424th Meeting of Council

Via Zoom and Livestream via YouTube

Tuesday, November 17, 2020
AGENDA

424th MEETING – RCDSO COUNCIL

Via Zoom and Livestream via YouTube

Tuesday, November 17, 2020
9:00 a.m.

1. CALL TO ORDER

2. ROLL CALL

3. REMARKS/CHAIR

4. REMARKS/PRESIDENT

5. REMARKS/REGISTRAR

6. STRATEGIC PLAN
   • Briefing Note
   • App A: Strategic Plan 2020-2023
   • App B: Draft Dashboard

7. COLLEGE PERFORMANCE MANAGEMENT FRAMEWORK
   • Briefing Note
   • App 1: Memo from ADM, September 1, 2020
   • App 2: Draft CPMF Reporting Tool

8. GOVERNANCE
   • Briefing Note
   • App A: Symposium Notes, Governance and Performance Measurement Symposium, March 4, 2020
   • App B: Modernizing Governance: Changes to the Oversight of Health Regulators in Canada and Abroad
   • App C: Modernization of Health Regulation: British Columbia
9. COMMITTEE REPORTS

(a) Discipline Committee  
(b) Executive Committee  
(c) Finance, Property & Administration Committee  
(d) Inquiries, Complaints and Reports Committee  
(e) International Trade Committee  
(f) Pension Governance Committee  
(g) Professional Liability Program Committee  
(h) Quality Assurance Committee  
(i) Registration Committee

10. ADOPTION OF MINUTES

(a) 422nd Meeting of RCDSO Council, June 18, 2020

11. GOOD AND WELFARE

12. DATE OF NEXT COUNCIL MEETING

Virtual
- Wednesday, January 20/Thursday, January 21, 2021

13. ADJOURNMENT

AMS:1028002
Strategic Plan 2020-2023
Report to Council

FOR INFORMATION
November 2020

This Report provides Council with an update on the projects arising from the College’s Strategic Plan 2020-2023.

Background

Council approved the College’s Strategic Plan in 2019 (attached as Appendix A).

The Strategic Plan contains seven strategic objectives. These objectives have been organized into three themes:

- Theme A: Risk-Based Regulation and Continuous Quality Improvement
- Theme B: Operations and Supporting Staff
- Theme C: External Environment: Disruptors and Opportunities

Specific projects for 2020 have been identified and are organized under each theme. Additional projects will be identified in each subsequent year until the final year of the Strategic Plan, 2023.

Council will be kept apprised of the College’s progress on these projects through two tools:

1. This Report, which provides Council with a summary of projects and a status report, containing highlights of ongoing projects.
2. A Dashboard (draft attached as Appendix B) which will chart the impact of specific projects through targets and metrics.
Overview: 2020 in Review

The RCDSO’s Strategic Plan was officially launched in January 2020. Twenty-two projects were identified as priorities for 2020.

Cameron Thompson, Senior Policy Analyst and Michelle Tremblay, Senior Communications and Educational Design Specialist are providing direct support on the implementation of the Strategic Plan for both the Senior Leadership Team and the Project Managers of the individual strategic projects.

Staff were able to make good progress on many strategic projects in 2020 but the COVID-19 pandemic has had a significant impact. COVID-19 has required College staff to pivot quickly to work in new ways with the entire workforce moving to remote work effective March 2020. Many adjustments to our processes and work flow have had to be made to accommodate an entirely remote approach. Additionally, COVID-19 has generated a significant workload, as staff in many areas of the College have taken on new work to advise the profession and the public of the protocols and requirements for safe dental care during the pandemic, and numerous protocols were developed and implemented to ensure that proper safety and hygiene protocols are used for all visits to College’s building at 6 Crescent Road.

These challenges have directly impacted progress on the 2020 strategic projects. A more detailed overview of the progress made is set out in greater detail under the heading for each theme. In summary, of the twenty-two strategic projects,

- 4 projects are complete
- 11 projects are in progress
- 7 are on hold or need to be re-framed due to the impact of the pandemic.

Regarding the eleven projects that are in progress, some of these projects were originally intended to span multiple years and so they are currently on track with original timelines. Other projects were intended to be completed this year but timelines have been delayed due to challenges with respect to staff capacity/workloads.

With respect to the seven projects that are on hold or need to be re-framed, five projects have been put on hold temporarily as we grapple with staff capacity. Two projects related to remote work and a space assessment of 6 Crescent Road need to be re-framed in light of the COVID-19 pandemic. The project plans for these projects were formed in advance of the pandemic, and much of the College’s experience and thoughts regarding remote work and space needs have shifted significantly.
Theme A: Risk-Based Regulation and Continuous Quality Improvement

Eleven projects for 2020 have been identified under this theme. These projects focus exclusively on Risk-Based Regulation. Projects related to Continuous Quality Improvement will be implemented in 2021.

Summary of Projects:

Five projects are focused on the development and implementation of risk-based strategies for each of the College’s key regulatory departments: Registration, Quality Assurance, Facilities Inspection Program, and Professional Conduct and Regulatory Affairs.

One project relates to ensuring College Standards are updated and modernized on a regular basis to ensure currency.

Four projects relate to updating and modernizing internal policies, programs and procedures in Registration, Quality Assurance, and Professional Conduct and Regulatory Affairs to enhance efficiencies and support the use of data analytics.

One project involves the development of an Issues Management strategy which will assist the College in identifying and responding to emerging issues and trends.

Status Report:


- The project related to updates and revisions to Standards is on track and will span the duration of the Strategic Plan: 2020-2023.

- The project related to the evaluation of the Quality Assurance Program is on track.

- Work on the development of an Issues Management Strategy has been delayed slightly but work has now started and will continue into 2021.

- PCRA has begun to implement internal operational strategies to enhance efficiencies and workflow.

- The Registration Department will review and refresh its internal policies and practices as part of its work on continuous quality improvement in 2021. The project related to criminal records checks for new applicants will be undertaken as an operational project, for completion in 2021.
• Projects related to the use of data analytics for all regulatory areas of the College will be brought forward to 2021 to allow for the implementation of the College’s new IT operating system and the development of a data governance and stewardship strategy.

Theme B: Operations and Supporting Staff

Eight projects for 2020 have been identified under this theme.

Summary of Projects:

Two projects relate to the College’s offices and the need to find efficiencies and space to accommodate a growing workforce within our current building.

Four projects relate to staff performance, development, recruitment and staff satisfaction and engagement.

Two projects relate to technology: updates to our database, digitizing records and developing a robust records management system aligned with best practices.

Status Report:

• The College’s work to update and enhance our IT operating system has continued. The end goal is to shore up the security of our system, and to support increased efficiencies, automation, digitization of College processes, and data analytics. This project will have multiple phases but the first phase, which entails the launch of the new system, is on track, on budget and set to launch in December 2020.

• With the assistance of a Records Management Specialist, Lynn Mason, work is well underway in modernizing and enhancing the College’s records management strategy and the digitization of College records. Significant progress has been made in 2020 and phase II of digitization will move into 2021.

• Projects related to supporting College staff have also made good progress. We have offered training to staff on management techniques for remote work, and enhanced on-line development opportunities. We have also made progress on work related to a re-fresh of the College’s performance management strategy.

• Through an engagement with the Canadian Centre for Diversity and Inclusion, the College has launched a project specific to diversity and inclusion. This work
has started in 2020 and will span into 2021. It includes engagement activities with the College’s leadership and broader staff and will result in the development of a diversity and inclusion strategy for the College to ensure we are doing all we can to embed diversity and inclusion into our work and processes.

- Two projects related to the College’s remote work strategy and space needs at 6 Crescent Road need to be re-framed to leverage the experience we’ve gained to date in 2020 with remote work. Over the course of 2020 however, the College has updated its policy regarding remote work, has examined how we can best support staff working remotely and has considered related options, such as alternate work arrangements to grant flexibility for staff as our workforce adjusts to working exclusively from home.

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**Theme C: External Environment: Disruptors and Opportunities**

Three projects have been identified under this theme. They relate to governance, legislative change, and engagement with stakeholders.

**Summary of Projects:**

The project related to governance will entail identifying and evaluating best practices with respect to board governance and highlighting opportunities for modernization and reform.

With respect to legislative change, this project will involve developing a strategic approach through which opportunities for legislative change and reform will be assessed. This will ensure that College activities in this realm are consistent and are focused on areas of most importance to College work and the College’s mandate.

Regarding engagement with stakeholders, this project will involve an analysis of the College’s current engagement and outreach activities with external stakeholders with a view to informing opportunities and avenues to enhance engagement.

**Status Report:**

Governance is the only project under this theme that is currently underway. The projects on legislative change and stakeholder analysis have been delayed due to decreased staff capacity as a result of the pandemic.

Highlights with respect to the Governance project are as follows:
• The Governance Symposium on March 4th 2020 was successful and provided Council with input from a range of experts on issues related to governance reform and best practices.

• In June 2020, Council approved amendments to College by-laws to integrate competencies into the eligibility criteria. The election process is currently underway and the experience gained this year in working with this new expanded approach to eligibility will enable the College to evaluate its further work around governance, which is planned to extend into 2021.

• Further detail on the governance work will be captured in separate materials in the Council package.

**Looking Forward: 2021**

In the third quarter of 2020, work began to chart the College’s strategic work for 2021. The College’s Senior Leadership Team has identified a list of 2021 priority projects. The list is comprised of 2020 projects and projects originally slated for commencement in 2021. There is a distinct focus on risk-based regulation, continuous quality improvement, data analytics, technology and diversity and inclusion.

The 2021 strategic projects are as follows:

**Theme A: Using risk-based and Continuous Quality Improvement approaches to regulation**
- College Standards (continuation)
- Continuous Quality Improvement (new)
- Risk Based Data and Analytics (new)
- Issues Management (continuation)
- Data Strategy (new)

**Theme B: Supporting Staff in doing their best work**
- Remote work (revise)
- Staff Development (revise)
- Staff Performance (continuation)
- Space Assessment (revise)
- CRM (IT system) –Phase II
- Digitization-Records Management: Phase II
- Diversity and Inclusion (continuation)

**Theme C: Identifying and responding to potential opportunities and disruptors emerging in the external environment**
- Governance (continuation)
- Legislative Change Strategy (revise)
- Stakeholder Analysis (revise)
Work has begun to develop project plans for the above projects. Those will be finalized by end of 2020 so that the College is ready to embark on this work in 2021.

Further work will also be done in 2021 to refine and finalize the draft dashboard which will be used to track progress on key performance indicators.

Council will continue to receive regular updates on activities related to the strategic plan at each meeting.

Contacts:
1. Dan Faulkner, Registrar, dfaulkner@rcdso.org
2. Andrée Foti, Assistant Registrar, afoti@rcdso.org

Appendix:
Appendix A: Strategic Plan 2020-2023
Appendix B: Dashboard (draft)
RCDSO STRATEGIC PLAN
2020-2023

VISION
Everyone in Ontario has access to safe, high-quality dentistry.

MISSION
We work in the public’s interest by putting patients first. We set and enforce standards, and provide continuous improvement and education opportunities to the dental profession in Ontario. We work to engage and influence our stakeholders. We show integrity and courage in everything we do.

VALUES
- ACCOUNTABLE
- COLLABORATIVE
- TRANSPARENT
- INNOVATIVE
- INCLUSIVE
## OBJECTIVES

These objectives will provide additional focus to the work of the College for the next three years. Each numbered objective defines where we would like the College to be. The bullet points below are strategies that will help get us there.

<table>
<thead>
<tr>
<th>1 College governance is progressive and patient-centered</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Competencies will be developed to form part of the job specification for all Council and Committee members, including public members.</td>
</tr>
<tr>
<td>• Competency-based evaluation tools will be developed for Council and Committees.</td>
</tr>
<tr>
<td>• The current Candidate Eligibility Course will be reviewed and enriched.</td>
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</table>

<table>
<thead>
<tr>
<th>2 Decision-making is informed by best available data and evidence</th>
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<tbody>
<tr>
<td>• College IT data systems will be designed to enable data mining and to support data analysis.</td>
</tr>
<tr>
<td>• New research projects and resources will be developed to collect and analyze data to inform the work of the College.</td>
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<tr>
<td>• College Standards and Guidelines will promote the use of best available data and evidence in decision-making.</td>
</tr>
<tr>
<td>• College data will be leveraged to influence decision-making of external partners in developing curriculum and continuing education programs.</td>
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</table>

<table>
<thead>
<tr>
<th>3 Potential external disruptors are anticipated and addressed</th>
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</thead>
<tbody>
<tr>
<td>• Potential changes, both provincially and nationally, to regulation and to dental care delivery will be identified.</td>
</tr>
<tr>
<td>• Strategic partnerships will be expanded to assist with responding to such changes.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>4 Continuous quality improvement and risk-based regulation informs the work of the College and the expectations the College sets for the profession</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A risk-based approach will inform resources for the profession.</td>
</tr>
<tr>
<td>• Programs to monitor and measure compliance in high risk areas such as IPAC and sedation will be developed.</td>
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<tr>
<td>• Internal College processes will be regularly evaluated to improve efficiency.</td>
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<thead>
<tr>
<th>5 Access to care is improved across Ontario</th>
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<tbody>
<tr>
<td>• The College, together with strategic partners, will promote access to oral health care.</td>
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</table>

<table>
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<tr>
<th>6 We build engagement with patients and dentists</th>
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<tbody>
<tr>
<td>• College consultation processes will be enhanced to encourage public and dentist input on policy and strategy initiatives.</td>
</tr>
<tr>
<td>• External communications will continue to raise and measure engagement with the public.</td>
</tr>
<tr>
<td>• Patient-centred initiatives, including those on human rights, mental health and wellness, will be advanced.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>7 College staff are supported in doing their best work</th>
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</thead>
<tbody>
<tr>
<td>• The transparency and inclusivity of human resources practices will be improved and monitored for success.</td>
</tr>
<tr>
<td>• Staff communication, engagement and development will be enhanced.</td>
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<tr>
<td>• More effective IT tools will be built into the work of the College.</td>
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<tr>
<td>• The physical work environment will be assessed and modernized to maximize efficiencies and use of space.</td>
</tr>
<tr>
<td>• Strategic staff competencies, including financial competencies, will be identified and training will be provided to increase accountability and efficiency.</td>
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</tbody>
</table>
This Dashboard is currently in draft form and will be finalized over the coming months. It is provided for Council’s information. It is anticipated that the Dashboard will be populated with data in late 2020 or early 2021. The timeline is driven by the fact that projects need to be completed and implemented before data on their impact can be tracked and reported.

The draft Dashboard contains nine objectives and as such does not represent all projects arising from the Strategic Plan. Those projects that are operational in nature or that cannot be quantified with data have not been included. Instead, their progress will be reported through the broader Strategic Plan Report from the Executive Committee to Council.

### Risk-Based Regulation and Continuous Quality Improvement

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
<th>Enabling Tactic(s)/Project(s)</th>
<th>Target</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applications for certificates of registration are prioritized based on risk</td>
<td># of days to complete high risk applications</td>
<td>Criminal Background Screen: policy and procedure</td>
<td>90% of high risk applications are completed in 60 days or less</td>
<td></td>
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<tr>
<td>High risk matters are processed on a priority basis</td>
<td></td>
<td>Registration Risk Framework</td>
<td></td>
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<tr>
<td>Conduct matters are triaged based on risk</td>
<td># of days to complete high risk matters: interim orders and investigations</td>
<td>Triage Tool Protocol: Investigations</td>
<td>90% of high risk matters are completed in 270 days or less by end of 2023</td>
<td></td>
</tr>
<tr>
<td>High risk conduct matters are investigated on a priority basis</td>
<td>Comparator: average timelines (status quo) for high risk applications</td>
<td>Targets for each year of the strategic plan, (to progress to the</td>
<td></td>
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</table>
## Risk-Based Regulation and Continuous Quality Improvement

<table>
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<tr>
<th>Objective</th>
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<th>Enabling Tactic(s)/Project(s)</th>
<th>Target</th>
<th>Status</th>
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<tbody>
<tr>
<td>interim orders and investigations</td>
<td></td>
<td>target above) are as follows:</td>
<td>→35% of high risk matters are completed in 270 days by end of 2021</td>
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<td></td>
<td></td>
<td></td>
<td>→60% of high risk matters are completed in 270 days by end of 2022</td>
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<tr>
<td>Facility inspections are triaged based on risk</td>
<td># days to complete high risk inspections Comparator: average of timelines (status quo) for high risk inspections</td>
<td></td>
<td>90% of high risk inspections are completed in 10 days or less by the end of 2021</td>
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<tr>
<td>High risk inspections are conducted on a priority basis</td>
<td></td>
<td>Targets for each year of the strategic plan, (to progress to the target above) are as follows:</td>
<td>-&gt; 90% of high risk inspections will be completed in 15 days by the end of 2020</td>
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</tr>
<tr>
<td>Objective</td>
<td>Measure</td>
<td>Enabling Tactic(s)/Project(s)</td>
<td>Target</td>
<td>Status</td>
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<tr>
<td>College Standards are be reviewed on a 5 year cycle</td>
<td>% of Standards that are under review or have been reviewed within the last 5 years</td>
<td>80% of Standards are under review or have been reviewed within last 5 years by the end of 2023</td>
<td>Targets for each year of the strategic plan, (to progress to the target above) are as follows:</td>
<td></td>
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<td></td>
<td>→70-75% of Standards under review or have been reviewed within last 5 years by end of 2022</td>
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<td>→60% of Standards are under review or have been reviewed within the last 5 years by end of 2021</td>
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<td>→50% of Standards are under review or have been reviewed within the last 5 years by end of 2020</td>
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<tr>
<td>Objective</td>
<td>Measure</td>
<td>Enabling Tactic(s)/Project(s)</td>
<td>Target</td>
<td>Status</td>
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</tbody>
</table>
| QA matters of high risk are identified and addressed on a priority basis | # of days to complete high risk matters  
*Comparator: average timelines (status quo) for high risk matters* | QA Risk Framework  
QA Risk Assessment Tool | 90% of high risk matters are addressed in 150 days or less by the end of 2021  
*Targets for each year of the strategic plan, (to progress to the target above) are as follows:*

→ 90% of high risk matters are addressed in 180 days or less by the end of 2020 |  |
| Continuous quality improvement approach informs the College’s regulatory work | To be determined  
Deferred to 2021 to allow for the implementation of CRM, and the development and implementation of digitization and data analytics strategies | CRM  
Digital strategy  
Data Analytics Strategy | To be determined |  |
## EXTERNAL ENVIRONMENT: OPPORTUNITIES AND DISRUPTORS

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
<th>Enabling Tactic(s)/Project(s)</th>
<th>Target</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>The College identifies and responds to issues in the external environment that are aligned with its mandate and objects</td>
<td># of issues identified/considered</td>
<td>Issues Management Framework is developed to identify and assess issues</td>
<td>100% of issues identified and responded to have direct alignment with mandate</td>
<td></td>
</tr>
<tr>
<td>College governance is assessed and recommendations for modernization are proposed</td>
<td>Timing for completed assessment</td>
<td>Expert Symposium Research: best practices</td>
<td>Assessment completed by June 2020 Recommendations proposed to Council in November 2020 Governance reform underway by November 2020</td>
<td></td>
</tr>
<tr>
<td>Enhanced engagement with the Public and with Dentists</td>
<td>% of outreach or engagement sessions with the public v. profession</td>
<td>Stakeholder Analysis Analysis of College resource materials Access to Care initiative Web analytics</td>
<td>Develop metric of total engagement or outreach activities are directed to a public audience (To be completed after Stakeholder Analysis is completed) by end of 2020</td>
<td></td>
</tr>
<tr>
<td>% of public stakeholders identified through stakeholder analysis v. profession-specific stakeholders</td>
<td>30% of overall resources are directed to a public audience</td>
<td>50% of stakeholders identified through stakeholder analysis are public/patient-centric</td>
<td>Develop College Social Media Strategy (end of 2020)</td>
<td></td>
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</tbody>
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Memo

TO RCDSO Council
FROM Dan Faulkner, Registrar
DATE November 6, 2020

REGARDING: College Performance Measurement Framework (CPMF): Reporting Requirements

The Ministry of Health and Long Term Care’s College Performance Measurement Framework (CPMF) requires all 26 health regulatory Colleges in Ontario to submit key performance data to the Ministry by March 31, 2021.

The CPMF is intended to drive regulatory performance across the health regulatory landscape and each College’s report to the Ministry will be made public to promote transparency and accountability.

This memo provides Council with a comprehensive status update on the CPMF, including the RCDSO’s processes and timelines for producing the report, key organizational work flowing from the CPMF, and an update on ongoing collaboration with our regulatory partners.

This memo is provided for information only.

BACKGROUND

- The Ministry of Health and Long Term Care (the Ministry) developed the CPMF for all health regulatory Colleges between December 2018 and January 2020. I was asked to Co-Chair the Working Group when I was an employee of the CPSO and I continued in that role until the end of the process following my departure from CPSO.

- The RCDSO was also represented on the Working Group by Irwin Fefergrad. Following the completion of the CPMF, the RCDSO continued to play an active role in developing and designing the reporting tool for the Ministry’s use.

- It is worth emphasising that the CPMF and reporting requirements have been heavily influenced by health regulatory Colleges and non-government subject matter experts.

- On September 1, 2020, all health Colleges received a memo from Sean Court, Assistant Deputy Minister, to launch the CPMF. That same memo also included the draft Reporting Tool (attached) and
draft Technical Specifications document (not provided, but available upon request), which dictate the information to be reported to the Ministry.

- Building the RCDSO’s report under the CPMF is an important step in our relationship with the general public and our stakeholders, including government. First and foremost, this approach was developed by Ontario regulators to enhance our accountability and transparency related to our work. It is also the first of its kind in Canada, and other jurisdictions may choose to replicate this approach.

- The secondary purpose of the framework is continuous improvement. RCDSO staff and departments will find relevance in the indicators to support our ongoing improvement of programs and practices. In this regard, it aligns with several objectives in our current strategic plan and creates a structured framework to demonstrate regulatory effectiveness.

CURRENT STATUS

General Timelines

- The Ministry has indicated that it will release the finalized CPMF Reporting Tool and Technical Specifications document in early November, 2020 (as of drafting, the final versions of each document have not yet been released).

- The final deadline for submitting the College’s report to the Ministry is March 31, 2021, at which point it will be posted publicly on their website.

- Following submission of the report, a meeting will occur with the Ministry to discuss our report and standards that do not fully meet expectations.

Internal Process

- The College’s Leadership Team received information about the CPMF reporting requirements on September 14th. Further discussions and Q&A were held with the Team on September 24th. The completion of RCDSO’s report will require significant effort by many staff across most areas of the College. For this reason, a project management approach has been deployed.

- The Senior Leadership Team will oversee all aspects of this work. CPMF reporting requires senior leadership and commitment, and Directors/Managers will be encouraged to use this tool to examine their own processes and procedures for improvement and focus.

- Cameron Thompson and Michelle Tremblay are the Project Managers, and will coordinate common interpretations of standards and measures, the collection and consolidation of information, and the preparation of the RCDSO’s final report. This work is now actively underway with a “kick-off” meeting having been held on November 5th.

- Cameron and Michelle will continue to check-in with and support subject matter experts at regular intervals over the coming months to ensure that progress continues towards the March 31st submission deadline. They will also act as liaison with Ministry staff should questions or concerns arise that require further clarification.
Additionally, RCDSO staff (including myself, Andréa Foti, and Ben Lin) met with Ministry staff on October 15 to discuss key CPMF standards, and to ensure clear expectations for the reporting of measures related to our engagement with system partners.

**External Process**

- Due to the significance of this initiative and the large number of reporting Colleges, two supportive activities are now underway:
  
  o First, the Registrars of the Oral Health Colleges have agreed that there is a need to collaborate in some of our responses. As a result, the lead staff at each of the four Colleges have been connected to each other and are now meeting on a regular basis. This will help with interpreting some of the indicators and create common narrative reporting where that is essential (e.g. how the four Colleges work together currently and will strive to work together in the future should be a common statement).

  o Second, the Health Profession Regulators of Ontario (HPRO) is now also supporting a regular meeting of lead staff at each of the health regulatory Colleges to support collaboration, co-ordination, and consistent understanding of key measures.

**The CPMF Reporting Tool: Implications for Council**

- The CPMF Reporting Tool is attached and available for full review by Council.

- Of particular relevance to Council is the Governance Section at pages 11 – 18 of the Reporting Tool. These include the following Standards which are highlighted for Council’s information:

  - **Standard 1, Measure 1 (pg 11 – 12): Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.**
    - The College has done a great deal of work in the past few months and subject to some adjustments internally, we can likely provide good evidence of meeting this measure.

  - **Standard 1, Measure 2 (pg. 13 - 14): Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.**
    - The College needs to plan significant work in order to adequately meet this measure.

  - **Standard 2, Measure 1 (pg 14 – 16): All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest**
    - The College partially meets this standard/measure.
    - Further work is anticipated with respect to:
      - Review of Code of Conduct and Conflict of Interest Policy;
      - Review of content of conflict of interest forms;
      - Availability of conflict of interest forms within the public materials at each Council meeting;
      - More clearly and explicitly connecting public interest rationale to Council decisions on strategic and regulatory activities.
• **Standard 3, Measure 4 (pg 16 – 17): Council decisions are transparent**
  o This measure requires a review of the timeliness of posting Council minutes and the new requirement to post the Executive Committee information.

• **Standard 3, Measure 5 (pg. 17 – 18): Information provided by the College is accessible and timely**
  o The College is likely in compliance, and if not, can easily be in compliance with this measure.

**NEXT STEPS**

• College staff will continue to prepare for the collection and reporting of data in accordance with the CPMF requirements and the Reporting Tool.

• Staff will submit the final Report to the Ministry by March 31st, 2021. Council will receive a copy of the report shortly thereafter, and the final report will be posted to the College’s website.

**DECISIONS FOR COUNCIL**

• For information.

**Attachments:**
Appendix 1: Memo from Sean Court, ADM, September 1, 2020
Appendix 2: Draft CPMF Reporting Tool
I am pleased to inform you that the Ministry of Health (ministry) will be implementing the College Performance Measurement Framework (CPMF) this Fall.

As you are aware, the ministry is committed to building a connected and sustainable health care system centered around the needs of patients. One key component of this journey is to continue strengthening transparency and accountability of regulated health professions to engender trust between Ontario’s regulated health colleges and the public. The CPMF will assist the ministry in achieving these goals.

The CPMF that you helped to develop, will for the first time in Ontario, measure and report in a standardized manner how each of you is acting in the public interest. It will report on how well Colleges have met a set of best practices (Standards) related to their key statutory functions and key organizational aspects that enable a College’s ability to carry out its functions well.

The ministry recognizes that Colleges might not have implemented all CPMF Standards at this point in time. The purpose of the first CPMF reporting cycle is to provide baseline information on the structures and processes each College currently has in place along with the activities that are currently being undertaken respecting the CPMF Standards and to demonstrate a College’s commitment to continuously improve its performance.

The implementation of the CPMF will begin with a soft launch of the Framework in September 2020 which will provide the Colleges with the opportunity to ask any questions about the reporting expectations outlined in the attached CPMF Reporting...
Tool and accompanying Technical Specifications document for calculating the quantitative measures. The official launch will occur in October 2020 and following this official launch, the ministry will ask each College to:

- Start completing the CPMF Reporting Tool.
- Meet with the ministry to discuss the “System Partner” Standards.
- Post the completed CPMF report on its website by March 31, 2021 and send a copy to the ministry.

The ministry will not review and assess the degree to which a College has implemented the CPMF Standards for the purpose of publicly reporting on how well each College is performing. However, the ministry will:

- Meet with each College to discuss its report, provide performance feedback and potentially set expectations to improve.
- Draft and post a report on the ministry website that will summarize the CPMF results at system level (as opposed to the performance of each individual college).

Prior to starting the second CPMF reporting cycle in October 2021, the ministry together with the Colleges, the public and experts will evaluate and refine the CPMF based on the results of and feedback received during the first reporting iteration. It is envisioned that for the second reporting cycle Colleges will be only asked to report back on improvements identified during baseline reporting, any changes in comparison to baseline reporting and any changes resulting from the refined Standards, Measures and Evidence.

I would like to thank all of you for your advice and support to date in developing the CPMF and the ministry looks forward to continuing to work with you on this very important work.

Sincerely,

Sean Court
A/Assistant Deputy Minister

c. Helen Angus, Deputy Minister, Ministry of Health (MOH)
   Allison Henry, Director, Health Workforce Regulatory Oversight Branch, MOH
College Performance Measurement Framework (CPMF) Reporting Tool

September 2020
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INTRODUCTION

THE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

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

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

a) Components of the CPMF:

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Measurement domains</td>
</tr>
<tr>
<td>2</td>
<td>Standards</td>
</tr>
<tr>
<td>3</td>
<td>Measures</td>
</tr>
<tr>
<td>4</td>
<td>Evidence</td>
</tr>
<tr>
<td>5</td>
<td>Context measures</td>
</tr>
<tr>
<td>6</td>
<td>Planned improvement actions</td>
</tr>
</tbody>
</table>
b) Measurement domains:

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

**Figure 1: CPMF Model for measuring regulatory excellence**

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

<table>
<thead>
<tr>
<th>Domain</th>
<th>Areas of focus</th>
</tr>
</thead>
</table>
| 1 Governance                    | • The efforts a College undertakes to ensure that Council and Statutory Committees have the required knowledge and skills to warrant good governance.  
|                                | • Integrity in Council decision making.                                          
|                                | • The efforts a College undertakes in disclosing decisions made or is planning to make and actions taken, that are communicated in ways that are accessible to, timely and useful for relevant audiences. |
| 2 Resources                     | • The College’s ability to have the financial and human resources to meet its statutory objects and regulatory mandate, now and in the future. |
| 3 System Partner                | • The extent to which a College is working with other Colleges and system partners, where appropriate, to help execute its mandate in a more effective, efficient and/or coordinated manner and to ensure it is responsive to changing public expectation. |
| 4 Information Management        | • The efforts a College undertakes to ensure that the confidential information it deals with is retained securely and used appropriately in the course of administering its regulatory activities and legislative duties and objects. |
| 5 Regulatory Policies           | • The College’s policies, standards of practice, and practice guidelines are based on the best available evidence, reflect current best practices, are aligned with changing publications and where appropriate aligned with other Colleges. |
| 6 Suitability to Practice       | • The efforts a College undertakes to ensure that only those individuals who are qualified, skilled and competent are registered, and only those registrants who remain competent, safe and ethical continue to practice the profession. |
| 7 Measurement, Reporting and Improvement | • The College continuously assesses risks, and measures, evaluates, and improves its performance.  
|                                | • The College is transparent about its performance and improvement activities. |

c) Standards, Measures, Evidence, and Improvement:

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

**Domain 1: Governance**

<table>
<thead>
<tr>
<th>Standard</th>
<th>Measure</th>
<th>Evidence</th>
<th>Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Council and Statutory Committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.</td>
<td>1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.</td>
<td>a. Professional members are eligible to stand for election to Council only after: i. Meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.</td>
<td>• The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria. By-laws will be updated to reflect the screening criteria as a component of the election process to determine professional registrant eligibility to run for a Council position.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. Statutory Committee candidates have: i. met pre-defined competency / suitability criteria, and ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</td>
<td>• The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. Prior to attending their first meeting, public appointments to Council undertake a rigorous orientation training course about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.</td>
<td>Nil</td>
</tr>
<tr>
<td>2. Council and Statutory Committees regularly assess their effectiveness and address identified opportunities for improvement through ongoing education.</td>
<td>a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; ii. Council</td>
<td></td>
<td>Nil</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. The framework includes a third-party assessment of Council effectiveness at minimum every three years.</td>
<td>Nil</td>
</tr>
</tbody>
</table>
THE CPMF REPORTING TOOL

For the first time in Ontario, the CPMF Reporting Tool will provide comprehensive and consistent information to the public, the Ministry of Health (‘ministry’) and other stakeholders by each of Ontario’s health regulatory Colleges. In providing this information each health regulatory College will:

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

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

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

Furthermore, the ministry will develop a Summary Report highlighting key findings regarding the best practices Colleges already have in place, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public. The focus of the Summary Report will be on the performance of the regulatory system (as opposed to the performance of each individual College), what initiatives health regulatory Colleges are undertaking to improve regulatory excellence and areas where opportunities exist for colleges to learn from each other. The Report will be posted publicly.
As this will be the first time that Colleges will report on their performance against the proposed CPMF standards, it is recognized that the initial results will require comprehensive responses to obtain the required baseline information. Subsequent reporting iterations will be less intensive and ask Colleges only to report on:

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

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

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

Furthermore,

• where a College fulfills the “required evidence” it will have to:
  o provide link(s) to relevant background materials, policies and processes OR provide a concise overview of this information.

• where a College responds that it “partially” meets required evidence, the following information is required:
  o clarification of which component of the evidence the College meets and the component that the College does not meet;
  o for the component the College meets, provide link(s) to relevant background material, policies and processes OR provide a concise overview of this information.
  o for the component the College does not meet, whether it is currently engaged in, or planning to implement the missing component over the next reporting period.

• where a College does not fulfill the required evidence, it will have to:
  o indicate whether it is currently engaged in or planning to implement the standard over the next reporting period.

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

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

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

**Domain 1: Governance**

**Standard 1**

Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Required evidence</th>
<th>College response</th>
</tr>
</thead>
</table>
| 1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee. | a. Professional members are eligible to stand for election to Council only after:  
   i. Meeting pre-defined competency / suitability criteria, and  
   ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities. | The College fulfills this requirement: Yes □ Partially □ No □  
   • The competency/suitability criteria are public: Yes □ No □  
     If yes, please insert link to where they can be found, if not please list criteria:  
   • Duration of orientation training:  
   • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):  
   • Insert a link to website if training topics are public OR list orientation training topics:  
   If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes □ No □  
   Additional comments for clarification (optional): |
**PART 1: MEASUREMENT DOMAINS**

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

### DOMAIN 1: GOVERNANCE

**Standard 1**

Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Required evidence</th>
<th>College response</th>
</tr>
</thead>
</table>
| 1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee. | a. Professional members are eligible to stand for election to Council only after:  
1. meeting pre-defined competency / suitability criteria, and  
2. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities. |  
- The College fulfills this requirement: Yes ☐ Partially ☐ No ☐  
- The competency/suitability criteria are public: Yes ☐ No ☐  
  If yes, please insert link to where they can be found, if not please list criteria:  
- Duration of orientation training:  
- Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):  
- Insert a link to website if training topics are public or list orientation training topics:  
If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐  
Additional comments for clarification (optional): |
### b. Statutory Committee candidates have:
- i. met pre-defined competency / suitability criteria, and
- ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.

<table>
<thead>
<tr>
<th>The College fulfills this requirement:</th>
<th>Yes ☐</th>
<th>Partially ☐</th>
<th>No ☐</th>
</tr>
</thead>
</table>

- The competency / suitability criteria are public: Yes ☐ No ☐
  - If yes, please insert link to where they can be found, if not please list criteria:
- Duration of each Statutory Committee orientation training:
- Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):
- Insert link to website if training topics are public **OR** list orientation training topics for Statutory Committee:

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

Additional comments for clarification (optional):

### c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.

<table>
<thead>
<tr>
<th>The College fulfills this requirement:</th>
<th>Yes ☐</th>
<th>Partially ☐</th>
<th>No ☐</th>
</tr>
</thead>
</table>

- Duration of orientation training:
- Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):
- Insert link to website if training topics are public **OR** list orientation training topics:

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

Additional comments for clarification (optional):
2. Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.

| a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: |
|----|-------------------------------|
|    | i. Council meetings;           |
|    | ii. Council                   |

The College fulfills this requirement: Yes ☐ Partially ☐ No ☐

- Year when Framework was developed **OR** last updated:
- Insert a link to Framework **OR** link to Council meeting materials where (updated) Framework is found and was approved: <insert link>
- Evaluation and assessment results are discussed at public Council meeting: Yes ☐ No ☐
- If yes, insert link to last Council meeting where the most recent evaluation results have been presented and discussed:

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

Additional comments for clarification (optional)

| b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years. |

The College fulfills this requirement: Yes ☐ Partially ☐ No ☐

- A third party has been engaged by the College for evaluation of Council effectiveness: Yes ☐ No ☐
  If yes, how often over the last five years? <insert number>
- Year of last third-party evaluation: <insert year>

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

Additional comments for clarification (optional)
c. Ongoing training provided to Council has been informed by:
   i. the outcome of relevant evaluation(s), and/or
   ii. the needs identified by Council members.

   The College fulfills this requirement:  Yes ☐  Partially ☐  No ☐
   • insert a link to documents outlining how outcome evaluations and/or needs identified by members have informed Council training;
   • insert a link to Council meeting materials where this information is found OR
   • describe briefly how this has been done for the training provided over the last year.

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

   Additional comments for clarification (optional):

---

**Standard 2**

**Council decisions are made in the public interest.**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Required evidence</th>
<th>College response</th>
</tr>
</thead>
</table>
| 3. All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest. | a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is accessible to the public. | The College fulfills this requirement:  Yes ☐  Partially ☐  No ☐
   • Year when Council Code of Conduct and ‘Conflict of Interest’ Policy was implemented OR last evaluated/updated:
   • Insert a link to Council Code of Conduct and ‘Conflict of Interest’ Policy OR Council meeting materials where the policy is found and was discussed and approved:

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

   Additional comments for clarification (optional): |
<table>
<thead>
<tr>
<th>b. The College enforces cooling off periods.</th>
<th>The College fulfills this requirement: Yes ☐  No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Cooling off period is enforced through: Conflict of interest policy ☐  By-law ☐  Competency/Suitability criteria ☐  Other &lt;please specify&gt;</td>
<td></td>
</tr>
<tr>
<td>• The year that the cooling off period policy was developed OR last evaluated/updated:</td>
<td></td>
</tr>
<tr>
<td>• How does the college define the cooling off period?</td>
<td></td>
</tr>
<tr>
<td>- Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced;</td>
<td></td>
</tr>
<tr>
<td>- insert a link to Council meeting where cooling of period has been discussed and decided upon; OR</td>
<td></td>
</tr>
<tr>
<td>- where not publicly not available, please describe briefly cooling off policy:</td>
<td></td>
</tr>
<tr>
<td>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐  No ☐</td>
<td></td>
</tr>
<tr>
<td>Additional comments for clarification (optional)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c. The College has a conflict of interest questionnaire that all Council members must complete annually.</th>
<th>The College fulfills this requirement: Yes ☐  Partially ☐  No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additionally:</td>
<td></td>
</tr>
<tr>
<td>i. the completed questionnaires are included as an appendix to each Council meeting package;</td>
<td></td>
</tr>
<tr>
<td>ii. questionnaires include definitions of conflict of interest;</td>
<td></td>
</tr>
<tr>
<td>iii. questionnaires include questions based on areas of risk for conflict of interest</td>
<td></td>
</tr>
<tr>
<td>• The year when conflict of interest the questionnaire was implemented OR last evaluated/updated</td>
<td></td>
</tr>
<tr>
<td>• Member(s) update his or her questionnaire at each Council meeting based on Council agenda items: Always ☐  Often ☐  Sometimes ☐  Never ☐</td>
<td></td>
</tr>
<tr>
<td>• Insert a link to most recent Council meeting materials that includes the questionnaire:</td>
<td></td>
</tr>
</tbody>
</table>
identified by Council that are specific to 
the profession and/or College; and
iv. at the beginning of each Council meeting, 
members must declare any updates to 
their responses and any conflict of 
interest specific to the meeting agenda.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Required evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Council decisions are transparent.</td>
<td>a. Council minutes (once approved) are clearly posted on the College’s website. Attached to the minutes is a status update on implementation of Council decisions to date.</td>
</tr>
</tbody>
</table>

The College fulfills this requirement: Yes ☐ Partially ☐ No ☐

- Insert link to webpage where Council minutes are posted:

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

Additional comments for clarification (optional)
<table>
<thead>
<tr>
<th>Question</th>
<th>College fulfills this requirement:</th>
<th>Yes</th>
<th>Partially</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information).</td>
<td>Yes ☐ Partially ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. the meeting date;</td>
<td>Insert a link to webpage where Executive Committee minutes / meeting information are posted:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii. the rationale for the meeting;</td>
<td>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and</td>
<td>Additional comments for clarification (optional):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>iv. if decisions will be ratified by Council.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Colleges that have a strategic plan and/or strategic objectives post them clearly on the College’s website (where a College does not have a strategic plan, the activities or programs it plans to undertake).</td>
<td>Yes ☐ Partially ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. the meeting date;</td>
<td>Insert a link to the College’s strategic plan and/or strategic objectives:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii. the rationale for the meeting;</td>
<td>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and</td>
<td>Additional comments for clarification (optional):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>iv. if decisions will be ratified by Council.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Information provided by the College is accessible and timely.</td>
<td>Yes ☐ Partially ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Notice of Council meeting and relevant materials are posted at least one week in advance.</td>
<td>Insert a link to the College’s strategic plan and/or strategic objectives:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. the meeting date;</td>
<td>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii. the rationale for the meeting;</td>
<td>Additional comments for clarification (optional):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and</td>
<td></td>
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<tr>
<td>iv. if decisions will be ratified by Council.</td>
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</tbody>
</table>
### b. Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g. allegations referred)

<table>
<thead>
<tr>
<th>Required evidence</th>
<th>College response</th>
</tr>
</thead>
<tbody>
<tr>
<td>The College fulfills this requirement: Yes ☐ Partially ☐ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

Additional comments for clarification (optional)

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### DOMAIN 2: RESOURCES

**Standard 4**

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

#### Measure 6.

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

<table>
<thead>
<tr>
<th>Measure</th>
<th>Required evidence</th>
<th>College response</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>The College’s strategic plan (or, where a College does not have a strategic plan, the activities or programs it plans to undertake) has been costed and resources have been allocated accordingly.</td>
<td>The College fulfills this requirement: Yes ☐ Partially ☐ No ☐</td>
</tr>
</tbody>
</table>

**Further clarification:**

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

- Insert a link to Council meeting materials that include approved budget **OR** link to most recent approved budget:

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

Additional comments for clarification (optional)
### b. The College:

1. **has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and furthermore, sets out the criteria for using the reserves;**

2. **possesses the level of reserve set out in its “financial reserve policy”**.

