



## 91<sup>st</sup> Council Meeting

Friday, March 9, 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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<b>1. Call to Order</b>	Decision	
<b>2. Approval of Agenda</b>		<b>1</b>
<b>3. Declaration of Conflict(s)</b>		
<b>4. College Mandate</b>	Information	
<b>5. Consent Agenda</b>	Decision	
5.1 Minutes of the 90 <sup>th</sup> Council meeting held on December 8, 2017		<b>3</b>
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o Ontario Minister Probing Medical Regulators		<b>44</b>
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<b>6. Governance Training</b>		
6.1 <b>What We Can Learn from Regulatory Decisions</b> – Cathi Mietkiewicz and Rebecca Durcan, SML		
6.2 <b>Meeting Matters</b> – Abstaining from Voting and Ordering a Roll Call Vote: Staff Board Relationships – the Registrar		<b>52</b>
<b>7. Update on Jurisprudence Project – (Online Demonstration)</b>		
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<b>11. In-Camera Meeting, pursuant to Schedule 2 (HPPC) of the RHPA, s. 7 ss 2(d)</b>		
<b>Lunch</b>		
<b>12. Standards of Practice</b>		
<b>Conflict of Interest</b>	Decision	
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<b>19. Next Meeting Date</b>	Information	
Next Council Meeting Friday, June 22, 2018		
<b>20. Adjournment</b>		



## 90<sup>th</sup> MEETING OF COUNCIL In-Person

365 Bloor Street East, Suite 1606, Toronto, ON M4W 3L4  
Friday, December 8, 2017 – 1:00 p.m. to 4:00 p.m.

### MINUTES

Members Present:

Dr. Ivan McFarlane	‣ President	‣ Chair
Mr. Joey Della Marina	‣ Vice President	
Mr. Hanno Weinberger	‣ Past President	
Mr. Jack Abergel		
Mr. Keith Collins		
Mr. Mark Fenn		
Mr. Robert C. Gaspar		
Ms. Anita Kiriakou		
Mr. Christopher Reis		
Ms. Barbara Smith		
Mr. Luc Tran		
Mr. Michael Vout Jr.		

Regrets:

Ms. Alexia Baker-Lanoue  
Ms. Wangari Muriuki

Absent:

Ms. Arnella Csongradi

Guests:

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

Staff:

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

#### 1. Call to Order

The President called the meeting to order at 1:01 p.m.

#### 2. Approval of Agenda

The Registrar requested adding **Item 5b** "Chief Examiner Update" after **Item 5** "Consent Agenda". The Consent Agenda will change to **Item 5a**.

**MOTION:** That the agenda be adopted as amended.

**MOVED:** J. Della Marina

**SECONDED:** K. Collins

**CARRIED**

### **3. Declaration of Conflict**

None noted or declared.

### **4. College Mandate**

The President presented the College Mandate and the College Mission.

### **5a. Consent Agenda**

Items removed from the Consent Agenda: **5.3** and **5.5**.

**MOTION:** That Council adopt the Consent Agenda.

**MOVED:** K. Collins

**SECONDED:** L. Tran

**CARRIED**

### **5.3 Inquiries, Complaints and Reports Committee Report**

**MOTION:** That Council receive **Item 5.3** Inquiries, Complaints and Reports Committee Report.

**MOVED:** J. Della Marina

**SECONDED:** H. Weinberger

**CARRIED**

### **5.5 Quality Assurance Committee – Panel B Report**

Council members of the profession inquired about Public Health Ontario and the College's Infection Control Guidelines. The Registrar informed Council the College has been working with the CDHO to develop guidelines for members on infection control within the denture clinic. The College is also working with Public Health Ontario to identify resources that will be useful to members of the denture profession. When the guidelines have been finalized the Quality Assurance Committee will assist with educating members.

Legal Counsel informed Council that members of the profession need to comply with the [Public Health Ontario \(POH\) Guidelines](#). These guidelines are posted on the College website.

**MOTION:** That Council receive **Item 5.5** Quality Assurance Committee – Panel B Report.

**MOVED:** M. Vout Jr.

**SECONDED:** H. Weinberger

**CARRIED**

## **5b. Chief Examiner Update**

The Registrar informed Council that Mr. Richard Bondy, Chief Examiner, submitted his letter of resignation last week.

The Winter 2018 Qualifying Examination is scheduled for January 2018 and a Chief Examiner is required. Due to the urgency, the Registrar recommended to Council that Mr. Robert Velensky be appointed as Interim Chief Examiner. Mr. Velensky has served on the Qualifying Examination Committee and as an OSCE Assessor and is therefore quite familiar with the College's examination development and administration processes.

Currently, the College does not have a defined job description or selection process for the Chief Examiner position. The Registrar suggested Council consider allowing Mr. Velensky to serve as the Interim Chief Examiner until the job description, eligibility requirements and selection process for the permanent position are developed and defined.

**MOTION:** That Council approve the College send a letter to Mr. Bondy acknowledging his contribution to the examination development and administration and wish him the best.

**MOVED:** J. Abergel

**SECONDED:** K. Collins

**CARRIED**

**MOTION:** That Council approve the appointment of Mr. Robert Velensky as Interim Chief Examiner.

**MOVED:** H. Weinberger

**SECONDED:** J. Abergel

**CARRIED**

## **6. Council Feedback Survey**

The President reviewed the Council Feedback Survey with Council.

## **7. Annual Report**

**MOTION:** That Council adopt the Annual Report 2016-2017 as circulated.

**MOVED:** H. Weinberger

**SECONDED:** A. Kiriakou

**CARRIED**

## 8. Standards of Practice

### 8.1 Standard of Practice: Conflict of Interest

The Registrar provided a presentation on fee-splitting and offered some revised language for the Guide for Council's consideration:

**MOTION:** That Council request amendments and further drafting of the Guide and re-review the new draft at the next Council meeting.

**MOVED:** K. Collins

**SECONDED:** M. Vout Jr.

**CARRIED**

### 8.5 Standard of Practice: Restricted Title and Professional Designations

**MOTION:** That Council approve the draft Standard of Practice: Restricted Title and Professional Designations for stakeholder consultation.

**MOVED:** A. Kiriakou

**SECONDED:** H. Weinberger

**CARRIED**

## 9. Committee Membership and Committee Chair Term Limits

**MOTION:** That Council direct the Nominating Committee to consider the advantages and disadvantages of committee member and chair renewal in its annual deliberations around the slate of committee membership and chairs it recommends to Council.

**MOVED:** B. Smith

**SECONDED:** A. Kiriakou

**CARRIED**

**MOTION:** That Council direct the College to amend article 24.11 of the By-laws which reads "Unless stated otherwise in these by-laws, the Chair or Chairs of each Statutory Committee shall be appointed by the Council and the Chair or Chairs of each non-Statutory Committee shall be appointed by the members of that Committee." **to read:** "Unless stated otherwise in these by-laws, the Chair or Chairs of each Statutory and Non-Statutory Committee shall be appointed by the Council"

**MOVED:** B. Smith

**SECONDED:** A. Kiriakou

**CARRIED**

## 10. Update on the Jurisprudence Project

Council deferred this item to the March 2018 meeting.

**11. Certificate of Authorization Renewal Fee**

Legal Counsel reminded members of the profession that if they own a Professional Corporation they may wish to declare a conflict of interest on this item.

Mr. Joey Della Marina and Mr. Michael Vout Jr. declared a conflict of interest and left the meeting during discussion and deliberation.

**MOTION:** That Council leave the current fee structure as outlined in Schedule 7 of the College By-laws as is.

**MOVED:** H. Weinberger

**SECONDED:** A. Kiriakou

**CARRIED**

**12. Next Meeting Date**

Friday, March 9, 2018

**13. Adjournment**

The meeting was adjourned at 4:03 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: **March 9, 2018**

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

The Executive Committee met once, on February 23, 2018, since its last report to Council on December 8, 2017.

The Registrar presented the draft budget for the fiscal year 2018-2019 (April 1, 2018 – March 31, 2019). The Committee approved the proposed budget for submission to Council.

The Committee reviewed and approved the current financial statements for April 1, 2017 – January 31, 2018.

The Committee adopted the Registrar's Report.

The Committee approved seven (7) Clinic name applications.

The Committee reviewed proposed amendments to the By-laws for the Public Register (article 33.06), and Professional Corporations (article 34.01 (iii)) and recommended the proposed changes be forwarded to Council for consideration. The Committee also considered proposed modifications to the draft revised Registration Regulation.

Respectfully submitted by Ivan McFarlane, PhD  
President





## COMMITTEE REPORT TO COUNCIL

Name of Committee:	<b>Inquiries, Complaints and Reports Committee</b>
Reporting Date:	<b>February 20, 2018</b>
Number of Meetings since last Council Meeting:	<b>6 total meetings</b> <u>1 ICRC teleconference</u> held on January 18, 2018 <u>3 Health Inquiry Panel teleconferences</u> held on November 22, 2017 January 19, 2018 & January 31, 2018 <u>2 in-person meetings</u> held on December 15, 2017 and February 9, 2018

### Decisions finalized

Investigations closed, and draft decisions approved:	9
a) Complaints	8
b) Registrar's Reports	1
c) Registrar's Reports – Referral from QA	0

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

No Further Action	4
Advice/Recommendation/Reminder	1
SCERP (incl. Coaching and training)	2
Written Caution	0
Verbal Caution	0
Referral to Health Inquiry Panel	2
Referral to Discipline	0

### Cases considered:

i) Files still open (includes all on-going matters and new files):	30
a) Complaints	22
b) Registrar's Reports	5
d) Referral from QA	3
ii) New files received during this period:	21
a) Complaints	17
b) Registrar's Reports	1
c) Referrals from QA	3

**Cases Pending:**

i) Files not yet reviewed (in early stages of investigation):	3
a) Complaints	3
b) Registrar's Reports	0
c) Fitness to Practise Inquiry	0
d) Referrals from QA	0

**HPARB appeals:**

Total Appeals pending	1
New Appeals	1
ICRC Decision confirmed – case closed	0
ICRC Decision returned to ICRC	1
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: **March 9, 2018**

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

Panel A of the Quality Assurance Committee (QAC-A) met twice since its last report to Council on December 8, 2017.

At the December 11<sup>th</sup>, 2017 meeting, the Committee considered 2016-17 Peer and Practice Assessment reports and follow up submissions, 7 that were deemed satisfactory, 1 that required remediation, and 2 that were deemed unsatisfactory for non-compliance.

The Committee considered 2017-18 Peer and Practice Assessment reports and follow up submissions, 10 that were deemed satisfactory and 8 that required remediation.

The Committee reviewed a list of members who were non-compliant with the 2016-17 annual CPD requirements, the 2015-16 annual CPD requirements and members who were non-compliant for the 5-year CPD cycle (2011 – 2016). Members who were non-compliant and/or non-responsive were ordered to participate in CPD Audits and/or Peer and Practice Assessments, or referred to ICRC, per the CPD Compliance Policy. The Committee was provided with a list of members who were in progress with fulfilling the requirements and/or those who were now in compliance.

At the February 2<sup>nd</sup>, 2018 meeting, the Committee considered 2016-17 Peer and Practice Assessment reports and follow up submissions, 1 that was deemed satisfactory, 1 that required remediation, and 1 that was deemed unsatisfactory for non-compliance.

The Committee considered 2017-18 Peer and Practice Assessment reports and follow up submissions, 7 that were deemed satisfactory and 4 that required remediation.

The Committee reviewed a list of members who were non-compliant or in progress with the 2016-17 annual CPD requirement. 1 extension request was discussed.

The Committee reviewed and discussed the current Peer & Practice process and legislation, the assessment methods and processes used by other regulators, selection criteria for random selection as well as an introduction to facility accreditation models.

In order to reach more members moving forward, the Committee is considering increasing the percentage of randomly selected members from 5% to 6, 7 or 8%. The Committee is also considering temporarily increasing

the amount of time that a member is removed from the pool of eligible members from 5 to 10 years, decreasing the chances of some members being selected multiple times and allowing for more opportunity for members who have not been selected to participate.

The Committee selected the following assessment methods to be included in the revised Peer & Practice Assessment process:

- 1) CPD Portfolio Review/Audit
- 2) Practice Site Visit
- 3) Patient Chart Audit and Chart Stimulated Recall

College staff will undertake further research for implementing the Chart Stimulated Recall method. This will be prepared and presented at the next in-person meeting for further discussion.

The Committee continued with the content development phase of the Self-Assessment Tool (SAT) project. The Committee was presented with a project plan update, reviewed the third draft of the content for the tool, the updated rating scale and the first draft of the business requirements document.

The Committee was provided with a verbal update regarding the Peer Circles project. The College has received significant interest from the membership to volunteer as Facilitators for the Fall 2018 events. Approximately 20 members expressed interest in this opportunity and completed training on March 2<sup>nd</sup> and March 3<sup>rd</sup>.

The Committee will be meeting on March 13<sup>th</sup> to continue reviewing Peer & Practice Assessment reports and consider CPD compliance matters.

Respectfully submitted Keith Collins, Chair



## COMMITTEE REPORT TO COUNCIL

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

Reporting Date: **March 9, 2018**

Number of Meetings since  
last Council Meeting: **0**

Panel B of the Quality Assurance Committee (QAC-B) has not met since its last report to Council on December 8, 2017.

At the next meeting, the Committee will review the Consultation Report for the Standard of Practice: Restricted Titles and Professional Designations, the draft Standard of Practice: Denturist Educators and accompanying Guide, the draft Standard of Practice: Infection Prevention and Control and the accompanying Guide, the draft Standard of Practice: Facilities and accompanying Guide, and the draft Guideline for Post-Insertion Patient Education & Continuity of Care.

Respectfully submitted by Hanno Weinberger, Chair



## COMMITTEE REPORT TO COUNCIL

Name of Committee:	<b>Qualifying Examination Committee</b>
Reporting Date:	<b>March 9, 2018</b>
Number of Meetings since last Council Meeting:	<b>Two teleconference meetings: December 14, 2017, February 8, 2018 and one in-person meeting scheduled for March 1, 2018</b>

The Committee met on December 14, 2017, approved the OSCE assessor roster for the winter 2018 Qualifying Examination (QE) and completed the MCQ (multiple choice question) item selection process facilitated by the College's assessment consultant, Dr. Anthony Marini.

### **Winter 2018 Qualifying Examination (QE)**

The QE was administered over a three-day period in January 2018. A total of 24 candidates were assessed, 13 of which were reassessments.

Part I-MCQ (multiple choice question) examination was held on January 18, 2018. There were 18 candidates.

Part II-OSCE (objective structured clinical examination) was held at Princess Margaret Hospital on January 20 & 21, 2018. There were 19 candidates for this portion of the examination.

### **Other Meetings:**

The Committee met on February 8, 2018 and reviewed the Chief Examiner's report along with the item analysis prepared by Dr. Anthony Marini. Items identified as problematic were presented and reviewed by the Committee.

Five items (out of a total of 250 items) were deleted from the scoring of Part I-Multiple Choice Question (MCQ) examination and seven items (from a total of 205 items in the OSCE – each station can include more than one item) were deleted from the scoring of Part II-Objective Structured Clinical Examination (OSCE).

Examination results will be released the first week of March. Candidates who were unsuccessful in either component of the QE will be provided with a detailed performance report.

### **Other Discussion Items:**

The Committee scheduled an in-person meeting for March 1 to review the Qualifying Examination (QE) blueprint. This activity is facilitated by Dr. Anthony Marini and guides the QE working group's activities in the further development of examination materials and content for both the MCQ & OSCE examinations.

Respectfully submitted, Christine Reekie, Chair



## COMMITTEE REPORT TO COUNCIL

Name of Committee: **Registration Committee**

Reporting Date: **March 9, 2018**

Number of Meetings since  
last Council Meeting: **3**

The Registration Committee (RC) met three times since its last report to Council on December 8, 2017.

At the December 14<sup>th</sup>, 2017 meeting, the Committee completed 4 academic assessments and considered 1 application for registration that was referred by the Registrar.

At the January 19<sup>th</sup>, 2018 meeting, the Committee completed 1 academic assessment.

At the February 27<sup>th</sup>, 2018 meeting, the Committee completed 2 academic assessments and reviewed proposed changes to the revised Registration Regulation.

The Committee will be meeting on April 5<sup>th</sup>, 2018 to review additional academic assessment requests and any applications for registration referred by the Registrar. At the recommendation of the Ontario Fairness Commissioner, the Committee will be viewing two modules from their series on fair access law, focusing on identification and mitigation of bias in assessment and decision-making processes to augment learning on fair access principles in these areas.

Respectfully submitted by Elizabeth Gorham-Matthews, Chair



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To: **COUNCIL**

From: **Dr. Ivan McFarlane**

Date: **March 9, 2018**

Subject: **President's Report**

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Since the last Council meeting, I have had several meetings with the Registrar concerning operationalization of elements of the Strategic Plan.

Discussed with the Registrar the notion of accompanying him to a meeting of the Federation of Health Regulatory Colleges of Ontario (FHRCO) and to other oral health regulatory college council meetings.

Specific meeting with the Registrar concerning the annual Registrar's Performance Review. The process of the Annual Performance Assessment began in February. An online survey was circulated to stakeholders that included: members of Council, non-council committee chairs, senior staff, and oral health regulatory college Registrars. Respondents were asked to rate the Registrar's performance in many categories with an option to include further, more detailed comments. The survey was managed by the College's legal firm and the aggregated results were provided to the President by the legal firm. I then met with the Registrar to discuss the results of the survey.

Following this meeting, I met with the Executive Committee to develop a summary assessment report to be provided to Council.

Respectfully submitted by Ivan McFarlane, PhD, President





To: **COUNCIL**

From: **Dr. Glenn Pettifer**

Date: **March 9, 2018**

Subject: **Registrar's Report**

I am pleased to provide this report to Council.

## STAKEHOLDER REPRESENTATION ACTIVITIES

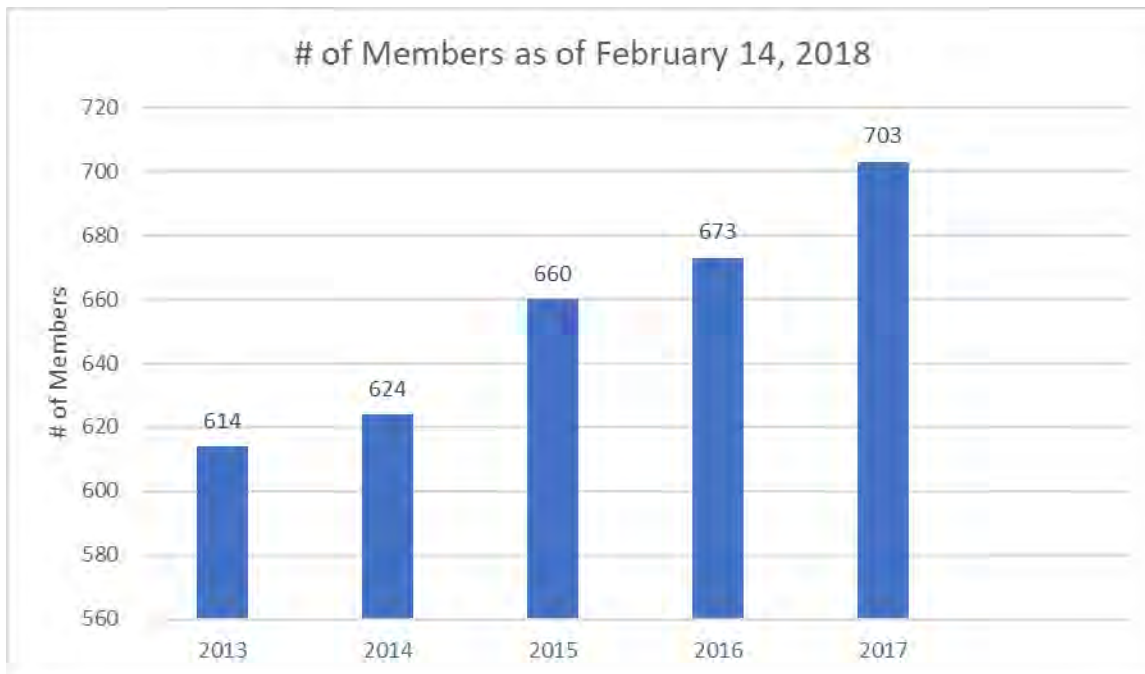
- FHRCO Board Meetings - December 11, 2017; February 8, 2018
- Attended portions of CANDEC (Canadian Denture Education Centre) symposium November 24 & 25, 2017
- New College Member Orientation Webinars – November 15 and 22, 2017.
- Meeting with Deanna Williams, Technical Expert, MOHLTC, regarding matters related to Bill 87 and regulatory processes.
- Meeting with Dr. Louise Clement, Executive Director, Health Education Accreditation, Accreditation Canada – December 4, 2017.
- Meeting with FHRCO Collaboration Working Group – December 6, 2017.
- Several meetings with Registrar, CDHO regarding regulatory collaboration.
- Meeting with Dr. Maureen Cividino, IPAC Physician, Infection Prevention and Control Program, Public Health Ontario
- Meeting with Anne Augustin, Program IPAC Specialist, Public Health Ontario & Barbara Catt, Manager, IPAC Response and System Support, Infection Prevention and Control Operations, Public Health Ontario
- Presentation/Lecture to Graduating Class, Denturism Program, George Brown College
- Lectures in Informed Consent and Confidentiality & Privacy to Graduating Class, Denturism Program, George Brown College.

## REGISTRATION

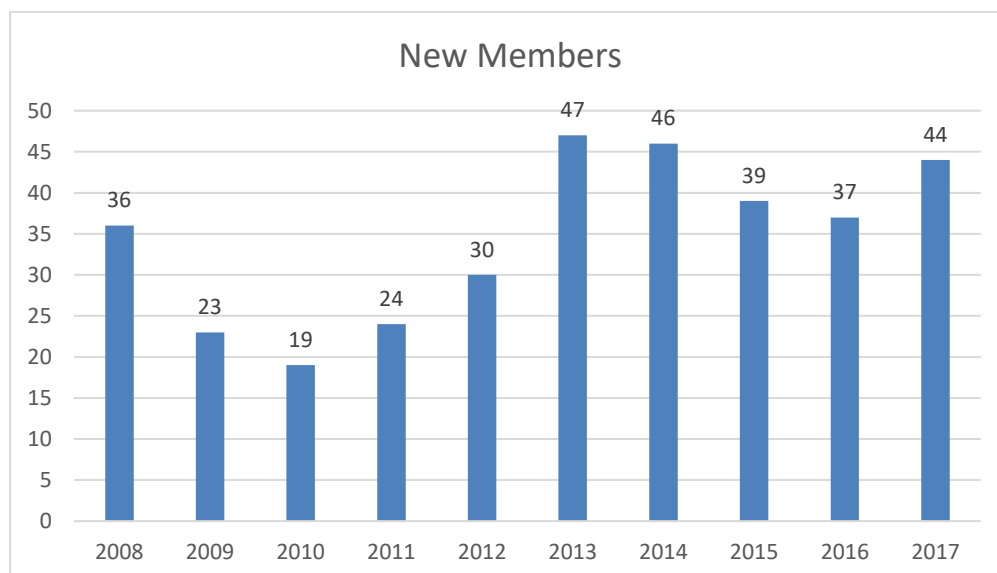
The 2018 Registration Renewal Period opens on March 1, 2018.

A few registration statistics for Council's information:

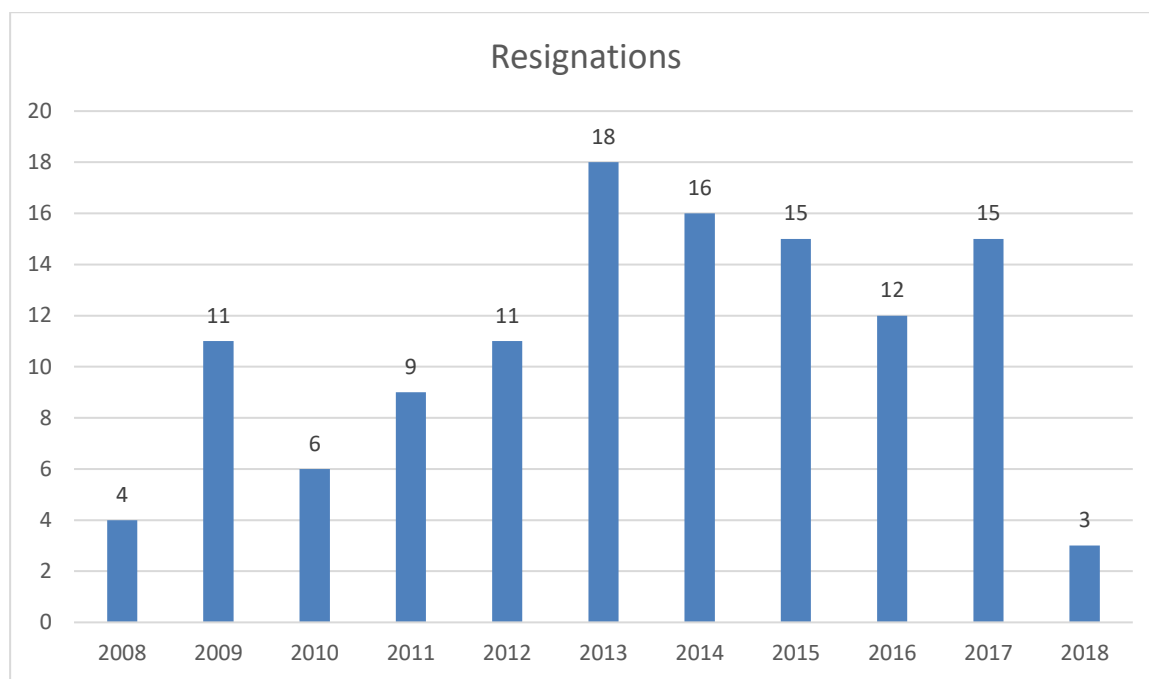
The College currently has **703** active registrants!



