision. As part of this survey, complainants will be asked if information provided about the complaint process is clear, useful and easy to understand. RCDSO anticipates that this survey will be implemented in Q2 2022.</p> <p>The RCDSO has also initiated a redesign of its website. As part of this refresh, RCDSO consulted with complainants to ensure information on the site and our online complaint form is clear and user friendly. We will continue to consult with complainants as part of the ongoing engagement activities. In the interim, RCDSO updated the website by adding additional resources for complainants about investigative options (<a href="#">Registrar's Investigations and Reports</a>) and for complainants alleging sexual abuse (<a href="#">Investigations and Discipline process</a>).</p>	Yes
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p>	Choose an item.	
		<p>b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</p>	<p>The College fulfills this requirement:</p> <p>Please insert rate (<a href="#">see Companion Document: Technical Specifications for Quantitative CPMF Measures</a>).</p> <p>RCDSO implemented an updated Service Standards Policy in 2021 which specifies that inquiries from the public (by phone and email) are to be responded to within one to two business days. RCDSO data shows that 89.5% of the phone inquiries received are answered immediately. In 2021, the RCDSO engaged a staff lead to examine the service experience of parties who interact with the RCDSO and gain insights on what we can do to enhance service. This work has entailed facilitating the seamless accessibility of information across the organization with a focus on the service we deliver to the public, members of the profession, and other stakeholders when they interact with the RCDSO. A focus for this effort in 2022 is to enhance technology systems to enable the gathering of data to support understanding timelines for responses to inquiries with follow-up timelines as necessary.</p>	Partially
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	Yes	



*Additional comments for clarification (optional)*

	<p>c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g. translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> <li>• Please list supports available for public during complaints process.</li> <li>• Please briefly describe at what points during the complaints process that complainants are made aware of supports available.</li> </ul> <p><b><u>1. Supports available to the public during the complaints process:</u></b></p> <p>As reported in 2020, the following supports are available to the public during the complaints process:</p> <ul style="list-style-type: none"> <li>• Online complaint form accessed from the <a href="#">RCDSO website</a> which provides an easy and timely way for members of the public to raise concerns about a registrant.</li> <li>• Complaints email address (info@rcdso.org) for complainants to pose questions about the process or submit their complaint in email form.</li> <li>• Intake Team members are available to answer questions about the complaints process by phone, email or regular mail.</li> <li>• Practice Advisory staff are available to speak with complainants and answer questions about dental issues prior to filing a complaint.</li> <li>• 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.</li> <li>• <a href="#">Accessibility and Accommodation Policy</a> provides accommodations under the Ontario Human Rights Code and Accessibility for Ontarians with Disabilities Act.</li> <li>• Communication in French is available upon request.</li> <li>• Complaints can be taken orally and transcribed for parties who are unable to provide complaints in written, electronic, or other means.</li> <li>• Supports are in place for people alleging sexual abuse or boundary violations of a sexual nature.</li> <li>• Program for funding for therapy and counselling is in place.</li> <li>• Legal Support for victims of sexual abuse.</li> <li>• Offer of in-person meetings or video calls with potential complainants when complaints are of a sensitive, traumatic, or sexual nature.</li> <li>• 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.</li> </ul> <p>In addition to these supports, the RCDSO also provides the following:</p> <ul style="list-style-type: none"> <li>• A written step-by-step guide provides instruction to complainants on how to access the RCDSO's encrypted email system used during the complaints process to protect the complainant's privacy.</li> <li>• Dedicated IT staff are available to provide one-on-one support to complainants who have challenges accessing any of the RCDSO's information technology (on-line complaint form, encrypted email, and website).</li> <li>• Patient Relations and Boundaries Team members meet with complainants alleging sexual abuse outside of regular business hours.</li> </ul>	



## **2. Complainants are made aware of supports at the following points:**

Complainants are made aware of supports available to them at the following points during the complaints process:

