



92nd Council Meeting

Friday, June 22, 2018 – 9:00 a.m. – 3:30 p.m.

HELD AT

Postmedia Place, 365 Bloor Street E., Suite 1606, Toronto, ON M4W 3L4

AGENDA

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15. Governance Training – Unconscious Bias in Decision Making – Recognition and Strategies for Mitigation Ms. Deanna Matzanke, Senior Director, Ideas, Insights, and Innovation – Canadian Centre for Diversity and Inclusion.	Presentation and Discussion	
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17. Adjournment		



Memo

To: Council
From: Dr. Glenn Pettifer, Registrar and CEO
Date: June 2, 2018
Re: Declaration of Acclamations to Council

Pursuant to Article 18.02 of the College By-laws which states:

"18.02 Registrar's Declarations: The Registrar shall make all declarations in respect of an election in writing, keep them in the records of the College and include a copy of each declaration in the next package of materials sent to the Council after making it"

I am writing to provide Council with the declarations of acclamation to Council for the 2018 College elections for representative from the profession from Districts 6, 7, and 8. Only one nomination of candidacy for election to the College Council was received in each of electoral Districts 6, 7, and 8. The Nomination period closed on April 23, 2018 and the period for valid withdrawal of candidacy expired on May 2, 2018.

Since none of the seats on Council were contested, I declare and provide you notice that the following candidates were elected by acclamation to the Council for their respective districts:

Mr. Abdelatif (Latif) Azzouz – District 6
Mr. Michael Vout Jr. – District 7
Mr. Keith Collins – District 8

Included in the Council meeting materials for June 22, 2018, this notice shall constitute the records of the College for this election.

Sincerely,

A blue ink handwritten signature, appearing to read "Glenn Pettifer", with a long horizontal flourish extending to the right.

Dr. Glenn Pettifer
Registrar & CEO



BRIEFING NOTE

To: **COUNCIL**

From: **Glenn Pettifer, Registrar & CEO**

Date: **June 22, 2018**

Subject: **Confidentiality Agreements**

Pursuant to Article 28.04 of the College By-laws, Council, Committee members, staff and persons retained or appointed by the College are required to sign, annually, the confidentiality or fiduciary agreement approved by Council.

A copy of the Confidentiality Agreement and supporting documentation is provided for review. Hard copies of the agreement will be available for signature at the June 22, 2018 meeting.



CDO Confidentiality Agreement – Council Members

I, _____, am a Member of the Council of the College of Denturists of Ontario (CDO).

I have read and understood and agree to abide by sections 36(1) and 40(2) and (3) of the Regulated Health Professions Act, 1991, as amended (the "RHPA") and section 28 of the CDO By-laws, which outline my duty of confidentiality and the consequences for a breach of confidentiality.

I undertake to maintain the secrecy of confidential information with respect to all matters that come to my knowledge in the course of my duties except as authorized by the RHPA.

I acknowledge and agree that all records, materials and information, and copies thereof obtained and/or reviewed by me in the course of duties on behalf of the CDO are confidential and shall remain the exclusive property of the CDO. I undertake to take all reasonable steps to protect the confidentiality and avoid the unauthorized disclosure of such records, materials and information, and to return to the CDO any records, materials or information as required by the CDO.

If I believe that disclosure of confidential information obtained in the course of my duties is required by law (such as pursuant to a criminal proceeding), I shall notify the Registrar as soon as reasonably possible and as much in advance of the impending disclosure as possible so that the CDO may obtain legal advice with respect to the matter.

In the event that I disclose or attempt to disclose any such confidential information in breach of this confidentiality agreement, I understand that the CDO shall be entitled to enforce its legal rights to prevent the disclosure of the information by injunction or otherwise and may bring such further action against me as it considers advisable. I also acknowledge that unauthorized disclosure of confidential information may be grounds for disqualification from Council.

I further acknowledge and agree that my obligations regarding confidentiality continue beyond the expiration of my term of office in perpetuity.

COUNCIL MEMBER: _____
SIGNATURE

DATE

Attached are copies of subsections 36. (1); 40. (2) and (3) of the RHPA and section 28 of the CDO By-laws.



CDO Confidentiality Agreement – Supporting Documents

Regulated Health Professional Act, 1991 (RHPA)

Confidentiality

- 36. (1)** Every person employed, retained or appointed for the purposes of the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* and every member of a Council or committee of a College shall keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person except,
- (a) to the extent that the information is available to the public under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*;
 - (b) in connection with the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*, including, without limiting the generality of this, in connection with anything relating to the registration of members, complaints about members, allegations of members' incapacity, incompetence or acts of professional misconduct or the governing of the profession;
 - (c) to a body that governs a profession inside or outside of Ontario;
 - (d) as may be required for the administration of the *Drug Interchangeability and Dispensing Fee Act*, the *Healing Arts Radiation Protection Act*, the *Health Insurance Act*, the *Independent Health Facilities Act*, the *Laboratory and Specimen Collection Centre Licensing Act*, the *Ontario Drug Benefit Act*, the *Coroners Act*, the *Controlled Drugs and Substances Act* (Canada) and the *Food and Drugs Act* (Canada);

Offences

- 40. (2)** Every individual who contravenes section 31, 32 or 33 or subsection 34 (2), 34.1 (2) or 36 (1) is guilty of an offence and on conviction is liable to a fine of not more than \$25,000 for a first offence and not more than \$50,000 for a second or subsequent offence. 2007, c. 10, Sched. M, s. 12.
- 40. (3)** Every corporation that contravenes section 31, 32 or 33 or subsection 34 (1), 34.1 (1) or 36 (1) is guilty of an offence and on conviction is liable to a fine of not more than \$50,000 for a first offence and not more than \$200,000 for a second or subsequent offence. 2007, c. 10, Sched. M, s. 12.

CDO By-laws

28.01 Duty of Confidentiality

Members of the Council and Committees, staff and persons retained or appointed by the College are required to maintain confidentiality of information that comes before them in the course of discharging their duties unless disclosure is authorized by the Council or is otherwise permitted under subsection 36(1) of the RHPA.

28.02 Subsection 36(1) of the RHPA

Subsection 36(1) of the RHPA states, in part, as follows,

36. (1) Every person employed, retained or appointed for the purposes of the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* and every Member of a Council or committee of a College shall keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person

28.03 Disclosure Under the RHPA

Subsection 36(1) of the RHPA permits disclosure in a number of specific circumstances. Members of the Council and Committees, staff and persons retained or appointed by the College are expected to understand when those exceptions apply and seek advice if they are in doubt.

28.04 Confidentiality Agreement

Council and Committee members, staff and persons retained or appointed by the College are required to sign, annually, the confidentiality or fiduciary agreement approved by Council.



BRIEFING NOTE

To: **Council**

From: **Nominating Committee**

Date: **June 22, 2018**

Subject: **Appointment of Committee Members and Chairs of Statutory and Non-Statutory Committees**

The Nominating Committee is responsible for preparing a proposed slate for 2018 – 2019 Statutory and Non-Statutory Committee membership (excluding the Executive Committee) and a slate of suggested Chairs for Statutory and Non-Statutory Committees. The slate is presented to Council for consideration and approval.

Pursuant to By-law Article 23.02, unless Council directs otherwise, the Nominating Committee will consist of the Past President, the Vice-President and a Public Member.

The current Nominating Committee is composed of Barbara Smith, Public Member, Joey Della Marina, Vice President of Council and Hanno Weinberger, Past President of Council.

The Committee met on June 6, 2018. Slates of proposed Committee membership and Committee Chairs were formulated. These slates are presented for Council's consideration.

Options

After consideration of the proposed slates provided to Council by the Nominating Committee, Council may elect to:

1. Approve the proposed slates as presented
2. Suggest modifications and then approve the modified slates
3. Other

Relevant Legislation

Article 24.08 – Appointment of Committee Members and Members of Working Groups.

Unless otherwise stated in the by-laws, the Nominating Committee shall put forward to Council for approval a proposed slate of every Committee member and every member of a working group, including Members who are not members of Council with the exception of the Executive Committee, whose members shall be elected to office.

Article 24.11 - Chairs

Unless stated otherwise in these by-laws, the Chair or Chairs of each Statutory and Non-Statutory Committee shall be appointed by the Council.

Approved Slate for Statutory and Non-Statutory Committees and Chairs of Statutory Committees for 2018 - 2019

[illegible]



91st MEETING OF COUNCIL In-Person

365 Bloor Street East, Suite 1606, Toronto, ON M4W 3L4
Friday, March 9, 2018 – 9:00 a.m. to 3:30 p.m.

MINUTES

Members Present:

Dr. Ivan McFarlane	➤ President	➤ Chair
Mr. Joey Della Marina	➤ Vice President	
Mr. Hanno Weinberger	➤ Past President	
Mr. Jack Abergel		
Ms. Alexia Baker-Lanoué		
Mr. Keith Collins		
Mr. Mark Fenn		
Mr. Robert C. Gaspar		
Ms. Wangari Muriuki		
Mr. Christopher Reis		
Ms. Barbara Smith		
Mr. Michael Vout Jr.		

Regrets:

Ms. Anita Kiriakou
Mr. Luc Tran

Guests:

Ms. Rebecca Durcan and Ms. Cathi Mietkiewicz, Legal Counsel, Steinecke, Maciura and LeBlanc

Staff:

Dr. Glenn Pettifer, Registrar and CEO
Ms. Fiona Harvey, Recording Secretary

1. Call to Order

The Chair called the meeting to order at 9:00 a.m.

2. Approval of Agenda

The Registrar requested adding **Item 17b** "Interpretation of the Standard of Practice: Advertising" after **Item 17** "Regulatory College Collaboration". The Regulatory College Collaboration will change to **Item 17a**.

MOTION: That the agenda be adopted as amended.

MOVED: K. Collins

SECONDED: A. Baker-Lanoué

CARRIED

3. Declaration of Conflict of Interest

None noted or declared.

4. College Mandate

5. Consent Agenda

Items removed from the Consent Agenda: **5.9**.

MOTION: That the Council adopt the Consent Agenda.

MOVED: M. Vout Jr.

SECONDED: K. Collins

CARRIED

5.9 Registrar's Report

The Registrar added an update to Council regarding the Chief Examiner position. The College is in the process of finalizing the job description, eligibility requirements and selection process and will submit it to Council at the June meeting. Mr. Velensky will stay on as interim Chief Examiner for the June Qualifying Examination.

The Registrar added information for Council regarding three new regulations being introduced under the RHPA:

- Patient Criteria Regulation - Criteria defining who is a patient, for the purpose of sexual abuse
- Prescribed Information Regulation - Additional information required on the College register
- Prescribed Offences Regulation - Prescribed Offences

MOTION: That Council receive **Item 5.9** Registrar's Report.

MOVED: M. Vout Jr.

SECONDED: K. Collins

CARRIED

6. Governance Training

6.1 What We Can Learn from Regulatory Decisions – presented by Rebecca Durcan and Cathi Mietkiewicz from Steinecke, Maciura and LeBlanc

6.2 Meeting Matters – presented by Dr. Glenn Pettifer

7. Update on Jurisprudence Project –on-line demonstration presented by Ms. Jennifer Slabodkin

8. Report from Citizens Advisory Group (CAG)

9. Budget Presentation – Draft Budget for the 2018-2019 Fiscal Year

MOTION: That Council approve the proposed budget for 2018-2019.

MOVED: W. Muriuki

SECONDED: A. Baker-Lanoue

CARRIED

10. Waiving the Fee Increase for 2018-2019

MOTION: That Council waive the fee increase prescribed by Article 31.05 "Fee Increases" of the College By-laws for the 2018-2019 fiscal year.

MOVED: M. Vout Jr.

SECONDED: M. Fenn

CARRIED

11. In-Camera Meeting, pursuant to Schedule 2 (HPPC) of the RHPA, s. 7 ss 2(d)

MOTION: That Council move into an *in-camera* meeting at 11.49 a.m. as per Schedule 2, (HPPC) of the RHPA, s. 7 ss 2(d) to discuss the 2017 Annual Performance Assessment of the Registrar.

MOVED: B. Smith

SECONDED: K. Collins

CARRIED

MOTION: That Council adjourn the *in-camera* meeting at 12.12 p.m.

MOVED: H. Weinberger

SECONDED: J. Abergel

CARRIED

MOTION: That Council accept and approve the 2017 Annual Performance Assessment of the Registrar.

MOVED: A. Baker-Lanoue

SECONDED: H. Weinberger

CARRIED

12. Standards of Practice: Conflict of Interest

MOTION: That Council approve the draft Standard of Practice: Conflict of Interest and accompanying Guide for implementation on October 1, 2018.

MOVED: H. Weinberger

SECONDED: M. Vout Jr.

CARRIED

13. By-law Amendments

13.1 Public Register – Proposed Amendments to By-law Article 33.06

MOTION: That Council approve modifying the proposed amendments to Article 33.06 of the College By-laws recommended by legal counsel, adopt the modified amendments and circulate them for stakeholder consultation.

MOVED: K. Collins

SECONDED: W. Muriuki

CARRIED

13.3 Health Professional Corporations

MOTION: That Council adopt the proposed amendments to Article 34.01 (iii) of the College By-laws.

MOVED: M. Vout Jr.

SECONDED: C. Reis

CARRIED

14. Registration Regulation

MOTION: That Council approve the proposed amendments to the draft Registration Regulation.

MOVED: H. Weinberger

SECONDED: K. Collins

CARRIED

15. Professional Misconduct Regulation – Revision – Preliminary Discussion

16. Strategic Plan Performance Indicators

Council deferred this item to the June 2018 meeting.

17. a) Regulatory College Collaboration – Verbal

The Registrar provided information to Council on conversations taking place with other health regulatory colleges around collaborating and combining resources to support efficiency and keeping College costs down. These discussions are exploratory, and no decisions will be made without Council's input.

b) Interpretation of the Standard of Practice: Advertising

MOTION: That Council amend the Standard of Practice: Advertising by including the line "excluding a complimentary consultation" at the end of Standard Statement 3 and circulate for stakeholder consultation.

MOVED: H. Weinberger

SECONDED: J. Della Marina

CARRIED

18. Future Meeting Dates

June 22, 2018
September 14, 2018
December 14, 2018

19. Next Meeting Date

Friday, June 22, 2018

20. Adjournment

The meeting was adjourned at 3.24 p.m.

Dr. Ivan McFarlane
President and Chair

Date

Dr. Glenn Pettifer
Registrar and CEO

Date



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Executive Committee**

Reporting Date: **June 22, 2018**

Number of Meetings since
last Council Meeting: **1**

Since its last report to Council on March 9, 2018, the Executive Committee met on Friday June 8, 2018.

The Committee reviewed and approved the current financial statements for April 1, 2018 – May 29, 2018.

The Committee adopted the Registrar's Report.

The Committee approved two (2) Clinic name applications.

Respectfully submitted by Ivan McFarlane, PhD
President



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Inquiries, Complaints and Reports Committee**

Reporting Date: **June 1, 2018**

12 meetings.

Number of Meetings since last Council Meeting: 7 ICRC teleconferences held on March 8, 2018, March 21, 2018, April 17, 2018, April 25, 2018, May 2, 2018, May 3, 2018 & May 15, 2018
3 Health Inquiry Panel teleconferences held on March 12, 2018, April 20, 2018 & May 24, 2018
2 in-person meetings held on April 6, 2018 & June 1, 2018

Decisions finalized

Investigations closed and draft decisions approved:	19
a) Complaints	17
b) Registrar's Reports	1
c) Registrar's Reports – Referral from QA	1

Dispositions (some cases may have multiple dispositions or multiple members):

No Further Action	9
Advice/Recommendation/Reminder	7
SCERP	1
Written Caution	0
Verbal Caution	0
Referral to Health Inquiry Panel	2
Referral to Discipline	0

Practice Issues (identified by ICRC when approving decisions)

Practice Issue	Primary Issue	Secondary Issue
Patient harm/Patient Safety		
Clinical knowledge/understanding		
Clinical Skill/Execution	1	2
Professional Judgment	1	
Legislation, standards & ethics	3	
Laboratory Procedures		

Practice Management		
Relationship with Patient		
Professional Relationships		
Records & Reporting		
Continuing Competence		1
Communication	1	1

Cases considered:

i) Files still open (includes all on-going matters and new files):	29
a) Complaints	18
b) Health Inquiry	1
c) Registrar's Reports	7
d) Referral from QA	3

ii) New files received during this period:	14
a) Complaints	10
b) Registrar's Reports	3
c) Referrals from QA	1

Cases Pending:

i) Files not yet reviewed (in early stages of investigation):	1
a) Complaints	1
b) Registrar's Reports	0
c) Fitness to Practise Inquiry	0
d) Referrals from QA	0

HPARB appeals:

Total Appeals pending	4
New Appeals	3
ICRC Decision confirmed – case closed	0
ICRC Decision returned to ICRC	0
Appeal withdrawn – case closed	0

Respectfully submitted by Barbara Smith, Chair



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Quality Assurance Committee – Panel A**

Reporting Date: **June 22, 2018**

Number of Meetings since last
Council Meeting: **2**

Panel A of the Quality Assurance Committee (QAC-A) considers Peer & Practice Assessment reports as an indicator of whether or not a member's knowledge, skill and judgement are satisfactory. The Committee also monitors member compliance with the CPD program and develops tools, programs and policies for the College's Quality Assurance Program.

QAC-A met twice since its last report to Council on March 9, 2018.

Meeting: March 15, 2018

Requirement Considered	Result
2016-17 Peer & Practice Assessments	<ul style="list-style-type: none">• 1 – Satisfactory (no further action)• 1 – Ordered to participate in a Modified Non-Clinical Peer & Practice Assessment¹
2017-18 Peer & Practice Assessments	<ul style="list-style-type: none">• 6 – Satisfactory (no further action)• 1 – Reassessment ordered (failure to submit proof of remediation)• 1 – Referral to ICRC (allegations of professional misconduct)
2015-16 Annual CPD Requirements	<ul style="list-style-type: none">• 1 – Complete – No further action
2016-17 Annual CPD Requirements	<ul style="list-style-type: none">• 1 – Complete – No further action

Meeting: June 8, 2018

Requirement Considered	Result
2016-17 Peer & Practice Assessments	<ul style="list-style-type: none">• 1 – Additional remediation required• 1 – Deferred until Fall 2018
2016-17 Modified Non-Clinical Peer & Practice Assessments	<ul style="list-style-type: none">• 1 – Satisfactory
2017-18 Peer & Practice Assessments	<ul style="list-style-type: none">• 3 – Satisfactory (no further action)• 1 – Additional remediation required

¹ Modified Non-Clinical Assessment requests may be granted to members who are currently not practising the profession because of illness or other personal circumstances. In these cases, members who have received approval from QAC-A are required to submit proof of their CPD activities for the previous renewal period. Additionally, the member is required to notify the College of a return to practise and a full Clinical Peer and Practice Assessment is completed.

Requirement Considered	Result
2018-19 Peer & Practice Assessments	• 1 – Ordered to participate in a Modified Non-Clinical Peer & Practice Assessment
2017-18 Annual CPD Requirement	• 2 – Extensions Granted

Peer & Practice Assessment Report Summary:

Renewal Period	Satisfactory	Remediation ²	Reassessment Ordered for Remediation	Modified Non-Clinical Assessment	Referral to ICRC	Resigned
2016-17 (Total = 37)	19	11	1	3	1	2
2017-18 (Total = 35)	17	17	0	1	0	0

CPD Compliance Summary:

Renewal Period	Extensions Granted	CPD Audit Ordered	Peer & Practice Assessment Ordered	Referred to ICRC for Non-Compliance
2016-17	7	7	0	1
2017-18	2	TBA	TBA	TBA

Policy and Program Development:

The Committee was provided with a verbal update regarding the Peer Circles project. The College will be hosting 2 pilot sessions over the summer – July 14th and August 18th, 2018.

The Committee considered increasing the percentage of randomly selected members from 5% to 10, 15 or 20%. The Committee considered temporarily increasing the amount of time that a member is removed from the pool of eligible members from 5 years to 10 years, decreasing the changes of some members being selected multiple times and allowing for more opportunity members who have not been selected to participate.

The Committee was presented with a project plan update for the Self-Assessment Tool (SAT). The College has contracted with PixelShop to develop the online component in collaboration with the database vendor. The tool is scheduled to go live in January 2019.

Dr. Anthony Marini attended the meeting to present methodology regarding a Chart Stimulated Recall tool to be considered for inclusion in the Peer & Practice Assessment framework.

The Committee will be meeting in July 2018 to continue considering Peer & Practice Assessment reports and CPD compliance matters.

Respectfully submitted Keith Collins, Chair

² Compared to previous years, the total number of members requiring remediation has increased since the implementation of the Standard of Practice: Record Keeping (January 1, 2017). 100% of members that required remediation for 2016-17 needed to improve their record keeping practices to meet the Standard. However, of the members that required remediation for 2017-18, only 65% of them needed to improve their record keeping to meet the Standard.



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Quality Assurance Committee – Panel B**

Reporting Date: **June 22, 2018**

Number of Meetings since
last Council Meeting: **1**

Panel B of the Quality Assurance Committee (QAC-B) met once since its last report to Council on March 9, 2018.

At its April 26th, 2018 meeting, the Panel received an update regarding the launch of the educational webinars for the Standards of Practice: Record Keeping, Informed Consent, Confidentiality & Privacy and Advertising.

The Panel was advised that the College has developed and implemented an e-Learning module library of educational webinars on the College's Standards of Practice that are designed to provide self-initiated opportunities to review this material. In the e-library, members have access to on-demand webinars, copies of the presentations and self-directed learning assignments.

The Panel reviewed the consultation report, draft Standard and Guide for Restricted Titles and Professional Designations, and an environmental scan regarding the use of "retired" and "life membership" status.

The Panel agreed that a "retired" status would allow members to continue to contribute to the profession while maintaining their Registration. The Panel felt that this would add to public protection because it would allow denturists who are no longer practising to maintain registration with the College and continue to participate in regulating the profession. The Panel considered the concept of "life membership" but agreed that it would not serve the public interest because members who did not meet the minimum period of registration (i.e. 25 years) would not be eligible for this status, thereby excluding them from being able to maintain their registration. The Committee drafted wording for a By-law amendment to include a "retired" status of Registration. This draft will be presented to Council at its June 22, 2018 meeting.

The Committee reviewed the draft Standard of Practice and Guide: Denturism Educators and moved to recommend the Standard to Council for discussion and eventual circulation for stakeholder consultation.

The Committee reviewed and approved the amended draft Guideline: Post-Insertion Patient Education & Continuity of Care, and the Standard of Practice workplan update.

At the next meeting, the Committee will review a draft Standard of Practice: Professional Boundaries and accompanying Guide, a draft Standard of Practice: Inter-Professional Collaboration and accompanying Guide, and a draft Code of Ethics.

Respectfully submitted by Hanno Weinberger, Chair

Attachment:

Draft Guideline:_Post-Insertion Patient Education & Continuity of Care_



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Qualifying Examination Committee (QEC)**

Reporting Date: **June 22, 2018**

Number of Meetings since
last Council Meeting: **Two teleconference meetings: May 30 and June 7, 2018**

The Committee met on two occasions to complete the MCQ (multiple choice question) item selection process facilitated by the College's assessment consultant. The Committee reviewed and replaced 50% of the MCQ items that appeared on the winter 2018 examination from each competency area consistent with the examination blueprint.

In addition, the Committee approved the OSCE (Objective Structured Clinical Examination) assessor roster for the summer 2018 Qualifying Examination.

[Prior to each examination administration, each assessor undergoes extensive training specifically for the cases which they are assigned to score. To ensure clarity, fairness, consistency, and relevance to denturism, practice, the cases and scoring checklists have been developed, reviewed, and validated by practising denturists from across Ontario in collaboration with the University of Toronto Standardized Patient (SP) Program.]

Other Discussion Items:

Continued Development of the QE

The QE working groups consisting of several practicing denturists continue to develop and refine examination materials and content for both the MCQ & OSCE examinations. MCQ item writing workshops were held on April 20-22 and May 12 to write new questions for various competency areas identified in the examination blueprint. On March 23-24 an OSCE working group met and developed several new interactive stations that were completed at the April 13-14 meeting.

Standard Setting

On May 11, 2018, a panel of 8 CDO Registered Denturists practising in Ontario and reflecting a range of professional maturity and varied experiences, assembled to form a standard setting group. Trained in the use of the Angoff Method by our assessment consultant, the group set standards of the newly developed OSCE cases recommending to the QEC each item's contribution to the pass (cut) score for the current examination administration.

Candidate scores falling below the cut score established using the Angoff Method indicate that the candidate has not demonstrated the minimum knowledge, skills and judgement required for entry to practice.

Summer 2018 Qualifying Examination (QE)

Forty-nine (49) candidates have registered for the summer 2018 QE. The MCQ component of the QE will be administered at Yorkville Conference Centre on June 21 and the OSCE component will be administered at Princess Margaret Hospital on June 23 and 24. A candidate orientation for all registered candidates has also been scheduled for June 14.

Other Meetings:

On March 1 2018, the Committee reviewed the non-interactive stations and agreed to align the QE blueprint with a 16 station OSCE format by reallocating the themes of two non-interactive stations to the MCQ component of the examination. The new distribution of the QE blueprint will be communicated to future candidates in September 2018 for implementation in June 2019.

Respectfully submitted by Christine Reekie, Chair



COMMITTEE REPORT TO COUNCIL

Name of Committee: **Registration Committee**

Reporting Date: **June 22, 2018**

Number of Meetings since last

Council Meeting: **1**

The Registration Committee (RC) met once since its last report to Council on March 9, 2018.

At its April 5th, 2018 meeting, the Committee completed 3 academic assessments. As part of the policy revision initiative outlined in the Strategy Map 2017-2020, 2 registration policies were reviewed.

The Committee amended the Supervision of Students Policy. The changes included:

- Type was changed from Qualifying Examination to Registration;
- Title was changed from *Supervision of Students and Examination Candidates Policy* to *Supervision of Students Policy*;
- Definition of student, candidate and potential candidate was added;
- Potential candidate's eligibility to work under the supervision of a denturist to align with RHPA was added; and
- Requirement for professional liability insurance to cover students working under supervision of members was added.

At the recommendation of the Ontario Fairness Commissioner, the Committee viewed two modules from the OFC's series of modules on fair access principles and law. These modules focused on the identification and mitigation of bias in assessment and decision-making processes.

Following the review of these modules, the Committee identified a number of continuous improvement actions:

- To develop a decision template for use in all Registration Committee decisions (i.e. academic assessments, applications for registration and currency) → Improve Objectivity
- To develop an exit survey for applicants → Improve Fairness
- To ask all new Registration Committee members to review these modules as part of their Committee Orientation → Improve all OFC principles (Transparency, Objectivity, Impartiality and Fairness)

Respectfully submitted by Elizabeth Gorham-Matthews, Chair



PRESIDENT'S REPORT



To: **Council**

From: **Dr. Glenn Pettifer**

Date: **June 22, 2018**

Subject: **Registrar's Report**

I am pleased to provide this report to Council.

STAKEHOLDER REPRESENTATION

- Invited Chair of Special Meeting of CDHO Council regarding Governance Complaint.
- FHRCO Annual Meeting and Board Meetings - May 4, 2018.
- Presentation/Lecture/Q & A to Graduating Class, Denturism Program, Georgian College.
- Presentation/Lecture/Q & A to Graduating Class, Denturism Program, Oxford College.
- Spring Meeting, Program Advisory Committee Meeting, George Brown College.
- Meeting with Provincial Registrars and Regulators at DAC General Meeting and CAD (Commission on Accreditation for Denturism) Special Meeting, St. Andrew's, New Brunswick. June 3-5, 2018.
 - Agenda Items:
 - Regulation for the Future
 - Use of DD
 - Academic Program Accreditation
 - Education Facilities
 - National Level Qualifying Examination
 - National Competency Profile
 - Regulatory Best Practices

FINANCE

Year-to-date financial reports are provided. The 2017-2018 Audit was completed in May.

COUNCIL ELECTIONS

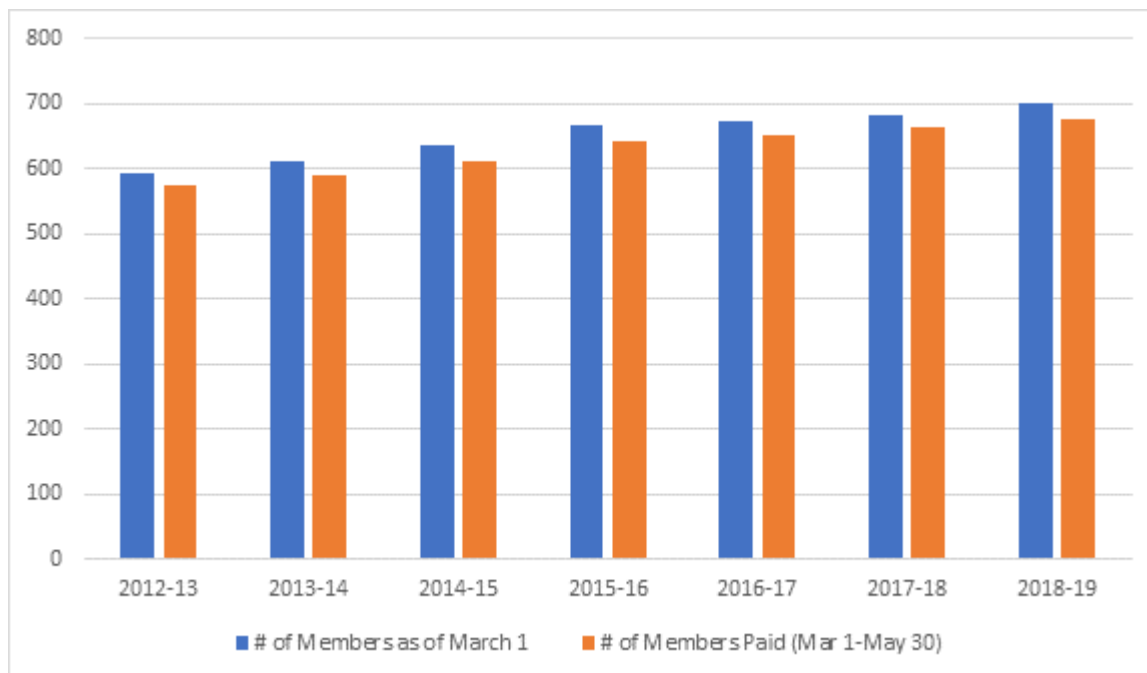
Elections for professional members of Council from Districts 6, 7, and 8 were called on March 5, 2018. Members for all districts were acclaimed: Mr. Azzouz (District 6), Mr. Vout Jr. (District 7), Mr. Collins (District 8).