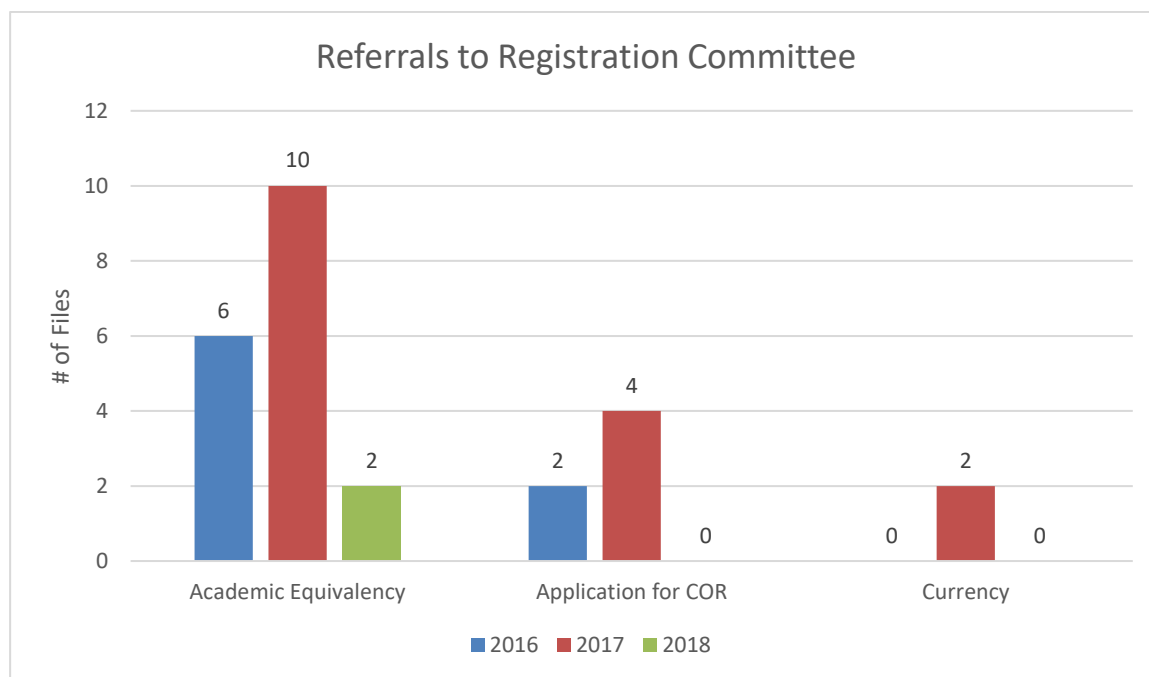
The College normally registers approximately 40 new members annually:



Approximately 14 members resign their Certificates of Registration annually.



The Registration Committee is getting busier over time. The number of referrals to the Registration Committee for assessment of academic equivalency is increasing significantly. This reflects globalization of the workforce with an increase in the number of individuals who are internationally educated applying for registration. Over the last few years, the Registration Committee has seen a small increase in referrals, usually as a result of items brought to light in the police background check submitted by the applicant.



## **FINANCE**

Year-to-date financial reports are included in the Consent Agenda. The draft budget for the 2018-2019 fiscal year will be included in the March 9, 2018 agenda.

## **PROGRAM AND POLICY DEVELOPMENT**

### **Infection Prevention and Control**

The College is working closely with representatives from Public Health Ontario to revise the College's current guidelines on infection control: Instrument Cleaning and Sterilization Guidelines. This work is proceeding with the generous cooperation of the CDHO and members of the profession. The first draft of the revised Guidelines has been drafted and is awaiting revision with input from the PHO.

### **Jurisprudence Project**

The jurisprudence project has been reviewed and modified to ensure that the content lines up with the new information in Bill 87. The completed module is ready for piloting and a number of members of the profession have volunteered to participate. The piloting will be completed by April 30, 2018. A preview of the online jurisprudence program/module will be provided to Council.

### **Peer Circle Project**

The Peer Circle Project development began November 11-12 with the first case writing workshop. The second case writing workshop was held on December 1 & 2, 2017. The facilitator training workshop will take place March 2 & 3, 2018. The response for participation in the facilitator training workshop was impressive – over 20 members volunteered!

### **Standards Development.**

Consultation on the Standard of Practice: Restricted Title and Professional Designations closed recently. The results of this consultation will be considered by QA – Panel B Committee at its upcoming meeting and will be brought to Council at its June meeting. The Panel B Committee will also be engaged in discussions around standards for facilities, denturism educators, post-insertion patient education guidelines, and infection prevention and control guidelines.

### **Self-Assessment Tool.**

QA-Panel A has completed development of the content for the tool. The content will now be placed in an online framework. Beta testing of the tool is scheduled for summer/fall 2018. Live launch is anticipated for January 2019.

## 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. In addition to the live webinars, staff have developed on-demand modules for each of these standards. (Strategic Plan Priority 1)

Standard	# of Sessions	# of Attendees	On Demand Views
Record Keeping	18	475	37
Informed Consent	12	246	36
Confidentiality & Privacy	8	164	67
Advertising	4	129	50

The winter series has just concluded, and more sessions will be offered throughout the year.

## STAFF PROFESSIONAL DEVELOPMENT ACTIVITIES

Jennifer is continuing to work toward her Certificate in Nonprofit and Voluntary Sector Management, currently studying strategic planning. Vicci is completing a course in human resources management.



## BRIEFING NOTE

To: **Council**  
 From: **Dr. Glenn Pettifer, Registrar and CEO**  
 Date: **March 9, 2018**  
 Subject: **Financial Memo – April 1, 2017 – January 30, 2018.**

The Financial Report for April 2017 – January 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 covers the 10 months of the fiscal year, mathematically we would anticipate that approximately 83% (10/12) of the budgeted amount would have been spent. However, not every line item adheres to this because some expenses are not expensed over time but are lump sum payments. These items will show YTD percentage of budget greater or less than 83% depending on when the lump sum payment is made.

There are 2 items of note:

1. In Revenue line "Other Income" the income is approximately \$55,000.00 more than the budgeted amount (\$12,000.00). This excess in revenue reflects discipline cost awards paid to the College that were not finalized at the time the 2017-2018 was approved.
2. While not reflected as "over-budget" in the "Professional Fees" Expenditure line, I did want to report to Council that Website redesign expenses that fall under Professional Fees is approximately \$5,000.00 more than the budgeted expense. This excess expense arose because of the fees incurred in developing the link between the College's member database and the Public Register that is presented on the website. Much of this work was related in ensuring accuracy of the data that was retrieved from the member database. Some of the additional work arose because of the changes to the public register mandated by Bill 87.

The average total expenditure level in this reporting period is 66% which is well within the total budgeted expenditure amount.

College of Denturists of Ontario  
YTD Budget to Actual (April-January 2018 )

Agenda Item 5.10

YTD Budget to Actual	2017-2018 BUDGET	April-January 2018 YTD Totals	YTD as Percentage of Budget	Remainder or In Excess of Budgeted Amount*
<b>REVENUE</b>				
Professional Corporation Fees	\$ 60,500.00	\$ 58,750.00	97%	\$ 1,750.00
Registration Fees	\$ 1,318,400.00	\$ 1,306,120.00	99%	\$ 12,280.00
Other Fees	\$ 8,700.00	\$ 8,205.50	94%	\$ 494.50
Qualifying Examination Fees	\$ 203,000.00	\$ 230,600.00	114%	\$ *27,600.00
Other Income	\$ 12,000.00	\$ 67,405.55	562%	\$ *55,405.55
<b>TOTAL REVENUE</b>	<b>\$ 1,602,600.00</b>	<b>\$ 1,671,081.05</b>	<b>104%</b>	<b>\$ *68,481.05</b>
<b>EXPENDITURES</b>				
Wages & Benefits	\$ 439,128.73	\$ 375,381.45	85%	\$ 63,747.28
Professional Development	\$ 30,000.00	\$ 26,303.51	88%	\$ 3,696.49
Professional Fees	\$ 233,900.00	\$ 113,685.35	49%	\$ 120,214.65
Office & General	\$ 104,000.00	\$ 90,075.31	87%	\$ 13,924.69
Rent	\$ 111,476.60	\$ 89,551.50	80%	\$ 21,925.10
Qualifying Examination	\$ 349,200.00	\$ 201,703.26	58%	\$ 147,496.74
Council and Committees	\$ 22,300.00	\$ 20,146.08	90%	\$ 2,153.92
Quality Assurance				
QA Panel A	\$ 10,000.00	\$ 2,478.75	25%	\$ 7,521.25
QA Panel B	\$ 10,000.00	\$ 2,535.24	25%	\$ 7,464.76
QA Assessments	\$ 31,000.00	\$ 30,940.61	100%	\$ 59.39
Complaints & Discipline				
Complaints	\$ 105,000.00	\$ 41,393.93	39%	\$ 63,606.07
Discipline	\$ 105,000.00	\$ 25,002.78	24%	\$ 79,997.22
Capital Expenditures	\$ 20,000.00	\$ 16,426.31	82%	\$ 3,573.69
<b>TOTAL EXPENDITURES</b>	<b>\$ 1,571,005.33</b>	<b>\$ 1,035,624.08</b>	<b>66%</b>	<b>\$ 535,381.25</b>
<b>NET INCOME</b>	<b>\$ 31,594.67</b>	<b>\$ 635,456.97</b>		



## BRIEFING NOTE

To: **COUNCIL**

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

Date: **March 9, 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 is included as a separate item in the agenda.

Communications strategy survey has been distributed to the membership.

Hosted first and second item writing workshops for the Peer Circle Project Nov 11-12, 2017 and December 1-2, 2017. Facilitator training workshop will be held March 2, 3, 2018.

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. In addition to the live webinars, staff have developed on-demand modules for each of these standards.

Standard	# of Sessions	# of Attendees	On Demand Views
Record Keeping	18	475	37
Informed Consent	12	246	36
Confidentiality & Privacy	8	164	67
Advertising	4	129	50

The winter series has just concluded, and more sessions will be offered throughout the year.

CAG has provided feedback on website accessibility. This feedback will be used to direct any indicated modifications.

Public register modifications to the website are being presented to Council at its March 9, 2018 meeting.



## **Priority 2 – Excellence in Governance**

Ongoing Council and Committee member training – Registration Committee, Quality Assurance Committee Panels A & B, Executive Committee, Inquiries, Complaints and Reports Committee have all received recent training around the Committee's mandates and processes.

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.

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**

Meeting with Dr. Louise Clement, Executive Director, Allied Health Education Accreditation regarding academic program accreditation.

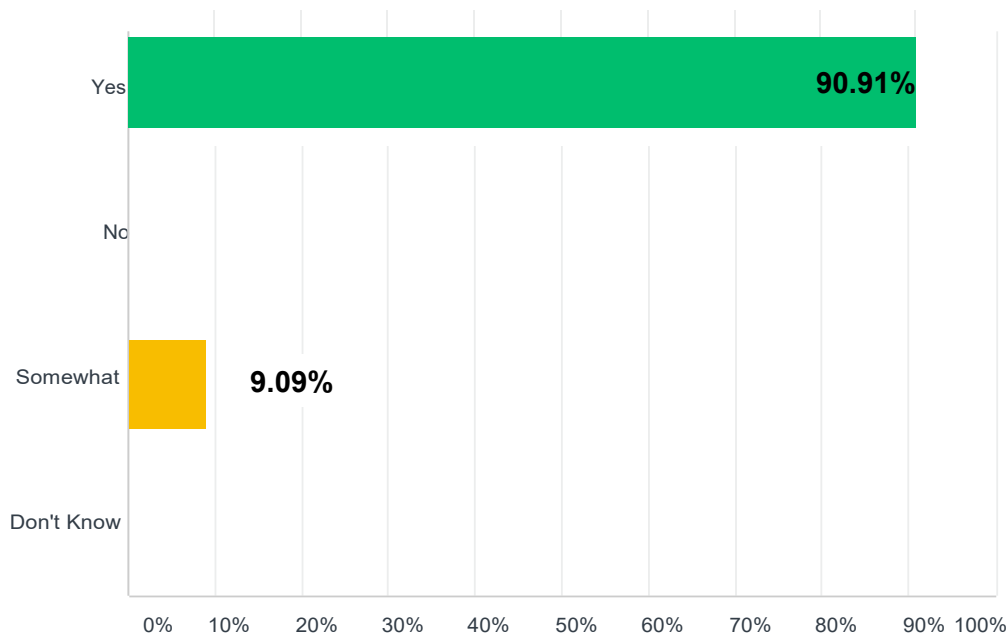
Preliminary conversation with some provincial counterparts regarding the dormant Canadian Federation of Denturist Regulators and the possibility of reviving this organization to serve as a platform for the discussion of national issues such as the national competency profile. These conversations are ongoing.



**90th Council Meeting and “Making Meetings Work” Council Training Session Feedback Survey**  
**Date of Council Meeting: December 8, 2017**

**Q1 I received appropriate, supportive information for this Council meeting.**

Answered: 11 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	90.91%	10
No	0.00%	0
Somewhat	9.09%	1
Don't Know	0.00%	0
TOTAL		11

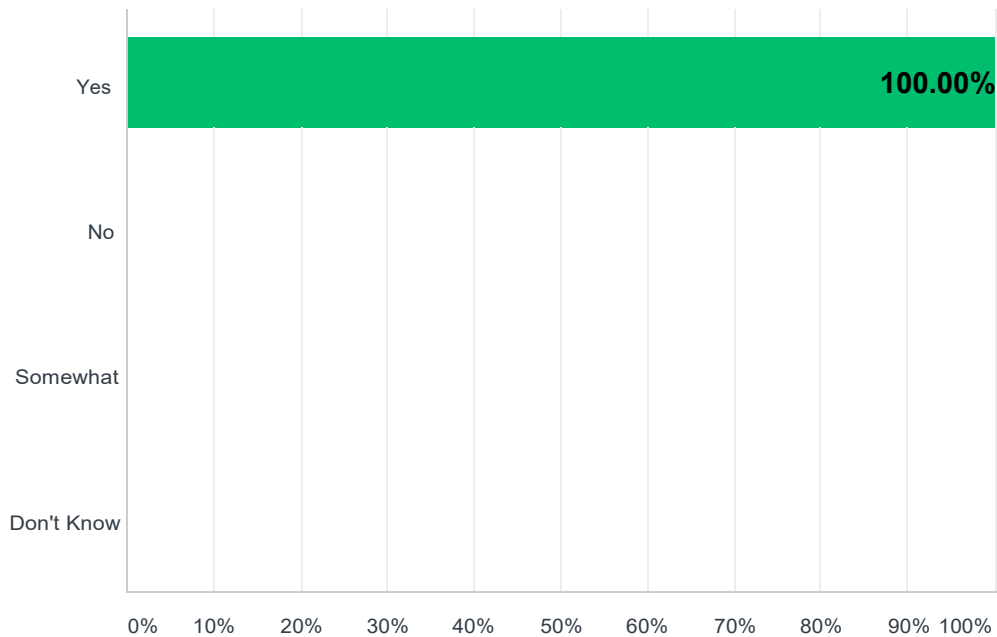
**Comments:**

1. Not enough info on the presentation and what it was to accomplish. The rest of the council meeting materials was great as usual.

## Q2 I received this supportive information in a timely manner.

Answered: 11

Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	100.00%	11
No	0.00%	0
Somewhat	0.00%	0
Don't Know	0.00%	0
TOTAL		11

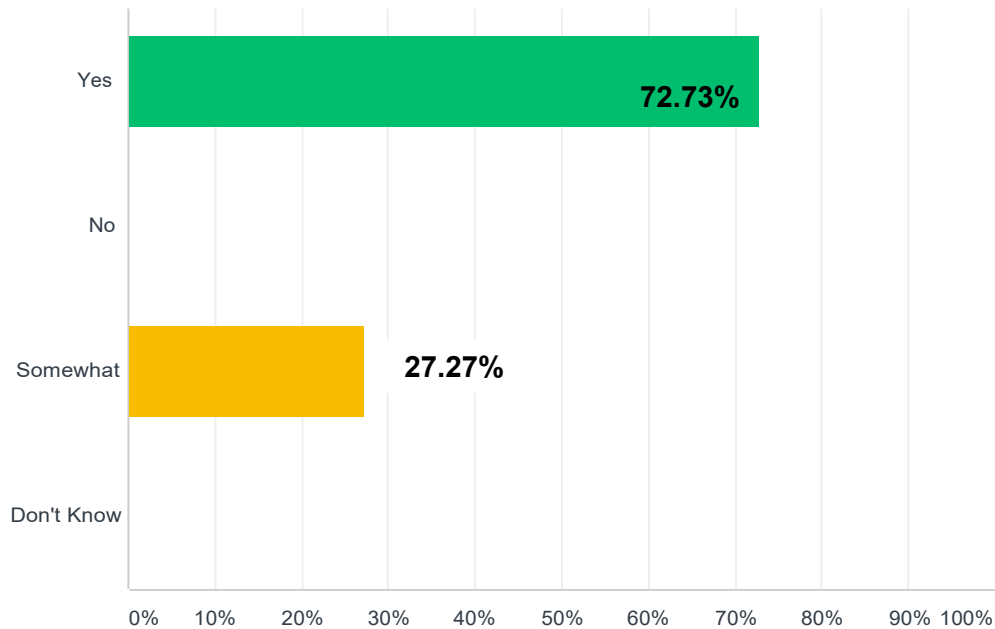
### Comments:

1. I support the suggestion that both e-advice, and hard copies where requested. be circulated two weeks in advance. This will both be an early alert and save trees.

### Q3 This meeting was effective and efficient.

Answered: 11

Skipped: 0



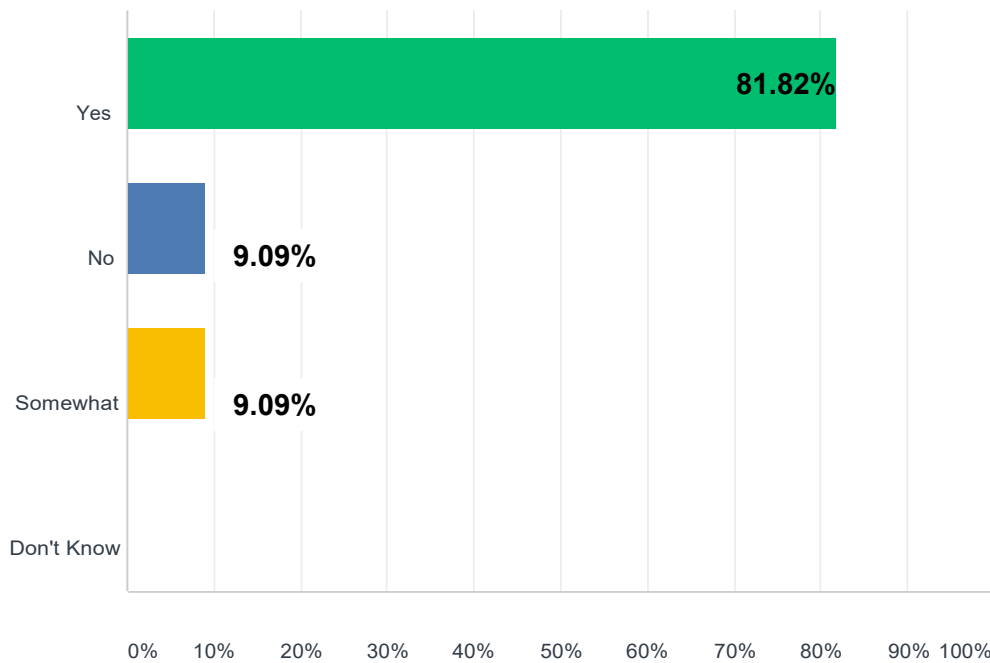
ANSWER CHOICES	RESPONSES	
Yes	72.73%	8
No	0.00%	0
Somewhat	27.27%	3
Don't Know	0.00%	0
TOTAL		11

### Comments:

1. The council meeting was effective and efficient but the presentation was honestly not revealing. I didn't know we had an "Excellence in Governance" issue now. Thought this problem was already rectified.
2. Given the morning training session, the afternoon business portion could have been shortened by closer adherence to the agenda. At times, conversation wandered off topic (i.e. the amount of time spent discussing and clarifying the issue of incorporating). Tighter leadership would have moved the meeting along in a more timely manner, while still allowing for relevant discussion.
3. We got very bogged down by reviewing the survey results in such painful detail. Hopefully, this will not happen again. As a result, we did not have enough time for a much needed detailed discussion of the Conflict of Interest matter at the end of the agenda.

## Q4 The President chaired the meeting in a manner that enhanced Council's performance and decision-making.

Answered: 11 Skipped: 0



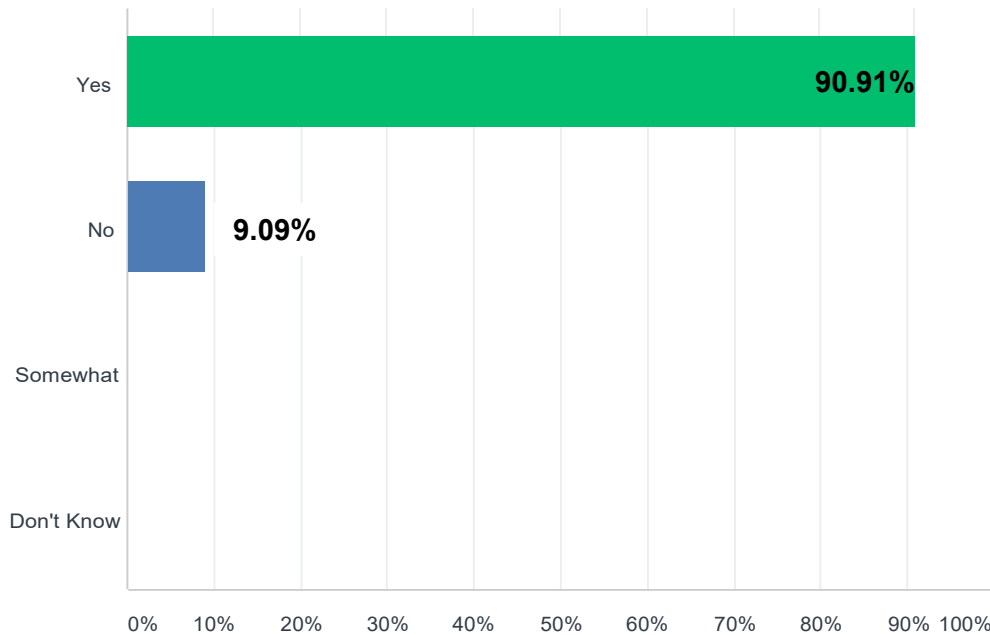
ANSWER CHOICES	RESPONSES	
Yes	81.82%	9
No	9.09%	1
Somewhat	9.09%	1
Don't Know	0.00%	0
TOTAL		11

## Comments:

1. Excellent job moving the meeting, a seasoned veteran as witnessed.
2. The President needs to focus on consistently maintaining neutrality, participating in Council discussion less often and ensuring that Council discussion pertains to the topic at hand. This more focused leadership will enhance Council's performance and decision-making.
3. While constructive feedback is good, I do think also that having elected the President, Council Members need to support the President and not "second guess" the person they elected; this also applies to Committee Chairs.
4. We got very bogged down by reviewing the survey results in such painful detail. Hopefully, this will not happen again. As a result, we did not have enough time for a much needed detailed discussion of the Conflict of Interest matter at the end of the agenda.

## Q5 I felt comfortable participating in the Council discussions.

Answered: 11 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	90.91%	10
No	9.09%	1
Somewhat	0.00%	0
Don't Know	0.00%	0
TOTAL		11

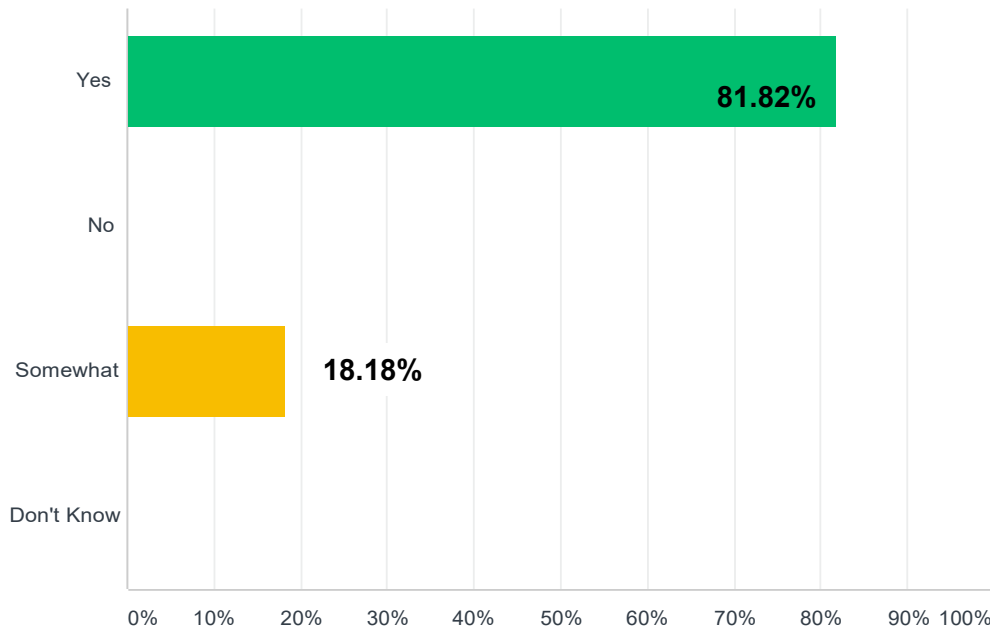
## Comments:

1. The topic matter was simple communication skills, it made me feel like I was in high school taking bullet point notes for acronyms from my teacher. I felt he was trying to dress up communication and decision-making skills to be more difficult than they are. Sorry my honest opinion, no offence.

## Q6 The public interest was considered in all discussions.

Answered: 11

Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	81.82%	9
No	0.00%	0
Somewhat	18.18%	2
Don't Know	0.00%	0
TOTAL		11

## Comments:

1. This part of the CDO's Mandate was explicitly mentioned during the meeting and I would aver that it was a basic underpinning of all or most contributions to our discussions.
2. In light of the morning training session, it was disappointing that Council got bogged down at times, in discussion that had no impact on the public interest (i.e. as indicated above, the amount of time spent on the issue of incorporating when we were considering the issue of Conflict of Interest, in my opinion clearly fell into the category of personal interest and out of the realm of public interest).
3. We had a very brief mention of it in the COA agenda item: could have used more. It seems odd that the members who eventually declared a conflict on the item had to be told by legal counsel to do so. They did not perceive the conflict themselves. Also, the brief discussion of whether or not stakeholder concerns were adequately addressed made no mention of the public interest. The stakeholder concerns mentioned appeared to me to be mostly reflective of professional self-interest.

## Q7 List two strengths of this meeting.

Answered: 9

Skipped: 2

1. Good participation and informative.
2. transparent, public interest come first
3. No particular strengths to list but some weaknesses of the meeting: Presentation and presenter not good value for money. Seating arrangement felt disjointed, not able to speak looking at everyone or wondering where voices where coming from.
4. The public interest dimension of discussions; The apparent ease of Council members and their willingness to participate.
5. Meeting completed in a timely manner; Good discussions around the table.
6. I like the concept of having some form of pertinent and timely training at Council meetings.
7. I need more experience and exposure to meetings before I can identify them.
8. Ample time for participation; good humoured atmosphere.
9. We did complete the agenda on time; Members had ample opportunity to express their opinions.