### **Inquiry stage (before the filing of a complaint):**

- The RCDSO complaint email address [complaints@rcdso.org](mailto:complaints@rcdso.org), general inquiries email address [info@rcdso.org](mailto:info@rcdso.org) and phone number and mailing address [Contact Us](#) are posted on the RCDSO's website.
- Intake team members, Practice Advisory staff and other College staff are available to answer complainants' questions by phone, email or regular mail.
- The assigned investigator communicates with the complainant to provide their contact information.
- Complainants are offered French language translation services (written and oral) upon request at any stage in the process.
- Complainants are accommodated under the Ontario Human Rights Code and Accessibility for Ontarians with Disabilities Act ([Accessibility and Accommodation](#)) at all stages in the process.
- Complainants are sent a written step-by-step guide providing instruction on how to access the RCDSO's encrypted email system. This guide is provided at all stages of the process as needed.
- Dedicated IT staff are available at any stage of the process to provide one-on-one support to complainants who have challenges accessing any of the RCDSO's information technology (on-line complaint form, encrypted email, website)
- For complainants making allegations that are sensitive, traumatic or sexual in nature:
  - The Patient Relations and Boundaries Team will meet with complainants in-person, by video or over the phone to discuss their concerns and explain the investigation process at a time convenient to the complainant, including after hours.
  - Complainants are offered access to [RCDSO's Support Person program](#).
  - Complainants are sent a Fact Sheet explaining the role of RCDSO, the laws about patient sexual abuse, who to contact about concerns, the investigation process, the decision making process, supports and contact information for the College.

### **Investigation stage (after the filing of a complaint):**

- The investigator regularly communicates with the complainant throughout the process by phone and email to conduct investigative steps, provide information about the status of the investigation and answer questions. Any written communication includes the investigator's contact information
- As described above, for complainants alleging sexual abuse:
  - The Patient Relations and Boundaries Team will meet with complainants to discuss their concerns and explain the investigation process.
  - They are offered access to the [Support Program](#) and are sent a [Fact Sheet](#).
  - Patients alleging sexual abuse are offered [Funding for Therapy and Counselling](#).
  - A complainant's personal contact information may be redacted from the record of investigation where necessary to protect their safety and/or privacy or to facilitate their participation in the process.

### **Hearing stage:**

- [Legal Support](#) is offered to witnesses testifying about sexual abuse.

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

**Measure**  
**11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.**

<p>a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to document(s) outlining how complainants can contact the College during the complaints process <b>OR</b> please provide a brief description.</li> <li>• Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process <b>OR</b> please provide a brief description.</li> </ul> <p><b>1. Description of how complainants can contact the College during the complaints process.</b></p> <p>Complainants are regularly updated on the progress of their complaint or discipline case and provided with College contacts throughout the investigation and discipline processes.</p> <p>While email correspondence has been the preferred method of communication during the pandemic, the RCDSO accepts all methods of correspondence, including regular mail and facsimile, and communicates with complainants using their preferred method.</p> <p>The assigned investigator or CA is the complainant's key contact throughout the investigation. Upon receipt of a complaint, typically, an investigator or CA contacts the complainant by telephone to confirm the issues in the complaint and provide a detailed explanation of the RCDSO's investigation process, including:</p> <ul style="list-style-type: none"> <li>• The role of the neutral investigator</li> <li>• RCDSO's fulsome disclosure practices</li> <li>• The estimated timelines for investigation</li> <li>• The panel composition and decision options</li> <li>• The rights of review to the Health Professions Appeal and Review Board</li> </ul> <p>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 or CA and may contact them at any stage to ask questions, provide information or raise concerns.</p>	<p>Yes</p>
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Following the initial telephone contact, the investigator or CA sends a detailed notification letter to the complainant confirming the issues in the complaint and again providing information about the investigation process, the estimated timelines, the decision making process and possible outcomes. In addition, a Fact Sheet, forms to apply for funding for therapy and counselling ([Funding for Therapy and Counselling](#)) and a brochure outlining the RCDSO's Support Program ([Support for Victims of Sexual Abuse](#)) are sent to complainants alleging sexual abuse by a registrant.