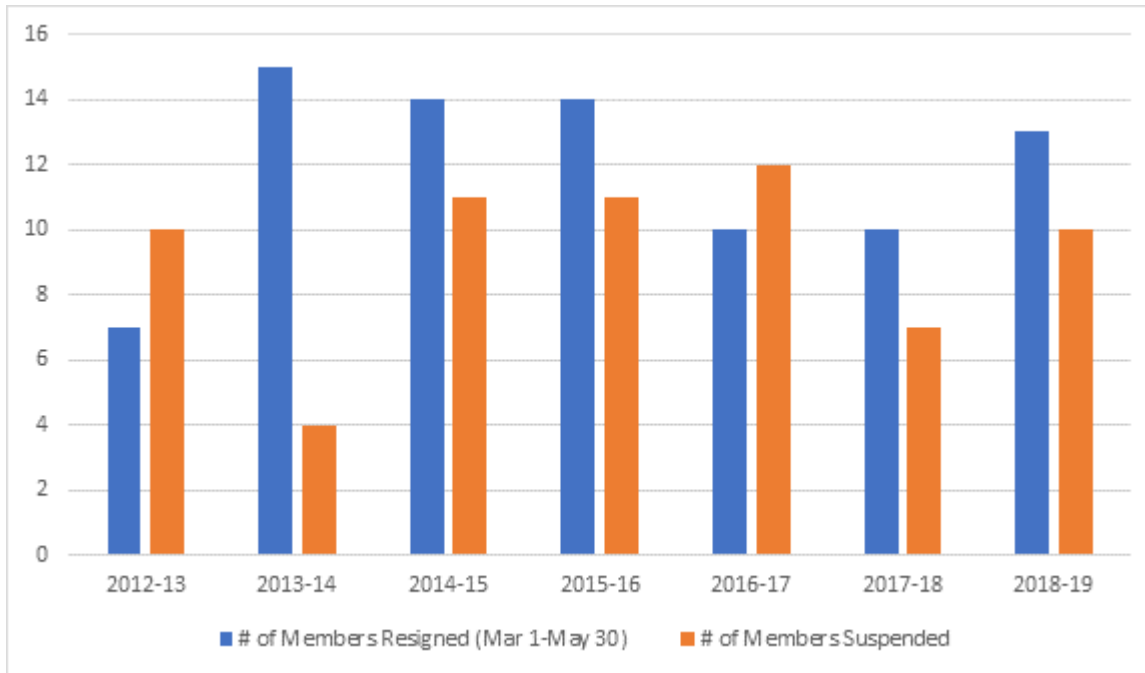
REGISTRATION

The College's annual renewal for Certificates of Registration and Authorization of Health Profession Corporations ran from March 1 – April 16, 2018. Operationally, the renewal was a great success.

The following table and bar graphs provide some year-to-year comparative registration data. At the time of writing, the College had 689 active members.

Year	# of Members (March 1)	# of Members Paid (Mar 1-May 30)	# of Members Resigned (Mar 1-May 30)	# of Members Suspended	Extensions
2018-19	701	676	13	10	5
2017-18	682	662	10	7	3
2016-17	674	650	10	12	0
2015-16	667	642	14	11	0
2014-15	636	611	14	11	0
2013-14	610	591	15	4	0
2012-13	592	574	7	10	0





QUALIFYING EXAMINATION

The summer Qualifying Examination will take place on June 21 (MCQ) and June 23-24, 2018 (OSCE). Approximately 49 candidates have registered for the examination.

AUDIT OF REGISTRATION PRACTICES

One of the primary ways the Office of the Fairness Commissioner (OFC) holds regulators accountable for continuous improvement of registration practices is through the assessment of those practices. These assessments take place in a three -year cycle. The OFC found the College in compliance with its fair registration practice standards and did not identify any recommendations in this assessment cycle. In the previous assessment, the OFC identified 24 recommendations for the College, all of which have been implemented. The OFC found that the College is demonstrating commendable practices in the Specific Duty of Assessment of Qualifications and in all General Duties – Transparency, Objectivity, Impartiality and Fairness. A commendable practice is a program, activity or strategy that goes beyond the minimum standards set by the OFC assessment guides, considering the regulatory body’s resources and profession-specific context. Congrats to all involved!

ICRC

The College currently has 18 active complaint files, 7 Registrar’s Reports/Investigations, 3 referrals to ICRC by Quality Assurance Panel A, 1 active Health Inquiry Panel, 4 decisions at HPARB and 1 pending Discipline Hearing.

PROGRAM AND POLICY DEVELOPMENT

Jurisprudence Project

- We are in the piloting phase of the development of this project. Ten people have reviewed the manual and completed the online exam. Preliminary feedback from these individuals has been positive:
 - 100% of respondents thought the manual provided useful information about the professional, ethical and legal obligations of a denturist
 - 100% of respondents thought the manual was understandable
 - On average, it took 3.5 hours to read the entire manual
 - On average, it took 3 hours to complete the online examination
 - 100% of respondents were satisfied with the manual and online examination

Comments:

- I think the program and exam were both excellent.
- I think this program is very useful for public members of council as well as for professional members.
- It would make an excellent tool for orientation of new public members. All in all, very well done!
- Very useful information

Peer Circle Project

The case writing and facilitator training for this project is complete. There are two pilot sessions scheduled for the summer months. After the pilot sessions, the tool will be refined and presented at the DAO-PYP in November 2018.

Standards and Development.

QA Panel B considered the consultation feedback on the Standard of Practice: Restricted Title and Professional Designations. Council considers this feedback at the June meeting. The consultation on the revision of the Standard of Practice: Advertising closes on June 5. Council considers this feedback at the June meeting too. The Standard of Practice: Denturism Educators was drafted and reviewed by Panel B and forwarded to Council for consideration at the June meeting.

Infection Prevention and Control Guidelines

The drafting of the revised IPAC Guidelines continues. The College provides information support to Registered Denturists who have questions regarding this area of clinical practice.

By-law Revisions

The consultation on the by-law amendment related to information posted on the Register closes June 5, 2018. This item is on the agenda for the June Council meeting.

In conjunction with the development of the Standard of Practice: Restricted Title and Professional Designations, the QA Panel B drafted a by-law revision which provides for a "retired" registration status. This draft will be considered by Council at its June meeting.

Registration Regulation

The revised draft Registration Regulation revision was posted for stakeholder comments. This consultation closes on June 5, 2018, and the summary results will be provided to Council at its June meeting.

Self-Assessment Tool.

The content of this tool was developed. We have engaged a third-party vendor who will develop the online tool. Staff testing is scheduled for late summer/early fall. The tool will be piloted in the late fall of 2018. The launch is anticipated for January 2019.

Document Management Project

The first phase of this project (needs assessment) was completed in April 2018.

CONTINUING PROFESSIONAL DEVELOPMENT INITIATIVES

Educational webinars and self-directed learning assignments have been developed for the Standards listed below. Members who attend the webinars have the option to complete self-directed learning assignments for additional CPD credit. Staff have developed on-demand modules for each of these Standards, except for the Standard of Practice: Conflict of Interest (Strategic Plan Priority 1)

Standard	# of Sessions	# of Attendees	On Demand Views
Record Keeping	1	20	15
Informed Consent	2	24	13
Confidentiality & Privacy	2	25	32
Advertising	2	32	18
Conflict of Interest (New!)	2	73	In development

OPERATIONS

The College has successfully engaged Ms. Tyneesha Du as Coordinator of Council Corporate Services.

STAFF PROFESSIONAL DEVELOPMENT ACTIVITIES

Jennifer completed the requirements for her Certificate in Nonprofit and Voluntary Sector Management and will be receiving the certificate on June 11, 2018!

On May 17, 2018, the President, Jennifer and I attended a media training workshop at the invitation of the CDHO.



COLLEGE OF
DENTURISTS
OF ONTARIO

BRIEFING NOTE/MEMO

To: **Council**

From: **Dr. Glenn Pettifer, Registrar and CEO**

Date: **June 11, 2018**

Subject: **Financial Report Memo**

The income statement for April 1, 2018 – May 29, 2018 is attached.

I direct your attention to the column “YTD as Percentage of Budget” which indicates the percentage of the budgeted amount that has been spent (or, in the case of income, received). Since this report only covers the first 2 months of the fiscal year, we would anticipate that approximately 17% of a budgeted amount would have been spent. On the revenue side, most of the College’s revenue comes from Registration fees and, since the renewal period ended on April 16, the College has obtained approximately 90% of its budgeted revenue.

There are some line items that are not expensed over a period of time but are lump sum payments. Depending on when lump sum items are invoiced, these items will show a YTD percentage of budget greater or less than 17%. Some items, such as credit card processing fees are expenses that are primarily incurred at one time in the fiscal year. At the CDO, credit card fees are generally incurred during the renewal period (March 1 – April 16) when members renew their Certificates of Registration and pay by credit card. The processing fees are then invoiced and accounted in April/May. In this income statement, the credit card fees are included in the Office & General expense and serve to increase the total line expenditure above the anticipated (17%) amount.

There are no items of note or concern in this variance report. Most items are at or below the projected expenditure level. The average total expenditure level is 12% of the budget which is well within the target in this early part of the fiscal year.

College of Denturists of Ontario

Income Statement (April 1- May 29, 2018)

YTD Budget to Actual	2018-2019 BUDGET	May 29/18 YTD Totals	YTD as Percentage of Budget	Remainder or In Excess of Budgeted Amount*
REVENUE				
Professional Corporation Fees	\$ 64,950.00	\$ 51,900.00	80%	\$ 13,050.00
Registration Fees	\$ 1,369,625.00	\$ 1,293,210.00	94%	\$ -
Other Fees	\$ 8,484.50	\$ 7,671.25	90%	\$ 3,550.00
Qualifying Examination Fees	\$ 243,750.00	\$ 175,650.00	72%	\$ 35,625.00
Other Income	\$ 37,800.00	\$ 20,946.87	55%	\$ 37,240.00
TOTAL REVENUE	\$ 1,724,609.50	\$ 1,549,378.12	90%	\$ 76,415.00
EXPENDITURES				
Wages & Benefits	\$ 505,770.17	\$ 81,949.70	16%	\$ 423,820.47
Professional Development	\$ 35,000.00	\$ 8,178.52	23%	\$ 26,821.48
Professional Fees	\$ 209,900.00	\$ 12,658.58	6%	\$ 197,241.42
Office & General	\$ 137,957.05	\$ 37,284.80	27%	\$ 100,672.25
Rent	\$ 117,756.80	\$ 18,220.40	15%	\$ 99,536.40
Qualifying Examination	\$ 321,750.00	\$ 12,037.25	4%	\$ 309,712.75
Council and Committees	\$ 40,000.00	\$ 389.73	1%	\$ 37,110.27
Quality Assurance				
QA Panel A	\$ 4,000.00	\$ -	0%	\$ 4,000.00
QA Panel B	\$ 5,000.00	\$ -	0%	\$ 5,000.00
QA Assessments	\$ 18,300.00	\$ 824.01	5%	\$ 17,475.99
Complaints & Discipline				
Complaints	\$ 66,000.00	\$ 9,467.94	14%	\$ 56,532.06
Discipline	\$ 80,000.00	\$ -	0%	\$ 80,000.00
Capital Expenditures	\$ 15,000.00	\$ -	0%	\$ 15,000.00
TOTAL EXPENDITURES	\$ 1,556,434.02	\$ 181,010.93	12%	\$ 1,372,923.09
NET INCOME	\$ 168,175.48	\$ 1,368,367.19		



BRIEFING NOTE

To: **COUNCIL**

From: **Glenn Pettifer, Registrar & CEO**

Date: **June 22, 2018**

Subject: **Citizens Advisory Group – Action Plan**

The consent agenda includes this item for the information of Council. Council considered the report from the Citizen's Advisory Group (CAG) at its March 9, 2018 meeting.

The focus of the CAG discussion was around the content and mode of delivery of a public awareness campaign aimed at promoting the College's role in the safe delivery of denturism care. The CAG also provided the College with information regarding the accessibility of information on the College's website.

Based on the Citizens Advisory Group Report, the following action items include modifications of the content and functionality of the College website and other initiatives that could assist in communicating the role of the College in the safe delivery of denturism care to the public.

Item	Action
Public Register	<ul style="list-style-type: none">Update title on search page from "Find a Denturist" to "Find a Denturist by Name, Clinic or Location"
	<ul style="list-style-type: none">"Sounds like" function – search entries based on what the word sounds like, not how it is spelled
Main Menu Items	<ul style="list-style-type: none">Update "About Us" to "About the College"Move "Council & Committees" into "About the College"Add "What does a Denturist do?"<ul style="list-style-type: none">Add "About the Profession"Add "Direct Patient Care"Add "Expectations of Basic Care"Move "Filing a Complaint" into a new tab
Social Media	<ul style="list-style-type: none">Develop social media platform and communications

Item	Action
Public Feedback Mechanism	<ul style="list-style-type: none">• Recommendation that the associations (DGO and DAO) provide this functionality to the public through their websites
Print Materials	<ul style="list-style-type: none">• Recommendation that the associations (DGO and DAO) provide this material to the public



BRIEFING NOTE

To: **COUNCIL**

From: **Dr. Glenn Pettifer, Registrar & CEO**

Date: **June 22, 2018**

Subject: **Update on Strategy Map 2017-2020 progress**

Priority 1 – Enhanced Communication and Stakeholder Engagement

Citizen's Advisory Group met on January 20, 2018 and considered the College items that were included on the agenda. The report from the CAG was included in the March 9, 2018 Council package. Since that time, the report has been evaluated and a work plan of elements arising from the report has been outlined. This work plan is included in the consent agenda for the June 22, 2018 meeting.

Communications strategy survey has been completed and the results will be collated and presented to Council at its September 2018 meeting.

Facilitator training workshops for the Peer Circle project were held on March 2 & 3, 2018. Some pilot administrations of the Peer Circle tool will be carried out in July and August this summer.

Educational webinars and self-directed learning assignments have been developed for the Standards listed below. Members who attend the webinars have the option to complete self-directed learning assignments for additional CPD credit. Staff have developed on-demand modules for each of these Standards, except for the Standard of Practice: Conflict of Interest (Strategic Plan Priority 1)

Standard	# of Sessions	# of Attendees	On Demand Views
Record Keeping	1	20	15
Informed Consent	2	24	13
Confidentiality & Privacy	2	25	32
Advertising	2	32	18
Conflict of Interest (New!)	2	73	In development

The spring series has just concluded. More sessions will be offered throughout the year.

CAG has provided feedback on website accessibility. This feedback has been assessed and catalogued and a work plan for website modifications and other communication initiatives has been drafted.

Stakeholder consultation on public register modifications is complete. The results will be presented to Council at its June 22, 2018 meeting.

Priority 2 – Excellence in Governance

Ongoing Council and Committee member training – With the new slate of Committee membership, each Committee will receive training around the Committee's mandates and processes. The Peer Advisor Group recently received training on Unconscious Bias. The Registration Committee is also undertaking online training in this area. A 2-hour workshop on Unconscious Bias will be provided to Council at its June 22, 2018 meeting. Staff and members of the Registration and ICR Committees attended a training day hosted by the CDHO on issues of parallel investigations and registration or complaint matters.

Mentoring process for new Council members is being drafted.

Policy Coordination has been introduced to the Registration Committee. A schedule for policy review has been developed and approved. Included under this initiative is the development of a document management strategy. The first phase of this (needs assessment) was completed in May.

Standard Coordination has been introduced to Panel B. A revision schedule will be developed once all the standards are developed and implemented.

Priority 3 – Enhanced Relations with Educational Institutions

College staff attended all 3 academic institutions to deliver a presentation on the College, its role in the regulation of the profession of denturism, registration requirements, qualifying examination processes and opportunities for engagement.

The Registrar convened a meeting of provincial registrars (or others who serve in this capacity) in St. Andrews, NB where the DAC was holding its annual meeting. The Commission on Accreditation of Denturism was also holding its meeting in the same location. The provincial registrars discussed many items including: regulatory best practices, the use of the DD designation, regulator/association relationships, national competency profile, national qualifying examination and academic program accreditation. This was a very productive meeting, specifically in terms of relationship building. All the registrars attended the CAD meeting.



June 11, 2018

Mr. Richard Bondy
340 Main Street, Box 578
Palmerston, ON
N0G 2P0

Dear Richard;

On behalf of Council, I am writing to offer the College's sincere and profound appreciation to you in your role as Chief Examiner. Your participation in the administration of the College's Qualifying Examination contributed greatly to the efficiency of its administration and provided candidates with an evaluation that was fair and consistent in its application. Your work with the examination assessors assured that those individuals who were responsible for candidate assessment were well trained and capable of undertaking an objective assessment of candidate performance.

The examination could not be administered without credible content and your role in this regard was monumental. Your commitment to the development of examination materials that reflected the knowledge, skills and judgment underpinning the practice of denturism was outstanding. The current success of the College's examination process is due, to a significant extent, to this commitment.

Perhaps more significant than these individual successes and contributions was your overarching commitment to the College's role, partly through the Qualifying Examination process, in providing the public with access to safe, competent care. This commitment served to shepherd the Qualifying Examination through its development phase to the point today where the examination is one to which many other regulators refer as they search out best practices in health profession regulation.

Council trusts that you realize both the depth of your contribution and the magnitude of its appreciation to you for this work. On their behalf, I offer sincere best wishes to you in your future endeavours.
Sincerely,

A handwritten signature in blue ink, appearing to read 'Glenn Pettifer', with a large, sweeping flourish extending to the right.

Glenn Pettifer
Registrar and CEO

Prepared by Richard Steinecke

In this Issue:

- May sees significant changes to the sexual abuse provisions of the *RHPA*, see p. 1
- *Police Record Checks Reform Act* in force on November 30th, see p. 1
- Consultation on prescribed therapies for controlled act of psychotherapy, see p. 2

Bonus Features:

- Few Lessons for Regulators from Groia, see p. 2
- Raising the Bar is Not Easy, see p. 3
- Thoughtful Analysis of the Approach to Awarding Disciplinary Costs, see pp. 3-4
- Oversight Responsibilities of the Responsible Minister, see p. 4
- Going Behind the Corporation Veil, see p. 5
- Adjournment Angst, see p. 5

Ontario Bills

(See: <https://www.ola.org>)

The Legislative Assembly is dissolved for the election and all pending bills are dead.

Proclamations

(See www.ontario.ca/en/ontgazette/gazlat/index.htm)

Regulated Health Professions Act, - As reported in the April edition of the *Legislative Update*, a number of provisions in the *RHPA* amended by the *Protecting Patients Act* (e.g., definition of patient for sexual abuse, mandatory reporting, funding for therapy and counselling) were proclaimed into force on May 1st.

Police Record Checks Reform Act - November 1, 2018, is the day on which this *Act* comes into force. It may make it more difficult for regulators to obtain non-conviction information about applicants and members.

Regulations

(See www.ontario.ca/en/ontgazette/gazlat/index.htm)

Regulated Health Professions Act – As reported in the April edition of the *Legislative Update*, regulations were made expanding the definition of patient for the purposes of sexual abuse, expanding the information to be posted on the public register and prescribing offences that will result in mandatory revocation. (O.Reg. 260/18, 261/18 and 262/18, Gazetted May 5, 2018).

Proposed Regulations Registry

(See <http://www.ontariocanada.com/registry>)

Psychotherapy Act – As reported in the April edition of the *Legislative Update*, there is an ongoing consultation on the prescribed therapies that are associated with the controlled act of psychotherapy, specifically:

- Cognitive and Behavioural therapies;
- Experiential and Humanistic therapies;
- Psychodynamic therapies;
- Somatic therapies; and
- Systemic and Collaborative therapies.

Comments are due by June 15, 2018.

Bonus Features

(Includes Excerpts from our Blog and Twitter feed found at www.sml-law.com)

Few Lessons for Regulators from Groia

Few decisions were as anticipated by the legal profession as was the Supreme Court of Canada verdict in *Groia v. Law Society of Upper Canada*, 2018 SCC 27, <http://canlii.ca/t/hsb9d>. Mr. Groia had been disciplined for incivility for the way in which he had treated the opposing lawyer in a high-profile securities prosecution. Mr. Groia had made allegations of prosecutorial misconduct (mostly about disclosure issues), using strong language, throughout much of the trial. The Supreme Court reversed the misconduct finding on the basis that while Mr. Groia was mistaken about the law, he acted in good faith and had some basis for making the assertions (given his incorrect view of the law).

For regulators of professions, other than law, the case will have little significance. The Court affirmed the reasonableness standard of review of findings of professional misconduct and supported an approach that involved considering all of the circumstances. The majority of the Court found that in the context of this case it was unreasonable to find that Mr. Groia had crossed the line given his good faith, but erroneous, view of the prosecutor's disclosure obligations and the circumstances in the particular case (e.g., the conduct of the prosecutor and the relatively passive stance of the judge). A key consideration, which will not apply to most other regulators, was that the conduct occurred in court and was directed at another member of the profession where resolute and fearless advocacy for a client is required. It is doubtful that a court would give that amount of leeway for practitioners advocating for their own clients in a rude manner in other contexts (e.g., a health care setting).

Unfortunately for regulators, this decision may slightly embolden defence counsel to make allegations of prosecutorial misconduct by the regulator. While such allegations are rarely successful, they can significantly increase the costs of misconduct investigations and hearings.

Raising the Bar is Not Easy

In a series of cases over the last few years, it seems clear that the College of Physicians and Surgeons of Ontario has been trying to impose more significant sanctions in sexual abuse and sexual impropriety cases. It has had limited success. The latest setback is found in *Horri v. The College of Physicians and Surgeons*, 2018 ONSC 3193, <http://canlii.ca/t/hs8sz>. Dr. Horri began a sexual relationship with a vulnerable and relatively young patient two weeks after the professional relationship ended. He acknowledged that he later learned that this conduct was unacceptable because of the ongoing power imbalance. He successfully completed a boundaries course, including follow up visits and introduced psychiatric evidence indicating that he was of a low risk to repeat such conduct.

The discipline panel revoked Dr. Horri's registration. The Court said:

The Committee acknowledged that revocation was outside the range of typical penalties imposed in prior cases; however, revocation was justified because of the seriousness of Dr. Horri's misconduct and the Committee's concern that he did not have sufficient insight to control himself in the future. The Committee offered no review of similar cases. The Committee held that typical penalties might need to reflect changing societal values.

The Divisional Court quashed the revocation and returned the matter for further consideration. The Court held that where there was a significant increase in the sanction from the existing range of cases, some of which were even more serious in nature, the panel had to provide persuasive analysis beyond "changing societal values". The previous cases needed to be evaluated in detail. The Court also indicated that, while it was open to the panel to reject opinion evidence about future risk of harm, it had to do so carefully and that it still needed affirmative evidence to conclude that there was an actual risk of harm.

Interestingly, the same month as this decision was released, amendments to the *RHPA* deemed such conduct to be "sexual abuse" engaging a mandatory order of revocation. Sometimes legislation is easier than litigation.

Thoughtful Analysis of the Approach to Awarding Disciplinary Costs

Courts generally give a broad deference to costs awards made by disciplinary tribunals. Tribunals with the authority to award costs generally have wide discretion as to their amount. In *Abrametz v The Law Society of Saskatchewan*, 2018 SKCA 37, <http://canlii.ca/t/hs7tk>, the Court took some time to analyze the relevant considerations.

The Court began by noting that the general theory underpinning costs awards in discipline cases is different from that in civil litigation. The primary competing interests are:

Federation of Health Regulatory Colleges of Ontario

1. Allocating some of the expenses of a successful disciplinary prosecution to the member so that the profession does not bear the entire burden of the regulatory action;
2. Ensuring that the amount of the costs are not so burdensome so as to deter the member from making full answer and defence or impairing the member's reintegration into practice (assuming there is no revocation).

Costs should not be viewed as part of the "penalty" imposed upon the member (at least under the legislation there in place) and should not have a punitive effect. This second consideration places an evidentiary burden on the member to provide proof as to the financial impact of the costs order upon them.

In this case, the Court was concerned about three aspects of the tribunal's almost full compensation for in-house legal counsel's imputed fees:

1. There was no explanation by the tribunal as to why it chose the full indemnity approach.
2. There was little consideration given to the fact that one of the allegations was not proved. The Court approved the approach of evaluating what the cost of the process would have been if the unproved allegation had not been included.
3. The regulator appeared to be attempting to recover the costs for a court proceeding where the regulator had already been denied costs by the court.

The Court returned the costs issue to the tribunal for further consideration.

Oversight Responsibilities of the Responsible Minister

Statutory regulators have a Minister that has overall accountability for the regulator. However, that responsibility does not mean that the Minister is a necessary party to any legal disputes with the regulator: *A Solicitor v. The Law Society of British Columbia*, 2018 BCCA 163, <http://canlii.ca/t/hrq4w>.

Ms. Walker was a lawyer. She has disabilities which she indicated had profound financial consequences for her. After being given notice, her membership with the Law Society of British Columbia was terminated for non-payment of fees. Ms. Walker brought judicial review of the failure of the Law Society to give her a further extension to pay her fees. As is required, she served a copy of the notice of application for judicial review on the Attorney General of the province. The Attorney General is the Minister with general oversight for the Law Society. In fact, the Attorney General is by virtue of their office a Benchers (Board member) of the Law Society. Ms. Walker wanted to require the Attorney General to be a party to the judicial review proceeding to assist her in pursuing her application.

The Court held, in the course of a procedural motion, that the oversight duties of the Attorney General do not include an obligation to participate as a party in legal challenges against the regulator.

Going Behind the Corporation Veil

Regulators have special challenges when regulating practitioners who practise through a corporate structure. One such challenge is being clear in any notice of hearing whether the regulator is pursuing allegations against the individual, the corporation or both. In *Best Import Auto Ltd. v Motor Dealer Council of British Columbia*, 2018 BCSC 834, <http://canlii.ca/t/hs4n5>, the notice of hearing clearly indicated that the corporation could face sanction but was less clear whether the responsible officer/owner was also at risk of sanction. As a result, the Court set aside the sanction imposed against the individual.

On another issue, the Court gave short shrift to the concern about a single hearing being held on both the issues of finding and sanction. The defendants complained that they should have been given full detail of the findings before being required to address sanction. The Court noted that many courts and tribunals combine both stages of the hearing and that the defendants could waive their right to separate hearings. Only where the defendants requested separate hearings was this a true issue of fairness.

The Court also indicated that, under the legislation in issue, an implied aspect of the power to impose a revocation was the added authority to specify a time period before the defendant could apply for reinstatement. In this case, the specified period was ten years.

Adjournment Angst

Regulators dealing with serious allegations of misconduct, particularly in a high-profile case, are anxious to have them concluded. In *Spence v. Ontario College of Teachers*, 2018 ONSC 3335, <http://canlii.ca/t/hs8tr>, the regulator was dealing with the notorious plagiarism allegations against a former high-profile leader in the teaching community. After granting a lengthy adjournment for medical reasons and establishing a timeline for the resumption of the hearing, the member failed to attend a second time. The discipline tribunal considered whether another adjournment should be granted but decided to proceed with the hearing on the basis that there was no formal adjournment request, the most recent medical report by the member's psychiatrist did not explicitly state that the member could not participate in the hearing, and there was some evidence that the member was working full time.

The Court, however, concluded that it was unfair to proceed with the hearing in the circumstances. There was evidence that the member had profound symptoms of depression, the tribunal did not address the somewhat dated family physician's note that the member was unable to proceed with the hearing, the psychiatric note was a clinical note for treatment purposes and not addressed to the hearing concern, no attempt was made to contact the psychiatrist for clarification, and the internet search indicating that the member was working full time was not disclosed to the member. A new hearing was directed.

This case illustrates the challenges when dealing with adjournment requests related to medical issues. On procedural issues such as these, Courts do not accord deference to the tribunal.