<table>
<thead>
<tr>
<th>The College fulfills this requirement:</th>
<th>Yes ☐</th>
<th>Partially ☐</th>
<th>No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If applicable:</strong></td>
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<tr>
<td>- Insert a link to “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved:</td>
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<tr>
<td>- Insert most recent date when “financial reserve policy” has been developed OR reviewed/updated:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>- Has the financial reserve policy been validated by a financial auditor?</td>
<td>Yes ☐</td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td><strong>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</strong></td>
<td>Yes ☐</td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td><strong>Additional comments for clarification (if needed)</strong></td>
<td></td>
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</tbody>
</table>

### c. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and, in the future.

<table>
<thead>
<tr>
<th>The College fulfills this requirement:</th>
<th>Yes ☐</th>
<th>Partially ☐</th>
<th>No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If applicable:</strong></td>
<td></td>
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</tr>
<tr>
<td>- Insert a date and link to Council meeting materials where the College’s Human Resource plan, as it relates to the Operational and Financial plan, was discussed.</td>
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</tr>
<tr>
<td><strong>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</strong></td>
<td>Yes ☐</td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td><strong>Additional comments for clarification (optional)</strong></td>
<td></td>
<td></td>
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</tbody>
</table>
### Domain 3: System Partner

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

#### Standard 6
The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.

#### Standard 7
The College responds in a timely and effective manner to changing public expectations.

<table>
<thead>
<tr>
<th>Measure / Required evidence: N/A</th>
<th>College response</th>
</tr>
</thead>
</table>
| The three standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these three standards. Instead, Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health. Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners. | Colleges are asked to submit the following information in preparation for their meeting with the Ministry of Health: Colleges should consider the questions below and identify examples of initiatives and projects undertaken during the reporting period that demonstrate the three standards, and the dates of these initiatives.  

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

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

**Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.**

- Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public expectations.

**Standard 7: The College responds in a timely and effective manner to changing public expectations.**

- How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.)

DRAFT  Ministry of Health
## DOMAIN 4: INFORMATION MANAGEMENT

### Standard 8

Information collected by the College is protected from unauthorized disclosure.

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<thead>
<tr>
<th>Measure</th>
<th>Required evidence</th>
<th>College response</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. The College demonstrates how it protects against unauthorized disclosure of information.</td>
<td>a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds</td>
<td>The College fulfills this requirement: Yes ☐  Partially ☐  No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Insert a link to policies and processes OR provide brief description of the respective policies and processes.</td>
</tr>
</tbody>
</table>

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

Additional comments for clarification (optional)
# Domain 5: Regulatory Policies

## Standard 9

Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Required evidence</th>
<th>College response</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, societal expectations, models of care, clinical evidence, advances in technology).</td>
<td>The College fulfills this requirement: Yes ☐ Partially ☐ No ☐</td>
<td>• Insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</td>
</tr>
<tr>
<td>b. Provide information on when policies, standards, and practice guidelines have been newly developed or updated, and demonstrate how the College took into account the following components:</td>
<td>The College fulfills this requirement: Yes ☐ Partially ☐ No ☐</td>
<td>• For two recent new policies or amendments, either insert a link to document(s) that demonstrate how those components were taken into account in developing or amending the respective policy, standard or practice guideline (including with whom it engaged and how) OR describe it in a few words.</td>
</tr>
<tr>
<td>i. evidence and data,</td>
<td></td>
<td>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</td>
</tr>
<tr>
<td>ii. the risk posed to patients / the public,</td>
<td></td>
<td>Additional comments for clarification (optional)</td>
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<tr>
<td>iii. the current practice environment,</td>
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<td>iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap)</td>
<td></td>
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<tr>
<td>v. expectations of the public, and</td>
<td></td>
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<tr>
<td>vi. stakeholder views and feedback.</td>
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</table>
## Domain 6: Suitability to Practice

### Standard 10

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

<table>
<thead>
<tr>
<th>Measure</th>
<th>Required evidence</th>
<th>College response</th>
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</thead>
<tbody>
<tr>
<td>9. Applicants meet all College requirements before they are able to practice.</td>
<td>a. Processes are in place to ensure that only those who meet the registration requirements receive a certificate to practice (this would also include a College’s ability to detect fraudulent documents).</td>
<td>The College fulfills this requirement: Yes ☐ Partially ☐ No ☐</td>
</tr>
</tbody>
</table>

- Insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements OR describe in a few words the processes and checks that are carried out:

- Insert a link OR provide an overview of the process undertaken to review how a college operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.).

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

Additional comments for clarification (optional)
<table>
<thead>
<tr>
<th></th>
<th>The College fulfills this requirement: Yes ☐ Partially ☐ No ☐</th>
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<tbody>
<tr>
<td>b.</td>
<td>The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices.</td>
</tr>
<tr>
<td></td>
<td>• Insert a link that outlines the policies or processes in place to for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), link to Council meeting materials where these have been discussed and decided upon.</td>
</tr>
<tr>
<td></td>
<td>• Provide the date when the criteria to assess registration requirements was last reviewed and updated.</td>
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<td></td>
<td>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</td>
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<td></td>
<td>Additional comments for clarification (optional)</td>
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<tr>
<td>10.</td>
<td>Registrants continuously demonstrate they are competent and practice safely and ethically.</td>
</tr>
<tr>
<td>a.</td>
<td>Checks are carried out to ensure that currency² and other ongoing requirements are continually met.</td>
</tr>
<tr>
<td></td>
<td>The College fulfills this requirement: Yes ☐ Partially ☐ No ☐</td>
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<tr>
<td></td>
<td>• Insert a link to the regulation and/or internal policy document outlining how checks are carried out and what the currency and other requirements include, link to Council meeting materials where documents are found and have been discussed and decided upon. OR provide a brief overview:</td>
</tr>
<tr>
<td></td>
<td>• List the experts / stakeholders who were consulted on currency:</td>
</tr>
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<td></td>
<td>• Identify the date when currency requirements were last reviewed and updated:</td>
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<td></td>
<td>• Describe how the College monitors that registrants meet currency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done.</td>
</tr>
<tr>
<td></td>
<td>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</td>
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<td>Additional comments for clarification (optional)</td>
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² A ‘currency requirement’ is a requirement for recent experience that demonstrates that a member’s skills and patient care or related work experience is up-to-date.
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<tr>
<td>11. Registration practices are transparent, objective, impartial, and fair.</td>
<td>a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).</td>
<td>The College fulfills this requirement: Yes ☐ Partially ☐ No ☐</td>
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</table>

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

Additional comments for clarification (if needed)
**Standard 11**
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.

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<thead>
<tr>
<th>Measure</th>
<th>Required evidence</th>
<th>College response</th>
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</thead>
<tbody>
<tr>
<td>12. The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.</td>
<td>a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).</td>
<td>The College fulfills this requirement: [Yes] [Partially] [No]</td>
</tr>
<tr>
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<td>• Provide a brief description of a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:</td>
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<tr>
<td></td>
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<td>− Name Standard</td>
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<td></td>
<td></td>
<td>− Duration of period that support was provided</td>
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<td></td>
<td></td>
<td>− Activities undertaken to support registrants</td>
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<td></td>
<td></td>
<td>− % of registrants reached/participated by each activity</td>
</tr>
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<td></td>
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<td>− Evaluation conducted on effectiveness of support provided</td>
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<td></td>
<td></td>
<td>• Does the College always provide this level of support: [Yes] [No]</td>
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<td></td>
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<td>If not, please provide a brief explanation:</td>
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<td></td>
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<td>Additional comments for clarification (optional)</td>
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</tbody>
</table>

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? [Yes] [No]
13. The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation.

<table>
<thead>
<tr>
<th>The College fulfills this requirement:</th>
<th>Yes ☐</th>
<th>Partially ☐</th>
<th>No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. The College has processes and policies in place outlining:</td>
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<tr>
<td>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice;</td>
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<tr>
<td>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type if multiple assessment activities); and</td>
<td></td>
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<tr>
<td>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</td>
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<tr>
<td>• List the College’s priority areas of focus for QA assessment and briefly describe how they have been identified OR link to website where this information can be found:</td>
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<tr>
<td>• Is the process taken above for identifying priority areas codified in a policy: Yes ☐ No ☐</td>
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<tr>
<td>If yes, please insert link to policy</td>
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</tr>
<tr>
<td>• Insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach OR describe right touch approach and evidence used:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>• Provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable):</td>
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</tr>
<tr>
<td>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</td>
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</tr>
<tr>
<td>− Public Yes ☒ No ☐</td>
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<tr>
<td>− Employers Yes ☒ No ☐</td>
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<tr>
<td>− Registrants Yes ☒ No ☐</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>− other stakeholders Yes ☐ No ☐</td>
<td></td>
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</tr>
<tr>
<td>• Insert link to document that outlines criteria to inform remediation activities OR list criteria:</td>
<td></td>
<td></td>
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<tr>
<td>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</td>
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</table>

Additional comments for clarification (optional):
14. The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.

a. The College tracks the results of remediation activities a registrant is directed to undertake as part of its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Required evidence</th>
<th>College response</th>
</tr>
</thead>
<tbody>
<tr>
<td>The College fulfills this requirement:</td>
<td>Yes □</td>
<td>Partially □</td>
</tr>
<tr>
<td>- Insert a link to the College’s process for monitoring whether registrants complete remediation activities OR describe the process:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR describe the process:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Additional comments for clarification (if needed)

Standard 12

The complaints process is accessible and supportive.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Required evidence</th>
<th>College response</th>
</tr>
</thead>
<tbody>
<tr>
<td>The College fulfills this requirement:</td>
<td>Yes □</td>
<td>Partially □</td>
</tr>
<tr>
<td>- Insert a link to the College’s website that describes in an accessible manner for the public the College’s complaints process including, options to resolve a complaint and the potential outcomes associated with the respective options and supports available to the complainant:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Does the College have policies and procedures in place to ensure that all relevant information is received during intake and at each stage of the complaints process: Yes □</td>
<td>No □</td>
<td></td>
</tr>
<tr>
<td>- Does the College evaluate whether the information provided is clear and useful: Yes □</td>
<td>No □</td>
<td></td>
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</table>

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

Additional comments for clarification (optional)
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<tbody>
<tr>
<td><strong>b.</strong></td>
<td>The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</td>
<td>The College fulfills this requirement: [ ] Yes [ ] Partially [ ] No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Insert rate [see Companion Document: Technical Specifications for Quantitative CPMF Measures]</td>
</tr>
<tr>
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<td></td>
<td>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? [ ] Yes [ ] No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Additional comments for clarification (optional)</td>
</tr>
<tr>
<td><strong>c.</strong></td>
<td>Examples of the activities the College has undertaken in supporting the public during the complaints process.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• List all the support available for public during complaints process:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Most frequently provided supports in CY 2020:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? [ ] Yes [ ] No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Additional comments for clarification (optional)</td>
</tr>
<tr>
<td><strong>16.</strong></td>
<td>All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</td>
<td>The College fulfills this requirement: [ ] Yes [ ] Partially [ ] No</td>
</tr>
<tr>
<td><strong>a.</strong></td>
<td>Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Insert a link to document(s) outlining how all parties will be kept up to date and support available at the various stages of the process OR provide a brief description:</td>
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<td></td>
<td></td>
<td>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? [ ] Yes [ ] No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Additional comments for clarification (optional)</td>
</tr>
</tbody>
</table>
### Standard 13
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Required evidence</th>
<th>College response</th>
</tr>
</thead>
</table>
| 17. The College addresses complaints in a right touch manner. | a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol). | The College fulfills this requirement: Yes ☑  Partially ☐  No ☐  
- Insert a link to guidance document OR describe briefly the framework and how it is being applied: 
- Provide the year when it was implemented OR evaluated/updated (if applicable): |

If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☑  No ☐  
Additional comments for clarification (optional): |

### Standard 14
The College complaints process is coordinated and integrated.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Required evidence</th>
<th>College response</th>
</tr>
</thead>
</table>
| 18. The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.). | a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results. | The College fulfills this requirement: Yes ☑  Partially ☐  No ☐  
- Insert a link to policy OR describe briefly the policy: 
- Provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). |

If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☑  No ☐  
Additional comments for clarification (if needed): |
# Domain 7: Measurement, Reporting, and Improvement

## Standard 15
The College monitors, reports on, and improves its performance.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Required evidence</th>
<th>College response</th>
</tr>
</thead>
<tbody>
<tr>
<td>19. Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.</td>
<td>a. Outline the College’s KPI’s, including a clear rationale for why each is important.</td>
<td>The College fulfills this requirement: Yes ☐ Partially ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Insert a link to document that list College’s KPI with an explanation for why these KPI have been selected (including what the results the respective KPI tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), link to Council meeting materials where this information is included OR list KPIs and rationale for selection:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Additional comments for clarification (if needed)</td>
</tr>
<tr>
<td></td>
<td>b. Council uses performance and risk information to regularly assess the College’s progress against stated strategic objectives and regulatory outcomes.</td>
<td>The College fulfills this requirement: Yes ☐ Partially ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Insert a link to last year’s Council meetings materials where Council discussed the College’s progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Additional comments for clarification (if needed)</td>
</tr>
<tr>
<td>20. Council directs action in response to College performance on its KPIs and risk reviews.</td>
<td>a. Where relevant, demonstrate how performance and risk review findings have translated into improvement activities.</td>
<td>The College fulfills this requirement: Yes □ Partially □ No □</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>• Insert a link to Council meeting materials where relevant changes were discussed and decided upon:</td>
<td>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Additional comments for clarification (if needed)</td>
</tr>
<tr>
<td>21. The College regularly reports publicly on its performance.</td>
<td>a. Performance results related to a College’s strategic objectives and regulatory activities are made public on the College’s website.</td>
<td>The College fulfills this requirement: Yes □ Partially □ No □</td>
</tr>
<tr>
<td></td>
<td>• Insert a link to College’s dashboard or relevant section of the College’s website:</td>
<td>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Additional comments for clarification (if needed)</td>
</tr>
</tbody>
</table>
PART 2: CONTEXT MEASURES

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

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

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

Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation.
**Domain 6: Suitability to Practice**

**Standard 11**

The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.

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

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

<table>
<thead>
<tr>
<th>Context Measure (CM)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CM 1.</strong> Type and distribution of QA/QI activities and assessments used in CY 2020*</td>
</tr>
<tr>
<td><strong>Type of QA/QI activity or assessment</strong></td>
</tr>
<tr>
<td>i. &lt;Insert QA activity or assessment&gt;</td>
</tr>
<tr>
<td>ii. &lt;Insert QA activity or assessment&gt;</td>
</tr>
<tr>
<td>iii. &lt;Insert QA activity or assessment&gt;</td>
</tr>
<tr>
<td>iv. &lt;Insert QA activity or assessment&gt;</td>
</tr>
<tr>
<td>v. &lt;Insert QA activity or assessment&gt;</td>
</tr>
<tr>
<td>vi. &lt;Insert QA activity or assessment&gt;</td>
</tr>
<tr>
<td>vii. &lt;Insert QA activity or assessment&gt;</td>
</tr>
<tr>
<td>viii. &lt;Insert QA activity or assessment&gt;</td>
</tr>
<tr>
<td>ix. &lt;Insert QA activity or assessment&gt;</td>
</tr>
<tr>
<td>x. &lt;Insert QA activity or assessment&gt;</td>
</tr>
</tbody>
</table>

* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College’s QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.

What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).

The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2020. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13(a) of Standard 11.
**DOMAIN 6: SUITABILITY TO PRACTICE**

**Standard 11**

The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.

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

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

<table>
<thead>
<tr>
<th>Context Measure (CM)</th>
<th>#</th>
<th>%</th>
<th>What does this information tell us?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CM 2.</strong> Total number of registrants who participated in the QA Program CY 2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CM 3.</strong> Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional comments for clarification (optional)
**DOMAIN 6: SUITABILITY TO PRACTICE**

**Standard 11**

The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.

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

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

<table>
<thead>
<tr>
<th>Context Measure (CM)</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CM 4. Outcome of remedial activities in CY 2020:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Registrants who demonstrated required knowledge, skills, and judgment following remediation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>II. Registrants still undertaking remediation (i.e. remediation in progress)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*May include registrants who were directed to undertake remediation in the previous year.*

What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.

Additional comments for clarification (if needed)
### DOMAIN 6: SUITABILITY TO PRACTICE

#### Standard 13

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

Statistical data collected in accordance with recommended methodology or College own methodology:  
- □ Recommended  
- □ College methodology

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

**Context Measure (CM)**

<table>
<thead>
<tr>
<th>Themes</th>
<th>Formal Complaints received</th>
<th>Registrar Investigations initiated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>I. Advertising</td>
<td></td>
<td></td>
</tr>
<tr>
<td>II. Billing and Fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>III. Communication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV. Competence / Patient Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V. Fraud</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VI. Professional Conduct &amp; Behaviour</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VII. Record keeping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VIII. Sexual Abuse / Harassment / Boundary Violations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IX. Unauthorized Practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X. Other &lt;please specify&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of formal complaints and Registrar’s Investigations**</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
**Formal Complaint**: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.

Registrar’s investigation: Where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.

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

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

Additional comments for clarification (if needed)
## DOMAIN 6: SUITABILITY TO PRACTICE

### Standard 13

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

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

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

<table>
<thead>
<tr>
<th>Context Measure (CM)</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CM 7. Total number of ICRC matters brought forward as a result of a Registrars Investigation in CY 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CM 9. Of the formal complaints* received in CY 2020**:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)†</td>
<td></td>
<td></td>
</tr>
<tr>
<td>II. Formal complaints that were resolved through ADR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>III. Formal complaints that were disposed of by ICRC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV. Formal complaints that proceeded to ICRC and are still pending</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V. Formal complaints withdrawn by Registrar at the request of a complainant ∆</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s committee that investigates concerns about its registrants.*

### Context Measure (CM)

- **Formal Complain**: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint.
- **ADR**: Refers to resolving disputes in ways other than going to court. There are 3 commonly-used methods of resolving disputes without going to a hearing: Negotiation, Mediation, Arbitration.
- ∆ The Registrar may withdraw a formal complaint prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.
May relate to Registrars Investigations that were brought to ICRC in the previous year.

The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by ICRC.

Registrar’s Investigation: Where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.
## DOMAIN 6: SUITABILITY TO PRACTICE

### Standard 13

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

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

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

<table>
<thead>
<tr>
<th>Context Measure (CM)</th>
<th># of ICRC Decisions†</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CM 10. Total number of ICRC decisions in 2020</strong></td>
<td></td>
</tr>
</tbody>
</table>

Distribution of ICRC decisions by theme in 2020

<table>
<thead>
<tr>
<th>Nature of issue</th>
<th>Take no action</th>
<th>Proves advice or recommendations</th>
<th>Issues an oral caution</th>
<th>Orders a specified continuing education or remediation program</th>
<th>Agrees to undertaking</th>
<th>Refers specified allegations to the Discipline Committee</th>
<th>Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Advertising</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>II. Billing and Fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>III. Communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV. Competence / Patient Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V. Fraud</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VI. Professional Conduct &amp; Behaviour</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VII. Record keeping</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>VIII. Sexual Abuse / Harassment / Boundary Violations</td>
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<td></td>
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<td>IX. Unauthorized Practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X. Other &lt;please specify&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2020.

† NR = Non-reportable: results are not shown due to < 5 cases.
What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.

Additional comments for clarification (if needed)

### DOMAIN 6: SUITABILITY TO PRACTICE

**Standard 13**

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

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

- ☐ Recommended
- ☐ College methodology

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

<table>
<thead>
<tr>
<th>Context Measure</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>CM 11. 90th Percentile disposal of:</td>
<td></td>
</tr>
<tr>
<td>I. A formal complaint in working days in CY 2020</td>
<td></td>
</tr>
<tr>
<td>II. A Registrar’s investigation in working days in CY 2020</td>
<td></td>
</tr>
</tbody>
</table>

**What does this information tell us?** This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.

The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.

Additional comments for clarification (if needed)
### Domain 6: Suitability to Practice

**Standard 13**

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

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

| □ Recommended | □ College methodology |

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

<table>
<thead>
<tr>
<th>Context Measure (CM)</th>
<th>Days</th>
<th>What does this information tell us?</th>
</tr>
</thead>
<tbody>
<tr>
<td>CM 12. 90th Percentile disposal of:</td>
<td>Days</td>
<td>This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.*</td>
</tr>
<tr>
<td>I. An uncontested discipline hearing in working days in CY 2020</td>
<td></td>
<td>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</td>
</tr>
<tr>
<td>II. A contested discipline hearing in working days in CY 2020</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Disposal: Day where a decision was provided to the registrant and complainant by the College.

**Uncontested Discipline Hearing:** In an uncontested hearing both the College and the Registrant agree to a statement of fact relating to the allegations against the Registrant, as well as a joint submission on penalty and costs.

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

Additional comments for clarification (if needed)
**Domain 6: Suitability to Practice**

**Standard 13**

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

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

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

### Context Measure (CM)

**CM 13. Distribution of Discipline finding by type**

<table>
<thead>
<tr>
<th>Type</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td>Sexual abuse</td>
</tr>
<tr>
<td>II.</td>
<td>Incompetence</td>
</tr>
<tr>
<td>III.</td>
<td>Fail to maintain Standard</td>
</tr>
<tr>
<td>IV.</td>
<td>Improper use of a controlled act</td>
</tr>
<tr>
<td>V.</td>
<td>Conduct unbecoming</td>
</tr>
<tr>
<td>VI.</td>
<td>Dishonourable, disgraceful, unprofessional</td>
</tr>
<tr>
<td>VII.</td>
<td>Offence conviction</td>
</tr>
<tr>
<td>VIII.</td>
<td>Contravene certificate restrictions</td>
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<td>IX.</td>
<td>Findings in another jurisdiction</td>
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<td>Breach of orders and/or undertaking</td>
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<td>Contravene relevant Acts</td>
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<td>XIV.</td>
<td>Contravene certificate restrictions</td>
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* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.

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

Additional comments for clarification (if needed)
## Domain 6: Suitability to Practice

### Standard 13

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

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

- [ ] Recommended
- [ ] College methodology

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

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<tr>
<th>Context Measure (CM)</th>
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<td><strong>CM 14. Distribution of Discipline orders by type</strong></td>
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<tr>
<td>I. Revocation*</td>
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<td>II. Suspension$</td>
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<td>III. Terms, Conditions and Limitations on a Certificate of Registration**</td>
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<td>IV. Reprimand^ and Undertaking#</td>
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What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.

* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not be equal and may not equal the total number of discipline cases.

+ Revocation of a registrant’s certificate of registration occurs where the discipline or fitness to practice committee of a health regulatory college makes an order to “revoke” the certificate which terminates the registrant’s registration with the college and therefore his/her ability to practice the profession.

§ A suspension of a registrant’s certificate of registration occurs for a set period of time during which the registrant is not permitted to:
- Hold himself/herself out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g. doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

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

^ A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with his or her practice

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

Additional comments for clarification (if needed)
For questions and/or comments please contact:

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Memo

TO Council

FROM Dan Faulkner, Registrar
Dayna Simon, Senior Counsel\(^1\), PCRA

DATE November 9, 2020

REGARDING: GOVERNANCE: CREATION OF COLLEGE WORKING GROUP

Governance has been a key strategic project for the RCDSO in 2020. This work will continue into 2021 and beyond. Council is being asked whether it supports forming a College Governance Working Group to lead and direct this work. This item is for decision.

BACKGROUND

- There are a number of drivers for the College’s current work on governance: the RCDSO Strategic Plan, the Ministry of Health and Long-Term Care’s College Performance Management Framework and trends in the external regulatory landscape.

- In November 2019, Council approved the organization’s first formal Strategic Plan, covering the years 2020-2023.

- The strategic plan espouses seven objectives. Two are relevant to the College’s work on governance. The first objective is to ensure that “College governance is progressive and patient-centered” The third objective is to “anticipate and address potential external disruptors.” which is relevant to governance in that a significant external trend in the regulatory landscape is governance reform.

\(^1\) Project Manager, RCDSO 2020 project plan on Governance Modernization
• In the fall 2020, the Ministry of Health and Long-Term Care launched its College Performance Management Framework (CPMF).

• Further detail on the CPMF is provided to Council in separate materials in its meeting package. In brief, the CPMF is a new initiative by the Ministry to evaluate the performance of all twenty-six health regulatory Colleges in Ontario, on common set of measures (quantitative and qualitative).

• It sets out seven domains for performance measurement; one domain (the first) is dedicated to governance.

• Over the last several years, governance reform has been a significant trend in the external landscape. Council heard of some of this work at its Symposium in March 2020. Council may also be aware that many Colleges in Ontario have begun work in evaluating its practices and driving change. Several of these Colleges have made proactive changes to their by-laws or have signalled an intention to do so. This includes the College of Nurses of Ontario but also the Ontario College of Pharmacists, the College of Naturopaths, College of Dental Hygienists of Ontario and others.

• Additionally, significant reforms are taking place outside of Ontario. British Columbia is embarking on bold reform to its health regulatory Colleges. Flowing from the Cayton Report in 2019 An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act, the government has driven reforms at both the College of Dental Surgeons of British Columbia, and reforms to modernize the overall health professional regulatory framework. This latter set of reforms have been used to inform recommendations by a tri-partite government Steering Committee, released in August 2020 Recommendations to modernize the provincial health profession regulatory framework.

• Included in the Steering Committee’s recommendations are a recommendation to improve governance, through reforms to Board composition, Board size and compensation; and a recommendation to reduce the overall number of health regulatory Colleges from twenty to six. This will result in the amalgamation of several Colleges, notably the amalgamation of all the oral health Colleges into one College.
CURRENT STATUS

- The College’s work on Governance began earlier this year.

- Some deliverables from the strategic project were completed in 2020, as follows:
  - An educational symposium and think tank sessions for RCDSO Council, senior staff and invited guests was held on March 4, 2020 with presentations about governance trends from Canadian and international experts. Summary notes of the symposium prepared by facilitator Brian Gover are attached as Appendix “A”;
  - By-law amendments were passed by Council in June 2020 to include a competency screening by an external committee as an eligibility pre-condition for dentists who wish to serve on Council;
  - Articulated competencies for dentists to serve on Council were passed by Council in June 2020
  - Competencies for committees are proceeding to Council at its November 17, 2020 meeting following consultation with committee members, committee chairs and senior staff;
  - A jurisdictional review of governance trends was completed by a staff working group and reviewed by the Executive Committee on October 2, 2020. A copy of the report is attached as Appendix “B”;
  - An analysis of the recent changes required by the government of British Columbia on the regulation of dentistry and oral health colleges was completed by Assistant Registrar Andréa Foti and reviewed by the Executive Committee at its meeting on October 2, 2020. A copy of the memo is attached as Appendix “C”.

- This work will continue into 2021 and beyond. The goal of this work is to create an overall governance vision for the RCDSO and to ensure that the RCDSO can respond to the relevant measures in the CPMF related to governance.

- At its meetings on October 2, 2020 and November 6, 2020, the Executive Committee discussed immediate next steps to develop a future College vision for governance modernization that could include
guiding principles, increased diversity, enhanced competencies and evaluation tools.

- The Executive Committee expressed that the next step should be the creation of a Governance Working Group. The benefit of starting with a working group is that it can be formed quickly without amendment to the by-laws, and it can provide focused attention on this issue with regular reporting to the Executive Committee and Council.

- While the Executive Committee wants to continue on with this work in the public interest and capitalize on the momentum of the College’s recent governance initiatives, it is cognizant that the end of the current Council term is drawing near. Accordingly, it asks Council to establish a working group on Governance to develop a future vision that considers diversity, performance evaluation, structure and composition, guiding principles and infrastructure, but have the composition of the working group, precise scope and terms of reference for the working group determined by the new Executive and Council early in 2021.

- The Executive Committee unanimously passed the following motion at its meeting on November 6, 2020:

  “RECOMMENDATION:
  That Council establish a Governance Working Group, the composition and terms of reference of which to be determined by Council after the January 2021 Council meeting, on the recommendation of the new (January 2021) Executive Committee.”

DECISION FOR COUNCIL

- Does Council approve the establishment of a working group on Governance, with the composition, scope and terms of reference to be determined by the new Executive and Council early in January 2021?

Attachments:
- Summary memo from March 4, 2020 RCDSO Symposium on Governance prepared by facilitator Brian Gover
- Report of the Staff Working Group on Governance, entitled "Modernizing Governance: Changes to the Oversight of Health Regulators in Canada and Abroad, September 2020"
- Memo to the Executive Committee from Andréa Foti entitled "Modernization of Health Regulation: British Columbia, dated September 17, 2020"
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Royal College of Dental Surgeons of Ontario  
Governance and Performance Measurement Symposium  
March 4, 2020  

Symposium Notes

“Status quo is regression and we must keep advancing and being able to adapt, participate and shape the future.”

- Lt. Gen (Ret) Hon. Roméo Dallaire

Plenary Session Presentations

1. Lessons from Australia: A National Model for Regulation of Health Professions

The title of the presentation by Martin Fletcher, the Chief Executive Officer of the Australian Health Practitioner Regulation Agency (AHPRA) was “'Crash-Through’ Change Model – 10 Years Later”.

Like Canada, Australia is a federal state, and before July 1, 2010, each of its eight states and territories had their own profession-specific regulatory arrangements with different legislation and standards. Overnight (and thanks to what Mr. Fletcher called “quite a rare example of cooperative federalism in Australia”), there was a transformational change. A national regulatory scheme was created, and at its core is a single, national law underpinning regulation of all of the regulatory health professions in Australia. Today, the AHPRA regulates 750,000 registered health practitioners across 16 health professions with 15 boards (with nursing and midwifery being governed by a single board).

Mr. Fletcher explained that three key drivers contributed to the initiative underlying the AHPRA: (1) national mobility among health professionals; (2) a number of high profile regulatory failures; and (3) a number of very serious natural disasters in Australia that highlighted the need for greater flexibility in the registration of health professionals to aid in the emergency response.

In the early days of Australia’s decade-long experience in having a national regulatory scheme for health professionals, there was discussion about how each of the professions was different. Over time, the dialogue has changed with increasing recognition of areas of commonality across the professions. Now there are “very, very consistent standards across the health professions”, as well as consistent registration types and requirements.
Another important benefit of having a national regulatory system is the data that it generates, which Mr. Fletcher described as “a huge resource for workforce policy and planning that just wasn’t possible under the state- and territory-based profession-specific system”. This has also proven useful in quantifying and analyzing risk and ensuring consistency and proportionality in the way in which regulatory decisions are made.

Developing a common set of regulatory principles was an important early step, one that facilitated the overall discussion about how to administer the national health professions regulatory law.

Mr. Fletcher identified three ways in which the transformation could have been better managed in Australia. Accepting that regulation is a highly complex undertaking, more attention could have been paid to implementation. Another challenge was the demand for the AHPRA’s services, as the number of registered health practitioners almost doubled in the course of the decade (from 400,000 to 750,000), and the number of regulated professions grew from 12 to 18. A third issue was that regulation can have unintended impacts on people. It can impact on the health and well-being of health practitioners and those who raise concerns about them, and that has led to a greater focus on assisting frontline staff in sensitively dealing with practitioners and the public.

For Mr. Fletcher, much of modern professional regulation comes down to “good regulatory decisions, humane process, and doing it in as timely a way as possible”. His advice to those of us who are contemplating change in Ontario was to “[b]e clear on the goals you’re trying to achieve”. In Australia, those goals were national mobility, higher patient safety standards and a workforce that would not create unhelpful barriers to improving the health system.

2. Lessons from British Columbia: Governance Failure, Its Causes and Its Consequences

The Registrar of the College of Dental Surgeons of British Columbia (CDSBC), Chris Hacker, described the conditions that led to the British Columbia government’s inquiry into the CDSBC’s governance and operations following a front page story in the *Globe and Mail*. He described the CDSBC as a worthy target: “Not only were we as an organization struggling with board staff relations, with […] clear decision making at that board level, working in the public interest, making sure patients were safe, there were concerns of inappropriate behaviour on the part of individual board members.” The resulting review conducted by Harry Cayton (former chief executive of the U.K. Professional Standards Authority) confirmed those concerns. The Cayton Report concluded that of 28 standards of good regulation, the CDSBC met only 17, and only one of them addressed governance.

For Dr. Hacker, the true test of governance is not having a lot of good policies and processes in place but having an environment where opinion is appreciated, where there is room to oppose bad behaviour, where there is clear decision making, and where staff engagement facilitates that environment.
The difficult question is “How do you measure outcomes?” Quoting Harry Cayton, Dr. Hacker said, “[I]t’s not good enough to tell me that you are protecting the public, you’ll need to show me.”

Key to being able to do that was adhering to the CDSBC’s Action Plan, which reflected its commitment to meeting a ministerial directive. Data played an important role. But as Dr. Hacker put it, “It’s not enough to say [the number of] complaints going down is an indication that you’re doing a better job regulating, that can very easily be interpreted as the patients losing faith and trust in the regulator.” A body of evidence shows that at least half of bad outcomes in health care are not reported by patients, and that is at least in part because they really can’t see the point in doing so. For Dr. Hacker, “If they say ‘why would I bother?’ it reflects back on transparency and accountability.”

In Dr. Hacker’s view, transparency is “everything”. It involves being in touch with the registrant base so that the regulator understands the impact of regulation in general and ensures that it is proportionate. Transparency involves more than simply publishing results of inquiry and discipline processes. It involves opening up board meetings and other aspects of the regulator’s business to public scrutiny. Dr. Hacker pointed out that this may require a change in terminology; for example, the term “annual general meeting” usually applies to meetings of shareholders in for-profit corporations, and not to regulators and not-for-profit corporations.

The CDSBC’s board has been reduced from 21 to 12 members, of whom four are drawn from the dentistry profession (down from 10). The “representative positions” on the board – those that are based on geography, specialties or educational positions – have been eliminated. Competency matrices are used in the selection of board members, with the realization that the focus is not with the practice of dentistry, but regulation. As Dr. Hacker put it, “[O]ur big epiphany was really the fact that the board does not regulate, they oversee regulation.”

But Dr. Hacker’s main advice for Ontario was that we should re-think the idea of having any elected board members. From his perspective, the elected membership was at the basis of all of the problems that led to the British Columbia government’s inquiry into the CDSBC’s governance and operations.

Dr. Hacker quoted Lt. Gen (Ret) Hon. Roméo Dallaire, saying that “status quo is regressive” and urged that because of changes in healthcare and healthcare delivery, “We need to change just to keep up.” For Dr. Hacker, it is a question of leadership, and “waiting for change to happen is not leadership”.

3. Emerging Responses to Governance Failures

Rebecca Durcan is a partner at a leading law firm specializing in professional regulation. In her presentation, Ms. Durcan canvassed a number of regulatory failures and identified emerging trends in the governance of professional regulators. The regulatory failures are numerous. They include those of the Ordre des ingénieurs du Québec and the CDSBC (resulting in the
British Columbia Governments inquiry into the CDSBC’s governance and operations), and those underlying the Professional Reliance Review initiated by the Government of British Columbia (to examine legislation governing qualified professionals in the natural resource sector, and the role their professional associations play in relation to the public interest) and the Governance Review of the Real Estate Council of Alberta. The regulatory failures in British Columbia have led the provincial government there to overhaul the entire health profession regulatory framework.

In Ontario, the governance of the College of Physicians and Surgeons of Ontario has been questioned, and both the College of Nurses of Ontario and the Ontario College of Teachers have sought to identify solutions to governance problems, including reducing the size of their councils/boards.

Ms. Durcan identified means of improving governance and ensuring that professional regulators act in the public interest. Among them are: eliminating elections of professional representatives; establishing parity in the number and compensation of public and professional members; imposing competency-based criteria for appointments; and reducing the size of councils/boards.

Nationwide, there is a drive to combine and reduce the number of health regulatory colleges (as is proposed in British Columbia currently), with professional subcommittees being created to establish clinical standards.

The current thinking also calls for an oversight body that would be responsible for audits, review and guidance. This oversight body would play an acting role in securing the appointment of qualified council/board members and it would maintain a single register. The current trends in relation to complaints and adjudication are for removal of discipline from individual colleges, with membership on complaints committees based on competence, merit and diversity. Overall, the drive is to increase transparency.

4. The Irish Experience: Governance Models and the Need for a Nuanced Approach

The interview of David O’Flynn, the Registrar of the Dental Council of Ireland (DCI), focussed on changes in governing bodies, and the question of whether and in what proportion they should be elected or appointed.

The DCI regulates dental educators as well as practitioners. The council has 19 members: 7 elected by practitioners; 5 nominated by the three main educational institutions; and 7 appointed members who come from various backgrounds, including medicine, the dental profession and the public more generally. In Mr. O’Flynn’s view, this balance in which slightly more than one-third of the council members are appointed by the profession strikes the right balance. It ensures that the public interest is addressed and guards against regulatory capture. A perception issue arises where most members of the governing body are elected members of the profession. Regardless of whether they are elected or appointed, it is crucial that council
members be educated about the legislative regime in what Mr. O’Flynn described as “a common sense and plain English way”.

Mr. O’Flynn’s advice for Ontario is that it is very important that a council be populated with the right kind of people. A patient advocate may not have the right skill set to make them suitable to be on a council. Particularly with appointed members, Mr. O’Flynn regards their personal attributes, abilities and broad knowledge of regulation to be important qualifications. He would be reluctant to dispense entirely with having some element of the council elected by the profession. As Mr. O’Flynn put it, “[I]t’s important that those who are regulated feel that they are sending people to regulate them whom they have confidence in and that they trust.” A council works best when there are diverse voices at the table and there is a willingness to hear those voices, consider the opposite view and move to a consensus position. That way, extreme views are moderated.

Mr. O’Flynn also offered a perspective on the Cayton Principles, named after their formulator, Harry Cayton. Mr. O’Flynn’s main criticism of Right Touch Regulation, as it has come to be known, is that it has resulted in more than double the number of complaints against health professionals in the U.K., and in the case of dentistry, almost triple. This calls into question whether the regulatory balance is correct, and whether greater attention should be given to Fitness to Practise. Greater flexibility is needed, and adoption of what Mr. O’Flynn called a “checkbox system so [regulators] can show they are meeting the Right Touch Principles” should be avoided.

Evidence-based decision making is critical to Mr. O’Flynn’s approach. As he put it, “The regulator needs to understand what exactly is it trying to do, what is the harm it’s trying to fix [and the extent] of the particular problem.” That calls for a nuanced application of the Right Touch Principles.

In his presentation, the colleges Registrar, Irwin Fefergrad, referred to the College’s statutory mandate, which is established by the Regulated Health Professions Act, 1991 and the Protecting Patients Act, 2017. In a nutshell, the statutory mandate is to act in the public’s interest. That entails putting patients first.

It is not a regulator’s role to advocate for the profession or for third party providers. It is antithetical to the professional regulator’s role to make decisions that are self-interested.

5. The New World of Accountability Regulation

The Royal College of Dental Surgeons of Ontario’s Registrar, Irwin Fefergrad stressed that we live in a new world of regulation, and like Dr. Hacker, Mr. Fefergrad suggested that a change in terminology is appropriate, suggesting that we now think in terms of “Accountability Regulation”.

Mr. Fefergrad posed a number of questions. How are we doing? What are the measurements? Are those measurements objective?
To answer these questions, we have to address the fundamental purposes for College performance measurement. These include accountability and oversight performance in serving the public interest, commitment to continuously improving performance towards regulatory excellence and understand how we need to improve out performances as a regulatory body and as each of us contributes on Council and on committees. All of this is necessary because we must strengthen accountability and commit to continuous improvement. We must focus on how we perform and measure that performance against best practices.

Mr. Fefergrad challenged the audience to think broadly about standards. In particular, as a Council or committee member, do you have the knowledge and skill to perform you statutory functions? Have you thought about what makes a good Council member? Have you thought about what makes a good committee member? Do you meet the essential eligibility requirements and competencies? Do you make decisions only in the public interest? Do you understand that public trust equals transparency about decision and actions? Are you a collaborator? Are you collaborative; do you “play nice in the sandbox”? Overall, are you and others who compromise the Council sufficiently flexible in your thinking to respond to changing public expectations? Do you ensure that standards of practice and guidelines are both (1) evidence-based and (2) periodically reviewed?

Turning to Quality Assurance (QA), Mr. Fefergrad stressed that risk-based assessment is required. How does the College effectively fulfill its QA programs? How does the College identify areas for QA activities or assessments to improve practice areas? What are the criteria for remediation? How does the College assure the public that it is meeting its mandate and how does it ensure the ongoing competence of members of the profession? Risk-based assessment is also essential in the processing of inquiries, complaints and reports.

Of course, the College’s strategic plan plays an important part in ensuring that priorities are determined in the public interest. Mr. Fefergrad posed a number of questions in this respect. Are timelines being met? How effective is Council in adhering to and monitoring the strategic plan? Is Council able to address new priorities? Do all panel members carry out their duties without biases and predispositions?

Key performance indicators (KPIs) also play an important role. The College uses KPIs in tracking its performance and reviewing internal and external and risks impacting on the College’s performance. The College applies findings from performance reviews and reports publicly on its own performance. The Council and the various statutory committees regularly assess their effectiveness.

So what does a scorecard look like? It is a snapshot of the organization’s performance at a give time and aligns indicators with operational goals. It provides a high level overview of indicators to track performance and outcomes according to the strategic plan. Overall, it is a tool that promotes improved performance and quality.
All of this is designed to achieve the outcome of Accountability Regulation, aided by evidence-based indicators of the problems requiring resolution in order to continue to regulate the profession in the public interest.

**Group Discussion**

In introducing the group discussion component of the symposium, the facilitator, Brian Gover reiterated what became the symposium’s organizing theme: “the status quo is regressive”. In doing so, Mr. Gover referred to the experience of commissions of inquiry that have studied system failures and put it bluntly: “Complacency is the enemy.” Those system failures have involved public safety (the contamination of the municipal drinking water system in Walkerton and the failure of the aviation security regime at the time of the Air India bombing) and the administration of justice (the inquiry into pediatric forensic pathology in Ontario or “Goudge Inquiry”, examining miscarriages of justice caused by the disgraced pathologist, Dr. Charles Smith). In each case, complacency was at the root of the system failure.

The facilitator stressed that public confidence is not an abstract concept, and that professional regulators cannot survive without it. But it cannot be taken for granted. Professional regulators must earn public confidence, and once they have it, they must maintain it. In a sense, they earn it everyday.

Each attendee was assigned to one of six groups. Each of the groups was assigned one or more question(s) and the groups were given 30 minutes in which to formulate answers. Within each group, a reporter was designated to provide that group’s answer to the question or questions.

The questions and the answers are set out below.

**Group A (Reporter: Judy Welikovitch)**

1. **How would you improve the current governance model?**

   Group A saw the need for change in the elected model, and urged that competencies be considered in addition to any other eligibility requirements. These competencies will need to be evaluated “before names go on ballot” or before appointment, as the case may be.

   For Group A, the broader question regarding changes to the College’s Council is its size. Should the College follow British Columbia’s lead, for example, and significantly reduce the Council’s size? Would that allow for greater agility and otherwise improve governance?
The group suggested that consideration be given to creating a broader, multi-disciplinary health services regulator with representation from each health profession.