After this initial letter, the parties are updated about the status of their file at the following stages:

- i. 150 day status letter - the complainant is notified that it has been 150 days since the complaint was filed and is told the status of the complaint investigation.
- ii. 210 day status letter - the complainant is 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.
- iii. Disclosure of relevant, substantive documents or records - during the course of the investigation, the complainant is provided with copies of relevant, substantive documents or records for comment as necessary to further the investigation.
- iv. Awaiting panel review - the complainant is told once their file is placed on a list awaiting scheduling for review by a panel of the ICRC.

While a complaint is awaiting panel review, a dedicated team maintains regular verbal and written communication with the complainant.

If a complaint matter is referred for a discipline hearing, the Director, PCRA immediately contacts the complainant by email and provides their contact information. During the hearing process, the RCDSO prosecutor is the complainant's key contact for information about the status of the hearing and whether the complainant will testify at the hearing. The prosecutor communicates with a complainant while the file is being prepared for a hearing and during the hearing. Complainants continue to be supported by the PRB team, if the matter involves allegations of sexual misconduct. Complainants may also obtain information about upcoming discipline hearings on the RCDSO's website [Upcoming Discipline Hearings](#). After the hearing, the hearings administrator sends the complainant a copy of the decision and reasons.

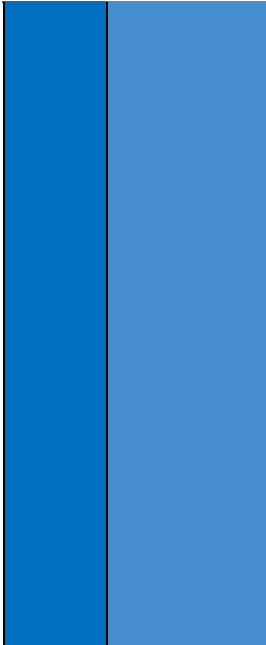
Contact information for the hearings administrator is included in this correspondence.

The RCDSO's mailing address, phone number and general inquiry email address are available on its website and can be found on the [Contact Us](#) webpage. This same link provides access to the RCDSO's Management List and Department Directory which includes contact details for the Director, Professional Conduct & Regulatory Affairs, and a phone number and email address for the complaints team.

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

Complainants are supported throughout the investigative and discipline process in the following ways:

- Intake Team: The Intake Team 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.
- The Practice Advisory Service: The PAS responds to inquiries from the public about dental issues and informs individuals about their option to file a complaint.

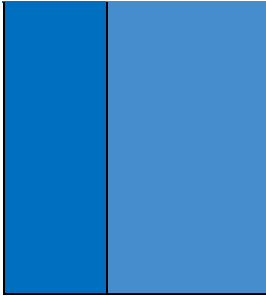


- French Language Services: From initial inquiry through to final disposition of a complaint by a committee of the College, RCDSO supports individuals who communicate in French and various languages by providing written and oral translation services. These services may be provided by multilingual staff members or an outside translator.
- Accessibility and Accommodation Policy: 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 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.
- Investigator and CA: The assigned investigator or CA is the complainant's main contact throughout the investigation. They are available to answer questions about the investigation.
- Patient Relations and Boundaries Team: A dedicated team investigates allegations of sexual abuse and boundary violations. These staff members 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. People complaining about sexual abuse or boundary violations of a sexual nature are offered an in-person meeting or video call with a team member to discuss their concerns. During this meeting they are provided with information about the various supports available and funding for therapy and counselling. Further detail on the supports available are set out later in this document. Information about these services is on the College's website [Investigations and Discipline process](#). As noted above, complainants are sent a [Fact Sheet](#) and information about funding for therapy for therapy and counselling as well as the College's Support Person and [Legal Support](#) programs.

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

Choose an item.