Prepared by Richard Steinecke

In this Issue:

- Bill 31, budget bill, to bring *RHPA* changes to teachers and Early Childhood Educators, see p. 1
- Bill 39 to require mandatory reports for suspected abuse of seniors, see p. 1
- Bill 56 to place certain regulators under usual oversight of government, see pp. 1-2
- Bill 64 to regulate professional planners, see p. 2
- May sees significant changes to the sexual abuse provisions of the *RHPA*, see pp. 2-4
- *Health Promotion and Protection Act* regulations re. certain diseases, see p. 4
- Consultation on prescribed therapies for controlled act of psychotherapy, see p. 4

Bonus Features:

- Changing Society and Historical Law, see pp. 4-5
- Parity in Penalties Remains Important, see pp. 5-6
- Court of Law vs. Court of Public Opinion, see p. 6
- Public Has a Constitutional Right of Access to the Record of a Hearing, see p. 7
- Complaints against Staff of a Regulator, see pp. 7-8
- Court Review of Credibility Findings, see pp. 8-9
- What to Include in the Reasons for Imposing a Sanction, see p. 9
- Considering a Prior Decision that is Under Review, see pp. 9-10

Ontario Bills

(See www.ontla.on.ca)

Bill 31, *Plan for Care and Opportunity Act (Budget Measures), 2018* (*government Bill – passed second reading, returned from committee and ordered for third reading*) Bill 31, a budget bill, creates changes to a number of statutes. Those changes include amending legislation relating to the regulation of early childhood educators and teachers to enable the easier regulation of incapacity, the making of earlier interim orders and the broader mandatory revocation of practitioners who have engaged in sexual abuse.

Bill 39, *Protection of Vulnerable Seniors in the Community Act, 2018* (*private member's Bill – passed first reading*) Bill 39 would require a regulated health professional to report a reasonable suspicion that a senior citizen is being abused or neglected and would amend the *RHPA* to make it professional misconduct to fail to make such a report.

Bill 56, *Delegated Administrative Authorities Accountability and Transparency Act, 2018* (*private member's Bill – passed first reading*) Bill 56 would place delegated administrative authorities that

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regulate many professions and industries under government freedom of information and public sector pay disclosure legislation and also place them under the authority of the Ombudsman.

Bill 64, *Registered Professional Planners Act, 2018* (*private member's Bill – passed first reading*) Bill 64 would create a statutorily regulated regime for registered professional planners.

Notice of Proclamations and Regulations Not Yet Gazetted

On May 1, 2018 a number of amendments to the *RHPA* will be proclaimed into force. Also, three sets of regulations will be enacted. The following is a brief overview of the changes (organized by topic).

Definition of Patient for the Purposes of Sexual Abuse

- The statutory definition of a patient for the purposes of the sexual abuse provisions in the *Code* has been expanded to extend their status as a patient by one year after it would otherwise have ended. This period can be extended further by a College which makes a regulation on the subject.
- Currently most Discipline Committees consider a person to be a patient of the member where, in all of the circumstances, it is reasonable to conclude that the person is a member's patient. A new regulation expands that definition, for the purposes of the sexual abuse provisions in the *Code*, to also include any one of the following:
 - A person who received health care services from the member and payment is charged or received,
 - An entry is made by the member to the health record for the person,
 - The person has provided consent to a health care service recommended by the member, or
 - The member prescribed a drug for the person.
- However, even if the above criteria are present so that the person is captured within the definition of "patient", a person is not a patient for the purposes of the sexual abuse provisions where the services are provided in an emergency or in circumstances where the service is minor in nature and the member transfers care at the first reasonable opportunity (if there is such an opportunity – there may not be for minor care). However, the person might still be a patient for the purposes of complaining about some clinical aspect of the care (for example, if the patient wishes to complain about some other aspect of the treating relationship).

Funding for Support of those Alleging Sexual Abuse

- The statement of purpose provision in the *Code* is amended to explicitly require support for those alleging sexual abuse (not just those who were found to have been actually sexually abused).
- A person is eligible for funding as soon as a complaint or report is made that the person was sexually abused by a member.
- A request for funding must be processed quickly.
- The funding is not a determination that sexual abuse occurred and cannot be considered by another committee.

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- The funding ceases in accordance with any College regulations on the point.
- The scope of the funding can be expanded by a Minister's regulation. No such regulation has yet been proposed.

Charges, Release Restrictions and Status with Other Regulators

- The mandatory self-reporting provisions in the *Code* relating to members being registered with another regulator and any disciplinary proceedings by them come into force on May 1, 2018.
- The mandatory self-reporting provisions in the *Code* relating to offence charges or release restrictions come into force on May 1, 2018.
- Under new regulations, the public register must now contain the following information:
 - Criminal or drug offence findings,
 - Release restrictions for criminal or drug offence charges or findings,
 - Outstanding criminal or drug offence charges,
 - Disciplinary findings (but not incapacity findings) by another regulator, and
 - Registration status with another regulator.
- There are some restrictions on these posting provisions so that the following are not included on the register:
 - Convictions where there is a pardon or record suspension by the Parole Board,
 - Convictions overturned on appeal, and
 - Identifying information about an individual other than the member.

Expansion of Mandatory Revocation Provisions

- New regulations require that the mandatory revocation provision applies to persons found guilty of the following offences:
 - 151 - Sexual interference
 - 152 - Invitation to sexual touching
 - 153 - Sexual exploitation
 - 153.1 - Sexual exploitation of a person with disability
 - 160 (3) - Bestiality in the presence of or by a child
 - 162 - Voyeurism
 - 162.1 - Publication, etc., of an intimate image without consent
 - 163.1 - Child pornography
 - 170 - Parent or guardian procuring sexual activity
 - 171.1 - Making sexually explicit material available to a child
 - 172.1 - Luring a child
 - 172.2 - Agreement or arrangement - sexual offence against a child
 - 271 - Sexual assault
 - 272 - Sexual assault with a weapon, threats to a third party or causing bodily harm, and
 - 273 - Aggravated sexual assault.

Production Orders at Discipline

- The provision in the *Code* setting out the criteria for when production of private information (e.g., counselling or psychiatric records) of a third party (e.g., patients or witnesses) can be made and the process for considering such requests in cases involving misconduct of a sexual nature comes into force on May 1, 2018.

Proclamations

(See www.ontario.ca/en/ontgazette/gazlat/index.htm)

There were no other relevant proclamations this month.

Regulations

(See www.ontario.ca/en/ontgazette/gazlat/index.htm)

Health Protection and Promotion Act – The designated diseases (e.g., communicable, virulent and for the purposes of immunization agents) regulation has been revised. So has the regulation relating to reportable conditions. Some other regulations of less general application were also made. (O.Reg. 135/18 and 138/18, Gazetted April 14, 2018.)

Proposed Regulations Registry

(See <http://www.ontariocanada.com/registry>)

Psychotherapy Act - Consultation on the prescribed therapies that are associated with the controlled act of psychotherapy, specifically:

- Cognitive and Behavioural therapies
- Experiential and Humanistic therapies
- Psychodynamic therapies
- Somatic therapies and
- Systemic and Collaborative therapies,

Comments are due by June 15, 2018.

Bonus Features

(Includes Excerpts from our Blog and Twitter feed found at www.sml-law.com)

Changing Society and Historical Law

Perhaps the most notorious sexual abuse case in recent years was determined by Ontario's Court of Appeal earlier this month. In *College of Physicians and Surgeons of Ontario v. Peirovy*, 2018 ONCA 420,

<http://canlii.ca/t/hrt0r>, a physician was found to have engaged in the sexual abuse of four patients by touching their breasts without consent or medical indication. Another finding of unprofessional conduct occurred because he “had asked a fifth patient on a date immediately following his medical examination of her during which her breasts were exposed”. The regulator sought revocation. However, the discipline panel imposed a six-month suspension, numerous conditions and serious financial consequences.

The regulator appealed its own tribunal’s decision as it believed the sanction was not sufficient. The Divisional Court, in a particularly strongly worded decision, would have returned the matter for the imposition of a much more serious sanction. That Court found that the tribunal had based its penalty decision on an acceptance of a “lack of awareness” explanation by the physician that was inconsistent with the tribunal’s finding that the conduct was obviously sexual in nature and that the patients did not “misunderstand” Dr. Peirovy’s touching. The Divisional Court also held that reliance on a range of unfit penalties in previous cases did not justify a penalty that no longer reflected current societal values.

The majority of the Court of Appeal concluded that the Divisional Court had erred by reading the reasons of the discipline tribunal too rigorously and by failing to show adequate deference to the specialized knowledge of the expert disciplinary tribunal. The majority concluded that the discipline committee had considered and explained in its reasons why the sanction selected was reasonable and protected the public. One member of the Court of Appeal dissented, vigorously supporting the approach taken by the Divisional Court on both issues.

Interestingly, the Court of Appeal had very different interpretations of the subsequent amendments to the legislation that now require revocation for such conduct. The amendments were almost certainly a direct result of the controversy over the Discipline Committee’s decision in the *Peirovy* case. The majority indicated that the discipline panel was implementing the framework that existed at the time and the Legislature’s ensuing alteration of the framework was irrelevant.

The dissenting Justice viewed the amendments to the legislation as a reaction to the discipline panel’s failure to recognize that societal expectations had indeed shifted.

Parity in Penalties Remains Important

Even before the Court of Appeal rendered its decision in *College of Physicians and Surgeons of Ontario v. Peirovy*, 2018 ONCA 420, <http://canlii.ca/t/hrt0r>, the courts have been reaffirming the importance of consistency in sanctions. In *Billing v. College of Physicians and Surgeons of Ontario*, 2018 ONSC 2624, <http://canlii.ca/t/hrp9r>, Dr. Billing was found guilty of professional misconduct relating to record keeping and a lack of sterile technique in procedures. The Discipline Committee imposed a two-month suspension and extensive monitoring and supervision restrictions. The Court said:

The Discipline Committee conducted an appropriate parity analysis. It expressly stated that, in general, like cases should be treated alike, and it had considered the cases cited. Despite the appellant’s argument that the penalty was outside the range, the suspension was within the

range of penalties in prior decisions, which ranged from zero to six months suspension. Each case obviously turns on its particular circumstances.

The Committee also correctly observed that parity is not the only relevant consideration. It explained why a suspension was warranted, because the misconduct was pervasive and systemic in the appellant's practice; it related to many patients over an extended period of time; and it exposed his patients to a risk of serious harm. The Committee was concerned about both general and specific deterrence, as well as the need to address the impact of the conduct on public confidence in the College's regulation of the profession.

The Committee did not misconstrue the *Peirovy* decision [at the Divisional Court] as no longer requiring it to take prior decisions into account. It expressly stated that similar cases should generally be dealt with in a similar fashion. It also stated that it had considered past cases and was "satisfied that the penalty imposed on Dr. Billing is reasonable and proportionate given the particular facts of this case."

While consistency in orders is not the only consideration, it remains an important factor.

Court of Law vs. Court of Public Opinion

Few discipline cases have achieved as much notoriety as the discipline of Ms. Strom, a nurse, for posting comments on Facebook that were critical of the care that her grandfather had received at a facility. Ms. Strom was found to have engaged in professional misconduct, fined \$1,000 and ordered to pay \$25,000 in costs. It is probably no exaggeration to say that the decision was skewered in the court of public opinion. In fact, journalist André Picard made the case a focal point of his keynote address to the Canadian Network of Agencies for Regulation (CNAR) conference in 2017. He argued that the decision to prosecute the case at discipline reflected a misguided choice of regulatory priorities and a fundamental lack of appreciation of the role (and future) of social media.

Ms. Strom appealed the decision. However, in *Strom v. Saskatchewan Registered Nurses' Association*, 2018 SKQB 110, <http://canlii.ca/t/hrm9c>, the Court upheld the disciplinary decision. Repeatedly citing the principle of deference to the expertise of the specialist tribunal, the Court found it was reasonable for the tribunal to assert jurisdiction over the non-practice conduct of a nurse, to find that the conduct was unprofessional, to conclude that the infringement on the nurse's freedom of expression was reasonable and to award \$25,000 in costs.

This case illustrates the multi-faceted accountability of regulators which does not always result in consistent messages.

Public Has a Constitutional Right of Access to the Record of a Hearing

In *Toronto Star v. AG Ontario*, 2018 ONSC 2586, <http://canlii.ca/t/hrq6s>, the media outlet brought a wide-ranging challenge to the practice of many, but not all, government tribunals restricting the public's right of access to their hearing records. The tribunals that restricted access did so on the basis of the privacy rights of individuals referred to in the hearing record citing the *Freedom of Information and Protection of Privacy Act (FIPPA)*. The Court found that *FIPPA* contained a presumption of privacy that was inconsistent with the open court principle inherent in the freedom of expression protections in the *Canadian Charter of Rights and Freedoms*. The Court gave the government one year to amend *FIPPA* to make it consistent with the *Charter*. The decision only applies to tribunals that hold hearings.

Most professional regulators in Ontario are not directly part of the government and thus are not governed by *FIPPA*. Most professional regulators already take the presumption of public access approach, so, this decision has little direct application to them. However, in the course of its reasons, the Court emphasized that the *Charter* right of public access requires a speedy process for access requests to be honoured. The Court also indicated that there would be circumstances in which the hearing tribunal could restrict access (e.g., withhold or redact some information) where the privacy interests of the individual outweighs the usual principle of openness. Where the request for access to the hearing record is made during the hearing itself, it can usually be decided quickly. However, where the request is made after a hearing (or where it relates to the privacy interests of a person who is not present at a hearing), regulators must develop procedures to consult the relevant persons promptly. The Court suggested that a 30-day time period might be acceptable.

Complaints against Staff of a Regulator

Most regulators have some staff members who are also registered members of the profession. Occasionally misconduct complaints are made against these staff members even though the staff conduct was in the course of their regulatory duties. Frequently those complaints are made in retaliation for action taken by the regulator against the complaint / practitioner. These retaliatory complaints can amount to an abuse of process. Regulators have to then decide how seriously and thoroughly to take those complaints.

In *Aylward v Law Society of Newfoundland and Labrador*, 2018 NLCA 20, <http://canlii.ca/t/hrh67>, the regulator had to deal with this very issue. The Executive Director and the Legal Director of the regulator were the subject of a counter-complaint by Mr. Aylward. Mr. Aylward had himself been the subject of a complaint that resulted in a caution. Mr. Aylward complained that the regulatory staff had, among other things, concealed and fabricated evidence that related to the previous complaint against him. The regulator took Mr. Aylward's complaint seriously. The investigation and screening committee conducted a thorough investigation and retained an external lawyer to investigate key aspects of the complaint. The investigation and screening committee determined there were insufficient grounds to take action against the regulatory staff.

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Mr. Aylward appealed, arguing that there was an appearance of bias on the part of the external investigator (who had done some previous work for the regulator and may have wanted to receive additional assignments). Mr. Aylward was also concerned that some of the witnesses he identified were not interviewed. The Court of Appeal adopted the reasons of the lower court. The lower court (at: <http://canlii.ca/t/hn8wn>) found there was no reasonable apprehension of bias in the circumstances and that there was little likelihood that the witnesses who were not interviewed would provide additional useful information. On this point the lower Court said:

Once a complaint is laid the CAC [i.e., the investigating and screening committee] is the body that decided how to proceed and what procedures are to be followed. The CAC is given a very wide discretion as to how the investigation is to be carried out, if witnesses are to be called or whether only a written record will suffice. There is a reason for this and the reason is that these complaints authorization committees are set up to deal with issues that could involve minor misconduct or things as serious as the misappropriation of the public's money or any range of professional misconduct toward the public or a fellow solicitor. As such, the process is meant to be flexible, allowing the Committee to investigate as thoroughly as it deems necessary depending on the nature of the complaint.

While there may be some cases in which treating such a complaint as an abuse of process, in many cases it may be prudent for the regulator to process the complaint even though it is far-fetched.

Court Review of Credibility Findings

If one of the most difficult tasks for a hearing panel is to assess the credibility of witnesses, one of the more challenging roles for a court is to review the credibility findings of lay tribunals. In two recent cases, courts have considered credibility findings. In the cases, the courts have provided some insight as to both what they look for on such an appeal and how difficult it is to reverse credibility findings.

In *Ontario College of Nurses of Ontario v. Todd*, 2018 ONSC 1689, <http://canlii.ca/t/hrbzz>, the issue was whether a nurse had slapped a patient in a psychiatric facility. As the court said, it was a “he said vs. they said” case (as the regulator’s case involved not only the patient but a number of witnesses). The discipline panel found that the allegations had not been proved on a balance of probabilities. The College appealed on the basis that the hearing panel misapprehended some of the evidence, failed to adequately address the inconsistencies in the nurse’s evidence and failed to sufficiently explain why it did not accept the patient’s evidence.

The Court dismissed the appeal. It found that the hearing panel’s assessment of the evidence was reasonable. It had identified serious concerns about the consistency of the evidence of the key witnesses to the incident. The hearing panel had addressed the inconsistencies in the nurse’s evidence as being consistent with his not recalling the details of an ordinary day. In addition, the Court held that the assessment of the credibility of the patient (i.e., essentially that “the nature of the evidence that she was able to provide to the Panel lacked specificity, and could therefore not be heavily relied upon by the

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Panel”), while brief, was adequate in the circumstances. The Court found that the lack of specificity in the patient’s evidence was apparent from the description of her evidence by the hearing panel.

The second case, *College of Physicians and Surgeons of Ontario v. Yaghini*, 2018 ONSC 2449, <http://canlii.ca/t/hrjwf>, involved a “he said, she said” allegation of a male physician kissing a fifteen-year old patient while making inappropriate comments. There were no witnesses in this case. The physician appealed the finding of professional misconduct. Many of the typical challenges to credibility findings were raised, including: failing to adequately address the discrepancies in the patient’s evidence, failing to distinguish between the honesty of a witness and their reliability, and treating the discrepancies in the practitioner’s evidence more harshly than those of the witness. For each of those issues the Court found that there was reasonable support for the reasons of the panel indicating that these errors had not, in fact, been made.

In both cases, it was the effort by the tribunals to provide reasons explaining why it made its credibility findings that resulted in the decisions being upheld.

What to Include in the Reasons for Imposing a Sanction

In *Davis v. British Columbia (Securities Commission)*, 2018 BCCA 149, <http://canlii.ca/t/hrlk7>, an investor relations service provider accepted \$7,000 for the purchase of shares that were never obtained. Mr. Davis was found to have engaged in fraud because he “untruthfully told an investor he owned the shares he was selling to that investor. Mr. Davis contends his actions do not amount to fraud because he believed he would receive those shares in the future”. The allegations were established and the sanctions include a lifetime full-market ban.

On appeal, the Court returned the matter for a fresh hearing on sanctions, despite the fact that such dishonesty often resulted in permanent market bans. The Court held that the sanction had to be proportional to the conduct. In this case, the reasons of the tribunal did not reflect a consideration of the personal circumstances of Mr. Davis (including his unblemished record, his age and that the order would end his long-established career) and consideration of whether the alternate available sanctions would be sufficient to protect the public.

Reasons for decision for sanction should include an explicit consideration of the mitigating circumstances and an explanation as to why the lesser available orders are not appropriate in the case. This is true even where dishonesty has been found.

Considering a Prior Decision that Is Under Review

In *Law Society of British Columbia v. Perrick*, 2018 BCCA 169, <http://canlii.ca/t/hrs3p>, a lawyer was facing two discipline hearings for conduct that occurred at roughly the same time. The first hearing resulted in a finding with a fine, but no suspension, primarily because of the lawyer’s “clean” record. While that decision was under review, the second hearing was held and also resulted in a finding. However, this time the prior finding was considered and the second case resulted in a suspension. The lawyer appealed

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on the basis that the tribunal should not have considered the prior finding while it was still under review. The Court disagreed. It held that the prior finding was “final” and could be considered unless and until it was reversed. If the prior finding was reversed on review, the lawyer could then appeal the second decision on that basis.

While this decision reassures discipline tribunals that it can consider the past record of the practitioner as it stands on the date of the hearing, it does place the regulator at some risk should a prior finding be set aside.

The Goudge Report on Complaints and Discipline

by Rebecca Durcan
May 2018 - No. 226

Harvard Professor Malcolm Sparrow acknowledges the competing pressures on regulators when he said they are told to “process things quicker – and be more careful next time”. Many recent studies, media articles, court decisions and amendments to statutes have emphasized the need for regulators to investigate thoroughly, provide fairness to and demonstrate sensitivity toward both complainants and practitioners and to provide due process in discipline hearings including providing fully explanatory reasons and abundantly justified sanctions.

However, the recently released Report by former Justice Stephen Goudge on Streamlining the Physician Complaints Process in Ontario moves in the other direction. Justice Goudge is perhaps best known for his Inquiry and Report ten years ago into Pediatric Forensic Pathology in Ontario. The government released this subsequent report, written more than two years ago, on April 30, 2018. Justice Goudge concluded that the current complaints and discipline process costs too much, especially compared to the costs of other Canadian regulators of physicians, mostly because it takes too long (para. 52).

He made a number of recommendations to the complaints process including the following:

- There should be a process for a staff person to review complaints early in the process, approve the withdrawal of a complaint where the complainant agrees (see below), or dismiss

it if there is no reasonable prospect of action being taken on the complaint. There would be a right of appeal to the screening committee (para. 85).

- There should be a staff person designated as a patient’s advocate for each complaint who will contact the complainant to explain the process and options and ensure that the complainant’s perspective is presented to the investigative team (para. 87). Some complainants might withdraw their complaint or seek other options (e.g., the civil courts) once they better understand the process.
- The alternate dispute resolution process should be modified to make the regulator a full participant to reflect the public interest (para. 104). Resolutions should be possible even if the complainant does not agree.
- Where representative chart reviews are conducted to see how widespread a concern might be, the number of charts selected should be reduced from 25 to 10 (para. 123). In most cases any patterns should be noticeable by then. Where uncertainty remains, more charts can then be selected.
- Where a Registrar’s investigation is commenced, its scope should be specified so that the investigation is not open ended (para. 132). If additional concerns are identified, a new Registrar’s investigation can be initiated.
- In appropriate cases the screening committee can make a conditional referral to discipline subject to a proposed undertaking that the committee would accept (para. 170). A conditional referral would signal to the member that they are on the cusp of a discipline hearing unless the member agrees to the proposed terms of the undertaking.

Grey Areas

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

- The independent review of complaints decisions by an independent tribunal should presumptively be in writing rather than by oral submissions (para. 185).

Justice Goudge also recommended some changes to the discipline process including the following:

- The member would have an obligation to disclose all documents and evidence upon which they intend to rely (para. 195). While defence disclosure would only need to be provided after disclosure by the regulator, it should still be completed before the pre-hearing conference.
- A number of changes were recommended to the pre-hearing conference process including providing special training in mediation to the presiding officer, using shuttle diplomacy strategies and employing individuals who are not members of the discipline tribunal in some cases (e.g., credibility cases) (para. 201).
- Legally trained persons with litigation experience should be appointed as public members so that they can chair hearings (para. 211).

Justice Goudge also recommended a number of changes to the Rules of Procedure for discipline hearings, including the following (para. 215):

- Where there are competing experts (as is frequently the case where standards of practice are an issue) the experts should be required to meet beforehand to discuss and refine the differences between them. They should then testify on the same panel;
- Presumptively evidence in-chief should be tendered in writing;
- Presumptively cross-examination should be subjected to time limits as agreed to by counsel or as determined by the hearing panel;
- Presumptively witnesses should be able to testify by videoconference in lieu of personal attendance;
- Presumptively, where authenticity is not in dispute, contemporaneous documentary evidence should be admitted for all purposes; and
- Relief from these presumptive provisions should require a showing that without relief a material unfairness will result.

Some of the recommendations in the Goudge Report have already been implemented through amendments to the legislation, changes to the Rules of Procedure and administrative modifications. The full report can be found at:

http://health.gov.on.ca/en/common/ministry/publications/reports/physician_complaints/docs/physician_complaints_process_en.pdf.

This report should not be confused with the Goudge Report on Medical Liability, which was also released recently:

http://www.health.gov.on.ca/en/common/ministry/publications/reports/medical_liability/docs/medical_liability_review_en.pdf.



BRIEFING NOTE

To: **COUNCIL**

From: **Glenn Pettifer, Registrar & CEO**

Date: **June 22, 2018**

Subject: **Amendments to Public Register – By-law Article 33.06**

Background

With the introduction of Bill 87, the Protecting Patients Act (2017), many amendments to the Regulated Health Professions Act (1991) (including the Health Professions Procedural Code) were made. Some of those amendments refer to the information that Colleges are required to post on the public register for each registered member.

The information that is required on the public register is prescribed by elements of the Health Professions Procedural Code and the College By-laws. In some instances, a requirement may be stated in the Code and the By-laws. In other cases, a requirement is only stated in the Code or the By-laws but not both.

Some of the amendments to the Code regarding information on the public register directly impact some of the information contained in the By-laws, necessitating their amendment, deletion or addition.

Article 33.06 of the College By-laws details some of the additional information that must be presented on the public register. The College's legal counsel has reviewed Article 33.06 to determine what changes need to be made because of the changes to the Code. These changes are identified in the accompanying document.

Council approved the amendments to be circulated for stakeholder consultation at the March 9th, 2018 meeting. The consultation period ended on June 5th, 2018. The report is attached for consideration.

Options:

After discussion and consideration of this matter, Council may elect to:

1. Adopt the proposed amendments to Article 33.06 of the College By-laws.
2. Modify the proposed amendments, adopt the modified amendments and re-circulate them for stakeholder consultation.
3. Other.

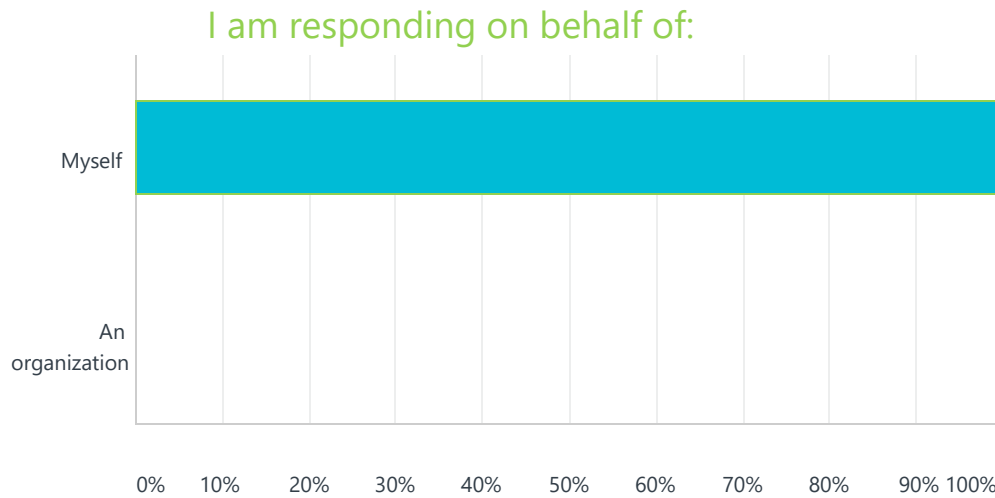
Attachments:

Proposed amendments to Article 33.06
Consultation Report



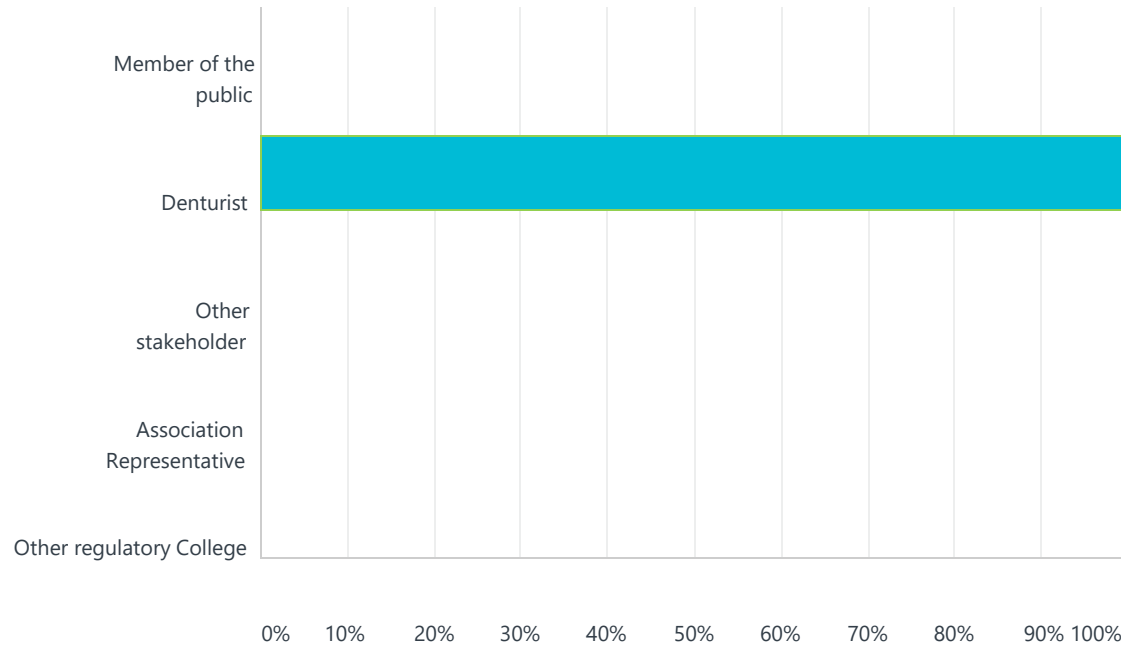
COLLEGE OF
DENTURISTS
OF ONTARIO

Consultation Report – By-law Amendments Article 33.06



ANSWER CHOICES	RESPONSES	
Myself	100.00%	18
An organization	0.00%	0
TOTAL		18

I am a:



ANSWER CHOICES	RESPONSES	
Member of the public	0.00%	0
Denturist	100%	18
Other stakeholder	0.00%	0
Association Representative	0.00%	0
Other regulatory College	0.00%	0
TOTAL		18