## Q8 List two ways in which Council meetings could be improved.

Answered: 6

Skipped: 5

1. more informative in advance
2. Move back to original seating plan for council meeting, it was different to try it but it was an awkward meeting for communication. Somewhat ironic when the morning presentation was about communication efficiency. I do realize it was done that way to accommodate group interaction for the presentation.
3. I stand with the suggestion that members come with a full understanding of the agenda; and, understand and respect the legislative framework that constraints the profession and that the CDO is legally bound to abide by and properly administer the legislation.
4. Ensuring and fostering a clear and consistent understanding of Council's mandate to protect and uphold the public interest in all it discussion and decision-making.
5. The time spent on outside consultants could be shortened by an hour or two. Otherwise, can't think of anything.
6. I think the seating arrangement didn't really work. It may have encouraged side conversations rather than focus on agenda items. I prefer the traditional seating arrangement. I think the President should be more careful about singling out individual council members. Although Keith attempted to handle the situation with humour and grace, I felt badly for him because of the number of times he was mentioned with regard to his "talkativeness".

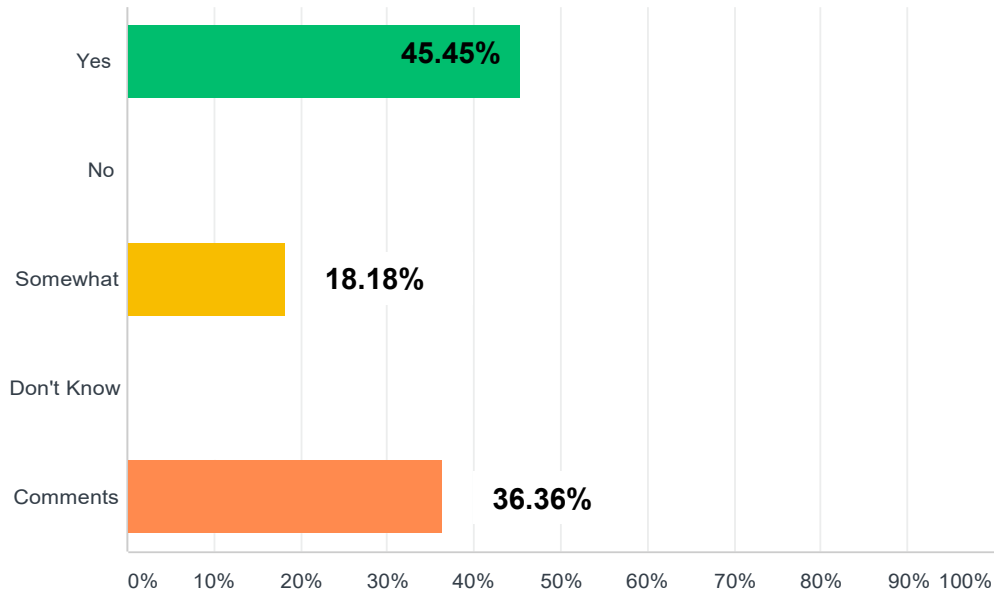
## Q9 Other Questions that Council should be asking in a feedback survey?

Answered: 4   Skipped: 7

1. How are your lunch and coffee?
2. List any weaknesses or short comings of the meeting. Was there value in the 3rd party presentation?
3. This question is too limited. 1. Councillors should be open to having their perceptions of Advocacy and Governance/Regulatory responsibility fully explored; 2. Councillors have both the right and the obligation (repeated by LC/{Pres/Reg'r) to help shape the agenda. They must follow up; 3. Delete the "SOMEWHAT" from the survey? 4. I'll think of more by next meeting.
4. Can't think of anything.

## Q10 The governance training session presented by Mr. Michael Goldman, Facilitation First was useful.

Answered: 11 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	45.45%	5
No	0.00%	0
Somewhat	18.18%	2
Don't Know	0.00%	0
Comments	36.36%	4
TOTAL		11

### Comments:

1. Thought that some of our registrars points and ideas were dismissed or considered an alternative when they are actually very effective. I think the presenters over analysis of communication skills is for those who must have some terrible meetings and communication issues. I think our registrar has got a handle on it.
2. I choose somewhat. The discussion on neutrality was relevant, but a greater focus on the role of committee members in carrying out the business of Council would have been more appropriate and beneficial.
3. For those of us who have been attending and participating in professional seminars and conferences for decades, the useful tips presented were basically self-evident. It needs to be remembered also that the role of the member of the body being addressed can differ very widely from one professional group to another; I had a sense that the presentation of useful tips for meetings was very generally applicable to a wide range of meetings, situations and bodies, but did not more fully address the role of Council members. As a matter of fact my diary that day was already extremely packed, and I felt that the substance of what the gentleman - whom I found very personable - presented could have been done in half the time.
4. OOPS....I think I answered this in the previous survey. There were some useful tips. However, the presenter did not seem to appreciate the public interest aspect of our mandate. Speaking frankly, he was not a very dynamic presenter of the material.

## Q11 List two strengths of this session.

Answered: 6

Skipped: 5

1. It is further proof that we are efficient and verifies that. I believe we have Excellence in Governance thanks to our registrar and council.
2. Accuracy and precision of both presentation and response to questions; Legal Counsel sticks to assigned role, says what the law requires and fearlessly "says it like it is."
3. Helped understand how to facilitate a meeting and what's expected from others in participation.
4. Gave us UN-experienced council members a better understanding on how to run a meeting
5. Personable gentleman. Undoubtedly enthusiastic.
6. Some useful tips. Small group discussion.

## Q12 List two ways in which this session could be improved.

Answered: 6      Skipped: 5

1. Would rather see the Council meeting in the morning and these presentations in the afternoon
2. I believe this is a dead issue for the college, we are addressing something we don't have a problem with now, let's move on and address any problems we do have.
3. I am hard pressed to give an opinion. Legal Counsel knows the law, legal procedures, "has been there," etc.
4. A greater focus on the role of committee members would have been more appropriate, in light of the fact that fewer people chair or facilitate meeting than function as members of Council or committees.
5. Shortened, the presentation would not have lost its essential value. More broadly, the time element at these types of training sessions could also be looked at
6. Slow it down. I think he tried to cover too much ground for the time allotted. He should try to say "Makes sense?" less often.

**Ministry of Health  
and Long-Term Care**

Health Workforce Regulatory  
Oversight Branch

Regulatory Oversight and  
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et des Soins de longue durée**

Direction de la surveillance réglementaire relative  
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santé

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Tél.: 416-212-6308  
Téléc.: 416-327-0167



**FEB 23 2018**

HLTC2968IT-2018-19

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

Dear Dr. Pettifer:

On behalf of the ministry I would like to thank the College of Denturists of Ontario for providing its report on the status of action items identified in the 2012 PriceWaterhouseCoopers Operational Review and Audit. The ministry looks forward to reviewing the report and will be in contact with the College with any requests for clarification that may arise as a result.

As you are aware, a key component of the government's *Patients First: Action Plan for Health Care* is a commitment to ensuring more transparency and public reporting that empowers patients to feel confident about the quality of care they are receiving. We look forward to continue working with the College to ensure a transparent and accountable health care system that serves and protects the public interest.

Sincerely,

Thomas Custers  
A/Manager  
Regulatory Oversight and Performance Unit  
Health Workforce Regulatory Oversight Branch

# Grey Areas

**SML**  
Steinecke Maciura LeBlanc  
Barristers & Solicitors

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

## Policies Made by a Regulator Are a Type of Law

by Erica Richler  
February 2018 - No. 223

Regulators are increasingly using policy documents rather than legislation to set out expected conduct by practitioners. This use of policies raises important questions as to the authority of regulators to make such policies and the authority of the policies once made.

For regulators, this issue may be the most interesting aspect of the recent Divisional Court decision in *The Christian Medical and Dental Society of Canada v. College of Physicians and Surgeons of Ontario*, 2018 ONSC 579, <http://canlii.ca/t/hq4hn>. This decision may be better known for its discussion of religious objections by physicians who oppose any form of participation in the provision of abortion services and medical assistance in dying. The case also contains an interesting discussion of the balancing of competing rights (i.e., religious beliefs vs. equitable access to health services). However, regulators should not miss the important guidance from the Court on the role of policies.

In this case the regulator made two policies requiring physicians to effectively refer a patient to another health care provider or agency when physicians object to providing health services to the patient themselves because of the physicians' religious or moral beliefs. In addition, physicians are required to provide those services in an emergency despite their beliefs.

In describing the legal force of these policies the Court said:

The Policies have been adopted by the CPSO [College of Physicians and Surgeons of Ontario] as policies of general application. The Policies establish broad expectations of physician behaviour and are intended to have normative force. They articulate what the CPSO believes the tenets of medical professionalism require independently of CPSO policy. There is no issue that the [Charter](#) applies to the Policies.

The Court noted that there was explicit authority in the legislation for the College to enact standards of practice through the making of a regulation. The failure to do so did not make the policy invalid. Rather, by choosing to make a policy instead of a regulation, the breach of the policy was not automatically professional misconduct. The Court said:

The Policies may be used as evidence of such professional standards, and of the conduct expected of a physician in particular circumstances, in support of an allegation of professional misconduct. However, a physician remains entitled to seek to lead contrary evidence and to argue that failure to adhere to the Policies' guidance did not, on the particular facts, constitute professional misconduct.

The Court held that the regulator did have the jurisdiction to make policies on such matters as ensuring that practitioners respect the dignity of clients and members of the public, do not act in a discriminatory fashion, and comply with the *Canadian Charter of Rights and Freedoms*:

In my view, the CPSO not only has the authority but is obligated to provide guidance

### FOR MORE INFORMATION

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### WANT TO REPRINT AN ARTICLE

A number of readers have asked to reprint articles in their own newsletters. Our policy is that readers may reprint an article as long as credit is given to both the newsletter and the firm. Please send us a copy of the issue of the newsletter which contains a reprint from Grey Areas.

# Grey Areas

## A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

to its members, by policies or otherwise, regarding the manner of compliance with [Charter](#) values in their practice of medicine, including the furtherance of equitable access to health care services that are legally available in Ontario.

The Court held that the two policies in this case did violate the freedom of religion of some physicians. However, the policies were still constitutionally valid under the saving provision found in s. 1 of the *Charter* because they are prescribed by law, serve a pressing or substantial objective and advance that objective in a manner that is rational, minimally impairing and proportionate. Of interest for regulators is that the policies were deemed to be “law” for the purposes of this analysis:

The Policies fall within the CPSO’s statutory mandate and are consistent with its duty to serve and protect the public interest. Accordingly, I am satisfied that the Policies establish limits prescribed by law that may be subject to the *Oakes* analysis.

Policies are sometimes referred to as “soft law” because of their non-coercive nature. At least for the purpose of a constitutional analysis, they may be considered as “law”.

In upholding the constitutionality of the policies under s. 1 of the *Charter*, the Court quoted extensively from the policy analysis prepared by the regulator when making the policies. In particular, the Court gave great weight to the other options considered by the regulator and the reasons why those options were not recommended when evaluating whether the policies minimally impaired the freedom of religion rights of

practitioners. This outcome highlights the importance of preparing such policy discussion papers when regulators enact policies.

In weighing whether the infringement of the physicians’ freedom of religion was proportionate to the objectives of the policies, the Court reiterated that practising a profession is not a right:

...the Applicants do not have a common law right or a property right to practice medicine, much less a constitutionally protected right. Rather, a licence to practice medicine is granted by statute subject to regulation pursuant to the principles set out in the [RHPA](#) and the *Code*, among other statutes. These statutes grant the CPSO the authority to regulate physicians with a view to, among other things, protecting the public interest. Those who enjoy the benefits of a licence to practice a regulated profession must expect to be subject to regulatory requirements that focus on the public interest, rather than the interests of the professionals themselves. In this case, physicians are assumed to accept this authority of the CPSO, including the authority of the CPSO to address the requirements of professionalism in the practice of medicine. Accordingly, physicians’ [Charter](#) rights should be assessed against the expectation in entering the profession that such rights may be affected in the protection of the public interest.

Some of the other interesting issues raised in the case include:



# Grey Areas

## A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

- The Court held that the proper method of challenging a regulator's policies was an application for judicial review and not an application for a declaration under Rule 14 of the Rules of Civil Procedure.
- The constitutional validity of a regulator's policies should be assessed using the usual framework found in *R. v. Oakes*, [1986] 1 S.C.R. 103 and not the approach taken to individual adjudicative decisions as found in *Doré v. Barreau du Québec*, [2012] 1 SCR 395.
- The Court reviewed the constitutionality of the policies on a correctness standard (meaning less deference was given to the regulator). The question of whether the regulator had the jurisdiction or authority to create the policies was reviewed on the more deferential reasonableness standard.
- The issue regarding the duty to provide emergency services was sidestepped on a factual basis. There was no evidence that this portion of the policy applied to medical assistance in death cases and no applicant asserted a right to refuse to perform an abortion where the life of the woman was in jeopardy.

The *Christian Medical* case can be found at:  
<http://canlii.ca/t/hq4hn>.



NEWS

Ministry of Health and Long-Term Care

## Ontario Seeking Feedback on New Rules for Health Sector Payments

*New Regulations Will Require Medical Industry to Disclose Payments, Improve Transparency*

February 22, 2018 9:40 A.M.

Ontario is asking for public input on how to make the payments health care professionals and organizations get from drug and medical device companies more transparent.

New legislation passed by the province requires the medical industry and other payors to report all transfers of value, including payments, benefits, and gifts, that are at or above a minimum amount and are provided to certain health care professionals or organizations. The information will be provided to the province and will be posted publicly online.

Requiring payors to disclose this information will help patients make informed decisions about their health care.

The regulations would include:

- Recipients whose transfers of value must be reported
- A minimum dollar amount (e.g. \$10) above which a payor must report a transfer of value.
- The manner and frequency of reporting.

Feedback will inform the regulation-making process and help government increase transparency and accountability within Ontario's health care system. Regulatory proposals will be posted to [Ontario's Regulatory Registry](#) for comment until April 6th.

Ontario's plan to create fairness and opportunity during this period of rapid economic change includes a higher minimum wage and better working conditions, free tuition for hundreds of thousands of students, easier access to affordable child care, and free prescription drugs for everyone under 25 through the biggest expansion of medicare in a generation.

### QUOTES

" We continue to build trust with patients by working with our key partners to hold higher standards of accountability. We are taking big steps to strengthen transparency by asking Ontarians what we can improve to create a more open and accessible health care system."

- Dr. Eric Hoskins

Minister of Health and Long-Term Care

## QUICK FACTS

- Ontario is the first Canadian province or territory to legislate mandatory disclosure of private sector payments to health professionals and organizations.
- In the United States, Australia and some European countries, patients can go online to determine how much money their health care providers have received from pharmaceutical companies.
- Ontario's legislation defines a transfer of value as a transfer of any kind and includes payments, benefits, gifts, advantage, perquisite or any other prescribed benefit.

## LEARN MORE

- [Strengthening Quality and Accountability for Patients Act, 2017](#)
- [Patients First: Action Plan for Health Care](#)

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**Laura Gallant** Minister's Office

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# Ontario health minister probing medical regulator's handling of 1990s complaints against doctors

Health Minister Eric Hoskins has asked the College of Physicians and Surgeons of Ontario to turn over information on how it handled a 1994 complaint against Dr. Brian Thicke.



Health Minister Eric Hoskins has made cracking down on sexual abuse by health professionals, as well as greater transparency from the various health colleges that licence and discipline them, a priority during his in time in office (CHRISTOPHER KATSAROV / THE CANADIAN PRESS FILE PHOTO)

By **JACQUES GALLANT** Legal Affairs Reporter

Thu., Jan. 25, 2018

In an unprecedented move, Health Minister Eric Hoskins is probing how Ontario's medical regulator handled complaints against physicians in the mid-1990s, in the wake of [a Star investigation about women accusing a prominent Brampton physician](#) of groping them during a period stretching back 40 years.

Hoskins said Wednesday that in order "to support transparency, patient safety and zero tolerance of sexual abuse of patients," he is requesting information from the College of Physicians and Surgeons of Ontario (CPSO) on how it handled a 1994 complaint against Dr. Brian Thicke, which was dismissed, as well as "potentially other complaints in the mid-1990s" unrelated to Thicke.

"Upon receipt, I will determine next steps to ensure that the CPSO is being as transparent as expected and acting in the best interest of the public," he said in a statement to the Star.

Read more:

[Three more women accuse Brampton's Dr. Brian Thicke of groping](#)

[Brampton doctor to face public discipline hearing for allegedly sexually abusing patient](#)

[Prominent Brampton physician Brian Thicke — of the famous Thicke family — facing sex abuse allegation](#)

The minister is, for the first time, [invoking new powers](#) granted to him last year by the legislature to compel information from a self-regulating health college.

Those powers, [as well as other amendments](#) to the Regulated Health Professions Act, came in the wake of a different Star investigation into doctors still at work after having been found guilty of sexually abusing their patients.

A CPSO spokesperson said Wednesday they agree the legislation allows the college "to provide confidential information" to the minister.

"And if he makes a request, we'll comply," said Kathryn Clarke.

Medical malpractice lawyer Paul Harte, who is not involved in the Thicke case, said Hoskins should be "commended" for using the new powers.

"A proper investigation can only improve public trust in the college regulatory system," he said. "Hopefully, the investigation will provide answers to the many questions raised about the college's ability to adequately investigate and put an end to sexual abuse in the medical profession."

The Star's latest investigation, published Tuesday, described women accusing Thicke, 88, of groping them during a period going back to the 1970s, including a nurse and former patients, several of whom have since filed their own complaints to the CPSO.

Thicke, father of the late actor Alan Thicke and grandfather to singer Robin Thicke, retains an active licence to practise.



He was ordered in December to face a public discipline hearing for allegedly groping the breasts of Lisa Fruitman in 1993 and 1995 during a physical required for a private pilot's licence. Transport Canada has said breast exams were never required for what is known as an aviation physical.

The allegations from Fruitman and other women have not been proven. Thicke's lawyer has said the doctor has no comment on the allegations as his case is currently before the college.

The CPSO's complaints committee had initially dismissed Fruitman's allegations behind closed doors, but was ordered to review the case last year after Fruitman went to a civilian appeal body, which criticized nearly every finding made by the complaints committee.

The appeal decision noted that a different woman went to Peel police in 1994, complaining of an inappropriate breast exam by Thicke during an aviation physical, similar to Fruitman.



Dr. Brian Thicke retains an active licence to practise. (BRYON JOHNSON/METROLAND)

“During the examination, (Thicke) stated: ‘Now we are going to look at your boobies,’” the complainant alleged, according to an excerpt of the police report contained in the appeal decision. “He then raised her shirt, undid her bra, raised her bra and then squeezed her breasts. (Thicke) then stated: ‘You have full healthy breasts and you should get them checked regularly.’”

“The victim subsequently made inquiries and feels the examination of her breasts was inappropriate for an aviation medical examination and reported it to Peel police.”

According to the police report, Thicke was arrested on June 29, 1994, and admitted to police to doing breast exams as part of the aviation physical for the past 38 years, but denied using the word “boobies.” He was not charged, as police concluded there was “no intent” to commit sexual assault.

A supplemental note from the investigating officer, also contained in the appeal decision, indicates that officers contacted other doctors who do not routinely conduct breast exams as part of the aviation physical.

“(Thicke) was apprised of procedures for conducting breast examinations to assist in preventing any further uncomfortable feelings in his patients,” the investigating officer’s note said. “The College of Physicians and Surgeons of Ontario . . . has been advised they will deal with any alleged inappropriate conduct by (Thicke). The victim was satisfied with the police investigation.”

According to the appeal decision, the CPSO did receive information from Peel police, and the file on Thicke was closed in 1995 at the college “on manager’s approval.”

Today, the college will provide no further details, saying it is prevented from doing so by legislation.

Two women have alleged being groped by Thicke after 1994 — Fruitman in 1995, and Miryana Golubovich, who saw Thicke for a physical required for her flight attendant job, in 2005.

Hoskins has made cracking down on sexual abuse by health professionals, as well as greater transparency from the various health colleges that licence and discipline them, a priority during his in time in office, which he highlighted in his statement to the Star on Wednesday.

“As minister, I am committed to ensuring that all patients have access to information that can enhance their trust and confidence, and supporting Ontarians in making informed decisions about their care,” he said.

“I have made clear my expectation that all 26 health regulatory colleges make transparency a priority and I want to acknowledge and thank the colleges for their significant efforts and progress.”

Following the Star’s previous investigation into doctors still working after sexual abuse findings, Hoskins established a task force on sexual abuse by health professionals, [chaired by Marilou McPhedran](#), now a Manitoba senator. It was McPhedran’s third task force on the same topic.

“The time has come for a new system,” McPhedran told the Star in a previous interview. “In over 25 years, since the first task force finding of college inadequacy, there is no evidence of improvement in either attitude or procedures in relation to sexual abuse complaints.”

The main recommendation of the latest task force was that an independent body be set up to investigate and adjudicate sexual abuse allegations by health professionals.

While that recommendation has not yet been acted on, the Ministry of Health has hired an outside expert, Deanna Williams, former registrar of the Ontario College of Pharmacists, to work with an advisory team on studying the recommendation as well as others.

Jacques Gallant can be reached at [jgallant@thestar.ca](mailto:jgallant@thestar.ca)

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# Hoskins steps down as health minister to head national pharmacare strategy

Also leaving role as MPP for St. Paul's, a position he has held for eight years



Eric Hoskins, Ontario's health minister and the MPP for St. Paul's has quit and will not seek re-election. He was first elected in 2009. (DARRYL DYCK / THE CANADIAN PRESS)

By **KRISTIN RUSHOWY** Queen's Park Bureau  
**ROBERT BENZIE** Queen's Park Bureau Chief  
Mon., Feb. 26, 2018

The federal government is eyeing a new, national pharmacare program and will name departing Ontario Health Minister Eric Hoskins to lead the effort.

Hoskins, a doctor who was the key architect of the province's OHIP+ providing free prescriptions for youth, announced Monday afternoon that he was stepping down as minister and MPP for St. Paul's, effective immediately.

His appointment as pharmacare czar is expected to be announced as part of Tuesday's federal budget.

Premier Kathleen Wynne named Helena Jaczek — also a physician — as his replacement at health, and Michael Coteau will take on her portfolio of community and social services along with his current duties as children and youth services minister and minister responsible for anti-racism.

"I am so grateful for the work Eric has done to continue improving Ontario's world-class healthcare system to better support patients and their families," Wynne said in a statement.

She called him "instrumental in making sure Ontario is leading the effort to expand our system with historic initiatives like OHIP+, which has made prescription drugs free for everyone under the age of 25. There is much more work to do and I know Eric will look forward to telling you about how he will be involved."

Hoskins, a Rhodes scholar and former provincial leadership Liberal candidate, said "it has been a profound privilege to represent the residents of St. Paul's, a diverse and vibrant community in the heart of Toronto. I have tried my best to serve them well these past eight years."

He said "in leaving Queen's Park, I am determined to continue building better healthcare for all Canadians."

Canadian health economist Steve Morgan, one of the nation's most outspoken pharmacare advocates, was thrilled to hear Hoskins is taking on the federal role.

"In politics in Canada, Eric Hoskins in particular has been the most ardent and most articulate champion of a universal pharmacare system," said Morgan, a professor of health policy at the University of British Columbia who has for 25 years studied the concept of [such a system](#) and how it could actually reduce costs.

Morgan hopes Hoskins' role is backed up with dollars and is looking forward to seeing what the budget allocates.

In recent weeks, federal NDP Leader Jagmeet Singh has tried to seize the initiative for pharmacare, too, calling on Ottawa to use revenues from an increased crackdown on tax havens to extend health care to cover prescription medication.

Delegates attending the party's national convention in Ottawa this month then endorsed the plan, which Singh took as a rallying cry during his keynote address.

"People need a champion for better public health care. It's not enough to defend it. We need to expand it. We must commit to pharmacare now," Singh said at the time.

Pharmaceuticals cost Canadians an estimated \$28.5 billion in 2015, according to a recent federal report. Most of that was covered under public insurance plans — \$13.1 billion — and \$10.7 billion under private insurance, but individual Canadians still shouldered a \$4.7 billion burden.

Last year, the federal Parliamentary Budget Office estimated a national pharmacare program would cost the federal government \$19.3 billion if implemented in 2015-16, rising to \$22.6 billion in 2020-21.

But Canadians out-of-pocket spending on pharmaceuticals would decrease by an average of 90 per cent, the budget watchdog found, and the overall spending on drugs would decrease by \$4 billion a year.

The federal Liberal government committed to analyzing budget office's report last year, but has yet to announce further action.

Hoskins is among a number of high-profile Ontario cabinet ministers to announce they are bowing out of the provincial June election, including former deputy premier Deb Matthews and treasury board president Liz Sandals.

With files from Theresa Boyle, Alex Ballingall and Alex Boutilier

**Read more about:** [Kathleen Wynne](#), [Jagmeet Singh](#)



**Saudi Arabia fires military chief amid stalemate Yemen war**

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## BRIEFING NOTE

To: **COUNCIL**

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

Date: **March 9, 2018**

Subject: **"Meeting Matters" – Abstaining from Voting and Ordering a Roll Call**

Occasionally at the Council table, the separate issues of abstaining from voting and ordering a roll call vote arise. I provide the following information for Council's consideration.

### Abstaining from a Vote

As a member of an organization, you have a right to vote on motions under consideration according to Robert's Rules of Order, Schedule 2 of the [College By-laws](#) "Rules of Order of the Council" and basic good practice. Voting is a right that comes with some responsibilities, as well.

It's your duty to vote when you have an opinion about a matter being decided. By failing to vote, you allow others to make the decision, which is the same as having voted for the prevailing side. Whether you vote or not, you're still in some way responsible for the decision that's made.

On the other hand, you can't be forced to vote, and in fact, should not vote in certain situations. According to Robert's Rules and Schedule 2 of the [College By-laws](#), you should abstain from voting whenever you have an interest in the outcome that directly affects you personally (or monetarily) in a manner not shared by the other members of your group. The key here is that the other members don't share your interest. For example, if you are a member of an Association, it's certainly okay for you to vote in favor of, say, holding a banquet, even though you have a direct personal interest. You benefit from having the Association buy your dinner. But so does everybody else. However, if the motion decides whether to give your company the catering contract, good form compels you to abstain from voting.