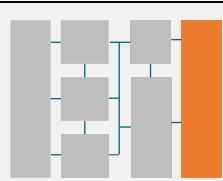
			Additional comments for clarification (optional)	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	<b>Measure</b> <b>12.1 The College addresses complaints in a right touch manner.</b>		
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting 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 met in 2020, continues to meet in 2021
			<ul style="list-style-type: none"> <li>• Please insert a link to guidance document <b>OR</b> please briefly describe the framework and how it is being applied.</li> <li>• Please provide the year when it was implemented <b>OR</b> evaluated/updated (if applicable).</li> </ul> <p>As referenced in the <a href="#">RCDSO's 2020 CPMF Report</a>, the Professional Conduct and Regulatory Affairs department uses a framework - Professional Conduct and Regulatory Affairs Risk Framework (2020) - to guide the department's work in a risk-based approach. Further, RCDSO applies 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.</p> <p><b>Triage protocol:</b></p> <p>The RCDSO created a triage protocol titled, <i>Complaint Triage Risk Assessment Guideline</i> to assign complex, higher risk cases to investigators with expertise in conduct, incompetence and incapacity matters. The Guideline describes the types of issues present in the complaint or report, and provides general guidelines for assignment and for investigative steps. This Guideline is being re-evaluated to verify that the assignment of cases is appropriate.</p> <p><b>Triage/Intake and Mid-Investigation - Interim Order Assessment Tool (2018):</b></p> <p>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.</p> <p><b>Scheduling for Panel:</b></p> <p>The College uses an internal scheduling tool to flag files for priority scheduling before an ICRC panel. Files are identified for priority scheduling based on risk.</p>	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.



*Additional comments for clarification (optional)*

Since the 2020 CPMF report, the ICRC created two specialized panels: one for sexual misconduct and boundary violations of a sexual nature and one for incapacity matters. RCDSO created the two panels to create and refine ICRC members' expertise on sexual abuse, boundaries and incapacity investigations. These ad-hoc panels meet on a priority basis to deliberate and make decisions on these higher-risk files.

DOMAIN 6: SUITABILITY TO STANDARD 13	Measure		
	13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).		
	a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement: <ul style="list-style-type: none"> <li>Please insert a link to the policy <b>OR</b> please briefly describe the policy.</li> <li>Please 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’).</li> </ul> <p>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.</p> <p>As an example, the College shared information with law enforcement when there were concurrent criminal and regulatory proceedings involving the same registrant. In addition, the College shared information with another regulator when there were allegations involving multiple health care professionals working in the same dental practice.</p>	Partially
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Yes
<i>Additional comments for clarification (if needed)</i> <p>The RCDSO is part of a multi-College working group under the Health Profession Regulators of Ontario (HPRO) whose goal is to develop a consistent approach to sharing registrant specific information with external system partners such as other regulators, law enforcement, public health departments and Children's Aid Societies. This work is in progress as the working group continues to research and develop recommendations for consideration by the Colleges.</p>			



Measure  
 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.

DOMAIN 7: MEASUREMENT,  
 REPORTING AND IMPROVEMENT  
 STANDARD 14

Required Evidence	College Response	
a. Outline the College’s KPI’s, including a clear rationale for why each is important.	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
	<ul style="list-style-type: none"> <li>Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included <b>OR</b> list KPIs and rationale for selection.</li> </ul> <p>As noted in <a href="#">RCDSO's 2020 CPMF Report</a>, the RCDSO implemented its first Strategic Plan in 2019. This Plan is being undertaken on a 3-year cycle and will expire at the end of 2022. The Strategic Plan and accompanying Strategic Objectives set the foundation for RCDSO’s Key Performance Indicators (KPIs), which are set out in the Report to Council and accompanying Dashboard beginning on page 45 of the <a href="#">November, 2021 Council meeting materials</a>.</p> <p>RCDSO staff are currently developing the College's next Strategic Plan with input from a broad spectrum of stakeholders, including College Council, RCDSO's staff registrants, and the public. As part of this work, Council will consider the need to retain and/or update RCDSO's strategic objectives for the 2023 - 2025 Strategic Planning cycle.</p>	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.