This multi-disciplinary health services regulator’s board would be responsible for data collection and establishing policies. An advisory committee to the board could be established, composed of representatives from each health profession. If established, its role would be to “fill in the gaps”.

2. What recommendations would you make concerning composition/size, competencies, diversity and inclusion?

Contrary to the views expressed by Ms. Durcan and Mr. Hacker (who favoured adoption of a model in which all board members would be appointed), the group favoured maintaining the current “hybrid” model for the College’s Council (elected professional members and appointed public members), but, as noted above, with a competency requirement.

The group preferred a 50/50 split between professional and public members over the reduced professional representation involved in the Irish model.

In addition, and again contrary to what is happening in British Columbia, the group saw the need for representation from all districts to “address regional disparities”.

Group A recognized the need for transparency and diversity, and said they had “a lot more questions than answers”.

**Group B (Reporter: David Bishop)**

1. What should the role of the Board be? [Policy development, financial accountability?]

For Group B, the overarching role of the Board should be to oversee the College to ensure that it regulates in order to protect the public. This involves ensuring that the College complies with the legislation that governs it, and in particular, its public interest mandate.

The Board should be responsible for implementation and oversight of the College’s strategic plan and ensuring that the College adheres to that plan.

The Board is responsible for evaluating the Registrar’s performance.

2. What makes a good Board?

The requisite characteristics include transparency, respect, diversity and agility.
A good Board recognizes its key role in relation to risk management and engages in continuous self-evaluation.

Of course, a good Board is a competent Board. In the case of public members, Group B recommended the establishment of an arm’s length group to evaluate the competency of applicants and to appoint public members. Groups B would require professional members to attend a “boot camp” where the College’s mandate to regulate the profession would be emphasized, and any notion of acting in professional self-interest would be eliminated.

3. **What makes a good Board member?**

Consistent with its view of what makes a good Board, the Group concluded that the qualities that make a good public member are open mindedness, being from a diverse background, preparedness, fairness and objectivity, accountability, and critical thinking, communication and consensus-building skills. A good public member needs to be able to ask the right questions.

A good professional member would possess all of the qualities of a good public member, and would successfully complete the “boot camp” described in the answer to question #2 and would also bring financial accountability to the Board.

Together, the public and professional members must be willing to participate. They must be collaborative and collegial, and have respect for each other and the public they serve. They must demonstrate leadership. They must have integrity, respect confidentiality and not act in a conflict of interest.

All of these qualities make a competent Board member.

Like a good Board, a good Board member engages in continuous self-evaluation.

4. **What are the specific skills and competencies that are needed?**

As noted above in relation to question #3, Group B stressed open mindedness, being from a diverse background, preparedness, fairness and objectivity, accountability, and critical thinking, communication and consensus-building skills as the specific skills and competencies that are needed.

**Group C (Reporter: Joseph Richards)**

1. **Should Committees be composed of people other than the Board members?**

Group C saw a need to guard against what is known as “establishment bias”. It concluded that there is a good argument for populating at least some committees with
non-Board members. This would be an effective means of guarding against bias, particularly if the Board or a substantial component of it is elected.

Moreover, the skill set or competence needed for the committee may differ from what is required to be on the Board. For some committees, there is either no need for a committee member to be a dentist, or it would be beneficial to involve other health professionals in order to ensure that best practices are shared.

2. **What different skills and attributes needed for each?**

The focus must be on competence, and the skills and attributes needed for committees will depend on the context, and especially, the work of the particular committee. In addition, as a practical matter, committees require members who are both available to serve and prepared for meetings.

The Patient Relations Committee requires members with experience in outreach and community involvement, as well as dealing with disenfranchised populations.

The Inquiries, Complaint and Reports Committee would benefit from having members with a legal or adjudicative background.

3. **How should their ongoing competence be evaluated?**

Competence must be evaluated continuously. This can be achieved through peer evaluation and self-evaluation.

**Group D (Reporter: Mark Trudell)**

1. **What are the benefits and detriments of the elected model?**

Group D identified four principal benefits of the elected model. These benefits are: the ability to get people who have initiative, energy and drive; ensuring that geographic regions are represented (if that is deemed important); promoting engagement with profession; and providing for certain competencies on the Board or committee.

But Group D also pointed to a number of detriments inherent in the elected model. Elected professional members may not prioritize the public interest. They may be self-serving, in the sense of acting in professional self-interest, which is antithetical to the College’s role. They may see themselves as representing a constituency rather than being engaged in accountability regulation in the public interest. Their election may be the result of a popularity contest, and may not reflect needed competencies or diversity. Elected members may not possess a diverse skill set may not be diverse. While they may possess technical skills, they may not have the soft skills that are essential for responsible governance.
2. **What are the benefits and detriments of an appointed model?**

The benefits of the appointed model are that it would (hopefully) result in right mix of skills and governance abilities, and it may ensure diversity.

Group D identified two main detriments inherent in the appointed model: it may lead to a lack of engagement by profession, and (2) it will only be as good as terms of reference under with its members are appointed and that govern their functions. In other words, competence remains the crucial consideration and the appointed model will not be the solution unless it assures competence.

3. **Is there any merit in a hybrid model?**

In Group D’s view, the hybrid model (which is what we currently have in Ontario) holds the promise of providing the best of both worlds (elected and appointed), but again, whether it delivers on that promise depends on the terms of reference for both the elected and appointed members. Assuring competence of Council members is the key.

**Group E (Reporter: Charles Frank)**

1. **With respect to Colleges demonstrating accountability to the Ministry and to the public, which areas are most important?**

In answering this question, Group E recognized the need for transparency with the Ministry. The Colleges must demonstrate in a transparent manner that they have and embody good governance. This will typically involve the use of performance metrics. It may involve the engagement of an independent auditor who is trusted by public. It will inevitably involve ongoing communication with the Ministry to ensure that public concerns are addressed and public confidence is maintained, and a demonstrated ability to work well with other regulators.

**Group F (Staff) (Reporter: Mark Edelstein)**

1. **How does the College’s Strategic Plan fit in with Performance Measurements and accountability?**

The Strategic Plan promotes accountability and meeting performance measurements by providing a focus on risk-based regulation. It provides the foundation or hub for accountability and transparency.

There are means of establishing stronger linkages between the Strategic Plan, Performance Measurements and accountability. To improve timelines and provide greater focus on risk assessment, the College could engage in more data collection and
analysis. (This brought to mind some of Mr. Fletcher’s comments about the value of the data resulting from the move to a national regulatory scheme in Australia.) The College would need additional IT and other tools to collect more data and report out on it. Some of those tools will be organizational in nature. The College will require public input to ensure it is reporting effectively.

The Strategic Plan provides for the development and ongoing assessment of competencies.
Modernizing Governance: Changes to the Oversight of Health Regulators in Canada and Abroad

Royal College of Dental Surgeons of Ontario

Staff Working Group on Governance and Performance Measurements
Acknowledgement

This report was prepared by the Staff Working Group on Governance and Performance Measurements of the Royal College of Dental Surgeons of Ontario as part of its 2019-20 Governance Assessment Project.

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Introduction

RCDSO’s Staff Working Group on Governance and Performance Measurements is researching strategies employed by other regulatory bodies to support the Registrar and Council in considering options for improving the College’s governance operations and structure. This review supplements the information available to the Registrar and Council on Canadian and international trends in the governance of regulatory bodies that was presented to Council at the College’s March 4, 2020, symposium.

This study presents updates on reform efforts in different jurisdictions to enable comparisons and analysis. In what follows, we provide an overview of the changes that have been made or are being considered by other regulatory bodies and offer a summary of the common underlying themes contributing to reform proposals. We have focused our discussion on organizations that have made recent changes to their by-laws or signalled an intention to do so. These findings may assist the Registrar and Council in understanding the factors and forces that are influencing divergent reforms in Ontario and elsewhere.

The information below was obtained by review and analysis of annual reports, strategic plans, and other documents made available by each regulatory body. All documents are in the public domain.

Governance at RCDSO

The Staff Working Group on Governance and Performance Measurements was convened to support the College’s efforts to ensure it remains at the forefront of governance practice.

RCDSO’s Council is made up of 14 dentists, and a minimum of nine to a maximum of 11 public members. Two of the dentists are academic representatives from each of the province’s dental faculties – the University of Toronto and Western University. The remaining 12 dentists are elected by district.
RCDSO’s 2020-2023 Strategic Plan was approved by Council in November, 2019. The first of seven objectives, which provide additional focus to the work of the College, is to ensure that “College governance is progressive and patient-centered.”¹ In the Strategic Plan, the College committed to meeting this objective by developing competencies to form part of the job specification for all Council and committee members, including public members, by developing competency-based evaluation tools for Council and committees, and by reviewing and enriching its Candidate Eligibility Course.²

RCDSO has taken a number of proactive measures to improve its own governance processes. In 2012, the College engaged Harry Cayton and the UK’s Professional Standards Authority for Health and Social Care (PSA) to conduct an independent assessment to benchmark its performance in relation to other regulators internationally.³ The review examined RCDSO’s approach to and compliance with 23 international standards of good regulation. The report describes RCDSO as an “effective regulator” that is “strongly focused on patient safety and the public interest,” and stated that “the College meets all the relevant standards of good regulation and that it demonstrates best practice in a number of areas.”⁴

Since then, the College has taken further steps to ensure adherence to best practices with respect to governance.

Over the years, the College proactively made more information available to the public by noting which members that have been subject to outcomes that include SCERPs, Cautions, and inspection deficiencies on its website, before this was required.

The College has developed expanded eligibility criteria under the by-laws for Council and Committee members and created an arms-length Eligibility Review Committee.

² Ibid.
⁴ Ibid.
RCDSO is the first health regulatory body in Ontario to introduce a competency-based precondition for eligibility to seek election or appointment for academic members to Council.

A merit-based selection process for dentist members applying to serve on College committees has been instituted, replacing the previous random selection approach.

The College developed a Candidate Eligibility Course and made its completion an eligibility criteria for serving on Council and Committees, and is planning enhancements to the course in the future. The program addresses duties, obligations, and expectations of Council and Committee members.

Competencies for members of statutory committees were developed in 2017. An enhanced set of Competencies for an expanded list of committees is under development for implementation in 2020.

The College held a Governance and Performance Measurement Symposium on March 4, 2020, at which time Council members and invited staff and guests heard from Canadian and international experts on health regulation about trends and best practices in this area and participated in a facilitated workshop to brainstorm ideas around how the College can improve its governance amidst the main policy tensions that the regulatory agenda presents.

As part of its ongoing work on governance assessment, the Staff Working Group may propose further improvements to RCDSO’s governance framework. The proposal may include both those elements that are within RCDSO’s authority to adjust, such as by-law changes and those that may require the College to recommend legislative changes to the government.
Performance Measurements at RCDSO

The College is providing leadership in the area of performance measurements by way of internal projects as well as in collaboration with external stakeholders, including the Ministry of Health and Long-term Care.

RCDSO currently uses KPIs in tracking its performance and reviewing internal and external and risks impacting its performance. The College applies findings from performance reviews and reports publicly on its own performance.

As part of the Ministry’s stewardship role, it is responsible for providing overall direction and leadership for the health system. In doing so, the Ministry is preparing to implement a College Performance Measurement Framework (CPMF) to ensure that the public interest work of regulatory colleges is driven by data, and to allow regulatory colleges to play a larger role in the health system overall in sharing this data for a range of purposes. The aims of the CPMF are to strengthen accountability and oversight of Ontario’s health regulatory Colleges by ensuring that they are meeting their fiduciary duties and serving the public interest, as well as to help Colleges improve their performance as necessary.

The Ministry developed the CPMF in collaboration with a number of external stakeholders, including RCDSO. The College is also working with the Ministry to develop a Reporting Tool to be used by health regulators to provide information on their performance and regulatory functions to the government.

RCDSO expects the Ministry to implement the CPMF in the coming year. The College is preparing for the launch of the framework by way of a major data collection and analysis project within its Professional Conduct and Regulatory Affairs department, which will position the College to respond to the Ministry quickly and effectively. In particular, the College is aiming to improve its internal data collection and performance management so that it knows how it is performing against
its own procedures and can demonstrate that it is effective in all areas of its work.

**Summary of Findings**

A number of health regulatory colleges have been reviewing best practices with respect to governance over the past few years. Several drivers appear to be contributing to the initiatives underlying these governance reforms, including high-profile media coverage of perceived failures in regulatory performance and government scrutiny of weaknesses in the work of regulatory bodies. The focus of these debates is the ongoing challenge of how to balance the main policy tensions that the regulatory agenda presents, including transparency versus privacy, accountability versus autonomy, and professional versus public interests.

Nationally, among provincial regulatory bodies that oversee the dentistry profession, the work of the College of Dental Surgeons of British Columbia (CDSBC) may be indicative of changes other bodies are considering for adoption. In 2019, the CDSBC, upon the order of the government, underwent a review of its governance along with administrative and operational practices. The Cayton report (prepared by regulatory accountability expert Harry Cayton) provided recommendations on how to improve the governance structure at the CDSBC as well as proposed changes to the governing legislation.

In Ontario, among regulatory bodies overseeing health professions, the College of Nurses of Ontario (CNO), in 2016, developed its plan, titled Vision 2020, for governance reform and submitted it to the Ministry of Health for consideration of legislative changes.

In 2018, the College of Physicians and Surgeons of Ontario (CPSO) announced that they are considering a number of changes to their governance structure.

In 2019, the Ontario College of Pharmacists (OCP) proposed amendments to its by-laws to enable changes to its approach to governance.
While only a minority of the regulatory bodies we have examined have publicly announced the details of any governance reforms, others may be contemplating similar changes privately.

We would characterize the changes we have seen being implemented in Ontario and Canada to date as incremental. The modifications regulators appear to be making in their efforts to improve governance ensure that professional regulators act in the public interest include reducing the size of boards, eliminating elections of professional representatives, establishing parity in the number and compensation of public and professional members, and imposing competency-based criteria for appointments. Common themes have emerged across these reforms, including increased independence of regulation from the professions, the identification of principles to guide regulatory activity, and an explicit primacy of the public interest over the profession subject to regulation.

Changes Made by Regulators of the Dentistry Profession in Canada

This first section examines governance changes made by provincial regulators of the dentistry profession in Canada.

College of Dental Surgeons of British Columbia

The College of Dental Surgeons of British Columbia (CDSBC) regulates dentists, certified dental assistants, and dental therapists.

CDSBC published a 154-page Board Governance Manual in 2012.5 CDSBC also maintains a Board Member Conduct Agreement that sets out the conduct of Board members.6


On March 8, 2018, BC’s Minister of Health Adrian Dix appointed Harry Cayton, a regulatory expert in the United Kingdom, to look into the governance and operations of the CDSBC, as well as to review the Health Professions Act and the model of health profession regulation in BC.

On April 11, 2019, the report, titled An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act (the Cayton report), was released to the public. The report contains two parts:

- Part One focuses on the inquiry into the CDSBC; and,
- Part Two suggests approaches to modernize BC’s overall health profession regulatory framework.

The report suggested that self-regulating professions may be neglecting their central purpose of protecting the public interest. The report recommended that the boards of health care regulators be more transparent and increase representation from outside their professions. It suggested that boards do away with the elected model and move to appointments. It also outlined recommendations for significant change to the BC Health Professions Act and the regulatory framework for health professionals in the province.

The Minister of Health gave the College thirty days to deliver an implementation plan for the Recommendations and Unmet Standards of good regulation identified in the Cayton report.

In May 2019, CDSBC published an Action Plan in response to the Cayton Report. The Action Plan sets out the following “Guiding Principles” that underlie CDSBC’s efforts to address the Recommendations and Unmet Standards identified in the Cayton Report:

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“Everything CDSBC does must clearly link to protection of patients and the public. If it does not, we will stop doing it.
CDSBC belongs to the public of BC. Dentists do not own CDSBC.
The Board recognizes and respects the professional staff as trusted partners in public protection.
Leadership at the Board and committee level is shared between the public and the health professionals regulated by CDSBC – current and future.
Transparency is our default position.
The involvement of patients and the public in CDSBC activities is invited and expected.
A shift in culture is required. This means asking ourselves hard questions and moving away from old ways of thinking.”

CDSBC opted to address the Cayton Report’s concerns with respect to governance by means of a number of changes and initiatives. In particular, it set out to determine a process for and to conduct a governance review; to implement a process to support cultural change, and; to promote trust by including senior staff participation in Board discussions and the evaluation of Board effectiveness.

On September 16, 2019, CDSBC implemented the following changes:
- reducing board size from 21 members to 12;
- removing the roles of president, vice-president and treasurer, regional representation, and other specialist representative positions;
- creating the position of Board Chair, to be elected from within the Board;
- allowing the possibility for dental therapists to run for election to the Board; and
- changing the election rules so that dentists, dental therapists and CDAs can vote for all elected board positions.

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10 Ibid.
11 College of Dental Surgeons of British Columbia, “Introducing the 12-member CDSBC Board” (September 19, 2019), online: <https://www.cdsbc.org/Pages/12-member-board.aspx>.
Alongside its work to address the recommendations set out in the Cayton Report, in its 2019-22 Strategic Plan, CDCBS set the goal of strengthening and clarifying governance to better support its mandate. It aimed to do so by:

- “initiating a governance review to improve its governance model and identifying and responding to gaps and opportunities;
- developing guidelines and procedures to sustain effective relationships within and between Board and staff;
- providing support for Board and staff to be knowledgeable and competent in all matters of professional regulation and good governance; and
- developing and implementing an annual board workplan.”

In response to the suggestions outlined in Part Two of the Cayton report, the Minister of Health established and chairs the Steering Committee on Modernization of Health Professional Regulation. In August 2020, the Steering Committee issued recommendations for the modernization of the regulation of health professions in BC, which call for governance reform for health regulators in the province.

The report recommends that the governing Boards of regulators be composed equally of public and professional members. It notes that all Board members should be selected through a rigorous competency-based recruitment process and should receive extensive training in their role. According to the Steering Committee, this reflects a shift in thinking to ensure that Board members are not seen as representing constituencies but as solely serving the public interest. The report notes that boards should be smaller in size, consisting of eight to twelve members, and that board members should receive adequate compensation to end the concept of volunteerism.

13 Ibid.
14 Steering Committee on Modernization of Health Professional Regulation, “Recommendations to modernize the provincial health profession regulatory framework” (August, 2020), online: <https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/recommendations-to-modernize-regulatory-framework.pdf>.
15 Steering Committee on Modernization of Health Professional Regulation, “Recommendations to modernize the provincial health profession regulatory framework” (August, 2020), online:
The report recommends that the number of regulatory Colleges be reduced to six:
- Nursing professionals (including midwives);
- Pharmacy facilities and professionals;
- Physicians and surgeons (including podiatrists);
- Oral health care professionals;
- Allied health professionals; and
- Complementary and alternative health and care professionals.

The word “College” would be replaced by a more easily understood descriptor such as “Regulator” or “Regulatory College.” An oversight body would be created to audit and report on the performance of the regulators. 16

Complaints would continue to be handled by the regulator. However, selection of Inquiry Committee members would be through a competency-based process and Board members would not be able to serve on the Committee. The Committee would be required to consider the previous complaints history of a practitioner. Any resolution agreements would have to be made public. However, cautions or warnings would continue to be private. Timelines for disposing of a complaint would be replaced with timelines for certain steps in processing a complaint (e.g., notification of the practitioner and complainant; for negotiating a resolution agreement). The regulator would be able to confirm the existence of an investigation where it would be in the public interest to do so. 18

Discipline hearings would be removed from the regulator. There would be a single disciplinary tribunal operating through the oversight body. The tribunal would have an independent chair or executive who would

16 Steering Committee on Modernization of Health Professional Regulation, “Recommendations to modernize the provincial health profession regulatory framework” (August, 2020), online: <https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/recommendations-to-modernize-regulatory-framework.pdf>.

17 Ibid.

18 Ibid.
assign panels. Typically hearing panels would consist of three people, one of whom would be a member of the profession of the person being disciplined. 19

The ultimate authority to implement many of the recommendations set out in the Steering Committee’s report rests with cabinet and the Legislative Assembly of BC.

Alberta Dental Association and College

Both the Alberta Dental Association, as well as the Alberta Dental College, are governed together (ADA&C). Their Council is comprised of nine elected directors and up to three directors who are appointed public members. Council defines the strategic goals and objectives while the Chief Executive Officer and the administrative team are responsible for developing and implementing results. 20

In 2019, Council of the ADA&C established a “Guide for Council – Governance Framework” that addresses governance issues. 21 However, this document is not published on the College’s website for public viewing.

In August 2007, the ADA&C developed a Code of Ethics, which is a set of principles of professional conduct that governs all registered dentists and establishes the expectations for dentists in fulfilling duties to their patients, to the public, and to the profession. 22

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19 Steering Committee on Modernization of Health Professional Regulation, “Recommendations to modernize the provincial health profession regulatory framework” (August, 2020), online: <https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/recommendations-to-modernize-regulatory-framework.pdf>.


Manitoba Dental Association

The Manitoba Dental Association’s authority comes from the Dental Association Act. There have been no updates to the Act since 2008. “Dentistry is currently structured with the Manitoba Dental Association performing two major functions: (1) protection of the public, and (2) advancement of the interest of the members.”23

College of Dental Surgeons of Saskatchewan

In its 2019 AGM Annual Report, the College of Dental Surgeons of Saskatchewan states that it has taken initiatives with regard to governance and modernization of the College.24 The College does not appear to have other published public-facing material on the specific changes it intends to make to its governance framework.

Ordre des dentistes du Québec

In its Rapport annuel 2018-2019, the Ordre des dentistes du Québec, notes that its Governance Committee has been tasked with examining the composition of its committees and to recommend a process for the appointment of committee members.25 The Ordre does not appear to have published materials since then with updates on the specific changes it intends to make to its governance practices.

Other regulators of the dentistry profession

Our review also encompassed the following regulators of the dentistry profession that did not appear to have made significant public-facing material available on any efforts to modernize their governance practices: New Brunswick Dental Society, Dental Council of Prince

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Edward Island, Provincial Dental Board of Nova Scotia, and Newfoundland Dental Board.

Changes Made by Regulators of Other Health Professions in Ontario

In Ontario, 26 health profession regulators are governed by the *Regulated Health Professions Act, 1991*. This section examines changes made by these organizations to their governance approaches.

College of Physicians and Surgeons of Ontario

The College of Physicians and Surgeons of Ontario (CPSO) published its most recent Annual Report for the 2018 year. In the report, CPSO states that it developed proposals to the government for governance change. It notes there is a provincial and national move to modernize governance models, including health regulatory bodies. CPSO also explains its anticipation that its board “will be much smaller, and separation of the committee work of the CPSO from the Board will almost certainly follow.”

CPSO’s latest Annual Report notes that, with respect to governance modernization, the Executive Committee discussed “term limits, length of appointments, succession planning, eligible practice requirements and Council elections,” among other issues.

In its December 2019 Meeting of Council materials, CPSO provides additional details about its efforts to modernize its governance

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28 Ibid.

processes. In particular, the College reviewed the mandate, structure, and membership of its Standing Committees in 2019, and removed three committees, incorporating their responsibilities into the work of other committees.30

In September 2019, CPSO’s Council approved the introduction of term limits to committees to reflect good governance practices. Under this by-law, a person is not eligible for appointment to a committee if they have been a member of that committee for a total of nine years or more. Furthermore, a person is not eligible for appointment to a committee if the member has been a Council member or a member of any one or more committees for a total of 18 years or more.31

At its December 2018 meeting, CPSO’s Council approved the following recommendations of its Governance Review Working Group:

- Increase public member representation so there are equal numbers of physician and public members on the Council;
- Reduce the size of the Council from 34 to between 12 – 16 members;
- Eliminate overlap between Council and statutory committee membership;
- Implement a competency-based selection process;
- Implement a hybrid selection model for physician members;
- Provide equal compensation for physician and public members of the Council; and
- Retain the option of appointing an Executive Committee.32

CPSO explained that a letter outlining these recommended legislative changes was sent to the Minister of Health on January 25, 2019, which followed a similar letter sent by the College of Nurses of Ontario (CNO) earlier in the year. CPSO states that it continues to advocate for these changes, in collaboration with the CNO, Federation of Health Regulatory Colleges of Ontario (FHRCO), and the Citizen Advisory

30 Ibid.
Group (CAG). It also noted that the government could use its authority either to enact regulations under its current regulation-making authority or to propose new legislation.33

Ontario College of Pharmacists

At its December 2019 meeting, the Council of the Ontario College of Pharmacists (OCP) proposed amendments to the College’s by-laws to enable changes to its governance structure.34 These can be broadly classified into four categories:

- Reduction in council size to allow for parity between professional and public members;
- Shift to a competency-based council from a regionally based one;
- Separation of Council and statutory committees; and
- Other changes, including term limits, terminology and introduction of an honorarium (in particular, the Council will be known as the “Board of Directors” to better reflect its role for the public, and members will be known as “registrants”).35

In its March 2020 Council Meeting Minutes, the OCP explained that its Council ratified By-Law No. 6 following 60 days of open consultation.36 Over the prior 18 months, Council deliberated, considered, and approved changes related to Council composition, competencies, and selection as well as the composition of statutory committees, which are operationalized in the by-Law.

OCP states that its new by-Law is reflective of governance best practices and will strengthen the ability of the Board to provide oversight that is transparently aligned with the mandate of OCP to serve and protect the public interest. In addition, relevant

35 Ibid.
nomenclature will be updated so that Council is referred to as the Board of Directors, President and Vice President are now referred to as Chair and Vice Chair respectively, and members are now referred to as registrants.37

College of Nurses of Ontario

Governance has been an area of focus for the College of Nurses of Ontario (CNO) in recent years. CNO released a report from an internal task force in December 2016 that sought to implement, by 2020, a new governance model. A significant change was the implementation of a smaller governing board with an equal number of public and professional members, and the replacement of elections with a competency-based appointment process. Having elected professional majorities on governing councils has been one of the defining qualities of Ontario’s self-regulatory model and CNO’s proposed changes demonstrated a step away from this feature.

In September 2014, the CNO Council initiated a review of its governance framework. In December 2014, a task force was formed with the overall goal of being recognized as a leader in regulatory governance.

In January 2016, as part of the background to support the Task Force on Regulatory Governance and the Council in considering options for future governance at the College, a review of the regulatory literature regarding governance was undertaken. The report summarizes the information collected about the trends in the specific areas that were identified by the Task Force. 38

In 2017, a final report named “A vision for the future: Leading in Regulatory Governance Task Force,” also known as Vision 2020, was

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delivered to the CNO’s Council. 39 Council approved the milestones for implementing the vision. This final report provided a proactive, objective review of all aspects of the College’s governance. The Task Force was informed by the College’s Strategic Plan.

One of the recommendations was that the future board (which will no longer be called Council) will have 12 members, and there would be an equal number of nurses and public members. Previously, Council had 37 members, including 21 nurses and 16 members of the public. CNO notes that a smaller board would not require an Executive Committee. CNO’s Governance Literature Review came to the conclusion that smaller boards are more effective in making decisions and enable the group to come together more quickly to respond to emerging issues. The board was to have an equal number of public and nurse members.40

Another recommendation was to move to a competency-based board, described as follows:

Board members who are nurses will no longer be volunteers who are elected by their peers. Instead, they will be appointed based on specific attributes and competencies — their experience, knowledge, and skill...The decision to move from elections to appointments was a serious one. Ultimately, it was based on two things. First, elections create the potential for misunderstanding, because nurses elected to the governing body do not serve those that elected them — they serve the public. Second, appointments based on competencies ensure that the board is comprised of a diverse group of people with a wide range of expertise, skills, extensive knowledge and different perspectives.41

Under the new model, the board creates advisory groups as needed to help promote decision-making from various perspectives.

Every three years, an external expert will evaluate the board and its governance processes. The findings will be public.

On the issue of board size, CNO has stated:

There is an important shift in thinking required in the governance of regulatory bodies in moving away from the concept of representativeness in members. Small boards cannot "represent" all relevant constituencies or stakeholders nor should they attempt to do so. Rather boards should demonstrate the knowledge, understanding and awareness to properly take into account relevant interests, such as those of different groups of professionals or the different health systems in the UK, but they should not attempt to "represent" them. It is good practice when reviewing criteria and competencies ahead of an appointments process to consider the existing mix of skills and expertise on the council, with a view to trying to fill any gaps. Essential criteria should be common to all council members, particular skills that are not essential for them all may be included as “desirable” criteria. Regulators should also consider the diversity of the current council at this point, and decide whether it may be desirable actively to seek applications from particular under-represented groups.42

In 2019, the College began testing a new process for appointing Committee members using the recommendations set forth by its internal task force.

**College of Naturopaths of Ontario**

In April 2020, the College of Naturopaths of Ontario published a document entitled *Governance Report: A Mandate for Change*, which

summarizes the discussion of the College’s Council in January 2020 relating to the modernization of the regulatory model for naturopathy in the province.43

Based on the information the College placed before the Council, including a literature review, best practices identified, and stakeholder feedback, the Council made a number of decisions. In particular, the Council recommended that:

- The role of Council should be more clearly defined in statute and be focused on governance of the organization and strategic directions and priorities;
- Composition of statutory committees should be reduced to one sitting Council/Board member on each committee, although the same need not apply to non-statutory committees;
- The Discipline function should be removed entirely from regulatory authorities;
- The Council should have an equal representation from the profession and the public;
- Elections of professional Members should cease;
- The Council should be constituted through a competency-based appointment process for both professional and public members;
- The Executive Committee should be eliminated;
- The Council should adopt a formal annual evaluation process that includes a Council/committee performance evaluation, an individual self-assessment for Council and committee members, and an assessment of each Council and committee member by their peers;
- The Council should implement a number of changes to the terminology used by the College.

On July 28, 2020, the Registrar and CEO of the College presented the organization’s Governance Report Implementation Plan to the Council. This plan establishes the key recommendations to implement

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the Council’s Governance Report. The plan organized these changes according to three categories:

- **College Changes** – these are changes that the College can undertake on its own in order to implement the Council’s decisions;
- **Interim Changes by the College** – these are changes that the Council or the College can undertake as an interim step until such time as legislative changes can be made to give full effect to the Council decisions; and
- **Legislative Changes** – these are changes to statute or regulations that would need to be made by the Government of Ontario in order to give full effect to the Council’s decisions.

In August 2020, the Council President wrote to the Minister of Health and set out the Council’s recommendations for change.

**College of Dental Hygienists of Ontario**

In June 2015, By-law No. 5 was proposed and passed at Council of the College of Dental Hygienists of Ontario (CDHO) to set out, with transparency, how the College will administer itself.

In December 2017, CDHO approved the strategic direction of the College, stating that “the Council has set broad directions for the College through a series of outcomes or ends statements. End statements set a high-level goal and the Registrar of the College is charged with the duty to achieve that goal. The Overall Ends Policy maintains that all Ontarians have access to safe, high quality oral health services.”

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On September 21, 2018, Council amended a by-law that defines the number of seats allocated to each district, and reduced the number of registrants to be elected to one in one of their districts.

CDHO maintains a Governance Policy manual which appears to have been consistently updated but not available publicly on their website.

College of Denturists of Ontario

The College of Denturists of Ontario (CDO) faced a major challenge to its governance in 2012 when an audit by the Ontario government raised concerns over its governance, and appointed a third party to oversee its operations – the first time the province has ever seized control of a health regulator.48

In 2011, the government of Ontario ordered an audit of CDO after receiving complaints from its members and the public.49 The purpose of the audit was to conduct an operational review of the organization and to investigate allegations against the College. The Health Minister at the time, Deb Matthews, expressed concern that the College “may not be acting in the public interest.” 50

In 2012, the Ontario Ministry of Health and Long-Term Care released its “Operational Review and Audit of the College of Denturists of Ontario,” which it hired PricewaterhouseCoopers to conduct. 51 The report identified deficiencies with respect to the operations of the College and assisted in the decision to recommend the appointment of a College supervisor to the Lieutenant Governor in Council.

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The report noted that “significant improvements are required in order for CDO to have in place policies, processes and procedures that are evidence-based; transparent; applied appropriately, fairly and impartially; and that are in the public interest.” 52 In particular, the report describes recent changes made by the CDO to its by-laws and compared them to peer organizations, which the auditor concluded had a negative impact on the public interest. The auditor also stated that it “seriously question the ability of the leadership within CDO to accomplish the necessary steps required to address the deficiencies” that it identified. 53

Several weeks after releasing the report, the government appointed Deanna Williams, a former registrar of the Ontario College of Pharmacists, to supervise the operations of the College in accordance with the audit’s recommendations.54 Williams was tasked with all the roles and responsibilities of the College, including overseeing all staff in carrying out the regulatory duties. She reported directly to the Minister of Health.

In its Strategy Map of 2017-2020, CDO commits to prioritizing “excellence in governance.” 55 In 2019, sessions on Council Governance Training were provided to the Council on the topics of being an effective council member, committee member, and Chair, as well as ICRC best practices. CDO appears to be considering the governance changes that other colleges have made in contemplating whether it will choose to follow suit.

Other regulators of health professions in Ontario

Our review also encompassed the following regulators of health professions in Ontario that did not appear to have made significant public-facing material available on any efforts to modernize their governance practices: Northwest Territories, Registrar, Professional

52 Ibid.
53 Ibid.
54 Nicholas Keung, “Province takes over denturists’ regulator” Toronto Star (March 27, 2012), online: <https://www.thestar.com/news/ontario/2012/03/27/province_takes_over_denturists_regulator.html>.
Health Regulatory Governance Internationally

This section discusses elements of health regulation in Australia, the United Kingdom, New Zealand, and Ireland. Organizations in these jurisdictions have made changes in ways that have not yet been contemplated in Canada, which provides a useful basis for comparison and analysis.

Australia

Australia’s approach to regulating the health professions underwent substantial reform over the past decade.

Like Canada, Australia is a federal state, and before 2010, each of its eight states and territories had their own profession-specific regulatory arrangements with different legislation and standards. On July 1, 2010, each state and territory in Australia transitioned to a national regulatory scheme with a single law underpinning regulation of all of the health professions in the country and national regulatory bodies for each health profession. Today, the Australian Health Practitioner Regulation Agency (AHPRA) regulates 750,000 registered health practitioners...
across 16 health professions with 15 boards (with nursing and midwifery being governed by a single board). 56

Several key drivers contributed to the initiative underlying the AHPRA, including the need for national mobility among health professionals, a number of high profile regulatory failures, and several serious natural disasters in Australia that highlighted the need for greater flexibility in the registration of health professionals to aid in the emergency response. 57 Each of these factors were seen against a backdrop of a broader desire for national consistency. 58

These various factors led the Commonwealth (federal) government to request Australia’s Productivity Commission 59 to propose solutions to ensure quality health care. Published in 2005, the Productivity Commission’s report recommended the creation of a national regulatory scheme for health care professions. 60 The resulting National Law provided powers to regulators for criminal history checks, created enhanced national public registers, added strict mandatory reporting, and enabled national consistency in regulation between professions and jurisdictions.61

United Kingdom

Historically, the UK’s regulatory structure for health professions has been grounded in traditional self-regulation, with legislation providing little oversight by government, and professions provided with significant autonomy. Since the early 2000s, however, this regulatory

57 Fiona McDonald, “Regulation of health professionals” in Ben White, Fiona McDonald & Lindy Willmott, eds, Health law in Australia, 2nd ed (Pymont, New South Wales: Thomson Reuters, 2014) at 611.
59 The Productivity Commission is the Australian government’s independent review and advisory body that conducts inquiries and research into a broad range of issues and tables its reports in the Parliament of Australia. See the Productivity Commission website for more information: <http://www.pc.gov.au>.
61 Health Practitioner Regulation National Law Act 2009 (Qld).
model has been undergoing significant reform, with the introduction of a powerful meta-regulator (a regulator of regulators) and legislation that altered traditional self-regulation with the elimination of elected professional majorities on regulatory bodies.

In general, the introduction of a meta-regulator tends to occur when the state attempts to increase regulatory accountability in response to perceived failures of self-regulation. Accordingly, in the UK, the reform witnessed arose due to three major factors: the pressures of market liberalization, changing public attitudes toward professional expertise and risk, and high-profile public failures of self-regulation. In particular, major scandals in the UK were followed by inquiries whose final reports “criticized self-regulation as self-serving and lacking transparency and accountability, and cast serious doubts on the capacity of the profession to regulate itself satisfactorily.”

The overall effect of these factors and forces was a “seismic shift” away from self-regulation that opened the door for the state to take a more prominent role in the regulation of the health professions. The first major governmental response was to institute a greater level of state control by moving to a meta-regulatory framework.

In 2003, the introduction of the UK’s meta-regulator, now referred to as the Professional Standards Authority (PSA), signaled a significant change in how the UK regulated health professions. The PSA was established to provide oversight of the health profession regulators in the UK. At the time of the PSA’s enactment, the council of the PSA was made up of nine professional members (one appointed by each professional regulator) and 10 public members (selected by the devolved administrations and the Secretary of State). The key

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63 Ibid.

64 Ibid.

65 In 2013, the meta-regulator, known as the Council for the Regulation of Health Care Professions, was introduced. This body was subsequently renamed the Council for Healthcare Regulatory Excellence in 2008. It was again renamed in 2012, and is now known as the Professional Standards Authority.

functions of the PSA were to promote the interests of patients and the public in relation to performance of regulators, promote best regulatory practice, formulate principles relating to professional self-regulation and encourage regulatory bodies to conform to them, and promote cooperation between regulatory bodies.⁶⁷

Further changes to the regulation of health professions were initiated with the publication of a government white paper in February 2007 entitled “Trust, Assurance and Safety: The Regulation of Health Professionals in the 21st Century” (White Paper). The White Paper set out a major program of reform to the UK’s system for the regulation of health professions. In response to the White Paper, the UK Government introduced the Health and Social Care Act 2008 that provided an enabling framework to implement many of the proposed reforms from the White Paper.

One of the most significant changes made by the Health and Social Care Act 2008 that fundamentally altered the nature of regulation was the abolition of elected professional majorities on the boards of each regulatory body. At a minimum, parity of membership between professional and lay members would be required.

In addition to eliminating professional majorities on governing councils, the White Paper took aim at the process of professionals electing members to councils. Since patients and the public cannot participate in the election process, it was thought that “the perception will remain that their own interests are at risk of being given less weight” which would undermine the perception of independence and the effectiveness of regulation.⁶⁸ Thus, elections to councils were eliminated, replaced with appointments by the UK’s Appointments Commission.⁶⁹

Changes were also made to the PSA to increase its independence: regulators would no longer nominate members of the PSA council, and thus no council members would be health professionals. The PSA

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⁶⁷ National Health Services Reform and Health Care Professions Act 2002.
⁶⁹ Ibid.
would also be required to report annually on its own performance as well as the performance of each regulatory body.  

In August 2015, the PSA released a new report called “Rethinking Regulation.” In it, the PSA argued that the current regulatory framework was “rapidly becoming unfit for practice.” The PSA stated that regulation needed a “radical overhaul.” The report stimulated discussion and raised questions about the strengths and weaknesses of regulation, the need for regulators to work together, and the lack of evidence around certain regulatory practices. It also shows the PSA to be in agreement with the health profession regulators that the current legal regime in the United Kingdom must change and that the appropriate balance of regulatory force is not being achieved by the government.

New Zealand

In 2004, New Zealand created a multidisciplinary Health Practitioners Disciplinary Tribunal, which hears and determines more serious cases against health professionals in the country. This system for addressing patient complaints “was designed to shift the focus of medical complaints from the doctor to the patient, to introduce a greater level of independence from the profession and create a better environment to improve the competence of doctors.”

The Tribunal is administered by the Ministry of Health and covers a range of professions including medical professions (medical practitioners, nurses, and midwives), dental professions (dentists,

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70 Ibid.
72 Ibid.
74 Ibid.
} Its panel comprises a Chair, two Deputy Chairs (all of whom are lawyers who have been practicing for at least 7 years) and registered health practitioners and lay members. All members are appointed by the Minister of Health.\footnote{Medical Council of New Zealand, “The Health Practitioners Disciplinary Tribunal at a glance” (2020), online: <https://www.mcnz.org.nz/support/related-agencies/health-practitioners-disciplinary-tribunal/the-health-practitioners-disciplinary-tribunal-at-a-glance/>.
}

} The Dental Council is appointed by the Minister of Health. It has ten members including seven practitioner members (four dentists, one dental therapist, one dental hygienist and one dental technician or clinical dental technician) and three lay members.\footnote{Dental Council of New Zealand, “Council Members” (2020), online: <https://www.dcnz.org.nz/about-the-dental-council/who-we-are/council-members/>.
}

Ireland

The Dental Council of Ireland (DCI) regulates dental educators as well as practitioners. The organization’s council has 19 members: seven elected by practitioners; five nominated by the three main educational institutions; and seven appointed members who come from various backgrounds, including medicine, the dental profession and the public more generally.\footnote{Dental Council of Ireland, “Members of the Dental Council 2015-2020” (2020), online: <http://www.dentalcouncil.ie/membership.php>.
}

On March 4, 2020, at the RCDSO’s Governance and Performance Measurement Symposium, David O’Flynn, Registrar of the DCI, discussed governance reform and the question of whether and in what proportion they should be elected or appointed. In Mr. O’Flynn’s view, this balance in which slightly more than one-third of the council
members are appointed by the profession strikes the right balance. He commented that the current balance ensures that the public interest is addressed and guards against regulatory capture.

Key Trends among Governance Modernization Efforts

In what followers, we provide an overview of key trends among the governance modernization efforts that can be observed across the organizations reviewed above.

Recommitting to regulators’ public interest mandate

Regulators are seeking to refocus boards on their mandate to protect the public interest and to ensure that other motivations and interests do not justify decision-making that deviates from their inherent purpose.

Increasing transparency

Concerns have been raised that the public does not always trust regulators to handle complaints effectively and that transparency would enhance public trust. Regulators, however, struggle with balancing privacy considerations as they strive to increase transparency.

Increasing public accountability

Regulators in Canada are facing societal and political skepticism in Canada of the value of self-regulation. In response, regulators are understanding that they need to be able to demonstrate to the public and government that they advance and protect the public interest. For example, the public has expressed concerns that the outcomes of most patient complaints are not published, which may decrease the sense that regulators are accountable to the public to which they serve.
Reconsidering the size of boards

There is a general trend to reduce board size, as boards that are too large are viewed as potentially less effective. Regulators, however, are mindful that boards that are too small may cause challenges in being able to meet the board’s mandate due to workload issues and lack of breadth of views.

Role clarity among committees

Committees are generally tasked with distinct mandates, and therefore, regulators have aimed to clarify the competencies and attributes needed for members to serve on them. In doing so, particularly as the size of boards decreases, regulators have begun to draw committee members from a wider pool of candidates to ensure that each committee has the optimal skills and knowledge available to it.