Please provide your feedback on the proposed amendments

#	RESPONSES
1	no comments
2	I agree with the college recommendations
3	unless the charge is pursuant to the Criminal Code of Canada or the Controlled Drug and Substance Act in which case it shall be posted.
4	I'm confused as to how a non-licensed Denturist could be instructing in a Denturist program. Also, I disagree with the inactive Denturist title - if you are not a registered Denturist, you should not be able to use that title period. I disagree with the use of the title Denturist (inactive).
5	Is it appropriate, or fair to deny a presumption of innocence by placing a notation on a members file visible to the public based simply on an accusation or charge? My concerns are to the damage that can be done to a member's reputation that would be irreversible simply by removing the notation after and regardless of a finding of innocence. Would it be more prudent to simply place a notation after a finding of guilt?
6	It will help protecting the public.
7	It's ok I guess.
8	No comment

<p>33.06 Additional Information</p> <p>In addition to the information set out in subsection 23(2) of the Code, the register shall contain the following information, which is designated as public information, with respect to each Member:</p>	
<p>(x) the information required under paragraph (vii) shall be removed from the register 24 months after the Registrar is satisfied that the member has appeared before a panel of the Inquiries, Complaints and Reports Committee and received the caution.</p>	<p>REMOVE</p> <p>Rationale: As a result of amendments to the Health Professions Procedural Code, Schedule 2 under the Regulated Health Professions Act, 1991, this provision is defunct.</p> <p>The information required under paragraph (vii) shall be removed from the register 24 months after the Registrar is satisfied that the member has appeared before a panel of the Inquiries, Complaints and Reports Committee and received the caution.</p>
<p>(xi) the information required under paragraph (viii) shall be removed from the register once the Registrar is satisfied that the member has successfully completed the specified continuing education and/or remediation program(s) which was the subject of the decision of the panel of the Inquiries, Complaints and Reports Committee.</p>	<p>REMOVE</p> <p>Rationale: As a result of amendments to the Health Professions Procedural Code, Schedule 2 under the Regulated Health Professions Act, 1991, this provision is defunct.</p> <p>the information required under paragraph (viii) shall be removed from the register once the Registrar is satisfied that the member has successfully completed the specified continuing education and/or remediation program(s) which was the subject of the decision of the panel of the Inquiries, Complaints and Reports Committee.</p>
<p>(xiii) any of the information in respect of a former Member that was on the register just before the Membership terminated, for a period of at least two (2) years after the termination of Membership, except for any information related to discipline proceedings in Ontario, in which case it shall be entered on the register for a period of fifty (50) years after the termination of Membership;</p>	<p>REMOVE</p> <p>Rationale: It is not clear that the Code would permit information to be removed after 2 years. In fact the requirement to include information about the death of a member may suggest that information about members (and former members) is meant to remain on the register indefinitely. It may be prudent to remove this paragraph and keep information on the register indefinitely.</p> <p>Any of the information in respect of a former Member that was on the register just before the Membership terminated, for a period of at least two (2) years after the termination of Membership, except for any information related to discipline proceedings in Ontario, in which case it shall be entered on the register for a period of fifty (50) years after the termination of Membership;</p>
<p>(xx) where the College is aware that, on or after December 4, 2015 a member is or was registered or licensed to practice a profession inside or outside of Ontario, a notation of that fact;</p>	<p>REVISE</p> <p>where the College is aware that, on or after December 4, 2015 a member is or was registered or licensed to practice a profession inside or outside of Ontario, a notation of that fact;</p>
<p>(xxv) a summary of any currently existing charges against a Member, of which the College is aware, in respect of a federal, provincial or other offence commenced on or after December 4, 2015, which the Registrar believes is relevant to</p>	<p>REVISE</p> <p>a summary (including date, place, fact and content) of any currently existing charges against a Member, of which the College is aware, in respect of a federal, provincial or other offence commenced on or after December 4, 2015, which the</p>

<p>the Member's suitability to practice.</p> <p>The information placed on the register as a result of section 33.06 (xxv) shall be removed once the charges are no longer outstanding;</p>	<p>Registrar believes is relevant to the Member's suitability to practice unless the charge is pursuant to the Criminal Code of Canada or the Controlled Drug and Substance Act in which case it shall be posted.</p> <p>The information placed on the register as a result of section 33.06 (xxv) shall be removed once the charges are no longer outstanding;</p>
<p>(xxvii) a summary of any findings of guilt of which the College is aware if made by a court or other lawful authority after December 4, 2015, against a Member in respect of a federal or provincial offence that the Registrar believes is relevant to the Member's suitability to practise including,</p> <ul style="list-style-type: none"> (a) the date of and a summary of the finding; (b) the date of and the sentence imposed, if any; and (c) where a finding is under appeal, a notation to that effect; 	<p>a summary of any findings of guilt of which the College is aware if made by a court or other lawful authority after December 4, 2015, against a Member in respect of a federal or provincial offence and the person against whom the finding was made was a member at the time of the finding that the Registrar believes is relevant to the Member's suitability to practise, unless the charge is pursuant to the Criminal Code of Canada or the Controlled Drug and Substance Act in which case it shall be posted, including,</p> <ul style="list-style-type: none"> (a) the date of and a summary of the finding; (b) the date of and the sentence imposed, if any; and (c) where a finding is under appeal, a notation to that effect;



BRIEFING NOTE

To: **Council**

From: **Dr. Glenn Pettifer, Registrar & CEO**

Date: **June 22, 2018**

Subject: **Draft Standard of Practice: Restricted Title and Professional Designations**

At its November 10th, 2017 meeting, the QAC-Panel B adopted a motion to recommend the draft Standard and Guide: Restricted Title and Professional Designations to Council for its consideration.

Council subsequently approved the draft Standard and Guide for consultation on December 8th, 2017.

This consultation closed on February 16th, 2018. The results of the consultation were considered by QAC – Panel B at its April 26, 2018 meeting. The consultation report and individual feedback correspondence are attached for the Council's consideration. As noted in Agenda Item 11.5, the question of whether Council should amend the College By-laws to provide for a "retired" status was raised by QAC – Panel B. This question was prompted by the stakeholder feedback on the draft Standard of Practice: Restricted Title and Professional Designations.

Options:

After discussion and consideration of this matter, Council may elect to:

1. Postpone approval of this Standard until a decision regarding the creation of a "retired" status is made. If this decision is in the affirmative, the language in the Standard will need to be altered to reflect this new status.
2. Approve the draft Standard and Guide and set a date for implementation of the Standard.
3. Request amendments to the draft Standard and/or Guide, approve the documents as amended and set a date for implementation of the Standard.
4. Request amendments and further drafting of the Standard and Guide and re-review the new draft at the next Council meeting.
5. Other

Attachments:

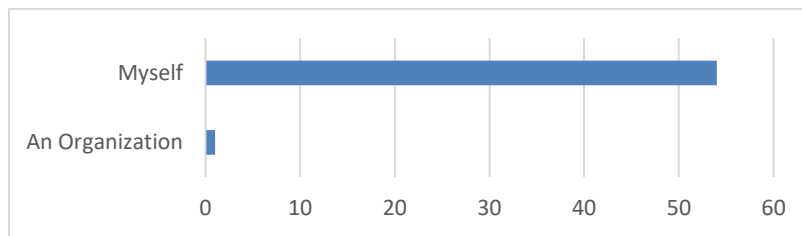
1. Draft Standard of Practice: Restricted Title and Professional Designations
2. Draft Guide to the Standard of Practice: Restricted Title and Professional Designations
3. Consultation Report: Draft Standard of Practice: Restricted Title and Professional Designations



**Standard of Practice: Restricted Title and Professional Designations
Consultation Report – February 20, 2018**

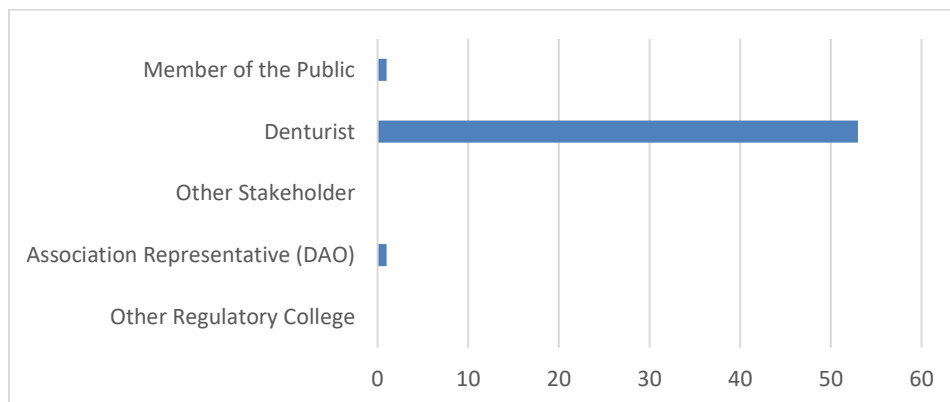
Total Responses: 55

I am responding on behalf of:



Response	Count
An organization	1
Myself	54
Total	55

I am a:



Response	Count
Other Regulatory College	0
Association Representative (DAO)	1
Other Stakeholder	0
Denturist	53
Member of the Public	1
Total	55

Please provide your feedback for each of the standard statements:

A denturist meets the Standard of Practice: Restricted Title and Professional Designations when he/she:

1. Uses the restricted title "denturist" and/or official mark "DD" or "Registered Denturist" to reflect a current, valid registration with the College.

D.D would be incorrect
correct
correct
AGREE
Yes
Agree
Denturist - DD
NO! DD i.e. Diploma of Denturist...I earned that! Use RDD if you want to show a Denturist that is still registered, I am currently registered, have been for 5 years now but for the last 1.5yr without employment, I tried to get a restricted registration but according to the college there are only two choices "Active" or "Resigned", after all my hard work and efforts to achieve DD I would never think to give that up, so I borrowed money to pay for another year of registration (including malpractice insurance) only to never use my license! What about new mother's? A disability? (which for four months I was unable to work anyway due to intensive foot surgery)...this is a human rights issue!! How can one afford to be registered if they aren't working, the fees are so high that I simply won't be able to continue being registered next year but after all my efforts and money put forward for the program and exams I find it so shocking that you would take away the DD from my name, I still have a lot to be proud of and would like to still place those two letters behind my name (as I do with BSc.). I recommend using RDD to show an active member. There are a lot of titles out there that have alterations to them depending on your level or enrolment so as to not fully take away their title that they worked hard to obtain.
DD should be the ONLY title by Denturists. Not RDT in conjunction with DD.
True
DD
I agree
Next time my patient asks me what do the letters DD stand for what do I say? does any one know? letters in a professional designation always stand for a word what two words starting with the letter D are represented by our DD designation?
I agree
Agree
yes.
As a public person I find the designation of DD confusing compared to registered denturist or denturist
I agree
Yes
agree
DD
What if the denturist practice in French? Is he or she allowed to use the title « denturologiste »?
correct
Agree
Acceptable
Dental Prosthetist. As per ref Tabler's Cyclopedic Medical Dictionary= Specialist in artificial dentures. This title is more accurate and descriptive of our varied services such as implant prothodontics and other oral appliances.

2. Accurately communicates an inactive or temporary registration class in association with the use of the restricted title "denturist" or official mark "DD or "Registered Denturist" ¹.

ex. Denturist(Temporary)
correct
correct
DD IS EXCLUSIVE FOR A REGISTERED DENTURIST
Yes
Agree
Denturist - DD
Yes, by using RDD or DD. Most of the patients we saw had no idea what DD meant and had never heard of it. They came to the clinic because they knew we were a Denturist Clinic, they didn't research the initials behind our name.
Agree.
True
Denturist
Agree
I agree
Agree
yes with denturist(temp) or "DD(temp)" and "registered denturist(temp)"
Must add inactive
I don't think someone who isn't currently registered as a Denturist should be allowed to use any of the restricted titles - regardless of whether the stipulate that they are inactive.
Yes
Might be better have special term for thoese.
agree Possibly DD,(retired)
DD
not correct to use the title without a valid registration
Should have a retired designation.
Acceptable

3. Identifies his/her professional qualifications in a manner that is accurate, understandable, and transparent.

Making sure no one is confused on what the correct title is.
correct
correct
AGREE
Yes
Agree
I feel it identifies his/her professional qualifications, yes, do I feel like it is gravely overlooked by the public, yes, I don't feel that you should take this away from a Denturist simply because they are not practicing...use RDD instead, or something similar. The public isn't aware (unfortunately), but in this case, they could find out that they are active, going forward everyone would know to look for the 'R',

¹ This expectation of the Standard anticipates the creation of new registration classes when the draft revised Registration Regulation is approved and comes into force.

they wouldn't have to question whether or not a Denturist simply forgot to remove it from their name (DD that is if they are not active).
This is a difficult situation as even though Denturists have been in practice for nearly 43 years the public are still confused with the title.
True
Yes
Agree
DDS = Doctor of Dental Surgery DD=? I don't like to be a ? perhaps DS Denture Specialist makes some sense
Agree
Agree
Completely agree
Yes
agree
correct
Agree
Acceptable

4. Uses any additional credential(s) accurately, honestly, and in accordance with any applicable legal restrictions on their use.

Multiple correct titles.
correct
correct
NO NEED.
Yes
Agree
Yes, but use RDD (Registered DD or ADD (Active DD))
Absolutely agree.
True
Yes
Agree
Agree
Completely agree, and I would like this to be enforced further. I believe if a designation/degree was achieved outside of Canada, an ethical Denturist should indicate the country in which it was obtained in parentheses.
Yes
agree have F.C.A.D included
correct
Agree
Acceptable

5. Does not use a term, title or designation indicating or implying a specialization in an area of the practice of denturism.

Also making sure that no one else implies that you hold another title that you do not.
correct
correct
AGREE
Yes
Agree
Denture Specialist
I think this is still necessary but it can be defined rather than stripping it away from the individuals (myself) that worked so hard to attain it.
Absolutely agree.
True
Denturist term only
Agree
Ok but why not imply a specialization in an area of the practice of dentistry. Our entire profession IS a specialty of Dentistry we need to distinguish ourselves as the Denture Specialists..that's what we are..Perhaps DS makes more sense then DD. I was embarrassed when asked by my patient what the letters DD stand for and I had to admit I Don't know. We both laughed, but its not really funny.. I could say it means denturist but then what does the other letter D designate?
Agree
The CDO should really enforce this, and it should also include designations that are no longer current; such as, FCAD. This organization no longer exists, yet numerous Denturists continue to include this designation.
Yes
agree
Would this mean that the term "denture specialist" is not to be used?
correct
Agree but changes need to be made to reflect the changes in services and treatments not reflective in the current legislation.
Acceptable

Was the Guide useful in helping you interpret the expectations in the Standard?

Response	Count
No	2
Yes	35
Blank	18
Total	55

not very useful because these are all rules and regulations i am familiar with and know about.
Can only use term Denturist not specialist

Was the information presented in the Guide understandable?

Response	Count
No	1
Yes	37
Blank	17
Total	55

Are there other questions and/or answers that you think would be a useful component of the Guide?

No
no
no
no
NO
No
Not in the sense of supplying new dentures but the tooth wightening, and Implant cases are questionable.
If you could confirm as we have in the website under title and designation regulations if it all still the same in regards to foreign graduates dentist to use designation as example DMD and name of the country where been graduated. Would be helpful.
No
It would be useful to address the need to correct our patients that mistakenly refer to us as doctor.
No
none
No
Will the College circulate a list of acceptable titles?
Same question as before... What if the denturist practice in French? Is he or she allowed to use the title « denturologiste »?
No
No

Please provide any additional comments or questions in the space provided below.

Being in the profession I deal with a lot of POA's (Power of Attorneys) Upon Exam/and or consultation with a Client and family member present - Family members have said to me quietly" Ohh , tel are a doctor. She will respect you more" and she will do what you ask her to do". I correct the family and tell them that is illegal and I do not hold a designation to use that title. The families will get a little "discouraged" or "miffed" and I know I have done the right thing to not present as someone I am not. I find it frustrating that some family members think it's just a terminology and it is not taken seriously. I am happy that this has come up and is being discussed.
N/A
no coments
Please see my comments within the other section. Please reconsider taking away the DD from individuals that have worked so hard to obtain it. Use ADD or RDD to indicate an active/registered license, I am still proud of what I obtained even if I haven't been able to practice recently, or can't afford it, simply define the title given to an active member. I gave my all to get those two letters after my name, please think twice before taking them away from me.
I think that the College should set up courses to discuss the parameters and restrictions that our profession is legally able perform.
Thanks for your support
No
It would be interesting to ask a hundred people on the street what DD stands for and see if anyone knows..To say that "Over time, "DD" has come to represent a designation which signifies that an individual practising in Ontario using "DD" is a denturist who is or has been officially registered with the College of Denturists may be true for some people in dental industry, but most people don't know what it stands for.. Ask another hundred what DDS stands for and compare results. Please don't get me wrong I like DD, that designation, i just wish the letters stood for something that makes sense.
none
See previous comments re: stipulating which country (outside of Canada) and designation/degree was achieved in; inactive Denturists should not be allowed to refer to themselves as Denturists; as well as, the use of designations that no longer exist, like FCAD.
A patient once asked me what does the DD stand for after my name, I made it a little like a joke when I answered her with I don't know.. and we both had a little laugh but its not really funny.. What do the letters in our designation DD stand for? Nobody knows..it is embarrassing when I have to tell someone who asks me what DD stands for and I have to tell them I don't know.. Should we change it to DS Denture specialist perhaps? at least that makes sense. Not to many people in general public can identify DD with our speciality anyway..R



February 15, 2018

Dr. Glenn Pettifer, Registrar
College of Denturists of Ontario
365 Bloor Street East, Suite 1606
Toronto, ON M4W 3L4

Via Email

RE: Standards of Practice: Restricted Title and Professional Designations – Stakeholder Consultation

Dear Dr. Pettifer,

The Denturist Association of Ontario (DAO, Association) thanks the College of Denturists of Ontario (CDO, College) for the opportunity to comment and provide stakeholder feedback on the College's proposed Standard of Practice and Guide for Restricted Title and Professional Designations.

Retired Members

As the profession matures the number of Denturists retiring will continue to increase now and into the future. Although wanting to permanently cease the practice of Denturism some have expressed an interest in serving the profession while being retired. The College would benefit from having mature Denturists with wisdom, knowledge of the profession and the time to serve as Non-Council members of Committees and Panels, Examiners, Assessors, Experts, and participants in Peer Circles. However, the CDO does not currently have a class of registration that would permit a Denturist to resign from practice and continue to be registered with the College as a retired member.

The Guide to the Standard of Practice: Restricted Title and Professional Designations posed the question: “*Am I allowed to use the title “Denturist” or either official mark “DD” or “Registered Denturist” if I am retired?*” The guide would be clearer if it answered no; they cannot use either the Denturist title and/or professional designations if they are retired because they are no longer registered with the College and cease to be a member of the CDO.

Also, the answer to the above question in the Guide may be confusing to members as it makes reference to an “inactive Certificate of Registration”, a class of registration that does not currently exist and will not until such time as the CDO’s revised Registration Regulation is approved by government and comes into effect. The DAO recommends amendments to this section of the Guide.

The Association noted that the CDO BY-LAWS (Effective December 8, 2017) Schedule 7 – Fee Schedule - establishes fees relating to different classes of registration. (General, Inactive, Temporary, Provisional) The DAO Board understands that this was done in anticipation of the new classes that will be created once the revised Registration Regulation is approved and comes into force.

At such time, the DAO recommends that the Provisional Class include provisions for retired members. Members who sign a declaration permanently retiring from practice and holding a valid Certificate of Registration would be permitted to use the title “Denturist(Retired)” or either official mark: “DD(Retired)” or “Registered Denturist(Retired)”. As members of the College they would be able to serve the CDO in various capacities as Non-Council members of the profession.

Profession Descriptive Term: “Denture Specialist”

Paragraph 5 of the Standard states:

5. Does not use a term, title or designation indicating or implying a specialization in an area of the practice of denturism.

Paragraph 5 raises concerns whether the profession would be permitted to use the term “Denture Specialist”. For years this terminology has been used by members and the profession (both the DAO and CDO) to describe the Denturist profession and to educate the public that the focus of Denturist practice involves all aspects (health science, clinical and laboratory) of dentures - design, construction, repair, alteration, ordering and fitting of removable dentures.

The term “Denture Specialist” is intended to be used to describe the profession as a whole and not to be used by members in a manner that would be misconstrued as a title or designation or implying a specialization in an area of the practice of Denturism.

In the Spring 2009 publication of the College Contact (Volume 16, Issue 1) the Council clarified the College's position on the use of the term "Denture Specialist". It stated: *"This is a descriptive term for the group as a whole and speaks to the majority of the denturist's time being allocated to the fabrication of the prosthesis."* The CDO permitted members to use "Denture Specialist in this context. The members have not been informed of any subsequent change in the position of the Council. The DAO recommends that the College include use the descriptive term "Denture Specialist" as a Practice Scenario in the Guide to the Standard of Practice: Restricted Title and Professional Designations.

In conclusion

The DAO acknowledges the CDO for its work to establish standards of practice, and thanks the College for the opportunity to provide stakeholder comments, feedback and recommendations to the Council on the proposed CDO Standard of Practice: Restricted Title and Professional Designations.

On behalf of the Board of Directors

Regards,

A handwritten signature in dark ink, appearing to read "Frank Odorico". The signature is fluid and cursive, with the first name "Frank" being more prominent than the last name "Odorico".

Frank Odorico, B.Sc., DD
President
The Denturist Association of Ontario

Cc: The CDO Executive Committee



Standard of Practice: Restricted Title and Professional Designations

Introduction

The intent of this Standard is to advise Registered Denturists with respect to the title that may be used to reflect a current, valid registration with the College of Denturists of Ontario.

Definitions

Credentials: a term for a variety of degrees, diplomas, qualifications or designations that are granted by agencies, including professional associations, academic institutions, and educational bodies.

Restricted Title: a professional designation authorized and protected by law, which may only be issued by a regulatory body.

Official Mark: any badge, crest, emblem or mark adopted and used by any public authority (an organization or body that is under government control) in Canada

Legislative Authority

The Denturism Act, 1991

Ontario Regulation 854/93 - Professional Misconduct Regulation

Ontario Regulation 833/93 (revised) – Registration Regulation

The Standard

A registered denturist meets the expectations in the Standard of Practice: Restricted Title and Professional Designations when he/she:

1. Uses the restricted title "denturist" and/or official mark "DD" or "Registered Denturist" to reflect a current, valid registration with the College.
2. Accurately communicates an inactive or temporary registration class, **or retired status**, in association with the use of the restricted title "denturist" or official mark "DD" or "Registered Denturist" ¹.
3. Identifies his/her professional qualifications in a manner that is accurate, understandable, and transparent.
4. Uses any additional credential(s) accurately, honestly, and in accordance with any applicable legal restrictions on their use.
5. Does not use a term, title or designation indicating or implying a specialization in an area of the practice of denturism.

¹ This expectation of the Standard anticipates the creation of new registration classes when the draft revised Registration Regulation is approved and comes into force.



Guide to the Standard of Practice: Restricted Title and Professional Designations

The College's Standard of Practice: Restricted Title and Professional Designations explains how denturists can use the title to reflect a current, valid registration. This Guide to the Standard offers further information regarding the use of restricted titles and professional designations and how to apply the Standard in practice. The Guide includes Practice Scenarios that illustrate how to use restricted title and professional designations.

What is the difference between a trade-mark and a prohibited or official mark?

The Federal Government defines trade-marks and Official Marks as follows:

Trade-mark

A mark that is used by a person to distinguish goods or services manufactured, sold, leased, hired or performed by that person from those manufactured, sold, leased, hired or performed by others.

Prohibited mark; official mark

This includes any mark protected under sub-paragraph 9(1)(n)(iii) of the Trade-marks Act—any badge, crest, emblem or mark adopted and used by any public authority (an organization or body that is under government control) in Canada as an official mark for goods or services.

Trade-marks and Official Marks are governed by the Trade-marks Act (the "Act"), which is federal legislation.

Once an Official Mark has been published in the Canadian Trade-marks Journal, that Official Mark becomes a prohibited mark under the Act and cannot be adopted or used by others without permission from the owner.

Further, once the status as an Official Mark has been acquired, it need not be renewed and cannot be challenged merely because it has not been used.

What does DD stand for?

Over time, "DD" has come to represent a designation which signifies that an individual practising in Ontario using "DD" is a denturist who is or has been officially registered with the College of Denturists of Ontario. Individuals using the "DD" designation in other Canadian jurisdictions will rely on the interpretation of "DD" by the regulatory body with which they are registered.

What is the difference between D.D. and DD?

1881 "Jg'Ub'cZVU'a Uf_cZHY'7c''Y[Y'cZ8Ybhi f]gh'cZCbUf]c'hUh\Ug'VYYb'Uddfcj YX'VmZYXYfU' [cj Yfba Ybh''

18"8"i' Jg'Ub'UXj UbWX'XY[fYY'jb'Xj]]b]hmUbX'g'UbXg'Zcf' *Doctor of Divinity* 'cf' *Divinitatis Doctor*''

Am I allowed to use the title “Denturist” or either official mark “DD” or “Registered Denturist” if I am retired?

A Ya VYfg'k\c'\c'X'Uj U'X'7YfhZVU'h'cZFY[]gh'U]cb'k]h'h'Y'7c''Y[Y'a Umi gY'h'Y'h'hY'18Ybhi f]gh'cf' Y]h'Yf'cZHY'cZVU'a Uf_g'1881'cf'1FY[]gh'fYX'8Ybhi f]gh' A Ya VYfg'k\c'\c'X'Ub']bUMj Y'7YfhZVU'h'cZ FY[]gh'U]cb'a UmbchidfUMjgY'XYbhi f]ga žbcf'\c'X'hYa gY'j Yg'ci hUg'XYbhi f]gh'ZVi h'a Umi gY'h'Y'h'hY' 18Ybhi f]gh'UMj Yd'cf'Y]h'Yf'cZVU'a Uf_1881fUMj Yd'cf'1FY[]gh'fYX'8Ybhi f]gh'UMj Yd'...

Can registrants holding temporary certificates of registration use the official marks “DD” or “Registered Denturist”?

M'g" A Ya VYfg'k\c'X']b['hYa dcfUfm7YfhZVU'h'cZFY[]gh'U]cb'UfY'dYfa]h'YX'hc'i gY'h'Y'h'hY'18Ybhi f]gh' f]hYa d'U'UbX'Y]h'Yf'cZVU'a Uf_1881fYa d'U'cf'1FY[]gh'fYX'8Ybhi f]gh'f]hYa d'U'Xi f]b['h'Y'h'a Y']b'k\]W' h'YmiUfY'fY[]gh'fYX' i gY'cZHY'h'hY'1XYbhi f]gh'cf'Y]h'Yf'cZVU'a Uf_1881'cf'1FY[]gh'fYX'8Ybhi f]gh'a i gh' WUg'k\Yb'h'Y'hYa dcfUfm7YfhZVU'h'cZFY[]gh'U]cb'Yi d]fYg''

Can I use a title or designation that implies a specialization?

G]bW'h'Y'dfcZYgg]cb'XcYg'bch\Uj Y'fYw[b]h'YX'gdYVU'h]Yg'zdfUM]h]cbYfg'Wbbchi gY'h'hYg'cf'XYg[]bU]cbg']a d'm]b['gdYVU']gh'gh' g'cf'WfhZVU'h]cb'fY' ['ždUYX]Uf]VU'ž[Yfcbhc'c[]gh' <ck Yj YfzdfUM]h]cbYfg'UfY'ZYY' hc'XYg'V]VY'h'Y]f'UfYUg'cZdfUM]W'gc'cb['Ug']h'XcYg'bch]a d'mgdYVU']gh'gh' g'cf'WfhZVU'h]cb'fY' ['ž dfUM]W'']a]h'YX'hc' dUfh]U'XYbhi fYg''

Practice Scenarios

Restricted Title No. 1

UW]Yž]g'UfY[]gh'fYX'8Ybhi f]gh'k\cgy'cZVU'Ugg]gh'Ubh'fYZfg'hc'\Yf'Ug'18cV'cf'k\Yb'Vcc_]b['dU]Ybhg''

H'Y'h'hY'18cV'cf']g'U'dfchV'X'h'hY''H]g'a YUbg'h'U'icb'ma Ya VYfg'cZHY'cgY'dfcZYgg]cbg'k\c'UfY' U' h'cf]h'YX'Vm'Uk'hc'i gY'h'Y'h'hY'18cV'cf' Wb''Y['U'mXc'gc''ZU'dYfgcb']g'bch'U'a Ya VYf'cZcbY'cZHY' U' h'cf]h'YX'\YU'h' d'fcZYgg]cbg'Y#g\Y'Wbbchi gY'h'Y'h'hY']b'U'W]b]W' gY'h]b[žYj Yb']Z'h'UhdYfgcb'\c'Xg'U' D\8''i bXYf'h']g'dfcj]g]cbzUb']bX]j]Xi U'k\c'\c'Xg'U'D\8' Wb'i gY'h'Y'h'hY'18cV'cf']b'gc'VU'cf'UWXYa]W gY'h]b[g'k\YfY'h'YmiUfY'bch'gY]b['dU]Ybhg''

5''ck]b['U'ghUZZdYfgcb'hc'W''U'dfUM]h]cbYf'8cV'cf'k\Yb'\Y#g\Y']g'bch'U' h'cf]h'YX'hc'i gY'h'Y'h'hY']g' dfc\]h'YX''

Restricted Title No. 2

5XUa žU'XYbhi f]gžhYUWYgUhU'gWcc`hUhifU]bgXYbhi f]gžh"5XUa 'gi dYfj]gYg'hY'ghi XYbhrj]b'hY'hYUW]b['W]b]WYhY'ghi XYbhrj'fYZf'hc`ja 'Ugİ8cVtcf'5XUa İ'jb'hY'W]b]WYhY'8YUb'cZhY'gWcc`di ``g'5XUa 'Ug]XY' UbX'h`g`ja 'hc'Ug`]'g'ghi XYbhrj'hc'g'hd'W`]b[`ja 'İ8cVtcfİ'jb'hY'W]b]Wk`YFY'hYFY'UFY'dUh]Ybhrj"5XUa 'fYj]Yk'g'hY'FY[i 'UHYX'<YU'h'DfcZYgg]cbg'5VhUbX'fYU]nYg'hUh'hY'8YUb'jg'VtcffYVh"5XUa 'jg'Ugg]g]b['jb'hY' hFYUha YbhcZdUh]Ybhrj]b'hY'hYUW]b['W]b]WUbX'jg'bchidYfa]hYX'hc'W``ja gY'Zfctf'U'ck'chYfg'hc'W``ja E İ8cVtcfİ'jb'hUh'gYh]b["'5XUa 'Ugc'fYVt[b]nYg'hUh`Y'k Ug'VY]b['U'dccf'fc'Y'a cXY`Zcf'hY'ghi XYbhrj"



BRIEFING NOTE

To: **Council**

From: **Dr. Glenn Pettifer, Registrar & CEO**

Date: **June 22, 2018**

Subject: **By-law Amendments – “Retired” Status**

At its November 10th, 2017 meeting, the QAC-Panel B adopted a motion to recommend the draft Standard and Guide: Restricted Title and Professional Designations to Council for its consideration.