			<i>Additional comments for clarification (if needed)</i>								
		<p>b. The College regularly reports to Council on its performance and risk review against:</p> <p>i. stated strategic objectives (i.e. the objectives set out in a College’s strategic plan);</p> <p>ii. regulatory outcomes (i.e. operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</p> <p>iii. its risk management approach.</p>	<table border="1"> <tr> <td data-bbox="755 548 2134 609">The College fulfills this requirement:</td> <td data-bbox="2134 548 2567 609">Yes</td> </tr> <tr> <td colspan="2" data-bbox="755 609 2567 857"> <ul style="list-style-type: none"> <li>Please insert a link to Council meetings materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes.</li> </ul> <p>See the Report to Council and accompanying Dashboard beginning on page 45 of the <a href="#">November, 2021 Council meeting materials</a>.</p> </td> </tr> <tr> <td data-bbox="755 857 2134 964"><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></td> <td data-bbox="2134 857 2567 964">Choose an item.</td> </tr> <tr> <td colspan="2" data-bbox="755 964 2567 1352"><i>Additional comments for clarification (if needed)</i></td> </tr> </table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none"> <li>Please insert a link to Council meetings materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes.</li> </ul> <p>See the Report to Council and accompanying Dashboard beginning on page 45 of the <a href="#">November, 2021 Council meeting materials</a>.</p>		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.	<i>Additional comments for clarification (if needed)</i>	
The College fulfills this requirement:	Yes										
<ul style="list-style-type: none"> <li>Please insert a link to Council meetings materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes.</li> </ul> <p>See the Report to Council and accompanying Dashboard beginning on page 45 of the <a href="#">November, 2021 Council meeting materials</a>.</p>											
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.										
<i>Additional comments for clarification (if needed)</i>											

<b>Measure</b>		
<b>14.2 Council directs action in response to College performance on its KPIs and risk reviews.</b>		
a. Council uses performance and risk review findings to identify where improvement activities are needed.	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities.</li> </ul> <p>As noted above, RCDSO’s first Strategic Plan (2020 – 2023) was approved in 2019 and forms the basis for the College’s Key Performance Indicators (KPIs).</p> <p>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.</p> <p>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.</p> <p>The RCDSO’s Report to Council and accompanying Dashboard can be viewed beginning on page 45 of the <a href="#">November, 2021 Council meeting materials</a>.</p>	<b>Partially</b>
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	<b>Yes</b>
	<i>Additional comments for clarification (if needed)</i>	
<b>Measure</b>		
<b>14.3 The College regularly reports publicly on its performance.</b>		
a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to the College’s dashboard or relevant section of the College’s website.</li> </ul> <p>A report on the Strategic Plan, including a status update on active strategic projects, and current data on KPIs is included as a standing item at each meeting of RCDSO Council. These materials are posted publicly on the RCDSO’s website.</p> <p>For example, the Strategic Plan Report to Council, which includes a setting out the College’s Key Performance Indicators, can be found beginning on page 45 of the <a href="#">November, 2021 Council meeting materials</a>.</p>	<b>Yes</b>

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

## Part 2: Context Measures

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

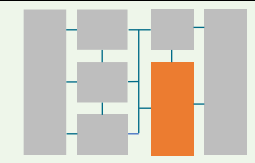
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g. due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: ‘Nil’ and indicate any plans to collect the data in the future.

Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using a method other than the recommended method outlined in the following Technical Document, the College is asked to provide the method in order to understand how the information provided was calculated.

The ministry has also included hyperlinks of the definitions to a glossary of terms for easier navigation.

**Table 1 – Context Measure 1**

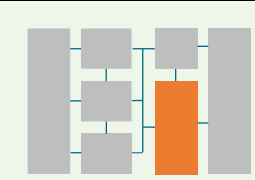
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 11		
Statistical data collected in accordance with the recommended method or the College's own method: <b>Recommended</b> <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2021*		
Type of QA/QI activity or assessment:	#	<p><i>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).</i></p> <p><i>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 2021. 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 13.1(a) of Standard 11.</i></p>
i. Continuing Education (CE) activities	11170	
ii. e-Portfolio review	246	
iii. Practice Enhancement Tool (PET) assessment	1126	
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>		

\* 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.