Moving away from representational boards

Decreasing the size of boards also implies a movement away from a representational approach. The idea that each stakeholder interest could be represented on the board is not seen as realistic. Alternatively, regulators are aspiring to be governed by boards that are driven by their commitment to the public interest and possess the knowledge and awareness to take a range of interests into account.

Competency-based criteria for board appointments

There is an increased sense that applicants to a board should be vetted for their capacity to contribute fully to the work of the board by way of a transparent, competency-based appointment process. There is an understanding that board members are overseeing regulatory processes, and that a wide range of skills are as important as industry-specific skills.

Increasing depth of screening of Council members for conflicts of interest
Board members cannot represent the public in an impartial manner where they have leadership roles in another professional organization, or business interests that may conflict with the regulators’ mandate in any way.

A movement away from elected board members

The aim of the elected board has been a means of selecting respected members of the profession to regulate that profession in the public interest. However, the current system of board member elections can be confusing for membership and the public. Board members often believe they were elected to represent the interests of the members who elected them. Regulators are aiming to dispel the perception that boards are overly sympathetic to the professionals they regulate.

Establishing parity in the number of public and professional members

Regulators are rebalancing their boards to include more public members, as this representation may drive public confidence in the regulatory system. Some regulators are considering mandating that, as a minimum, there must be parity of membership between lay and professional members to ensure that purely professional concerns are not thought to dominate their work.

Implementation of Governance Changes in Ontario

Ontario colleges are able to make certain adjustments to their governance, while other elements require legislative change. Below is a list of some of the concepts discussed in this report, along with whether a statutory amendment would be needed in order for RCDSO to make such a change.
<table>
<thead>
<tr>
<th>Regulatory Trend</th>
<th>Is a Statutory Amendment Required?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selection as opposed to election of professional Council members</td>
<td>Yes.</td>
</tr>
<tr>
<td>Composition of Council (parity?)</td>
<td>To an extent. Section 6 of the Dentistry Act, 1991, sets out the composition of Council but provides a range for the number of members needed for the dentist and public member categories.</td>
</tr>
<tr>
<td>Reduction in size of Council</td>
<td>To an extent (as above).</td>
</tr>
<tr>
<td>Composition of Committees</td>
<td>Not necessarily. Council appoints members of committees, with the exception of certain appointments for specific committees referred to in the RHPA.</td>
</tr>
<tr>
<td>Creating transparent competencies for appointment process (both professional and public members)</td>
<td>No.</td>
</tr>
<tr>
<td>Referring to dentists as registrants as opposed to members</td>
<td>Not necessarily. Although the RHPA uses the term “members,” Council could mandate the use of the term “registrant” in all official communications of the College, as other regulatory bodies in Ontario have done.</td>
</tr>
<tr>
<td>Mandating successful completion of Candidate Eligibility Course before becoming eligible to be appointed (both professional and public)</td>
<td>No.</td>
</tr>
<tr>
<td>Appointing an auditor to assess and evaluate effectiveness of outcomes</td>
<td>No.</td>
</tr>
</tbody>
</table>
Conclusion

Over the last several years, there has been an increasing call to modernize the oversight of regulatory bodies around the world. As we have discussed above, a number of provincial regulatory bodies in Canada are making governance reform efforts or considering doing so. In Ontario, in particular, we are witnessing a shift towards greater transparency, stronger accountability measures, and an explicit primacy of the public interest over the profession subject to regulation. Our findings have shown that, in response to rising public expectations and increased government scrutiny, certain reforms are being prioritized to sustain governmental and societal confidence in the ability of regulators to protect the public interest.

This review of the work of other regulatory bodies will assist the College in its ongoing assessment of its own governance in relation to best practices undertaken by similar organizations as well as government initiatives. RCDSO aims to remain informed of emerging best practices that are critical to modernizing health regulatory governance in a rapidly changing healthcare landscape.
Memo

TO: RCDSO Executive Committee
FROM: Andréa Foti, Assistant Registrar
COPY: Dan Faulkner, Registrar
DATE: September 17, 2020

REGARDING: Modernization of Health Regulation: British Columbia

The Ministry of Health in British Columbia has recently introduced a series of recommendations to modernize and reform health regulation in that province. The Executive Committee is provided with an overview of these recommendations and an analysis of its potential implications for Ontario.

This item is for the Executive Committee’s information.

BACKGROUND

- British Columbia’s efforts to modernize the health profession regulatory framework began with work that the Honourable Adrian Dix, Minister of Health commissioned Harry Cayton to conduct. Cayton was asked to conduct an inquiry into the performance of the College of Dental Surgeons of British Columbia (CDSBC).

- Cayton’s resulting report, *An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act* sets out both recommendations for the CDSBC (Part I) and suggested approaches to modernize B.C.’s overall health profession regulatory framework (Part II).

- On the heels of the Cayton Report, Minister Dix struck a Steering Committee to address Cayton’s recommendations for the health profession regulatory framework (Part II of the Cayton Report). The Steering Committee is comprised of Minister
Memorandum to RCDSO Executive Committee  
October 2020  
Page 2

Dix (chair) along with Norm Letnick, health critic for the official Opposition and Sonia Furstenau, health critic and house leader for the BC Green Party caucus.

- The Steering Committee released its report, *Recommendations to modernize the provincial health profession regulatory framework* in August 2020.

- In developing the report, the Steering Committee was informed and guided by
  - feedback obtained through two rounds of public consultations,
  - commitments to cultural safety, diversity and accessibility of the regulatory system as well as reconciliation with Indigenous peoples, and
  - the following three objectives:
    1. Improve patient safety and public protection.
    2. Improve efficiency and effectiveness of the regulatory framework.
    3. Increase public confidence through transparency and accountability.

**REPORT HIGHLIGHTS**

- The Report sets out six (6) broad recommendations for system modernization.

1. *Commitment to Cultural Safety and Humility*

- This recommendation is focused on ensuring that the Steering Committee’s commitments to cultural safety and humility are embedded within regulatory modernization.

- It specifically notes that efforts to modernize the regulatory framework must acknowledge historic inequities and combat systemic racism.

2. *Improved Governance*

- This recommendation specifies that:
  - Boards should have an equal number of registrant and public members
  - All Board members should be appointed through a competency-based process which considers diversity; it is to be overseen by an independent body.
  - All Board members should receive appropriate training and education to govern effectively either before or immediately following appointment.
  - Boards should be smaller: Cayton recommends 8 to 12 members.
  - Board members should be fairly and consistently compensated.
3. *Improved efficiency and effectiveness through a reduction in the number of regulatory colleges*

- This recommendation calls for the overall number of regulatory Colleges in B.C. to be reduced from 20 to 6. The six Colleges will be:

<table>
<thead>
<tr>
<th>College</th>
<th>Regulated Professions</th>
</tr>
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<tbody>
<tr>
<td>College of Physicians and Surgeons</td>
<td>physicians, surgeons, podiatric surgeons</td>
</tr>
<tr>
<td>College of Pharmacists</td>
<td>pharmacists</td>
</tr>
<tr>
<td>College of Nursing Professionals</td>
<td>licensed practical nurses, registered psychiatric nurses, registered nurses, nurse practitioners and midwives</td>
</tr>
<tr>
<td>Regulatory College of Allied Health and Care Professionals</td>
<td>dietitians, occupational therapists, opticians, optometrists, physical therapists, psychologists, speech and hearing professionals, and diagnostic and therapeutic professions in the future</td>
</tr>
<tr>
<td>Regulatory College of Complementary and Alternative Health and Care Professionals</td>
<td>chiropractors, massage therapists, naturopathic physicians, traditional Chinese medicine practitioners and acupuncturists</td>
</tr>
<tr>
<td>Oral Health Regulatory College</td>
<td>dental surgeons, denturists, dental hygienists, dental technicians, and dental assistants</td>
</tr>
</tbody>
</table>

- This recommendation further specifies that profession-specific councils be created within multi-profession regulatory colleges.

- Additionally, it specifies that the term ‘College’ be re-considered and replaced by another term which may be clearer to the public.

4. *Strengthening the oversight of regulatory colleges*

- This recommendation would create a new oversight body which would perform a number of functions including:
  - Monitor and report on regulatory excellence
  - Identify core elements of shared standards of ethics and conduct across professions
  - Oversee the board appointment process
  - Develop recommendations for the Minister and Cabinet on new professions that may require regulation, or existing professions not captured under the umbrella statute, *Health Professions Act*
5. Complaints and adjudication

- Under this recommendation a number of reforms would be made to the complaints and discipline processes of Colleges. These include:
  - Discipline processes would be removed from Colleges and managed under a separate, independent process.
  - Patients would receive increased notification when action is taken in response to a complaint.
  - Regulatory Colleges would be required to provide funding for counselling for survivors of sexual abuse/misconduct by registrants.

6. Information sharing to improve patient safety and public trust

- This recommendation recognizes the need for regulatory Colleges to share information in order to protect the public and the fact that current legislative barriers exist to information sharing.

IMPLICATIONS

- Although the BC Report is directed to the health regulatory system in British Columbia, much of the content is highly relevant for other jurisdictions, including Ontario.

- The BC Report incorporates current trends in regulatory excellence and best practices that have been adopted by leading regulators internationally such as those in the UK and Australia. It also captures topics and specific reforms that have been and are currently being discussed in Ontario and other Canadian provinces.

- The Committee will have recognized that some elements mentioned in the BC Report are those that are already in place in Ontario and specifically at the RDCSO.
  - Funding for counselling for survivors of sexual abuse by regulated health professionals: this is a feature in the RHPA and has been in place in Ontario since the 1990’s. It is administered by RCDSO’s Patient Relations Committee.
o Stringent penalties and approaches for findings of sexual abuse or misconduct: this is a key element in the RHPA and as recently as 2017, the Ontario government added provisions which move increasingly toward a ‘zero-tolerance’ approach to sexual abuse by regulated health professionals. This includes mandatory revocation of licensure for findings of specified acts of sexual abuse; mandatory suspensions, and a broad definition of what constitutes sexual abuse.

o Competency-based eligibility requirements: this is not a feature in the RHPA but rather is something that individual Colleges in Ontario have been implementing, largely through by-law reform. The RCDSO expanded its approach to eligibility requirements recently to move from having a key focus on conflicts of interest and conduct to a more comprehensive stance where key competencies are listed.

o Education and training for Council members: this is not addressed in the RHPA but rather individual regulatory Colleges address training through a variety of tactics. At the RCDSO, we rely on our Candidate Eligibility Course, Council and Committee Orientation sessions and guest speakers at Council and Committee meetings.

• There are other elements in the BC Report that are not currently in place in Ontario or at the RCDSO but that either have been contemplated by the Ontario government in the past or are currently being contemplated by the Ontario government.

• BC reforms related to discipline and investigative processes mirror closely recommendations made to the Ontario government in 2017 by Senator Marilou McPhedran. McPhedran specifically recommended that the discipline processes be removed from individual Colleges and located in a separate, independent body.

• BC reforms to reduce the overall number of Colleges relates directly to interest signalled by both the former Ontario government (2017) and the current government to reduce the number of health regulatory Colleges in Ontario.

o In 2016-17, ADM Denise Cole spoke regularly about the challenges associated with having twenty-six health regulatory colleges in Ontario.
Under the current Ontario government, senior government leaders have indicated their interest in promoting inter-professional collaboration amongst regulatory Colleges.

In AGRE and HPRO, two groups comprised of the leadership of Ontario health regulatory Colleges, discussions about the value of collaboration arise frequently in the context of resource challenges and creative strategies to satisfy growing workloads, complex issues, and to ensure consistency across related professions, such as eye care and oral health care.

- The current Ontario government has engaged in extensive work with health regulatory Colleges to enhance the rigour and consistency of performance management of Colleges.
  - A new framework and reporting tool—the College Performance Management Framework—has recently been released by the Ministry. More detail about this work has been provided to the Committee under a separate memo.
  - A number of measures in the tool align closely with principles and objectives in the BC Report such as supporting the public, ensuring transparency in processes, and Council education and orientation.

- Additionally, the emphasis in the BC Report on cultural safety and humility and the acknowledgement of historic inequities and systemic discrimination has particular resonance in today’s social climate.
  - These aspects of the Report relate broadly to the issues of systemic discrimination and the need for social reforms that are currently being discussed in relation to black, indigenous and other people of colour in the contexts of the Truth and Reconciliation Commission, Black Lives Matter and other social activism movements.
  - Many regulatory Colleges are consequently taking an explicit proactive approach relating to diversity and inclusion. At the RCDSO, Inclusivity was listed as core value in the Strategic Plan and is currently a high priority project for the RCDSO.

**NEXT STEPS**

- Senior staff will continue to monitor issues related to BC’s proposed modernization and implications for Ontario and for the RCDSO specifically.
• The Executive Committee will be kept apprised of any developments.

DECISIONS FOR THE EXECUTIVE COMMITTEE:

• Further information on governance trends and reforms has been provided to the Executive Committee in a high level memo by Dan Faulkner. A research paper on trends in different jurisdictions, developed Dayna Simon, is also been included in the meeting package.

• The Committee will have a chance to discuss these issues at its meeting.
DISCIPLINE COMMITTEE

Members:

Richard Hunter (Chair)  Paul Jackson
Vinay Bhide   Barbara Carol Janik
Ian Brockhouse  Anthony Markowski
Amelia Chan  Brian Smith (since July 28, 2020)
William Coyne  Roderick Stableforth
Peter Delean  Frank Stechey
Nancy DiSanto  Marc Trudell
Elaine Fishbein  Sandy Venditti
Elliott Gnidec

REPORT
November 2020 – Council Meeting

The Discipline Committee is responsible for hearing and determining allegations of professional misconduct or incompetence referred to it by the Inquiries, Complaints and Reports Committee.

A panel of the Discipline Committee, appointed by the Chair, considers each case in an open hearing and decides whether the allegations have been proven and if so, what penalty is appropriate.

A panel of the Discipline Committee is composed of a minimum of three and no more than five persons. At least one of the members of a panel must be both a member of the College and a member of the Council. When a panel consists of five persons, two shall be public members. Three members of a panel, one of whom is a public member, constitute a quorum.

In general, where a panel of the Discipline Committee finds a dentist guilty of professional misconduct, it may make one or a combination of the following orders:

1. Direct the Registrar to revoke the dentist’s certificate of registration.
2. Direct the Registrar to suspend the dentist’s certificate of registration for a specified period of time.
3. Direct the Registrar to impose specified terms, conditions and limitations on the dentist’s certificate of registration for a specified or indefinite period of time.

4. Require the dentist to appear before the panel to be reprimanded.

5. Require the dentist to pay a fine of not more than $35,000.00 to the Minister of Finance.

6. If the act of professional misconduct was the sexual abuse of a patient, require the dentist to reimburse the College for funding provided for that patient under the funding program\(^1\).

7. If reimbursement of funding is ordered, require the dentist to post security acceptable to the College to guarantee the payment of any amounts the dentist may be required to reimburse.

In addition to the above, where a dentist is found guilty of professional misconduct in relation to sexual abuse, or found to be incompetent, the Discipline Committee is required by the *Regulated Health Professions Act, 1991*, S.O. 1991, c.18 (RHPA) to make certain orders which can include a mandatory reprimand, suspension, revocation and/or terms, conditions and limitations on the dentist’s certificate of registration, depending on the nature of the finding.

If a panel is of the opinion that the commencement of the proceedings is unwarranted, it may make an order requiring the College to pay all or part of the dentist’s legal costs.

In appropriate cases, and where there is a finding of professional misconduct or incompetence, a panel may make an order requiring the dentist to pay all or part of the College’s costs and expenses.

As required by the legislation, the results of the proceeding, including the panel’s reasons for decision, are contained on the College’s Register which is on the College’s website. In addition, case summaries are also available to the public on the website after the panel’s reasons for decision have been issued.

**PART A – FOR ACTION OF COUNCIL**

There are no recommendations.

\(^1\) Section 85.7 of the *Health Professions Procedural Code* requires the College to have a program to provide funding for therapy and counselling for persons alleging sexual abuse by a member.
PART B – FOR INFORMATION

1. Effect of COVID-19 Pandemic on Committee Activities

As reported in the June 2020 report to Council, following the closure of the RCDSO offices in mid-March due to the COVID-19 pandemic, the Discipline Committee issued a Practice Direction for Electronic Hearings on March 26, 2020 (revised April 6, 2020), which directed that all pre-hearing conferences be held via teleconference and all uncontested hearings be held electronically.

In its commitment to continue to offer the adjudication of allegations or professional misconduct and incompetence in a fair and timely manner, and in light of the ongoing health concerns regarding Covid-19, the Discipline Committee revised this Practice Direction on October 16, 2020 (Appendix A), such that all in-person disciplinary proceedings are discontinued until further notice. The revised Practice Direction for Electronic Hearings directs that all matters shall proceed on an electronic basis, including contested hearings.

2. Committee Activity

Since the Discipline Committee’s report to Council in June 2020, the following activity has taken place, electronically:

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Hearings *</td>
<td>2</td>
</tr>
<tr>
<td>Number of Motions</td>
<td>0</td>
</tr>
<tr>
<td>Number of Hearing Days</td>
<td>2</td>
</tr>
<tr>
<td>Number of Pre-Hearing Conferences</td>
<td>6</td>
</tr>
</tbody>
</table>

* Findings of professional misconduct were made by the Discipline Committee in both matters.

Attachment:
- Appendix A: Practice Direction - Electronic Hearings, dated October 16, 2020
Introduction

On March 26, 2020, in response to the efforts to minimize the risk of the transmission of the Coronavirus COVID-19, the Discipline Committee directed that, effective immediately, all prehearing conferences will be conducted by way of telephone conference and all uncontested hearings will be converted to electronic hearings, where parties consent.

In its commitment to continue to offer the adjudication of allegations of professional misconduct and incompetence in a fair and timely manner and in light of the ongoing health concerns regarding COVID-19, the Discipline Committee shall discontinue in person disciplinary proceedings until further notice. All matters shall proceed on an electronic basis, as described in more detail below.

An electronic hearing means a hearing held by video conference or some other form of electronic hearing technology allowing persons to hear one another.

The College webpage will provide the public with the date and time for the electronic hearing. Members of the public wishing to participate, are to be directed to contact the Hearings Office at hearingsoffice@rcdso.org.

Procedure on an Electronic Hearing

Where the hearing proceeds electronically, every party is entitled to receive every document that the Discipline Committee receives.

Where witnesses will be called to testify, the hearing will proceed by way of video conference.

The parties shall deliver to every other party and the Hearings Office at hearingsoffice@rcdso.org by email only, every document, in sequentially numbered pages they intend to rely on during the electronic hearing at least five (5) days before the proceeding.

At least 48 hours before an electronic hearing is scheduled to commence, the parties shall give notice to the Hearings Office at hearingsoffice@rcdso.org of the email address and telephone number where they can be reached for the hearing. The parties shall provide the same contact information to the Hearings Office of any witnesses participating in the hearing.

The parties shall ensure that they and any witnesses to be called at the hearing can be reached at the telephone number provided to the Hearings Office at hearingsoffice@rcdso.org at least fifteen (15) minutes before the Hearing is scheduled to commence.
At least two (2) days before an electronic hearing is scheduled to commence, the parties and any witnesses to be called to testify will be provided with the relevant link to the electronic hearing platform and will be offered the opportunity to test the link prior to the hearing.

**Scheduling Discipline Committee Hearings**

The Discipline Committee directs that, effective immediately, all disciplinary proceedings, including pre-hearing conferences, motions, and hearings be conducted by electronic means, until further notice. This includes matters that were previously scheduled to take place in person.

If parties wish to make submissions to the Chair of the Discipline Committee about the appropriateness of an electronic hearing, the parties may do so in writing and on notice. Submissions can be sent to the Chair via the Hearings Office.

In determining whether a hearing should proceed on an electronic basis, the Chair will be guided by the principles of public protection and fairness to the member, and may take into account such factors as:

- whether a hearing was previously scheduled but postponed because of the pandemic;
- whether a hearing was previously scheduled but adjourned;
- whether a hearing is uncontested or contested;
- for hearings not yet scheduled, the date on which the matter was referred to the Discipline Committee and the date on which the pre-hearing conference or case management conference concluded;
- the stated preference of the parties, and any agreement between the parties to request a hearing by teleconference, videoconference, or in writing;
- the needs of the Hearings Office and Discipline Committee in managing the Discipline Committee schedule; and
- special circumstances brought forth by the parties.

**Electronic Hearing Documents - Document Filing**

**Uncontested Hearings - Document Filing**

Notwithstanding Rules 3 and 6 of the Discipline Committee Rules of Procedure, the parties are directed to file the following electronic copies of documents with the Hearings Office by email to hearingsoffice@rcdso.org:

- Scanned copies of the Notice of Hearing, signed copies of the Agreed Statement of Facts and Joint Submissions on Order, signed copy of the written Plea Inquiry (if applicable).
- Agreed Statement of Facts, Joint Submissions on Order, and any draft Orders in Word format.
- A PDF (i.e., a scanned) copy of all Books of Documents.

All electronic copies shall be received by the Hearings Office, no later than noon five (5) days in advance of the hearing.

**Contested Hearings - Document Filing**

Notwithstanding Rules 3 and 6 of the Discipline Committee Rules of Procedure, the parties are directed to electronically file the documents they intend to rely on during the hearing with the Hearings Office by email to hearingsoffice@rcdso.org.
For the liability portion of the hearing, the parties are directed to file their materials in Books of Documents using sequentially numbered volumes as follows:

- Book(s) of Documents containing all documents that will be provided to the Panel during the liability phase of the hearing.
- Book(s) of Submissions and Authorities containing written closing submissions and any case law regarding liability.

If findings of misconduct are made, each party is directed to file their materials for the penalty phase of the hearing in Books of Documents using sequentially numbered volumes as follows:

- Book(s) of Documents containing all documents that will be provided to the Panel during the penalty phase of the hearing.
- Book(s) of Submissions and Authorities containing written closing submissions and any case law regarding the penalty.

All documents must have clearly marked page numbers.

The Panel will not review any materials provided to them in advance of a contested hearing except on consent of the parties.

**Videoconference Hearings**

Hearings by videoconference will be conducted using GoToMeeting.

Parties will receive a link to join the meeting at least 48 hours before the hearing is scheduled to begin.

Parties will log in at least 15 minutes prior to the hearing start time to avoid any potential issues.

Counsel, members and witnesses must have access to the following to participate in a hearing by videoconference:

- Computer (desktop or laptop);
- Video camera capability (either built into the computer or a web cam that is attached);
- Internet connection (wired connection preferred for greater stability and security over wifi);
- Adequate internet speed and stability to support a videoconference (a minimum of 5 to 8 mb of bandwidth is recommended);
- Landline telephone preferred over cell phone (if possible) to minimize potential for problems connecting to the teleconference, and feedback due to overloaded cellular services;
- A physical location to conduct the videoconference in that is suitably quiet and professional.
Panel Deliberations and Breakout Sessions

The Panel will be given a private breakout room to deliberate during the hearing.

Members of the Public

As set out above, members of the public who wish to attend a hearing will be directed on the College's website to contact the Hearings Office to determine whether it is possible to participate by listening to the audio from hearings held by videoconference or teleconference. Members of the public will be required to provide at least 24 hours notice of their intention to attend a videoconference or teleconference hearing.

Court Reporter and Transcripts

A court reporter will make an audio recording of hearings held by teleconference and videoconference. The transcript can be ordered in the usual course.

For hearings held by teleconference without accompanying video, all parties must identify themselves each time they speak to ensure the transcript is accurate.
EXECUTIVE COMMITTEE

Members:
Flavio Turchet, Chair
Vivian Hu
Benjamin Lin
Marc Trudell
Sandy Venditti

REPORT
November 17, 2020 - Council Meeting

Since the report to the June 18, 2020 Council meeting, the Executive Committee held five virtual meetings on July 17, August 28, October 2, October 6 and November 6, 2020 and four meetings via teleconference on July 28, August 11, September 17, and October 13, 2020.

PART A – FOR ACTION OF COUNCIL

1. Committee Appointments

   (a) Discipline Committee
   Brian Smith was appointed to Council in March, prior to the COVID-19 lockdown. At its meeting of July 28, 2020, the Executive Committee appointed Mr. Smith to the Discipline Committee, effective immediately, and Council is asked to confirm that appointment.

   RECOMMENDATION #1:

   THAT Council confirm the appointment of Brian Smith as a member of the Discipline Committee.

   (b) Elections Committee
   At the Executive Committee meeting of July 17, 2020, the past Registrar, Irwin Fefergrad, was directed to canvass the public members of Council for their interest and availability in serving on the Elections Committee. There were three vacancies on that committee.
Interest was received from David Bishop, Brian Smith and Judith Welikovitch and the Executive Committee appointed these members to the Elections Committee, effective August 11, 2020. Ms. Welikovitch was appointed the Chair of that Committee. Council is asked to confirm these appointments.

**RECOMMENDATION #2:**

**THAT Council confirm the appointments of Judith Welikovitch, David Bishop and Brian Smith as members of the Elections Committee with Judith Welikovitch appointed as Chair.**

(c) **Inquiries, Complaints and Reports Committee**

In a letter dated August 28, 2020 (received September 9, 2020) Western University advised the College that Dr. Harinder Sandhu will no longer be the Schulich Dentistry’s representative to Council and Dr. Gildo Santos was appointed to replace him as the Western University representative. This appointment was to take effect immediately.

The College arranged for Dr. Santos to take the eligibility course. The Eligibility Review Committee reviewed and approved his University Selection and Eligibility application form on September 25, 2020.

Dr. Sandhu was a member on two committees: Inquiries, Complaints and Reports Committee (ICRC) and the Patient Relations Committee (PRC). It was urgent for Dr. Sandhu to continue on ICRC as he was scheduled to chair 2-3 panel meetings. By removing Dr. Sandhu from the ICRC panel would delay several case files. It was suggested to the Executive Committee that Dr. Sandhu be appointed as a Non-Council committee member temporarily on ICRC for continuation of his work.

With respect to Dr. Sandhu’s position on the Patient Relations Committee, although it was recognized the importance of this committee, no meetings have been scheduled before the end of the year.

The Executive Committee agreed to appoint Dr. Sandhu as a non-Council committee member for the purpose of continuing his work on the ICRC. The appointment was effective September 17, 2020, and such appointment will expire at the first regular meeting of Council following the December 2020 general election. Council is asked to confirm the appointment.
The Executive Committee did not appoint Dr. Sandhu to PRC as a non-Council committee member and agreed to leave the vacancy open at this time.

**RECOMMENDATION #3:**

**THAT Council confirm the appointment of Harinder Sandhu as a Non-Council Committee member of the Inquiries, Complaints and Reports Committee, effective September 17, 2020, and such appointment to expire at the first regular meeting of Council following the December, 2020 general elections.**

2. **Use of Title**

The Registrar, Daniel Faulkner, was hired by the College on August 17, 2020 following recruitment and advertisement of the position as the Registrar and CEO. However, the title “Registrar and CEO” is not shown in the College’s by-laws and the Executive Committee was asked by the President to consider recommending to Council that Mr. Faulkner be permitted to use that title. If approved, the by-laws will be amended accordingly.

The Executive Committee unanimously agreed to make this recommendation.

**RECOMMENDATION #4:**

**THAT Council approve the Registrar’s right to use the title, “Registrar and CEO” of the College.**

3. **Annual Renewal and Other Fees**

The Executive Committee considered the annual fee because the usual time to announce the renewal fee to the profession is about the first week in October.

The Committee considered many factors, including:
(a) It has been a difficult year for dentists with practice closures due to COVID restrictions,
(b) the planned increase of $75.00 entrenched in the by-law since 2018,
(c) the uncertainties for RCDSO related to COVID generally and specifically due to increased scrutiny of regulators by the public and government, a rapidly changing regulatory environment (e.g. BC overhaul of health regulatory system) and new reporting requirements for all Colleges by the Ministry of Health and Long Term Care in Ontario.
The Committee also considered the work in progress budget information, and the legal and procedural steps for making fee-based decisions.

The Committee agreed for staff to proceed with the planned $75.00 increase to annual fees, bringing the total to $2,510 for 2021. The Committee also directed that the deadline for fee payment be extended from December 15, 2020 to February 28, 2021 before the late fee penalty will be required.

The Committee discussed amending By-Law No. 10 by revoking Article 10.2.1:

“The per diems provided for in these by-laws shall be automatically adjusted on 01 January each year by an amount equal to the consumer price index adjustment for staff salary ranges as contained in the College budget approved by Council, rounded to the nearest five dollar ($5.00) increment. The first automatic adjustment of per diems shall be made effective 01 January 2015.”

It would remove the automatic adjustment of per diems by an amount equivalent to the consumer price index (CPI) adjustment for staff salary ranges rounded to the nearest five dollar ($5.00) increment, effective midnight on December 31, 2020. This by-law amendment will not require circulation to the membership.

**RECOMMENDATION #5:**

**THAT Council amend By-Law No. 10 by revoking Article 10.2.1, effective midnight, December 31, 2020.**

The Committee also directed the following:

- Ensure that there is a review in 2021 of the annual membership fees prior to the Council meeting of May 2021 and to specifically consider whether the automatic CPI adjustment of fees should be revoked or amended. (Any amendment regarding fees would require circulation to the membership for at least 60 days for comment before final approval by Council.)
- A commitment to review all other fees in RCDSO’s by-laws, including the annual fees, over the coming year in an effort to hold the line on any increases in 2022 and to determine the status of cost recovery and relevance to the current environment.
RECOMMENDATION #6:

THAT Council directs the Registrar to consider amendments to the College’s Fee and Council Member Stipend by-laws to address the fiscal effects of COVID-19 on the membership, in a manner that would not affect the ability of the College to meet its ongoing statutory obligations.

4. Governance

The Executive Committee discussed next steps to develop a College vision regarding governance. It reviewed information about governance changes in the current environment in Canada (including a detailed analysis of recent changes in British Columbia) and with global regulatory authorities. A separate note has been prepared to explore next steps. Some of the topics for future review include:

- Council and Committee structure
- Factors to promote a competent and diverse Council
- Performance evaluation of the Council, Committees, Chairs and Members
- The pool of public members for committee work and remuneration

The Executive Committee recommends that a Governance Working Group be created with the task of creating a vision and framework for future governance decisions by Council and how to implement governance oversight, including the possibility of a standing Governance Committee.

A key input to this work will be feedback from the Eligibility Review Committee, Elections Committee, Executive Committee/Nominating Committee and senior staff regarding the 2020 election/selection process.

The Executive Committee agreed that the terms of reference and composition of the Governance Working Group should be decided by the incoming Executive Committee.

RECOMMENDATION #7:

THAT Council establish a Governance Working Group, the composition and terms of reference of which to be determined by Council after the January 2021 Council meeting on the recommendation of the new (January 2021) Executive Committee.
5. **Nominations Committee**

There have been four operational policies passed by Council in respect of the Nominations Committee (APPENDIX A), as follows:

1. Timing of Meeting of Nominations Committee, passed by Council March 2010
2. Appointment of Committee Members, passed by Council March 2010
3. Appointment of Committee Chairs, passed by Council March 2010
4. Process of the Nominations Committee, passed by Council March 2020

For ease of reference at the January 2021 meeting of the Nominations Committee, staff recommended to the Executive Committee for Council’s consideration approving consolidation of these four policies into one document, which sets out all of these aspects of the Nominations Committee in one policy. In drafting the consolidation of the four policies, the following minor updates were made to those passed in 2010:

- Have the language be more flexible to account for meetings that may be either virtual or in person
- To be less prescriptive about the days of the week and timing when certain actions will take place
- Remove language that is out-of-date (such as reference to sections of the by-law that no longer exist)
- To edit language to be more consistent with the direction of Council given on March 5, 2020 that Council and Committee members should demonstrate specified competencies as a pre-condition of serving in those roles

A clean version of the four policies consolidated into one document, with minor amendments, is attached at APPENDIX B and is recommended to Council for approval.

**RECOMMENDATION #8:**

THAT Council approve the (Consolidated) “Operational Policy of the Nominations Committee”, as shown at APPENDIX B.

6. **Competencies for Committees**

At the June 2020 meeting, Council passed specific competencies to be met as a pre-condition of eligibility to serve on Council as an elected or selected member. The competencies were created based on input gathered by the former Registrar from all Council members and other stakeholders. The competency screening was
done by the Eligibility Review Committee, which is composed of external persons who serve or have served as Registrar/CEO of another regulatory body in Ontario.

At the same time, a group of staff was tasked with creating or refreshing the competencies to serve on specified College committees\(^1\). For some committees, there were existing competencies that were drafted in 2017. For other committees, there were no pre-existing competencies and they had to be created.

There was also an overall goal of attempting to streamline the headings and language used to describe various competencies in order to improve consistency across committees. Competencies were divided into the following headings:

- Interpersonal/Communication skills
- Listening/Understanding
- Technical Knowledge
- Integrity/Ethics/Values/Personal Commitment
- Community Involvement/Experience
- Decision Making/Professional Judgment

In formulating the competencies, staff wrote to every current member of the committee (council dentists, public members and non-council committee members) and asked for their view on what skills and attributes were needed to be a productive and successful member of the committee. Staff then:

- collated all of the responses;
- sought feedback from senior staff who provide support to the committee;
- sent the wording to the communications department for review; and
- sent the draft back to the Chair of each committee for approval

The competencies (**APPENDIX C**) were then posted on the Member Resource Centre portion of the website so they could be referred to by applicants seeking to run for Council and seeking appointment as non-Council committee members.

These competencies will be relied upon by the Executive Committee when selecting non-council committee members and by the Nominations Committee when placing people on committees.

The Executive Committee recommends the “Competencies for Committees – 2020” to Council for approval.

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\(^1\) Instructions were to consider all committees except PLP and Legal & Legislation
RECOMMENDATION #9:

THAT Council approve the “Competencies for Committees – 2020”, as shown at APPENDIX C.

PART B – FOR INFORMATION

1. Pandemic – COVID-19
   The College continues to monitor developments related to the COVID-19 pandemic.

   As Council is aware, two principle College documents provide direction to dentists regarding the provision of care during the pandemic: COVID-19 Guidance on the Use of Teledentistry (as reported on below) and COVID-19: Managing Infection Risks During In-Person Dental Care (APPENDIX D). There is also a Supplemental Guidance with respect to the ‘hot zones’ in Ontario’s second wave of COVID-19.

   The College is currently exploring a modified approach to Aerosol Generated Procedure (AGP) protocols that have been adopted in Quebec, Saskatchewan and the UK. Essentially, in this modified approach, AGPs are stratified based on risk (largely based on the volume of aerosol that is generated by the procedure) and the safety protocols required are commensurate with risk.

   It is unclear whether such an approach could be used in Ontario, but the College will explore this option with Provincial Infectious Diseases Advisory Committee (PIDAC). If it is viable, the College will examine further what such a model would look like in Ontario.

2. COVID Teledentistry Guidance
   Issues of Teledentistry or virtual practice raise important questions about jurisdiction. These include questions about where dentists and patients have to be physically located when they provide or receive care.

   When the Executive Committee approved the COVID-19 Guidance on the Use of Teledentistry, it directed that Teledentistry be provided only by dentists located in Ontario, to patients located in Ontario.

   The scope of liability insurance coverage is an important factor. Prior to the pandemic, staff in the Professional Liability Program (PLP) began engaging with
our insurance provider to discuss the terms of the current liability coverage in place for Ontario dentists. The existing coverage precludes any provision of Teledentistry when a dentist is physically located outside Ontario.

PLP was asked to have these conversations with the insurer so that College staff could provide an accurate picture of liability insurance issues when the Working Group on Teledentistry (chaired by Dr. Sandy Venditti) began its discussions on Teledentistry and jurisdictional issues.

PLP staff has recently reported that the insurance provider has expanded the coverage for Ontario dentists in relation to Teledentistry. The insurer has agreed to cover Teledentistry performed outside Ontario provided it is only for Ontario patients. This means that Ontario dentists can be located outside Ontario when providing Teledentistry and still have PLP protection in the event of a claim.

This coverage is limited to Teledentistry only. ‘Hands on’ dentistry must still be performed in Ontario in order for PLP protection to apply.

There is no proposed premium increase from the insurer for this expanded coverage for Teledentistry.

In light of this change in liability coverage, the Executive Committee approved a housekeeping amendment to the COVID-19 Guidance on the use of Teledentistry. The revised version of the Guidance is attached at APPENDIX E, with the proposed revisions appearing on page 2 of the document, as follows:

**When can Teledentistry be used?**

Teledentistry must only be used:
1. by Ontario dentists (licensed and dentists are not required to be physically present in Ontario);
2. to treat Ontario patients (physically present in Ontario); and
3. to assist with the provision of care in accordance with the requirements set out in this document.

On the advice of the College’s insurance broker, PLP is not developing a definition of ‘Ontario patients’ as the insurance provider has not requested a definition. The insurance provider would provide coverage in a broad range of scenarios, including when Ontario patients are not physically located in Ontario but have a primary residence in Ontario.
Staff are recommending that at the present time, Council follow suit, and not define Ontario patients in the COVID-19 Guidance on the use of Teledentistry. This will preserve the ability for the Teledentistry Working Group to engage in a robust conversation on this topic and afford them the greatest flexibility in landing on a broader position for inclusion in the Standard on Teledentistry.

3. **RCDSO Staff Working Remotely**
Staff have been working remotely from home since March 16, 2020. Management have taken a number of steps to stay connected with staff.

A protocol is in place for those staff who are required to go into the office for essential work. The protocol includes a stringent pre-screening process and while at the office, staff are required to sign-in, wear masks (except at their desk) and clean any areas they come into contact with while there. The office has been equipped with plexi-glass in the security and reception areas and sanitization stations throughout the building. Common areas, such as lunchroom, boardrooms, and staff gym will remain closed indefinitely.

There are a limited number of staff allowed to be in the building at one time and they must adhere to social distancing.

With the increased number of cases in Ontario, it is likely that the College will continue to work remotely until at least the end of the year, with limited access to the building during that time. Any movement back to the building will be slow and incremental. The Senior Leadership Team (SLT) will be reviewing Phase III of the back to work protocol that will loosen up some of the restrictions at a later date, but in the interim continue to encourage staff to work remotely.

Committee meetings will continue to be held virtually into 2021.

Staff are kept apprised of the College’s intentions to have staff continue to work remotely in order to assist them with making necessary arrangements for childcare, etc.

4. **Eligibility Review Committee**
Under the College’s by-laws, the Eligibility Review Committee is a standing committee and its task is to review the eligibility requirements for candidates running for Council. The Executive Committee was required to select members to the committee from among Registrars, Executive Directors and Chief Executive or Operating Officers of professions regulated in Ontario or individuals who previously held one of those positions. A quorum of three is required.
The Executive Committee was presented for its consideration with a list of suggested people for appointment to the Eligibility Review Committee. A short list was prepared and after confirming their willingness and availability to participate, the following people were appointed as members of the Eligibility Review Committee:

- Maureen Boon, Former Registrar, College of Optometrists of Ontario
- Anne Coghlan, Executive Director & Chief Executive Officer, College of Nurses of Ontario
- Rocco Gerace, Former Registrar, College of Physicians and Surgeons of Ontario
- Linda Gough, Registrar & CEO, College of Medical Radiation and Imaging Technologists of Ontario
- Rod Hamilton, Registrar, College of Physiotherapists of Ontario
- Shenda Tanchak, Former Registrar, College of Physiotherapists of Ontario
- Kevin Taylor, Registrar, College of Respiratory Therapists of Ontario
- Deanna Williams, Former Registrar, Ontario College of Pharmacists

The first meeting to review applications to run for Council took place on September 17, 2020 and the ERC has now completed its work.

5. **Canadian Dental Regulatory Authorities Federation (CDRAF)**

The Registrar is a member of the Board of Directors of CDRAF, and was recently appointed as Treasurer for 2020/21. Several important initiatives have moved forward and are reported below.

- The *Process for Recognition of a New Dental Specialty* was approved by the CDRAF Board, subject to final ratification of a small number of remaining provinces. The RCDSO approved the process approximately a year ago.
- The CDRAF By-laws (*APPENDIX F*) were streamlined at the Members’ Meeting in October 2020. There were numerous changes including clarification of the Board composition as being the Registrar (or Acting Registrar) of each of 10 dental regulatory authorities; a streamlining of several provisions to align to the Canada *Not-For-Profit Corporations Act* including one vote per member at Members’ Meetings; and a “strong majority” required for the Board to adopt or change the annual budget (meaning the resolution must be passed by not less than two-thirds of the votes cast by the Board). Approval of the by-laws was unanimous and the by-laws will be reviewed again in approximately three years.
- The Commission on Dental Accreditation of Canada (CDAC) is undergoing a governance review and becoming an entity independent from
its current host, the Canadian Dental Association (CDA). There are a number of challenges at this stage of the transition, and the CDRAF is working closely to ensure that the regulatory interests are reflected in the new structure and accreditation activities.

6. **Oral Health Colleges**

The Registrar is meeting with the Registrars of the other oral health colleges and opportunities to collaborate are under consideration (dental technologists, dental hygienists and denturists).

The Registrar of the College of Dental Hygienists of Ontario (CDHO) retired at the end of September and Mr. Faulkner reported that there continues to be discussions with CDHO on the two professions’ guidance documents.
OPERATIONAL POLICY OF THE NOMINATING COMMITTEE

Timing of Meeting of Nominating Committee

• After Council elections in December and prior to the meeting of Council in January, Council members will be asked to provide their first and second choices of Committees on which they wish to serve. It will be clear that while preferences will be considered, there is no guarantee they can be accommodated.

• At the first Council meeting following the Council elections in December, an afternoon orientation meeting will be held (typically on a Wednesday).

• A Council dinner will follow the orientation session.

• Following the dinner, Council will commence a formal meeting (public) where nominations, speeches and the elections for the positions of: President; Vice-President; and the remaining three positions on the Executive Committee will be held, as set out in Schedule 1 to By-Law 1. The meeting of Council will be adjourned until 11:30 a.m. of the following day (typically a Thursday) or such other time as the Nominating Committee shall determine.

• The Nominating Committee will take as much time as it needs to complete its task during the evening and the following morning. Before releasing any proposed slate of Committee Members and Chairs, the Nominating Committee shall advise any Councilor who did not get one of their two stated preferences of that fact and give that Council member an opportunity to address the Nominating Committee if he/she wishes to do so. In addition, the Nominating Committee may meet with other individual Council members if the Nominating Committee feels it is appropriate to do so before finalizing the proposed slate.

• When Council reconvenes, a draft proposed slate of Committee Members and Chairs will be handed out to Council members following which the meeting will be adjourned to a time determined by the Chair.