The rule that you should abstain from voting on matters of direct personal interest to you doesn't apply if you're nominated for office. If your status as a member makes you eligible for the office, you're entitled to benefit from a vote as any other member would. So, go ahead and vote for yourself, if you want to.

When the group has moved on from the debate stage and voting is underway, you're not permitted to get a little debate in edgewise under the guise of explaining your vote. The right of free speech stops when the voting starts.

The Chair should not call for abstentions in taking a vote, since the number of members who respond to such a call is meaningless. To “abstain” means not to vote at all, and a member who makes no response if “abstentions” are called for abstains as much as one who responds to that effect.

### **Taking A Vote by Roll Call**

This has the effect of placing on the record how each member votes. This method of voting should not be used in any assembly whose members are not responsible to a constituency.

In the absence of any specific legislation that fixes the size of a minority required to order a roll-call vote, a majority vote is required. In roll-call voting, a record of how each member voted, as well as the result of the vote, should be entered in full in the minutes.

### **Attachment**

Staff-Board Relationships



**What's a Snippet?** Glad you asked! A Snippet is short article about meetings or parliamentary procedure. New snippets are released on the first day of every month at [www.agreatmeeting.com](http://www.agreatmeeting.com).

## Snippet #169 Staff/Board Relationships

The currency of the nonprofit is passion – both a blessing and a curse. It's a blessing that nothing matches the dedication and commitment of those who band together to work for a cause they believe in. The curse is that because this *is* so personal, the ability to think logically, objectively, and strategically is often severely hampered. The board/staff relationship is key to a nonprofit's success.

The nonprofit faces unique challenges to creating and maintaining a healthy board/staff relationship. In a for-profit corporate environment, no one rises through the ranks planning to take the helm for a year or two, during which time the staff continues in their roles. In a nonprofit, the executive director and staff have to build a new relationship every election cycle. A president who comes into the office planning on "their year, their legacy, their way" causes the association to step back or start over with every new president. Instead of carrying out a long term strategy. New logos, themes, and tchotchkes are developed and the "new era" (at least for a year or two) begins. This type of activity is so obviously disruptive and contrary to good governance that the board may lose integrity with the staff, who have a longer view in mind. New boards (and especially new presidents) must come into their offices with a sense of history and the strategic plan, looking to fulfill collective goals and not on their own special legacy and a pile of souvenirs from their terms of office.

This is not to say staffs don't also bear some responsibility in creating this atmosphere. A hallmark of nonprofit staff is their dedication and desire to make things easier for the leadership. It can even go to extremes. Many years ago, after a new association officer left the staff room, I heard a staff member tell a new employee: "Do you know who that was? That was (insert name), the new (insert office). If he asks for your first born, you give it to him." A healthy board/staff relationship requires both parties to recognize that the staff has the day-to-day expertise in managing the association and fulfilling the mission, while the officers and directors have the responsibility to make decisions and govern the association. Staff who get involved in political disagreements (or worse, take sides), become confidants with members, or become vested in their own opinions about issues, create mistrust and tension.

The trust and tension issues can surface in the board room. There are many executive directors who believe they should be full members of the board. But this dramatically changes the dynamic – how can an employee be a full participant as an owner? And what if, on another issue, the executive director deliberates and votes, ends up as opposition in the minority and then must be trusted to implement that decision? Deliberation and counsel are two different things; the executive director should respect the board's right to govern and recognize this is the board's turf. During board meetings, the executive director and designated staff should be consulted for their expertise. The executive director should be a guiding hand, ensuring that the board has all of the information at their disposal in advance to ensure sound decision-making, but not advocating or lobbying for any one choice.

By the same token, the office is the executive director's workspace; board members must keep in mind that the executive director was hired to run the operations. Getting involved in personnel matters or giving directives to staff without the knowledge and consent of the executive director is encroaching. Having respect for each other's "space" will form a solid foundation on which to build a working relationship. Except with respect to the executive directors, hiring and firing decisions are not made by the board. Even if someone seems to be a valuable and longtime employee, it's not up to the board members to get involved in a termination. Board members must remember that the executive director works at the direction of board as a whole, not for any one individual, and the staff works at the direction of the executive director.

Respect and trust are earned and boards and staff must work to earn – and keep – them.



## BRIEFING NOTE

To: **COUNCIL**

From: **Jennifer Slabodkin, Manager, Registration,  
Quality Assurance & Policy**

Date: **March 9, 2018**

Subject: **Jurisprudence Program**

The draft revised Registration Regulation includes the completion of a jurisprudence program as one of the requirements for registration with the College.

In November 2015, the Registration Committee received approval from the Executive Committee to proceed with the development of the program. The Committee contracted Richard Steinecke to develop the Jurisprudence Manual and exam questions.

Development of both the manual and the online exam are complete. The College will be piloting this program to registered denturists prior to the revised Registration Regulation coming into force. In the pilot phase of this program, registered denturists will be able to access the Jurisprudence program and CPD credits are available to those members who successfully complete the online program, including the online summative exam. Successful completion of the Jurisprudence program may be used as a component of a Specified Continuing Education or Remediation Program (SCERP) ordered by the ICRC or Discipline Committee.

During the pilot phase of the program, voluntary participation by registered denturists will be free of charge. Once the pilot phase concludes and the revised Registration Regulation is in force, applicants for registration with the College will be required to complete the program. Registered denturists will have continued access to the program after the Registration Regulation comes into force. Once the pilot phase is completed, a fee of \$100 (+ HST) will be charged to applicants or registered denturists for participation in the program.



## BRIEFING NOTE

To: **COUNCIL**

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

Date: **March 9, 2018**

Subject: **Report from the Citizens Advisory Group**

This item is included in the agenda for the information of Council on the use of the Citizen's Advisory Group in gathering a sample of the public opinion related to the College, its function, and its website.

Priority 1 of the College's Strategic Plan is "Enhanced Communication and Stakeholder Engagement". One of the objectives of this Priority is to promote public awareness of the College's role in the safe delivery of denturism care through a public awareness campaign.

It seemed that a reasonable starting point for this public awareness campaign was to seek out an opinion from the Citizen's Advisory Group (CAG) on how to best approach promotion of public awareness.

The College contracted the CAG to provide opinion on the following questions:

- Should the public awareness campaign be solely online?
- Should we use social media? If so, which one?
- Should we use print media?
- Should we use radio advertising?

The CAG was also asked to consider which elements of the College's activities in the regulation of denturism are most important to the public. Should CDO promote awareness around all the College's activities or just those that the public accesses directly, i.e. the complaints process?

In addition, members of the CAG were asked to review the College's website through the combined lenses of transparency and accessibility, complete a number of tasks on the College's website (i.e. look up the name of a denturist located in their home area) and then report back on their experience on the website.

The CAG met on Saturday January 20, 2018. I attended their meeting to observe the process and also to serve as a resource should the group have any questions regarding the College. The pre-reading material and agenda for the session are included for information.

Following the session, the information gleaned from the discussions was summarized and a report provided to the participating Colleges. A copy of the report is attached for Council's information. Pages 8-11 present



the College's specific information. The information contained in the report will inform the College's strategy around a public awareness campaign. The results of the website survey are also included for Council's information. Comments on the website will inform the College of any opportunities for modification of the website content or functionality.



## CITIZEN ADVISORY GROUP

### PRE-READING MATERIAL FOR JANUARY 20, 2018 MEETING

#### Hello Citizen Advisory Group Members:

We are really looking forward to having you join us on **Saturday, January 20<sup>th</sup>** at the **College of Opticians of Ontario, Suite 300, 90 Adelaide St West, Toronto.** Please note this is a different than location that past meetings have been held.

**LOCATION DESCRIPTION:** Closest to the Bay/Adelaide intersection, across from First Canadian Place/Cactus Club – a Tim Hortons is right next to the building at the corner of Sheppard and Adelaide St West (entrance at front door on Adelaide)

**PARKING:** Underground at First Canadian Place or City Hall (five-minute walk from there)

**TTC:** Queen, King, and St. Andrews are all five-minute walks

**NOTE:** **We'll need to let you in the front door!** If we're not at the door when you arrive, call Farrah at 647-983-7874 or Beth Ann at 416-986-0576

Don't forget we have a light breakfast available from **9:30 a.m. until 10 a.m.**, with the meeting starting at **10 a.m. sharp!** We plan to finish by 4:00 p.m.

#### Meeting Preparation

Below you will find some background information and links to three surveys and to help you prepare for our meeting. Please feel free to spend up to three (3) hours reading the material and taking the surveys. Not to worry if it takes less!

Be sure to submit your survey responses. We need your honest feedback; there are no "right" or "wrong" answers. Your responses will be sent to the Colleges who have developed the surveys. A general discussion will take place during our meeting. (That is to say, you don't need to remember how you answered and you don't need to keep a copy of your responses.)

If you have any questions or difficulty with the surveys or the meeting, please contact Beth Ann Kenny at [bakenny@citizenadvisorygroup.org](mailto:bakenny@citizenadvisorygroup.org) or 416-986-0576.



## **CITIZEN ADVISORY GROUP – AGENDA**

- Date:** Saturday, January 20, 2018
- Time:** 10:00 a.m.-4:00 p.m.
- Light Breakfast Available at 9:30 a.m.
  - Lunch and snack breaks provided
- Location:** College of Opticians of Ontario  
Suite 300 – 90 Adelaide St W, Toronto ON M5H 3V9
- Facilitator:** Misha Glouberman

### **AGENDA ITEMS**

#### **Promoting Public Awareness of the College’s Role in Safe Healthcare Delivery**

Sponsoring Partnership Members:

- College of Denturists of Ontario

#### **Patient Relations Questionnaire**

Sponsoring Partnership Members:

- College of Opticians of Ontario

#### **Website Re-Design**

Sponsoring Partnership Members:

- College of Denturists of Ontario
- College of Opticians of Ontario

#### **Additional Information on the Public Register**

Sponsoring Partnership Members:

- College of Physiotherapists of Ontario

## **PROMOTING PUBLIC AWARENESS OF THE COLLEGE’S ROLE IN SAFE HEALTHCARE DELIVERY**

*Sponsoring College: College of Denturists of Ontario*

The College of Denturists of Ontario (CDO) is asking you to consider approaches to one of the priorities identified in the College’s Strategy Map 2017-2020. This priority is “to promote public awareness of the CDOs role in safe delivery of denturism”.

### **Background**

#### **About the College of Denturists of Ontario**

The College of Denturists of Ontario (CDO) protects and serves the public by governing the profession of denturism in the province.

Despite its name, the College is not an educational institution but a regulator. Its main roles are to:

- set the education and qualifications necessary for entry into practice
- issue certificates of registration to Denturists who’ve met the professional requirements, enabling them to practise
- set the conditions that allow Denturists to maintain registration
- administer and develop the components of the mandatory Quality Assurance program that assist registrants with staying current and growing their knowledge/skills throughout their career
- develop standards of practice (the rules that Denturists follow)
- respond and investigate – openly, fairly, and with legislated authority – when complaints arise
- hold disciplinary hearings and impose penalties when a Denturist breaches the standards of the profession

#### **About Denturism**

A Denturist is a dental health care professional who provides denture care directly to the public. Denturists examine patients who are missing some or all of their teeth, and can design, construct, repair and alter removable dentures.

A Denturist is an independent, self-regulated professional who works with other oral health care providers, including Dentists, Dental Hygienists, Dental Technicians, and Oral Surgeons, as part of the Dental Health Team to provide the best denture care and service to their patients.

Denturists are allowed to perform the following duties:

- Design a treatment plan for the patient
- Measure patient’s jaws to determine size and shape of dentures required
- Take impressions

- Design and construct full and partial dentures
- Fit and modify new dentures
- Reline and rebase dentures
- Repair and alter dentures
- Fabricate removable prostheses over implants
- Fabricate mouth protectors

In order to practise in the province and use the title of “Denturist” an individual must complete an approved denturism program, pass the Qualifying Examination administered by the College of Denturists of Ontario (CDO) and be registered with the CDO. You can find a registered Denturist in Ontario by going to Find a Denturist.

Denturists are required to renew their registration annually with the CDO and must

- Adhere to the:
  - College By-laws
  - Standards of Practice
  - Policies
  - Acts and Regulations
  - Scope of Practice
  - Code of Ethics
- Participate in the Quality Assurance Program (the QA program includes activities and education that foster continuing professional development in a manner that addresses and promotes continuing competence, inter-professional collaboration, changes in practice environments, and standards of practice).
- Maintain privacy and confidentiality of their patient’s personal health information and records

## Questions

The CDO is a small College of modest means so it is unable to undertake a major media campaign across all platforms. Thus, it needs to be strategic and communicate our information/message in a manner that will provide us with the greatest amount of contact with the public. Please think about the following questions. We are looking for suggestions in this realm:

- Should the campaign be solely online?
- Should we use social media? If so, which one?
- Should we use print media?
- Should we use radio advertising?

Also, we are interested in your thoughts on which elements of the College’s activities in the regulation of denturism are most important to the public. Should CDO promote awareness around all of the College’s activities or just those that the public accesses directly, i.e. the complaints process?

## WEBSITE RE-DESIGN

*Sponsoring Colleges: College of Denturists of Ontario and College of Opticians of Ontario*

### Background

The College of Denturists of Ontario (CDO) ([www.denturists-cdo.com](http://www.denturists-cdo.com)) and the College of Opticians of Ontario (COO) ([www.coptont.org](http://www.coptont.org)) are both interested in your comments about their websites. CDO has recently launched a new site and COO is planning its site redesign.

### Surveys

There are two surveys to take as part of your pre-meeting preparation. Both surveys have links to the College's websites that you'll need to visit to answer the surveys. Remember that it's your honest feedback they want and there are no right or wrong answers.

[College of Denturists of Ontario Website Survey](#)

[College of Opticians of Ontario Website Survey](#) – see Appendix 1 for the mock-up version of the COO's new website

Plan for a general discussion at our January 20<sup>th</sup> meeting about these websites.

## PATIENT RELATIONS QUESTIONNAIRE

*Sponsoring College: College of Opticians of Ontario*

The COO wants to know what you know about what opticians do and what gaps in information need to be filled for the public. Please click on this survey and be ready for additional discussion at our January 20<sup>th</sup> meeting.

[College of Opticians of Ontario – Patient Relations Questionnaire](#)

## ADDITIONAL INFORMATION ON THE PUBLIC REGISTER

*Sponsoring College: College of Physiotherapists of Ontario*

### Background

The College of Physiotherapists of Ontario's (CPO's) Public Register (also called "Find a Physiotherapist" on its website) gives the public access to information about registered healthcare providers – things like languages spoken, schools attended, year graduated, contact and address details and past disciplinary history. All regulated professions are required to have a similar online registry.

In the spirit of transparency, more information has been added to Public Registers over the past few years. The goal of a Public Register is to ensure the public can make informed decisions about who to see, or who chose not to see.

### Your Task:

Please spend about 15 minutes looking at the CPO's Public Register/Find a Physiotherapist.

Go to the Public Register at <http://publicregister.collegept.org/PublicServices/Start.aspx> and look up two names:

1. Shari Hughes
2. Zak Bayat

This will give you an example of a physiotherapist (PT) with a simple profile and the second with a more complex profile. *[Be aware that we are in the process of redoing it and come February 1, we will have an entirely different looking Public Register, with improved user-functionality (things like it will be mobile-friendly, a much-improved ability to search and people will be able to pull complete lists of physiotherapists based on filters).]*

### Think about the following questions:

1. Would you find it helpful to see information about what kind of funding each physiotherapist accepts? For example, does a specific PT provide publicly-funded physiotherapy (OHIP) or do they take patients who receive WSIB funding for example?
2. Would it be helpful to see if each physiotherapist's physical location is accessible for people using wheelchairs, canes or who have other mobility issues? Does it have an elevator or stairs for example?
3. Finally, are there other kinds of information that you **do not** see on the Public Register that you believe a patient would find useful? If so, what are they?



# Protecting the Public

The College of Opticians of Ontario (COO) regulates the practice of Opticianry in the public interest.

## COO Services

Ensuring high standards of care by establishing standards and guidelines for opticians. Included within is information regarding the importance of using a registered (licensed) optician, how to lay a complaint, finding an optician



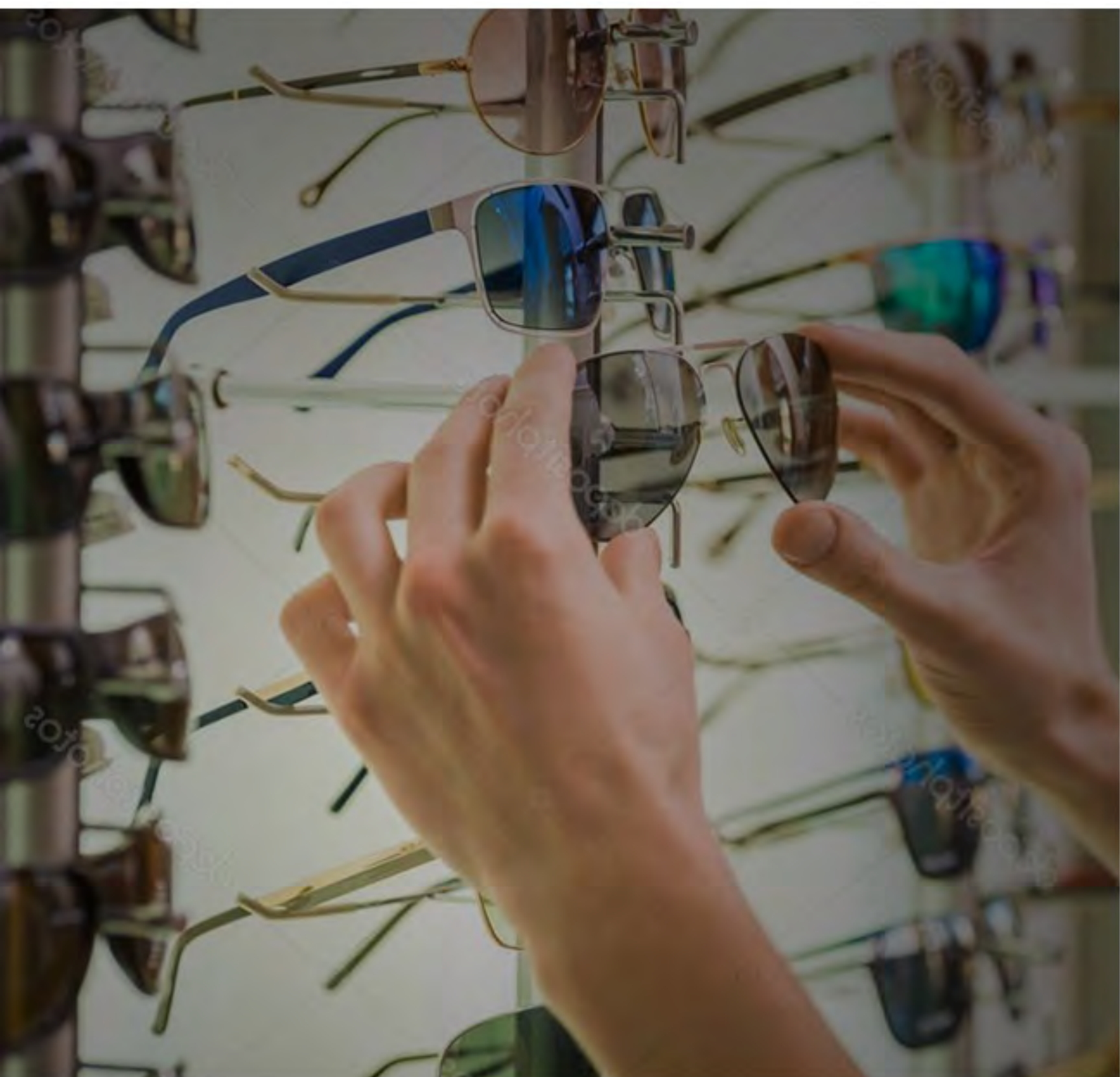
Lodge a  
Complaint



Find an  
Optician



What's  
New



## PUBLIC

Information about how we protect the public. The College of Opticians of Ontario (COO) regulates the practice of Opticianry in the public interest. Included is information on the complaints process, unauthorized practice, and more.

## MEMBERS

Information for optician members including registration, renewals, maintaining continued competency through quality assurance requirements, and more.

## APPLICANTS

Information about training and education, entry to practice competencies, registration requirements, and more.



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# Optician Search

Use this tool to find information about individual opticians who are registered with the College.

The Regulated Health Professions Act (RHPA) sets out that the College will maintain a list of all registered members of the College of Opticians of Ontario. The RHPA and College by-laws specify what information about each optician is to be kept and made available to the public. We call this the public register.

The public register includes a wide variety of information, such as each member’s name, any nicknames or previous names used by the member, practice name, practice location and telephone number and, if applicable, the name of each health profession corporation in which he or she is a shareholder.

The public register also includes information about each member’s registration status and class (i.e., is the optician’s certificate of registration current, or have they been suspended). If a member’s certificate of registration has been suspended, the reason for the suspension is listed.

In addition, certain information about each member’s qualifications is noted, namely, any areas of service and details regarding contact lens mentor status (or Certified Contact Lens Fitter designation).

## Public Register Changes

We have launched our new Public Register with extensive user improvements. The new Register makes it easier to search and understand practice details for opticians, intern opticians and student opticians.

There may be some inaccuracies as we are currently testing the newly launched Register. If you have difficulty using our new Register or finding information about a member, or require any assistance, please contact the College at [registration@coptont.org](mailto:registration@coptont.org) or 416-368-3616 x 202, and we will be pleased to assist you.

Continue with Optician Search



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# What's New

## President's Message

December 2017

It's hard to believe that we are coming to the end of another year. Saying that 2017 brought significant changes at the college I believe would be an understatement. ...

[Click here](#) to read to entire Presidents Message

## Feedback

The College is seeking feedback from the public on these important issues concerning by-law amendments. The Survey portal will be open until the close of business day on December 19th. The College is looking for stakeholder feedback on:

- Life member feedback [Click here](#)
- District 6/CCLF seat feedback [Click here](#)
- Committee Terms [Click here](#)

## Bill 87: How does it affect you?

On May 30, 2017, Bill 87, the Protecting Patients Act, received royal assent by the Ontario government and significantly amended the Regulated Health Professions Act (RHPA).

[Click here](#) for complete details.

## Call for Appointed (Non-Council) Optician Members

The College of Opticians of Ontario (the College) is now accepting applications from optician members to serve as Appointed (non-Council) Members. Appointments are for a two year term from January 1 2018 to December 31 2019.

[Click here](#) for complete details.

## Amended By-laws

On May 30, 2016 Council approved amendments to the College by-laws that resulted in clearer and consistent language throughout the by-laws, sets out an updated registration fees schedule for all classes of registration, and amends articles dealing with Council and committee member obligations and committee composition and appointment and procedures. Please click here to access a summary document highlighting the amendments. If you have any questions relating to these amendments or the by-laws in general please send your inquiry to [mail@coptont.org](mailto:mail@coptont.org).

[Click here](#) to view the amended College by-laws.



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# Lodge a Complaint

## The Complaints Process

The College of Opticians of Ontario (the “College”) is mandated to investigate every written or recorded complaint made against one of its members. Should there be any concern about the level of care received or any aspect of professional conduct with regard to a registered member of the College, please contact the office and speak with the Manager of Professional Conduct.

### Initiating a Complaint

In order for the College to act upon a complaint, it must be received by the Registrar in writing, recorded on audio tape or on video, submitted on disk or on another permanent medium. The complaint should include: the name of the member, the business name, the business address and phone number, the time the incident occurred, a detailed account of what happened, names of any witnesses, and lastly any supporting documentation. There is no time limitation on filing a complaint with the College.

The name(s) of all complainants must be disclosed unless there is strong evidence that the personal safety of the complainant would be at risk by doing so. The aforementioned notwithstanding, the College is not able to act on anonymous complaints as the member who is the subject of the complaint must be in a position to respond fully to the allegation or allegations contained in the complaint.

### Once the Complaint is Received

Within 14 days of receiving the complaint, the College will send a letter of acknowledgment to the complainant and a letter to the member against whom the complaint is made, notifying him/her of the complaint. The letter to the member will be accompanied by a copy of the original complaint. The member is required to respond to the notice of complaint within 30 days. The matter will then be referred to a panel of the Inquiries, Complaints and Reports Committee (the “ICRC”).

### Investigating the Complaint

All written submissions and information collected from both the complainant and the member are provided to the panel. At this stage of the complaint process, the panel will review and determine whether additional investigation is required or whether there is sufficient information to reach a decision. In addition to reviewing correspondence from both parties, the panel can do a number of things as part of its investigation, including:

- Getting clarification from both parties
- Inspecting products delivered when applicable
- Interviewing and obtaining statements from witnesses
- Inspecting records
- Obtaining copies of documents
- Authorizing an undercover investigation
- Approaching other patients or members or colleagues or staff of the member who is the subject of the complaint

The purpose of the investigation is to determine how the matter should be resolved. The panel does not conduct hearings, and meets in closed session (i.e., without the complainant or member being present). In determining the outcome of a complaint, the panel should have regard to, among other things, the legal requirements of establishing professional misconduct or incompetence and the strength and quality of the evidence against the member who is the subject of the complaint. All information relating to the investigation and resolution is confidential.

Should you have any questions, please contact the Coordinator of Professional Conduct at [complaints@coptont.org](mailto:complaints@coptont.org) or at 416-368-3616 or (800) 990-9793 (Ontario only) extension 213.



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## **CITIZEN ADVISORY GROUP MEETING REPORT**

**SATURDAY, JANUARY 20, 2018**

**College of Opticians of Ontario Offices  
300 – 90 Adelaide Street West  
Toronto ON M5H 3V9**

**10:00 a.m. – 4:00 p.m.**

**Facilitator: Misha Glouberman**

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## WELCOME AND REVIEW OF OCTOBER 2017 SESSION

The meeting was opened by Misha Glouberman, who welcomed both new and returning attendees and introduced Lisa Pretty, Citizen Advisory Group (CAG) Partnership Chair and Communications Director at the College of Physiotherapists of Ontario (CPO).

Lisa provided a brief overview of the group's history and growth, and acknowledged the valuable and positive feedback from this group at its previous meeting. Several other health regulatory colleges have expressed interest in joining the CAG, which enhances the ability of all colleges in serving the public interest.