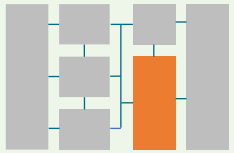
*Additional comments for clarification (if needed)*

- i. All registrants with a general or specialty certificate of registration are required to participate in the Quality Assurance Program, which includes pursuing continuing education activities and keeping a log of them in their online e-Portfolio.
- ii. The QA Committee suspended the QA program from March 16, 2020 to December 31, 2020, due to the pandemic, but it was restarted in January 2021. This number reflects the total number of registrants who had their e-Portfolio review completed in 2021. This number does not include one registrant who had their e-Portfolio reviewed as part of a practice assessment.
- iii. The QA Committee suspended the QA program from March 16, 2020 to December 31, 2020, due to the pandemic, but it was restarted in January 2021. This number reflects the total number of registrants who completed their online PET assessment in 2021.
- iv. This number reflects the total number of registrants who had a peer assessment completed and a decision rendered by the QA Committee in 2021.
- v. This number reflects the total number of registrants who had a practice assessment completed and a decision rendered by the QA Committee in 2021.

**Table 2 – Context Measures 2 and 3**

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
Statistical data collected in accordance with the recommended method or the College own method: <b>R e c o m m e n d e d</b> If a College method is used, please specify the rationale for its use:			
Context Measure (CM)	#	%	
<b>CM 2.</b> Total number of registrants who participated in the QA Program CY 2021	1328		What does this information tell us? If a registrant’s knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.
<b>CM 3.</b> Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation as of the start of CY2021.	NR		The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2021, understanding that some cases may carry over.
<a href="#"><u>NR</u></a>			
Additional comments for clarification (if needed)			
CM 2. This number reflects the total number of registrants who had their ePortfolio review completed and/or who completed their online PET assessment in 2021; 44 registrants completed both the e-Portfolio and the PET. CM 3. This number reflects the total number of registrants who entered into a Remedial Agreement at the direction of the QA Committee in 2021.			

**Table 3 – Context Measure 4**

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d			
<i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
<b>CM 4.</b> Outcome of remedial activities as at the end of CY 2021:**	#	%	<i>What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.</i>
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	
<p><a href="#">NR</a></p> <p>* This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2021.</p> <p>**This number may include any outcomes from the previous year that were carried over into CY 2021.</p>			
<i>Additional comments for clarification (if needed)</i>			
<p>CM 4.I. This number includes two registrants whose remediations commenced in 2018/2019 and were concluded in 2021.</p> <p>CM 4.II. This number includes one registrant whose remediation remain in progress from 2020.</p>			



**Table 4 – Context Measure 5**

DOMAIN 6: SUITABILITY TO PRACTICE					
Standard 13					
Statistical data is collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d					
<i>If a College method is used, please specify the rationale for its use:</i>					
Context Measure (CM)					
<b>CM 5.</b> Distribution of formal complaints and Registrar’s Investigations by theme in CY 2021	Formal received	Complaints	Registrar Investigations initiated		<p><i>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.</i></p>
Themes:	#	%	#	%	
I. Advertising	6	1%	0	0%	
II. Billing and Fees	125	23%	9	13%	
III. Communication	155	28%	NR	NR	
IV. Competence / Patient Care	417	76%	32	48%	
V. Intent to Mislead including Fraud	9	2%	NR	NR	
VI. Professional Conduct & Behaviour	89	16%	20	30%	
VII. Record keeping	15	3%	6	9%	
VIII. Sexual Abuse	NR	NR	NR	NR	
IX. Harassment / Boundary Violations	NR	NR	NR	NR	
X. Unauthorized Practice	0	0%	NR	NR	
XI. Other <please specify>	NR	NR	5	7%	
<b>Total number of formal complaints and Registrar’s Investigations**</b>	<b>550</b>	<b>100%</b>	<b>67</b>	<b>100%</b>	

<p><a href="#">Formal Complaints</a>  <a href="#">NR</a>  <a href="#">Registrar's Investigation</a>  <i>** 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.</i></p>	
<p><i>Additional comments for clarification (if needed)</i></p> <p><b>Additional Themes:</b></p> <p><u>Sexual Conduct - Non-Patients:</u>  Formal Complaints Received: NR  Registrar's Investigations Initiated: NR</p> <p><u>Harassment/Boundary Violations - Non-Patients:</u>  Formal Complaints Received: NR  Registrar's Investigations Initiated: NR</p> <p><u>Other:</u>  Complaints: (i) Failure to comply with RHPA  Registrar's Investigations: (i) Failure to provide accurate information to the College; (ii) Failure to comply with the RHPA</p>	