• During this adjournment, Council members will be asked to remain on site. Any Council member who wishes to have a meeting in camera with the Nominating Committee may do so by making a request through the Registrar.
After the break, the Council meeting will reconvene for Council members to consider a motion to accept the final proposed slate of Committee Members and Chairs as presented by the Nominating Committee.
OPERATIONAL POLICY OF THE NOMINATING COMMITTEE

Appointment of Committee Chairs

- The Nominating Committee, with limited exceptions, is responsible for recommending a slate of appointments of Committee Members and Committee Chairs, to Council for approval.

- As a general rule, the Nominating Committee will not appoint a person as Chair of a Committee if that person has already served as Chair of that Committee for the last two consecutive terms.

- If there are exceptional circumstances and the Nominating Committee wishes to appoint someone as Chair of a Committee for the third or more consecutive term, it must explain to Council the reason(s) why such an exception is necessary in the best interests of the College and the approval of the Chair must be passed by Council, along with the remainder of the slate.
OPERATIONAL POLICY OF THE NOMINATING COMMITTEE

Appointment of Committee Members

• The Nominating Committee, with limited exceptions, is responsible for recommending a slate of appointments of Committee Members and Committee Chairs, to Council for approval.

• The Nominating Committee recognizes the value to the organization in allowing Council members to serve on various committees during their tenure as Council members.

• As a general rule, the Nominating Committee will not appoint a person to serve on a Committee if that person has already served as a member of that Committee for the last three consecutive terms.

• If there are exceptional circumstances and the Nominating Committee wishes to appoint someone to serve as a Committee member for a fourth or more consecutive term, it must explain to Council the reason(s) why such an exception is necessary in the best interests of the College and the approval of the Committee member must be passed by Council, along with the remainder of the slate.
College Policy:

Nominations Committee

1. When the Nominations Committee (the newly elected Executive Committee), is considering recommending to Council the appointment of a member of the Executive Committee to any College committee, that person being considered should not be present in the room when the discussion or vote takes place.

2. Unless extraordinary circumstances exist, no member of Council shall serve on more than two Council statutory and/or standing committees, including the Executive Committee. The President sitting on a committee as an ex-officio member would not be counted in determining the number of statutory or standing committees on which the President sits. If the Executive Committee/Nominations Committee feels that extraordinary circumstances justify appointing a member of the Council to serve on more than two statutory and/or standing committees, the extraordinary circumstances would be disclosed to Council when Council is asked to approve (or confirm) the appointment. This would apply both to the process used at the first Council meeting following the elections of elected Council members in December and in respect to the filling of vacancies by the Executive Committee.

3. Unless extraordinary circumstances exist, no member of Council shall chair more than one statutory and/or standing committee. If the Executive Committee feels that extraordinary circumstances justify appointing a member of Council to serve as chair of more than one statutory and/or standing committee, the extraordinary circumstances must be disclosed to Council when it is asked to approve (or confirm) the appointment of that member of Council as chair. This would apply both to the process used at the first Council meeting following the elections of elected Council members in December and in respect to the filling of vacancies by the Executive Committee.

4. Where the Nominations Committee/Executive Committee, determines that it has two or more equally competent candidates for Chair of a statutory or
standing committee, preference should be given to the Council member who is not a member of the Executive Committee. This would apply both to the process used at the first Council meeting following the elections of elected Council members in December and in respect to the filling of vacancies by the Executive Committee.

Passed by Council: March 5, 2020
College Policy:

**Operational Policy of the Nominations Committee**\(^1\)

**Timing and Process of Meeting**

- When the new Council meets for the first time in January following an election year, the Executive Committee will be formed. This is done through nominations, speeches and the elections for the positions of: President; Vice-President; and the remaining three positions on the Executive Committee, as set out the College’s By-laws. The newly elected Executive Committee forms the Nominations Committee.

- After Council elections and prior to the first meeting of the new Council, members of Council will be asked to provide their preferences for Committees on which they wish to serve. They may also indicate if they would be interested in serving as Chair of a Committee. While preferences will be considered, there should not be an expectation they will be granted. Council members will be asked to review the list of competencies for the committees and briefly set out how they meet them for the committees on which they wish to serve. In populating the committees, numerous factors will be taken into account by the Nominations Committee including terms of reference in the by-laws, competencies, availability to serve and needs of the committee.

- The Nominations Committee meets privately and will take as much time as it needs to complete its task of populating the committees, before reconvening the Council meeting. Before releasing any proposed slate of Committee Members and Chairs, the Nominations Committee shall advise any Councilor who was not assigned one of their two stated preferences of that fact and give that Council member an opportunity to address the Nominating Committee if they wish. In addition, the Nominations Committee may meet with other individual Council members if it feels it is appropriate to do so before finalizing the proposed slate.

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\(^1\) Represents a compilation of three policies passed by Council in March 2010 updated and one passed by Council in March 2020. To Council for information in November 2020.
• When Council reconvenes, a draft proposed slate of Committee Members and Chairs will be provided to Council members following which the meeting will be adjourned to a time determined by the Chair.

• During this adjournment, Council members will be asked to remain available. Any Council member who wishes to have a meeting in private with the Nominations Committee may do so by making a request through the Registrar.

• After the break, the Council meeting will reconvene for Council members to consider a motion to accept the final proposed slate of Committee Members and Chairs as presented by the Nominations Committee.

Appointment of Committee Members & Chairs

• The Nominations Committee (the newly elected Executive Committee), with limited exceptions, is responsible for recommending a slate of appointments of Committee Members and Committee Chairs, to Council for approval.

• When the Nominations Committee is considering recommending to Council the appointment of a member of the Executive Committee to any College committee, that person being considered should not be present in the room when the discussion or vote takes place.

• Unless extraordinary circumstances exist, no member of Council shall serve on more than two Council statutory and/or standing committees, including the Executive Committee. The President sitting on a committee as an ex-officio member would not be counted in determining the number of statutory or standing committees on which the President sits. If the Executive Committee/Nominations Committee feels that extraordinary circumstances justify appointing a member of the Council to serve on more than two statutory and/or standing committees, the extraordinary circumstances would be disclosed to Council when Council is asked to approve (or confirm) the appointment. This would apply both to the process used at the first Council meeting following the elections of elected Council members in December and in respect to the filling of vacancies by the Executive Committee.

• Unless extraordinary circumstances exist, no member of Council shall chair more than one statutory and/or standing committee. If the Executive Committee feels that extraordinary circumstances justify appointing a
member of Council to serve as chair of more than one statutory and/or standing committee, the extraordinary circumstances must be disclosed to Council when it is asked to approve (or confirm) the appointment of that member of Council as chair. This would apply both to the process used at the first Council meeting following the elections of elected Council members in December and in respect to the filling of vacancies by the Executive Committee.

- Where the Nominations Committee/Executive Committee, determines that it has two or more equally competent candidates for Chair of a statutory or standing committee, preference should be given to the Council member who is not a member of the Executive Committee. This would apply both to the process used at the first Council meeting following the elections of elected Council members in December and in respect to the filling of vacancies by the Executive Committee.

- As a general rule, the Nominations Committee will not appoint a person to serve on a Committee if that person has already served as a member of that Committee for the last three consecutive terms.

- If there are exceptional circumstances and the Nominations Committee wishes to appoint someone to serve as a Committee member for a fourth or more consecutive term, it must explain to Council the reason(s) why such an exception is necessary in the best interests of the College and the approval of the Committee member must be passed by Council, along with the remainder of the slate.

- As a general rule, the Nominations Committee will not appoint a person as Chair of a Committee if that person has already served as Chair of that Committee for the last two consecutive terms.

- If there are exceptional circumstances and the Nominations Committee wishes to appoint someone as Chair of a Committee for the third or more consecutive term, it must explain to Council the reason(s) why such an exception is necessary in the best interests of the College and the approval of the Chair must be passed by Council, along with the remainder of the slate.

Passed by Council: Please see footnote.

AMS:997311
COMPETENCIES FOR COMMITTEES – 2020

COMPETENCIES FOR THE INQUIRIES, COMPLAINTS & REPORTS COMMITTEE

Interpersonal/Communication Skills
- Effective oral and written communication skills
- Respectful, collegial demeanor, even when discussing differing opinions
- Actively contributes to discussions in meaningful way
- Actively listens to and respectful of committee members and staff
- Possesses strategies to build practical consensus, and keep discussions moving forward

Listening/Understanding
- Understands the College’s mandate
- Can process and organize large amounts of information to synthesize issues, and provide a framework for discussion
- Understands jurisdiction as defined by complaint/report
- Understands issues from different perspectives
- Understands and applies College standards, guidelines and practice advisories
- Understands regulatory outcomes
- Understands importance of having well-supported reasons for decisions
- Ability to consider the “big picture”
- Knowledge of sexual abuse prevention, boundary violations
- Ability to identify issues that require external expertise (legal advice or expert opinion)

Technical Knowledge
- Knowledge and understanding of the regulatory framework
- Knowledge and understanding of the College standards, Guidelines and Practice Advisories
- Knowledge and understanding of the Risk Assessment Tool
- Ability to use technology effectively; review digital files
- For dentists: broad knowledge base and experience in dentistry
- For public members: ability to listen, learn, discuss and ask questions of the dental members of the panel related to dental technicalities and procedures

Integrity/Ethics/Values/Personal Commitment
- Fiduciary duty to act honestly and in good faith; no bias or conflict
- Prepared for meetings in advance
- Committed to making informed and impartial decisions
- Committed to transparent decisions guided by the Risk Assessment Framework
- Availability for meetings
- Punctuality
- Maintains confidentiality

Community Involvement/Experience
- Varied practice experience
- Demonstrated community involvement, particularly in a leadership/governance role

Decision Making/Professional Judgement
- Committed to transparent decision-making, providing reasons for all issues raised by complaint
- Detail oriented
- Possess a sense of fairness, impartiality, and open-mindedness

Collective Competencies for the ICR Committee
- Understands patient financial records
- Understands full scope of dental practice, including specific procedures
- Diversity in areas of dental practice, clinical experience, community experience and academia
- Composition of ICR Committee includes some members actively engaged in dental practice (preferred)
- Experience in areas of sexual abuse prevention and boundary violations
COMPETENCIES FOR THE INTERNATIONAL TRADE COMMITTEE

Interpersonal/Communication Skills
- Effective oral and written communication skills
- Respectful of others; collegial, collaborative; ability to work on a team
- Ability to articulate ideas, opinions, rationales and comments in a clear, concise and logical manner
- Ability to actively contribute to deliberations
- Ability to achieve practical consensus

Listening/understanding
- Ability to practice active listening
- Understand issues from different perspectives; accept different viewpoints
- Understand registration process, competency standards, and labour mobility
- Understanding of global conditions and their impact on professional mobility
- Understanding of developments in international and bilateral trade agreements

Technical Knowledge
- Knowledge and understanding of international trade principles and international trade agreements
- Knowledge and understanding of Regulatory Framework
- Knowledge and understanding of College mandate
- Ability to use technology effectively

Integrity/Ethics/Values/Personal Commitment
- Fiduciary duty to act honestly and in good faith
- Neutral perspective on labour mobility
- Committed to continued learning related to labour mobility and international trade
- Ability to maintain confidentiality and discretion
- Flexibility in schedule

Community Involvement/Experience
- Community involvement preferred

Decision Making/Professional Judgement
- Always act in the public interest, no bias or conflict
- Detail oriented
- Ability to be fair, impartial and objective
- Open in thinking; not rigid, amenable to change as it applies to serving the public interest
- Transparent decision making

Collective Competencies for the International Trade Committee
- Diversity in areas of dental practice
- Experience in public policy
- Diversity in membership to be representative of the whole profession (e.g. age, gender, ethnicity, geographic location, etc.)
COMPETENCIES FOR THE QUALITY ASSURANCE, SEDATION & GENERAL ANESTHESIA AND DENTAL CT SCANNER COMMITTEES

Interpersonal/Communication Skills
- Good communication skills
- Ability to build consensus
- Conflict management

Listening/Understanding
- Listening and understanding
- Critical thinking

Technical Knowledge
- Knowledgeable and familiar with the College’s standards and guidelines
- Keen eye for detail when reviewing course material
- Good writing skills
- Good computer skills

Integrity/Ethics/Values/Personal Commitment
- Act in the public interest
- Available to attend meetings
- Attend all training sessions
- Prepare for meetings in advance
- Understanding of privacy and confidentiality

Community Involvement/Experience
- None specified

Decision Making/Professional Judgement
- Critical thinking and professional judgement
- Professional awareness
- Fair-minded

Collective Competencies for QA, Sedation & Dental CT
- Combination of generalists and specialists, with a maximum of 2 specialists who should not be from the same specialty
- Diversity in years since graduation and practice experience (e.g. urban vs rural, private vs hospital, principal vs associate)
- At least one person with a teaching background
- At least one practising dentist and/or specialist
- At least one person with experience in the delivery of public services
- Members from a wide range of backgrounds across multiple sectors (such as clinical, education, public health, regulatory, and business)
COMPETENCIES FOR THE REGISTRATION COMMITTEE

Interpersonal/Communication Skills
- Articulate and comfortable speaking in a group setting, expresses opinion and participates in discussion
- Respectful, collegial demeanor, even when discussing differing opinions
- Patient and diplomatic
- Succinct and stays on topic being respectful of time/agenda
- Comfortable and able to ask questions of applicants when attending in person to illicit relevant info for decision-making

Listening/Understanding
- Think both critically and analytically to facilitate thoughtful, well-formed questions, often in response to what others have said
- Active listener who also takes into account body language (especially helpful when applicants present in person or on video)
- For public members: Ability to listen and learn the technical comments discussed by the professional members and be willing to ask questions of the dentists when it relates to dental technicalities and procedures

Technical Knowledge
- Understand the College’s mandate and the role of the Registration Committee
- Ability to understand the requirements for registration as set out in the pertinent legislation and by-laws
- Ability assess whether an applicant can practice dentistry safely and competently based upon the materials before them and their knowledge of the standards of practice
- Basic technological skills (in particular, with Adobe Acrobat)
- Be conscientious and mindful of entry-to-practice requirements and to not create additional barriers
- Have some knowledge of national and global issues impacting licensure and registration requirements
- For dentists: At least 5 years of dental experience; if retired involved in the dental community

Integrity/Ethics/Values/Personal Commitment
- Prepared for meetings in advance
- Punctual
- Abide by confidentiality guidelines
- Committed to diversity and inclusion
- Understand bias and conflict of interests and when to declare one
- Ability to exercise discretion
- Objective, transparent, and fair when reviewing applications for registration
- Passionate to serve
- Eager to learn

Community Involvement/Experience
- An involved community member preferred. Someone who has served in roles of leadership on public boards and/or committees
- For dentists: This may include participation in component dental societies and/or outreach programs

Decision Making/Professional Judgement
- Ability to consider each applicant on a case-by-case basis and make fair decisions
- Be professional, collaborative, ethical, and display sound decision-making skills and judgement
- Be able to make and support evidence-based decisions based on risk to the public

Collective Competencies for the Registration Committee
- Preferably, at least one practising dentist
- Preferably, at least one specialist
- Previous experience at RCDSO/committee preferred for some members for institutional knowledge
- Diversity in committee composition
COMPETENCIES FOR THE PENSION GOVERNANCE COMMITTEE

Interpersonal/Communication Skills
  • Good communication skills
  • Team player
  • Willingness to actively participate in discussions
  • Conflict management skills

Listening/Understanding
  • Focused and active listener to both fellow committee members and advisors
  • Ask hard questions respectfully but at the same time know/understand limitations of advisors
  • Professional awareness

Technical Knowledge
  • Familiarity with the College pension plan (i.e. composition of plan is both defined benefit and defined contribution)
  • Background in a specific discipline (e.g. finance, human resource, payroll, law) – not mandatory, but desirable
  • A good financial background is preferable
  • A good knowledge of, and experience with, investments and investment strategy is also preferable
  • A good knowledge of pension industry products (DB and DC plans)
  • General knowledge of pension industry products and retirement planning
  • Committee relies on external advisors, actuaries, and investment managers so those technical skills are not necessarily required for each committee member

Integrity/Ethics/Values/Personal Commitment
  • Interest in finance and/or an expressed desire to participate on the committee
  • Willingness to raise difficult questions in a respectful manner
  • Ability and willingness to acquire additional pension knowledge through training
  • Demonstrate common sense approach
  • Robust orientation of all members every two years

Community Involvement/Experience
  • Stays fairly current on world events and economy through varied pursuits

Decision Making/Professional Judgement
  • Ability to make sound judgements and decisions and can delegate
  • Ability to analyze and evaluate information brought forth to the Committee
  • Ability to have the fund participants best interests at heart
  • Good evaluation and analysis skills

Collective Competencies for the Pension Governance Committee
  • Composed of members with groundings in various disciplines (see above under “technical knowledge”)
  • Diversity, for example in gender, backgrounds, age and beliefs should be reflected in committee composition
  • Some continuity of membership to maintain crucial experience, training and corporate memory
  • Introduction of at least one new committee member every two years to gain experience, help with attrition of members from the committee
  • Chairs should only be appointed after serving at least 2-4 years on this committee taking into account members competencies for the position
COMPETENCIES FOR THE DISCIPLINE COMMITTEE

Interpersonal/Communication Skills
- Effective oral and written communication skills
- Emotional and social intelligence
- Be respectful to others; collegial; collaborative; ability to work on a team
- Ability to articulate ideas, opinions, rationales and comments in a clear, concise and logical manner
- Ability to actively contribute to deliberations
- Ability to achieve practical consensus

Listening/Understanding
- Ability to practice active listening
- Ability to stay focussed through long proceedings
- Understand issues from different perspectives; accept different view points
- Understand and process large amounts of information
- Understand and apply complex legal concepts
- Conflict management skills
- Be mindful of how behaviour, actions and communications may be perceived

Technical Knowledge
- Knowledge and understanding of Discipline Committee Rules of Practice
- Knowledge and understanding of various pieces of legislation relevant to discipline proceedings
- Knowledge and understanding of Regulatory Framework
- Knowledge and understanding of public protection mandate
- Adjudicative knowledge
- Ability to use technology effectively

Integrity/Ethics/Values/Personal Commitment
- Fiduciary duty to act honestly and in good faith; no bias and no conflict
- Professional; apply appropriate decorum in a legal setting
- Patient; diplomatic
- Personal integrity; ethical
- Ability to maintain confidentiality and discretion
- Punctual and reliable
- Flexibility in schedule

Community Involvement/Experience
- Active or recent engagement in clinical practice
- Community involvement preferred
- Minimum of 5 years’ work experience

Decision Making/Professional Judgement
- Always act in the public’s interest
- Detail oriented
- Ability to be fair, impartial and objective
- Willingness to resist pre-judging
- Open in thinking; not rigid, amenable to change as it applies to serving the public interest
- In making decisions, willing to take into account the advice, submissions and recommendations of legal counsel based on facts and the law
- Transparent decision making

Collective Competencies for the Discipline Committee
- Diversity in areas of dental practice
- Experience in public policy
- Experience in community outreach programs
- Experience in area of sexual abuse prevention and boundary violations
- Experience in human rights issues
- Experience in public health issues
- Diversity in membership to be representative of the whole profession (eg. age, gender, ethnicity, geographic location, etc.)
- Ability to effectively chair deliberations and hearings, including consensus building, maintaining appropriate decorum and ensuring legal process is followed
COMPETENCIES FOR THE FITNESS TO PRACTISE COMMITTEE

Interpersonal/Communication Skills
- Effective oral and written communication skills
- Emotional and social intelligence
- Be respectful to others; collegial; collaborative; ability to work on a team
- Ability to articulate ideas, opinions, rationales and comments in a clear, concise and logical manner
- Ability to actively contribute to deliberations
- Ability to achieve practical consensus

Listening/Understanding
- Ability to practice active listening
- Ability to stay focussed through long proceedings
- Understand issues from different perspectives; accept different view points
- Understand and process large amounts of information
- Understand and apply complex legal concepts
- Conflict management skills
- Be mindful of how behaviour, actions and communications may be perceived

Technical Knowledge
- Knowledge and understanding of Discipline Committee Rules of Practice
- Knowledge and understanding of various pieces of legislation relevant to discipline proceedings
- Knowledge and understanding of Regulatory Framework
- Knowledge and understanding of public protection mandate
- Adjudicative knowledge
- Ability to use technology effectively

Integrity/Ethics/Values/Personal Commitment
- Fiduciary duty to act honestly and in good faith; no bias and no conflict
- Professional; apply appropriate decorum in a legal setting
- Patient; diplomatic
- Personal integrity; ethical
- Ability to maintain confidentiality and discretion
- Punctuality
- Flexibility in schedule
- Reliable

Community Involvement/Experience
- Community involvement preferred

Decision Making/Professional Judgement
- Always act in the public’s interest
- Act with compassion
- Detail oriented
- Ability to be fair, impartial and objective
- Willingness to resist pre-judging
- Open in thinking, not rigid, amenable to change as it applies to serving the public interest
- Transparent decision making

Collective Competencies for the Fitness to Practise Committee
- Experience in the areas of mental health issues, substance abuse, human rights issues
- Experience in community outreach programs
- Diversity in membership to be representative of the whole profession (eg. age, gender, ethnicity, geographic location, etc.)
- Ability to effectively chair deliberations and hearings, including consensus building, maintaining appropriate decorum and ensuring legal process is followed
COMPETENCIES FOR THE PATIENT RELATIONS COMMITTEE ("PRC")

Interpersonal/Communication Skills
- Effective oral communication skills
- Emotional and social intelligence
- Be respectful; collegial; collaborative; ability to work on a team
- Willingness and ability to actively participate in discussions

Listening/Understanding
- Ability to practice active listening
- Open-minded, fair and impartial
- Ability to understand issues from different perspectives
- Empathetic nature

Technical Knowledge
- Knowledge and understanding of Regulatory Framework
- Knowledge of the Regulated Health Professions Act, the Dentistry Act, and the College’s bylaws
- Knowledge of the College’s current Practice Advisories and Guidelines
- Demonstrated understanding of the College’s public protection mandate
- Computer literacy and ability to use new programs and technology

Integrity/Ethics/Values/Personal Commitment
- Understands fiduciary duties to act honestly and in good faith; no bias and no conflict
- Understands the obligation to always act in the public’s interest
- Able to maintain professionalism, confidentiality and discretion
- Available to prepare for and attend regularly scheduled committee meetings and education sessions; can be relied upon to attend meetings on time as scheduled
- Flexibility in schedule and ability to participate in online and in person meetings
- Attend courses and College training sessions, as requested

Decision Making/Professional Judgement
- Able to impartially review and fully consider all applications for funding for therapy and counselling
- Strategic thinking including a continuous quality improvement and data-driven approach to issues
- Ability to be fair, impartial and objective
- Critical thinker, forward thinker, problem solver
- Ability to adhere to College protocols and procedures
- Ability to objectively analyze and evaluate a topic and collaborate with others to develop a course of action
- Ability to evaluate all Patient Relation Programs, provide feedback and contribute to making improvements.
- The ability to be a forward/innovative thinker and to recognize issues/concerns that would affect the public and dentistry and develop Patient Relations programs proactively

Collective Competencies for the Patient Relations Committee
- Experience working with sexual abuse survivors, disability advocacy groups, access to care groups, and/or other vulnerable or marginalized sectors (such as seniors, LGBTQ community)
- Understanding and appreciation of social justice issues, including diversity and inclusion, and how they may impact the patient/dentist relationship
- Experience in community outreach programs
- Experience in human rights issues
- At least one member actively engaged in clinical practice
- Diversity in membership to be representative of the whole profession (eg. age, gender, ethnicity, geographic location, etc.)
- Demonstrate leadership skills and the ability to develop consensus (Committee chair)

Community Involvement/Experience
- Civic involvement, volunteerism, community outreach and/or involvement in other community programs
- Awareness of sexual abuse, harassment and assault, boundary violations, the power imbalance between dentists and patients, the impact of trauma and therapy/therapeutic interventions
COMPETENCIES FOR THE FINANCE, PROPERTY AND ADMINISTRATION COMMITTEE

Interpersonal/Communication Skills
- Willingness to actively participate in discussions
- Be respectful, collegial, collaborative, ability to work on a team

Listening/Understanding
- Focused and active listener

Technical Knowledge
- Ability to review and recommend the College annual budget in light of resources, priorities and strategic goals
- Ability to understand and analyze financial reports or strategies
- A good knowledge of, and experience with, investments and investment strategy is preferable

Integrity/Ethics/Values/Personal Commitment
- Interest in finance and/or an expressed desire to participate on the committee
- Willingness to raise difficult questions in a respectful manner

Community Involvement/Experience
- Stays fairly current on financial issues

Decision Making/Professional Judgement
- Ability to make sound judgements and decisions
- Ability to analyze and evaluate information brought forth to the Committee
- Good evaluation and analysis skills

Collective Competencies for the FP&A Committee
- Experience in a financial role
COMPETENCIES FOR THE AUDIT COMMITTEE

Interpersonal/Communication Skills
- Good communication skills
- Willingness to actively participate in discussions
- Be respectful; collegial; collaborative; ability to work on a team

Listening/Understanding
- Focused and active listener

Technical Knowledge
- Financially literate
- Ability to read and understand the College’s financial statements
- Ideally, understand financial reporting and internal control principles

Integrity/Ethics/Values/Personal Commitment
- An expressed desire to participate on the committee
- Willingness to raise difficult questions in a respectful manner

Community Involvement/Experience
- Preferred

Decision Making/Professional Judgement
- Ability to make sound judgements and decisions
- Ability to analyze and evaluate information brought forth to the Committee
- Good evaluation and analysis skills

Collective Competencies for the Audit Committee
- Ideally, understand financial reporting and internal control principles
COVID-19: Managing Infection Risks During In-Person Dental Care

Updated September 3, 2020

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The guidance in this document reflects the Chief Medical Officer of Health’s Directive #2, released on May 26, 2020.

In accordance with this directive, dentists in Ontario are currently permitted to provide in-person care for all deferred, non-essential, and elective services, in addition to emergency and urgent care.

Dentists providing in-person care must review the following guidance as well as the Ministry of Health’s COVID-19 Operational Requirements: Health Sector Restart document.

Dentists are reminded that circumstances surrounding Ontario’s COVID-19 crisis are constantly evolving. While the College strives to keep pace with changing circumstances, dentists are likewise advised to be aware of (and responsive to) new developments. Examples include:

- any future changes to this guidance document or the College’s COVID-19 FAQ,
- new or changing guidance from the Chief Medical Officer of Health or Public Health Ontario, and
- changes to the Province’s regional approach to reopening, including any decision to loosen or tighten restrictions.

As circumstances continue to change, and the rates of community transmission ebb and flow, dentists are reminded that they may consider exceeding the requirements contained in this document as circumstances or professional judgment require.

INTRODUCTION

Without careful planning and appropriate guidance, dental offices are at a high risk for spreading COVID-19 given the aerosol generating nature of dental procedures, the proximity of the operating field to the upper respiratory tract, and the number of patients seen per day. Dentists returning to any degree of in-person care must comply with the direction of government and the College to maintain the safety of patients and staff, and to not contribute to the transmission of COVID-19.

Guidance is Evidence-Informed

The guidance contained in this document has been informed by current best practices and the best available evidence. Where professional consensus is lacking or the available evidence is unclear, the College’s guidance takes a precautionary approach that prioritizes the safety and well-being of patients, staff, the broader public, and dentists.

As Ontario’s landscape evolves and as updated evidence becomes available, the College will update the guidance contained in this document.
The College is Acting in Partnership

Responding to the COVID-19 pandemic is a multi-stakeholder effort involving not only this College but a broad spectrum of partners throughout the healthcare landscape, including the Ontario Dental Association, other health regulatory bodies, academic researchers, municipal, provincial, and federal governments, and front line health care workers, among many others.

The role and mandate of the College is to regulate the profession of dentistry in the public interest. As a result, the College’s guidance is focused primarily on ensuring public protection. Broader systems issues, including how and when to open the Ontario economy, whether and how to restrict services, and the supply chain of personal protective equipment (PPE) are not within the College’s mandate or authority to address.

Additional Resources

This document should be read in conjunction with related RCDSO Guidance Documents and Standards of Practice.

The College’s guidance is written to align with the positions and direction of the Chief Medical Officer of Health, federal guidance, and the provincial Government.

Additional applicable resources include:

- RCDSO: Definitions for emergency, urgent and non-essential care
- RCDSO: COVID-19 FAQs
- RCDSO: Guidance for the Use of Teledentistry
- RCDSO: Infection Prevention and Control Standard of Practice
- COVID-19: Directive #2 for Health Care Providers
- COVID-19 Operational Requirements: Health Sector Restart
- Public Health Ontario: Technical Brief on Updated IPAC Recommendations for Use of PPE for Care of Individuals with Suspect or Confirmed COVID-19
- Public Health Ontario: COVID-19 in Dental Care Settings
- Ministry of Health: COVID-19 Patient Screening Guidance Document
- Centers for Disease Control and Prevent (CDC) Guidance for Dental Settings
PRINCIPLES

The following principles form the foundation for this guidance:

1. **Dentists have a professional, legal, and ethical responsibility to provide care in a manner that is both safe and effective.**

2. **The health and safety of patients, the public, and practitioners is the top priority. All protocols for treatment and support will put safety first.**

3. **The College’s guidance to dentists is informed by the direction provided by the Chief Medical Officer of Health, the Minister of Health, and others.**

4. **Patients need continuity of care. Patients of record must have access to their dentist for guidance, support, and referral, where needed.**

5. **Patient access to oral healthcare must be balanced with the risks of spreading COVID-19.**

6. **Guidance is based on the best available evidence and data. In the absence of clear evidence, guidance will prioritize caution and safety.**

7. **Return to practice will occur in well-defined stages that balance a return to the “new normal” with the risks of spreading COVID-19, including the risks of a second wave of COVID-19.**

8. **The College will prioritize the use of teledentistry to assess risk and appropriately triage patient needs.**

GUIDANCE

The guidance contained in this document will be updated in response to the evolving landscape, including changes to the rate of community transmission of COVID-19, the emergence of new evidence and best practices, and in response to new direction from the provincial government and the Chief Medical Officer of Health.

Dentists who have questions that are not addressed below are advised to review the College’s COVID-19 FAQ and/or contact the College’s Practice Advisory Service (PAS) at (416) 934-5614 or email practiceadvisory@rcdso.org.
1. PREPARING THE OFFICE

Review of Personal Protective Equipment (PPE)

1. Prior to reopening the practice, dentists should take an inventory of personal protective equipment (PPE) and use this inventory to help inform the volume and scope of care that can be safely provided.

   a. Dentists should use PPE appropriately to prevent unnecessary use of limited supplies and other PPE resources (e.g., N95 respirators or the equivalent, as approved by Health Canada).
   b. N95 respirators (or the equivalent) should be reserved for situations where risks are highest, especially aerosol-generating procedures (AGPs).

General Staff Requirements

2. Dentists must meet with staff and thoroughly review and explain the guidance contained in this document as well as any new office policies and procedures.

3. Dentists must require staff to wear PPE as appropriate to their role (see Table 1 below).

4. Because clothing worn in the office can become contaminated with COVID-19, dentists and staff must change into office clothes (e.g. scrubs) and footwear immediately upon reporting to work.

   a. Clothes worn in the office must not be worn outside of the office (e.g., home), and should be laundered after every shift (for more information on the laundering requirements for scrubs and protective gowns, please see the College’s COVID-19 FAQ).
   b. Laundry bins/containers should be lined with a barrier (such as a garbage bag) to avoid cross-contamination during the storage and transportation process.

5. Dentists are advised to limit the number of staff in the practice at one time.

6. Dentists are advised to stagger shifts and lunch/coffee breaks when possible to support physical distancing.

7. Dentists must advise staff to conduct hand hygiene frequently by using an alcohol-based rub (ABHR) or soap and running water (especially before and after any contact with patients, after contact with high-touch surfaces or equipment, and after removing PPE).

8. Dentists must require staff to maintain physical distancing of at least of 2 meters except as required to provide patient care.
Dentists must require staff to self-monitor for any symptoms of COVID-19 (e.g., by using the COVID-19 screening questions developed by the Ontario Ministry of Health).

a. Staff experiencing symptoms of COVID-19 must immediately go home and not return to work until after consulting with their physician and/or after they are symptom-free following 14 days of self-isolation.

Office Setup

Dentists should limit points of entry into the office (e.g., by designating a single entrance door).

Dentists must ensure that the office and operatories are clean and disinfected.

Dentists must shock their dental unit water lines if returning from an extended break in practice (contact the product manufacturer for product recommendations).

Dentists must ensure magazines, toys, and any other non-essential items are removed from office, reception area, and operatories.

Dentists should post signage in common areas (e.g., at the main entrance and in the waiting area) communicating relevant expectations for patients, including any requirements for:

a. hand hygiene (e.g., a requirement to wash and/or sanitize hands upon entry to the practice);
b. respiratory hygiene (e.g., a requirement to wear a mask within the practice); and
c. physical distancing (e.g., a requirement to maintain a minimum distance of 2 meters, except as required for the provision of care).

Dentists should also post signage at the entrance to the office and at reception describing the signs and symptoms of COVID-19.

Dentists must ensure the availability of 70-90% ABHR at all entry points to the office.

Dentists must ensure that patients and staff have access to tissues and receptacles lined with garbage bags.

Dentists must ensure the availability of 70-90% ABHR at the reception area for use by staff.

Dentists are advised to consider installing physical barriers at key contact points to reduce the spread of droplets, including reception (e.g., a plexiglass shield).

Specific additional preparations for the delivery of aerosol-generating procedures (AGPs) can be found in Section 3: In-Person Care of Patients who have Screened or Tested Positive for COVID-19.
2. PROVIDING DENTAL CARE

In accordance with the Chief Medical Officer of Health’s Directive #2, dentists are permitted to provide in-person care for all deferred, non-essential, and elective services, in addition to emergency and urgent care.

Dentists must exercise professional judgment when deciding how to triage and manage patient care. This includes deciding which patients to triage and manage remotely (e.g., via teledentistry), which patients to treat in-person, and which patient appointments to defer until the risks posed by COVID-19 are further mitigated.

These decisions must be made with careful consideration for the following principles:

1. The need to maintain physical distancing as a general risk mitigation tactic.
2. The possibility of using technology to provide guidance and care to patients via teledentistry.
3. The imperative to reduce risks to patients. This includes weighing the risks of not receiving treatment or deferring treatment against the risks of attending at the office.
4. The imperative to defer in-person care for patients who have screened or tested positive for COVID-19 wherever possible.

### Scheduling Appointments

In order to schedule in-person appointments for assessment and/or treatment, dentists must ensure that they can meet the PPE and operatory requirements outlined in this document.

a. Since each office is arranged and functions differently, the College relies on the professional judgment of dentists and their staff to adjust their practice for the enhanced protection of others.

If a dentist is unable to meet the applicable PPE and operatory requirements, and the patient requires treatment, the appointment must be deferred until the PPE and/or operatory requirements can be met, or the patient must be referred to another available practitioner.

Dentists must ensure that appointments are scheduled and managed to avoid or limit direct, face-to-face interaction with others, including staff and other patients (for example, by staggering appointment times).

Dentists must ensure that patients are triaged and appointments are scheduled by phone or via teledentistry (not in person or via walk-in).
Prior to scheduling an appointment, dentists must ensure that patients are screened for COVID-19 using the COVID-19 screening questions developed by the Ontario Ministry of Health.

Patients who have screened or tested positive for COVID-19 must not be treated in-person except as needed for emergency or urgent care that cannot be delayed. If care must be provided without delay, dentists must adhere to the additional guidance and enhanced precautions set out in Section 3: Guidance for the In-Person Care of Patients who have Screened or Tested Positive for COVID-19.

Patients who screen positive for COVID-19 should be advised to self-isolate and contact their primary care provider or Telehealth Ontario at 1-866-797-0000 to determine next steps, or visit an assessment center to get tested.

COVID-19 is a designated disease of public health significance, which means that dentists are subject to reporting requirements under the Health Protection and Promotion Act. Public Health Ontario has advised that dentists must report “probable” and “confirmed” cases of COVID-19 to the public health unit in which the professional services were provided¹ (see the following link for more information). Public Health Ontario has further advised that dentists are not required to report every patient who screens positive for COVID-19 when scheduling or attending a dental appointment.

Dentists must record the results of the patient’s screening in the patient’s record (a written notation summarizing the conversation and screening results is sufficient for record keeping purposes).

Patient Arrival Protocol

Prior to permitting entry to the office, patients (and anyone else entering the office) should be screened a second time for COVID-19 using the screening questions developed by the Ontario Ministry of Health.

a. If a patient reports or exhibits symptoms of COVID-19, dentists are advised to defer the appointment. Patients should be advised to self-isolate and contact their primary care provider or Telehealth Ontario at 1-866-797-0000 to determine next steps, or visit an assessment center to get tested.

¹ Section 25 (1)(2) of the Health Protection and Promotion Act, R.S.O. 1990, c. H.7; O Reg. 135/18, enacted under the Health Protection and Promotion Act, section 1, Table, item 18.1.
Dentists must require patients and visitors to wear their own mask at all times while in the office except during the provision of care (e.g., a procedural/surgical mask, cloth covering, or other appropriate face covering). (For more information on the requirement to wear masks, including limited exceptions, see the COVID-19 FAQ).

a. Patients who arrive without a mask must be provided one by staff prior to entering the office or be required to schedule a new appointment.

Dentists should require individuals accompanying a patient to wait outside the practice unless absolutely required (e.g., a parent accompanying a young child or a patient who requires accommodation).

Dentists must require patients (and guests) to perform hand hygiene with either 70-90% ABHR or soap and running water upon initial entry to the office.

Dentists should minimize patient contact with all surfaces.

Except as needed when providing care, a physical distance of at least 2 meters should be enforced between all people in the office.

## During Dental Care

The following guidance reflects the Chief Medical Officer of Health’s COVID-19 Operational Requirements: Health Sector Restart document which specifies actions based on whether a patient has screened or tested positive or negative for COVID-19.

In keeping with this approach, the guidance set out below includes Routine Practices as well as Contact and Droplet Precautions that apply to all patients, whether they have screened or tested positive or negative for COVID-19.

Specific additional guidance for patients who have screened or tested positive for COVID-19 are communicated in Section 3: Guidance for the In-Person Care of Patients who have Screened or Tested Positive for COVID-19.

If the CMOH’s approach to specifying actions based on screening and/or testing changes, the College’s guidance will be updated accordingly.

Dentists must ensure that all clinical staff wear PPE that is appropriate for the anticipated procedure or activity (see Table 1).
Table 1: Required Personal Protective Equipment (PPE) by Setting and Procedure/Activity

<table>
<thead>
<tr>
<th>SETTING</th>
<th>PROCEDURE/ACTIVITY</th>
<th>TYPE OF PPE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Non-aerosol generating procedures (NAGPs) when the patient has screened <strong>negative</strong></td>
<td>• ASTM level 2 or 3 procedure/surgical mask&lt;br&gt;• Gloves&lt;br&gt;• Eye protection OR face shield</td>
</tr>
<tr>
<td></td>
<td>for COVID-19</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-aerosol generating procedures (NAGPs) when the patient has screened or tested</td>
<td>• ASTM level 2 or 3 procedure/surgical mask&lt;br&gt;• Gloves&lt;br&gt;• Eye protection AND/OR face shield&lt;br&gt;</td>
</tr>
<tr>
<td></td>
<td><strong>positive</strong> for COVID-19</td>
<td>• Protective gown (optional)&lt;br&gt;</td>
</tr>
<tr>
<td>Operatory or other treatment area</td>
<td>Aerosol generating procedures (AGPs) when the patient has screened <strong>negative</strong></td>
<td>• N95 respirator (fit-tested, seal-checked), <a href="#">or the equivalent, as approved by Health Canada</a>&lt;br&gt;</td>
</tr>
<tr>
<td></td>
<td>for COVID-19</td>
<td>• ASTM level 2 or 3 procedure/surgical mask&lt;br&gt;• Gloves&lt;br&gt;• Eye protection AND face shield&lt;br&gt;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Protective gown&lt;br&gt;</td>
</tr>
<tr>
<td></td>
<td>Aerosol generating procedures (AGPs) when the patient has screened or tested <strong>positive</strong></td>
<td>• N95 respirator (fit-tested, seal-checked), <a href="#">or the equivalent, as approved by Health Canada</a>&lt;br&gt;</td>
</tr>
<tr>
<td></td>
<td>for COVID-19</td>
<td>• Gloves&lt;br&gt;• Eye protection AND face shield&lt;br&gt;• Protective gown&lt;br&gt;</td>
</tr>
<tr>
<td></td>
<td>Cleaning and disinfection of operatory or other treatment area</td>
<td>• ASTM level 1 procedure mask&lt;br&gt;• Gloves&lt;br&gt;• Eye protection&lt;br&gt;</td>
</tr>
<tr>
<td>Reprocessing area</td>
<td>Reprocessing of reusable instruments</td>
<td>• ASTM level 2 or 3 procedure/surgical mask&lt;br&gt;• Heavy duty utility-gloves&lt;br&gt;• Eye protection or face shield&lt;br&gt;• Protective gown&lt;br&gt;</td>
</tr>
<tr>
<td>Reception area</td>
<td>Reception duties</td>
<td>• ASTM level 1 procedure mask OR physical barrier&lt;br&gt;• Maintain physical distancing&lt;br&gt;</td>
</tr>
<tr>
<td>Common and staff areas</td>
<td>Administrative and other tasks</td>
<td>• ASTM level 1 procedure mask OR maintain physical distancing&lt;br&gt;</td>
</tr>
</tbody>
</table>

*For more information on the use of N-95 respirators, see the College’s updated [COVID-19 FAQ](#).*
Dentists must ensure that clinical staff are trained in and use proper donning and doffing procedures for PPE (e.g., review Public Health Ontario’s [Recommended Steps for Putting on and Taking Off Personal Protective Equipment](https://www.publichealthontario.ca/en/coronavirus/infection-prevention-and-control/putting-on-and-taking-off-personal-protective-equipment)).

Dentists must ensure that operatories are cleaned and disinfected between each patient appointment.

**Fallow Time (Patients who have Screened Negative for COVID-19)**

Following an aerosol-generating procedure (AGP) involving a patient who has screened negative for COVID-19, dentists must wait 15 - 30 minutes following completion of the clinical care and exit of the patient and all clinical staff before cleaning and disinfection (fallow time).

a. A fallow time between 15 and 30 minutes is consistent with the recommendations of Public Health Ontario and reflects the best available evidence for the predicted settling time of droplets following an AGP. It is not currently possible, on the basis of the available evidence, to set out a single specific fallow time, however, this approach may be revisited should the evidence in this area evolve further. (For more information about “fallow times”, see the College’s updated [COVID-19 FAQ](https://www.ontario.gov/content/dam/ministry/docs/public-health/coronavirus-infection-prevention-and-control/COVID-19%20FAQ.pdf)).