Council subsequently approved the draft Standard and Guide for consultation on December 8th, 2017.

This consultation closed on February 16th, 2018. The results of the consultation were considered by QAC – Panel B at its April 26, 2018 meeting. There were a number of comments in the consultation referring to the need for a “retired” or “life member” status for a denturist. In response to this feedback, staff conducted an environmental scan of other professional regulatory bodies to assess whether and how this status is used by other regulatory bodies.

At its April 26th, 2018 meeting, the QAC-B considered all of this information, including the stakeholder feedback, and adopted a motion to recommend amendments to the College By-laws that would provide for a “retired” member status. If approved, such amendments would require amending the draft Standard and Guide: Restricted Title and Professional Designations.

The consultation report and individual feedback correspondence regarding the draft Standard of Practice: Restricted Title and Professional Designations are attached for the Council’s consideration.

Given the suggestion of an amendment to the College By-laws to provide for a “retired” status, College staff drafted such an amendment for Council’s consideration. The College By-laws and the RHPA do not require a stakeholder consultation on a by-law amendment that would see the creation of a “retired” status. However, since this is an item that will affect members of the profession, Council may see some benefit in providing the profession with an opportunity to provide feedback on the matter.

Possible Wording of a By-law Amendment:

Designation of Retired Members

Upon receiving a request, the Registration Committee may designate a Member a Retired Member if,

- (i) at the time of making the request, the Member is in good standing; and*
- (ii) the Member has retired from the practice of Denturism and agrees not to engage in the practice of Denturism.*

Entitlements of Retired Members

A Retired Member is entitled to,

- (i) remain on the register of the College as a Retired Member;*
- (ii) participate in the activities of the College; however, the Retired Member is not entitled to vote in the election of the Council or hold elected office; and*
- (iii) to use the title Denturist (Retired), Registered Denturist (Retired) or DD (Ret).*

Termination of Retired Membership Status

A Retired Member status shall terminate if the Registrar has reasonable grounds to believe that the person,

- (i) has been found to be in default of any obligation to the College under the regulations or the by-laws;*
- (ii) practises the profession or uses the protected title without first obtaining a certificate of registration from the College;*
- (iii) is the subject of a finding of incompetence, professional misconduct or incapacity; or*
- (iv) otherwise acts in a manner that is inconsistent with an ongoing association with the College.*

Retired Members that wish to return to the Active class of registration will be referred to the Registration Committee to determine if any additional training or education is required.

Options:

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BRIEFING NOTE

To: **COUNCIL**

From: **Glenn Pettifer, Registrar & CEO**

Date: **June 22, 2018**

Subject: **Amendments to Standard of Practice: Advertising,
Standard Statement #3**

Background

Since the time that the new Standard of Practice: Advertising came into effect on March 1, 2018, the College has received feedback from denturists advocating for the advertising of complimentary consultations. The Standard Statement #3 of the Standard of Practice: Advertising currently states:

*A denturist meets the Standard of Practice: Advertising when he/she:
Does not market a reduction or discount in fees or offer or provide coupons for services.*

The current interpretation of this statement includes a prohibition on advertising a “complimentary” or “free” consultation as this is viewed as a 100% reduction in a fee.

Much of the feedback received by the College asserts that prohibiting the advertising of “complimentary” consultations is a barrier to the access to care and service and that it is in the public interest in their desire to know if a clinic offers free consultations. This issue was not raised at the time of the initial stakeholder consultation for the draft Standard of Practice: Advertising.

Given the possibility that this advertising restriction may be creating a barrier to access to care, Council felt it necessary to revisit this aspect of the Standard and to obtain further stakeholder input.

At the March 9th, 2018 meeting, Council proposed the following amendment and approved its circulation for stakeholder consultation:

*Does not market a reduction or discount in fees or offer or provide coupons for services, **with the exception of a complimentary consultation.***

The consultation period ended on June 5th, 2018. The report is attached for consideration.

For the purposes of this Standard statement, a “complimentary consultation” is defined as a cursory assessment, not a detailed examination, the information from which is used to provide a general description of options for treatment.

Options:

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Attachments:

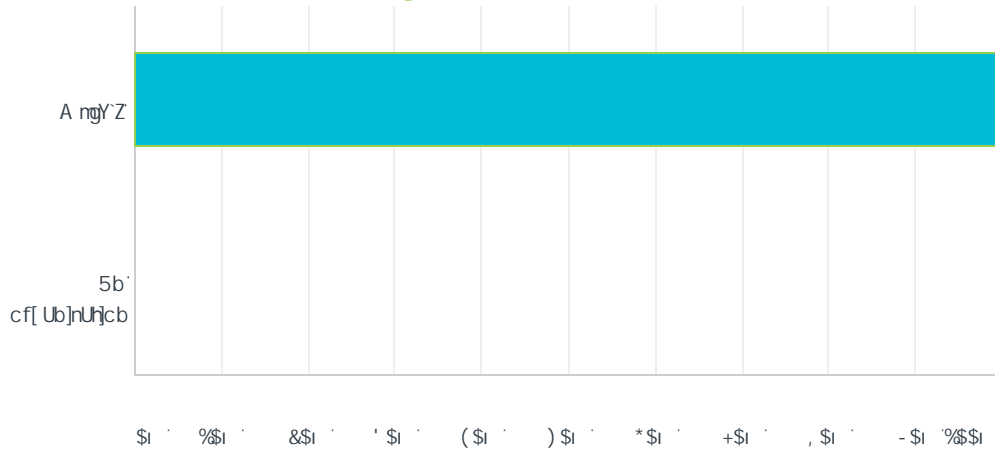
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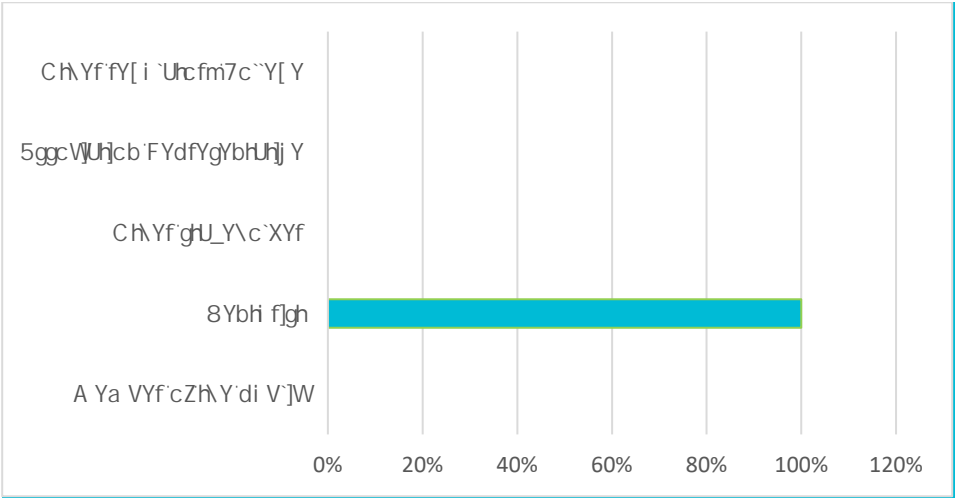


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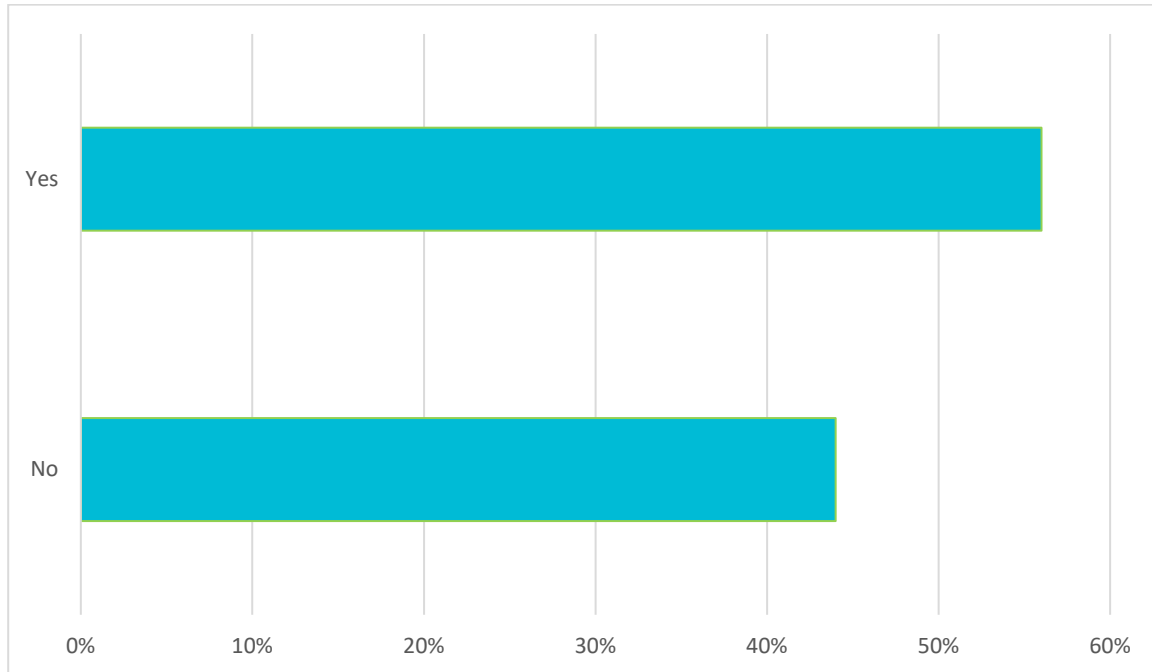


ANSWER CHOICES	RESPONSES	
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+	<p>=U[fYY`k`]h`h`Y`d`f`c`d`c`g`Y`X`Ua`Yb`Xa`Yb`h`U`h`ci`[\`]h]gj`YfmYj`]XYb`h`h`U`h`XYb`h]g`g`h`Uj`Y`U`g]`b]Z]W`b`h` UXj`Yf`h]g]b[`UXj`Ub`hU[Y`cj`Yf`U`XYb`h`f]g`g`8Yb`h]g`g`h`f`ci`[\`ci`h`C`b`hU]c`W`b`c`Zyf`ZYY`h`c`h` k`\]h]b]b[Z`ZYY`d`ck`Yf`h`c`h`V`fi`g`Y`g`Z`U`XYb`hU`]a`d`Ub`h`Ub`X`U`W`ck`b`Zcf`&*\$`\$Z`ZYY`h`j`gU][`b` V`ebgi`hUh]cbg`ZY`h`W`8Yb`h`f]g`g`UfY`U`fY`UX`m`U`h`U`g]`b]Z]W`b`h`X]g`U`X]Ub`hU[Y`k`Y`b`U`W`e`i`]f]b[`bYk` dUh]Yb`h`g`V`a`d`UfYX`hc`XYb`h]g`g`Ug`XYb`h]g`g`UfY`g`h`Z`U`V`f]W`h]b[`XYb`h`fY`g`Zcf`h`Y`f`dUh]Yb`h`g`Ub`X` dUh]Yb`h`g`Uj`Y`i`g`U`m`V`Y`Y`b`k`]h`h`Y`f`XYb`h]g`g`Zcf`a`Ub`m`n`Y`U`f`g`<]g`h`c`f`m`U`g`g`c`k`b`h`U`h`XYb`h`f]g`g` k`YfY`U`V`Y`hc`U`h`f`U`h`b`Y`k`dUh]Yb`h`g`V`Y`W`i`g`Y`h`Y`m`V`e`i`X`c`Zyf`g`ca`Y`h.]b[`XYb`h]g`g`V`e`i`X`b`ch`ZYY` V`ebgi`hUh]cbg`za`cFY`U`Z`c`f`X`U`V`Y`XYb`h`fY`g`za`cFY`Y`Z]W`Y`b`h`g`Y`f]jW`g`ZY`h`W`h`U_]b[`XYb`h`f]g`g`V`a`d`Y`h]h]`Y` UXj`Ub`hU[Y`c`Z`ZYY`V`ebgi`hUh]cbg`k`ci`X`VY`]UXj`j`gYX`Ub`X`gYj`YfY`m`U`b`X]W`d`h`Y`d`f`c`Z`Y`g`g]c`b`Ub`X` []Y`XYb`h]g`g`Yj`Yb`a`cFY`UXj`Ub`hU[Yg`h`U`b`h`Y`m`U`fY`UX`m`Uj`Y`"</p>

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ANSWER CHOICES		RESPONSES	
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%%	=\Uj Y'Zci bX']hX]Z]W'h=A mdfUW]W'hc'cZZYf'UWV'fUhr']bZcf a Uh]cb'hc'hY'dUHjYbhXi f]b['U' Vta d']a YbhUfmVebgi 'hU]cb'k]h'ci hZ]fghVebXi W]b['Uh'YUgh'U'a]bcf']bhfU'cfU'YI Ua "'



Standard of Practice: Advertising

Preamble

In advertising, professionals seek to provide information about the services they provide, with a view to influencing the public's choice. When the public accesses advertising, they are seeking information that is true and accurate regarding a service or service provider. The Standard of Practice: Advertising will assist denturists in understanding their legal and professional responsibilities pertaining to issues of advertising without restricting a denturist's business practice freedom or inhibiting marketplace competition and innovation.

Definition

Advertisement refers to any message (the content of which is controlled directly or indirectly by the advertiser) expressed in any language and communicated in any medium to anyone with the intent to influence their choice, opinion or behaviour.

The Standard

A denturist meets the Standard of Practice: Advertising when he/she:

1. Uses advertising that:
 - a. Is true, accurate, and verifiable;
 - b. Is easy to understand, not misleading or intentionally confusing;
 - c. Contains no comparisons to, or claims of superiority over, another member's practice or expertise;
 - d. Contains no superlatives or comparative terms;
 - e. Contains no stated or implied guarantees of treatment results;
 - f. Contains no direct, indirect or implied testimonials or endorsements;
 - g. Contains no references to third-party websites or publications that carry testimonials or endorsements of denturists;
 - h. Clearly states the fees and services covered by any advertised fees so that anyone reading the advertisement will know what is being offered and how much it will cost.
2. Retains responsibility for any advertisement communicated on their behalf in any medium or platform (Facebook, Twitter, LinkedIn). This responsibility does not extend to messages communicated by individuals on third-party websites.
3. Does not market a reduction or discount in fees or offer or provide coupons for services, **with the exception of a complimentary consultation.**
4. Applies advertised fees to all patients, regardless of whether they were aware of an advertisement and regardless of whether they have dental insurance coverage.
5. Includes the member's name and the approved name of the member's clinic on any advertising.
6. Does not contact or communicate, directly or indirectly (through the actions of another person), by any means, including face-to-face, telephone, or electronic modes of communication in an attempt to solicit patients.
7. Does not advertise money-back guarantees or warranties.

References

O. Reg. 854/93: Professional Misconduct, paragraph 10, 17, 18, 26, 32, 47.
<http://www.ontario.ca/laws/regulation/930854>

The Canadian Code of Advertising in Canada (accessed November 10, 2016)
<http://www.adstandards.com/en/standards/canCodeOfAdStandards.aspx>

Misleading Advertising and Labelling. Competition Bureau, Government of Canada (accessed November 10, 2016)
<http://www.competitionbureau.gc.ca/eic/site/cb-bc.nsf/eng/02776.html>

"Misleading Advertising." *Canadian Consumer Handbook.* Federal-Provincial-Territorial Consumer Measures Committee (accessed November 10, 2016)
<http://www.consumerhandbook.ca/en/topics/consumer-protection/misleading-advertising>

"Advertising Standard," College of Physiotherapists of Ontario (accessed November 10, 2016)
<http://collegept.org/Standards/Advertising>

"Practice Advisory, Professional Advertising" (November 2012). Royal College of Dental Surgeons of Ontario (accessed November 10, 2016)
http://www.rcdso.org/Assets/DOCUMENTS/Professional_Practice/Practice_Advisory/RCDSO_Practice_Advisory_Professional_Advertising.pdf

"Self-regulated professions – Balancing competition and regulation" Competition Bureau, Government of Canada (accessed November 10, 2016) <http://www.competitionbureau.gc.ca/eic/site/cb-bc.nsf/eng/02525.html>

"Advertising Restrictions" Competition Bureau, Government of Canada (accessed November 10, 2016)
<http://www.competitionbureau.gc.ca/eic/site/cb-bc.nsf/eng/04142.html>

Clinic Name Policy, College of Denturists of Ontario, September 2016,
<http://cdo.in1touch.org/uploaded/web/documents/Clinic%20Name%20Policy%20-%20Final%20-%20approved%20September%2023%2C%202016.pdf>

Council Approval Date	June 23, 2017
Effective Date	March 1, 2018



Guide to Standard of Practice: Advertising

The College's Standard of Practice: Advertising establishes the College's expectations of Registered Denturists in relation to advertising activities. This Guide to the Standard offers further information regarding elements surrounding advertising and how to apply the Standard in practice.

What is a testimonial?

A testimonial is a written or spoken statement in which someone says that they used a product or service and says or implies that they benefitted from or liked it, or a written or spoken statement that praises someone's work, skill, or character, for example.

What is an endorsement?

An endorsement is the act of giving public approval or support to someone or something. Endorsements are a specific type of advertising that usually employ a celebrity or a professional to say good things about a product or service. Sometimes an endorsement and a testimonial might be the same thing.

How can I make sure that claims made in advertisements are true, accurate and verifiable?

Whatever you say in your advertisement must have some independent proof to verify it. Ask yourself how you could prove to the College that the statements in the advertisement were true.

Different kinds of advertising claims will require different kinds of proof.

For example, a claim about clinical outcomes might require the same kinds and level of proof that you would see in a peer-reviewed journal.

Other types of statements, such as saying "parking is free for patients" would simply require that the claim be true and could be double checked by the College if necessary.

I work in a multi-discipline practice and my employer takes care of all of the advertising. Am I still responsible for the advertising of the denturism services in the practice?

Yes. The denturist is responsible for any advertising that refers to denturism services. This means that you must take all reasonable steps to change any advertising that you are aware of that does not meet the Standard.

This might include:

1. Making the employer aware of the expectations in the College's Standard of Practice: Advertising.
2. Requesting changes in writing to any advertising that does not meet the Standard.
3. Following up to make sure the changes have been made.



BRIEFING NOTE

To: **COUNCIL**

From: **Dr. Glenn Pettifer, Registrar & CEO**

Date: **June 22, 2018**

Subject: **Revision of the Professional Misconduct Regulation**

While all regulated health professionals are subject to the acts of professional misconduct set out in the Health Professions Procedural Code (including sexual abuse, failing to comply with the Quality Assurance Committee), each College can identify and articulate certain acts of professional misconduct that will only apply to its members. These acts of professional misconduct are set out in a separate professional misconduct regulation.

At the March 9, 2018 Council meeting, the College's legal counsel provided information regarding the revision of the Professional Misconduct Regulation. Since that time, a table of the possible revisions to the PM Regulation has been drafted. This table plus copies of two recent professional misconduct regulations from other health profession regulatory colleges (the College of Naturopaths of Ontario and the Ontario College of Pharmacists) are included for Council's consideration.

Legal counsel will lead the discussion of the draft Table of Suggested Revisions.

Attachments:

Table of Possible Revisions to the PM Regulation

Current Professional Misconduct Regulation (O. Reg. 854/93)

Ontario College of Pharmacists, Professional Misconduct and Conflict of Interest Regulation (O. Reg. 103/17)

College of Naturopaths of Ontario, Professional Misconduct Regulation (O. Reg. 17/14)

Draft

Table of Suggest Revisions (22.06.2018) (version 1)

ONTARIO REGULATION 854/93

PROFESSIONAL MISCONDUCT

1. The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:

Current Regulation	Possible Amendments	Comments
1. Failing to abide by any term, condition or limitation imposed on the member's certificate of registration.	Contravening, by act or omission, a term, condition or limitation on the member's certificate of registration.	The addition of "by act or omission" makes it clear that a member does not have to take a positive action to be in contravention of the Misconduct Regulation. This will re-occur in other recommended amendments.
2. Failing to maintain the standards of practice of the profession.	Contravening, by act or omission, a standard of practice of the profession or failing to maintain the standards of practice of the profession.	The addition of "by act or omission" makes it clear that a member does not have to take a positive action to be in contravention of the Misconduct Regulation.
3. Delegating a controlled act, except to a person who is acting under the supervision of a member and who is, <ul style="list-style-type: none"> i. a student attending a course of study leading to a diploma or degree in denturism at an institution recognized by the Registration Committee, or ii. a candidate who is eligible to participate in entry-to-practice examinations, and whose application for a certificate of registration has not been finally refused by the Registration Committee. 	Delegating a controlled act, unless the member appropriately supervises the delegatee, the delegation is appropriate in all of the circumstances and the member takes reasonable measures to ensure that the delegatee has the knowledge, skills and judgment to perform the procedure.	<p>The current language only addresses students (and students in the examination process). Under section 29 of the RHPA certain individuals are exempted from the controlled acts – including students – so these delegation provisions are not required. This section reads:</p> <p>Exceptions</p> <p>29 (1) An act by a person is not a contravention of subsection 27 (1) if it is done in the course of,</p>

Current Regulation	Possible Amendments	Comments
		<p>(b) fulfilling the requirements to become a member of a health profession and the act is within the scope of practice of the profession and is done under the supervision or direction of a member of the profession;</p> <p>These suggested changes amend the language, so it addresses the skills of the delegatee and the responsibility of the member to ensure proper delegation.</p>
<p>4. Abusing a patient verbally or physically.</p>	<p>Abusing a patient or a patient's representative verbally, physically, psychologically or emotionally.</p>	<p>The first amendment modernizes the language to reflect that members have a responsibility to a representative of a patient.</p> <p>The second amendment expands and clarifies the types of abuse that are captured by this provision.</p>
<p>5. Practising the profession while the member's ability to do so is impaired by alcohol, drugs or any other substance.</p>	<p>Practising the profession while the member's ability to do so is or adversely affected by any condition or dysfunction which the member knows or ought to know impairs or adversely affects his or her ability to practise the profession.</p>	<p>This expands the criteria for impairment of a member's judgement.</p>
<p>6. Discontinuing denturist services to a patient without adequate reason unless,</p> <p>i. the member has entered into an agreement to provide denturist services and the period specified in the agreement has expired, or the member has given the patient five working days' notice of the member's intention to discontinue the services agreed upon,</p>	<p>6. Discontinuing denturist services to a patient that are needed unless the discontinuation would reasonably be regarded by members as appropriate having considered,</p> <p>i. the member's reasons for discontinuing the services,</p> <p>ii. the condition of the patient,</p>	<p>The phrase "discontinuation would reasonably be regarded by members as appropriate" captures a large range of reasons and gives the members and the ICRC discretion.</p> <p>The change from "without adequate reason" to "would reasonably be regarded by members as appropriate" provides better</p>

Current Regulation	Possible Amendments	Comments
ii. the services are no longer required, iii. the patient requests the discontinuation, iv. the patient has had a reasonable opportunity to arrange for the services of another member, or v. alternative services are arranged.	iv. the patient has had a reasonable opportunity to arrange for the services of another member, or v. the availability of alternative services.	guidance to the ICRC and Discipline Committees. The recommended new “i” will address the deleted “i”, “ii” and “iii”.
7. Failing to fulfil the terms of an agreement with a patient, except in accordance with paragraph 6.	Failing, without reasonable cause, to fulfil the terms of an agreement with a patient or a patient’s authorized representative relating to professional products or services for the patient or fees for such products or services.	Adding “a patient’s authorized representative” modernizes the language to reflect the fact that patient’s may have a representative. This will occur again throughout. This makes it clear that the agreement must relate to professional services. Further, given the suggested changes to paragraph 6, this paragraph should not reference that paragraph.
8. Practising the profession while the member is in a conflict of interest.	Acting in a professional capacity while in a conflict of interest.	This expands the conflict of interest paragraph to include any professional activity (e.g., publishing articles, providing continuing education presentations).
9. Giving confidential information about a patient to a person other than the patient or his or her authorized representative except with the consent of the patient or his or her authorized representative or as required by law.		No change suggested.
	Failing to reveal the exact nature of a substance or treatment used by the member	

Current Regulation	Possible Amendments	Comments
	following a request by a patient or a patient's authorized representative to do so.	
10. Making a misrepresentation to a patient including a misrepresentation respecting a remedy, treatment, device or procedure.		No change suggested.
	Making a claim respecting a remedy, treatment, device or procedure other than a claim that can be supported as reasonable professional opinion.	
	Performing a controlled act that the member is not authorized to perform.	Clearly this is not specifically required (as breaching the RHPA is set out below) but it may be an effective way of reinforcing the message.
11. Performing a controlled act that has been delegated to the member unless the delegation is authorized by the regulations.	Performing a controlled act that has been delegated to the member unless the member has the knowledge, skill and judgment to perform the controlled act.	<p>This better reflects that delegation should only occur if the delegator or delegatee has the necessary skills, knowledge or judgment.</p> <p>Clearly the suggested model is a 180 degree turn from the current model. The questions that needs to be asked is (a) should denturists be permitted to accept delegations and if so (b) should there be restrictions?</p>
12. Using or having in the member's office premises dental instruments or equipment, other than instruments or equipment appropriate to the practice of denturism, unless, <ul style="list-style-type: none"> i. a dental surgeon practises dentistry in the same office premises, or ii. the member has obtained the consent of the Executive Committee. 		<p>Is this still relevant?</p> <p>If the concern is that members will perform acts outside their scope of practice if they have dental instruments in their office, that is already addressed in the RHPA and the Act.</p>

Current Regulation	Possible Amendments	Comments
<p>13. Using or having in the member's office a drug as defined in subsection 117 (1) of the <i>Drug and Pharmacies Regulation Act</i> other than,</p> <ul style="list-style-type: none"> i. drugs or anaesthetics prescribed for the personal use of the member, or ii. drugs in the exclusive custody of a dental surgeon practising dentistry in the same office premises. 		<p>Is this still relevant?</p> <p>If the concern is that members will administer or dispense drugs that is already prohibited under the RHPA.</p>
	<p>Providing or attempting to provide services or treatment that the member knows or ought to know to be beyond the member's knowledge, skill or judgment.</p>	
<p>14. Failing to refer to a dental surgeon or a physician a patient who has an apparent intra oral condition that the member recognizes or ought to recognize is outside the scope of practice of denturism.</p>	<p>Failing to advise a patient or the patient's authorized representative to consult another member of a health profession within the meaning of the <i>Regulated Health Professions Act, 1991</i>, where the member knows or ought to know that the patient requires a service that the member does not have the knowledge, skill or judgment to offer or is outside the scope of practice of denturism.</p>	<p>This reflects the fact that a denturist may encounter a patient that needs to consult with a RHP other than a physician or dentist and should give that advice.</p>
<p>15. Permitting, assisting or counselling any person to perform a controlled act except in accordance with the <i>Regulated Health Professions Act, 1991</i>, an Act listed in Schedule 1 to that Act and the regulations under those Acts.</p>	<p>Permitting, assisting or counselling any person,</p> <ul style="list-style-type: none"> i. who is not a member to represent themselves as such, or ii. to perform a controlled act which the person is not authorized or does not have 	

Current Regulation	Possible Amendments	Comments
	the knowledge, skill and judgment to perform.	
15. Permitting, assisting or counselling any person to perform a controlled act except in accordance with the <i>Regulated Health Professions Act, 1991</i> , an Act listed in Schedule 1 to that Act and the regulations under those Acts.	<u>16.</u>	Note that this formatting error (repeating paragraph 15 and no paragraph 16) occurs in the existing regulation.
17. Recommending or providing unnecessary denturist services.	Recommending or providing denturist services that the member knows or ought to know are unnecessary or ineffective.	
18. Using a term, title or designation other than one authorized by the Act or the regulations, or as provided in section 2.	Inappropriately using a term, title or designation in respect of the member's other than one authorized by the Act or the regulations .	See below where we recommend removing section 2.
	Inappropriately using a term, title or designation indicating or implying a specialization in the profession where the use of the term, title or specialty designation is not authorized by the College	See below where we recommend removing section 2.
	Practising the profession or offering to provide professional services using a name other than the member's name as entered in the register.	
19. Failing to maintain records as required by the regulations.	Failing to maintain records in accordance with the standards of the profession.	The standards of practice provide more detailed requirements for record keeping.
20. Falsifying a record of the examination or treatment of a patient or otherwise relating to the member's practice.		No changes suggested.
21. Failing, without reasonable cause, to provide a report or certificate relating to an examination or treatment performed by the member, within thirty days of a request from	Failing, without reasonable cause, to provide a report or certificate relating to an examination or treatment performed by the member to a patient or the patient's	Instead of an arbitrary timeline of 30 days, this change requires that the timeframe be reasonable in the situation (which may less or

Current Regulation	Possible Amendments	Comments
the patient or his or her authorized representative.	<p>authorized representative, within a reasonable time of a request, from the patient or the patient's authorized representative.</p> <p>OR</p> <p>Failing to reply appropriately to a reasonable request by a patient or a patient's authorized representative for information respecting a service or product provided or recommended by the member.</p>	<p>more time than 30 days depending on the circumstances).</p> <p>However, the Council will want to determine if in fact 30 days is appropriate. If so? It might be clearer for members to keep it at 30.</p> <p>The second option makes this even broader and less prescriptive.</p>
22. Signing or issuing, in the member's professional capacity, a document that the member knows or ought to know is false or misleading.		No changes suggested.
<p>23. Failing to make arrangements with a patient for the transfer of the patient's records when,</p> <p>i. the member ceases practice,</p> <p>or</p> <p>ii. the patient requests the transfer.</p>		This is no longer required given the suggested amendments to paragraph 34.
24. Submitting an account or charge for services that the member knows or ought to know is false or misleading.		No changes suggested.
25. Failing to disclose all relevant fees before providing services when requested to do so by the patient.	Failing to advise a patient or a patient's authorized representative, before providing services of the fee to be charged for the service or of any penalties that will be charged for late payment of the fee..	This change will mean that members must disclose the fees without the patient having to request the fees (including any late fees).