**Table 5 – Context Measures 6, 7, 8 and 9**

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d		
<i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
<b>CM 6.</b> Total number of formal complaints that were brought forward to the ICRC in CY 2021	677	
<b>CM 7.</b> Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2021	40	
<b>CM 8.</b> 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 2021	74	
<b>CM 9.</b> Of the formal complaints and Registrar’s Investigations received in CY 2021**:	#	%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	52	9%
II. Formal complaints that were resolved through ADR	33	6%
III. Formal complaints that were disposed of by ICRC	32	
IV. Formal complaints that proceeded to ICRC and are still pending	NR	NR
V. Formal complaints withdrawn by Registrar at the request of a complainant	12	2%
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	7	1%
<i>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.</i>		

VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	NR	NR	
<p><a href="#">ADR</a>  <a href="#">Disposal</a>  <a href="#">Formal Complaints</a>  <a href="#">Formal Complaints withdrawn by Registrar at the request of a complainant</a></p> <p><a href="#">NR</a>  <a href="#">Registrar’s Investigation</a></p> <p># May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.  ** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</p>			
<p><i>Additional comments for clarification (if needed)</i></p> <p>In addition to the reported numbers above, the College has provided additional counts based on casefiles that were completed in CY2021 but were received by the College within and prior to CY 2021 (and therefore span multiple calendar years).</p> <p>CM9 i. n=59  CM9 ii. n=47  CM9 iii. n=587  CM9 iv. n=127  CM9 v. n=18  CM9 vi. n=7  CM9 vii. n=18</p>			

**Table 6 – Context Measure 10**

DOMAIN 6: SUITABILITY TO PRACTICE							
Standard 13							
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d							
<i>If a College method is used, please specify the rationale for its use:</i>							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2021							
Distribution of ICRC decisions by theme in 2021*	# of ICRC Decisions++						
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising	10	7	0	0	0	0	0
II. Billing and Fees	139	26	8	16	0	6	5 (RA)
III. Communication	183	47	NR	6	0	NR	NR (RA)
IV. Competence / Patient Care	330	105	26	58	5	9	16 (RA)
V. Intent to Mislead Including Fraud	8	0	NR	NR	0	NR	0
VI. Professional Conduct & Behaviour	54	9	6	NR	0	NR	0
VII. Record Keeping	65	79	21	47	NR	7	19 (RA)
VIII. Sexual Abuse	6	0	NR	NR	0	6	0
IX. Harassment / Boundary Violations	NR	NR	NR	NR	0	NR	NR (RA)

X.	Unauthorized Practice	0	0	0	0	0	NR	0
XI.	Other <please specify>	13	7	6	NR	0	NR	0

\* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2021.

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

[NR](#)

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

Additional comments for clarification (if needed)

Note: VIII (Sexual Abuse) and IX (Harassment/Boundary Violations) (n=6 and n=NR respectively): The number of ICRC decisions before the Committee relating to concerns of Sexual Abuse or Harassment/Boundary Violations but took no action, including allegations that were unsubstantiated.

Distribution of ICRC decisions by theme in 2021 - additional themes:

Sexual Conduct - Non-Patients:

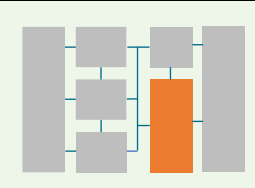
- Take No Action - NR
- Issues a caution (oral or written) - NR
- Orders a specified continuing education or remediation program - NR
- Refers specified allegations to the Discipline Committee - NR

Harassment/Boundary Violations - Non-Patients:

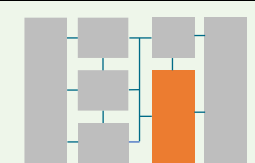
- Take No Action - NR
- Issues a caution (oral or written) - NR
- Orders a specified continuing education or remediation program - NR
- Refers specified allegations to the Discipline Committee - NR