Following an aerosol-generating procedure involving a patient who has screened or tested positive for COVID-19, cleaning and disinfection of the operatory must only be undertaken following the necessary fallow period, as described below.

**Patient Departure Protocol**

Patients should be asked to disinfect with 70-90% ABHR before leaving the dental practice.

Patients should be asked to inform office staff if they experience any symptoms of COVID-19 within 14 days of their appointment.
End of Day Sanitization

Dentists must ensure that general office housekeeping, including cleaning and disinfection of high-touch surfaces, occurs at least twice per day, including at the end of the day following the departure of the last patient (high-touch surfaces include, as examples, door knobs, plexiglass barriers, hand rails, counters, and the arms of chairs).

a. As a reminder, operatories must be cleaned and disinfected between each patient appointment.

3. GUIDANCE FOR THE IN-PERSON CARE OF PATIENTS WHO HAVE SCREENED OR TESTED POSITIVE FOR COVID-19

The following guidance is specific to the in-person care of patients who have screened or tested positive for COVID-19.

42 Patients who have screened or tested positive for COVID-19 must not be treated in-person except as required for emergency or urgent care that cannot be delayed.

43 Where in-person care must be provided to patients who have screened or tested positive for COVID-19, enhanced precautions must be used as set out below and in Table 1.

44 Except as unavoidable for the treatment of emergency or urgent care that cannot be delayed, dentists must not perform aerosol-generating procedures (AGPs) on patients who have screened or tested positive for COVID-19 unless the additional requirements set out below are met.

Patient Arrival Protocol for Patients who have Screened or Tested Positive for COVID-19

45 Where the in-person care of a patient who has screened or tested positive for COVID-19 cannot be avoided, the patient should be scheduled at the end of the day to decrease the risk to other patients.

46 Patients who have screened or tested positive for COVID-19 must be required to perform hand hygiene with an alcohol-based rub (ABHR) upon entering the office.
Patients who have screened or tested positive for COVID-19 must don a surgical / procedure mask prior to entering the office. (For more information on the requirement to wear masks, including any limited exceptions, see the COVID-19 FAQ).

a. Where the patient does not have their own surgical / procedure mask, they must be given one by staff.

Dentists and staff must ensure that patients who have screened or tested positive for COVID-19 do not remove their mask, except as required for treatment, and do not leave their mask in waiting areas or anywhere else inside the office.

Patients who have screened or tested positive for COVID-19 must immediately be placed into an operatory alone with the door closed.

a. Patients who have screened or tested positive for COVID-19 must not be placed within 2 meters of any other patients in the office (e.g., in the waiting room).

b. Where an operatory is not available and/or physical distancing cannot be maintained, patients who have screened or tested positive for COVID-19 must be instructed to return outside (e.g., to their vehicle or a parking lot if available and appropriate), and informed they will be notified when a room becomes available.

Using an Oral Rinse

While there is a lack of direct evidence that pre-procedural rinses prevent infections in dental care providers, they have been shown to reduce the level of oral microorganisms in aerosols and spatter from rotary handpieces (see Public Health Ontario’s COVID-19 in Dental Care Settings). Given their potential for benefit and the absence of serious risks, dentists should require patients who have screened or tested positive for COVID-19 to rinse with an appropriate oral rinse for 60 seconds prior to examination of the oral cavity (examples include 1% povidone iodine or 1% - 1.5% hydrogen peroxide).

Intra-Oral Radiographs

When possible, dentists should minimize the use of intra-oral radiographs and consider using extra-oral radiographs when a patient has screened or tested positive for COVID-19.
Aerosol-Generating Procedures

When a patient undergoes an aerosol-generating procedure (AGP), high concentrations of droplets smaller than 5 μm (droplet nuclei) are generated that may remain suspended in the air for significant periods of time, move with air currents, and come in contact with others. This creates a risk for opportunistic airborne transmission of COVID-19, even if the virus is not otherwise able to spread by the airborne route. While there is no conclusive evidence at this time that opportunistic airborne transmission of COVID-19 occurs after AGPs, the College has adopted a precautionary approach that prioritizes safety.

When treating patients who have screened or tested positive for COVID-19, dentists must avoid AGPs whenever possible and use the lowest aerosol-generating options when necessary.

a. Aerosols may be generated by high-speed, low-speed and other rotary handpieces, ultrasonic and other similar devices, and air-water syringes.

Preparing the Operatory for Aerosol-Generating Procedures

Dentists must minimize the contents of all operatories in which AGPs may be performed on patients who have screened or tested positive for COVID-19, including unnecessary equipment, supplies, plants, and artwork.

When performing aerosol-generating procedures on patients who have screened or tested positive for COVID-19, the procedure must be performed in an operatory that is capable of containing aerosol. This requires floor-to-ceiling walls and a door (or other barrier) that must remain closed during and after such procedures. Temporary walls and doors are permitted, provided they create an area to contain aerosols and are constructed of materials that can withstand repeated cleaning and disinfection.

Use of PPE During Aerosol-Generating Procedures

When performing AGPs on patients who have screened or tested positive for COVID-19, dentists must ensure that care is provided using enhanced PPE precautions for all clinical staff, including:

a. fit-tested and seal-checked N95 respirators (or the equivalent, as approved by Health Canada),
b. gloves,
c. eye protection and face shields, and
d. protective gowns.
When providing in-person care to patients who have screened or tested positive for COVID-19, dentists must ensure that clinical staff are trained in and use proper donning and doffing procedures for PPE (dentists are advised to review Public Health Ontario’s Recommended Steps for Putting on and Taking Off Personal Protective Equipment).

Mitigating High Risk Aerosols

If possible, dentists performing AGPs on patients who have screened or tested positive for COVID-19 should use a rubber dam with high-volume suction to minimize aerosols and possible exposure to infectious agents.

Cleaning and Disinfection Following Aerosol-Generating Procedures

Following AGPs involving patients who have screened or tested positive for COVID-19, cleaning and disinfection of the operatory must only be undertaken following the necessary fallow period.

Following the appropriate fallow period, dentists must ensure that operatories (including all clinical contact surfaces and equipment) are cleaned and disinfected prior to treating a new patient. Cleaning and disinfection must be undertaken using appropriate hospital-grade low-level disinfectant (i.e. has a DIN from Health Canada).

Clearing the Air of Aerosol (Fallow Time) Following Aerosol-Generating Procedures Involving Patients who have Screened or Tested Positive for COVID-19

Following an AGP involving a patient who has screened or tested positive for COVID-19, the operatory must be left empty (with the door closed) to permit the clearance and/or settling of aerosols.

The length of time that the operatory must be left empty (the fallow time) is determined by the air changes per hour (ACH). The aim is to achieve 99.9% removal of airborne contaminants (see Table 2).
Table 2: Time Required for Removal or Settling of Aerosols by Air Changes per Hour (ACH)

<table>
<thead>
<tr>
<th>AIR CHANGES PER HOUR (ACH)</th>
<th>TIME REQUIRED FOR REMOVAL OR SETTLING OF AEROSOLS IN MINUTES (99.9% EFFICIENCY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>207</td>
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<tr>
<td>4</td>
<td>104</td>
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<td>69</td>
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<td>45</td>
<td>10</td>
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<td>50</td>
<td>8</td>
</tr>
</tbody>
</table>

Adapted from: Centers for Disease Control and Prevent, Guidelines for Environmental Infection Control in Health-Care Facilities (2003): Table B.1 Air changes/hour (ACH) and time required for airborne-contaminant removal by efficiency. Available at: https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html/tableb1

Dentists should consult an HVAC professional to assess the existing HVAC system and calculate the actual ACH for the dental practice. Dentists may use the actual ACH to calculate a fallow time using Table 2.

a. Dentists should retain copies of any documentation supporting the HVAC assessment and any need for engineering controls.

Options to improve ACH (and further reduce the fallow time) may be explored, including:

a. Consulting an HVAC professional to determine whether changes to the existing HVAC system are possible to improve ACH for the dental practice.
b. If changes to the existing HVAC system are not possible or adequate, dentists may consider the use of an in-operatory air cleaner (e.g. HEPA filtration) to increase the effective air changes per hour (eACH) for a specific operatory.
c. If an in-operatory air cleaner (e.g. HEPA filtration) will be used to increase the effective air changes per hour (eACH) for a specific operatory, the HVAC professional must also take into account several additional factors, including:
  i. any structural changes that may be necessary to contain the spread of aerosols (e.g., the addition of floor to ceiling walls or barriers),
  ii. the type of unit being considered (e.g. fixed versus portable),
  iii. the cubic feet of the operatory and airflow rate of the unit, and
  iv. the optimal placement and operation of the unit.

If dentists have not had the rate of air changes for their office confirmed by an HVAC professional, dentists must assume a rate of 2 air changes per hour and adhere to a minimum fallow time of 3 hours following an AGP.

4. COVID-19 EXPOSURE IN THE PRACTICE

Dentists must ensure that they have a designated space for staff and/or patients to self-isolate should they experience symptoms of COVID-19 or suspect possible exposure to COVID-19.

In the event of suspected exposure to COVID-19, staff must immediately self-isolate and contact their primary care provider or Telehealth Ontario at 1-866-797-0000 to determine next steps or visit an assessment center to get tested. Staff are also advised to contact their local public health unit to self-report.

In the event that a patient contacts the office to report symptoms of COVID-19 within 14 days of having attended an appointment, dentists must contact their local public health unit for further guidance.
COVID-19: Guidance for the Use of Teledentistry

- French translation - click here

For the duration of the COVID-19 crisis, dentists should consider the use of teledentistry for the remote assessment, triage, and provision of dental care where possible and appropriate.

Teledentistry, which involves the use of information and communication technologies to provide care remotely, enables dentists to serve a variety of dental care needs while avoiding close contact with patients.

The following document provides guidance to Ontario dentists on the acceptable use of teledentistry. Teledentistry must only be used in accordance with this guidance.

Additional resources

- For general guidance on providing in-person dental care during the COVID-19 crisis, refer to the College’s COVID-19: Managing Infection Risks During In-Person Dental Care
- Refer to our COVID-19 FAQs for additional guidance.

What is teledentistry?

Teledentistry is the provision of patient dental care at a distance, using information and communication technologies (e.g., “virtual visits”).

Teledentistry can be provided in a number of ways, including, as examples:

- **Live video (synchronous)**: Live, two-way interaction between a person (patient, caregiver or provider) and a provider using audiovisual telecommunications technology.
- **Store-and-forward (asynchronous)**: Transmission of recorded health information (e.g., radiographs, photographs, video, digital impressions and photomicrographs of patients) through a secure electronic communications system to a practitioner, who uses the information to evaluate a patient’s condition or render a service outside of a real-time or live interaction.
- **Remote patient monitoring (RPM)**: Personal health and medical data collection from an individual in one location via electronic communication technologies, which is transmitted to a provider (sometimes via a data processing service) in a different location for use in care and related support of care.
• **Mobile health (mHealth):** Health care and public health practice and education supported by mobile communication devices, such as cell phones, tablet computers and personal digital assistants (PDA).

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**Principles**

The following principles form the foundation for the guidance contained in this document:

1. The practice of teledentistry is the practice of dentistry: all Standards of Practice, legal requirements, and professional obligations that apply to in-person dental care also apply to dental care provided via teledentistry.
2. The use of teledentistry can help to ensure the continuity and ongoing provision of necessary dental care while mitigating the risk of transmission of COVID-19 that is present with in-person clinical encounters.

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**When can teledentistry be used?**

Teledentistry must only be used:

1. by Ontario dentists (licensed and dentists are not required to be physically present in Ontario);
2. to treat Ontario patients (physically present in Ontario); and
3. to assist with the provision of care in accordance with the requirements set out in this document.

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**Requirements for using Teledentistry**

The practice of teledentistry is the practice of dentistry.

Ontario dentists who practise teledentistry must continue to meet existing Standards of Practice and the professional, legal and ethical obligations that apply to dental care that is provided in person.

When practising via teledentistry, Ontario dentists must:

1. Use their professional judgment to determine whether teledentistry is appropriate and will enable them to meet all applicable Standards of Practice, legal requirements, and professional obligations.
2. Identify the resources (e.g. information and communication technology, equipment, support staff, etc.) that are required to provide teledentistry, and only proceed if those resources are available and can be used effectively in each case.
3. Consider each patient’s existing health status, specific health-care needs, and specific circumstances, and only use teledentistry if the risks do not outweigh the potential benefits and it is in the patient’s best interest to do so.
4. Confirm the identity of the patient and provide the patient with proof of their identity and licensure status (if assessing a new patient). The College recommends that where possible, dentists use teledentistry to assess and triage existing patients.

5. Obtain an appropriate medical history, verbal history of the patient’s condition and confirm the nature of the emergency before recommending next steps, which may include, among other things:
   i. advice and appropriate pharmacotherapy (if indicated);
   ii. asking the patient to visit the practice for an in-person clinical examination or treatment appointment;
   iii. facilitating a patient referral to another dentist for care needs;
   iv. facilitating a patient referral to allied health care providers for care needs that are outside the scope of dentistry, or;
   v. facilitating a patient referral to hospital for extreme emergency cases that cannot be managed in the dental office, including loss of life and limb.

6. Ensure that the reliability, quality, and timeliness of the patient information obtained via teledentistry is sufficient to justify providing or assisting in the provision of dental care.

7. Use technology that will allow dentists to gather necessary information needed to proceed with treatment. For instance, should dentists need to prescribe medication for a new patient, technology with audio-video capacity will be required to allow for an adequate assessment prior to prescribing medication.

8. Protect the privacy and confidentiality of the patient’s personal health information, specifically by:
   i. using technology that has privacy and security settings in accordance with the Personal Health Information Protection Act, 2004. At minimum, technology must have controls to ensure only the intended patient has access to the appointment and where personal health information is stored and/or transmitted, strong encryption must be used. If unsure, dentists can confirm with the service provider that the technology meets Ontario privacy requirements.
   ii. conducting the teledentistry appointment in a private environment that will ensure patient information is not overheard or seen by other individuals; and
   iii. confirming with the patient that they are in a private setting and that the technology they are using is secure.

9. Keep appropriate records of the teledentistry appointment, in compliance with College’s Dental Recordkeeping Guidelines, and note specifically that the care was provided through teledentistry.

10. Establish quality assurance mechanisms via ongoing monitoring and evaluation to ensure that care provided via teledentistry is safe, effective, and consistent with legal and professional obligations.

Additional Requirements

1. Dentists who do not offer teledentistry must continue to meet their ongoing professional obligation to respond to inquiries and not abandon patients. This would include, at a minimum, a secure telephone line with a confidential voicemail message option and/or a secure and private professional email account. With either option, patient messages must be checked regularly and replied to in a timely manner.
STATEMENT OF PURPOSES AND PRINCIPLES AND BY-LAW NO. 1 – RELATING GENERALLY TO THE CONDUCT OF THE AFFAIRS OF THE FEDERATION

Adopted and in Force as of October 16, 2020
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STATEMENT OF PURPOSES AND PRINCIPLES

A. OVERVIEW

The Canadian Dental Regulatory Authorities Federation (CDRAF), was incorporated under the Canada Corporations Act pursuant to Letters Patent dated March 3, 2004 and continued under the Canada Not-for-profit Corporations Act pursuant to a Certificate of Continuance dated September 2, 2014. It is a Corporation without share capital and is not-for-profit.

CDRAF provides a leadership and responsive infrastructure and forum where dental regulatory authorities in Canada can anticipate and respond to current regulatory challenges on interprovincial/territorial, national and global levels, in effective and efficient ways.

As a discerning information coordinator for dental regulatory authorities, CDRAF examines the impact of regulatory trends, policy and legislation in the public interest and keeps its Members informed of similar regulatory forces in other professions, industries, and for major stakeholders, in Canada and other jurisdictions. CDRAF facilitates the collective generation of strategies and options for responding to global regulatory forces and their impact in Canada.

B. PURPOSES

CDRAF is the national forum and collective voice of provincial and territorial dental regulatory authorities regarding interprovincial/territorial, national and global regulatory matters for the dental profession.

C. OBJECTS

CDRAF will achieve its purpose by pursuing the following objects:

- Creating and maintaining an effective forum for the exchange of information regarding regulatory trends, policy and legislation.
- Tracking and reporting on interprovincial/territorial, national and global issues related to the regulation of dental practice.
- Developing and promoting harmonized and global perspectives on inter-jurisdictional matters that relate to mobility and the regulations related to dental practice.
- Advising on and promoting best regulatory practices and standard approaches to assessment and regulation of initial and continuing competence for dentists.
- Undertaking research and projects of shared interest to the Members in collaboration with other national and global entities.
- Identifying those advisory, research and support services to be made available to its Members.
- Establishing external liaisons and partnerships to assist its Members to deal effectively with new and innovative regulatory challenges.
Monitoring the effectiveness of its purpose, stated objects and guiding principles.

D. GUIDING PRINCIPLES

At all times, CDRAF will be guided by the following principles:

- The intact authority and regulatory autonomy of each Member will be recognized as foundational and considered paramount in all CDRAF deliberations and decisions.

- In keeping with the mandate of its Members and its purposes and objects, the context for all CDRAF’s recommendations, support, and external relations will be a focus on regulation and the role of regulatory authorities.

- Formal decision making of the CDRAF will be by the applicable majority vote and will include an attempt to seek consensus on all issues.

- As the national voice for dental regulatory authorities, Members collectively acknowledge the importance of one voice on dental regulatory matters. CDRAF will be a voice that reflects and respects diversity among its Members, while speaking externally with an agreed harmonized voice to external stakeholders, or engaging in external liaisons and partnerships.

- CDRAF will exercise due diligence with respect to ethics and fiduciary duties in its overall decision making and management of human and fiscal resources on behalf of its Members.

- CDRAF members recognize and respect the breadth of expertise within the Federation and support collaboration that contributes to shared knowledge.

- CDRAF members seek every opportunity to share freely and with a generous spirit. They are sensitive to individual jurisdictional and legislative differences as they strive for consensus. They practice, in good faith, a willingness to be open and honest with each other.
BY-LAW NO. 2 – RELATING GENERALLY TO THE CONDUCT OF THE AFFAIRS OF
CANADIAN DENTAL REGULATORY AUTHORITIES FEDERATION / FÉDÉRATION
CANADIENNE DES ORGANISMES DE RÉGLEMENTATION DENTAIRE

BE IT ENACTED AS A BY-LAW OF THE CORPORATION AS FOLLOWS:

I. DEFINITIONS AND INTERPRETATION

1. Definition

In this By-Law and all other By-Laws of the Corporation, capitalized terms have the following meanings, unless the context otherwise requires:

With respect to the Corporation:

"Act" means the Canada Not-For-Profit Corporations Act S.C. 2009, c. 23 including the Regulations made under it, each as amended or re-enacted from time to time.

"Articles" or "articles" means the articles of incorporation or continuance of the Corporation, as amended from time to time.

"By-Law" means this by-law and any other by-law of the Corporation, as amended from time to time, and which are in force and effect.

"Corporation" means the Canadian Dental Regulatory Authorities Federation / Fédération canadienne des organismes de réglementation dentaire, which may also be referred to herein as the "CDRAF" or the "Federation".

"Ordinary Resolution" means a resolution passed by a majority of not less than 50 percent plus 1 of the votes case on that resolution.

"Strong Majority Vote" means a resolution passed by a majority of not less than two-thirds (2/3) of the votes cast on that resolution.

With respect to Members:

"Annual Meeting" means the annual meeting of the Members, generally held between September 1st and November 30th at which time the report of the Board of Directors is reviewed, the members of Board Directors are elected, and such other matters as may be required by the Act are addressed; "Articles" means the original or restated Articles of incorporation or Articles of amendment, amalgamation, continuance, reorganization, arrangement or revival of the Corporation;

"Meeting of Members" includes an Annual Meeting or a special meeting of Members; "special meeting of Members" includes a meeting of all Members entitled to vote at an Annual Meeting.

"Member" means the provincial or territorial body established by provincial or territorial statute responsible for the professional regulation of dentists within the province or territory who has been granted Membership in the CDRAF.
“Member Representative” has the meaning set forth in Section 10 and refers to the person who will represent the Member before the Corporation and who is entitled to vote at a Meeting of Members.

“Membership Fee” has the meaning set forth in Section 13.

“Registrar” and “Acting Registrar” have the meaning set forth in Section 10.

*With respect to Directors:*

“Board” means the Board of Directors of the Corporation and “Director” or “director” means a member of the Board.

“Executive Director” means the officer of the Corporation appointed pursuant to Section 42.

2. Interpretation

In the interpretation of this By-law, words in the singular include the plural and vice-versa, words in one gender include all genders, and "person" includes an individual, body corporate, partnership, trust and unincorporated organization.

Other than as specified above, words and expressions defined in the Act have the same meanings when used in these By-Laws.

3. Corporate Seal

The Corporation may have a corporate seal in the form approved from time to time by the Board. If a corporate seal is approved by the Board, the Executive Director of the Corporation shall be the custodian of the corporate seal.

4. Execution of Documents

Deeds, transfers, assignments, contracts, obligations and other instruments in writing requiring execution by the Corporation may be signed by any two of its officers or directors. In addition, the Board may from time to time direct the manner in which and the person or persons by whom a particular document or type of document shall be executed. Any person authorized to sign any document may affix the corporate seal (if any) to the document. Any signing officer and the executive director may certify a copy of any instrument, resolution, by-law or other document of the Corporation to be a true copy thereof.

II. FINANCIAL MATTERS

5. Financial Year

The financial year of the Corporation shall be December 31 in each year unless otherwise determined by the Board.
6. **Banking Arrangements**

The banking business of the Corporation shall be transacted at such bank, trust company or other firm or corporation carrying on a banking business in Canada as the Board may designate, appoint or authorize from time to time by Ordinary Resolution. The banking business or any part of it shall be transacted by an officer or officers of the Corporation and/or other persons as the Board may by Ordinary Resolution from time to time designate, direct or authorize.

7. **Borrowing Powers**

The directors of the corporation may from time to time:

(a) borrow money upon the credit of the Corporation;

(b) limit or increase the amount to be borrowed;

(c) issue debentures or other securities of the Corporation;

(d) pledge or sell such debentures or other securities for such sums and at such prices as may be deemed expedient; and

(e) secure any such debentures, or other securities, or any other present or future borrowing or liability of the Corporation, by mortgage, hypothec, charge or pledge of all or any currently owned or subsequently acquired real and personal, movable and immovable, property of the corporation, and the undertaking and rights of the Corporation.

The Board may delegate the above powers to such officers or directors of the Corporation as the Board may determine.

Nothing herein limits or restricts the borrowing of money by the Corporation on bills of exchange or promissory notes made, drawn, accepted or endorsed by or on behalf of the Corporation.

8. **Management of Corporate Funds**

A Strong Majority Vote of the Board shall be required for the adoption of the budget and to make any modifications to an adopted budget.

All monies received by the Corporation shall be deposited in an account in the name of the Corporation at a financial institution approved by the Board.

9. **Annual Financial Statements**

The Corporation shall send to the Members a copy of the annual financial statements and other documents referred to in subsection 172(1) (Annual Financial Statements) of the Act or a copy of a publication of the Corporation reproducing the information contained in the documents. Instead of sending the documents, the Corporation may send a summary to each Member along with a notice informing the Member of the procedure for obtaining a copy of the documents themselves free of charge. The Corporation is not required to send the documents or a summary to a Member who, in writing, declines to receive such documents.
III. MEMBERS

10. Membership

Subject to the Articles, there shall be one class of Members in the Corporation.

Membership in the Corporation shall be available to a provincial or territorial body established by statute, and responsible for the provincial or territorial regulation of dentists within said province or territory, which has an interest in furthering the Corporation's purposes and which has applied for and been accepted into Membership of the Corporation by the Board.

Membership acceptance includes a commitment to remain a Member for two years and pay Membership Fees as contemplated herein. Each Member shall promptly be informed in writing by the Executive Director of their admission as a Member.

Each Member shall be entitled to receive notice of, attend and exercise one vote at all meetings of the Members of the Corporation.

Each Member shall, from time to time, notify the Executive Director of the Corporation of:

(a) The person who carries out the role of registrar, secretary or equivalent role within the Member's organisation (the "Registrar") or the person who carries out the role of acting registrar, acting secretary or equivalent role within the Member's organisation (the "Acting Registrar"). The Registrar or Acting Registrar (or another a senior staff member of the Member, such as a deputy registrar) shall be entitled to attend and participate at any Meeting of Members or meeting of the Board.

(b) The person who will represent the Member at any Meeting of Members (the "Member Representative"). The Member Representative shall be entitled to attend and participate at any Meeting of Members or meeting of the Board and shall be the only representative of the Member entitled to vote on behalf of the Member at a Meeting of Members on behalf of the applicable Member.

(c) Any additional non-voting representatives of the Member that the Member would like, subject to and in accordance with the provisions of these By-Laws, to attend and participate at any Meeting of Members or meeting of the Board. Such additional representatives shall not be entitled to vote at any Meeting of Members or meeting of the Board.

In accordance with subsection 197(1) (Fundamental Change) of the Act, a Strong Majority Vote of the Members is required to make any amendments to this section of the By-Laws if those amendments affect Membership rights and/or conditions described in paragraphs 197(1)(e), (h), (l) or (m) of the Act.

11. Termination of Membership by Member

A Member who wishes to resign as a Member shall give one full year's prior notice of such resignation as a condition of the termination of its status as a Member. All fees assessed or due are required to be paid by such Member in full until the date the termination of its status as a Member.
Pursuant to Section 197(1) (Fundamental Change) of the Act, a Strong Majority Vote of the Members is required to make any amendment to add, change or delete this section of the By-Laws.

12. **Termination of Membership by Board – Except Non-Payment of Fees**

Membership in the Corporation may be terminated by a vote of 4/5 of the members of the Board in the event of a Member's breach of the By-Laws or where the Member acts contrary to the objects, purposes, guiding principles or interests of the Corporation, and is automatically terminated when:

(a) in the case of a Member that is a corporation, the corporation is dissolved;  
(b) a Member's Membership expires; or  
(c) the Corporation is liquidated or dissolved under the Act.

13. **Membership Dues**

There shall be no fees or dues owed by Members (a "Membership Fee") unless otherwise determined by the Board. If the Board determines that a Membership Fee is due by the Members, then each Member shall pay a Membership Fee based on a formula approved by the Board that accords a dollar amount for each dentist regulated by the Member in their respective province or territory excluding short-term, emergency, *pro bono*, or similar classifications of licensure.

Membership Fees must be paid in full by June 1 in any year. If, in any year, the Board determines that additional Membership Fees should be assessed from the Members, then those additional Membership Fees must be paid by December 31 of that year.

Where a Member defaults on payment of its Membership Fees, the Member is automatically suspended and shall have its status of Member terminated unless all outstanding monies and interest are paid within sixty 60 days of such default.

If a Member resigns, that Member will remain liable for payment of any outstanding Membership Fees levied or payable by that Member prior to the Member’s resignation.

14. **Notice of Member Meeting**

Notice of the time and place of a Meeting of Members, including if applicable details of an electronic meeting, shall be given to each Member by the following means:

(a) by mail, courier or personal delivery to each Member entitled to vote at the meeting, during a period of 21 to 60 days before the day on which the meeting is to be held; or  
(b) by telephonic, electronic or other communication facility to each Member entitled to vote at the meeting, during a period of 21 to 35 days before the day on which the meeting is to be held.

In accordance with subsection 197(1) (Fundamental Change) of the Act, a Strong Majority Vote of the Members is required to make any amendment to the By-Laws of the Corporation to change the manner of giving notice to Members entitled to vote at a meeting of Members.
15. **Members Calling a Member Meeting**

The Board shall call a special Meeting of Members in accordance with Section 167 of the Act, on written requisition of Members carrying not less than 5 percent of the voting rights. If the directors do not call a meeting within 21 days of receiving the requisition, any Member who signed the requisition may call the meeting.

In accordance with subsection 197(1) (Fundamental Change) of the Act, a Strong Majority Vote of the Members is required to make any amendment to the By-Laws of the Corporation to change the manner of giving notice to Members entitled to vote at a meeting of Members.

16. **Absentee Voting at Members' Meetings**

Pursuant to section 171(1) (Absentee Voting) of the Act, a Member entitled to vote at a meeting of Members may vote by mailed-in ballot or by means of a telephonic, electronic or other communication facility if the Corporation has a system that:

(a) enables the votes to be gathered in a manner that permits their subsequent verification; and

(b) if requested, permits the tallied votes to be presented to the Corporation without it being possible for the Corporation to identify how each Member voted.

In accordance with subsection 197(1) (Fundamental Change) of the Act, a Strong Majority Vote of the Members is required to make any amendment to the By-Laws of the Corporation to change this method of voting by Members not in attendance at a meeting of Members.

17. **Place of Member Meeting**

Subject to compliance with section 159 (Place of Members' Meetings) of the Act, a Meeting of Members may be held at any place within Canada determined by the Board or electronically.

18. **Cost of Attendance at Meetings**

All attendees of a Meeting of Members shall attend at their sole cost and expense.

19. **Chair of Member Meetings**

The Chair of the Board or, in their absence, the Vice-Chair of the Board, will chair any Meeting of Members. In the event that the Chair of the Board and the Vice-Chair of the Board are absent, the Members who are present at the Meeting of Members shall choose one from among the Registrars or Acting Registrars present to chair the meeting. The Chair may limit, where reasonably necessary, the number of representatives of a Member who shall be permitted to attend a Meeting of Members.

20. **Quorum at Member Meetings**

A quorum at any Meeting of Members shall be 60 percent of the Members present at the meeting. Proxies are not permitted. If a quorum is present at the opening of the meeting, the Members
present may proceed with the business of the meeting even if a quorum is not present throughout the meeting.

21. **Votes to Govern at Members’ Meetings**

At any Meeting of Members every question shall, unless otherwise provided by the Articles or By-Laws or by the Act, be determined by a majority of the votes cast on the questions. In case of an equality of votes either on a show of hands or on a ballot or on the results of electronic voting, the chair of the meeting shall not have a second or casting vote.

The vote of a Member must be cast by its Member Representative.

22. **Participation by Electronic Means at Members’ Meetings**

If the Corporation chooses to make available a telephonic, electronic or other communication facility that permits all participants to communicate adequately with each other during a Meeting of Members, any person entitled to attend such meeting may participate in the meeting by means of such telephonic, electronic or other communication facility in the manner provided by the Act. A person participating in a meeting by such means is deemed to be present at the meeting. Notwithstanding any other provision of this by-law, any person participating in a Meeting of Members pursuant to this section who is entitled to vote at that meeting may vote, in accordance with the Act, by means of any telephonic, electronic or other communication facility that the Corporation has made available for that purpose.

23. **Meetings Held Entirely by Electronic Means**

If the directors or Members of the Corporation call a Meeting of Members pursuant to the Act, those directors or Members, as the case may be, may determine that the meeting shall be held, in accordance with the Act, entirely by means of a telephonic, electronic or other communication facility that permits all participants to communicate adequately with each other during the meeting.

IV. **DIRECTORS**

24. **Composition and Mandate of the Board**

In order to be qualified to serve as a Director, the Director must be a Registrar or, in the absence of a Registrar at the time of any election of the Board, an Acting Registrar.

The composition of the Board shall consist of a number of Directors equal to the number of Members.

The Board shall also include as a Director one additional individual who shall be nominated by a Member each year on a rotational basis.

The property and business affairs of CDRAF shall be managed by the Board. The Board shall oversee the direction and management of the objects, fiduciary duties, funds, external relations of CDRAF.
25. **Election**

Subject to the Act, the Members shall, by Ordinary Resolution at each Annual Meeting at which an election of Directors is required, elect Directors to hold office for a term expiring within one year, renewable. Honorary or *ex officio* directors may not be appointed or otherwise serve as directors of the Corporation. No person shall act for an absent director at a meeting of the Board.

26. **Ceasing to Hold Office**

A director ceases to hold office at the earliest of (i) his or her death, (ii) his or her becoming disqualified for election as a director, or (iii) his or her resignation, which resignation is effective when his or her written resignation is sent to the Corporation or, if a later time is specified in the resignation, at the later time.

27. **Vacancies**

Subject to the Act and to the requirements of Section 24, the Board may fill any vacancy among the Directors.

28. **Cost of Attendance at Board Meeting; Remuneration and Expenses of Directors**

Directors shall attend Board meetings at the expense of the Member that has appointed the Director.

Directors of the Corporation shall serve without remuneration. A Director may receive reasonable remuneration and expenses for any services to the Corporation that are performed in any other capacity. A Director may receive indemnification for their expenses incurred on behalf of the Corporation as a Director.

29. **Powers of the Board**

The Board shall administer the affairs of the Corporation in all things and may make or cause to be made for the Corporation, in its name, any kind of the contract which the corporation may lawfully enter into and, save as hereinafter provided, generally, may exercise all such powers and do all such other act and things as the Corporation, by its Articles, By-Laws or the Act, is authorized to exercise and do. The Board shall have the power to authorize expenditures on behalf of the Corporation from time to time and may delegate, by Ordinary Resolution, to any officer or officers of the Corporation the right to make such expenditures on such terms and conditions, as they may deem appropriate.

30. **Calling of Meetings of the Board**

Meetings of the Board may be called by the chair of the Board, the vice-chair of the Board or any two directors at any time.

31. **Notice of Meeting of the Board**

Notice of the time and place for the holding of a meeting of the Board shall be given in the manner provided in the section on giving notice of the meeting to every director of the Corporation not less than 15 days before the time when the meeting is to be held.
Notice of a meeting of the Board shall also be transmitted to each Member.

Notice of a meeting shall not be necessary if all of the directors are present, and none objects to the holding of the meeting, or if those absent have waived notice of or have otherwise signified their consent to the holding of such meeting. Notice of an adjourned meeting is not required if the time and place of the adjourned meeting is announced at the original meeting.

Unless the by-law otherwise provides, no notice of meeting need to specify the purpose or the business to be transacted at the meeting except that a notice of meeting of directors shall specify any matter referred to in subsection 138(2) (Limits on Authority) of the Act that is to be dealt with at the meeting.

32. **Regular Meetings and Attendance by Members and Other Parties**

The Board shall hold a minimum of three (3) meetings a year.

Presidents/Chairs of the Members (DRAs), Member Representatives, and such additional persons as may be determined by the Chair of a meeting of the Board, may attend and participate (but not vote) at such meetings. The number of such persons who may attend any meeting of the Board will be specified in the relevant notice or otherwise determined by the Chair.

33. **Quorum & No Proxies**

Six (6) directors need to be present for a Board meeting to take place. No proxies are permitted to establish quorum at meetings of the Board.

34. **Board Governance**

Recognizing the nature of regulation and the regulatory mandate of its Members, the Board will assume a public policy context for its deliberations, and operate in a policy governance style.

As a policy governing Board, the Board will:

(a) oversee the direction and management of the objects, fiduciary duties, funds, and external relations of the CDRAF;

(b) manage the property, business, and affairs of CDRAF;

(c) set strategic directions and responses to strategic issues regarding regulation;

(d) establish parameters and benchmarks for demonstrating excellence in regulatory leadership, in the context of the public interest;

(e) put in place operating guidelines to ensure due diligence and fulfillment of all fiduciary duties of the CDRAF; and

(f) identify and negotiate the terms of relations, liaisons and partnerships with external stakeholders at interprovincial/territorial, national, or global levels.
35. **Administrative Duties and Powers of the Board**

In accordance with the By-Laws, the Board shall carry out the following duties and exercise the following powers:

(a) appoint the officers;

(b) insure oversight of statutory committees and working groups;

(c) set policies with respect to the election of officers;

(d) ratify decisions of the officers made on its behalf between meetings of the Board;

(e) set policies regarding expenses;

(f) approve financial statements;

(g) recommend appointment of auditors;

(h) approve a budget and oversee compliance with such a budget;

(i) set policies to diligently identify budget overruns and intervention to prevent overruns;

(j) approve the hiring, renewal or termination of CDRAF Executive Director;

(k) set such other policies and determine any positions taken by CDRAF on regulatory matters as may be required from time to time;

(l) set the time, place and location of Board meetings;

(m) set agendas for meetings including at the Annual Meeting; and

(n) except as otherwise provided in the By-Laws, generally, do all things necessary for the better administration of the affairs of CDRAF.

36. **Board Reporting**

The Board will provide the minutes of each of its meetings to the Members and present an annual report at the Annual Meeting.

37. **Votes to Govern at Meetings of the Board**

Except as otherwise provided in these By-Laws, every question and decision of the Board shall be decided by a majority of the votes cast on the question. In case of an equality of votes, the chair of the meeting shall not have a second or casting of vote.
V. ELECTED AND APPOINTED OFFICERS

38. Elected Officers

The Board may designate the offices of the Corporation, elect officers from its Directors on an annual or more frequent basis, specify their duties and, subject to the Act, delegate to such officers the power to manage the affairs of the Corporation. A Director may not hold more than one office at any given time.

39. Description of Elected Offices

Unless otherwise specified by the Board (which may, subject to the Act modify, restrict or supplement such duties and powers), the offices of the Corporation, if designated and if officers are elected or appointed, shall have the following duties and powers associated with their positions:

(a) Chair of the Board – The Chair shall be a director. The Chair, shall, when present, preside at all meetings of the Board and of the Members. The Chair of the Board shall have general supervision of the business of CDRAF and shall have such other duties and powers as the Board may specify.

(b) Vice-Chair of the Board – The Vice-Chair shall be a director. If the chair of the Board is absent or is unable or refuses to act, the Vice-President, shall, when present, preside at all meetings of the Board and of the Members. The Vice-Chair shall have such other duties and powers as the Board may specify.

(c) Treasurer – The Treasurer shall be a director and shall have such powers and duties as the Board may specify.

40. Term of Elected Office

Each officer shall hold office from the date of his or her election/appointment until the date of the election in the next year and may not hold any elected/appointed office for more one (1) term.

41. Vacancy in Elected Office

In the absence of a written agreement to the contrary, the Board may remove, whether for cause or without cause, any officer of the Corporation. Unless so removed, an officer shall hold office until the earlier of:

(a) the officer's successor being appointed;

(b) the officer's resignation;

(c) such officer ceasing to be a director (if a necessary qualification of appointment); or

(d) such officer's death.
42. Executive Director

The Board shall appoint an Executive Director who shall be the Chief Executive Officer of the CDRAF and subject to the authority of the Board shall have responsibility for the general supervision of the affairs of the CDRAF but whom will not have any voting rights at any meeting of the CDRAF or its Committees.

The Board may remove the Executive Director without prejudice to any contract of employment or other right, statutory or otherwise at any time by a Strong Majority Vote of the Board.

VI. COMMITTEES

43. Committees of the Board

The Board may appoint standing committees, ad hoc committees, Working Groups and other Committees from time to time with such terms and conditions as the Board may determine.

Committees, if appointed, will report to the Board at each meeting and each year regarding progress agreed upon activities, impact and outcomes, significant external relations on behalf of CDRAF, statement of incurred expenses, balance sheet and details of all expenditures.

VII. GENERAL

44. Method of Giving Any Notice

Any notice (which term includes any communication or document), other than notice of a Meeting of Members or a meeting of the Board, to be given (which term includes sent, delivered or served) pursuant to the Act, the Articles, the By-Laws or otherwise to a Member, director, officer or Member of a committee of the Board or to the public accountant shall be sufficiently given:

(a) if delivered personally to the person to whom it is to be given or if delivered to such person's address as shown in the records of the Corporation or in the case of notice to a director to the latest address as shown in the last notice that was sent by the Corporation in accordance with section 128 (Notice of directors) or 134 (Notice of change of directors);

(b) if mailed to such person at such person's recorded address by prepaid ordinary or air mail;

(c) if sent to such person by telephonic, electronic or other communication facility at such person's recorded address for that purpose; or

(d) if provided in the form of an electronic document in accordance with Part 17 of the Act.

A notice so delivered shall be deemed to have been given when it is delivered personally or to the recorded address as aforesaid; a notice so mailed shall be deemed to have been given when deposited in a post office or public letter box; and a notice so sent by any means of transmitted or recorded communication shall be deemed to have been given when dispatched or delivered to the appropriate communication company or agency or its representative for dispatch. The Executive Director may change or cause to be changed the recorded address of any Member, director, officer, public accountant or Member of a committee of the Board in accordance with any information believed by the Executive Director to be reliable. The declaration by the Executive Director that
notice has been given pursuant to this by-law shall be sufficient and conclusive evidence of the giving of such notice. The signature of any director or officer of the Corporation to any notice or other document to be given by the Corporation may be written, stamped, type-written or printed or partly written, stamped, type-written or printed.

45. Invalidity of any Provisions of this By-law

The invalidity or unenforceability of any provision of this by-law shall not affect the validity or enforceability of the remaining provisions of this by-law.

46. Omissions and Errors

The accidental omission to give any notice to any Member, director, officer, Member of a committee of the Board or public accountant, or the non-receipt of any notice by any such person where the Corporation has provided notice in accordance with the By-Laws or any error in any notice not affecting its substance shall not invalidate any action taken at any meeting to which the notice pertained or otherwise founded on such notice.

47. Liaison with Other Organizations

The Corporation shall communicate as required with other organizations from time to time. The degree of formalization which will be arranged with such external relations, liaisons or partnerships will be determined by the Board.

48. Membership in Other Organizations

The Corporation will from time to time seek affiliation of Membership in other organizations pertinent to its objects and purposes.

49. Spokesperson

The Chair of the Board and/or the Executive Director, or any other persons as directed by the Board may speak on behalf of the Corporation. Such persons shall not bind the Corporation beyond the instructions from the Board or those implied in the Objects and Guiding Principles of the Corporation.

50. Consensus

Unless otherwise required by the Act, the Articles, or these By-Laws, questions arising at any Meeting of Members, or of the Board or its Committees, shall be decided by the consensus.

A consensus will be considered to have been reached when no voting participant objects to the question on the floor before the meeting. Should the Chair of the meeting determine, after a reasonable effort to achieve consensus has been made, that the consensus will not be reached regarding particular questions, then the Chair shall refer the question to be decided by a majority vote.
51. **Rules and Policies**

The Board may, from time to time, establish rules and policies in matters such as, but not limited to, expense policy, election policy and such other rules and policies as may be required for the better administration of the affairs of the Corporation. CDRAF has enacted an Elections Policy and Expense Policy which it includes in the body of its By-Laws herein but which can be modified at any time by a simple majority of the Board.

52. **CDRAF Expense Policy is as follows:**

Each Member is responsible for all expenses and any compensation for Directors appointed by that Member attending Board meetings or any other meeting.