Current Regulation	Possible Amendments	Comments
26. Charging a fee that is excessive or unreasonable in relation to the services performed.	Charging a fee that is excessive or unreasonable in relation to the services performed or products provided.	This ensures that excessive fees for products are included.
27. Failing to itemize an account for professional services, using terminology understandable to a patient, i. if requested to do so by the patient or the person or agency who is to pay, in whole or in part, for the services, or ii. if the account includes a commercial laboratory fee.	Failing to itemize an account for professional services, using terminology understandable to a patient, in a way that sets out each item charged, including, but not limited to, professional fees, products, services and applicable taxes.	This change requires members to always provide itemized receipts, regardless of the circumstances and regardless of whether the patient requests an itemized receipt. This is more in keeping with current standards of other professions however it would be important to ascertain if this is in fact the standard amongst this profession.
28. Failing to issue a receipt when requested to do so.		This paragraph is no longer required given the changes to paragraph 27 above.
29. Selling or assigning any debt owed to the member for professional services, but a member may retain an agent to collect unpaid accounts and may accept payment for professional services by a credit card.	Selling or assigning any debt owed to the member for professional products or services, but a member may accept payment for professional products or services by a credit card.	This clarifies that products are included. Consider whether to maintain the provision permitting the retention of a collection agency.
30. Failing, while providing denturist services, to carry professional liability insurance in the minimum amount of \$1,000,000 for each occurrence or failing, when requested by the College, to provide proof of carrying such insurance.		Most colleges no longer have this as an act of PM. The failure to carry PLI simply results in an immediate suspension. If this is desired you may wish to consider removing the quantum (\$1,000,000) and simply state "in the quantum and form as set out in the College by-laws")
31. Accepting an amount in full payment of a fee or account that is less than the amount submitted by or on behalf of the member to a third party payer unless the member has made reasonable efforts to collect the balance or has obtained the written consent of the third party payer.		No changes suggested.

Current Regulation	Possible Amendments	Comments
	Permitting the advertising of the member or his or her practice in a manner that is false or misleading or that includes statements that are not factual and verifiable.	Consider whether to include any Advertising Requirements in this regulation.
	Using or permitting the use of a testimonial from a patient, former patient or other person in respect of the member's practice	Consider whether to include any Advertising Requirements in this regulation.
<p>32. Contacting or communicating, directly or indirectly, with a person, either in person or by telephone, in an attempt to solicit patients.</p>	<p>Contacting or communicating, directly or indirectly, with a person, either in person or by telephone, in an attempt to solicit patients.</p> <p>Soliciting or permitting the solicitation of an individual in person, by telephone, electronic communications or other means unless,</p> <p>i. the person who is the subject of the solicitation is advised, at the earliest possible time during the solicitation, that,</p> <p>A. the purpose of the communication is to solicit use of the member's professional services, and</p> <p>B. the person may elect to end the solicitation immediately or at any time during the solicitation if he or she wishes to do so, and</p> <p>ii. the communication ends immediately if the person who is the subject of the solicitation so elects.</p>	

Current Regulation	Possible Amendments	Comments
33. Contravening by act or omission the Act, the <i>Regulated Health Professions Act, 1991</i> , or the regulations under either of those Acts.		No changes recommended.
34. Contravening a federal, provincial or territorial law or a municipal by-law relevant to the member's suitability to practise.	Contravening, by act or omission, a federal, provincial or territorial law or a municipal by-law if, <ul style="list-style-type: none"> i. the purpose of the law is to protect or promote public health, or ii. the contravention is relevant to the member's suitability to practise. 	This captures laws related to public health, not just suitability to practice (e.g., PHIPA, public health requirements for health facilities).
35. Influencing a patient to change his or her will or other testamentary instrument.	Influencing a patient or the patient's authorized representative to change the patient's will or other testamentary instrument.	
36. Directly or indirectly benefiting from the practice of denturism while the member's certificate of registration is suspended unless full disclosure is made by the member to the College of the nature of the benefit to be obtained and prior approval is obtained from the Executive Committee.		Consider whether a member should still benefit from the profession if suspended as long as they are not practising (e.g., a member may still own a denture clinic, teach in a denturism program). If so, this paragraph can be removed.
	Practising the profession while the member's certificate of registration has been suspended.	
37. Participating in an arrangement that would result in a member or former member committing the act of misconduct described in paragraph 36.		No changes suggested.

Current Regulation	Possible Amendments	Comments
38. Failing to abide by a written undertaking given by the member to the College or failing to carry out an agreement entered into with the College	Failing to carry out or abide by an undertaking given by the member to the College or breaching an agreement entered into with the College	
	Failing to advise a person, when requested, of their right to file a complaint with the College, or failing to provide contact information for the College, when requested.	
	Failing to comply with an order of a panel of the College.	This broader language will capture other orders of any panel.
39. Failing to attend an oral caution of the Complaints Committee or an oral reprimand of the Discipline Committee.	Failing to attend an oral caution of the Inquiries, Complaints and Reports Committee or an oral reprimand of the Discipline Committee.	Updates the name of the Complaints Committee.
40. Failing to co-operate with a representative of the College upon production of an appointment in accordance with section 76 of the Health Professions Procedural Code and to provide access to and copies of all records, documents and things that are relevant to the investigation.		This is already addressed by section 76(3.1) of the Code.
41. Failing to co-operate with a representative of another College upon production of an appointment in accordance with section 76 of the Health Professions Procedural Code and to provide access to and copies of all records, documents and things that are relevant to the investigation		No change suggested.
42. Failing to permit entry at a reasonable time and to co-operate with an authorized representative of the College conducting an inspection and examination of		This is likely a hold over from when the College had an “inspection” program (which it no longer appears to use). You may wish to remove it.

Current Regulation	Possible Amendments	Comments
the member's office, records, equipment or practice.		
43. Failing to take all reasonable steps to ensure that any information provided by or on behalf of the member to the College is accurate.		No changes suggested.
44. Failing to reply appropriately in writing within thirty days to any written communication from the College that requests a response.	Failing to reply appropriately within 30 days to any written inquiry or request from the College.	
45. Failing to pay a fee or amount owed to the College, including an amount under section 53.1 of the Health Professions Procedural Code, after reasonable notice of the payment due has been given to the member.		No changes suggested.
46. Where a member engages in the practice of denturism with another member, failing to prevent another member from committing an act of professional misconduct or incompetence unless the member did not know and, in the exercise of reasonable diligence, would not have known of the other member's misconduct or incompetence.		Is this seen as too aggressive?
	Failing to promptly report to the College an incident of unsafe practice by another member if the member has reasonable and probable grounds to believe that such an incident has occurred.	
47. Engaging in conduct or performing an act, relevant to the practice of denturism, that, having regard to all the circumstances, would reasonably be regarded by members		No changes suggested.

Current Regulation	Possible Amendments	Comments
as disgraceful, dishonourable, unethical or unprofessional.		
	Engaging in conduct that would reasonably be regarded by members as conduct unbecoming a member of the profession.	
<p>2. (1) A member shall not use a name or title other than his or her name as set out in the register in the course of providing or offering to provide denturist services, unless the name or title,</p> <p style="padding-left: 40px;">(a) reasonably refers to and describes the location of the practice;</p> <p style="padding-left: 40px;">(b) has been approved by the Executive Committee; and</p> <p style="padding-left: 40px;">(c) is accompanied by the name of the member, as set out in the register. O. Reg. 854/93, s. 2 (1).</p> <p>(2) When a member practises denturism in association or in partnership with one or more other members and uses a name or title approved under subsection (1), the member shall notify the College within thirty days of a change in the association or partnership.</p>		



Denturism Act, 1991
Loi de 1991 sur les denturologistes

ONTARIO REGULATION 854/93

PROFESSIONAL MISCONDUCT

Consolidation Period: From July 5, 2007 to the [e-Laws currency date](#).

Last amendment: [325/07](#).

Legislative History: [+]

This Regulation is made in English only.

1. The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:

THE PRACTICE OF THE PROFESSION AND THE CARE OF, AND RELATIONSHIP WITH, PATIENTS

1. Failing to abide by any term, condition or limitation imposed on the member's certificate of registration.
2. Failing to maintain the standards of practice of the profession.
3. Delegating a controlled act, except to a person who is acting under the supervision of a member and who is,
 - i. a student attending a course of study leading to a diploma or degree in denturism at an institution recognized by the Registration Committee, or
 - ii. a candidate who is eligible to participate in entry-to-practice examinations, and whose application for a certificate of registration has not been finally refused by the Registration Committee.
4. Abusing a patient verbally or physically.
5. Practising the profession while the member's ability to do so is impaired by alcohol, drugs or any other substance.
6. Discontinuing denturist services to a patient without adequate reason unless,
 - i. the member has entered into an agreement to provide denturist services and the period specified in the agreement has expired, or the member has given the patient five working days' notice of the member's intention to discontinue the services agreed upon,
 - ii. the services are no longer required,
 - iii. the patient requests the discontinuation,
 - iv. the patient has had a reasonable opportunity to arrange for the services of another member, or

v. alternative services are arranged.

Agenda Item 12.3

7. Failing to fulfil the terms of an agreement with a patient, except in accordance with paragraph 6.
8. Practising the profession while the member is in a conflict of interest.
9. Giving confidential information about a patient to a person other than the patient or his or her authorized representative except with the consent of the patient or his or her authorized representative or as required by law.
10. Making a misrepresentation to a patient including a misrepresentation respecting a remedy, treatment, device or procedure.
11. Performing a controlled act that has been delegated to the member unless the delegation is authorized by the regulations.
12. Using or having in the member's office premises dental instruments or equipment, other than instruments or equipment appropriate to the practice of denturism, unless,
 - i. a dental surgeon practises dentistry in the same office premises, or
 - ii. the member has obtained the consent of the Executive Committee.
13. Using or having in the member's office a drug as defined in subsection 117 (1) of the *Drug and Pharmacies Regulation Act* other than,
 - i. drugs or anaesthetics prescribed for the personal use of the member, or
 - ii. drugs in the exclusive custody of a dental surgeon practising dentistry in the same office premises.
14. Failing to refer to a dental surgeon or a physician a patient who has an apparent intra oral condition that the member recognizes or ought to recognize is outside the scope of practice of denturism.
15. Permitting, assisting or counselling any person to perform a controlled act except in accordance with the *Regulated Health Professions Act, 1991*, an Act listed in Schedule 1 to that Act and the regulations under those Acts.
16. Practising denturism in a public place or in a vehicle or other movable contrivance without the approval of the Executive Committee.
17. Recommending or providing unnecessary denturist services.

REPRESENTATIONS ABOUT MEMBERS AND THEIR QUALIFICATIONS

18. Using a term, title or designation other than one authorized by the Act or the regulations, or as provided in section 2.

RECORD KEEPING AND REPORTS

19. Failing to maintain records as required by the regulations.
20. Falsifying a record of the examination or treatment of a patient or otherwise relating to the member's practice.
21. Failing, without reasonable cause, to provide a report or certificate relating to an examination or treatment performed by the member, within thirty days of a request from the patient or his or her authorized representative.
22. Signing or issuing, in the member's professional capacity, a document that the member knows or ought to know is false or misleading.
23. Failing to make arrangements with a patient for the transfer of the patient's records when,
 - i. the member ceases practice, or
 - ii. the patient requests the transfer.

BUSINESS PRACTICES

24. Submitting an account or charge for services that the member knows or ought to know is false or misleading.

25. Failing to disclose all relevant fees before providing services when requested to do so by the patient.
26. Charging a fee that is excessive or unreasonable in relation to the services performed.
27. Failing to itemize an account for professional services, using terminology understandable to a patient,
 - i. if requested to do so by the patient or the person or agency who is to pay, in whole or in part, for the services, or
 - ii. if the account includes a commercial laboratory fee.
28. Failing to issue a receipt when requested to do so.
29. Selling or assigning any debt owed to the member for professional services, but a member may retain an agent to collect unpaid accounts and may accept payment for professional services by a credit card.
30. Failing, while providing denturist services, to carry professional liability insurance in the minimum amount of \$1,000,000 for each occurrence or failing, when requested by the College, to provide proof of carrying such insurance.
31. Accepting an amount in full payment of a fee or account that is less than the amount submitted by or on behalf of the member to a third party payer unless the member has made reasonable efforts to collect the balance or has obtained the written consent of the third party payer.
32. Contacting or communicating, directly or indirectly, with a person, either in person or by telephone, in an attempt to solicit patients.

MISCELLANEOUS

33. Contravening by act or omission the Act, the *Regulated Health Professions Act, 1991*, or the regulations under either of those Acts.
34. Contravening a federal, provincial or territorial law or a municipal by-law relevant to the member's suitability to practise.
35. Influencing a patient to change his or her will or other testamentary instrument.
36. Directly or indirectly benefiting from the practice of denturism while the member's certificate of registration is suspended unless full disclosure is made by the member to the College of the nature of the benefit to be obtained and prior approval is obtained from the Executive Committee.
37. Participating in an arrangement that would result in a member or former member committing the act of misconduct described in paragraph 36.
38. Failing to abide by a written undertaking given by the member to the College or failing to carry out an agreement entered into with the College.
39. Failing to attend an oral caution of the Complaints Committee or an oral reprimand of the Discipline Committee.
40. Failing to co-operate with a representative of the College upon production of an appointment in accordance with section 76 of the Health Professions Procedural Code and to provide access to and copies of all records, documents and things that are relevant to the investigation.
41. Failing to co-operate with a representative of another College upon production of an appointment in accordance with section 76 of the Health Professions Procedural Code and to provide access to and copies of all records, documents and things that are relevant to the investigation.
42. Failing to permit entry at a reasonable time and to co-operate with an authorized representative of the College conducting an inspection and examination of the member's office, records, equipment or practice.
43. Failing to take all reasonable steps to ensure that any information provided by or on behalf of the member to the College is accurate.
44. Failing to reply appropriately in writing within thirty days to any written communication from the College that requests a response.

45. Failing to pay a fee or amount owed to the College, including an amount under section 53.1 of the Health Professions Procedural Code, after reasonable notice of the payment due has been given to the member.
46. Where a member engages in the practice of denturism with another member, failing to prevent another member from committing an act of professional misconduct or incompetence unless the member did not know and, in the exercise of reasonable diligence, would not have known of the other member's misconduct or incompetence.
47. Engaging in conduct or performing an act, relevant to the practice of denturism, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable, unethical or unprofessional. O. Reg. 854/93, s. 1; O. Reg. 405/94, s. 1; O. Reg. 602/98, s. 1; O. Reg. 325/07, s. 1.
2. (1) A member shall not use a name or title other than his or her name as set out in the register in the course of providing or offering to provide denturist services, unless the name or title,
- (a) reasonably refers to and describes the location of the practice;
 - (b) has been approved by the Executive Committee; and
 - (c) is accompanied by the name of the member, as set out in the register. O. Reg. 854/93, s. 2 (1).
- (2) When a member practises denturism in association or in partnership with one or more other members and uses a name or title approved under subsection (1), the member shall notify the College within thirty days of a change in the association or partnership. O. Reg. 854/93, s. 2 (2).
3. Omitted (provides for coming into force of provisions of this Regulation). O. Reg. 854/93, s. 3.



[Français](#)

Naturopathy Act, 2007

ONTARIO REGULATION 17/14

PROFESSIONAL MISCONDUCT

Consolidation Period: From March 2, 2017 to the [e-Laws currency date](#).

Last amendment: O. Reg. 416/16.

This is the English version of a bilingual regulation.

Acts of misconduct

1. The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:

1. Contravening, by act or omission, a standard of practice of the profession or failing to maintain the standard of practice of the profession.
2. Abusing a patient or a patient's representative verbally, physically, psychologically or emotionally.
3. Doing anything to a patient for a therapeutic, preventative, palliative, diagnostic or other health-related purpose except,
 - i. with the informed consent of the patient or the patient's authorized representative, or
 - ii. as required or authorized by law.
4. Failing to reveal the exact nature of a substance or treatment used by the member following a request by a patient or a patient's authorized representative to do so.
5. Giving information about a patient to a person other than the patient or the patient's authorized representative except with the consent of the patient or the authorized representative or as required or authorized by law.
6. Discontinuing professional services that are needed unless the discontinuation would reasonably be regarded by members as appropriate having considered,
 - i. the member's reasons for discontinuing the services,
 - ii. the condition of the patient,
 - iii. the availability of alternate services, and
 - iv. the opportunity given to the patient to arrange alternate services before the discontinuation.
7. Recommending or providing treatment that the member knows or ought to know is unnecessary or ineffective.

8. Providing or attempting to provide services or treatment that the member knows or ought to know to be beyond the member's knowledge, skill or judgment.
9. Failing to advise a patient or the patient's authorized representative to consult another member of a health profession within the meaning of the *Regulated Health Professions Act, 1991*, when the member knows or ought to know that the patient requires a service that the member does not have the knowledge, skill or judgment to offer or is beyond his or her scope of practice.
10. Performing a controlled act that the member is not authorized to perform.
11. Performing a controlled act that was delegated to the member by another person unless the member has the knowledge, skill and judgment to perform the controlled act.
12. Failing to appropriately supervise a person whom the member is professionally obligated to supervise.
13. Permitting, counselling or assisting a person,
 - i. who is not a member to represent himself or herself as such, or
 - ii. to perform controlled acts which the person is not authorized or does not have the knowledge, skill and judgment to perform.
14. Prescribing, dispensing, compounding or selling a drug or a substance for an improper purpose.
15. Administering a substance by injection or inhalation to a patient for an improper purpose.
16. Failing to advise a person, when requested, of his or her right to file a complaint with the College, or failing to provide contact information for the College, when requested.
17. Acting in a conflict of interest when acting in a professional capacity.
18. Issuing an invoice, bill or receipt that the member knows or ought to know is false or misleading.
19. Charging a fee that is excessive in relation to the services or products provided.
20. Failing to advise a patient or a patient's authorized representative, before providing any service, of the fee to be charged for the service or of any penalties that will be charged for late payment of the fee.
21. Failing to provide an account or failing to itemize the account in a way that sets out each item charged, including, but not limited to, professional fees, products, services and applicable taxes.
22. Breaching, without reasonable cause, an agreement with a patient or a patient's authorized representative relating to professional products or services for the patient or fees for such products or services.
23. Failing to keep records in accordance with the standards of the profession.
24. Signing or issuing, in his or her professional capacity, a document that the member knows or ought to know contains a false or misleading statement.
25. Falsifying a record relating to the member's practice.
26. Making a claim respecting a drug, substance, remedy, treatment, device or procedure other than a claim that can be supported as reasonable professional opinion.
27. Permitting the advertising of the member or his or her practice in a manner that is false or misleading or that includes statements that are not factual and verifiable.
28. Using or permitting the use of a testimonial from a patient, former patient or other person in respect of the member's practice.
29. Influencing a patient or the patient's authorized representative to change the patient's will or other testamentary instrument.
30. Inappropriately using a term, title or designation in respect of the member's practice.
31. Inappropriately using a term, title or designation indicating or implying a specialization in the profession.
32. Practising the profession or offering to provide professional services using a name other than the member's name as entered in the register.

33. Failing, without reasonable cause, to provide a report or certificate relating to a naturopathic diagnosis made by the member or to a treatment performed by the member, within a reasonable time, to a patient or the patient's authorized representative after the patient or authorized representative has requested such a report or certificate.
 34. Failing to promptly report to the College an incident of unsafe practice by another member if the member has reasonable and probable grounds to believe that such an incident has occurred.
 35. Practising the profession while the member's ability to do so is impaired or adversely affected by any condition or dysfunction which the member knows or ought to know impairs or adversely affects his or her ability to practise the profession.
 36. Contravening, by act or omission, a provision of the Act, the *Regulated Health Professions Act, 1991* or the regulations under either of those Acts.
 - 36.1 Without restricting the generality of paragraph 36, failing, by act or omission, to comply with any duty or requirement under Part IV (Inspection of Premises Where Certain Procedures are Performed) of Ontario Regulation 168/15 (General) made under the Act.
 37. Contravening, by act or omission, a law if,
 - i. the purpose of the law is to protect or promote public health, or
 - ii. the contravention is relevant to the member's suitability to practise.
 38. Contravening, by act or omission, a term, condition or limitation on the member's certificate of registration.
 39. Practising the profession while the member's certificate of registration has been suspended.
 40. Directly or indirectly benefiting from the practice of the profession while the member's certificate of registration is suspended unless full disclosure is made by the member to the College of the nature of the benefit to be obtained and prior approval is obtained from the Executive Committee.
 41. Failing to comply with an order of a panel of the College.
 42. Failing to appear before a panel of the Inquiries, Complaints and Reports Committee to be cautioned.
 43. Failing to carry out or abide by an undertaking given to the College or breaching an agreement with the College.
 44. Failing to reply appropriately and within 30 days to a written inquiry or request from the College.
 45. Selling or assigning any debt owed to the member for professional products or services. This does not include the use of credit cards to pay for professional products or services.
 46. Engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.
 47. Engaging in conduct that would reasonably be regarded by members as conduct unbecoming a member of the profession.
 48. Failing to make reasonable attempts to collaborate with the patient's other relevant health care providers respecting the care of the patient, where such collaboration is necessary for the patient's health, unless the patient refuses to consent. O. Reg. 17/14, s. 1; O. Reg. 416/16, s. 1.
2. OMITTED (provides for coming into force of provisions of this Regulation). O. Reg. 17/14, s. 2.

Français



[Français](#)

Pharmacy Act, 1991

ONTARIO REGULATION 130/17

PROFESSIONAL MISCONDUCT AND CONFLICT OF INTEREST

Consolidation Period: From May 5, 2017 to the [e-Laws currency date](#).

No amendments.

This is the English version of a bilingual regulation.

PART I PROFESSIONAL MISCONDUCT

Interpretation

1. In this Part,

“Schedule II” and “Schedule III” mean Schedule II and Schedule III as established in Ontario Regulation 264/16 (General) made under the *Drug and Pharmacies Regulation Act*; (“annexe II”, “annexe III”)

“sell” includes distribute, give away, supply or offer to sell, distribute, give away or supply, and “sale” has a corresponding meaning. (“vendre”, “vente”)

Acts of professional misconduct

2. (1) The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:

THE PRACTICE OF THE PROFESSION AND THE CARE OF, AND RELATIONSHIP WITH, PATIENTS

1. Contravening a term, condition or limitation imposed on the member's certificate of registration.
2. Failing to maintain a standard of practice of the profession.
3. Failing to advise a patient or the patient's authorized representative to consult another member of a health profession within the meaning of the *Regulated Health Professions Act, 1991*, where the member knows or ought to know that the patient requires a service that the member does not have the knowledge, skill or judgment to offer or is beyond his or her scope of practice.
4. Performing a professional service that the member knows or ought to know he or she does not have the knowledge, skill or judgment to perform.
5. Abusing a patient emotionally, verbally or physically.
6. Practising the profession while the member's ability to do so is impaired or adversely affected by any substance, condition, dysfunction, disorder or circumstance that the member knows or ought to know impairs or adversely affects his or her ability to practise.

7. Performing a controlled act that is otherwise authorized to the member where the performance of that act is for an improper purpose.
8. Discontinuing professional services that are needed unless the discontinuation would reasonably be regarded by members as appropriate having given consideration to,
 - i. the member's reasons for discontinuing the services,
 - ii. the condition of the patient,
 - iii. the availability of alternate services, and
 - iv. the opportunity given to the patient to arrange alternate services before the discontinuation.
9. Practising the profession while the member is in a conflict of interest as described in Part II.
10. Breaching an agreement with a patient or a patient's representative relating to professional services for the patient or fees for such services.
11. Failing to provide an appropriate level of supervision to a person whom the member is professionally obligated to supervise.

REPRESENTATIONS ABOUT MEMBERS

12. Inappropriately using a term, title or designation in respect of the member's practice.
13. Inappropriately using a term, title or designation indicating or implying a specialization in the profession.
14. Using a name other than the member's name, as set out in the register, in the course of providing or offering to provide services within the scope of practice of the profession.

RECORD KEEPING AND REPORTS

15. Failing to keep records as required respecting the member's patients or practice.
16. Falsifying a record relating to the member's practice or a person's health record.
17. Signing or issuing, in the member's professional capacity, a document that the member knows or ought to know contains a false or misleading statement.
18. Failing to keep confidential personal health information or other personal information concerning a patient, except with the consent of the patient or the patient's authorized representative or as permitted or required by law.
19. Accessing a person's health record without a professional reason to do so.

BUSINESS PRACTICES

20. Submitting an account or charge for services or products that the member knows or ought to know is false or misleading.
21. Charging a fee or amount that is excessive in relation to the service or product provided.
22. Entering into any agreement that restricts a person's choice of a pharmacist without the consent of the person.

MISCELLANEOUS MATTERS

23. Contravening the Act, the *Drug and Pharmacies Regulation Act*, the *Regulated Health Professions Act, 1991*, the *Narcotics Safety and Awareness Act, 2010*, the *Drug Interchangeability and Dispensing Fee Act* or the *Ontario Drug Benefit Act* or the regulations under those Acts.
24. Permitting, consenting to or approving, either expressly or by implication, any act that contravenes Part V of Ontario Regulation 264/16 (General) made under the *Drug and Pharmacies Regulation Act*.
25. Soliciting or permitting the solicitation of an individual in person, by telephone, electronic communications or other means unless,
 - i. the person who is the subject of the solicitation is advised, at the earliest possible time during the communication, that,

- A. the purpose of the communication is to solicit use of the member's professional services, and
 - B. the person may elect to have the member end the solicitation immediately or at any time during the solicitation if he or she wishes to do so, and
 - ii. the solicitation ends immediately if the person who is the subject of the solicitation so elects.
26. Contravening any federal, provincial or territorial law or municipal by-law,
- i. with respect to the distribution, purchase, sale, or dispensing or prescribing of any drug or product, the administering of any substance, or the piercing of the dermis,
 - ii. whose purpose is to protect or promote public health, or
 - iii. that is otherwise relevant to the member's suitability to practise.
27. Influencing a patient to change his or her will or other testamentary instrument.
28. Returning to stock or re-selling or re-dispensing a drug that was previously sold or dispensed. However, it will not be professional misconduct for a member to,
- i. return to stock or re-sell or re-dispense a drug that does not require refrigeration, that is listed on Schedule II or Schedule III and that is in its original, unopened packaging, or
 - ii. accept the return of a drug from a patient for purposes of re-packaging and re-dispensing the drug to the same patient, as long as the drug is suitable for re-packaging.
29. Dispensing, selling or compounding a drug, or administering a substance, that the member knows or ought to know is not of good quality or does not meet the standards required by law or, in the case of a drug, does not contain a substance that the drug is meant to contain.
30. Knowingly permitting the premises in which a pharmacy is located to be used for unlawful purposes, where such purposes may reasonably be regarded by members as likely to demean the integrity or dignity of the profession or bring the profession into disrepute.
31. Permitting, consenting to, approving, counselling or assisting, whether expressly or by implication, the commission of an offence against any Act relating to the practice of pharmacy or the sale of drugs.
32. Permitting, counselling or assisting, whether expressly or by implication, any member to contravene, or to practise in a manner that is inconsistent with, a term, condition or limitation on that member's certificate of registration.
33. Failing to co-operate with an inspector of the College appointed for purposes of the *Drug and Pharmacies Regulation Act*.
34. Failing to reply within a reasonable time to a written or electronic inquiry or request from the College.
35. Failing to comply with an order of a Committee or a panel of a Committee of the College.
36. Failing to appear before a panel of the Inquiries, Complaints and Reports Committee to be cautioned.
37. Failing to carry out or abide by an undertaking given to the College or breaching an agreement with the College, a Committee of the College or the Registrar.
38. Practising the profession while the member's certificate of registration is under suspension.
39. Engaging in conduct or performing an act relevant to the practice of pharmacy that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.
40. Engaging in conduct that is unbecoming a member.