For this meeting, the topics and sponsoring partnership members were noted as follows:

- Promoting Public Awareness of the College's Role in Safe Healthcare Delivery: College of Denturists of Ontario (CDO)
- Patient Relations Questionnaire: College of Opticians of Ontario (COO)
- Website Re-design: CDO and COO
- Additional Information on the Public Register: College of Physiotherapists of Ontario

## REVIEW OF OCTOBER 2017 SESSION

Highlights of the feedback from the last session were noted, including what went well and the need for continuity with the group's activities. After convening into small groups, the following feedback about participation in the CAG was noted:

- Rewarding:
  - Lisa's report was beneficial
  - The colleges are listening and this initiative is worthwhile
  - Positive group interaction with opportunities to speak and benefit from the camaraderie
  - The model has expanded from the physiotherapists to other professions
  - There is no sense of tokenism and this has a positive impact
  - Diverse group members come from different backgrounds and engage in good information-sharing
  - Able to hear varied and different perspectives and experiences
  - Genuinely doing something useful
- Challenging:
  - Seeing things from different angles (e.g., at the CAG previous meeting, several participants who were nurses could speak to issues in addition to the patient view and this was beneficial for the group)
  - Diversity issues for the colleges such as hearing all the voices and promoting diversity in the group (i.e., different professions, different parts of the province, etc.)

**Additional discussion:**

- While some individuals have left the CAG, it is expected that this group will continue. There is always content for the regulatory colleges to bring forward to groups such as the CAG.
- In response to a query about whether the public knows enough and whether there is movement at some level, it was noted the Federation recently launched a patient-centred website. Further, additional marketing programs will also be launched (i.e., advertising and going into community health centres to provide awareness about the complaints process).
- There is work to do in having a grassroots movement communicated to the public about the role of the regulatory colleges.

**Goals**

The goals previously developed by this group were reviewed, including positive outcomes.

Following small group discussions, each group provided feedback:

- An important goal is to be heard by the colleges
- A tick box approach (possible “tokenism”) is a concern and should be diligently avoided. It is important to hear feedback from the colleges, as “heard and valued” is an important principle
- Evidence of the impact of this group’s comments/discussions is important
- If the group sees its feedback being implemented, it will give the group more confidence (to frame the comment, Lisa provided an example of the longer-term process in implementing a by-law change). To a show of hands, the majority of participants find that the group’s voice is being heard and it would be “awesome if it could be better”
- Consider a future tracking mechanism among the colleges on a particular topic on which this group has consensus (e.g., a feedback mechanism).

Following a breakout group discussion, the following feedback on what the colleges could be doing in the future to be more responsive in showing evidence of impact was noted:

- Mechanism for tracking what happens at the colleges on particular topics of advice, i.e., design a system for feedback from Colleges to show how far along things are in the process and what policies and processes are being changed and how; communicate the proposed outlines and timelines and post a report to the CAG website; it would be in writing publicly, which forces some accountability (e.g., “what we heard” and with “possible next steps”)
- Video vignettes by decision-makers, showing what is the impact of CAG to them and how it enriches the work they do. The outreach work could also be included on the colleges’ websites as a testimony to the CAG’s impact
- The work of the Federation was acknowledged. Perhaps CAG would fit into the Federation’s future work: where does it fit in the healthcare framework? It is important to clarify the role, including the aspirational role (where it fits into the bigger picture). Questions were posed: “Why aren’t the 15 other colleges members of CAG?” and “Some colleges should be embarrassed by not having access to the CAG. Why not?”

- Feedback on picking the most important of the above-noted ideas (votes cast by CAG members):
  - Tracking on CAG website: 8
  - Some sort of report on next steps: 4
  - Video: 0
  - Role of the group: 0

Lisa briefly outlined the growth and development of processes to support the implementation of ideas generated from this group, including a tracking mechanism on the CAG website and reiterating that the CAG is not a decision-making body and colleges might not take a suggestion. Having a report on how the CAG's recommendations were heard is important.



## PATIENT RELATIONS QUESTIONNAIRE

### COLLEGE OF OPTICIANS OF ONTARIO

The College of Opticians of Ontario (COO) is seeking feedback on what the public knows about what opticians do and what gaps in information need to be filled for the public.

#### **Why does it matter that public knows/understands what an optician does?**

- Opticians, optometrists, and ophthalmologists each have their own area of expertise. The product someone is wearing has to be the right thing and that's the appropriate person to ask
- The professional should know their limitations (e.g., be able to treat an eye infection)
- Important for the member of the public to know the professional's limitations (e.g., if it's about glasses, the optometrist can do testing; if it's about the eyes, the patient may have to go to the ophthalmologist)
- Need to have a better sense of the objective for each professional (e.g., selling glasses is the goal)
- When a patient walks in, the place should be labelled so there is no confusion for the public (e.g., know where the practitioner went to college and whether they are a regulated professional). Most people don't know what the professional has done in school and what their expertise is. For example, in a store selling glasses, the public needs to understand who the various people are such as: Who is the trained professional? Who works at the cash register?
- Sometimes the patient has to figure out what the next steps might be for them in determining which person to go (i.e., optician, optometrist or ophthalmologist); in some cases, they go to their general practitioner (GP) for a referral to the right person
- It is important that the care the patient needs is delivered
- Several individuals in the group noted they were "still confused" by the distinct roles of the three types of practitioners (i.e., optician, optometrist, ophthalmologist)
- Defining the scope of practice for each category of professional with respect to diagnosis, prescription and intervention is beneficial. The public needs to know who to ask, who they can trust, and the expertise/experience of each of opticians, optometrists or ophthalmologists, and then to get the care they need

#### **What the College can do to help the public understand what opticians do:**

- A poster on the wall or a pamphlet in the office to provide definitions and inform patients
- In the literature, educate the public about reference checks (e.g., registered technicians)
- Provide an outline of possible expenditures to avoid "upselling"
- Most people don't know that opticians are regulated professionals. Consider ads such as at bus stops to advise the public of "who is who"
- Nametags worn by the individuals who work in the clinic (role and name so the patient can check them on the Internet) are beneficial

- It is beneficial for the three colleges to work together to differentiate the three colleges' professions (e.g., what are their roles, limitations, etc.)
- Do the colleges regulate the fee schedules? Should the schedules be accessible to the public?
- Can the College do advertising?
  - Bus boards are expensive
  - Posters in clinics about the three different professions can be cost-effective and informative: "here's what we do"
  - Importance of having a registered health care professional is beneficial to garner the confidence of the public ("tell people why we matter")
- Online optician services: is that a good way for the public to get glasses? Quality matters and people might get better care if the public is educated about what can happen if glasses or contacts aren't fitted properly. Consequences and recourse would be important for the public to know
- It is positive for patients to improve their eye care
- Education about the role of the colleges (in this context, the word "college" is confusing to the public)

**Priorities** (votes cast by CAG members):

Reach people in offices (posters/pamphlets): 8

3 Colleges to work together: 8

Bus stop ads about the College: 2

Identify the professions in the store: 2

Why this matters: 1

Educate people about reference checks: 0

Outlining average costs to avoid upselling: 0

Fee schedules are public: 0

All glasses/lenses are not equal (online): 0

Improve self-care: 0

Based on the above-noted discussion, it was suggested that the following three items could be incorporated into a delivery mechanism:

- why this matters
- all glasses/lenses are not equal
- the benefits of improvement of self-care

## WEBSITE RE-DESIGN

### COLLEGE OF DENTURISTS OF ONTARIO

The College of Denturists of Ontario (CDO) recently launched a new website and is interested in feedback about it.

#### Which of the College's activities are most important to promote to the public?

- It is a regulated profession and the College exists as a separate college (some people thought they were “part of the dentists”)
- Understand the basic care to expect from a denturist – “they are not a dentist”
- What questions are there about process?
- There is a complaints process
- It is valuable for patients and caregivers to have an opportunity to provide feedback, including positive feedback (note: colleges and practitioners are prohibited from publishing ratings and testimonials about individual practitioners)
- Know what denturists do
- A member of the public can go directly to a denturist (rather than having to go through a dentist)
- Would it be important for those needing dentures to know that denturists are up-to-date on the latest technologies, etc.? (It was noted there is a requirement for members to do CE and report it to the College. The College doesn't direct content.)
- Do denturists have professional development requirements?
- Denturists fabricate dentures that fit over implants.

#### Priorities (votes cast by CAG members):

What denturists do: 9

Patients can go directly to them: 5

There is a complaints process: 4

Basic care to expect: 3

Feedback (good/bad): 3

Existence of the College: 0

Denturists aren't dentists: 0

Regulatory criteria: 0

Are there PD requirements: 0

#### How should the College communicate this information to the public?

- In collaboration with dentists
- The website should be cleaned up; develop a series of small and cost-effective ads that highlight denturists' services and the College's website address; consider being on social media such as Facebook, Twitter, etc.
- Consider targeted print materials for physicians' offices and retirement facilities

- Would it be ethical for the College to work with members in getting consent from the denturists' customers with the provision of email address (builds on social media lists)?
- If there isn't one already, create something like an "Ontario Denturists' Week" and run a media blitz for a week (e.g., send it to radio/TV stations, newspapers); this would create awareness
- Create a Facebook page for the College, although it doesn't reach people necessarily unless they find it
- Consider being on Twitter
- When asked about partnering with the denturists' professional associations, the CAG partners shared that there needs to be a careful separation between colleges and associations

**Priorities** (votes cast by CAG members):

Print materials: 6

Partner with dentists: 5

Run online ads: 1

Email list of happy customers: 0

Denturists Week: 0

Online ads:

Facebook: 11

Twitter: 0

Instagram: 0

Reditt: 1

Also: possible information hub for students

**WEBSITE REVIEW**

What is most important for the website to provide?

- "Find a denturist in my area quickly"
- "Track record of the denturists in my area" (regulatory)
- Is the office accessible?
- Contact information for the College should be prominent (including phone numbers)
- What do denturists do? What can the public expect from the process?
- Coverage (for services)
- How to file a complaint
- Provide basic information on a fact sheet: what does a denturist do, do I need a referral, why visit a denturist, etc.
- Pointer to a rating site
- Accessibility/readability to the denturist's website is important factors to consider (e.g., ability for people who are colour blind to navigate the website)

**Ratings** (votes cast by CAG members):

Find a local denturist: 8

Track record of denturist: 5

FAQ: 4

What do denturists do: 3

File a complaint: 1

Office accessibility: 0

College – easy to contact: 0

Coverage: 0

**General impressions and specific feedback on the website:**

## Liked:

- “About us” bullets: explains what the College does and is easy to read
- “Find a Denturist” is prominent
- For “About the College” and “How to File a Complaint”, the side menu information is clear and “front and centre”
- Device-responsive and looks modern/progressive
- Font and typeface look good (use of dark colour or black preferable to lighter colour)

## Suggested changes:

- Move applicants and members below the four items; make public part more prominent (i.e., public information should be more front and centre)
- Website should target the general public (registered denturists will know where to go on the site for the information they need – the public doesn’t need that information)
- Filing a complaint: clear but easy to scroll past it (give it more prominence)
- Menu on a mobile: too much is showing
- Rolling banner is distracting and not that easy for the viewer to find what they are looking for; a carousel of banners with a selection tool for each slide would be easier for the user to get to the desired spot
- Reports: want to see on the first page where all the annual reports are filed (search results)
- Broad field of accessibility: French services are provided upon request; factors include translation into French (associated costs), and having it in French will assist French-speaking people. Are there multilingual opportunities?
- Documents are in an easily accessible format
- Top banner: blue is too light for an effective contrast and it should be easier to read
- Include a denturist in at least one of the photos

**Priorities** (votes cast by CAG members):

Public information more featured/targeted within framework: 9

Too many menus on mobile: 5

Too many banners changing: 4

French content: 4

Other languages: 2

More prominence re: complaints: 1

Scroll between banners: 0

Photo of dentist: 0

Blue hard to read: 0

## COLLEGE OF OPTICIANS OF ONTARIO

The COO is planning to re-design its site and welcomed feedback about its new design.

Ideas as to what the site should provide:

- Clarify the difference between an optician, optometrist and ophthalmologist
- Why is it important to be treated by a registered practitioner? This type of information needs to be on the website

**Priorities** (votes cast by CAG members):

Fact page (include differences between the 3 groups and why this matters, what they do, etc.): 9

Find an optician quickly: 7

Their track record: 7

File a complaint: 2

Accessible: 0

Contact College easily: 0

Coverage: 0

Ratings: 0

**General impressions and specific feedback:**

- Home page: targeted to the public
- Graphics and artwork: modern, colours are progressive, image is striking, artistic
- Easy to navigate with animation (three main headings with graphical icons makes it feel easy to navigate)
- Optician search is in enlarged font: easy to find

**Improvements:**

- “COO” is not common lingo for the public and its use should be avoided in these types of communications
- Text colour should be consistent: use black and not lighter grey, which causes navigational confusion; it is hard to read grey/white text
- Break down paragraphs into bulleted format (text makes it feel long)
- Be consistent with the colour of the links
- Some green graphics not linkable (hard to tell what is a hyperlink)
- “Protecting the Public” could be a link – appears to be that way visually
- Some opinions were expressed that “Protecting the Public” wording is “harsh” in conjunction with the beautiful imagery; other opinions varied in that it is important to have that wording and possibly move it elsewhere
- Top menu is too tight (“Optician Search” page)
- Fonts are a bit too small, given target audience
- “Optician Search” should take the viewer right to the search area
- FAQ: make this more “front and centre”: include what a public register is

**Priorities in managing website changes** (votes cast by CAG members):

Grey/white text: 11

Pop-up too small: 9

COO acronym: 3

Home page: link protecting the public: 3

Text on banner: 3

Fonts too small: 3

Text in sentence should be bulleted: 2

Hard to tell what's a link (colours): 2

Search for optician: 2

More upfront about what is a register: 1



## ADDITIONAL INFORMATION ON THE PUBLIC REGISTER

### College of Physiotherapists of Ontario

The College of Physiotherapists of Ontario (CPO) is seeking feedback on its public register to ensure the public can make informed decisions about who to see or not to see [e.g., the type of funding accepted by the physiotherapist such as the Ontario Health Insurance Plan (OHIP) and the Workplace Safety and Insurance Board (WSIB)], level of accessibility to the physiotherapist's physical location (e.g., elevator, stairs, etc.) and guidance on what kind of information that is not presently on the site would be useful to the public.

#### **Why would it be helpful to see information about what kind of funding each physiotherapist accepts?**

- OHIP physiotherapists: there is often a substantial wait-time for this type of physiotherapy services and the patient needs to know that in advance (e.g., before surgery)
- Communicate on the website which clinics are publicly funded; lots of people cannot afford physiotherapy because they don't have appropriate insurance
- Costs can be prohibitive for older adults, which circles back to the cost of physiotherapists. The information about funding helps people manage their costs and to know in advance of treatment if it is funded. If the patient knows in advance, it can contribute to better care
- With private clinics, there isn't a "clogging up" (i.e., ethical triage system) and access to those clinics would help reduce wait times for public clinics
- Does the clinic take credit cards? Providing credit card information will advise people what they can use; some people don't have cash with them
- Age for qualification of OHIP and for services for children and seniors
- Easy access to general information about physiotherapy
- Consider mandating a deadline for physiotherapists to post the information
- All health practitioners need to be aware of their responsibilities in updating their public registry to reflect any changes

#### **How useful is all of this information (scale of "1-5") (votes cast by CAG members):**

5: 10 (very useful)

4: 1

3: 2

## WRAP-UP

### ***What went well?***

- Agenda was covered effectively and efficiently, and it gave the colleges what they were looking for
- Liked having representatives from the colleges present (they can clarify questions, situations and accountability)
- Nice sized group; the breakout group work is an opportunity to trade ideas and generate conversation
- As a new member, felt comfortable in the group. It is easier to put ideas together in a smaller group and to engage with different personalities to get different ideas and meet new people
- Respectful environment; the facilitator clarifies comments and runs it well (“keeps it smooth”)
- One-on-one work is rewarding
- Getting reading material early is beneficial
- Participants all want to see a tracking mechanism (“exciting outcomes”)
- Everyone is engaged
- Facilitator kept things moving on time
- Helpful to have a recap from the previous meeting, particularly about the process and it helps the new people
- Accessible and good central location for the meeting; easy to find
- Food was good
- As a new member, participants can be heard; the explanations about the procedures were easy to follow
- People feel it’s a good use of time and important work is being done; no “dead time”
- Observers and college representatives strike a good balance in providing background information to the CAG; they are accessible but not dominating

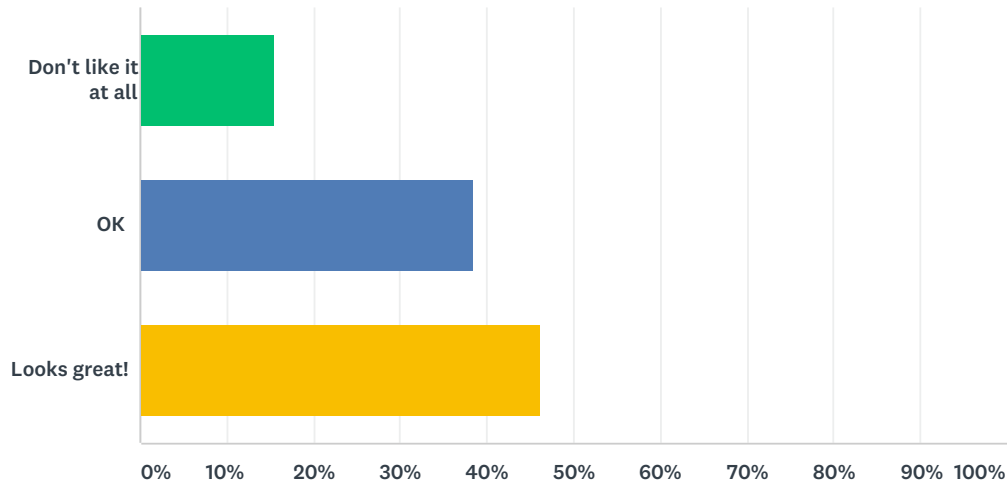
### ***What can be done differently?***

- Refresher/reminder about the parameters, roles, limits in which this group can effect change (in the advance materials and in the readings) and the role of associations versus the role of the regulatory colleges
- Ensure no overload of participants
- There should be a vote on a 5-minute reminder at the next meeting
- Survey Monkey: “choose” and “comment” – it was agreed that Survey Monkey respondents should always have the ability to provide a comment for a specific question. It was agreed that future surveys will allow for feedback with comments
- Tracking progress – how can/should this be done? (There was commitment to present ideas from the CAG Partners at the next meeting.)

- 
- Shared lessons from the past three years – divided on this but keep it in mind; no action is required now
  - Is there any need for professional development for citizen advisors (e.g., a reminder of what colleges can/cannot do)? Is there anything else?
  - Tracking: evaluation of the evolution of the CAG and sharing of lessons learned during the past three years

## Q1 What is your impression of the appearance of the website?

Answered: 13 Skipped: 1



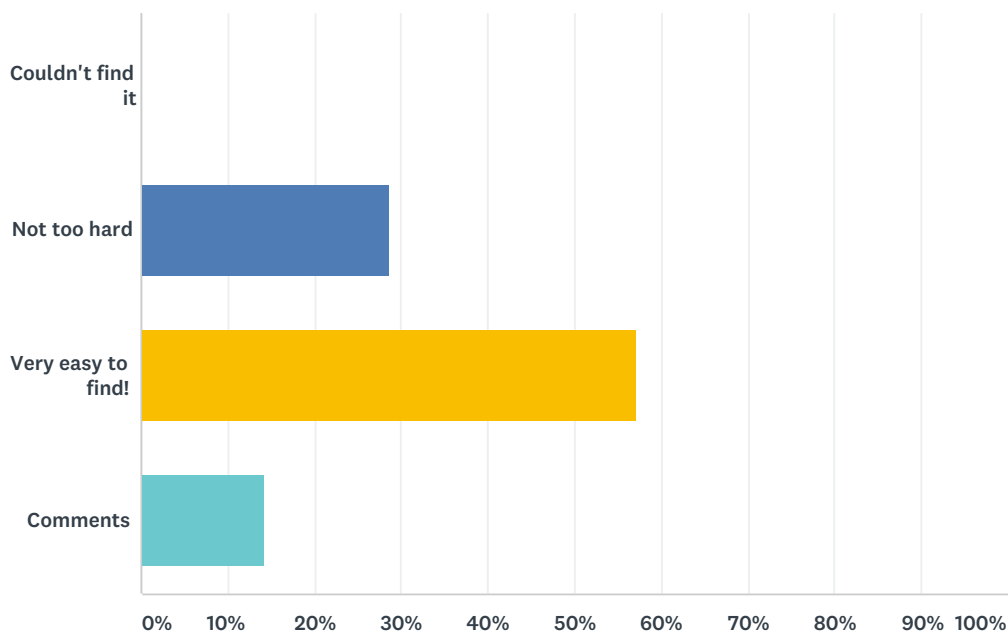
ANSWER CHOICES	RESPONSES
Don't like it at all	15.38% 2
OK	38.46% 5
Looks great!	46.15% 6
TOTAL	13

#	COMMENTS:	DATE
1	The website is modern and is smartphone friendly, which is great. One thing I did not understand right away is how the website is structured. It took me a while to get a sense that the top menu separates information for public, applicants, denturists, members of council, information about a college and other helpful resources. I believe it should be separated more noticeable. In my opinion, the organization needs to target its audience; if it's a general public then the website needs to be more "general public friendly" and as a common person I do not want to see the information that concerns applicants and denturists (even in the menu). It just seems like the website is trying to target everyone therefore I got a little confused. One more thing, even though the website is a smartphone friendly, but the menu is huge. I would recommend to show second menu options when the main menu option is chosen.	1/19/2018 10:21 PM
2	Lively and prgrssive	1/19/2018 2:29 PM
3	'don't like it at all' is a bit extreme :- ) what I don't like: too busy; missed opportunity to 'show' impact of dentures beyond great smile (ie eating)	1/19/2018 10:47 AM
4	easy to navigate - first impression I was impressed	1/18/2018 11:10 PM
5	Why not bilingual? or with an opening landing page offering pick of English or French.	1/18/2018 9:19 PM
6	Appears comprehensive and easy to navigate	1/18/2018 8:52 PM
7	It's okay but looks quite busy with lots of information	1/18/2018 2:31 PM
8	It looks good except for the pop-up "learn more" section that moves around. It interferes with navigating the website.	1/16/2018 9:39 PM
9	The only thing that I didn't like was the pop-ups that say learn more. They were in my way and affected navigating. Otherwise, it really does look great.	1/16/2018 9:17 PM
10	Good colour contrast in main headings, sub headings and main bullets/pull down tabs. Fonts are clear and simple. Visually effective and easy to find topics of reference.	1/16/2018 7:54 PM

11	Who are you trying to talk to	1/12/2018 10:18 AM
12	It has the needed relevant information. The blue + green colour on the site do not complement each other.	1/11/2018 8:16 PM

## Q2 Find out what the role of the College is. How easy was it to find this information?

Answered: 14 Skipped: 0

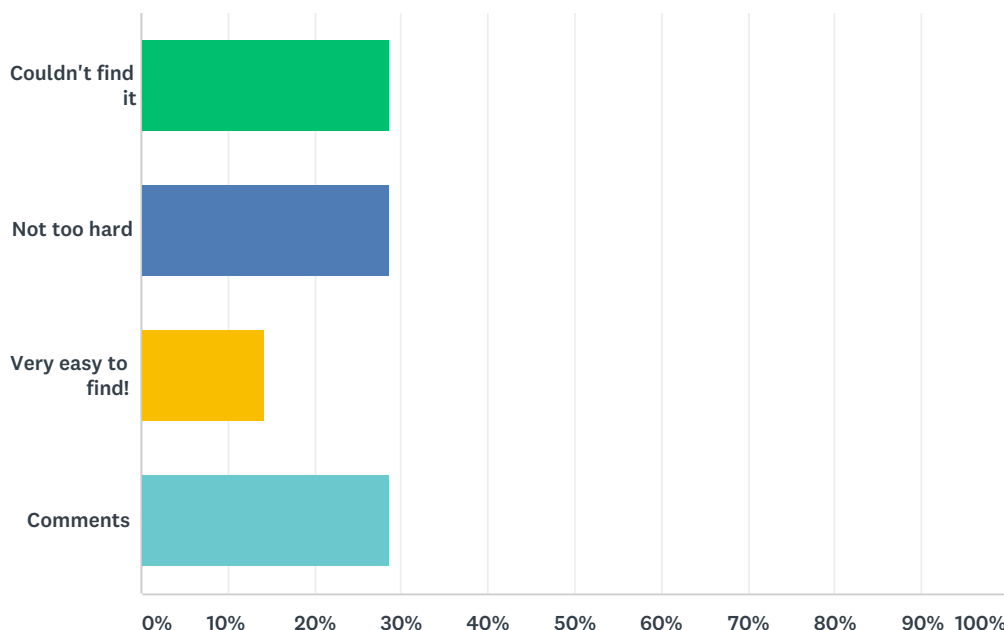


ANSWER CHOICES	RESPONSES
Couldn't find it	0.00% 0
Not too hard	28.57% 4
Very easy to find!	57.14% 8
Comments	14.29% 2
TOTAL	14

#	COMMENTS	DATE
1	Like very much that names, job titles, phone #s and email addresses of key staff contacts is provided.	1/18/2018 9:19 PM
2	Very easy to find! (can't select this and write a comment?) I like the bullets in the "About the College" section, easy to read.	1/16/2018 9:39 PM

### Q3 Find out who sits on the Qualifying Examination Committee. How easy was it to find that information?

Answered: 14 Skipped: 0

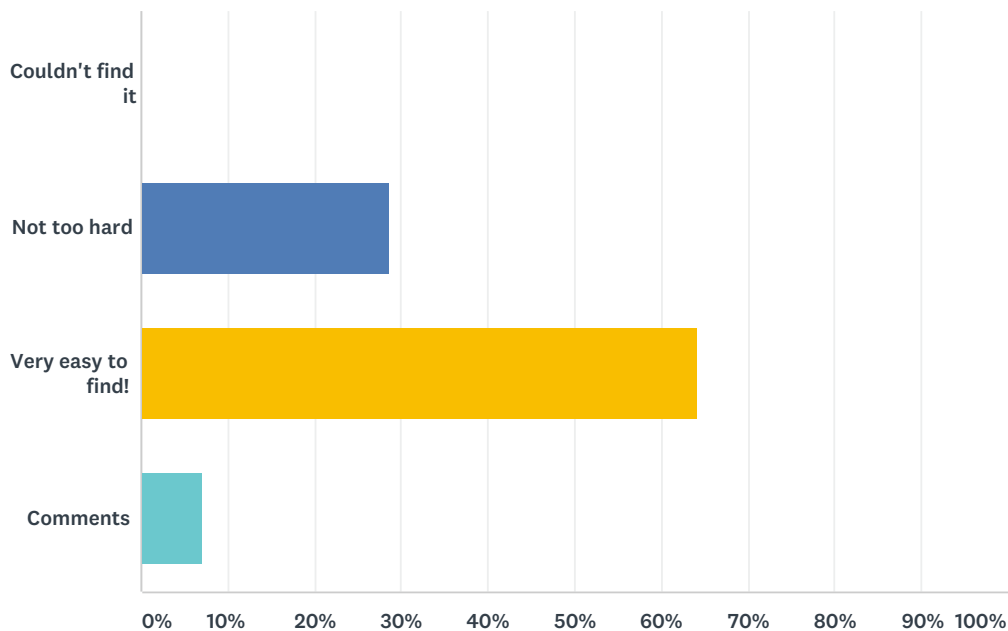


ANSWER CHOICES	RESPONSES
Couldn't find it	28.57% 4
Not too hard	28.57% 4
Very easy to find!	14.29% 2
Comments	28.57% 4
<b>TOTAL</b>	<b>14</b>