The CDRAF is not responsible for compensation, per diems or honorariums for Directors or officers at any meetings.

The CDRAF will reimburse reasonable travel expenses incurred by the Executive Director and the Executive Assistant while engaged in CDRAF business.

Expenses must be supported by original receipts.

53. **Protection of Directors and Officers**

(a) Subject to the Act, the Corporation shall indemnify a present or former director or officer of the Corporation, or another individual who acts or acted at the Corporation’s request as a director or an officer or in a similar capacity of another entity, against all costs, charges and expenses, including an amount paid to settle an action or satisfy a judgment, reasonably incurred by the individual in respect of any civil, criminal, administrative, investigative or other proceeding in which the individual is involved because of that association with the Corporation or other entity.

(b) Subject to the Act, the Corporation may, if authorized by the Board, advance money to an individual referred to in Section 53 (a) for the costs, charges and expenses of a proceeding referred to in that subsection. The individual shall repay the money if the individual does not fulfill the conditions set out in Section 53 (c).

(c) The Corporation shall not indemnify an individual under Section 53 (a) unless the individual:

(i) acted honestly and in good faith with a view to the best interests of the Corporation or, as the case may be, to the best interests of the other entity for which the individual acted as director or officer or in a similar capacity at the Corporation’s request; and

(ii) in the case of a criminal or administrative action or proceeding that is enforced by a monetary penalty, had reasonable grounds for believing that the individual’s conduct was lawful.

(d) The Corporation shall also indemnify an individual referred to in Section 53 (a) in such other circumstances as the Act permits or requires. Nothing in this by-law limits the right
of any individual entitled to indemnity to claim indemnity apart from the provisions of this by-law.

(e) The Corporation may purchase and maintain insurance for the benefit of an individual referred to in Section 53 (a) against any liability incurred by that individual, (i) in the individual’s capacity as a director or an officer of the Corporation, or (ii) in the individual’s capacity as a director or an officer, or in a similar capacity, of another entity, if the individual acts or acted in that capacity at the Corporation’s request.

54. **By-Laws and Effective Date**

Subject to the Articles, the Board may, by Ordinary Resolution, make, amend or repeal any By-Laws that regulate the activities or affairs of the Corporation. Any such by-law, amendment or repeal shall be effective from the date of the resolution of the Board until the next Meeting of Members where it may be confirmed, rejected or amended by the Members by Ordinary Resolution. If the by-law, amendment or repeal is confirmed or confirmed as amended by the Members it remains effective in the form in which it was confirmed. The by-law, amendment or repeal ceases to have effect if it is not submitted to the Members at the next Meeting of Members or if it is rejected by the Members at the meeting.

This section does not apply to a by-law that requires a Strong Majority Vote of the Members according to subsection 197(1) (fundamental change) of the Act because such by-law amendments or repeals are only effective when confirmed by Members.

**APPROVED UNANIMOUSLY AND ENACTED** by the Members at a Meeting of Members of the Corporation held on the 16th day of October, 2020.
FINANCE, PROPERTY & ADMINISTRATION COMMITTEE

Members:
Benjamin Lin, Chair
Richard Hunter
Marc Trudell
Flavio Turchet (ex-officio)

REPORT
November 17, 2020 - Council Meeting

Since the report to the Nov 14, 2019 Council Meeting, the Finance, Property & Administration Committee has met four times in 2020, May 12th, July 30th, October 22nd and November 2nd.

PART A – FOR ACTION OF COUNCIL

1. 2021 Budget

The Committee completed a comprehensive review of the 2021 Budget prepared by staff, comprised of an Operating Budget and a Capital Budget. Input to the budget was provided by the Registrar, Assistant Registrar, Director of Communications and the management of each department. The purpose of the Committee’s review was to determine whether the budget was consistent with the established direction and goals of the College as approved by Council.

The Committee’s questions were answered and the Committee was supplied with adequate detail and background to make informed judgments with respect to the proposed budget, included in Appendix A.

The Committee believes the 2021 budget reasonably predicts the expected revenues and expenditures of the College, and makes the following recommendation:
RECOMMENDATION #1:

That Council approve the Operating and Capital Budgets for 2021 as presented.

(requires majority vote)

2. Financial Reserves Policy

In conjunction with the Finance, Property and Administration Committee’s terms of reference, and conducted in the context of a larger review of the financial framework of the College, the Committee was tasked with developing a financial reserve policy document.

The College currently holds two reserves, a reserve for the CRM project and a Professional Liability Program Reserve Fund. This policy is building upon good governance that is already in place and was developed using best practices. Having a financial reserve policy in place is also a requirement of the Ministry of Health and Long-Term Care, reported through the College Performance Measurement Framework.

The proposed Financial Reserves Policy is attached at Appendix B and based on its review the Committee makes the following recommendation.

RECOMMENDATION #2:

That Council approve the Financial Reserves Policy as included in Appendix B to this report.

(Requires majority vote)

PART B – FOR INFORMATION OF COUNCIL

There are no items for information at this time.
APPENDIX A
Submitted by the Finance, Property and Administration Committee to RCDSO Council

November 17, 2020
2021 Budget Narrative

**PROCESS**

The 2021 Budget sets out the priority areas and financial plan for the management and oversight of the Royal College of Dental Surgeons of Ontario. The chief goals are maintaining fiscal sustainability and effective resource allocation while delivering consistently high quality regulatory programs. The pandemic has resulted in significant changes to the way the College operates and those changes are reflected in the 2021 Budget.

Preparing the annual budget is a multi-layered and collaborative process. Each year it begins in May, with the Director of Finance and Operations and the Controller issuing the timeline and budget worksheets, and supporting and reviewing the submissions of the departments. The finance team works with managers to ensure the compiled budget is reasonable and aligned with the 2020-2023 Strategic Plan, and that we have accounted for inter related activities and projects.

The Registrar, Assistant Registrar, Director of Communications, and the Director of Finance and Operations further analyze the budget. The final version is presented to the Finance, Property and Administration Committee. After approval, the budget is presented to Council, with the Committee Chair and the Director of Finance and Operations available to answer any questions. Council votes on acceptance of the budget as presented by the Committee in an open public meeting.

Although it is the finance team’s responsibility to guide staff and seek approval for a consolidated annual budget, the budget itself belongs to every department within the organization. Managing the budget requires several steps, including:
- monitoring actual results compared to budget with a focus on risks;
- analyzing monthly statements by the management team to ensure the organization is on track and to address any emerging issues; and
- providing quarterly statements to the Finance, Property and Administration Committee, with an accompanying report on significant variances from budget and an explanation of mitigating activities.

**MAJOR BUDGET IMPACTS FOR 2021**

The COVID-19 pandemic has material ramifications for the 2021 Budget.
- Maintain virtual meetings, resulting in cost savings
- Invest in technology and ergonomics to support continued work from home for all staff
- Implementation of remote inspections
- An on-going investment in health and safety measures
- Continuing the digitalization of records

In addition to these key areas, the budget focuses on operationalizing the 2021 priorities of the strategic plan. There is also an increase in membership fees of $75, the third-year of a Council approved plan entrenched in the RCDSO By-laws.

**2021 BUDGET NOTES**

We are presenting a surplus operating budget for 2021 of $577K to provide protection against the volatile environment, mitigate risks and subject to further discussion to begin the process of accumulating an operating reserve for the College.

The 2021 revenues are budgeted at $32.2M. This is an increase from the 2020 budget and is primarily due to the final year of a planned membership fee increase approved by Council.

Expenses are $31.6M, representing an increase of 1% from the 2020 Budget. This slight rise in expenses is due to increasing the PLP loss provision to a more realistic level and recording amortization on the new CRM system, balanced against savings resulting from remote working. No new full time staff are planned at this point and staffing costs are reduced from 2020.

The capital budget for fiscal 2021 is $2.74M, which includes expenditures for continued investments in technology modernization and enhancements, and safety improvements in the building.
# SUMMARY REVENUE OVER EXPENSES

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</thead>
<tbody>
<tr>
<td>Total Revenues</td>
<td>$26,856,189</td>
<td>$31,008,346</td>
<td>$29,970,208</td>
<td>$31,257,385</td>
<td>96%</td>
<td>$32,228,065</td>
<td>$970,680</td>
<td>3%</td>
</tr>
<tr>
<td>Office of the Registrar</td>
<td>3,058,180</td>
<td>3,330,827</td>
<td>2,084,483</td>
<td>3,285,369</td>
<td>63%</td>
<td>2,942,637</td>
<td>(342,732)</td>
<td>-10%</td>
</tr>
<tr>
<td>Professional Conduct &amp; Regulatory Affairs</td>
<td>7,347,799</td>
<td>7,977,599</td>
<td>4,590,040</td>
<td>8,509,097</td>
<td>54%</td>
<td>8,204,628</td>
<td>(304,469)</td>
<td>-4%</td>
</tr>
<tr>
<td>Facility Inspection Program</td>
<td>848,686</td>
<td>939,963</td>
<td>471,420</td>
<td>1,165,429</td>
<td>40%</td>
<td>1,084,572</td>
<td>(80,857)</td>
<td>-7%</td>
</tr>
<tr>
<td>Finance &amp; Administration</td>
<td>3,242,534</td>
<td>3,779,017</td>
<td>1,754,960</td>
<td>4,533,885</td>
<td>39%</td>
<td>4,163,642</td>
<td>(370,243)</td>
<td>-8%</td>
</tr>
<tr>
<td>Information Technology</td>
<td>1,227,668</td>
<td>1,569,021</td>
<td>1,121,599</td>
<td>2,113,708</td>
<td>53%</td>
<td>2,944,581</td>
<td>830,873</td>
<td>39%</td>
</tr>
<tr>
<td>Operations &amp; Facilities</td>
<td>2,140,847</td>
<td>1,924,643</td>
<td>1,065,391</td>
<td>1,914,111</td>
<td>56%</td>
<td>1,920,162</td>
<td>6,051</td>
<td>0%</td>
</tr>
<tr>
<td>Human Resources</td>
<td>474,735</td>
<td>607,821</td>
<td>554,292</td>
<td>586,647</td>
<td>94%</td>
<td>845,694</td>
<td>259,047</td>
<td>44%</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>1,595,484</td>
<td>1,642,626</td>
<td>1,085,233</td>
<td>1,758,741</td>
<td>62%</td>
<td>1,740,738</td>
<td>(18,003)</td>
<td>-1%</td>
</tr>
<tr>
<td>Registration</td>
<td>679,676</td>
<td>719,406</td>
<td>434,433</td>
<td>705,577</td>
<td>62%</td>
<td>664,575</td>
<td>(41,002)</td>
<td>-6%</td>
</tr>
<tr>
<td>Communications</td>
<td>781,338</td>
<td>893,505</td>
<td>582,088</td>
<td>995,283</td>
<td>58%</td>
<td>962,473</td>
<td>(32,810)</td>
<td>-3%</td>
</tr>
<tr>
<td>Professional Liability Program</td>
<td>10,517,239</td>
<td>8,041,329</td>
<td>3,862,375</td>
<td>5,689,538</td>
<td>68%</td>
<td>6,177,181</td>
<td>487,643</td>
<td>9%</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td>$31,914,186</td>
<td>$31,425,757</td>
<td>$17,606,314</td>
<td>$31,257,385</td>
<td>56%</td>
<td>$31,650,883</td>
<td>$393,498</td>
<td>1%</td>
</tr>
<tr>
<td><strong>EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES</strong></td>
<td>$(5,057,998)</td>
<td>$(417,411)</td>
<td>$12,363,894</td>
<td>-</td>
<td>$577,182</td>
<td>$577,182</td>
<td>-</td>
<td>-</td>
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The percentage of budget used as of August should be 67%
## REVENUE BUDGET ALL SOURCES

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</thead>
<tbody>
<tr>
<td>Application Fees - Membership</td>
<td>$170,700</td>
<td>$163,750</td>
<td>$106,350</td>
<td>$146,250</td>
<td>$158,750</td>
<td>$12,500</td>
<td>9%</td>
<td>600 new applicants @ $250 + 35 add specialty @ $250</td>
</tr>
<tr>
<td>Registration Fees - Membership</td>
<td>$67,300</td>
<td>$65,200</td>
<td>$42,500</td>
<td>$58,500</td>
<td>$63,500</td>
<td>5,000</td>
<td>9%</td>
<td>600 new applicants @ $100 + 35 add specialty @ $100</td>
</tr>
<tr>
<td>Annual Membership Fee</td>
<td>$21,649,360</td>
<td>$24,340,640</td>
<td>$25,648,855</td>
<td>$25,324,000</td>
<td>$26,525,680</td>
<td>$1,201,680</td>
<td>5%</td>
<td>10,568 x $2,510 = $26,525,680</td>
</tr>
<tr>
<td>Semi-Annual Membership Fee</td>
<td>$340,200</td>
<td>$356,360</td>
<td>$281,820</td>
<td>$396,500</td>
<td>$407,875</td>
<td>11,375</td>
<td>3%</td>
<td>325 members @ $1,255</td>
</tr>
<tr>
<td>Quarterly Membership Fee</td>
<td>$55,900</td>
<td>$73,500</td>
<td>-</td>
<td>$68,400</td>
<td>$70,300</td>
<td>$1,900</td>
<td>3%</td>
<td>95 members @ $740</td>
</tr>
<tr>
<td>Late Fees - Membership</td>
<td>$200,600</td>
<td>$199,675</td>
<td>$(52,500)</td>
<td>$125,000</td>
<td>$15,000</td>
<td>$(110,000)</td>
<td>-88%</td>
<td>Expect few late fees with membership fee delay to Feb 28/21</td>
</tr>
<tr>
<td>HPC - New Incorporation</td>
<td>$535,750</td>
<td>$567,500</td>
<td>$395,000</td>
<td>$487,500</td>
<td>$468,750</td>
<td>$(18,750)</td>
<td>-4%</td>
<td>625 joins/year @ $750 (decrease in demand for new corporations resulting from change to income tax rules re: income splitting)</td>
</tr>
<tr>
<td>HPC - Renewal</td>
<td>$1,189,383</td>
<td>$1,222,758</td>
<td>$1,269,842</td>
<td>$1,222,500</td>
<td>$1,267,500</td>
<td>$45,000</td>
<td>4%</td>
<td>7,015 HPC (5,700 @ $175 + 1,350 @ $200)</td>
</tr>
<tr>
<td>Restricted Certificates</td>
<td>$2,160</td>
<td>-</td>
<td>-</td>
<td>$2,360</td>
<td>$2,360</td>
<td>-</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Letter of Standing/Name Change</td>
<td>$29,750</td>
<td>$27,650</td>
<td>$17,700</td>
<td>$22,500</td>
<td>$18,750</td>
<td>$(3,750)</td>
<td>-17%</td>
<td></td>
</tr>
<tr>
<td>S&amp;A Facility Permit Fees</td>
<td>$581,550</td>
<td>$599,188</td>
<td>$558,963</td>
<td>$593,500</td>
<td>$593,500</td>
<td>-</td>
<td>0%</td>
<td>Renewal: 1,265 @ $350 + New: 201 @ $750</td>
</tr>
<tr>
<td>S&amp;A Individual Authorizations</td>
<td>$188,400</td>
<td>$198,863</td>
<td>$191,400</td>
<td>$245,550</td>
<td>$245,550</td>
<td>-</td>
<td>0%</td>
<td>Renewal: 1,264 NV @ $150 + 111 VS @ $300 + New: 103 NV @ $150 + 12 VS @ $600</td>
</tr>
<tr>
<td>S&amp;A Minimal Authorizations</td>
<td>-</td>
<td>-</td>
<td>$259,425</td>
<td>$506,250</td>
<td>$506,250</td>
<td>-</td>
<td>0%</td>
<td>4,500 @ $150, Renewal 2021</td>
</tr>
<tr>
<td>S&amp;A Minimal Inspections</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>$43,750</td>
<td>$43,750</td>
<td>-</td>
<td>0%</td>
<td>350 @ $125</td>
</tr>
<tr>
<td>CT Scan Facility Permit Fee - New</td>
<td>$45,617</td>
<td>$30,033</td>
<td>$17,850</td>
<td>$34,000</td>
<td>$34,000</td>
<td>-</td>
<td>0%</td>
<td>New: 40 @ $850</td>
</tr>
<tr>
<td>CT Scan Facility Permit Fee - ReNew</td>
<td>$84,600</td>
<td>$110,442</td>
<td>$98,417</td>
<td>$113,200</td>
<td>$113,200</td>
<td>-</td>
<td>0%</td>
<td>Renewal: 283 @ $400</td>
</tr>
<tr>
<td>CT Individual Authorizations</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>$14,625</td>
<td>$14,625</td>
<td>-</td>
<td>0%</td>
<td>585 @ $150, Renewal and New</td>
</tr>
<tr>
<td>Hearing Cost Recoveries</td>
<td>$89,000</td>
<td>$452,149</td>
<td>$19,000</td>
<td>$60,000</td>
<td>$90,000</td>
<td>$30,000</td>
<td>50%</td>
<td>Files requiring collection (170 @ $1,000 + 50 @ $600)</td>
</tr>
<tr>
<td>Monitoring Cost Recoveries</td>
<td>$100,700</td>
<td>$106,600</td>
<td>$42,800</td>
<td>$120,000</td>
<td>$200,000</td>
<td>$80,000</td>
<td>67%</td>
<td></td>
</tr>
<tr>
<td>Legal Cost Recoveries</td>
<td>$4,500</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>IPAC Cost Recoveries</td>
<td>-</td>
<td>-</td>
<td>$48,000</td>
<td>$42,000</td>
<td>(6,000)</td>
<td>-13%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Course Registration Fees</td>
<td>$51,750</td>
<td>$54,750</td>
<td>$24,500</td>
<td>$75,000</td>
<td>$50,000</td>
<td>$(25,000)</td>
<td>-33%</td>
<td>$2,000 for average of 100 files per year</td>
</tr>
<tr>
<td>PLP Recoveries</td>
<td>$226,262</td>
<td>$203,000</td>
<td>$26,000</td>
<td>$200,000</td>
<td>$200,000</td>
<td>-</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Investment Income</td>
<td>$1,208,353</td>
<td>$1,920,891</td>
<td>$1,022,286</td>
<td>$1,350,000</td>
<td>$1,096,725</td>
<td>$(235,275)</td>
<td>-19%</td>
<td>Historically low short-term rates, balance with ETF’s</td>
</tr>
<tr>
<td>Other Income</td>
<td>$34,354</td>
<td>$315,397</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0%</td>
<td></td>
</tr>
</tbody>
</table>

**TOTALS**                                $26,856,189  $31,008,346  $29,970,208  $31,257,385  $32,228,065  $970,680  3%
# CONSOLIDATED EXPENSE BUDGET (ALL DEPARTMENTS)

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</thead>
<tbody>
<tr>
<td>Staffing Costs</td>
<td>$14,378,396</td>
<td>$16,327,665</td>
<td>$10,229,296</td>
<td>$17,210,473</td>
<td>59%</td>
<td>$17,178,475</td>
<td>0%</td>
</tr>
<tr>
<td>PLP Loss Provision</td>
<td>8,216,078</td>
<td>5,456,552</td>
<td>2,031,696</td>
<td>3,047,540</td>
<td>67%</td>
<td>3,553,560</td>
<td>17%</td>
</tr>
<tr>
<td>Insurance &amp; Brokerage</td>
<td>346,843</td>
<td>518,595</td>
<td>557,845</td>
<td>574,755</td>
<td>97%</td>
<td>565,070</td>
<td>-2%</td>
</tr>
<tr>
<td>Council &amp; Committees</td>
<td>946,984</td>
<td>1,051,306</td>
<td>583,359</td>
<td>1,126,255</td>
<td>52%</td>
<td>1,125,415</td>
<td>0%</td>
</tr>
<tr>
<td>Consulting &amp; Professional Fees</td>
<td>2,635,218</td>
<td>2,744,391</td>
<td>1,296,279</td>
<td>2,808,730</td>
<td>46%</td>
<td>2,435,370</td>
<td>-13%</td>
</tr>
<tr>
<td>Administration</td>
<td>1,473,328</td>
<td>1,586,506</td>
<td>410,580</td>
<td>1,608,323</td>
<td>26%</td>
<td>1,287,718</td>
<td>-20%</td>
</tr>
<tr>
<td>Amortization &amp; Write-offs</td>
<td>1,105,808</td>
<td>1,088,313</td>
<td>645,251</td>
<td>1,824,500</td>
<td>35%</td>
<td>2,364,400</td>
<td>30%</td>
</tr>
<tr>
<td>Faculty Payments &amp; Fees</td>
<td>382,803</td>
<td>452,497</td>
<td>401,160</td>
<td>457,250</td>
<td>88%</td>
<td>502,483</td>
<td>10%</td>
</tr>
<tr>
<td>Telecommunications &amp; Technology</td>
<td>1,226,218</td>
<td>1,258,913</td>
<td>983,013</td>
<td>1,631,558</td>
<td>60%</td>
<td>1,732,671</td>
<td>6%</td>
</tr>
<tr>
<td>Operations &amp; Facilities</td>
<td>1,202,510</td>
<td>941,019</td>
<td>461,632</td>
<td>968,001</td>
<td>48%</td>
<td>905,721</td>
<td>-6%</td>
</tr>
<tr>
<td><strong>Summary Totals</strong></td>
<td><strong>$31,914,186</strong></td>
<td><strong>$31,425,757</strong></td>
<td><strong>$17,600,111</strong></td>
<td><strong>$31,257,385</strong></td>
<td><strong>56%</strong></td>
<td><strong>$31,650,883</strong></td>
<td><strong>1%</strong></td>
</tr>
</tbody>
</table>

## STAFFING COSTS

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Salaries &amp; Benefits</td>
<td>$13,724,935</td>
<td>$15,560,406</td>
<td>$10,036,534</td>
<td>$16,575,028</td>
<td>61%</td>
<td>$16,504,115</td>
<td>0%</td>
</tr>
<tr>
<td>Contract Staff</td>
<td>347,804</td>
<td>378,093</td>
<td>94,991</td>
<td>485,200</td>
<td>20%</td>
<td>510,000</td>
<td>5%</td>
</tr>
<tr>
<td>Temporary Staff</td>
<td>82,810</td>
<td>138,295</td>
<td>73,954</td>
<td>95,000</td>
<td>78%</td>
<td>172,850</td>
<td>82%</td>
</tr>
<tr>
<td>Vacation Accrual</td>
<td>(5,450)</td>
<td>11,288</td>
<td>(170,638)</td>
<td>(273,400)</td>
<td>0%</td>
<td>(337,000)</td>
<td>-23%</td>
</tr>
<tr>
<td>Vacancy Factor</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0%</td>
<td>-</td>
<td>0%</td>
</tr>
<tr>
<td>Staff Development</td>
<td>89,223</td>
<td>89,954</td>
<td>87,763</td>
<td>153,000</td>
<td>57%</td>
<td>162,950</td>
<td>7%</td>
</tr>
<tr>
<td>Memberships &amp; Professional Dues</td>
<td>93,119</td>
<td>106,277</td>
<td>97,281</td>
<td>123,645</td>
<td>79%</td>
<td>119,160</td>
<td>-4%</td>
</tr>
<tr>
<td>Staff Social Events</td>
<td>44,361</td>
<td>41,131</td>
<td>8,677</td>
<td>45,250</td>
<td>19%</td>
<td>42,250</td>
<td>-7%</td>
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<tr>
<td>Team Building</td>
<td>1,594</td>
<td>2,221</td>
<td>734</td>
<td>6,750</td>
<td>11%</td>
<td>4,150</td>
<td>-39%</td>
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<tr>
<td><strong>Total Staffing Costs</strong></td>
<td><strong>$14,378,396</strong></td>
<td><strong>$16,327,665</strong></td>
<td><strong>$10,229,296</strong></td>
<td><strong>$17,210,473</strong></td>
<td><strong>59%</strong></td>
<td><strong>$17,178,475</strong></td>
<td><strong>0%</strong></td>
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## INSURANCE & BROKERAGE

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</thead>
<tbody>
<tr>
<td>Brokers</td>
<td>$54,000</td>
<td>$81,000</td>
<td>$81,000</td>
<td>$81,000</td>
<td>100%</td>
<td>$81,000</td>
<td>0%</td>
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<tr>
<td>Insurance Premiums</td>
<td>292,843</td>
<td>437,595</td>
<td>476,845</td>
<td>493,755</td>
<td>97%</td>
<td>484,070</td>
<td>-2%</td>
</tr>
<tr>
<td><strong>Total Insurance &amp; Brokerage</strong></td>
<td><strong>$346,843</strong></td>
<td><strong>$518,595</strong></td>
<td><strong>$557,845</strong></td>
<td><strong>$574,755</strong></td>
<td><strong>97%</strong></td>
<td><strong>$565,070</strong></td>
<td><strong>-2%</strong></td>
</tr>
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</table>
**COUNCIL & COMMITTEES**

<table>
<thead>
<tr>
<th>Description</th>
<th>2018 Actual</th>
<th>2019 Actual</th>
<th>2020 YTD (Aug. 31, 2020)</th>
<th>2020 Budget</th>
<th>% Budget Used</th>
<th>2021 Budget</th>
<th>INCR/DECR OVER 2020 - %</th>
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</thead>
<tbody>
<tr>
<td>Council</td>
<td>$61,335</td>
<td>$86,687</td>
<td>$47,165</td>
<td>$99,900</td>
<td>47%</td>
<td>$66,880</td>
<td>-33%</td>
</tr>
<tr>
<td>Executive Committee</td>
<td>30,693</td>
<td>46,870</td>
<td>22,910</td>
<td>36,330</td>
<td>63%</td>
<td>30,375</td>
<td>-16%</td>
</tr>
<tr>
<td>Legal &amp; Legislation Committee</td>
<td>-</td>
<td>143</td>
<td>393</td>
<td>2,650</td>
<td>15%</td>
<td>2,650</td>
<td>0%</td>
</tr>
<tr>
<td>Working Groups</td>
<td>2,795</td>
<td>2,475</td>
<td>890</td>
<td>10,000</td>
<td>9%</td>
<td>7,810</td>
<td>-22%</td>
</tr>
<tr>
<td>President Honoraria &amp; Attendances</td>
<td>104,182</td>
<td>86,614</td>
<td>65,248</td>
<td>72,500</td>
<td>90%</td>
<td>72,525</td>
<td>0%</td>
</tr>
<tr>
<td>Society &amp; ODA Meetings</td>
<td>9,725</td>
<td>15,255</td>
<td>948</td>
<td>7,400</td>
<td>13%</td>
<td>5,115</td>
<td>-31%</td>
</tr>
<tr>
<td>Other Attendances</td>
<td>565</td>
<td>13,250</td>
<td>49,430</td>
<td>6,900</td>
<td>716%</td>
<td>11,550</td>
<td>67%</td>
</tr>
<tr>
<td>International Trade Committee</td>
<td>-</td>
<td>287</td>
<td>2,025</td>
<td>2,200</td>
<td>92%</td>
<td>4,240</td>
<td>93%</td>
</tr>
<tr>
<td>Discipline Committee</td>
<td>125,840</td>
<td>50,980</td>
<td>15,150</td>
<td>70,000</td>
<td>22%</td>
<td>83,575</td>
<td>19%</td>
</tr>
<tr>
<td>Inquiries, Complaints &amp; Reports Committee</td>
<td>474,319</td>
<td>638,827</td>
<td>333,424</td>
<td>640,000</td>
<td>52%</td>
<td>687,710</td>
<td>7%</td>
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<tr>
<td>Fitness to Practise Committee</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>4,125</td>
<td>0%</td>
<td>4,140</td>
<td>0%</td>
</tr>
<tr>
<td>Patient Relations Committee</td>
<td>3,925</td>
<td>13,160</td>
<td>2,291</td>
<td>18,400</td>
<td>12%</td>
<td>9,340</td>
<td>-49%</td>
</tr>
<tr>
<td>Pre-Hearing Presider</td>
<td>10,465</td>
<td>11,875</td>
<td>8,050</td>
<td>17,500</td>
<td>46%</td>
<td>17,325</td>
<td>-1%</td>
</tr>
<tr>
<td>Audit Committee</td>
<td>7,555</td>
<td>1,540</td>
<td>1,570</td>
<td>6,500</td>
<td>24%</td>
<td>4,340</td>
<td>-33%</td>
</tr>
<tr>
<td>Finance Property &amp; Administration Committee</td>
<td>6,775</td>
<td>6,955</td>
<td>4,320</td>
<td>10,600</td>
<td>41%</td>
<td>8,580</td>
<td>-19%</td>
</tr>
<tr>
<td>Pension Governance Committee</td>
<td>3,825</td>
<td>8,343</td>
<td>4,225</td>
<td>10,600</td>
<td>40%</td>
<td>8,580</td>
<td>-19%</td>
</tr>
<tr>
<td>Quality Assurance Committee</td>
<td>36,355</td>
<td>18,400</td>
<td>13,270</td>
<td>40,650</td>
<td>33%</td>
<td>38,055</td>
<td>-6%</td>
</tr>
<tr>
<td>Quality Assurance Working Groups</td>
<td>31,040</td>
<td>19,245</td>
<td>2,588</td>
<td>32,000</td>
<td>8%</td>
<td>32,085</td>
<td>0%</td>
</tr>
<tr>
<td>Registration Committee</td>
<td>18,265</td>
<td>14,400</td>
<td>6,345</td>
<td>15,000</td>
<td>42%</td>
<td>13,090</td>
<td>-13%</td>
</tr>
<tr>
<td>Professional Liability Program Committee</td>
<td>19,325</td>
<td>16,000</td>
<td>3,117</td>
<td>23,000</td>
<td>14%</td>
<td>17,450</td>
<td>-24%</td>
</tr>
<tr>
<td><strong>Total Council &amp; Committees</strong></td>
<td><strong>$946,984</strong></td>
<td><strong>$1,051,306</strong></td>
<td><strong>$583,359</strong></td>
<td><strong>$1,126,255</strong></td>
<td><strong>52%</strong></td>
<td><strong>$1,125,415</strong></td>
<td><strong>0%</strong></td>
</tr>
</tbody>
</table>
## CONSULTING & PROFESSIONAL FEES

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Legal</td>
<td>$1,553,990</td>
<td>$1,130,899</td>
<td>$712,785</td>
<td>$1,425,000</td>
<td>50%</td>
<td>$1,250,000</td>
<td>-12%</td>
</tr>
<tr>
<td>Court Reporters</td>
<td>17,867</td>
<td>9,101</td>
<td>4,408</td>
<td>16,500</td>
<td>27%</td>
<td>12,000</td>
<td>-27%</td>
</tr>
<tr>
<td>Witness</td>
<td>-</td>
<td>-</td>
<td>350</td>
<td>1,000</td>
<td>35%</td>
<td>1,000</td>
<td>0%</td>
</tr>
<tr>
<td>Experts</td>
<td>14,442</td>
<td>21,827</td>
<td>13,998</td>
<td>15,000</td>
<td>93%</td>
<td>15,000</td>
<td>0%</td>
</tr>
<tr>
<td>Consultants</td>
<td>988,714</td>
<td>1,517,942</td>
<td>549,855</td>
<td>1,294,080</td>
<td>42%</td>
<td>1,099,870</td>
<td>-15%</td>
</tr>
<tr>
<td>Translation</td>
<td>29,511</td>
<td>17,614</td>
<td>14,883</td>
<td>20,000</td>
<td>74%</td>
<td>21,000</td>
<td>5%</td>
</tr>
<tr>
<td>Auditors</td>
<td>30,694</td>
<td>47,008</td>
<td>-</td>
<td>37,150</td>
<td>0%</td>
<td>36,500</td>
<td>-2%</td>
</tr>
<tr>
<td><strong>Total Consulting &amp; Professional Fees</strong></td>
<td><strong>$2,635,218</strong></td>
<td><strong>$2,744,391</strong></td>
<td><strong>$1,296,279</strong></td>
<td><strong>$2,808,730</strong></td>
<td><strong>46%</strong></td>
<td><strong>$2,435,370</strong></td>
<td><strong>-13%</strong></td>
</tr>
</tbody>
</table>

## ADMINISTRATION

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Radiographs</td>
<td>$2,528</td>
<td>$1,623</td>
<td>$267</td>
<td>$3,000</td>
<td>9%</td>
<td>$2,000</td>
<td>-33%</td>
</tr>
<tr>
<td>Media Monitoring Service</td>
<td>26,576</td>
<td>20,089</td>
<td>21,135</td>
<td>25,000</td>
<td>85%</td>
<td>23,000</td>
<td>-8%</td>
</tr>
<tr>
<td>Council Gifts</td>
<td>1,013</td>
<td>900</td>
<td>-</td>
<td>-</td>
<td>0%</td>
<td>500</td>
<td>100%</td>
</tr>
<tr>
<td>Transportation</td>
<td>247,963</td>
<td>259,254</td>
<td>62,216</td>
<td>276,900</td>
<td>22%</td>
<td>113,600</td>
<td>-59%</td>
</tr>
<tr>
<td>Meals &amp; Accommodation</td>
<td>147,419</td>
<td>167,962</td>
<td>32,059</td>
<td>173,100</td>
<td>19%</td>
<td>70,300</td>
<td>-59%</td>
</tr>
<tr>
<td>Catering</td>
<td>91,363</td>
<td>114,585</td>
<td>22,531</td>
<td>114,680</td>
<td>20%</td>
<td>43,900</td>
<td>-62%</td>
</tr>
<tr>
<td>Room Rentals</td>
<td>8,397</td>
<td>19,193</td>
<td>13,750</td>
<td>15,200</td>
<td>90%</td>
<td>9,500</td>
<td>-38%</td>
</tr>
<tr>
<td>AV Rentals</td>
<td>27,908</td>
<td>40,298</td>
<td>9,606</td>
<td>35,000</td>
<td>27%</td>
<td>16,250</td>
<td>-54%</td>
</tr>
<tr>
<td>Recruiting</td>
<td>84,607</td>
<td>17,362</td>
<td>92,536</td>
<td>50,000</td>
<td>185%</td>
<td>55,600</td>
<td>11%</td>
</tr>
<tr>
<td>Books and Subscriptions</td>
<td>46,648</td>
<td>68,290</td>
<td>43,434</td>
<td>77,223</td>
<td>56%</td>
<td>68,088</td>
<td>-12%</td>
</tr>
<tr>
<td>Kitchen Supplies</td>
<td>23,817</td>
<td>21,464</td>
<td>5,508</td>
<td>25,000</td>
<td>22%</td>
<td>13,000</td>
<td>-48%</td>
</tr>
<tr>
<td>Offsite storage/Misc Office</td>
<td>40,801</td>
<td>31,110</td>
<td>18,501</td>
<td>37,720</td>
<td>49%</td>
<td>38,380</td>
<td>2%</td>
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<tr>
<td>Bank Service Charges</td>
<td>11,655</td>
<td>8,483</td>
<td>5,395</td>
<td>7,500</td>
<td>72%</td>
<td>7,800</td>
<td>4%</td>
</tr>
<tr>
<td>Payroll Service Charges</td>
<td>37,186</td>
<td>40,022</td>
<td>22,886</td>
<td>43,000</td>
<td>53%</td>
<td>45,800</td>
<td>7%</td>
</tr>
<tr>
<td>Credit Card Fees</td>
<td>606,353</td>
<td>705,871</td>
<td>60,756</td>
<td>725,000</td>
<td>8%</td>
<td>730,000</td>
<td>1%</td>
</tr>
<tr>
<td>Bad Debt</td>
<td>69,094</td>
<td>70,000</td>
<td>-</td>
<td>-</td>
<td>0%</td>
<td>50,000</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Total Administration</strong></td>
<td><strong>$1,473,328</strong></td>
<td><strong>$1,586,506</strong></td>
<td><strong>$410,580</strong></td>
<td><strong>$1,608,323</strong></td>
<td><strong>26%</strong></td>
<td><strong>$1,287,718</strong></td>
<td><strong>-20%</strong></td>
</tr>
</tbody>
</table>
### AMORTIZATION & WRITE-OFFS

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<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Office Equipment</td>
<td>$15,225</td>
<td>$16,727</td>
<td>$12,202</td>
<td>$17,400</td>
<td>70%</td>
<td>$14,000</td>
<td>-20%</td>
</tr>
<tr>
<td>Computer Equipment</td>
<td>$120,537</td>
<td>$159,704</td>
<td>$86,335</td>
<td>$189,700</td>
<td>46%</td>
<td>$138,200</td>
<td>-27%</td>
</tr>
<tr>
<td>Furniture</td>
<td>$71,794</td>
<td>$76,221</td>
<td>$52,334</td>
<td>$105,500</td>
<td>50%</td>
<td>$73,900</td>
<td>-30%</td>
</tr>
<tr>
<td>Building</td>
<td>$153,760</td>
<td>$178,999</td>
<td>$95,084</td>
<td>$160,300</td>
<td>59%</td>
<td>$109,700</td>
<td>-32%</td>
</tr>
<tr>
<td>Capital Improvements</td>
<td>$51,743</td>
<td>$78,421</td>
<td>$82,109</td>
<td>$98,200</td>
<td>84%</td>
<td>$156,300</td>
<td>59%</td>
</tr>
<tr>
<td>Computer Software</td>
<td>$573,469</td>
<td>$504,427</td>
<td>$317,187</td>
<td>$1,253,400</td>
<td>25%</td>
<td>$1,872,400</td>
<td>49%</td>
</tr>
<tr>
<td>Write-off of Capital Assets</td>
<td>$119,280</td>
<td>$73,814</td>
<td>-</td>
<td>-</td>
<td>0%</td>
<td>-</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total Amortization &amp; Write-offs</strong></td>
<td>$1,105,808</td>
<td>$1,088,313</td>
<td>$645,251</td>
<td>$1,824,500</td>
<td>35%</td>
<td>$2,364,400</td>
<td>30%</td>
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</table>

### FACULTY PAYMENTS & FEES

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</thead>
<tbody>
<tr>
<td>CDRAF</td>
<td>$90,851</td>
<td>$91,818</td>
<td>$93,321</td>
<td>$93,600</td>
<td>100%</td>
<td>$105,680</td>
<td>13%</td>
</tr>
<tr>
<td>Commission on Accreditation (CDAC)</td>
<td>$171,956</td>
<td>$231,687</td>
<td>$237,139</td>
<td>$218,400</td>
<td>109%</td>
<td>$221,928</td>
<td>2%</td>
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<tr>
<td>Fed Health Reg Corp. of Ontario</td>
<td>$8,475</td>
<td>$8,475</td>
<td>$8,475</td>
<td>$8,500</td>
<td>100%</td>
<td>$8,500</td>
<td>0%</td>
</tr>
<tr>
<td>University of Toronto</td>
<td>$59,782</td>
<td>$66,271</td>
<td>$62,225</td>
<td>$68,375</td>
<td>91%</td>
<td>$112,375</td>
<td>64%</td>
</tr>
<tr>
<td>Western University</td>
<td>$31,740</td>
<td>$54,245</td>
<td>-</td>
<td>$68,375</td>
<td>0%</td>
<td>$54,000</td>
<td>-21%</td>
</tr>
<tr>
<td>Other</td>
<td>$20,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0%</td>
<td>-</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total Faculty Payments &amp; Fees</strong></td>
<td>$382,803</td>
<td>$452,497</td>
<td>$401,160</td>
<td>$457,250</td>
<td>88%</td>
<td>$502,483</td>
<td>10%</td>
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### TELECOMMUNICATIONS & TECHNOLOGY

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</thead>
<tbody>
<tr>
<td>Internet/Data Centre Services</td>
<td>$643,404</td>
<td>$595,479</td>
<td>$443,964</td>
<td>$492,540</td>
<td>90%</td>
<td>$518,850</td>
<td>5%</td>
</tr>
<tr>
<td>Telephone/Fax</td>
<td>$92,876</td>
<td>$107,261</td>
<td>$47,283</td>
<td>$69,040</td>
<td>68%</td>
<td>$86,640</td>
<td>25%</td>
</tr>
<tr>
<td>Application Support &amp; Maintenance</td>
<td>$125,854</td>
<td>$182,228</td>
<td>$134,490</td>
<td>$307,800</td>
<td>44%</td>
<td>$311,780</td>
<td>1%</td>
</tr>
<tr>
<td>IT Service Agreements - Software</td>
<td>$298,934</td>
<td>$307,470</td>
<td>$266,057</td>
<td>$592,318</td>
<td>45%</td>
<td>$686,178</td>
<td>16%</td>
</tr>
<tr>
<td>IT Service Agreements - Hardware</td>
<td>$22,680</td>
<td>$45,076</td>
<td>$29,010</td>
<td>$27,710</td>
<td>105%</td>
<td>$27,710</td>
<td>0%</td>
</tr>
<tr>
<td>Security - cyber</td>
<td>$17,977</td>
<td>$7,385</td>
<td>$54,815</td>
<td>$117,900</td>
<td>46%</td>
<td>$84,910</td>
<td>-28%</td>
</tr>
<tr>
<td>Non Cap. Computer Accessories</td>
<td>$24,493</td>
<td>$14,014</td>
<td>$7,394</td>
<td>$24,250</td>
<td>30%</td>
<td>$16,603</td>
<td>-32%</td>
</tr>
<tr>
<td><strong>Total Telecommunications &amp; Technology</strong></td>
<td>$1,226,218</td>
<td>$1,258,913</td>
<td>$983,013</td>
<td>$1,631,558</td>
<td>60%</td>
<td>$1,732,671</td>
<td>6%</td>
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## CONSOLIDATED EXPENSE BUDGET (ALL DEPARTMENTS) (continued)