Other: (i) Contravening a municipal, territorial, provincial or federal law; (ii) Failure to comply with the RHPA; (iii) Failure to cooperate with a College investigation; (iv) Failure to reply appropriately or provide accurate information to the College; (v) Misused drugs; (vi) Non-sexual harassment or verbal abuse of a non-patient; (vii) Employment issues

**Table 7 – Context Measure 11**

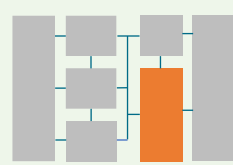
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College own method: <b>Recommended</b> <i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
<b>CM 11.</b> 90 <sup>th</sup> Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.</i>
I. A formal complaint in working days in CY 2021	739	<i>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>
II. A Registrar’s investigation in working days in CY 2021	900	
<a href="#">Disposal</a>		
<i>Additional comments for clarification (if needed)</i>  Our current timelines for processing complaints and Registrar's investigations do not meet the statutory targets. In 2020, the RCDSO initiated an evaluation of complaints, investigations and decision-making processes, supported by data and analysis provided by our new Customer Relationship Management system (CRM). Numerous process improvements have been implemented to address the backlog of cases. As a result of this work, 677 files were before the ICRC for decision in 2021, a 50% increase (n=226 additional files) over the number of casefiles before the ICRC in 2020. Further planning and process improvements will aim to significantly improve timelines.		

**Table 8 – Context Measure 12**

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College’s own method: <b>R e c o m m e n d e d</b> <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
<b>CM 12.</b> 90th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.</i>  <i>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>
I. An uncontested discipline hearing in working days in CY 2021	351	
II. A contested discipline hearing in working days in CY 2021	641	
<a href="#">Disposal</a> <a href="#">Uncontested Discipline Hearing</a> <a href="#">Contested Discipline Hearing</a>		
<i>Additional comments for clarification (if needed)</i>  II. In 2021, the College held 4 contested discipline hearings. These long timelines reflect the delays caused by (i) registrants who could not be located and/or did not respond to College communications, (ii) multiple hearings proceeding against the same registrant		



**Table 9 – Context Measure 13**

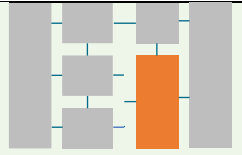
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d		
<i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
<b>CM 13.</b> Distribution of Discipline finding by type*		<p><i>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.</i></p>
Type	#	
I. Sexual abuse	0	
II. Incompetence	NR	
III. Fail to maintain Standard	9	
IV. Improper use of a controlled act	NR	
V. Conduct unbecoming	0	
VI. Dishonourable, disgraceful, unprofessional	16	
VII. Offence conviction	NR	
VIII. Contravene certificate restrictions	NR	
IX. Findings in another jurisdiction	0	
X. Breach of orders and/or undertaking	5	
XI. Falsifying records	0	
XII. False or misleading document	6	
XIII. Contravene relevant Acts	9	

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

[NR](#)

*Additional comments for clarification (if needed)*

**Table 10 – Context Measure 14**

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d		
<i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
<b>CM 14.</b> Distribution of Discipline orders by type*		<i>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i>
Type	#	
I. Revocation	NR	
II. Suspension	5	
III. Terms, Conditions and Limitations on a Certificate of Registration	19	
IV. Reprimand	12	
V. Undertaking	NR	
* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.		
<a href="#">Revocation</a> <a href="#">Suspension</a> <a href="#">Terms, Conditions and Limitations</a> <a href="#">Reprimand</a> <a href="#">Undertaking</a> <a href="#">NR</a>		
<i>Additional comments for clarification (if needed)</i>		

## Glossary

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

Return to: [Table 5](#)

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

Return to: [Table 8](#)

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

Return to: [Table 5](#), [Table 7](#), [Table 8](#)

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

Return to: [Table 4](#), [Table 5](#)

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

Return to: [Table 5](#)

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

Return to: [Table 1](#), [Table 2](#), [Table 3](#), [Table 4](#), [Table 5](#), [Table 6](#), [Table 9](#), [Table 10](#)

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

Return to: [Table 4](#), [Table 5](#)

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

Return to: [Table 10](#)

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

- Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g. doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 8](#)

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

Return to: [Table 10](#)