#	COMMENTS	DATE
1	took me a bit to find this one - until I realized that there was a committee heading at the top - was more focussed on the applicant heading to find it	1/18/2018 11:10 PM
2	there should be a link to the members of each committee embedded in the text which describes the scope of work of the committee	1/18/2018 9:19 PM
3	Took 11 min to find, thought it would be under Applicants-Qualifying Exam but after lots of digging found it	1/18/2018 2:31 PM
4	Site map needed.	1/12/2018 10:26 AM

## Q4 Find the most recent Annual Report. How easy was it to find this information?

Answered: 14 Skipped: 0



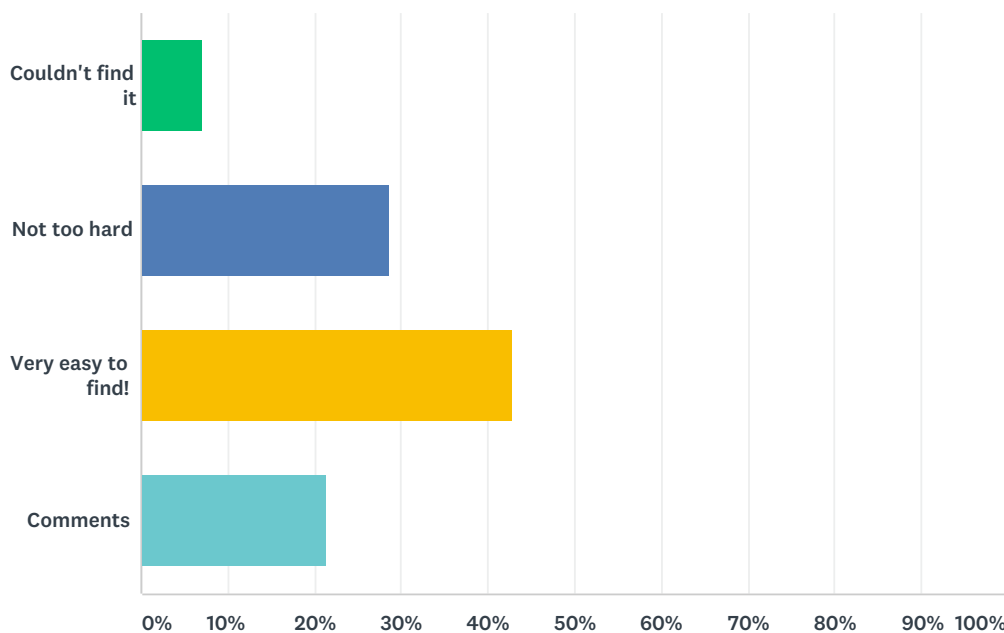
ANSWER CHOICES	RESPONSES
Couldn't find it	0.00% 0
Not too hard	28.57% 4
Very easy to find!	64.29% 9
Comments	7.14% 1
TOTAL	14

#	COMMENTS	DATE
1	I found the page in the menu, but the website "Search" should show the website page first rather than the annual report file, I did not specify that I want a specific annual report in the search.	1/19/2018 10:21 PM



## Q5 Find the name of a denturist in your area. How easy was it to find this information?

Answered: 14 Skipped: 0

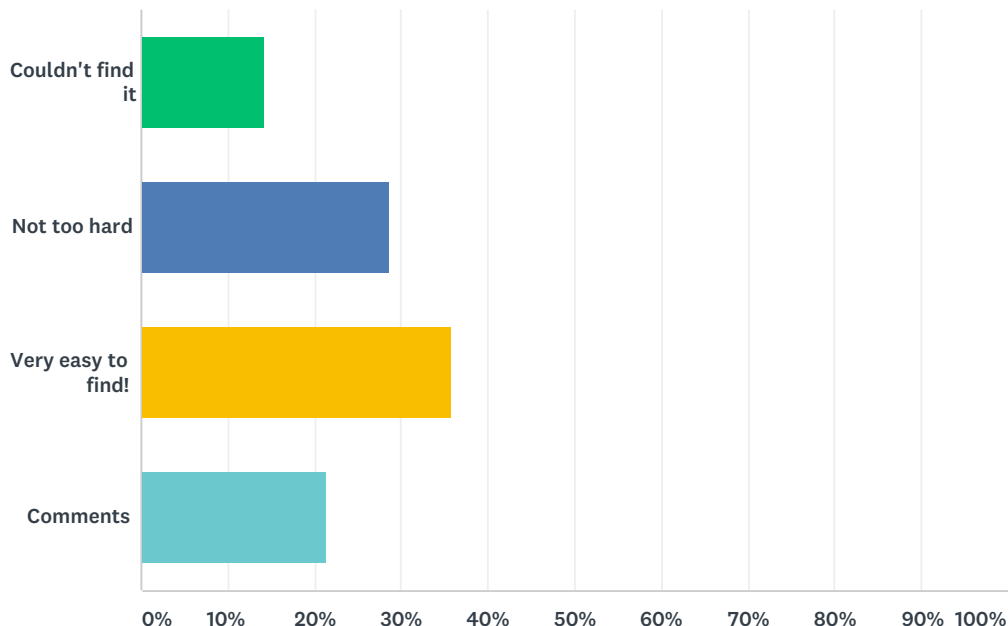


ANSWER CHOICES	RESPONSES	
Couldn't find it	7.14%	1
Not too hard	28.57%	4
Very easy to find!	42.86%	6
Comments	21.43%	3
<b>TOTAL</b>		<b>14</b>

#	COMMENTS	DATE
1	I'd expect it to be in top menu vs header; not clear that I can 'find' by a specific area - seems I have to put in the deturist's address	1/19/2018 10:47 AM
2	I liked the direct link in the upper right hand corner of the page - easy to find denturist in my area	1/18/2018 11:10 PM
3	Text should explain that you can search by any field, such as just by postal code.	1/18/2018 9:19 PM

## Q6 Check that denturist's information in the public register and determine if there are any terms, conditions, or limitations on that individual's Certificate of Registration. How easy was it to find this information?

Answered: 14 Skipped: 0

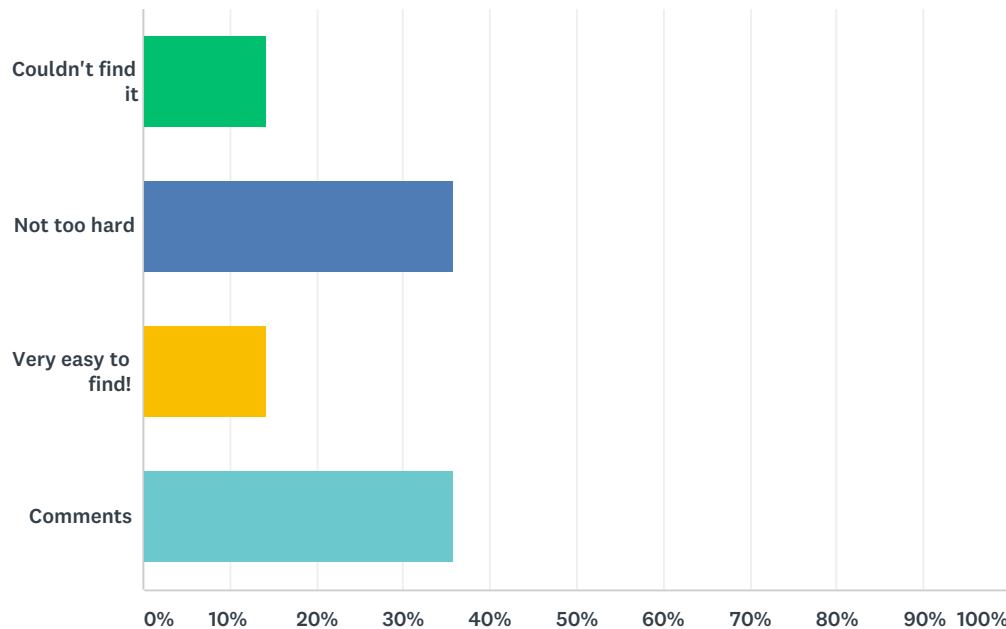


ANSWER CHOICES	RESPONSES	
Couldn't find it	14.29%	2
Not too hard	28.57%	4
Very easy to find!	35.71%	5
Comments	21.43%	3
TOTAL		14

#	COMMENTS	DATE
1	It was easy to find. But I am not sure if I would see that information if I was not looking for it specifically (it's not separated from the information indicated in a Registration Information), I would add a sub-heading saying something like "Certificate Limitations".	1/19/2018 10:21 PM
2	Add text to initial search result that you can click on the denturist name to find T,C or Ls, plus languages spoken, college registration status, perhaps, etc.	1/18/2018 9:19 PM
3	Only found that he had an "active" status.	1/18/2018 8:52 PM

## Q7 Find out which College staff member is responsible for receiving complaints. How easy was it to find this information?

Answered: 14 Skipped: 0

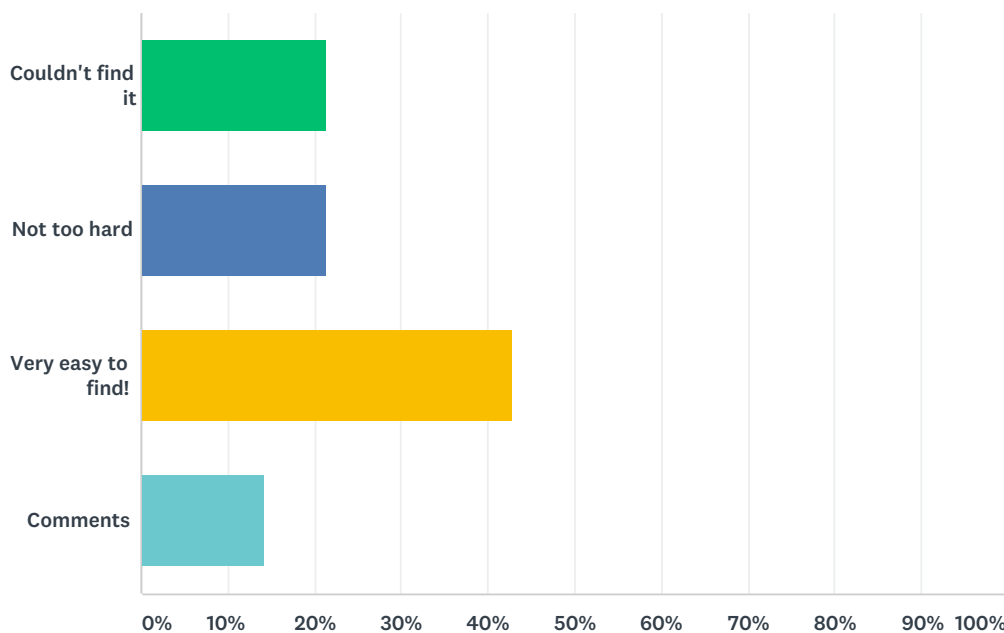


ANSWER CHOICES	RESPONSES
Couldn't find it	14.29% 2
Not too hard	35.71% 5
Very easy to find!	14.29% 2
Comments	35.71% 5
TOTAL	14

#	COMMENTS	DATE
1	It was easy to find. I would also place the College staff member information on the Complaints & Reporting page.	1/19/2018 10:21 PM
2	Would be helpful if included in the Complaints and Reporting Section, as well as Contact Us section.	1/18/2018 8:52 PM
3	A bit difficult to find actual staff members, the committee members are totally separate from the Complaints Process	1/18/2018 2:31 PM
4	Not sure if I found it. Is it the chair, Barbara ?	1/16/2018 9:39 PM
5	Is it Barbara Smith, the Chair?	1/16/2018 9:17 PM

## Q8 Find the name of the President of the College Council. How easy was it to find this information?

Answered: 14 Skipped: 0

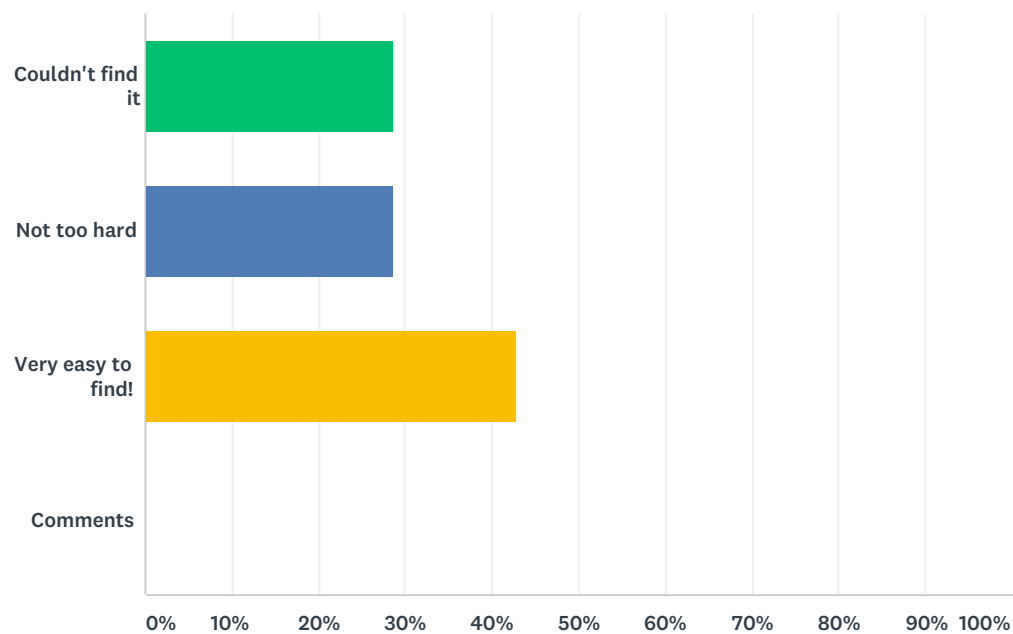


ANSWER CHOICES	RESPONSES	
Couldn't find it	21.43%	3
Not too hard	21.43%	3
Very easy to find!	42.86%	6
Comments	14.29%	2
<b>TOTAL</b>		<b>14</b>

#	COMMENTS	DATE
1	easy to find after a few clicks - depends how accessible the college would like that information	1/18/2018 11:10 PM
2	Had to dig a bit for it	1/18/2018 2:31 PM

Q9 Find out when the next OSCE (Objective Structured Clinical Examination) is being administered. How easy was it to find this information?

Answered: 14    Skipped: 0

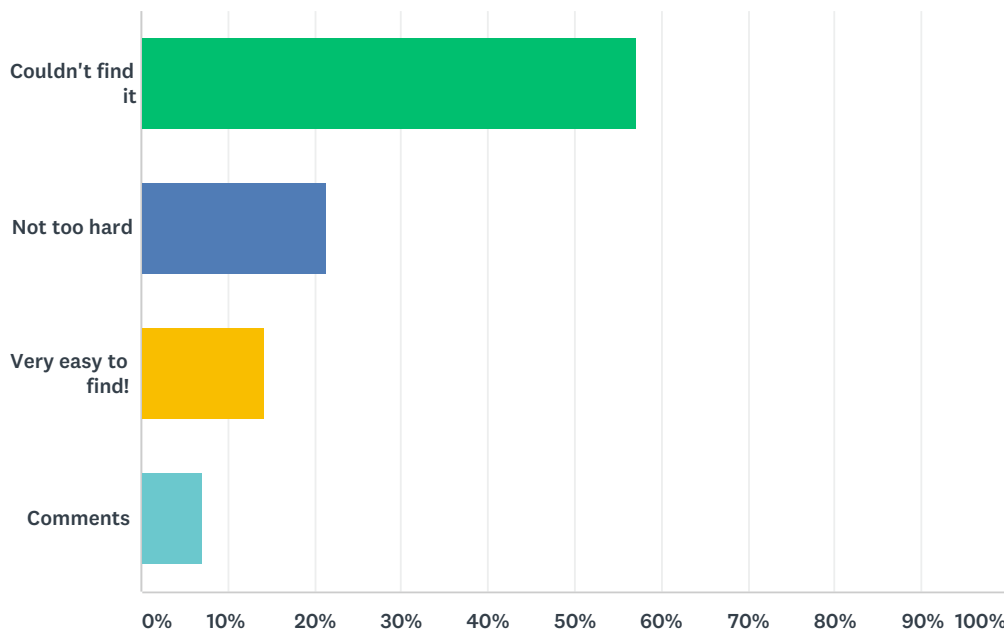


ANSWER CHOICES		RESPONSES	
Couldn't find it		28.57%	4
Not too hard		28.57%	4
Very easy to find!		42.86%	6
Comments		0.00%	0
TOTAL			14

#	COMMENTS	DATE
	There are no responses.	

## Q10 Find the College's most recent Strategic Plan. How easy was it to find this information?

Answered: 14 Skipped: 0



ANSWER CHOICES	RESPONSES
Couldn't find it	57.14% 8
Not too hard	21.43% 3
Very easy to find!	14.29% 2
Comments	7.14% 1
<b>TOTAL</b>	<b>14</b>

#	COMMENTS	DATE
1	Search function did not find it.	1/18/2018 9:19 PM



## MEMO

To: **COUNCIL**

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

Date: **March 9, 2018**

Subject: **Proposed Budget 2018-19**

The proposed budget for the 2018-2019 fiscal year is attached. The attached budget notes provide comments for specific line items. The line number in the far-left column of the budget sheets indicates the corresponding comment number in the attached operating budget notes. The Executive Committee received and approved this proposed budget for submission to Council.

The following general comments are included for your consideration:

### Income/Revenue

- The revenue streams are well characterized in the operating budget notes. Overall, there is a projected modest increase in revenue that arises because of a modest increase in the number of individuals attempting the Qualifying Examination, the number of individuals obtaining a Certificate of Registration for the first time and the number of individuals renewing a Certificate of Registration. An amount for discipline cost recovery budgeted for 2018-2019 also contributes to a relative increase in revenue compared to that budgeted for 2017-2018.

### Expenses

- The largest expense categories are:
  - Wages and Benefits
    - In the proposed budget, salaries for a complement of 5 staff are included. A 4% increase [Cost of Living Increase (1.9%) and a discretionary Performance Based Increase of up to (2.1%) are suggested]. Inclusive of benefits and statutory obligations, the percentage of total budget dedicated to salaries and benefits (32.65%) is less than the same figure reported by the CDHO (49.2%), CDTO (40.0%) and the RCDSO (48%). While this category is the largest single expense for the College, the proposed amount for 2018-2019 is still below the same amount budgeted for in 2016-2017 (\$516, 567.00) which included neither performance-based increases or employer RRSP contributions.
  - Consultants, Programs and Policy Development
    - This category supports the “operationalization” of much of the College’s strategic plan and includes:

- Infection Prevention and Control Guidelines Development
  - Quality Assurance:
    - Peer Circle
    - Self-Assessment Tool
  - Jurisprudence Program
  - Document Management Strategy
  - Entry to Practice Gap Analysis
  - Development of Accreditation Model
- Qualifying Examination administration, maintenance and modification
    - The Qualifying Examination is a significant expense for the College. This expense is necessitated by the complexity of the examination development and administration processes as the College meets its statutory obligations to ensure that individuals who receive a Certificate of Registration from the College possess the necessary knowledge, skills and judgement to provide safe, competent denturism care and service. It is noteworthy that the Qualifying Examination (unlike most other expense areas such as Complaints and Discipline), also generates a significant amount of revenue (approximately 15% of the total revenue) for the College. In this proposed budget for 2018-2019, the College's contribution to the examination expenses is the lowest it has been since development of the examination was initiated.
  - Complaints and Discipline
    - The complaints and discipline processes consume significant resources as the College meets its statutory mandates in this regard. In this proposed budget for 2018-2019, the budgeted amount is approximately \$70,000.00 less than that budgeted for 2017-2018 but is more than the total amount spent in this area for 2017-2018. Accurate budgeting in this area is challenging because of the unpredictability associated with the volume and nature of complaints as well as the number of matters that may be referred to the Discipline Committee.
- Overall, this proposed budget supports significant activity as the College meets its statutory mandates and operationalizes its strategic plan 2017-2020. These accomplishments are anticipated to occur in a healthy fiscal environment with a significant excess of revenue over expenses.

## Options

Following review and discussion of this proposed budget, Council may elect to:

1. Approve the budget as presented.
2. Request amendments to the proposed budget and approve the budget as amended.
3. Other



## Proposed Budget 2018-19

Note	Budget Category	Budget 2017-2018	Total Income April-January 2018	\$ Variance (Overbudget)	Forecast March 31/18	Budget 2018-2019
	<b>REVENUE</b>					
	<b>Professional Corporation Fees</b>					
1	Renewal	\$ 45,500.00	\$ 43,750.00	\$ 1,750.00	\$ 43,750.00	\$ 47,950.00
2	Initial Application	\$ 15,000.00	\$ 15,000.00	\$ -	\$ 15,000.00	\$ 17,000.00
	<b>Sub-total Professional Corporation Fees</b>	<b>\$ 60,500.00</b>	<b>\$ 58,750.00</b>	<b>\$ 1,750.00</b>	<b>\$ 58,750.00</b>	<b>\$ 64,950.00</b>
	<b>Registration Fees</b>					
3	Application for COR	\$ 5,400.00	\$ 4,525.00	\$ 875.00	\$ 5,025.00	\$ 4,000.00
4	COR New Registrants	\$ 40,000.00	\$ 39,425.00	\$ 575.00	\$ 40,375.00	\$ 47,025.00
5	COR Renewals	\$ 1,273,000.00	\$ 1,262,170.00	\$ 10,830.00	\$ 1,262,170.00	\$ 1,318,600.00
6	Jurisprudence	\$ -	\$ -	\$ -	\$ -	\$ -
	<b>Sub-total Registration Fees</b>	<b>\$ 1,318,400.00</b>	<b>\$ 1,306,120.00</b>	<b>\$ 12,280.00</b>	<b>\$ 1,307,570.00</b>	<b>\$ 1,369,625.00</b>
	<b>Other Fees</b>					
7	Clinic Name Application	\$ 600.00	\$ 475.00	\$ 125.00	\$ 625.00	\$ 600.00
8	Reinstatement	\$ 1,000.00	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 1,000.00
9	Duplicate Certificate	\$ 600.00	\$ 200.00	\$ 400.00	\$ 200.00	\$ 200.00
10	Late Fees	\$ 4,500.00	\$ 4,350.00	\$ 150.00	\$ 4,350.00	\$ 4,684.50
11	Misc. Income	\$ 2,000.00	\$ 2,180.50	\$ (180.50)	\$ 2,180.50	\$ 2,000.00
	<b>Sub-total Other Fees</b>	<b>\$ 8,700.00</b>	<b>\$ 8,205.50</b>	<b>\$ 494.50</b>	<b>\$ 8,355.50</b>	<b>\$ 8,484.50</b>
	<b>Qualifying Examination Fees</b>					
12	Initial Application	\$ 3,000.00	\$ 4,200.00	\$ (1,200.00)	\$ 4,500.00	\$ 3,750.00
13	Written (MCQ)	\$ 40,000.00	\$ 44,000.00	\$ (4,000.00)	\$ 44,000.00	\$ 48,000.00
14	Clinical (OSCE)	\$ 160,000.00	\$ 182,400.00	\$ (22,400.00)	\$ 182,400.00	\$ 192,000.00
	<b>Sub-total Qualifying Examination Fees</b>	<b>\$ 203,000.00</b>	<b>\$ 230,600.00</b>	<b>\$ (27,600.00)</b>	<b>\$ 230,600.00</b>	<b>\$ 243,750.00</b>
	<b>Other Income</b>					
15	Deposit Interest	\$ 12,000.00	\$ 13,305.55	\$ (1,305.55)	\$ 15,305.55	\$ 15,000.00
16	Discipline Costs Recovery	\$ -	\$ 54,100.00	\$ (54,100.00)	\$ 65,700.00	\$ 22,800.00
	<b>Sub-total Other Income</b>	<b>\$ 12,000.00</b>	<b>\$ 67,405.55</b>	<b>\$ (55,405.55)</b>	<b>\$ 81,005.55</b>	<b>\$ 37,800.00</b>
	<b>TOTAL REVENUE</b>	<b>\$ 1,602,600.00</b>	<b>\$ 1,671,081.05</b>	<b>\$ (68,481.05)</b>	<b>\$ 1,686,281.05</b>	<b>\$ 1,724,609.50</b>
	Less Expenditures (from page 3)	\$ (1,571,005.33)	\$ (1,035,624.08)	\$ (535,381.25)	\$ (1,331,765.01)	\$ (1,556,434.02)
	<b>NET INCOME</b>	<b>\$ 31,594.67</b>	<b>\$ 635,456.97</b>		<b>\$ 354,516.04</b>	<b>\$ 168,175.48</b>