(2) A member shall be deemed to have committed an act of professional misconduct if the governing body of a health profession in a jurisdiction other than Ontario has made a finding of incompetence or professional misconduct or a similar finding against the member, and the finding is based on facts which would, in the opinion of the College, be grounds for a finding of incompetence as defined in section 52 of the Health Professions Procedural Code or would be an act of professional misconduct as described in clause 51 (1) (a), (b.0.1), (b.1) or (c) of the Health Professions Procedural Code.

(3) A member shall be deemed to have committed an act of professional misconduct if,

- (a) the governing body of a health profession in a jurisdiction other than Ontario has provided records to the College evidencing that an allegation of professional misconduct or incompetence or a similar allegation has been made against the member and he or she has entered into an agreement or compromise with the governing body in order to settle the matter without a finding of misconduct or incompetence or a similar finding being made;
- (b) the College is satisfied that the records are authentic, accurate and complete; and
- (c) the act or omission that is the subject of the allegation would, in the opinion of the College, be grounds for a finding of incompetence as defined in section 52 of the Health Professions Procedural Code or would be an act of professional misconduct as described in clause 51 (1) (a), (b.0.1), (b.1) or (c) of the Health Professions Procedural Code.

PART II CONFLICT OF INTEREST

Interpretation

3. In this Part,

“benefit” means any incentive or inducement of more than nominal value, whether direct or indirect, and includes a rebate, credit or gift; (“avantage”)

“child” means a child within the meaning of the *Family Law Act*; (“enfant”)

“non-arm’s length relationship” means a relationship between two parties such that one party has the ability to exercise, directly or indirectly, control or significant influence over the operating and financial decisions of the other party and includes a relationship between a member and a related person or a related corporation; (“lien de dépendance”)

“parent” means a parent within the meaning of the *Family Law Act*; (“père ou mère”)

“prescriber” means a person who is authorized under the laws of a province or territory of Canada to give a prescription within the scope of his or her practice of a health discipline; (“personne autorisée à prescrire des médicaments”)

“related corporation” means a corporation wholly or substantially owned or controlled, whether directly or indirectly, by a member or a related person of the member; (“personne morale liée”)

“related person” means any person who has one of the following relationships to the member or to the spouse of the member, whether based on blood, marriage, common-law or adoption:

1. A child or the spouse of a child.
2. A grandchild or the spouse of a grandchild.
3. A parent or the spouse of a parent.
4. A grandparent or the spouse of a grandparent.
5. A sibling or the spouse of a sibling; (“personne physique liée”)

“spouse” means,

- (a) a spouse within the meaning of the *Family Law Act*, or
- (b) either of two persons who live together in a conjugal relationship outside marriage. ("conjoint")

Conflict of interest

4. (1) A member shall not practise the profession while in a conflict of interest.

(2) A member shall not participate in an arrangement that constitutes a conflict of interest under this Part, even if the arrangement is initiated by a partner, associate, employer, patient or other person.

When conflict exists

5. A member is in a conflict of interest if the member's personal or financial interest, or the personal or financial interest of another person who is in a non-arm's length relationship with the member conflicts, appears to conflict or potentially conflicts with the member's professional or ethical duty to a patient or the exercise of the member's professional judgment.

Examples of being in conflict

6. Without limiting the generality of section 5, a member is in a conflict of interest when the member or another person who is in a non-arm's length relationship with the member, directly or indirectly,

- (a) requests, accepts or receives a benefit by reason of the referral of a patient to any other person;
- (b) offers, makes or confers a benefit to a person by reason of the referral of a patient to the member or to a pharmacy in which the member is employed, with which the member is associated or in which the member has a financial interest;
- (c) offers, makes or confers a benefit to a patient in relation to the sale of a drug or the provision of professional pharmacy services other than,
 - (i) an adjustment in the fee or amount that would otherwise be charged with regard to that patient for that drug or that professional pharmacy service, or
 - (ii) the provision to a patient, at no charge, of an item of a nominal value, to be used in maintaining or promoting well-being or health;
- (d) enters into any agreement or arrangement that influences or encourages, or appears to influence or encourage, a prescriber to promote the services of the member or of any pharmacy in which the member is employed, with which the member is associated or in which the member has a financial interest; or
- (e) enters into any agreement or arrangement that adversely influences or appears to adversely influence the exercise of his or her professional expertise or judgment or his or her ability to engage in the practice of the profession in an ethical manner or in accordance with the standards of practice of the profession.

Examples of not being in conflict

7. (1) A member is not in a conflict of interest in connection with the referral of a patient to a person who is in a non-arm's length relationship with the member if no direct benefit is received by the member and, if, before making the referral, the member discloses to the patient the nature of the relationship between the member and the person in the non-arm's length relationship.

(2) A member is not in a conflict of interest in connection with the referral of a patient to the member from a person who is in a non-arm's length relationship with the member if no direct benefit is conferred by the member and, if, before the member provides any pharmacy services, the member discloses to the patient the nature of the relationship between the member and the person in the non-arm's length relationship.

(3) A member is not in a conflict of interest in connection with the paying of rent with respect to the lease of premises in which the member practices the profession if the rent charged reflects the normal rent payable for the same type of premises in the same geographical area.

(4) A member is not in a conflict of interest in connection with the member or a related person or a related corporation having a financial interest in the manufacturer, vendor or supplier of a drug or substance if,

- (a) the fact of the financial interest is disclosed to the patient prior to the member providing pharmacy services in relation to the drug or substance; or
- (b) the manufacturer, vendor or supplier of the drug or substance is a corporation, the shares of which are publicly traded through a stock exchange, and neither the member, a related person or a related corporation, or any combination of them, wholly or substantially owns the corporation or has the ability to exercise, directly or indirectly, control or significant influence over its operating or financial decisions.

PART III (OMITTED)

8. OMITTED (REVOKES OTHER REGULATIONS).

9. OMITTED (PROVIDES FOR COMING INTO FORCE OF PROVISIONS OF THIS REGULATION).

Français



BRIEFING NOTE

To: **COUNCIL**
From: **Dr. Glenn Pettifer, Registrar and CEO**
Date: **June 22, 2018**
Subject: **Proposed changes to the revised Registration Regulation**

Background

The College is working closely with the Ministry of Health and Long-Term Care to finalize the revised Registration Regulation.

Partly because of its slow progress through the approval matrix, the revised Regulation had not been sealed at the time that the matter around title and professional designations was presented in the Standard of Practice: Restricted Title and Professional Designations Council. This provided the College with an opportunity to include an amendment in the revised Registration Regulation that restricted the use of "DD" and "Registered Denturist" to an individual who is registered with the College. If approved, the inclusion of this restriction in the Registration Regulation will make Official Mark status for "DD" and "Registered Denturist" unnecessary.

In the College's continuing work with this regulation revision, many opportunities for refinement of the draft to bring it in line with the Ministry's current approaches to some matters were identified. These included:

- Removing the non-exemptible requirement to hold Canadian citizenship or have authorization under the Immigration and Refugee Protection Act;
- Adding the additional term, condition and limitation requiring Registered Denturists to successfully complete the Jurisprudence program once every three-year cycle;
- Removing the Provisional Class; and
- Requiring candidates to successfully complete the Qualifying Examination within 4 years from the date of their initial application to take the Qualifying Examination.

Council approved these amendments to be circulated for stakeholder consultation at the March 9th, 2018 meeting. The consultation period ended on June 5th, 2018. The consultation report and a submission from the DAO are attached.

Options:

After discussion and consideration of the consultation materials, Council may elect to:

1. Confirm the proposed amendments and communicate these revisions to the Ministry of Health and Long-Term Care.
2. Modify the proposed amendments and re-circulate for stakeholder consultation.
3. Other.

Attachments:

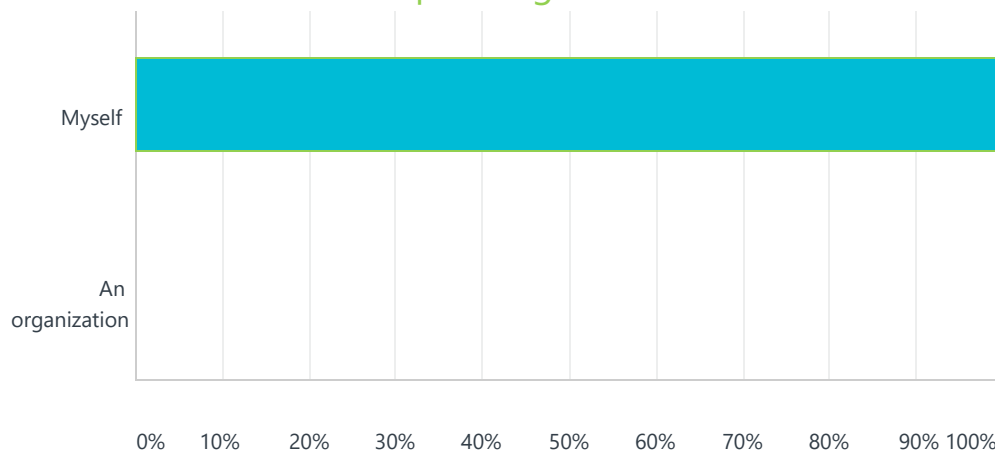
Suggested amendments to the Proposed Registration Regulation
Consultation Report
DAO Submission



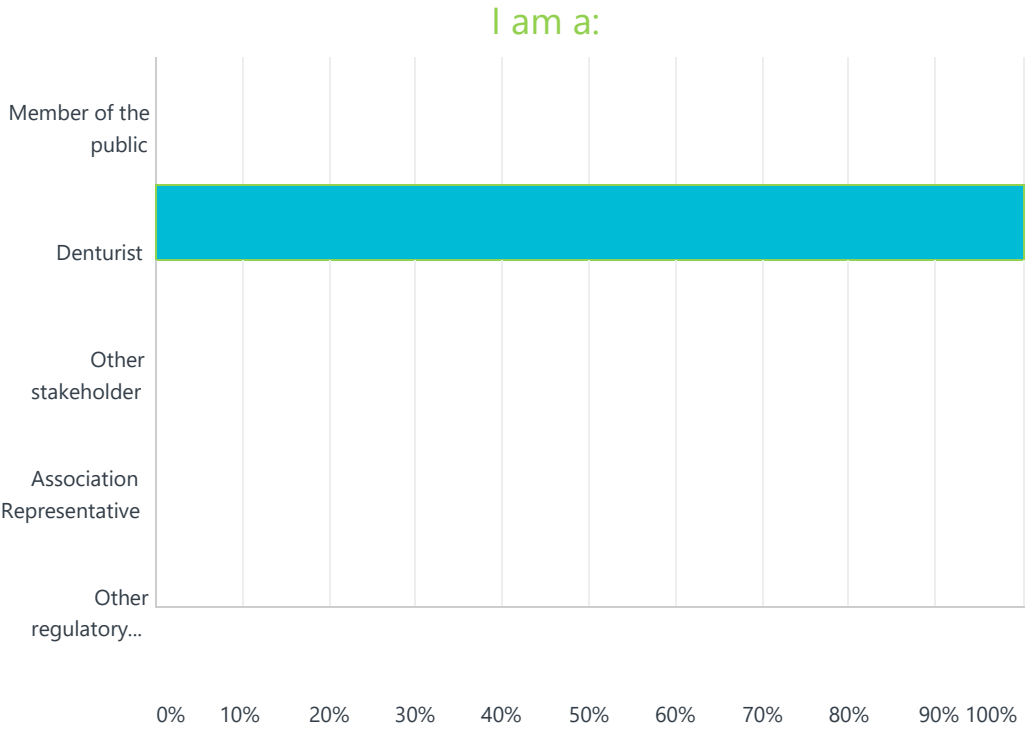
COLLEGE OF
DENTURISTS
OF ONTARIO

Consultation Report – Amendments to the Registration Regulation:

I am responding on behalf of:

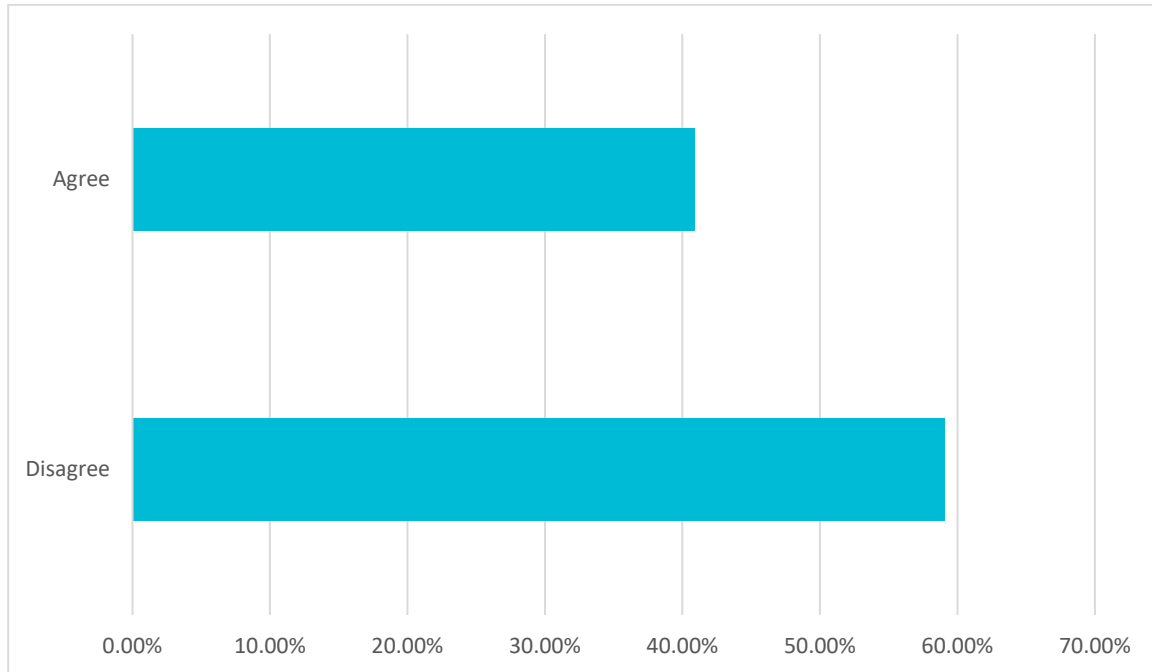


ANSWER CHOICES	RESPONSES	
Myself	100.00%	26
An organization	0.00%	0
TOTAL		26



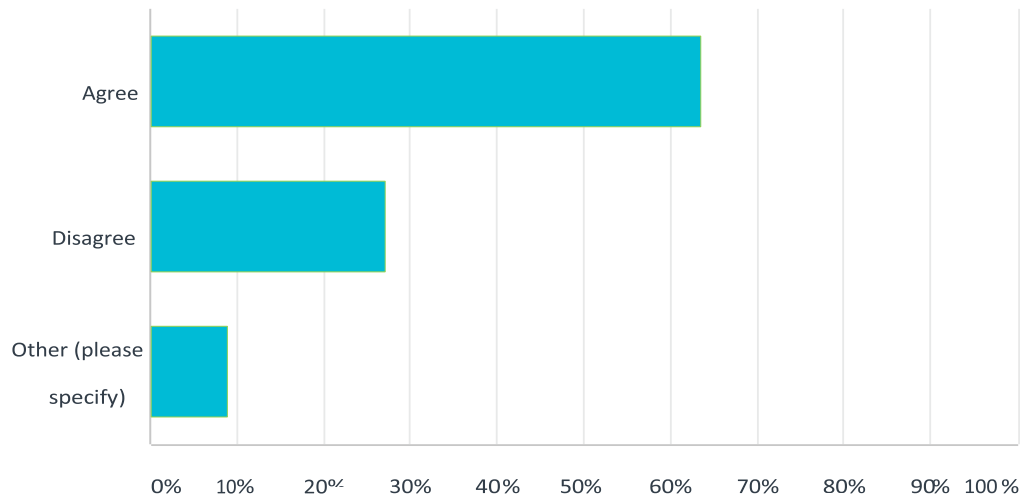
ANSWER CHOICES	RESPONSES	
Member of the public	0.00%	0
Denturist	100.00%	26
Other stakeholder	0.00%	0
Association Representative	0.00%	0
Other regulatory College	0.00%	0
TOTAL		26

Removing the non-exemptible requirement for registration of holding Canadian citizenship or having authorization under the immigration and Refugee Protection Act



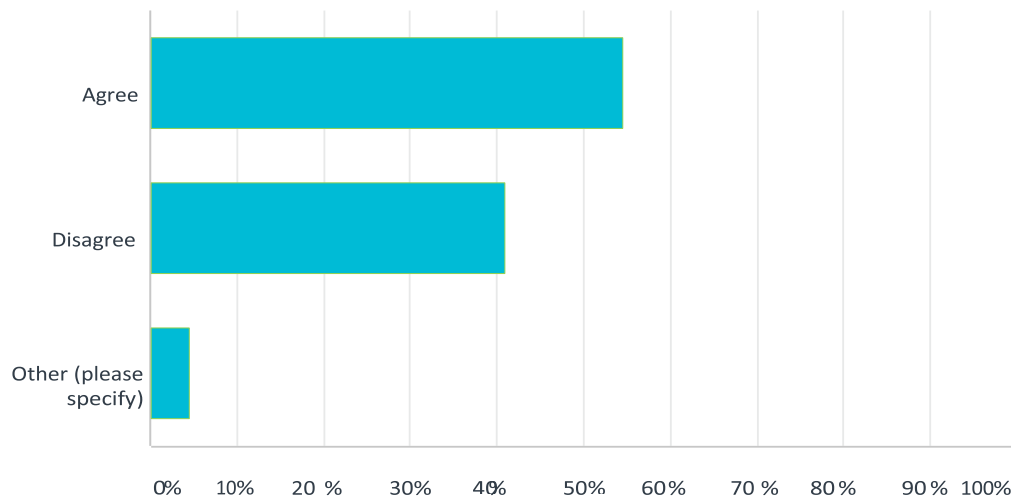
ANSWER CHOICES		RESPONSES	
Agree		40.91%	9
Disagree		59.09%	13
TOTAL			22
#	OTHER (PLEASE SPECIFY)		
1	Not completely sure I fully understand that statement		
2	I believe this requirement should remain.		

Adding the condition of successful completion of the Jurisprudence program once every three-year cycle for Registered Denturists



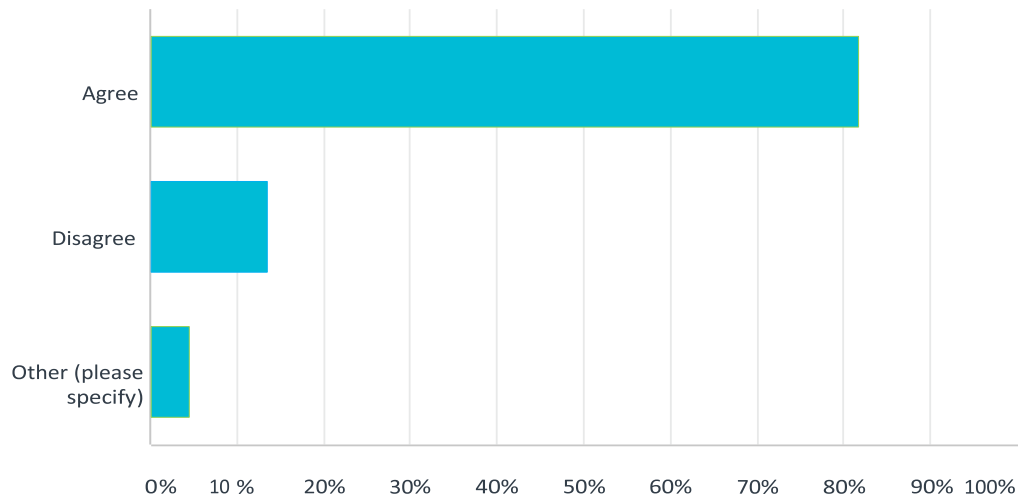
ANSWER CHOICES		RESPONSES	
Agree		63.64%	14
Disagree		27.27 %	6
Other (please specify)		9.09%	2
TOTAL			22
#	OTHER (PLEASE SPECIFY)		
1	WHY		
2	Suggestion: completion of the Jurisprudence program once every five year		

Removing the Provisional Class



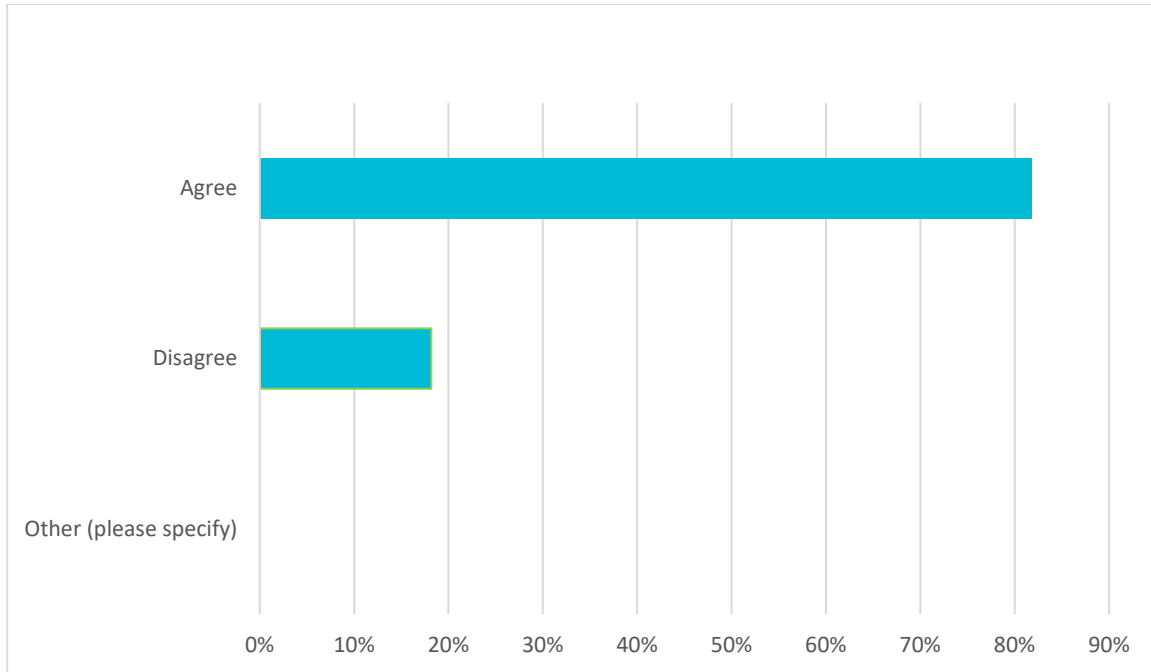
ANSWER CHOICES		RESPONSES	
Agree		54.55%	12
Disagree		40.91%	9
Other (please specify)		4.55%	1
TOTAL			22
#	OTHER (PLEASE SPECIFY)		
1	I do not believe that I am informed enough on this to form an opinion.		

Requiring candidates to successfully complete the Qualifying Examination within 4 years of the date of their initial application to take the Qualifying Examination



ANSWER CHOICES		RESPONSES	
Agree		81.82%	18
Disagree		13.64 %	3
Other (please specify)		4.55 %	1
TOTAL			22
#	OTHER (PLEASE SPECIFY)		
1	what is the time line now, one year „unlimited time . I would say two years.		

Restricting the use of the "DD" designation and "Registered Denturist" title to individuals registered with the College



ANSWER CHOICES	RESPONSES	
Agree	81.82%	18
Disagree	18.18%	4
Other (please specify)	0.00%	0
TOTAL		22

#	OTHER (PLEASE SPECIFY)
	There are no responses.

Please provide any additional comments or questions in the space provided below.

#	RESPONSES
1	I believe the college is moving in the right direction to restrict the use or dd or denturist
2	you need to provide space for comments after each question so the member can state their reasoning and perhaps influence the College. The " other " space eliminates the agree/disagree box check when written in
3	I strongly urge the removal of the section which specifies that a non-qualified person be allowed to teach Denturism. If you are not a recognized Denturist, you should not be allowed to teach period. Also, it is my contention that foreign trained candidates be required to complete a practical examination, much like what the licensing exam once entailed for Denturism students that were trained in Ontario.



June 5th, 2018

Dr. Glenn Pettifer, Registrar
College of Denturists of Ontario
365 Bloor Street East, Suite 1606
Toronto, ON M4W 3L4

Via Email

**RE: Proposed Amendments to the Draft Registration Regulation –
Stakeholder Consultation**

Dear Dr. Pettifer,

The Denturist Association of Ontario (DAO, Association) thanks the College of Denturists of Ontario (CDO, College) for the opportunity to comment and provide stakeholder feedback on the College's proposed amendments to the draft Registration Regulation.

As the profession matures the number of Denturists retiring will continue to increase now and into the future. There are Denturists who have passion for and an emotional attachment to the profession. Although they will permanently cease the practice of Denturism some have expressed an interest in maintaining ties to and/or serving the profession while being retired. This could be made possible if there was a "Retired" class of certification.

Previously the College opened consultation on the proposed Standard of Practice and Guide for Restricted Title and Professional Designations. The Guide posed the question: "Am I allowed to use the title "Denturist" or either official mark "DD" or "Registered Denturist" if I am retired?" It clarified that only "Members who hold a valid Certificate of Registration with the College may use the title "Denturist" or either of the official marks "DD" or "Registered Denturist". Consequently if Denturists retire their certificate then they cannot use either the Denturist title and/or professional designations because they are no longer registered with the CDO and cease to be a member of the College.

The DAO provided stakeholder feedback on the proposed Standard of Practice and recommended amendment to the “Provisional” class (in the earlier draft Registration Regulation) for retired members that would allow them to hold a valid Certificate of Registration and permit them to use the title “Denturist” or either official mark: “DD” or “Registered Denturist”. However, the Association noted in the current consultation on the proposed amendments to the draft Registration Regulation, that the “Provisional” class is proposed to be removed.

The DAO is in agreement with eliminating the “Provisional” class and recommends further amendment to the current draft Registration Regulation to include a “Retired” class of certification. This would permit members holding a valid Certificate of Registration that are permanently retiring from practice, and who meet the requirements of registration for the “Retired” certificate, to use the title “Denturist(Retired)” or either official mark: “DD(Retired)” or “Registered Denturist(Retired)”. As they would continue to be members of the College they would be able to serve the CDO in various capacities as Non-Council members of the profession and would be eligible to stand for election to the Council.

The DAO supports the inclusion of an “Inactive” class of certification in the proposed draft Registration Regulation. The “Inactive” class will permit members who need to take a hiatus from practicing Denturism (but who intend to return to practice), a period of up to three years to reinstate their General certificate.

The March 9, 2018 By-Laws of the College of Denturists of Ontario, Schedule 7 states that the annual registration fee for the Inactive class is \$751.45 (665.00 + 86.45 HST). This is fair for members who will be returning to practice. However, it would be impractical for members permanently retiring from practice to change their class from General to Inactive in order to maintain their roots to the profession. It is the view of the DAO that the draft Registration Regulation needs to be amended to include a “Retired” class of registration.

There may be non-practicing members who will apply to change their registration status from a “General” certificate to an “Inactive” certificate because they intend to return to practice. However, if they decide, while holding an “Inactive” certificate, to permanently retire then they could apply for and if they met the requirements become registered in the “Retired” class. As this would be a possibility, the DAO recommends that the draft Registration Regulation para. 10 - Issuing other certificate to Inactive holder - be amended to also include provision for a “Retired” certificate.

Amending the draft Registration Regulation to include a Retired category of registration would not be out of the ordinary. The DAO is aware that there are other health regulatory Colleges in Ontario that have a Retired class of registration. Medical Doctors can apply for Emeritus Status with the College of

Physicians and Surgeons of Ontario (CPSO). The College of Chiropractors of Ontario (CCO) have by regulation four classes of categories of registration – General, Temporary, Inactive, and Retired. The CPSO and the CCO have registration requirements and policies which permit their members to apply for Retired status.

In conclusion

The public and the College would benefit from the wisdom, knowledge of the profession and the time that seasoned Denturists would have to serve as Non-Council members of Committees and Panels, as well as, Examiners, Assessors, Experts, and participants in Peer Circles. However, the CDO does not currently have a class of registration that would permit a Denturist to resign from practice and continue to be registered with the College as a retired member.

The DAO acknowledges the CDO for its work to amend the draft Registration Regulation, and thanks the College for the opportunity to provide stakeholder comments, feedback and recommendations to the Council.

On behalf of the Board of Directors

Regards,

A handwritten signature in dark ink, appearing to read "Frank Odorico". The signature is fluid and cursive, with the first name "Frank" being more prominent than the last name "Odorico".

Frank Odorico, B.Sc., DD
President
The Denturist Association of Ontario

Cc: The CDO Executive Committee

Proposed Amendments to the Draft Registration Regulation:

Each substantive change has been highlighted and includes a textbox (that looks like this) above the change providing the rationale.