## College of Denturists of Ontario

Proposed Budget 2018-19

Note	Budget Category	Budget 2017-2018	YTD Spending April-January 2018	\$ Variance (Overbudget)	Forecast March 31/18	Budget 2018-2019
	<b>EXPENDITURES</b>					
	<b>Wages &amp; Benefits</b>					
17	Salaries	\$ 388,854.88	\$ 328,636.29	\$ 60,218.59	\$ 397,811.53	\$ 421,456.25
18	CPP/EI	\$ 18,673.85	\$ 13,352.49	\$ 5,321.36	\$ 18,216.13	\$ 18,976.55
19	Benefits	\$ 21,600.00	\$ 33,392.67	\$ (11,792.67)	\$ 36,911.67	\$ 60,337.37
20	Temp staff	\$ 10,000.00	\$ -	\$ 10,000.00	\$ -	\$ 5,000.00
	<b>Sub-total Wages &amp; Benefits</b>	<b>\$ 439,128.73</b>	<b>\$ 375,381.45</b>	<b>\$ 63,747.28</b>	<b>\$ 452,939.33</b>	<b>\$ 505,770.17</b>
	<b>Professional Development</b>					
21	Education/Training - Staff	\$ 20,000.00	\$ 18,224.32	\$ 1,775.68	\$ 18,224.32	\$ 25,000.00
22	Org. Membership	\$ 10,000.00	\$ 8,079.19	\$ 1,920.81	\$ 8,079.19	\$ 10,000.00
	<b>Sub-total Professional Development</b>	<b>\$ 30,000.00</b>	<b>\$ 26,303.51</b>	<b>\$ 3,696.49</b>	<b>\$ 26,303.51</b>	<b>\$ 35,000.00</b>
	<b>Professional Fees</b>					
	Financial					
23	Audit	\$ 20,000.00	\$ 20,325.00	\$ (325.00)	\$ 20,325.00	\$ 21,000.00
24	Long Range Forecasting Project	\$ 12,500.00	\$ -	\$ 12,500.00	\$ -	\$ 12,500.00
25	Bookkeeper	\$ 26,400.00	\$ 22,000.00	\$ 4,400.00	\$ 26,400.00	\$ 26,400.00
	Consultants, Programs and Policy Development					
26	Programs & Policy Development	\$ 100,000.00	\$ 29,532.26	\$ 70,467.74	\$ 47,532.26	\$ 100,000.00
27	Website Redesign	\$ 5,000.00	\$ 10,726.67	\$ (5,726.67)	\$ 11,500.00	\$ -
	Legal					
28	General	\$ 70,000.00	\$ 31,101.42	\$ 38,898.58	\$ 44,123.30	\$ 50,000.00
	<b>Sub-total Professional Fees</b>	<b>\$ 233,900.00</b>	<b>\$ 113,685.35</b>	<b>\$ 120,214.65</b>	<b>\$ 149,880.56</b>	<b>\$ 209,900.00</b>
	<b>Office &amp; General</b>					
29	Telephone	\$ 11,000.00	\$ 8,356.46	\$ 2,643.54	\$ 10,269.71	\$ 11,000.00
30	Postage/Courier	\$ 5,000.00	\$ 4,812.49	\$ 187.51	\$ 5,774.99	\$ 6,000.00
31	IT Support	\$ 12,000.00	\$ 10,936.01	\$ 1,063.99	\$ 11,913.29	\$ 12,000.00
32	IT Security Audit	\$ -	\$ -	\$ -	\$ -	\$ 10,000.00
33	Member Database	\$ 14,000.00	\$ 13,292.48	\$ 707.52	\$ 17,992.48	\$ 18,300.00
34	Website Maintenance/Upgrades	\$ -	\$ -	\$ -	\$ -	\$ 10,000.00
35	Insurance	\$ 4,000.00	\$ 3,932.65	\$ 67.35	\$ 3,932.65	\$ 4,200.00
36	Office Expense	\$ 20,000.00	\$ 15,600.32	\$ 4,399.68	\$ 20,000.00	\$ 22,000.00
37	Registrar /Stakeholder Meetings	\$ 2,000.00	\$ 1,349.17	\$ 650.83	\$ 1,798.89	\$ 2,000.00
38	Bank Charges, Penalties & Interest	\$ 1,000.00	\$ 97.50	\$ 902.50	\$ 97.50	\$ 100.00
39	Electronic payment processing fees	\$ -	\$ 3,616.08	\$ (3,616.08)	\$ 4,316.08	\$ 5,500.00
40	Credit card processing fees	\$ 35,000.00	\$ 28,082.15	\$ 6,917.85	\$ 35,000.00	\$ 36,857.05
41	Rent	\$ 111,476.60	\$ 89,551.50	\$ 21,925.10	\$ 100,674.90	\$ 117,756.80
	<b>Sub-total Office &amp; General</b>	<b>\$ 215,476.60</b>	<b>\$ 179,626.81</b>	<b>\$ 35,849.79</b>	<b>\$ 211,770.49</b>	<b>\$ 255,713.85</b>
	<b>Qualifying Examination</b>					
42	QE Committee	\$ 4,000.00	\$ 1,112.00	\$ 2,888.00	\$ 3,724.00	\$ 4,000.00
43	QE Appeals Committee	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 120.00	\$ 250.00

## College of Denturists of Ontario

Proposed Budget 2018-19

Note	Budget Category	Budget 2017-2018	YTD Spending April-January 2018	\$ Variance (Overbudget)	Forecast March 31/18	Budget 2018-2019
	<b>EXPENDITURES</b>					
44	QE Candidate Orientation	\$ 1,000.00	\$ 1,705.20	\$ (705.20)	\$ 1,705.20	\$ 2,000.00
45	Written (MCQ) Administration	\$ 3,200.00	\$ 5,192.95	\$ (1,992.95)	\$ 6,105.45	\$ 5,500.00
46	Clinical (OSCE) Administration	\$ 170,000.00	\$ 91,722.07	\$ 78,277.93	\$ 156,722.07	\$ 170,000.00
47	QE Analysis	\$ 40,000.00	\$ 20,000.00	\$ 20,000.00	\$ 40,000.00	\$ 40,000.00
48	Examination Maintenance /Modifications	\$ 130,000.00	\$ 81,971.04	\$ 48,028.96	\$ 114,633.04	\$ 100,000.00
	<b>Sub-total Qualifying Examination</b>	<b>\$ 349,200.00</b>	<b>\$ 201,703.26</b>	<b>\$ 147,496.74</b>	<b>\$ 323,009.76</b>	<b>\$ 321,750.00</b>
	<b>Council &amp; Executive Committee</b>					
49	Per Diems	\$ 7,800.00	\$ 3,750.00	\$ 4,050.00	\$ 5,750.00	\$ 6,000.00
50	Expenses	\$ 8,000.00	\$ 7,243.99	\$ 756.01	\$ 9,658.65	\$ 10,000.00
51	Elections	\$ -	\$ 1,254.60	\$ (1,254.60)	\$ 1,254.60	\$ 1,500.00
52	Governance Training	\$ -	\$ 6,429.29	\$ (6,429.29)	\$ 6,429.29	\$ 15,000.00
	<b>Sub-total Council &amp; Executive Committee</b>	<b>\$ 15,800.00</b>	<b>\$ 18,677.88</b>	<b>\$ (2,877.88)</b>	<b>\$ 23,092.54</b>	<b>\$ 32,500.00</b>
	<b>Committees</b>					
53	Registration	\$ 3,500.00	\$ 1,468.20	\$ 2,031.80	\$ 2,000.00	\$ 2,000.00
54	Registration Legal	\$ -	\$ -	\$ -	\$ -	\$ 2,500.00
55	Patient Relations	\$ 3,000.00	\$ -	\$ 3,000.00	\$ -	\$ 3,000.00
	<b>QA</b>					
56	QA Panel A	\$ 10,000.00	\$ 2,478.75	\$ 7,521.25	\$ 4,000.00	\$ 4,000.00
57	QA Panel B	\$ 10,000.00	\$ 2,535.24	\$ 7,464.76	\$ 3,000.00	\$ 5,000.00
58	QA Assessor Expenses	\$ 31,000.00	\$ 30,940.61	\$ 59.39	\$ 30,940.61	\$ 18,300.00
	<b>Sub-total QA</b>	<b>\$ 51,000.00</b>	<b>\$ 35,954.60</b>	<b>\$ 15,045.40</b>	<b>\$ 37,940.61</b>	<b>\$ 27,300.00</b>
	<b>Complaints &amp; Discipline</b>					
59	ICRC Committee	\$ 17,000.00	\$ 12,165.89	\$ 4,834.11	\$ 14,599.07	\$ 17,000.00
60	ICRC Legal/Decision Writing	\$ 18,000.00	\$ 11,193.75	\$ 6,806.25	\$ 12,000.00	\$ 12,000.00
61	ICRC Legal	\$ 10,000.00	\$ 6,556.61	\$ 3,443.39	\$ 10,774.01	\$ 12,000.00
62	ICRC Investigations	\$ 60,000.00	\$ 11,477.68	\$ 48,522.32	\$ 18,000.00	\$ 25,000.00
63	Discipline Committee	\$ 5,000.00	\$ -	\$ 5,000.00	\$ -	\$ 5,000.00
64	Discipline Legal	\$ 50,000.00	\$ 24,078.09	\$ 25,921.91	\$ 32,104.12	\$ 50,000.00
65	Discipline Hearings	\$ 50,000.00	\$ 924.69	\$ 49,075.31	\$ 924.69	\$ 25,000.00
	<b>Sub-total Complaints &amp; Discipline</b>	<b>\$ 210,000.00</b>	<b>\$ 66,396.71</b>	<b>\$ 143,603.29</b>	<b>\$ 88,401.89</b>	<b>\$ 146,000.00</b>
	<b>Sub total Expenditures</b>	<b>\$ 1,551,005.33</b>	<b>\$ 1,019,197.77</b>	<b>\$ 531,807.56</b>	<b>\$ 1,315,338.70</b>	<b>\$ 1,541,434.02</b>
66	<b>**Capital Expenses</b>	<b>\$ 20,000.00</b>	<b>\$ 16,426.31</b>	<b>\$ 3,573.69</b>	<b>\$ 16,426.31</b>	<b>\$ 15,000.00</b>
	<b>Total Expenditures</b>	<b>\$ 1,571,005.33</b>	<b>\$ 1,035,624.08</b>	<b>\$ 535,381.25</b>	<b>\$ 1,331,765.01</b>	<b>\$ 1,556,434.02</b>

# OPERATING BUDGET NOTES 2018-19

## REVENUE

Professional Corporation Fees	
1. Renewal	Renewal of Certificates of Authorization for health profession corporations. Estimate is based on the total number of certificates issued for 2017/2018 (renewals plus new certificates minus closed corporations). (137 x \$350)
2. Initial Application	Income derived from the application fee for new Certificates of Authorization for health profession corporations. Estimate is based on the number of new applications processed in 2017/2018 (15) plus a modest increase in the number for 2018/2019. 17 new applications are estimated for 2018/2019. (17 x \$1000)
Registration Fees	
3. Application for COR	Income derived from applications for new Certificates of Registration. The estimate is based on the number of candidates who are anticipated to successfully complete the Qualifying Examination in this fiscal year (40). This estimate is tied to the number of students who are expected to graduate from George Brown College, Georgian College and Oxford College Denturism programs in 2018 plus potential candidates educated in another province or country.
4. COR New Registrants	Registration fees for the first year of registration are pro-rated by quarter depending on when the applicant registers. This estimate is based on the pro-rated fees collected in the preceding three years.
5. COR Renewals	Renewal of Certificates of Registration of currently registered members (708) minus anticipated resignations (14). [(708-14) x \$1900]. 10 members resigned in 2017-2018, 16 members resigned in 2016-2017.
6. Jurisprudence	Program under development – no revenue anticipated until the new Registration Regulation comes into force and new applicants are mandated to complete the Jurisprudence program as a requirement for a COR.

# OPERATING BUDGET NOTES 2018-19

Other Fees	
7. Clinic Name Application	Income derived from processing new clinic name applications (\$25). The estimate for 2018/2019 is based on the number of estimated new clinic name applications processed in 2017/18. (24 x \$25)
8. Reinstatement	Income gained from the reinstatement of a member's Certificate of Registration (\$500) following suspension due to non-payment of registration fees. The estimate is based on the number of members who had their Certificates suspended and subsequently applied for reinstatement in the previous year (2 x \$500)
9. Duplicate Certificate	4 duplicate Certificates of Registration (4 x \$50). Estimate is based on the number of requests for duplicate Certificates in the previous year.
10. Late Fees	Income from processing Certificate of Registration renewals after the deadline for renewal has passed (\$150 late fee). Estimate is based on the number of late renewals processed for 2017/18, which represents approximately 4.4% of the total membership.
11. Miscellaneous	Income derived from the preparation of Letters of Standing, QAC ordered PPAs, and Administration Fees for Notices.
Qualifying Examination Fees	
12. Initial Application	This income is derived from initial applications submitted by potential examination candidates prior to their first attempt at the Qualifying Examination. This estimate is informed by the number of students who are expected to graduate from George Brown College, Georgian College and Oxford College Denturism programs in 2018 in addition to potential candidates who are educated in another province or country (50 x \$75).
13. Written (MCQ)	Income derived from examination fees. This estimate is based on the assumption of 60 examination candidates (45 summer 2018 & 15 winter 2019). This number is informed by the number of students expected to graduate from the George Brown College, Georgian College and Oxford College Denturism programs and the number of candidates who are currently in the examination process.
14. Clinical (OSCE)	

# OPERATING BUDGET NOTES 2018-19

Other Income	
15. Deposit Interest	Interest from Tangerine business savings account (0.65% interest rate).
16. Discipline Costs Recovery	Outstanding Discipline Orders cost recoveries are \$22,800 for the 2018-2019 fiscal year.

## EXPENDITURES

Wages & Benefits	
17. Salaries	In the proposed budget, salaries for a complement of 5 staff are included. A 4% increase [Cost of Living Increase (1.9%) and a discretionary Performance Based Increase of up to (2.1%) are suggested]. Inclusive of benefits and statutory obligations, the percentage of total budget dedicated to salaries and benefits (32.65%) is less than the same figure reported by the CDHO (49.2%), CDTO (40.0%) and the RCDSO (48%). While this category is the largest single expense for the College, the proposed amount for 2018-2019 is still below the same amount budgeted for in 2016-2017 (\$516, 567.00) which included neither performance-based increases or employer RRSP contributions.
18. CPP & EI	Employer contributions of statutory payroll deductions: CPP (4.95% - \$55,900 maximum pensionable earnings) & EI (1.66% @ 1.4 - \$51700 maximum insurable earnings)
19. Benefits	Employer costs for Sunlife benefit plan premiums, Healthcare Spending Account and implementation of a 6% employer RRSP contribution for each staff member.
20. Temp Staff	As needed during peak periods or for specific project completion. This line item was added in 2017-2018.
Professional Development	
21. Education & Training - Staff	Attendance at conferences, training and education for staff members.
22. Organizational Memberships	Membership with Federation of Health Regulatory Colleges of Ontario(FHRCO), Council on Licensure Enforcement & Regulation(CLEAR), Canadian Network of National Associations of Regulators (CNNAR), Canadian Payroll

# OPERATING BUDGET NOTES 2018-19

	Association (CPA).
<b>Professional Fees</b>	
Financial	
23. Auditor	Year-end audit – Hilborn (\$15300 + financial management advice throughout the year)
24. Long Range Forecasting Project	Hilborn – estimated project completion cost. This project will provide Council with a longer-range picture of the College's financial position over time. Such information will be used to determine whether any adjustments to income/fees are appropriate.
25. Bookkeeper	Monthly bookkeeping (A/P) – F1 Accounting (\$2200 per month)
Consultants, Programs and Policy Development	
26. Consultants, Programs & Policy Development	<p>Infection Prevention and Control Guidelines Development</p> <p>Quality Assurance:</p> <p>    Peer Circle</p> <p>    Self-Assessment Tool</p> <p>Jurisprudence Program Completion</p> <p>Document Management Strategy</p> <p>Entry to Practice Gap Analysis</p> <p>Development of Accreditation Model</p>
27. Website Redesign	Project complete. No amount budgeted. Future expenses are reflected in Website Maintenance/Upgrades (Line 34).
Legal	
28. General	College general legal counsel – Steineke Maciura LeBlanc
<b>Office &amp; General</b>	
29. Telephone & Internet	Includes phones, internet, webinar, and teleconference services.
30. Postage & Courier	Postage machine rental contract, Canada Post & various courier services.
31. IT Support	Third party IT services provided by Syscomm.
32. IT Security Audit	Third party cybersecurity audit of IT infrastructure and member database.
33. Member Database	In1touch database support provided by Olatech (registrant

# OPERATING BUDGET NOTES 2018-19

	database hosted on secure dedicated server).
34. Website Maintenance/Upgrades	Third party maintenance of website and public register updates.
35. Insurance	HIROC (Healthcare Insurance Reciprocal of Canada) Liability Insurance & Property Insurance
36. Office	Iron Mountain – document storage, Shred-it – secure document destruction, copier lease & usage charges, general office supplies and miscellaneous office expenses.
37. Registrar/Stakeholder Meetings	Stakeholder meeting expenses.
38. Bank Charges	Annual credit card fees.
39. Electronic Payment Fees	Monthly fees for direct deposit payments made to vendors and ADP payroll processing fees.
40. Credit Card Fees	Estimate based on 2017/2018 - 2.2 % of total revenues (excluding other income).
<b>Rent</b>	
41. Rent	Office lease payments at 365 Bloor (\$9,646 monthly for 2641 sq. ft.) plus annual adjustments (utilities and property taxes) based on the terms of the lease.
<b>Qualifying Examination</b>	
42. Qualifying Examination Committee (QEC)	One in-person meeting - professional members per diems, travel, meals, accommodation expenses & teleconference reimbursement to professional members –Estimate is based on the current composition of the Committee and anticipated activity.
43. Qualifying Examination Appeals Committee (QEAC)	Includes teleconference reimbursement for professional members for the Committee business of adjudicating appeals of examination results. The estimate is based on the current composition of the Committee.
44. QE Candidate Orientation	This line includes the costs for facility rental and costs associated with the attendance of speakers for the candidate orientation sessions held prior to the summer 2018 & winter



# OPERATING BUDGET NOTES 2018-19

	2019 Qualifying Examination.
45. Written (MCQ) Administration	Summer 2018 & winter 2019 This estimate is mad on the assumption of 60 candidates for the qualifying examination over 2 three-day periods – one in the summer of 2018 and one in the winter of 2019:
46. Clinical (OSCE) Administration	<ul style="list-style-type: none"> <li>• Written component (MCQ) - 1 day each offering.</li> <li>• Clinical component (OSCE) – 2 days each offering (16-18 stations - 12 of which will require the use of a standardized patient)</li> </ul> <p>The administration costs include examiner training, per diems, all examination expenses, standard setting, facility rental, and standardized patient program costs.</p>
47. QE Analysis	Psychometrician consulting fees related to the analysis of candidate qualifying examination performance including psychometric analysis of the results for both components of the QE prior to the release of final candidate results.
48. Examination Maintenance/Modifications	Costs associated with the support of examination working groups engaged in the development of new OSCE and MCQ items. Includes psychometrician consulting fees.
<b>Council &amp; Executive Committee</b>	
49. Per Diems	<p>Estimate is based on the current composition of Council and the Executive Committee. Costs are related to in-person meeting per diems paid for professional members' attendance (\$150 per diem):</p> <p>Council: 4 meetings (quarterly) – 8 members</p> <p>Executive: 2 in person meetings during a fiscal year – 3 members</p> <p>Note: Some variance is possible depending on any changes to Committee membership and consequent changes in travel and accommodation expenses.</p>
50. Expenses (meetings)	Estimate is based on Council & committee composition and the number of anticipated meetings. Estimate includes travel, meals and accommodation expenses & teleconference/webinar reimbursement to professional members.
51. Elections	Costs associated with administration of the electronic voting process should an election occur.

# OPERATING BUDGET NOTES 2018-19

52. Governance Training	Governance training for Council and Committee members. This is a new line item.
<b>Committees</b>	
53. Registration	Two in-person meetings - professional member per diems, travel, meals, accommodation expenses & teleconference reimbursement. –Estimate is based on the current composition and recent activity of the Committee.
54. Registration Legal	College legal counsel advice on registration matters.
55. Patient Relations	Two in-person meetings - professional member per diems, travel, meals, accommodation expenses & teleconference reimbursement to professional members. Estimate is based on the current composition of the Committee and anticipated Committee activity.
<b>Quality Assurance</b>	
56. QA Panel A	Two in-person meetings - professional member per diems, travel, meals, accommodation expenses & teleconference reimbursement to professional members –Estimate based on the current composition of the Committee and number of anticipated meetings.
57. QA Panel B	Two in-person meetings - professional member per diems, travel, meals, accommodation expenses & teleconference reimbursement to professional members –Estimate is based on the current composition of the Committee and anticipated number of meetings.
58. QA Assessor Expenses	Includes assessor per diems (\$280) & associated expenses. Estimate is based on 40 assessments to be completed this year (5% of current membership plus five elective assessments).
<b>Complaints &amp; Discipline</b>	
59. ICRC Committee	Includes costs associated with eight in-person meetings - professional member per diems, travel, meals, accommodation expenses & teleconference reimbursement to professional members. This estimate is based on the current composition of the Committee and anticipated

# OPERATING BUDGET NOTES 2018-19

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	number of meetings.
60. ICRC Legal/Decision Writing	Third party decision writing and support for ICRC meetings.
61. ICRC Legal	College legal counsel fees associated with ICRC advice.
62. ICRC Investigations	Costs related to investigation of complaints, third party denture assessments and registrar's investigations.
63. Discipline Committee	Expenses associated with meetings of the discipline committee. These meetings occur infrequently. Since hearings occur infrequently, training is done on an "as needed" basis rather than annual training of the entire Discipline Committee/Council.
64. Discipline Legal	College legal counsel excluding attendance at hearings.
65. Discipline Hearings	Includes all costs related to a discipline hearing: per diems for panel members and associated expenses, independent legal counsel, facility rentals, court reported, College legal counsel, etc.
<b>Other</b>	
66. Capital Expenses	Purchase of Microsoft SharePoint server and licenses – secure document management and collaboration tool.



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## BRIEFING NOTE

To: **COUNCIL**

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

Date: **March 9, 2018**

Subject: **Waiving Fee Increase – By-law Article 31.05**

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### Background

Article 31.05 of the College By-laws states:

#### **“31.05 Fee Increases**

Each year each fee described in Schedule 7 shall be increased by the percentage increase in the Consumer Price Index for goods and services in Canada as published by Statistics Canada or any successor organization unless Council decides to waive a fee increase for that year”.

This fee increase was not applied 2014-2017. As the increase is scheduled to occur annually, a decision regarding the fee increase for the 2018-2019 fiscal year is requested of Council.

### Options

In consideration of the 2018-2019 budget and discussion of this matter, Council may elect to:

1. Waive the fee increase prescribed by By-law Article 31.05 for the 2018-2019 fiscal year
2. Implement the fee increase prescribed by By-law Article 31.05 for the 2018-2019 fiscal year.
3. Request further information before deciding.
4. Other



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## BRIEFING NOTE

To: **Council**

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

Date: **March 9, 2018**

Subject: **Standard of Practice: Conflict of Interest**

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### Background

At its December meeting, Council reviewed the stakeholder feedback on the draft Standard of Practice: Conflict of Interest. There was general approval of the elements of the Standard, however, no motion approving the Standard was adopted. Discussion of the content of the Guide revealed the need for revision of the language around splitting of fees. Council directed staff to revise this language, taking into consideration the elements of the discussion. This revised language in the Guide is presented to Council for consideration.

### Options

After review and consideration of the language in the Guide around splitting of fees, Council may elect to:

1. Approve the draft Standard and Guide and set a date for implementation of the Standard.
2. Request amendments to the draft Standard and/or Guide, approve the documents as amended and set a date for implementation of the Standard.
3. Request amendments and further drafting of the Standard and Guide and re-review the new draft at the next Council meeting.
4. Other

### Current Standard Implementation Schedule

Document	Status
Standard of Practice: Record Keeping	In Force – January 1, 2017
Standard of Practice: Informed Consent	In Force – September 1, 2017
Standard of Practice: Confidentiality & Privacy	Effective: January 1, 2018
Standard of Practice: Advertising	Effective: March 1, 2018
Standard of Practice: Conflict of Interest	Consultation - at Council
Standard of Practice: Restricted Title	Returns to Council - June 2018

### Attachments:

Draft Standard of Practice: Conflict of Interest

Draft Guide to the Standard of Practice: Conflict of Interest



## Standard of Practice: Conflict of Interest

### Preamble

Within the context of the denturist-patient relationship, the primary concern and duty of the denturist must be the protection and promotion of a patient's best interests and well-being.

Situations where competing interests are present do arise for a denturist. Such conflicts of interest exist when a personal interest of a denturist or that of a family member, or a corporation over which a denturist or family member may have substantial control, would reasonably affect a denturist's professional judgment. A conflict of interest can be real, potential, or perceived and can be direct or indirect. Not all instances of conflict of interest involve a financial benefit.

If denturists allow their personal or private interests to interfere with their patients' best interests, they erode the public's trust and confidence in the profession. It is the College's expectation that denturists reflect on and recognize any potential, real or perceived conflicts of interest that may exist within the context of the denturist-patient relationship and that they take the appropriate steps to acknowledge and manage such conflicts. Practising the profession while in a conflict of interest is a serious matter and is expressly prohibited by the College's Professional Misconduct Regulation.

### The Standard

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

1. Identifies an actual, potential or perceived conflict of interest.
2. Addresses, manages and/or avoids actual, potential or perceived conflicts of interest in a proactive manner.
3. Maintains a professional Denturist-Patient relationship when avoiding or managing a real or perceived conflict of interest.
4. Ensures that safeguards to eliminate concerns are applied when a conflict of interest cannot be avoided.
5. Documents in the medical record any potential, real, or perceived conflict of interest and how it was managed.

### Legislative References

O. Reg. 854/93: Professional Misconduct, paragraph 8 <http://www.ontario.ca/laws/regulation/930854>

### Other References

*Guide to the Standard of Practice: Conflict of Interest*, College of Denturists of Ontario

*Important Legal Principles Practitioners Need to Know*, Jurisprudence Handbook, College of Denturists of Ontario, 2016.



COLLEGE OF  
DENTURISTS  
OF ONTARIO

Agenda Item 12.3

## Guide to Standard of Practice: Conflict of Interest

The College's Standard of Practice: Conflict of Interest establishes the College's expectations for Registered Denturists in regards to the anticipation, recognition and management of situations that present actual, potential or perceived conflicts of interest. This Guide to the Standard describes some examples of conflict of interest situations and the application of elements of the Standard.

### What is a conflict of interest?

A conflict of interest exists when a personal interest or that of a family member, or a corporation over which you or that family member has substantial control, would reasonably affect a denturist's professional judgment. Not all instances of conflict of interest involve a financial benefit.

### What is a perceived conflict of interest?

This is a situation where the *appearance* of a conflict of interest exists, where others may believe there is a conflict that results in erosion of the trust, confidence and respect of the individual perceived to be operating in a conflict of interest situation.

### What is a potential conflict of interest?

This is a situation that has all of the necessary components for a conflict of interest (i.e. competing interests) but an actual conflict of interest has not been realized or is not perceived to exist.