ONTARIO REGULATION

made under the

DENTURISM ACT, 1991**REGISTRATION****Classes of certificates**

1. The following are prescribed as classes of certificates of registration:

1. General.
2. Inactive.
3. Temporary.

~~4. Provisional.~~

1.1 A member who held a certificate of registration under the *Denturism Act*, immediately before this section came into force shall be deemed to be a holder of a certificate of registration issued pursuant to s. 1 para 1, subject to any term, condition, limitation, suspension, expiry or cancellation to which the member's certificate of registration was subject.

1.2 Despite section 1.1, a member will be deemed to be a holder of a certificate of registration issued pursuant to s. 1 para 3, subject to any term, condition, limitation, suspension, expiry or cancellation to

which the member's certificate of registration was subject, if the member's certificate of registration was to expire within thirty days of the date this section came into force.

1.3 Where an application for a certificate of registration had been made but not finally dealt with before (insert date), the application shall be dealt with in accordance with this Regulation.

Application for certificate of registration

2. (1) A person may apply for a certificate of registration by submitting a completed application in the form provided by the Registrar, any applicable fees required under the by-laws and any supporting information requested by the Registrar.

Section 2.(2) was reworded and expanded to sections 2.(3) and 2.(4) to provide members with an opportunity to respond to allegations of providing false or misleading statements, representations or declarations in connection with their application for registration, prior to the Registrar revoking their certificate of registration.

~~(2) An applicant shall be deemed not to have satisfied the registration requirements for a certificate of registration if the applicant makes a false or misleading statement or representation on or in connection with his or her application and any certificate of registration issued to such an applicant may be revoked by the Registrar.~~

(2) Despite any other provision in this Regulation, a person who makes a false or misleading statement, representation or declaration in or in connection with their application is deemed not to have satisfied the requirements for a certificate of registration and the Registrar may revoke the certificate for providing such a statement.

(3) A statement, representation or declaration may be false or misleading through an act of omission, commission or both.

(4). The Registrar shall not revoke a certificate of registration under subsection (2) unless the Registrar has given the person written notice of the intention to do so and provided the person with 30 days to make written submissions with respect to the false or misleading statement, representation or declaration.

Requirements for issuance of certificate of registration, any class

3. An applicant must satisfy the following requirements for the issuance of a certificate of registration of any class:

1. The applicant must, at the time of application, provide written details about any of the following that relate to the applicant and, where any of the following change with respect to

the applicant after submitting the application but before the issuance of a certificate, must immediately provide written details with respect to the change:

- i. A finding of guilt for any of the following:
 - A. A criminal offence.
 - B. An offence resulting in either a fine greater than \$1,000.00 or any form of custody or detention.
- ii. A finding of professional misconduct, incompetence or incapacity, or any similar finding, in relation to another regulated profession in Ontario or to any regulated profession in another jurisdiction.
- iii. A current proceeding for professional misconduct, incompetence or incapacity, or any similar proceeding, in relation to another regulated profession in Ontario or to any regulated profession in another jurisdiction.
- iv. A finding of professional negligence or malpractice in any jurisdiction.
- v. A refusal by any body responsible for the regulation of a profession in any jurisdiction to register or license the applicant.
- vi. An attempt to pass a registration examination required for purposes of being licensed or certified to practise any health profession, whether in Ontario or another jurisdiction that has not resulted in a passing grade.
- vii. Whether the applicant was in good standing at the time they ceased being registered, whether in Ontario or another jurisdiction, with a body responsible for the regulation of a profession.
- viii. Where the applicant is a member of another regulated profession in Ontario or any regulated profession in another jurisdiction, any failure by the applicant to comply with any obligation to pay fees or provide information to the body responsible for the regulation of such professions, the initiation of any investigations by such bodies in respect of the applicant, or the imposition of sanctions on the applicant by such bodies.
- ix. Any other event that would provide reasonable grounds for the belief that the applicant will not practise denturism in a safe and professional manner.

2. The applicant's previous conduct must afford reasonable grounds for the belief that they will practise denturism in a safe and professional manner.
3. The applicant must be able to speak, read and write either English or French with reasonable fluency.
4. The applicant must not have a physical or mental condition or disorder that would make it desirable, in the interest of the public, that they not be issued a certificate of registration unless, should the applicant be given a certificate of registration, the imposition of a term, condition or limitation on that certificate is sufficient to address such concerns.
5. If the applicant is registered by any body responsible for the regulation of any other profession in Ontario or of any profession in any other jurisdiction, the applicant's registration must be in good standing and must continue to be in good standing until such time as the applicant is issued a certificate of registration.
6. If the applicant ceased being registered with any body responsible for the regulation of a profession in Ontario or in any other jurisdiction, the applicant must have been in good standing at the time they ceased being registered.
7. The applicant must provide evidence satisfactory to the Registrar that the applicant will have professional liability insurance in the amount and in the form required by the by-laws by the date the applicant will begin practising under his or her certificate of registration.

Section 3.8 was removed. It is the Ministry's view that regulatory Colleges should not be involved with matters regarding immigration and citizenship. It is not within a College's mandate to police immigration matters. Colleges whose Registration Regulations have recently been approved by the Ministry do not contain this provision.

8. ~~The applicant must be a Canadian citizen or a permanent resident of Canada or have an authorization under the *Immigration and Refugee Protection Act* (Canada) consistent with his or her proposed certificate of registration.~~
9. The applicant must, at the time of application, provide the Registrar with the results of a current police record check.

Terms, conditions and limitations of every certificate

4. Every certificate of registration is subject to the following terms, conditions and limitations:

1. The member shall provide the College with written details about any of the following that relate to the member, no later than 30 days after the event occurs:

Section 4.1.i is being proposed to ensure that currently registered members as well as applicants provide this information to the College.

- i. Registration with another body that governs a profession in Ontario or any other jurisdiction.
- ii. A finding of professional misconduct, incompetence or incapacity, or any similar finding, in relation to another regulated profession in Ontario or to any regulated profession in another jurisdiction.
- iii. A current proceeding for professional misconduct, incompetence or incapacity, or any similar proceeding, in relation to another regulated profession in Ontario or to any regulated profession in another jurisdiction.
- iv. A finding of professional negligence or malpractice in any jurisdiction.
- v. A refusal by any body responsible for the regulation of a profession in any jurisdiction to register or license the member.
- vi. An attempt to pass a registration examination required for purposes of being licensed or certified to practise any health profession, whether in Ontario or another jurisdiction that has not resulted in a passing grade.
- vii. Whether the member was in good standing at the time they ceased being registered with a body responsible for the regulation of a profession in Ontario or any other jurisdiction.
- viii. Where the member is a member of another regulated profession in Ontario or any regulated profession in another jurisdiction, any failure by the member to comply with any obligation to pay fees or provide information to the body responsible for the regulation of such professions, the initiation of any investigations by such bodies in respect of the applicant, or the imposition of sanctions on the applicant by such bodies.
- ix. Any other event that would provide reasonable grounds for the belief that the member will not practise denturism in a safe and professional manner.

2. The member shall provide the College with written details about any finding of guilt related to any offence as soon as possible after receiving notice of the finding, but not later than 30 days after receiving the notice.
3. The member shall maintain professional liability insurance in the amount and in the form required under the by-laws and the member shall, within two business days of the termination of professional liability insurance, provide the College, with written notice if the member no longer maintains such insurance.
4. The member shall not practise denturism if the member does not have professional liability insurance in the amount and in the form required under the by-laws.
5. The member shall prominently display his or her certificate of registration at the principal location at which he or she practises denturism.
6. Immediately prior to the suspension, revocation, resignation or expiry of a certificate of registration the member shall return the certificate of registration to the Registrar.

Section 4.7. was proposed as an opportunity to include the use of the titles "Denturist," "DD," and "Registered Denturist" in the Registration Regulation.

7. Further to section 8 of the Act, a member shall only use titles respecting the profession in accordance with the following:

i. A member who holds a General certificate of registration may only use the title "Denturist", "Registered Denturist" and/or the designation "DD."

ii. A member who holds an Inactive certificate of registration may only use the title "Denturist (Inactive)", "Registered Denturist (Inactive)" and/or the designation "DD (Inactive)."

iii. A member holding a Temporary certificate of registration may only use the title "Denturist (Temp.)" "Registered Denturist (Temp.), and/or the designation "DD (Temp)."

~~**iv. A member holding a Provisional certificate of registration may only use the title "Denturist (Prov.)."**~~

8. The member shall only practise in the areas of denturism in which the member is educated and has the necessary knowledge, skill and judgement.

Section 4.9 was removed. It is the Ministry's view that regulatory Colleges should not be involved with matters regarding immigration and citizenship. It is not within a College's mandate to police immigration matters. Colleges whose Registration Regulations have recently been approved by the Ministry do not contain this provision.

~~9. The member's certificate of registration expires if the member ceases to be a Canadian citizen or a permanent resident of Canada or have an authorization under the *Immigration and Refugee Protection Act* (Canada) consistent with his or her certificate of registration.~~

General class

5. (1) The following are non-exemptible registration requirements for a General certificate of registration:

1. The applicant must have successfully completed a ~~three-year~~ post-secondary program in denturism or equivalent that,
 - i. is approved by the Council or a body designated by the Council, or
 - ii. is, in the opinion of a panel of the Registration Committee, substantially equivalent to a program approved by the Council or a body designated by the Council.
2. The applicant must have successfully completed a qualifying examination in denturism set or approved by the Council.
3. The applicant must have successfully completed, no earlier than twelve months prior to the date of application for registration, the jurisprudence program that was set or approved by the Council.

(2) Except in the case of an applicant to whom subsection 7 (1) applies, where the applicant has not completed the requirement set out in paragraph 2 of subsection (1) within the twelve months immediately prior to the date that they submitted their application for General certificate of registration the applicant must,

- (a) have practised the profession for at least 750 hours during the three-year period of time that immediately preceded the date that the applicant submitted his or her application for a General certificate of registration;
- (b) have successfully completed, within the twelve months immediately preceding the date on which the applicant submitted their application for a General certificate of registration, a refresher program approved by the Registration Committee; or

- (c) have taught denturism in a program referred to in paragraph 1 of subsection (1) for a period of at least twelve months in the three years preceding the application.

Additional Terms, etc., General class certificate

6. (1) The following are additional terms, conditions and limitations on every General certificate of registration:

1. The member must either,
 - a. Engage in a minimum of 750 hours of denturism during every three-year period where the first three year period begins on the day that the member is issued a General certificate of registration and each subsequent three year period begins on the first anniversary of the commencement of the previous period, or
 - b. Teach denturism in a program referred to in paragraph 1 of subsection 5(1), for a period of twelve months during every three-year period where the first three-year period begins on the day that the member is issued a General certificate of registration and each subsequent three year period begins on the first anniversary of the commencement of the previous period, or
 - c. Within the 12 months prior to the expiry of each period referred to in subparagraphs (a) or (b) in which the member does not meet the requirements, successfully complete a refresher program approved by the Registration Committee.

Section 6.(1)2. was added to ensure that registered members stay current and refresh their knowledge in regulatory and legislative matters regarding jurisprudence, ethics and professional responsibilities.

2. Once every three-year cycle, as scheduled by the Registrar, successfully complete the Jurisprudence Program approved by the Council.

(2) If a member fails to meet the term, condition and limitation described in subsection (1) paragraph 1, the Registrar shall refer the member to the Quality Assurance Committee for a peer and practice assessment.

Labour mobility, General class

7. (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a General certificate of registration, the applicant is deemed to have met the requirements set out in paragraphs 1, and 2 of subsection 5 (1) of this Regulation.

(2) It is a non-exemptible registration requirement that an applicant referred to in subsection (1) provide one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the

Registration Committee confirming that the applicant is in good standing as a denturist in every jurisdiction where the applicant holds an out-of-province certificate.

(3) If an applicant to whom subsection (1) applies is unable to satisfy the Registrar or a panel of the Registration Committee that the applicant practised the profession of denturism to the extent that would be permitted by a General certificate of registration at any time in the three years immediately before the date of that applicant's application, it is a non-exemptible requirement that the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee.

(4) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 3 of section 3 if the requirements for the issuance of the out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph.

(5) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code.

Inactive class

8. The following are non-exemptible registration requirements for an Inactive certificate of registration:

1. The applicant must be or have previously been a member holding a General certificate of registration.
2. The applicant must not be in default of any fee, penalty or other amount owing to the College.
3. The applicant must have provided the College with any information that it has required of the applicant.
4. The applicant must have provided the College with an undertaking, in a form acceptable to the Registrar, in which the applicant undertakes to comply with the terms, conditions and limitations described in section 9.

Additional terms, etc., Inactive certificate

9. The following are additional terms, conditions and limitations on every Inactive certificate of registration:

1. The member shall not engage in the practice of the profession.

2. The member shall not supervise or teach the practice of the profession.
3. The member shall not make any claim or representation that they are authorized to practise the profession.

Issuing other certificate to Inactive holder

10. The Registrar may issue to the holder of an Inactive certificate of registration the General certificate of registration that the member previously held if the member,

- (a) submits a completed application to the Registrar,
- (b) pays any penalty or other amount owed to the College,
- (c) pays any fees required under the College's by-laws,
- (d) provides the College with any information that it has required of the member,
- (e) satisfies the Registrar that they will be in compliance with all of the terms, conditions and limitations of the General certificate of registration as of the anticipated date on which the certificate will be issued,
- (f) satisfies a panel of the Registration Committee that they will possess the current knowledge, skill and judgment relating to the practice of the profession that would be expected of a member holding a General certificate of registration, and
- (g) satisfies the Registrar that they will be in compliance with any outstanding requirements of the College's Quality Assurance Committee or any outstanding orders or requirements of the Council, Executive Committee, Inquiries, Complaints and Reports Committee, Discipline Committee and Fitness to Practise Committee as of the anticipated date on which the certificate will be issued.

Temporary class

11. (1) The following are registration requirements for a Temporary certificate of registration:

1. The applicant must be registered or licensed to practise denturism in another jurisdiction in which the requirements for registration or licensure are similar to those in paragraphs 1 and 2 of subsection 5 (1).

2. The applicant must have an offer of employment or appointment that relates to the practice or teaching of the profession which does not exceed thirty days.
 3. A holder of a General certificate of registration who is approved by the Registrar must have agreed to supervise the applicant and to be responsible for ensuring that the applicant provides appropriate and continuing care to patients.
 4. The applicant must not have held a Temporary certificate of registration in the twelve-month period immediately before the date of the application unless the Registrar is of the opinion that, based on exceptional circumstances, this requirement should not apply.
 5. The applicant must have successfully completed, no earlier than twelve months prior to the date of the application, the jurisprudence program that was set or approved by Council.
 6. The applicant must have,
 - i. engaged in the practice of denturism for at least 750 hours in the three years preceding the application, or
 - ii. taught denturism at a program referred to in paragraph 1 of subsection 5 (1) for a period of at least twelve months in the three years preceding the application.
- (2) The requirements of paragraphs 1 and 3 of subsection (1) are non-exemptible.

Additional terms, etc., Temporary class

12. The following are additional terms, conditions and limitations on every Temporary certificate of registration:
 1. The member may only practise denturism under the supervision of the holder of a General certificate of registration referred to in paragraph 3 of subsection 11 (1).
 2. Upon the request of the Registrar the member shall provide evidence satisfactory to the Registrar of the member's compliance with the limitation set out in paragraph 1 and shall provide such evidence within the time period set by the Registrar.
 3. The member's certificate of registration expires on the earlier of the expiry date noted on the certificate of registration or the day that is thirty days after the date on which the certificate was issued.

Labour mobility, Temporary class

13. (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a Temporary certificate of registration, the applicant is deemed to have met the requirements set out in paragraphs 1 and 6 of subsection 11 (1).

(2) It is a non-exemptible registration requirement that an applicant referred to in subsection (1) provide one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a practitioner of denturism in every jurisdiction where the applicant holds an out-of-province certificate.

(3) If an applicant to whom subsection (1) applies is unable to satisfy the Registrar or a panel of the Registration Committee that the applicant practised the profession of denturism to the extent that would be permitted by a Temporary certificate of registration at any time in the three years immediately before the date of that applicant's application, it is a non-exemptible requirement that the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee.

(4) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 3 of section 3 if the requirements for the issuance of the out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph.

(5) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code.

The provisional class was removed. The College's Supervision of Students Policy applies to anyone who is working toward obtaining a certificate of registration with the College. This includes potential candidates who have had an academic assessment, candidates attempting the Qualifying Examination, and students still in progress with the academic requirements.

The Policy renders this class unnecessary and reduces financial burden on those in progress with obtaining registration with the College.

Anyone working under this policy must be supervised by a registered member of the College (in the active class) and that member must inform the College of anyone who they are supervising.

Registration requirements, Provisional class

14. (1) The following are registration requirements for a Provisional certificate of registration:

1. The applicant must:

i. be enrolled in a post-secondary program in denturism referred to in subparagraph 11 of subsection 5 (1), or

ii. be registered to take the qualifying examination in denturism referred to in paragraph 2 of subsection 5 (1);

2. The applicant must not have previously held a Provisional certificate of registration unless the Registrar is of the opinion that there are exceptional circumstances that likely contributed to the applicant's failure to meet those requirements.

- (2) The requirements of paragraph 1 of subsection (1) are non-exemptible.

Terms, etc., Provisional class

15. The following are terms, conditions and limitations on every Provisional certificate of registration:

1. The member shall only practise the profession either in the course of his or her program in denturism referred to in subparagraph 1i of subsection 5 (1) or while under the supervision of a member who holds a General certificate of registration and who has been approved by the Registrar.
2. The member's certificate of registration expires on the earliest of,
 - i. the date the holder is no longer actively engaged in pursuing the post-secondary educational program or qualifying examination in denturism referred to in paragraph 1 of subsection 14 (1) unless the Registrar permits the holder, in writing, to interrupt the pursuit of those requirements, or
 - ii. the date that is three years following the date on which the Provisional certificate of registration was issued unless a panel of the Registration Committee determines that exceptional circumstances exist which warrant an extension of the holder's certificate of registration, or
 - iii. the date the holder is issued a certificate of registration of another class;
3. Where a certificate of registration is extended by a panel of the Registration Committee under subparagraph 2 ii, the extension is subject to any terms, conditions and limitations as determined by that panel of the Registration Committee.

Labour mobility, Provisional class

Examination

In this Regulation,

“candidate” means a person who is registered, or who is attempting to register, to take the qualifying examination in denturism referred to in paragraph 2 of subsection 5(1).

14. (1) In setting or approving the qualifying examination in denturism, the Council shall specify the general areas of competency to be examined and shall ensure that the examinations provide a reliable and valid measure of a candidate’s knowledge, skill and judgment in the practice of denturism in Ontario.

(2) The qualifying examination shall be offered at least once each year.

Sections 14.(3), 14.(4), 14.(5) and 14.(6) were inserted in order to ensure that candidates registering for and attempting the Qualifying Examination have current knowledge, skills and judgement.

(3) A candidate is not eligible to take the qualifying examination on the candidate’s first attempt unless the candidate has satisfied the requirement set out in paragraph 1 of subsection 5 (1) within the twelve months immediately prior to the date that they submitted their application for the qualifying examination.

(4) Where the candidate has not completed the requirement set out in subsection (3), the candidate must:

(a) have practised the profession for at least 750 hours during the three-year period of time that immediately preceded the date that the applicant submitted his or her application for a General certificate of registration;

(b) have successfully completed, within the twelve months immediately preceding the date on which the applicant submitted their application for the qualifying examination, a refresher program approved by the Registration Committee; or

(c) have taught denturism in a program referred to in paragraph 1 of subsection 5 (1) for a period of at least twelve months in the three years preceding the application for the qualifying examination.

(5) Subject to subsections (3) and (4) a candidate is eligible to take the qualifying examination during the 4 year period beginning on the date that the application to take the qualifying examination was submitted.

(6) The 4 year period described in subsection (5) may be extended if a panel of the Registration Committee is satisfied that exceptional circumstances prevented the candidate from taking the qualifying examination during the initial 4 year period.

(7) A candidate is not eligible to take the qualifying examination unless the candidate has satisfied the requirements set out in paragraph 1 of subsection 5 (1) and section 3.

(8) Subject to subsection (9) a candidate who fails the qualifying examination may apply for re-examination.

(9) In every instance where a candidate has failed the qualifying examination on their third attempt, the candidate is not eligible to apply to take the examination again until the candidate successfully completes another program equivalent to the program specified in paragraph 1 of subsection 5 (1) or additional training program specified by the Registration Committee.

(10) A candidate who fails a qualifying examination may appeal the results of the examination to a person or body set or approved by the Council that has no involvement in the administration of the qualifying examination.

(11) An appeal under subsection (10) shall be limited solely to the questions of whether the process followed in sitting the qualifying examination was appropriate and whether the candidate had an illness or personal emergency sufficient to warrant nullifying the results.

(12) If the person or body adjudicating the appeal decides that the results of the examination should be nullified, the examination attempt does not count against the candidate for any purpose, including the application of section 14(9).

(13) In an appeal under subsection (10) the candidate shall not be given access to any information that would undermine the integrity of the examination process.

Suspensions, revocations and reinstatements

15. (1) If a member fails to provide the College with information about the member as required under the by-laws,

- (a) the Registrar may give the member a notice of intention to suspend the member's certificate of registration, and
- (b) the Registrar may suspend the member's certificate of registration if the member fails to provide the information within 30 days after the notice is given.

(2) If the Registrar suspends a member's certificate of registration under subsection (1), the Registrar shall lift the suspension upon being satisfied that,

- (a) the former member has given the required information to the College and any other information that has since been required by the College under the by-laws,
- (b) the former member has the professional liability insurance in the amount and in the form required under the by-laws,

- (c) the former member is in compliance with any outstanding orders issued by a committee of the College and any undertakings given by the former member to the College,
- (d) the former member has paid any fees required under the by-laws for lifting the suspension,
- (e) the former member has paid any other outstanding fees required under the by-laws, and
- (f) the former member possesses the current knowledge, skill and judgement relating to the practice of the profession that would be expected of a member holding a certificate of registration of the same class as the one for which they are applying to be reinstated.

16. (1) If the Registrar has evidence that a member no longer maintains professional liability insurance in the amount and in the form as required under the by-laws, the Registrar may immediately suspend the member's certificate of registration.

(2) If the Registrar suspends a member's certificate of registration under subsection (1), the Registrar shall lift the suspension upon being satisfied that,

- (a) the former member has the professional liability insurance in the amount and in the form required under the by-laws,
- (b) the former member has given all information that has been required by the College under the by-laws to the College,
- (c) the former member is in compliance with any outstanding orders issued by a committee of the College and any undertakings given by the former member to the College,
- (d) the former member has paid any fees required under the by-laws for lifting the suspension,
- (e) the former member has paid any other outstanding fees required under the by-laws, and
- (f) the former member possesses the current knowledge, skill and judgement relating to the practice of the profession that would be expected of a member holding a certificate of registration of the same class as the one for which they are applying to be reinstated.

17. If the Registrar suspends the member's certificate of registration under section 24 of the Health Professions Procedural Code, the Registrar shall lift the suspension upon being satisfied that,

- (a) the former member has the professional liability insurance in the amount and in the form as required under the by-laws,

- (b) the former member has given all information that has been required by the College under the by-laws to the College,
- (c) the former member is in compliance with any outstanding orders issued by a committee of the College and any undertakings given by the former member to the College,
- (d) the former member has paid any fees required under the by-laws for lifting the suspension,
- (e) the former member has paid any other outstanding fees required under the by-laws, and
- (f) the former member possesses the current knowledge, skill and judgement relating to the practice of the profession that would be expected of a member holding a certificate of registration of the same class as the one for which they are applying to be reinstated.

18. If the Registrar suspends a member's certificate of registration under section 18 or 19 or under section 24 of the Health Professions Procedural Code and the suspension has not been lifted, the certificate is revoked on the day that is 3 years after the day it was suspended.

Revocation

X. Ontario Regulation 833/93 is revoked.

Commencement

X. This Regulation comes into force on the day it is filed.

[Transitional provisions are required, while the existing Regulation does not speak to classes of certificates in essence there are two, the General and the Temporary (see s. 4 of existing regulation)]

Made by:

COUNCIL OF THE COLLEGE OF DENTURISTS OF ONTARIO:

.....
Signature (in blue ink)

.....
Name (in print)

.....
Full Title (in print)

.....
Signature (in blue ink)

.....
Name (in print)

.....
Full Title (in print)

Date made:



BRIEFING NOTE

To: **COUNCIL**

From: **Dr. Glenn Pettifer, Registrar & CEO**

Date: **June 22, 2018**

Subject: **Chief Examiner Position Description and Eligibility Requirements**

The draft Qualifying Examination – Chief Examiner Roles and Responsibilities and Eligibility Requirements are attached for Council's consideration and approval.

Mr. Robert Velensky is currently serving as interim Chief Examiner. Following the June 2018 administration of the Qualifying Examination, the adopted Roles and Responsibilities and Eligibility Requirements will inform the application, interview and selection process for a permanent Chief Examiner. This process will be completed in the fall of 2018.

Options:

After review and discussion Council may:

1. Adopt the draft Chief Examiner Roles and Responsibilities and Eligibility Requirements for use in the Chief Examiner selection process.
2. Revise the draft Chief Examiner Roles and Responsibilities and Eligibility Requirements and adopt the revised document for use in the Chief Examiner Selection process.
3. Other.



QUALIFYING EXAMINATION - CHIEF EXAMINER

The Chief Examiner oversees the administration of the College's Qualifying Examination to ensure that candidates are afforded optimal, standardized assessments of their knowledge, skills, and judgment and that the administration process contributes to the validity, objectivity, and defensibility of the assessments.

ROLE AND RESPONSIBILITIES

1. Is familiar with all examination policies, procedures, and protocols.
2. Oversee and assist with all aspects of the examination process.
3. Participate in the candidate orientation session.
4. **Multiple Choice Question (MCQ) examination:**
 - Attend the MCQ examination to assist with administration and, where appropriate, provide clarification of any content issues identified by candidates.
5. **Objective Structured Clinical Examination (OSCE):**
 - a) Is familiar with the OSCE cases, materials and checklists before exam administration.
 - b) Participate in assessor training with attention to:
 - a thorough orientation for all assessors to the requirement for fair, equitable, confidential, safe and consistent treatment of ALL candidates;
 - the goals of the examination process;
 - the procedures to be followed during the examination;
 - the process and requirements for recording a candidate's performance; and
 - the process for completing an Incident Report.
 - c) Act as the liaison with the University of Toronto Standardized Patient Program (SPP) in the provision of clarification and guidance in the training of standardized patients.
 - d) Assist in the evaluation of the OSCE assessment process.
 - Provide feedback regarding the assessment content, format, procedures, scenarios, ratings, and processes.
6. Prepare the Chief Examiner's Summary Report.
7. Attend the QEC item analysis meetings following the exam administration.
8. Liaise with the Registrar on matters of legislation and College policies that relate to the examination process.

REQUIREMENTS AND ELIGIBILITY

Desirable

Experience in the development, administration and oversight of the College Qualifying Examination Process. Such experience is gained as a member of a College Qualifying Examination Working Group, a Qualifying Examination Assessor, or a member of the College Qualifying Examination Committee.

Required

The successful candidate will have a strong commitment to transparency, accountability, and fairness and an appreciation for and attention to the risk of real or perceived bias in the administration of the College's Qualifying Examination.

At the time of application:

- The applicant must be a denturist registered with the College of Denturists of Ontario;
- The applicant must have been registered in a Canadian jurisdiction in the general, active class, or equivalent, for at least ten (10) years;
- The applicant must not be in default of payment of any fees prescribed by the College By-laws;
- The applicant is not in any default of returning any required form or information to the College;
- The applicant must not be the subject of any disciplinary or incapacity proceedings;
- The applicant must not have been the subject of any findings related to professional misconduct, incompetence, or incapacity in the preceding five (5) years;
- The applicant's Certificate of Registration must not have been revoked or suspended in the preceding five (5) years for any reason other than non-payment of fees;
- The applicant's Certificate of Registration is not currently subject to any terms, conditions, or limitations imposed by either the Discipline or Fitness to Practise Committees;
- The applicant does not hold or has not held in the preceding five (5) years, a position, such as director, owner, board member, officer or employee, with any provincial or national Professional Association whose business is directed toward the profession of denturism;
- The applicant is not currently or has not been in the preceding five (5) years involved in teaching denturism in an academic setting or bridging program or the training and/or assessment of professional skills of groups of students or candidates (e.g., professional practice labs, or other small group sessions involving the use of standardized patients, role-playing scenarios or simulations);
- The applicant is not currently or has not been in the preceding five (5) years involved in denturism program curriculum development;

- The applicant is not currently a member of the College Council, the Registration, Qualifying Examination, or Qualifying Examination Appeals Committee;
- The applicant has not been disqualified from Council or a Committee within the preceding five (5) years;
- The applicant is not a member of a council of any other College regulated under the RHPA;
- The applicant is not currently or has not been in the preceding five (5) years an employee of the College; and
- The applicant must not have an immediate family member or a close associate who is likely to be a Qualifying Examination candidate during their appointment as Chief Examiner.

Expectations:

- During the course of their tenure and for a period of ten (10) years after the completion of service as Chief Examiner, the successful applicant must agree to refrain from participating in the development, administration or dissemination of preparatory practice exams, cases or courses or other materials that are specifically designed to prepare candidates for the CDO Qualifying Examination.
- The successful applicant must agree to comply with the confidentiality, security, conflict of interest and code of conduct policies and agreements.