### What are some examples of conflicts of interest?

Some examples of conflicts of interest are as follows:

- Splitting fees with a person who has referred a patient;
- Receiving benefits from suppliers or persons receiving referrals from the denturist;
- Giving gifts or other inducements to patients who use the denturist's services where the service is paid for by a third party;
- Offering or giving a financial incentive or other benefit for receiving a patient referral;
- Receiving compensation directly from a student or examination candidate working under the supervision of the denturist, where the supervision involves providing an assessment or evaluation of the student or examination candidate's competence;
- Working under the direction of an unregistered person who can interfere with professional decisions; and
- Using or referring a patient to a business in which one has a financial interest.

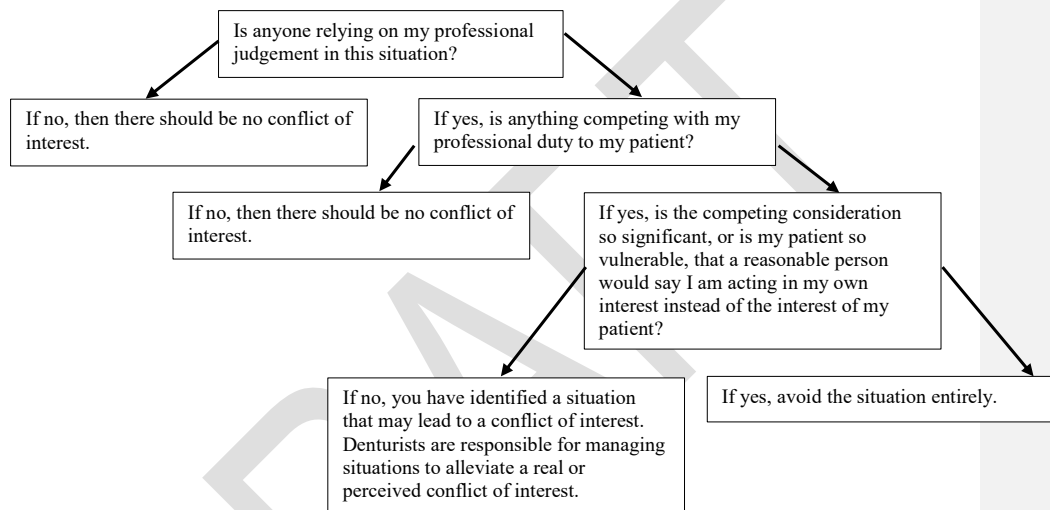
Determining whether or not a conflict of interest exists in these examples relies on an evaluation of the reasonableness of the circumstances.

### How do I identify or anticipate real, potential or perceived conflicts of interest?

Using professional judgement and knowledge, denturists must identify potential and perceived competing interests, including their own self-interests. All health professionals are responsible for recognizing and anticipating these situations. The following framework may be used to assist denturists in identifying conflicts of interest:



- 1) **The Personal Interest Test:** Am I receiving any personal benefit? The dentist has a personal interest when he/she receives any personal benefit from an action or decision made with respect to patients. Benefits can include, but are not limited to, gifts, advantages, discounts, status, rebate, credit and preferential treatment. The interest may be monetary or non-monetary and could be direct (to the dentist) or indirect (to someone associated with the dentist, such as a family member or corporation). For example, a dentist who receives a benefit, such as money or free advertising, for referring patients to a dentist would be directly involved in a conflict of interest situation. The patient is relying on the denturists' professional judgement to provide a referral to a health professional that would best serve the needs of the patient, not those of the dentist or dentist. Additionally, patients should only be referred to a dentist because they need their services and not because the referring person will be receiving a benefit.



- 2) **The Professional Judgement Test:** Will this action compromise my objectivity? Denturists must always consider whether personal interests influence, or have the potential to influence, their professional objectivity related to an action, or a decision about a program, product and/or treatment recommendation. For example, denturists cannot use their professional status to promote products commercially, even if they are not being paid. Denturists should not be making any clinical recommendations in the absence of an appropriate, individual patient assessment. Denturists may give advice on products and services provided that this advice is based on professional judgment regarding a patient's individual needs following a proper assessment.
- 3) **The Improper Influence Test:** Am I changing my actions so that I can realize a benefit? A personal interest can improperly influence a dentist. For example, denturists must provide reasonable treatment plan options to their patients, even if the patient may seek service elsewhere. The dentist must not change their actions (i.e. provide or not provide a treatment option) so that they can realize a benefit (i.e. not referring a patient to another health care practitioner so that the dentist can provide the services).
- 4) **The Reasonable Person Test:** What would a reasonable person think? Always consider what a colleague or neutral observer would think of the situation. Could a reasonable person conclude that the dentist is making a decision that was influenced by the promise of personal gain? Whether or not the dentist's professional judgement is actually compromised does not matter. The fact that a reasonable person might perceive a conflict of interest is enough. Often a

perceived or potential conflict of interest can be as significant as a real conflict of interest. For example, if a dentist refers a patient to a health store owned by the dentist's spouse, a reasonable person would question whether the practitioner recommended that product because the patient needed it or because the referral would benefit the dentist's spouse.

### **How do I manage conflict of interest situations? What kinds of safeguards can be applied to eliminate concerns over these situations?**

In circumstances where a conflict of interest cannot be avoided or such action may not be in the best interest of the patient, dentists are expected to effectively manage the conflict while demonstrating professional integrity and care for the patient. Managing a conflict of interest is important because it encompasses the principles that support the values of honesty, fairness, accountability and transparency. Engaging in reflective practice and critical thinking can help health professionals identify the measures that can be used to manage situations that may lead to conflict of interest.

Some conflicts of interest are prohibited outright. However, there are certain circumstances where safeguards could remove the concern. In most cases, conflict of interest scenarios can be effectively managed using the **DORM** Principle:

**Disclosure:** at the earliest opportunity, the dentist should disclose the nature of the conflict to the patient;

**Options:** inform the patient of his/her alternatives and assist in arranging for alternatives where requested;

**Reassurance:** reassure patients that choosing another product or services will not affect the quality of professional care to them;

**Modification:** making small modifications can remove or greatly reduce the potential for conflict of interest.

### **How do I maintain the professional Dentist-Patient relationship when avoiding or managing a real or perceived conflict of interest?**

In order to maintain a professional Dentist-Patient relationship, dentists must recognize that they are in a position of authority and have a duty to meet the best interest of the patients who rely on them. Dentists have access to sensitive, personal, information and often work with people who may be vulnerable in many different ways. Because of this, dentists have a professional responsibility to uphold the fundamental values of respect and trust.

Dentists are permitted to practice dentistry in a way that enables them to earn an income from their professional knowledge, education and experience. However, certain kinds of businesses and business relationships or arrangements are inherently inconsistent with dentists' professional obligations to their patients. In other cases, the relationship or arrangement is only acceptable if appropriate safeguards, as discussed above, are put in place.

### **Why do I have to document suspected conflicts of interest?**

Dentists must document all suspected conflicts of interest and keep that information in their records. When requested, Dentists must provide the College with any documents, explanations or information regarding a suspected conflict of interest. Such information and documentation assists the College in determining if there is a conflict of interest of concern.

As an example, consider a situation where the College receives information that a dentist is making "unusual" payments to a nursing home that refers patients to the practitioner. The College may ask for an explanation of those payments and any related financial records. This information would assist the College in determining whether or not a conflict of interest exists.

### Is offering an incentive considered a conflict of interest?

Denturists must not offer incentives for individuals to become patients, remain patients and/or refer patients to them. Denturists must not promote or advertise their practice by offering incentives, including gifts, rebates, credits or other benefits.

### Can I fee or income-split?

Denturists may not fee or income split with anyone other than:

- An associate—a dentist who engages in the practice of denturism as an employee; or
- Another dentist who engages in the practice of denturism as a partner;

As a result, a contractual arrangement such as a lease or use of premises or equipment that provides for fee or income splitting creates a conflict of interest. Denturists who rent space or equipment may not charge rent based on billings.

In some practice arrangements, a dentist might not receive the entire fee paid by the patient or a third party for providing professional services. Denturists may share revenue with one or more of the following:

- i. another member of the College;
- ii. a member of another regulated health profession;
- iii. a health professional corporation; or
- iv. any other person if there is a written contract with the person stating that the member will have control over, and be responsible for, his/her own professional decisions, and for maintaining professional standards.

The payment or receipt of money solely as a result of a patient referral is prohibited.

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### Conflict of Interest Case Scenario No. 1

Michelle, a dentist, owns a practice down the street from a retirement home. She has been practicing there for less than a year. She is trying to build her practice and wants people to know she is new to the neighbourhood. Michelle offers to give the Administrator of the retirement home a free cruise to the Mediterranean in return for having him and his staff refer patients to her practice. The Administrator of the retirement home thinks this is a great idea and offers Michelle a free large screen television if she also refers patients to his retirement home.

While this may seem like a good business decision, Michelle is in a conflict of interest for two reasons:

- 1) Michelle cannot give a free trip to the Administrator of the retirement home in order to get referrals as this would constitute a collateral (or side) benefit. Patients should be referred to Michelle because they need her services and not because the referring person is getting a free cruise.
- 2) Michelle cannot accept a free television as this would conflict with her duty to refer patients to a retirement home only if she honestly believed that this would be in their best interest. The referrals should be based on professional judgment and not on any 'kickbacks' she may receive.

### Conflict of Interest Scenario No. 2

Nick is a dentist who has a busy and successful practice. Recently, he began using a new acrylic tooth that he has noticed appears quite natural for his patients. They are quite realistic. He calls the company to tell them his feedback from his patients, that he likes using the product and to place an order for more. The company asks him if he would like to be in a new advertising campaign they are going to put into some magazines aimed at retired people. Nick would repeat what he has just said so that the company could promote the teeth. The company plans to put a picture of Nick in the advertisement and identify him by name and title. The company cannot pay Nick because they are still a new company and don't have

the budget for it. Nick thinks, why not? He likes the product and, since he is not getting paid, he is not inappropriately benefiting from the relationship.

Unfortunately, this would still likely be a conflict of interest and would be professional misconduct. Denturists cannot use their professional status to promote products commercially, even if they are not being paid. Nick can still benefit from the advertisement in some indirect manner (for example, he may have more patients from those who see the advertisement). Also, without making any observations or assessments of an individual, the denturists should not be making any sort of clinical recommendations. Nick can give advice on products and remedies, including choosing what type of tooth to use, provided that it is based on professional judgment regarding a patient's individual needs through proper assessment.

### **Legislative References**

O. Reg. 854/93: *Professional Misconduct*, paragraph 8 <http://www.ontario.ca/laws/regulation/930854>

### **References**

*Standard of Practice: Conflict of Interest*, College of Denturists of Ontario.

*Important Legal Principles Practitioners Need to Know*, Jurisprudence Handbook, College of Denturists of Ontario, 2016.

### **Related Standards of Practice**

*Standard of Practice: Advertising*



## BRIEFING NOTE

To: **COUNCIL**

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

Date: **March 9, 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.

### 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 and circulate the proposed amendments for stakeholder consultation.
2. Modify the proposed amendments, adopt the modified amendments and circulate them for stakeholder consultation.
3. Other.

**Attachments:** Suggested amendments to Article 33.06

### Register By-laws – Changes Required Under Bill 87

#### 33.06 Additional Information

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:

- (i) names other than the proper legal name of the Member including any nicknames or abbreviations that the Member uses in any place of practice;
- (ii) the name, address and telephone number of every employer for whom the Member is employed as a Denturist and, if the Member is self-employed as a Denturist the address and telephone number of the locations where the Member practises other than addresses of individual clients; In the event that the Member has not indicated a business address, the Registrar shall enter as the Member's business address any other location for the Member known by the College which could include the Member's home address. Members who have a current certificate of registration for Inactive class will not require an address for the register;
- (iii) if there have been any changes to the Member's name since the date of the member's initial application for registration, the former names of the Member;
- (iv) the Member's registration number;
- (v) if the Member ceased to be a Member, a notation specifying the reason for the termination of membership and the date upon which the Member ceased to be a Member;
- (vi) where the College is aware that a finding of professional misconduct or incompetence or similar finding has been made against the Member by a body that governs a profession, inside or outside of Ontario, and that finding has not been reversed on appeal and the Registrar believes that it is relevant to the Member's suitability to practise:
  - (a) a notation of that fact;
  - (b) the name of the governing body that made the finding;
  - (c) the date the finding was made, if available;
  - (d) a brief summary of the facts on which the finding was made, if available; and
  - (e) information regarding any appeals of the finding or order, if available;
- (vii) where, on or after September 23, 2016, a panel of the Inquiries, Complaints and Reports Committee requires a Member to appear before a panel of the Committee to be cautioned,
  - (a) a notation of that fact;
  - (b) a summary of the caution;
  - (c) the date of the panel's decision; and
  - (d) if applicable, a notation that the panel's decision is subject to a review and therefore not yet final, which notation shall be removed and the review and any reconsideration by the Committee is finally disposed of.

**Commented [CM1]:** A notation of oral cautions are now required under the Code. However, the information set out in (b) – (d) are not required under the Code so I recommend keeping this section as is.

(viii) where, on or after September 23, 2016, a panel of the Inquiries, Complaints and Reports Committee requires a Member to complete a specified continuing education or remediation program (SCERP),

(a) a notation of that fact;

(b) a summary of the specified continuing education or remediation program;

(c) the date of the panel's decision; and

(d) if applicable, a notation that the panel's decision is subject to a review and therefore not yet final, which notation shall be removed and the review and any reconsideration by the Committee is finally disposed of.

(ix) notwithstanding paragraphs (vii and viii), where after a review, the Inquiries, Complaints and Reports Committee has been required to remove or vary the appearance for a caution or a specified continuing education or remediation program, may be removed once the Committee makes its new decision. Where the original requirement to appear for a caution or to complete a specified continuing education or remediation program has been varied, the Registrar may enter a summary of the process leading up to and the results of the variation.

(xii) where a decision of the Discipline Committee has been published by the College with the Member's name or former name included:

(a) a notation of that fact; and

(b) identification of the specific publication of the College which contains the information;

(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;

(xiv) where the Member's certificate of registration is subject to an interim order:

(a) notation of that fact;

(b) the nature of the order; and

(c) the date that the order took effect;

(xv) where the Member's certificate of registration is subject to a suspension for failure to pay a fee, the reason for the suspension and the date of the suspension in addition to the fact of that suspension;

(xvii) a notation, including the date of the referral, for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Fitness to Practise Committee under section 61 of the Code and has not been finally resolved, until the matter has been resolved;

(xviii) any information jointly agreed to be placed on the register by the College and the Member;

**Commented [CM2]:** A notation of SCERPs are now required under the Code. However, the information set out in (b) – (d) are not required under the Code so I recommend keeping this section as is.

**Commented [CM3]:** 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.

(xix) in addition to the name of every health profession corporation of which the Member is a shareholder, the business address, business telephone number, business e-mail address, if there is one, and any operating names of the health profession corporation(s);

(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;

(xxi) the date of the Member's initial registration with the College;

(xxii) where the College is aware that a finding of professional misconduct or incompetence or a similar finding has been made against a Member registered or licensed to practise a profession inside or outside of Ontario and that finding has not been reversed on appeal,

(a) a notation of that fact;

(b) the date of the finding and the name of the governing body that made the finding if available;

(c) the order made if available; and

(d) information regarding any appeals of the finding or order if available;

(xxiii) where the College is aware that a finding of incapacity or similar finding has been made against a Member registered or licensed to practise a profession inside or outside of Ontario, and that finding has not been reversed on appeal and the Registrar believes it is relevant to the Member's suitability to practise,

(a) a notation of the finding;

(b) the name of the governing body that made the finding;

(c) the date the finding was made if available;

(d) a summary of any order made if available; and

(e) information regarding any appeals of the finding or order if available;

(xxiv) where the College is aware that a pending allegation of professional misconduct or incompetence or a similar allegation has been referred to a discipline type of hearing against a Member registered or licensed to practise a profession inside or outside of Ontario and the Registrar believes that it is relevant to the Member's suitability to practise,

(a) a notation of that fact;

(b) the name of the governing body that made the referral;

(c) the date of the referral if available;

(d) a brief summary of each allegation if available; and

(e) the notice of hearing if available.



(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 the Member's suitability to practice.

The information placed on the register as a result of section 33.06 (xix) shall be removed once the charges are no longer outstanding;

(xxvi) a summary of any currently existing conditions, terms, orders, directions or agreements relating to the custody or release of the member in respect of provincial or federal offence processes of which the College is aware and that the Registrar believes is relevant to the member's suitability to practise;

(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,

- (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;

(xxviii) for every application to the Discipline Committee or the Fitness to Practice Committee for reinstatement that has not been finally resolved, until that matter has been resolved,

- (a) a notation of that fact, including the date of the application;
- (b) a copy of the notice of hearing notice;
- (c) the anticipated date of the, if the hearing date has been set or the next scheduled dated for the continuation of the hearing if the hearing has commenced;
- (d) if the hearing has been adjourned and no future date has been set, the fact of that adjournment, and;
- (e) if the decision is under reserve, that fact; and

(xxix) if an application for reinstatement has been decided by a panel of the Discipline Committee, or the Fitness to Practice Committee, the outcome of the hearing including the date of the decision and any order made.



## BRIEFING NOTE

To: **COUNCIL**  
 From: **Glenn Pettifer, Registrar and CEO**  
 Date: **March 9, 2018**  
 Subject: **Amendment to By-law Article 34.01 (iii)**

The **Certificates of Authorization Regulation (Ontario Reg. 39/02)** states that:

2 (1) ss 8. "In the case of an application submitted to any College other than the Colleges referred to in paragraph 7, the name of each person who is a shareholder of the corporation as of the day the application is submitted and his or her **business address, business telephone number** and registration number with the College as of that day."

The current By-law article (34.01) regarding the provision of information related to health profession corporations does not include the requirement that each shareholder submit a business address and business telephone number with any application submitted to the College.

### 34. PROFESSIONAL CORPORATIONS

#### 34.01 Duty to Provide Information

*Every Member shall, for every professional corporation of which the Member is a shareholder, provide in writing the following information on the application and annual renewal forms for a Certificate of Authorization, upon the written request of the Registrar, within thirty (30) days and upon any change in the information within thirty (30) days of the change:*

- (i) *the name of the professional corporation as registered with the Ministry of Government Services;*
- (ii) *any business names used by the professional corporation;*
- (iii) *the name, as set out in the register, and registration number of each shareholder of the professional corporation;***
- (iv) *the name, as set out in the register, of each officer and director of the professional corporation, and the title or office held by each officer and director;*
- (v) *the principal practice address, telephone number, facsimile number and email address of the professional corporation;*
- (vi) *the address and telephone number of all other locations, other than residences of clients, at which the professional services offered by the professional corporation are provided; and*
- (vii) *a brief description of the professional activities carried out by the professional corporation.*

By-law Article 34.01 (iii) needs to be amended to include that each shareholder provides a business address and business telephone on an application or annual renewal form.

The new wording would be:

### **34.01 Duty to Provide Information**

Every Member shall, for every professional corporation of which the Member is a shareholder, provide in writing the following information on the application and annual renewal forms for a Certificate of Authorization, upon the written request of the Registrar, within thirty (30) days and upon any change in the information within thirty (30) days of the change:

- (i) the name of the professional corporation as registered with the Ministry of Government Services;
- (ii) any business names used by the professional corporation;
- (iii) *the name, as set out in the register, business address and business telephone number and registration number of each shareholder of the professional corporation;***

### **Options:**

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

1. Adopt\* the proposed amendment of article 34.01 (iii) of the College By-laws.
2. Modify the proposed amendment and adopt that modified amendment to article 34.01 (iii).
3. Other.

\*Pursuant to Article 37.02 of the College By-laws, changes to the By-laws of the College require a two-thirds vote of Council members present and voting at a meeting of Council called for that purpose.



## BRIEFING NOTE

To: **COUNCIL**

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

Date: **March 9, 2018**

Subject: **Proposed changes to the revised Registration Regulation**

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 recently reviewed. 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 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.

These suggested amendments are contained in the accompanying draft. The Ministry of Health and Long-Term Care has confirmed that engaging in this process of further amendment and refinement will not put the draft revision out of its place in the queue. The College's legal counsel will provide Council with a review of the proposed revisions.

**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.

~~—(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.
- ~~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.~~
8. 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:
    - 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.

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.

~~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.
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.

### **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.

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

Date: **March 9, 2018**

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

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 and being convicted of a crime that is related to your profession). However, 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.

The rationale is that each profession will consider certain acts as unacceptable, some may be discipline specific. Admittedly, in today's regulatory climate there is great commonality amongst professional misconduct regulations as there is recognition that certain acts should never be committed by any regulated health professional. However, it is important for Councils to periodically review their professional misconduct regulation to determine if it requires any revisions, redactions or inclusions. This will ensure that the public is being protected from conduct that is not considered appropriate of a dentist.

The current College Professional Misconduct Regulation (O. Reg. 854/93) and two recent regulations from other Colleges (the College of Naturopaths of Ontario and the Ontario College of Pharmacists) are attached for Council's consideration. The College's legal counsel will facilitate a discussion by Council that will aid in identifying possible changes to the current Professional Misconduct Regulation.

The thoughts of Council on this matter will be used to inform the draft of the first version of the revised PM regulation.

[HOME PAGE](#) / [LAWS](#) / O. REG. 854/93: PROFESSIONAL MISCONDUCT



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, P. TIENTS**

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.

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

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, P. TIENTS**

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. ("conjunct")

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



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[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



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## BRIEFING NOTE

To: **COUNCIL**

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

Date: **March 9, 2018**

Subject: **Strategic Plan Performance Indicators**

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A strategic plan can be useful in directing organizational efforts and resource expenditure. Determining the success of such a plan requires a measurement framework. For many of the objectives in the College's Strategy Map 2017-2020, the measurement framework is clear. In other areas, the way in which the College measures success is not as clear.

The objectives and suggested measurement framework for Priority 1 of the College's Strategy Map are attached. You will find some items where the items used as indicators of success are identified. With other, more complex objectives (i.e. promoting public awareness), establishing the indicators of success will benefit from Council's discussion and contributions.

This is a discussion item.



## Priority #1 Enhanced Communication and Stakeholder Engagement:

Goals	Actions	Expected Outcomes, Results, and/or Milestones	Key Performance Indicators	How do we measure these performance indicators?
Promote public awareness of CDO role in safe delivery of denturism	Public awareness campaign	<ul style="list-style-type: none"> <li>- There is a high public awareness of the denturism profession.</li> <li>- There is a high public awareness of the College's role.</li> </ul>	<ul style="list-style-type: none"> <li>- The public understands the role of a denturist.</li> <li>- The public understands the scope of practice for denturism.</li> <li>- The public can identify the key responsibilities of the College.</li> <li>- The public understands how to file a complaint.</li> </ul>	
Modernize member communications strategy	Communication needs survey	<ul style="list-style-type: none"> <li>- The survey will inform the member communication strategy.</li> </ul>	<ul style="list-style-type: none"> <li>- Click rates on electronic communications</li> <li>- # of phone calls and emails received after an electronic communication is sent</li> <li>- Response rate to requests for participation</li> <li>- Response rate to requests for information</li> <li>- Response rate to stakeholder consultations</li> <li>- Follow up survey responses</li> </ul>	
	Attend association conferences	<ul style="list-style-type: none"> <li>- Facilitates communication of College related matters</li> </ul>	<ul style="list-style-type: none"> <li>- # of conferences attended by the College</li> </ul>	

Goals	Actions	Expected Outcomes, Results, and/or Milestones	Key Performance Indicators	How do we measure these performance indicators?
		to members of the profession	<ul style="list-style-type: none"> <li>- # of members attending each conference</li> <li>- # of follow up communications received</li> </ul>	
	Introduce Peer Circles	<ul style="list-style-type: none"> <li>- Provide opportunities to enhance member communication skills</li> <li>- Improve member familiarity with College Standards of Practice</li> </ul>	<ul style="list-style-type: none"> <li>- # of members volunteering to write cases</li> <li>- # of members volunteering to facilitate Peer Circles</li> <li>- # of members attending Peer Circle events</li> <li>- # of respondents to post-event surveys</li> </ul>	
	Enhance CDO webinars	<ul style="list-style-type: none"> <li>- Improve member familiarity with and understanding of Standards of Practice</li> <li>- Improve member access to educational resources</li> </ul>	<ul style="list-style-type: none"> <li>- # of webinars developed</li> <li>- # of webinars administered</li> <li>- # of members attending live webinars</li> <li>- # of members watching on-demand webinars</li> <li>- # of CPD credits entered for participating in College webinars</li> <li>- % of participants that would recommend the webinars to a colleague</li> </ul>	
Promote transparency of CDO operations	Improve accessibility of website	<ul style="list-style-type: none"> <li>- French translation services</li> </ul>	<ul style="list-style-type: none"> <li>- # of requests from the public for help navigating the website</li> <li>- # of requests from members for help navigating the website</li> <li>- # of requests to provide information in French</li> </ul>	

Goals	Actions	Expected Outcomes, Results, and/or Milestones	Key Performance Indicators	How do we measure these performance indicators?
	Ensure public register reflects transparency	<ul style="list-style-type: none"> <li>- Add "i" tags to public register terms (i.e. undertaking, SCERP etc.)</li> </ul>	<ul style="list-style-type: none"> <li>- # of requests to explain information on the website</li> <li>- Click rate on "i" tags</li> </ul>	
	Bring public interest and transparency lenses to Council and Committee work	<ul style="list-style-type: none"> <li>- Public interest is readily apparent in Council and Committee discussions and work.</li> <li>- Posting of Council packages and meeting minutes on website.</li> </ul>	<ul style="list-style-type: none"> <li>- Decisions of Council and Committees reflect impact on public interest</li> <li>- Click rate on Council packages and meeting minutes</li> </ul>	
Foster inter-professional collaboration	Attend regular meetings of Ontario dental health regulators	<ul style="list-style-type: none"> <li>- Improved inter-professional collaboration between oral health professionals</li> </ul>	<ul style="list-style-type: none"> <li>- # of meetings attended</li> <li>- # of Colleges and stakeholders represented at the meetings.</li> </ul>	
	Provide collaboration guidance to members through communication strategy	<ul style="list-style-type: none"> <li>- Improved inter-professional collaboration between oral health professionals</li> </ul>	<ul style="list-style-type: none"> <li>- Develop Standard of Practice: Inter-professional Collaboration</li> <li>- Members understand the importance of inter-professional collaboration</li> <li>- # of members that collaborate with other health practitioners</li> <li>- # of members that work in multi-disciplinary settings</li> </ul>	



## BRIEFING NOTE

To: **COUNCIL**

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

Date: **March 9, 2018**

Subject: **Council Meeting Dates for 2018**

Council Meeting Dates
June 22, 2018
September 14, 2018
December 14, 2018