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<tbody>
<tr>
<td><strong>OPERATIONS &amp; FACILITIES</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Printing</td>
<td>$79,445</td>
<td>$18,773</td>
<td>$65</td>
<td>$26,000</td>
<td>0%</td>
<td>$16,000</td>
<td>-38%</td>
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<tr>
<td>Photography</td>
<td>2,882</td>
<td>11,226</td>
<td>2,292</td>
<td>5,000</td>
<td>46%</td>
<td>5,000</td>
<td>0%</td>
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<tr>
<td>Postage</td>
<td>98,422</td>
<td>73,206</td>
<td>23,756</td>
<td>70,000</td>
<td>34%</td>
<td>60,000</td>
<td>-14%</td>
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<tr>
<td>Couriers</td>
<td>47,115</td>
<td>44,857</td>
<td>15,675</td>
<td>50,000</td>
<td>31%</td>
<td>50,000</td>
<td>0%</td>
</tr>
<tr>
<td>Stationery and Supplies</td>
<td>85,079</td>
<td>87,730</td>
<td>27,918</td>
<td>90,000</td>
<td>31%</td>
<td>75,000</td>
<td>-17%</td>
</tr>
<tr>
<td>Copier Lease and Supplies</td>
<td>171,352</td>
<td>114,030</td>
<td>72,255</td>
<td>95,000</td>
<td>76%</td>
<td>85,000</td>
<td>-11%</td>
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<tr>
<td>Equipment Service Agreements</td>
<td>19,496</td>
<td>1,441</td>
<td>-</td>
<td>1,441</td>
<td>0%</td>
<td>1,441</td>
<td>0%</td>
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<tr>
<td>Equipment Repairs</td>
<td></td>
<td>155</td>
<td>-</td>
<td>200</td>
<td>0%</td>
<td>200</td>
<td>0%</td>
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<tr>
<td>Equipment Rental</td>
<td>38,354</td>
<td>37,638</td>
<td>20,961</td>
<td>40,520</td>
<td>52%</td>
<td>42,000</td>
<td>4%</td>
</tr>
<tr>
<td>Office Cleaning</td>
<td>124,076</td>
<td>136,178</td>
<td>77,697</td>
<td>126,500</td>
<td>61%</td>
<td>140,000</td>
<td>11%</td>
</tr>
<tr>
<td>R&amp;M - Groundskeeping/Snow Removal</td>
<td>4,790</td>
<td>4,535</td>
<td>2,466</td>
<td>7,500</td>
<td>33%</td>
<td>7,500</td>
<td>0%</td>
</tr>
<tr>
<td>R&amp;M - Electrical</td>
<td>18,295</td>
<td>15,396</td>
<td>13,659</td>
<td>20,000</td>
<td>68%</td>
<td>20,000</td>
<td>0%</td>
</tr>
<tr>
<td>R&amp;M - Elevator</td>
<td>9,472</td>
<td>9,410</td>
<td>7,299</td>
<td>12,000</td>
<td>61%</td>
<td>12,000</td>
<td>0%</td>
</tr>
<tr>
<td>R&amp;M - HVAC &amp; Plumbing</td>
<td>31,773</td>
<td>40,783</td>
<td>18,109</td>
<td>45,000</td>
<td>40%</td>
<td>45,000</td>
<td>0%</td>
</tr>
<tr>
<td>R&amp;M - Security</td>
<td>79,842</td>
<td>84,107</td>
<td>51,924</td>
<td>80,000</td>
<td>65%</td>
<td>80,000</td>
<td>0%</td>
</tr>
<tr>
<td>R&amp;M - Structural</td>
<td>43,463</td>
<td>5,762</td>
<td>19,363</td>
<td>43,000</td>
<td>45%</td>
<td>20,000</td>
<td>-53%</td>
</tr>
<tr>
<td>Garbage Removal &amp; Recycling</td>
<td>22,738</td>
<td>24,456</td>
<td>7,890</td>
<td>25,000</td>
<td>32%</td>
<td>25,000</td>
<td>0%</td>
</tr>
<tr>
<td>Hydro</td>
<td>86,375</td>
<td>106,811</td>
<td>38,929</td>
<td>72,000</td>
<td>54%</td>
<td>65,000</td>
<td>-10%</td>
</tr>
<tr>
<td>Water</td>
<td>8,694</td>
<td>6,771</td>
<td>3,952</td>
<td>10,000</td>
<td>40%</td>
<td>8,000</td>
<td>-20%</td>
</tr>
<tr>
<td>Gas</td>
<td>16,882</td>
<td>16,435</td>
<td>11,208</td>
<td>20,000</td>
<td>56%</td>
<td>18,000</td>
<td>-10%</td>
</tr>
<tr>
<td>Non-Cap. Furniture Purchases</td>
<td>13,411</td>
<td>31,061</td>
<td>7,092</td>
<td>16,900</td>
<td>42%</td>
<td>15,000</td>
<td>-11%</td>
</tr>
<tr>
<td>Non-Cap. Equipment Purchases</td>
<td>26,527</td>
<td>20,484</td>
<td>4,931</td>
<td>47,140</td>
<td>10%</td>
<td>25,780</td>
<td>-45%</td>
</tr>
<tr>
<td>Plants and Plant Maintenance</td>
<td>5,447</td>
<td>5,022</td>
<td>2,967</td>
<td>4,800</td>
<td>62%</td>
<td>4,800</td>
<td>0%</td>
</tr>
<tr>
<td>Health &amp; Safety (JOHS included)</td>
<td></td>
<td></td>
<td>-</td>
<td>-</td>
<td>0%</td>
<td>15,000</td>
<td>100%</td>
</tr>
<tr>
<td>Ergonomics (Equip &amp; Consult)</td>
<td></td>
<td></td>
<td>-</td>
<td>-</td>
<td>0%</td>
<td>20,000</td>
<td>100%</td>
</tr>
<tr>
<td>Property Taxes</td>
<td>158,783</td>
<td>44,752</td>
<td>31,224</td>
<td>50,000</td>
<td>62%</td>
<td>50,000</td>
<td>0%</td>
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<tr>
<td>Sundry RCDSO</td>
<td>9,797</td>
<td></td>
<td>10,000</td>
<td></td>
<td>0%</td>
<td></td>
<td>-100%</td>
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<tr>
<td><strong>Total Operations &amp; Facilities</strong></td>
<td>$1,202,510</td>
<td>$941,019</td>
<td>$461,632</td>
<td>$968,001</td>
<td>48%</td>
<td>$905,721</td>
<td>-6%</td>
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</table>
## OFFICE OF THE REGISTRAR

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Staffing Costs</td>
<td>$1,411,371</td>
<td>$1,586,877</td>
<td>$922,533</td>
<td>$1,689,803</td>
<td>55%</td>
<td>$1,465,809</td>
<td>-13%</td>
<td></td>
</tr>
<tr>
<td>Insurance &amp; Brokerage</td>
<td>43,284</td>
<td>71,082</td>
<td>86,548</td>
<td>90,236</td>
<td>96%</td>
<td>84,200</td>
<td>-7%</td>
<td></td>
</tr>
<tr>
<td>Council &amp; Committees</td>
<td>209,295</td>
<td>251,581</td>
<td>189,009</td>
<td>237,880</td>
<td>79%</td>
<td>201,145</td>
<td>-15%</td>
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<tr>
<td>Consulting &amp; Professional Fees</td>
<td>802,204</td>
<td>701,762</td>
<td>418,928</td>
<td>614,500</td>
<td>68%</td>
<td>605,000</td>
<td>-2%</td>
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<tr>
<td>Administration</td>
<td>209,223</td>
<td>266,993</td>
<td>65,604</td>
<td>195,700</td>
<td>34%</td>
<td>84,000</td>
<td>-57%</td>
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<tr>
<td>Faculty Payments &amp; Fees</td>
<td>382,803</td>
<td>452,497</td>
<td>401,160</td>
<td>457,250</td>
<td>88%</td>
<td>502,483</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>Telecommunications &amp; Technology</td>
<td>-</td>
<td>35</td>
<td>701</td>
<td>-</td>
<td>0%</td>
<td>-</td>
<td>0%</td>
<td></td>
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<tr>
<td><strong>Summary Totals</strong></td>
<td><strong>$3,058,180</strong></td>
<td><strong>$3,330,827</strong></td>
<td><strong>$2,084,483</strong></td>
<td><strong>$3,285,369</strong></td>
<td><strong>63%</strong></td>
<td><strong>$2,942,637</strong></td>
<td><strong>-10%</strong></td>
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### STAFFING COSTS

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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries &amp; Benefits</td>
<td>$1,395,893</td>
<td>$1,571,696</td>
<td>$914,670</td>
<td>$1,695,978</td>
<td>54%</td>
<td>$1,476,459</td>
<td>-13%</td>
<td>Headcount = 7 + 1 Contract</td>
</tr>
<tr>
<td>Vacancy Factor</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(28,300)</td>
<td>0%</td>
<td>(28,400)</td>
<td>0%</td>
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<tr>
<td>Staff Development</td>
<td>9,713</td>
<td>7,143</td>
<td>1,254</td>
<td>12,000</td>
<td>10%</td>
<td>12,000</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Memberships &amp; Professional Dues</td>
<td>4,855</td>
<td>7,425</td>
<td>6,609</td>
<td>7,375</td>
<td>90%</td>
<td>4,000</td>
<td>-46%</td>
<td>LSUC + CBA, Paralegal</td>
</tr>
<tr>
<td>Retirement Gifts</td>
<td>910</td>
<td>613</td>
<td>-</td>
<td>250</td>
<td>0%</td>
<td>250</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Team Building</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2,500</td>
<td>0%</td>
<td>1,500</td>
<td>-40%</td>
<td></td>
</tr>
<tr>
<td><strong>Total Staffing Costs</strong></td>
<td><strong>$1,411,371</strong></td>
<td><strong>$1,586,877</strong></td>
<td><strong>$922,533</strong></td>
<td><strong>$1,689,803</strong></td>
<td><strong>55%</strong></td>
<td><strong>$1,465,809</strong></td>
<td><strong>-13%</strong></td>
<td></td>
</tr>
</tbody>
</table>

### INSURANCE & BROKERAGE

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</tr>
</thead>
<tbody>
<tr>
<td>Insurance Premiums</td>
<td>$43,284</td>
<td>$71,082</td>
<td>$86,548</td>
<td>$90,236</td>
<td>96%</td>
<td>$84,200</td>
<td>-7%</td>
<td>Travel insurance $5K + DBO $53K + Excess $23K + LawPro $3K</td>
</tr>
<tr>
<td><strong>Total Insurance &amp; Brokerage</strong></td>
<td><strong>$43,284</strong></td>
<td><strong>$71,082</strong></td>
<td><strong>$86,548</strong></td>
<td><strong>$90,236</strong></td>
<td><strong>96%</strong></td>
<td><strong>$84,200</strong></td>
<td><strong>-7%</strong></td>
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</table>
### COUNCIL & COMMITTEES

<table>
<thead>
<tr>
<th>Description</th>
<th>2018 Actual</th>
<th>2019 Actual</th>
<th>2020 YTD (Aug. 31, 2020)</th>
<th>2020 Budget</th>
<th>% Budget Used</th>
<th>2021 Budget</th>
<th>INCR/DECR OVER 2020 - %</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Council</td>
<td>$61,335</td>
<td>$86,687</td>
<td>$47,165</td>
<td>$99,900</td>
<td>47%</td>
<td>$66,880</td>
<td>-33%</td>
<td>3 meetings: 2 virtual and 1 in person</td>
</tr>
<tr>
<td>Executive Committee</td>
<td>$30,693</td>
<td>$46,870</td>
<td>$22,910</td>
<td>$36,330</td>
<td>63%</td>
<td>$30,375</td>
<td>-16%</td>
<td>3 dentists, 2 in-person + 8 teleconference meetings per year</td>
</tr>
<tr>
<td>Legal &amp; Legislation Committee</td>
<td>-</td>
<td>143</td>
<td>393</td>
<td>2,650</td>
<td>15%</td>
<td>2,650</td>
<td>0%</td>
<td>4 dentists, 1 teleconference</td>
</tr>
<tr>
<td>Working Groups</td>
<td>2,795</td>
<td>2,475</td>
<td>890</td>
<td>10,000</td>
<td>9%</td>
<td>7,810</td>
<td>-22%</td>
<td>3 dentists, 1 in-person, 2 virtual meetings</td>
</tr>
<tr>
<td>President Honoraria &amp; Attendances</td>
<td>104,182</td>
<td>86,614</td>
<td>65,248</td>
<td>72,500</td>
<td>90%</td>
<td>72,525</td>
<td>0%</td>
<td>President Stipend + 5 other appearances + calls</td>
</tr>
<tr>
<td>Society &amp; ODA Meetings</td>
<td>9,725</td>
<td>15,255</td>
<td>948</td>
<td>7,400</td>
<td>13%</td>
<td>5,115</td>
<td>-31%</td>
<td>1 dentist, White coat + Western Grad + UofT, ODA 3 meetings per year</td>
</tr>
<tr>
<td>Other Attendances</td>
<td>565</td>
<td>13,250</td>
<td>49,430</td>
<td>6,900</td>
<td>716%</td>
<td>11,550</td>
<td>67%</td>
<td>2 dentists, 3 other appearances</td>
</tr>
<tr>
<td>International Trade Committee</td>
<td>-</td>
<td>287</td>
<td>2,025</td>
<td>2,200</td>
<td>92%</td>
<td>4,240</td>
<td>93%</td>
<td>3 dentists, 1 virtual meeting</td>
</tr>
<tr>
<td><strong>Total Council &amp; Committees</strong></td>
<td>$209,295</td>
<td>$251,581</td>
<td>$189,009</td>
<td>$237,880</td>
<td>79%</td>
<td>$201,145</td>
<td>-15%</td>
<td></td>
</tr>
</tbody>
</table>

### CONSULTING & PROFESSIONAL FEES

<table>
<thead>
<tr>
<th>Description</th>
<th>2018 Actual</th>
<th>2019 Actual</th>
<th>2020 YTD (Aug. 31, 2020)</th>
<th>2020 Budget</th>
<th>% Budget Used</th>
<th>2021 Budget</th>
<th>INCR/DECR OVER 2020 - %</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal</td>
<td>$629,192</td>
<td>$497,966</td>
<td>$340,164</td>
<td>$550,000</td>
<td>62%</td>
<td>$518,000</td>
<td>-6%</td>
<td>Includes HR and Council related</td>
</tr>
<tr>
<td>Court Reporters</td>
<td>3,453</td>
<td>4,007</td>
<td>2,204</td>
<td>4,500</td>
<td>49%</td>
<td>-</td>
<td>-100%</td>
<td>Eliminated</td>
</tr>
<tr>
<td>Consultants</td>
<td>169,559</td>
<td>199,789</td>
<td>76,560</td>
<td>60,000</td>
<td>128%</td>
<td>87,000</td>
<td>45%</td>
<td>Wellness $30K, Health Support Services</td>
</tr>
<tr>
<td>Total Consulting &amp; Professional Fees</td>
<td>$802,204</td>
<td>$701,762</td>
<td>$418,928</td>
<td>$614,500</td>
<td>68%</td>
<td>$605,000</td>
<td>-2%</td>
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</tbody>
</table>
## Administration

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<thead>
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</tr>
</thead>
<tbody>
<tr>
<td>Council Gifts</td>
<td>$1,013</td>
<td>$900</td>
<td>$-</td>
<td>$-</td>
<td>0%</td>
<td>$500</td>
<td>100%</td>
<td>Gifts for speakers, departing Council members</td>
</tr>
<tr>
<td>Transportation</td>
<td>47,098</td>
<td>68,551</td>
<td>23,263</td>
<td>55,000</td>
<td>42%</td>
<td>25,500</td>
<td>-54%</td>
<td>Committees, Council and staff</td>
</tr>
<tr>
<td>Meals &amp; Accommodation</td>
<td>40,468</td>
<td>58,187</td>
<td>12,938</td>
<td>45,000</td>
<td>29%</td>
<td>19,500</td>
<td>-57%</td>
<td>Committees, Council and staff</td>
</tr>
<tr>
<td>Catering</td>
<td>54,369</td>
<td>71,516</td>
<td>17,301</td>
<td>50,000</td>
<td>35%</td>
<td>18,000</td>
<td>-64%</td>
<td>Committees, Council and staff</td>
</tr>
<tr>
<td>Room Rentals</td>
<td>7,571</td>
<td>15,706</td>
<td>1,243</td>
<td>7,200</td>
<td>17%</td>
<td>5,000</td>
<td>-31%</td>
<td>Council meetings off-site</td>
</tr>
<tr>
<td>AV Rentals</td>
<td>25,127</td>
<td>36,117</td>
<td>9,606</td>
<td>28,500</td>
<td>34%</td>
<td>13,000</td>
<td>-54%</td>
<td>1 in-person Council meeting</td>
</tr>
<tr>
<td>Books and Subscriptions</td>
<td>33,577</td>
<td>16,016</td>
<td>1,253</td>
<td>10,000</td>
<td>13%</td>
<td>2,500</td>
<td>-75%</td>
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</tr>
<tr>
<td><strong>Total Administration</strong></td>
<td><strong>$209,223</strong></td>
<td><strong>$266,993</strong></td>
<td><strong>$65,604</strong></td>
<td><strong>$195,700</strong></td>
<td><strong>34%</strong></td>
<td><strong>$84,000</strong></td>
<td><strong>-57%</strong></td>
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</tbody>
</table>

## Faculty Payments & Fees

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>CDRAF</td>
<td>$90,851</td>
<td>$91,818</td>
<td>$93,321</td>
<td>$93,600</td>
<td>100%</td>
<td>$105,680</td>
<td>13%</td>
<td>$10.00 * 10,568 dentists</td>
</tr>
<tr>
<td>Commission on Dental Accreditation of Canada (CDAC)</td>
<td>171,956</td>
<td>231,687</td>
<td>237,139</td>
<td>218,400</td>
<td>109%</td>
<td>221,928</td>
<td>2%</td>
<td>$21.00 * 10,568 dentists</td>
</tr>
<tr>
<td>Health Profession Regulators of Ontario (HPRO)</td>
<td>8,475</td>
<td>8,475</td>
<td>8,475</td>
<td>8,500</td>
<td>100%</td>
<td>8,500</td>
<td>0%</td>
<td>Based on historical trend - formerly FHRCO</td>
</tr>
<tr>
<td>University of Toronto</td>
<td>59,782</td>
<td>66,271</td>
<td>62,225</td>
<td>68,375</td>
<td>91%</td>
<td>112,375</td>
<td>64%</td>
<td>Up to 25 faculty @$2,510, awards $1,500, coordinate courses $50K, no luncheon</td>
</tr>
<tr>
<td>Western University</td>
<td>31,740</td>
<td>54,245</td>
<td>-</td>
<td>68,375</td>
<td>0%</td>
<td>54,000</td>
<td>-21%</td>
<td>Up to 25 faculty @$2,510, awards $1,500, no luncheon for 2021</td>
</tr>
<tr>
<td>Other</td>
<td>20,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0%</td>
<td>-</td>
<td>0%</td>
<td>AGRE $20K last paid in 2018 - has adequate reserves for 2021</td>
</tr>
<tr>
<td><strong>Total Faculty Payments &amp; Fees</strong></td>
<td><strong>$382,803</strong></td>
<td><strong>$452,497</strong></td>
<td><strong>$401,160</strong></td>
<td><strong>$457,250</strong></td>
<td><strong>88%</strong></td>
<td><strong>$502,483</strong></td>
<td><strong>10%</strong></td>
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</tr>
</tbody>
</table>

## Telecommunications & Technology

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Internet/Data Centre Services</td>
<td>$-</td>
<td>$35</td>
<td>$701</td>
<td>$-</td>
<td>0%</td>
<td>$-</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td><strong>Total Telecommunications &amp; Technology</strong></td>
<td><strong>$-</strong></td>
<td><strong>$35</strong></td>
<td><strong>$701</strong></td>
<td><strong>$-</strong></td>
<td><strong>0%</strong></td>
<td><strong>$-</strong></td>
<td><strong>0%</strong></td>
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</tbody>
</table>
## Professional Conduct & Regulatory Affairs

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Staffing Costs</td>
<td>$5,376,529</td>
<td>$6,259,886</td>
<td>$3,728,552</td>
<td>$6,553,922</td>
<td>57%</td>
<td>$6,449,988</td>
<td>-2%</td>
<td></td>
</tr>
<tr>
<td>Council &amp; Committees</td>
<td>614,549</td>
<td>714,842</td>
<td>358,915</td>
<td>750,025</td>
<td>48%</td>
<td>802,090</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>Consulting &amp; Professional Fees</td>
<td>1,147,665</td>
<td>799,032</td>
<td>461,057</td>
<td>993,000</td>
<td>46%</td>
<td>873,000</td>
<td>-12%</td>
<td></td>
</tr>
<tr>
<td>Administration</td>
<td>196,945</td>
<td>192,910</td>
<td>40,008</td>
<td>209,650</td>
<td>19%</td>
<td>73,650</td>
<td>-65%</td>
<td></td>
</tr>
<tr>
<td>Telecommunications &amp; Technology</td>
<td>12,111</td>
<td>6,213</td>
<td>1,443</td>
<td>2,500</td>
<td>58%</td>
<td>5,900</td>
<td>136%</td>
<td></td>
</tr>
<tr>
<td>Operations &amp; Facilities</td>
<td></td>
<td></td>
<td>4,716</td>
<td></td>
<td>0%</td>
<td></td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td><strong>Summary Totals</strong></td>
<td><strong>$7,347,799</strong></td>
<td><strong>$7,977,599</strong></td>
<td><strong>$4,590,040</strong></td>
<td><strong>$8,509,097</strong></td>
<td><strong>54%</strong></td>
<td><strong>$8,204,628</strong></td>
<td><strong>-4%</strong></td>
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</tr>
</tbody>
</table>

### Staffing Costs

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Salaries &amp; Benefits</td>
<td>$5,128,580</td>
<td>$5,968,246</td>
<td>$3,622,369</td>
<td>$6,379,022</td>
<td>57%</td>
<td>$6,257,888</td>
<td>-2%</td>
<td>Headcount = 51 + 3 contract for partial year</td>
</tr>
<tr>
<td>Contract Staff</td>
<td>151,185</td>
<td>154,919</td>
<td>32,948</td>
<td>151,200</td>
<td>22%</td>
<td>210,000</td>
<td>39%</td>
<td>Monitoring officer hours (assume 300 visits @ $700) - increase to clear backlog</td>
</tr>
<tr>
<td>Temporary Staff</td>
<td>25,894</td>
<td>61,497</td>
<td>10,721</td>
<td>35,000</td>
<td>31%</td>
<td>25,000</td>
<td>-29%</td>
<td>Temp services anticipated</td>
</tr>
<tr>
<td>Vacancy Factor</td>
<td></td>
<td></td>
<td>(106,300)</td>
<td></td>
<td>0%</td>
<td>(127,900)</td>
<td>-20%</td>
<td></td>
</tr>
<tr>
<td>Staff Development</td>
<td>25,489</td>
<td>19,754</td>
<td>14,966</td>
<td>30,000</td>
<td>50%</td>
<td>27,000</td>
<td>-10%</td>
<td>51 full-time staff incl. 19 professionals-mandatory CE/investigator training; CNAR/CLEAR/INFOEX conference</td>
</tr>
<tr>
<td>Memberships &amp; Professional Dues</td>
<td>45,381</td>
<td>55,470</td>
<td>46,819</td>
<td>65,000</td>
<td>72%</td>
<td>58,000</td>
<td>-11%</td>
<td>Dentists: RCDSO &amp; ODA fees; misc. society fees; Lawyers: LSO &amp; OBA fees; 1 PMP; CLEAR; CNAR</td>
</tr>
<tr>
<td>Team Building</td>
<td></td>
<td></td>
<td>729</td>
<td></td>
<td>0%</td>
<td></td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td><strong>Total Staffing Costs</strong></td>
<td><strong>$5,376,529</strong></td>
<td><strong>$6,259,886</strong></td>
<td><strong>$3,728,552</strong></td>
<td><strong>$6,553,922</strong></td>
<td><strong>57%</strong></td>
<td><strong>$6,449,988</strong></td>
<td><strong>-2%</strong></td>
<td></td>
</tr>
</tbody>
</table>
### COUNCIL & COMMITTEES

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Discipline Committee</td>
<td>$125,840</td>
<td>$50,980</td>
<td>$15,150</td>
<td>$70,000</td>
<td>22%</td>
<td>$83,575</td>
<td>19%</td>
<td>1-3 dentists/panel, 24 hearing days; also included: one day orientation for all 16 committee members</td>
</tr>
<tr>
<td>Inquiries, Complaints &amp; Reports Committee</td>
<td>474,319</td>
<td>638,827</td>
<td>333,424</td>
<td>640,000</td>
<td>52%</td>
<td>687,710</td>
<td>7%</td>
<td>11 panels (10 panels @ 8 meetings; 1 panel @ 14 meetings), 2 DDS per panel / up to 2 days prep per mtg + as-needed teleconferences. Also included: one-day orientation for all 20 committee members</td>
</tr>
<tr>
<td>Fitness to Practise Committee</td>
<td>-</td>
<td>-</td>
<td>4,125</td>
<td>0%</td>
<td>4,140</td>
<td>0%</td>
<td></td>
<td>3 remote hearings (includes orientation) x 1 dentist per panel</td>
</tr>
<tr>
<td>Patient Relations Committee</td>
<td>3,925</td>
<td>13,160</td>
<td>2,291</td>
<td>18,400</td>
<td>12%</td>
<td>9,340</td>
<td>-49%</td>
<td>4 dentists, 3 remote meetings (1 full day + 2 half day meetings)</td>
</tr>
<tr>
<td>Pre-Hearing Presider</td>
<td>10,465</td>
<td>11,875</td>
<td>8,050</td>
<td>17,500</td>
<td>46%</td>
<td>17,325</td>
<td>-1%</td>
<td>1 dentist presider, 15 PHC/year (12 remote/3 in-person)</td>
</tr>
<tr>
<td><strong>Total Council &amp; Committees</strong></td>
<td><strong>$614,549</strong></td>
<td><strong>$714,842</strong></td>
<td><strong>$358,915</strong></td>
<td><strong>$750,025</strong></td>
<td><strong>48%</strong></td>
<td><strong>$802,090</strong></td>
<td><strong>7%</strong></td>
<td></td>
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</tbody>
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### CONSULTING & PROFESSIONAL FEES

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</tr>
</thead>
<tbody>
<tr>
<td>Legal</td>
<td>$818,926</td>
<td>$563,449</td>
<td>$352,683</td>
<td>$795,000</td>
<td>44%</td>
<td>$675,000</td>
<td>-15%</td>
<td>Continued decreases due to proportional approach for retaining counsel</td>
</tr>
<tr>
<td>Court Reporters</td>
<td>14,414</td>
<td>5,094</td>
<td>2,204</td>
<td>12,000</td>
<td>18%</td>
<td>12,000</td>
<td>0%</td>
<td>No change - 24 hearing days @ $500 per day</td>
</tr>
<tr>
<td>Witness</td>
<td>-</td>
<td>350</td>
<td>1,000</td>
<td>35%</td>
<td>1,000</td>
<td>0%</td>
<td></td>
<td>No change - Anticipated lengthy discipline hearing requiring witnesses</td>
</tr>
<tr>
<td>Experts</td>
<td>14,442</td>
<td>21,827</td>
<td>13,998</td>
<td>15,000</td>
<td>93%</td>
<td>15,000</td>
<td>0%</td>
<td>No change - Anticipated lengthy discipline hearing requiring experts</td>
</tr>
<tr>
<td>Consultants</td>
<td>274,132</td>
<td>194,032</td>
<td>80,833</td>
<td>155,000</td>
<td>52%</td>
<td>155,000</td>
<td>0%</td>
<td>ADR $83K; Legal Support $5K; Therapy $32K (stat requirement); PRC training/projects - $5K; consulting for case backlog - $20K; external investigator for conflict cases - $5K; illegal practice investigations - $3K; document design - $2K</td>
</tr>
<tr>
<td>Translation</td>
<td>25,751</td>
<td>14,630</td>
<td>10,989</td>
<td>15,000</td>
<td>73%</td>
<td>15,000</td>
<td>0%</td>
<td>No change based on 2020 numbers</td>
</tr>
<tr>
<td><strong>Total Consulting &amp; Professional Fees</strong></td>
<td><strong>$1,147,665</strong></td>
<td><strong>$799,032</strong></td>
<td><strong>$461,057</strong></td>
<td><strong>$993,000</strong></td>
<td><strong>46%</strong></td>
<td><strong>$873,000</strong></td>
<td><strong>-12%</strong></td>
<td></td>
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</table>
### Professional Conduct & Regulatory Affairs (continued)

<table>
<thead>
<tr>
<th>Description</th>
<th>2018 Actual</th>
<th>2019 Actual</th>
<th>2020 YTD (Aug. 31, 2020)</th>
<th>2020 Budget</th>
<th>% Budget Used</th>
<th>2021 Budget</th>
<th>INCR/DECR OVER 2020 - %</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Administration</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiographs</td>
<td>$2,603</td>
<td>$1,623</td>
<td>$267</td>
<td>$3,000</td>
<td>9%</td>
<td>$2,000</td>
<td>-33%</td>
<td>Electronic records continue to increase - need for radiograph duplication decreases</td>
</tr>
<tr>
<td>Transportation</td>
<td>$96,992</td>
<td>$93,170</td>
<td>$20,928</td>
<td>$97,000</td>
<td>22%</td>
<td>$30,000</td>
<td>-69%</td>
<td>Impact of remote committee meetings/ electronic hearings and remote monitoring</td>
</tr>
<tr>
<td>Meals &amp; Accommodation</td>
<td>$73,334</td>
<td>$77,411</td>
<td>$14,300</td>
<td>$80,000</td>
<td>18%</td>
<td>$27,500</td>
<td>-66%</td>
<td>Impact of remote committee meetings/ electronic hearings and remote monitoring</td>
</tr>
<tr>
<td>Catering</td>
<td>$15,104</td>
<td>$16,136</td>
<td>$2,055</td>
<td>$24,500</td>
<td>8%</td>
<td>$9,000</td>
<td>-63%</td>
<td>Impact of remote committee meetings/ electronic hearings</td>
</tr>
<tr>
<td>Room Rentals</td>
<td>$826</td>
<td>$1,170</td>
<td>-</td>
<td>$1,000</td>
<td>0%</td>
<td>$1,000</td>
<td>0%</td>
<td>No change - possible need for private interview space - sexual abuse cases</td>
</tr>
<tr>
<td>Books and Subscriptions</td>
<td>$1,492</td>
<td>$3,400</td>
<td>$2,458</td>
<td>$4,150</td>
<td>59%</td>
<td>$4,150</td>
<td>0%</td>
<td>No change</td>
</tr>
<tr>
<td>Offsite storage/Misc Office</td>
<td>$6,594</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0%</td>
<td>-</td>
<td>0%</td>
<td>No longer used</td>
</tr>
<tr>
<td><strong>Total Administration</strong></td>
<td>$196,945</td>
<td>$192,910</td>
<td>$40,008</td>
<td>$209,650</td>
<td>19%</td>
<td>$73,650</td>
<td>-65%</td>
<td></td>
</tr>
<tr>
<td><strong>Telecommunications &amp; Technology</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internet/Data Centre Services</td>
<td>$814</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0%</td>
<td>-</td>
<td>100%</td>
<td>No longer used</td>
</tr>
<tr>
<td>Telephone/Fax</td>
<td>$3,098</td>
<td>$3,333</td>
<td>$1,443</td>
<td>$2,000</td>
<td>72%</td>
<td>$5,400</td>
<td>170%</td>
<td>Default to remote/teleconference mediations, assume 90/year @ $60 avg. Bell cost</td>
</tr>
<tr>
<td>Non-Cap. Computer accessories</td>
<td>$8,199</td>
<td>$2,880</td>
<td>-</td>
<td>$500</td>
<td>0%</td>
<td>$500</td>
<td>0%</td>
<td>No change - Secure Files now in use - may need secure USBs in rare cases</td>
</tr>
<tr>
<td><strong>Total Telecommunications &amp; Technology</strong></td>
<td>$12,111</td>
<td>$6,213</td>
<td>$1,443</td>
<td>$2,500</td>
<td>58%</td>
<td>$5,900</td>
<td>136%</td>
<td></td>
</tr>
<tr>
<td><strong>Operations &amp; Facilities</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
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<tr>
<td>Photography</td>
<td>-</td>
<td>$4,716</td>
<td>$65</td>
<td>-</td>
<td>0%</td>
<td>-</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td><strong>Total Operations &amp; Facilities</strong></td>
<td>-</td>
<td>$4,716</td>
<td>$65</td>
<td>-</td>
<td>0%</td>
<td>-</td>
<td>0%</td>
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</table>
## FACILITY INSPECTION PROGRAM

<table>
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</thead>
<tbody>
<tr>
<td><strong>Staffing Costs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries &amp; Benefits</td>
<td>$ 560,167</td>
<td>$ 631,184</td>
<td>$ 370,057</td>
<td>$ 699,709</td>
<td>53%</td>
<td>$ 700,192</td>
<td>0%</td>
<td>Headcount = 7</td>
</tr>
<tr>
<td>Contract Staff</td>
<td>196,619</td>
<td>223,174</td>
<td>62,043</td>
<td>334,000</td>
<td>19%</td>
<td>300,000</td>
<td>-10%</td>
<td>AS &amp; CT Inspector hours, 60 IPAC inspections (pilot program) - Costs to decrease for all programs (AS, CT and IPAC) as remote inspections are operationalized</td>
</tr>
<tr>
<td>Temporary Staff</td>
<td>8,804</td>
<td>7,371</td>
<td>18,097</td>
<td>30,000</td>
<td>60%</td>
<td>25,000</td>
<td>-17%</td>
<td>Likely to decrease due to change in renewal process and increased automation of the process with CRM</td>
</tr>
<tr>
<td>Vacancy Factor</td>
<td>-</td>
<td>-</td>
<td>(11,800)</td>
<td>(14,200)</td>
<td>0%</td>
<td>(14,200)</td>
<td>-20%</td>
<td></td>
</tr>
<tr>
<td>Staff Development</td>
<td>2,387</td>
<td>-</td>
<td>749</td>
<td>1,500</td>
<td>50%</td>
<td>1,500</td>
<td>0%</td>
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</tr>
<tr>
<td>Memberships &amp; Professional Dues</td>
<td>5,487</td>
<td>5,861</td>
<td>3,588</td>
<td>6,020</td>
<td>60%</td>
<td>3,580</td>
<td>-41%</td>
<td>1 dentist @ RCDSO + 1 ODA</td>
</tr>
<tr>
<td><strong>Total Staffing Costs</strong></td>
<td>$ 773,464</td>
<td>$ 867,590</td>
<td>$ 454,534</td>
<td>$ 1,059,429</td>
<td>43%</td>
<td>$ 1,016,072</td>
<td>-4%</td>
<td></td>
</tr>
<tr>
<td><strong>Consulting &amp; Professional Fees</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0%</td>
<td>5,000</td>
<td>0%</td>
<td>Design work on multiple forms</td>
</tr>
<tr>
<td>Consultants</td>
<td>2,158</td>
<td>3,670</td>
<td>5,536</td>
<td>5,000</td>
<td>111%</td>
<td>11,500</td>
<td>130%</td>
<td></td>
</tr>
<tr>
<td><strong>Total Consulting &amp; Professional Fees</strong></td>
<td>$ 2,158</td>
<td>$ 3,670</td>
<td>$ 5,536</td>
<td>$ 10,000</td>
<td>55%</td>
<td>$ 16,500</td>
<td>65%</td>
<td></td>
</tr>
<tr>
<td><strong>Administration</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td>$ 65,972</td>
<td>$ 65,325</td>
<td>$ 10,640</td>
<td>$ 80,000</td>
<td>13%</td>
<td>$ 40,000</td>
<td>-50%</td>
<td>Remote inspections and fewer onsite visits</td>
</tr>
<tr>
<td>Meals &amp; Accommodation</td>
<td>7,992</td>
<td>3,378</td>
<td>710</td>
<td>7,000</td>
<td>10%</td>
<td>3,000</td>
<td>-57%</td>
<td>Remote inspections and fewer onsite visits</td>
</tr>
<tr>
<td>Books and Subscriptions</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>9,000</td>
<td>0%</td>
<td>9,000</td>
<td>0%</td>
<td>Formstack subscription for digitization of forms for inspection and chart reviews</td>
</tr>
<tr>
<td><strong>Total Administration</strong></td>
<td>$ 73,064</td>
<td>$ 68,703</td>
<td>$ 11,350</td>
<td>$ 96,000</td>
<td>12%</td>
<td>$ 52,000</td>
<td>-46%</td>
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</tr>
</tbody>
</table>
# FINANCE & ADMINISTRATION

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Staffing Costs</td>
<td>$1,201,315</td>
<td>$1,347,182</td>
<td>$827,075</td>
<td>$1,615,235</td>
<td>51%</td>
<td>$752,492</td>
<td>-53%</td>
<td></td>
</tr>
<tr>
<td>Insurance &amp; Brokerage</td>
<td>44,359</td>
<td>46,131</td>
<td>51,615</td>
<td>48,800</td>
<td>106%</td>
<td>48,350</td>
<td>-1%</td>
<td></td>
</tr>
<tr>
<td>Council &amp; Committees</td>
<td>18,155</td>
<td>16,838</td>
<td>10,115</td>
<td>27,700</td>
<td>37%</td>
<td>21,500</td>
<td>-22%</td>
<td></td>
</tr>
<tr>
<td>Consulting &amp; Professional Fees</td>
<td>174,331</td>
<td>471,975</td>
<td>146,727</td>
<td>253,850</td>
<td>58%</td>
<td>174,500</td>
<td>-31%</td>
<td></td>
</tr>
<tr>
<td>Administration</td>
<td>699,061</td>
<td>808,578</td>
<td>74,113</td>
<td>763,800</td>
<td>10%</td>
<td>802,400</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>Amortization &amp; Write-offs</td>
<td>1,105,808</td>
<td>1,088,313</td>
<td>645,251</td>
<td>1,824,500</td>
<td>35%</td>
<td>2,364,400</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>Telecommunications &amp; Technology</td>
<td>(495)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0%</td>
<td>-</td>
<td>-</td>
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<tr>
<td><strong>Summary Totals</strong></td>
<td>$3,242,534</td>
<td>$3,779,017</td>
<td>$1,754,960</td>
<td>$4,533,885</td>
<td>39%</td>
<td>$4,163,642</td>
<td>-8%</td>
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## STAFFING COSTS

<table>
<thead>
<tr>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Salaries &amp; Benefits</td>
<td>$1,183,429</td>
<td>$1,326,684</td>
<td>$989,894</td>
<td>$1,623,885</td>
<td>61%</td>
<td>$762,492</td>
<td>-53%</td>
<td></td>
</tr>
<tr>
<td>Temporary Staff</td>
<td>3,814</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0%</td>
<td>-</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Vacation Accrual</td>
<td>(5,450)</td>
<td>11,288</td>
<td>(170,638)</td>
<td>-</td>
<td>0%</td>
<td>-</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Vacancy Factor</td>
<td>-</td>
<td>-</td>
<td>(27,200)</td>
<td>0%</td>
<td>(17,100)</td>
<td>37%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Development</td>
<td>16,831</td>
<td>4,732</td>
<td>3,297</td>
<td>13,000</td>
<td>25%</td>
<td>3,500</td>
<td>-73%</td>
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<tr>
<td>Memberships &amp; Professional Dues</td>
<td>1,661</td>
<td>4,082</td>
<td>4,057</td>
<td>4,050</td>
<td>100%</td>
<td>2,900</td>
<td>-28%</td>
<td>2 CPA, CA + Pension ACPM</td>
</tr>
<tr>
<td>Staff Social Events</td>
<td>-</td>
<td>-</td>
<td>465</td>
<td>0%</td>
<td>-</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team Building</td>
<td>1,030</td>
<td>396</td>
<td>-</td>
<td>1,500</td>
<td>0%</td>
<td>700</td>
<td>-53%</td>
<td>Team building activities</td>
</tr>
<tr>
<td><strong>Total Staffing Costs</strong></td>
<td>$1,201,315</td>
<td>$1,347,182</td>
<td>$827,075</td>
<td>$1,615,235</td>
<td>51%</td>
<td>$752,492</td>
<td>-53%</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------</td>
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<td>--------------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td><strong>INSURANCE &amp; BROKERAGE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance Premiums</td>
<td>$44,359</td>
<td>$46,131</td>
<td>$51,615</td>
<td>$48,800</td>
<td>106%</td>
<td>$48,350</td>
<td>-1%</td>
<td>Building insurance, liability, crime</td>
</tr>
<tr>
<td><strong>Total Insurance &amp; Brokerage</strong></td>
<td>$44,359</td>
<td>$46,131</td>
<td>$51,615</td>
<td>$48,800</td>
<td>106%</td>
<td>$48,350</td>
<td>-1%</td>
<td></td>
</tr>
<tr>
<td><strong>COUNCIL &amp; COMMITTEES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Audit Committee</td>
<td>$7,555</td>
<td>$1,540</td>
<td>$1,570</td>
<td>$6,500</td>
<td>24%</td>
<td>$4,340</td>
<td>-33%</td>
<td>3 dentists - 2 virtual meetings</td>
</tr>
<tr>
<td>Finance Property &amp; Administration Committee</td>
<td>6,775</td>
<td>6,955</td>
<td>4,320</td>
<td>10,600</td>
<td>41%</td>
<td>8,580</td>
<td>-19%</td>
<td>3 dentists - 1 in person meeting + 2 teleconference</td>
</tr>
<tr>
<td>Pension Governance Committee</td>
<td>3,825</td>
<td>8,343</td>
<td>4,225</td>
<td>10,600</td>
<td>40%</td>
<td>8,580</td>
<td>-19%</td>
<td>3 dentists - 1 in-person, 2 virtual meetings</td>
</tr>
<tr>
<td><strong>Total Council &amp; Committees</strong></td>
<td>$18,155</td>
<td>$16,838</td>
<td>$10,115</td>
<td>$27,700</td>
<td>37%</td>
<td>$21,500</td>
<td>-22%</td>
<td></td>
</tr>
<tr>
<td><strong>CONSULTING &amp; PROFESSIONAL FEES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal</td>
<td>$9,924</td>
<td>$11,532</td>
<td>$11,246</td>
<td>$20,000</td>
<td>56%</td>
<td>$15,000</td>
<td>-25%</td>
<td>Incidents/Contract review</td>
</tr>
<tr>
<td>Consultants</td>
<td>133,713</td>
<td>413,435</td>
<td>135,481</td>
<td>196,700</td>
<td>69%</td>
<td>123,000</td>
<td>-37%</td>
<td>Actuary $85K; Royal Trust $23; Profile tax software; OnCorp; FSRA</td>
</tr>
<tr>
<td>Auditors</td>
<td>30,694</td>
<td>47,008</td>
<td>-</td>
<td>37,150</td>
<td>0%</td>
<td>36,500</td>
<td>-2%</td>
<td></td>
</tr>
<tr>
<td><strong>Total Consulting &amp; Professional Fees</strong></td>
<td>$174,331</td>
<td>$471,975</td>
<td>$146,727</td>
<td>$253,850</td>
<td>58%</td>
<td>$174,500</td>
<td>-31%</td>
<td></td>
</tr>
<tr>
<td><strong>ADMINISTRATION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td>$5,531</td>
<td>$4,240</td>
<td>$727</td>
<td>$5,900</td>
<td>12%</td>
<td>$3,200</td>
<td>-46%</td>
<td>Committees and staff travel</td>
</tr>
<tr>
<td>Meals &amp; Accommodation</td>
<td>3,218</td>
<td>3,840</td>
<td>497</td>
<td>3,500</td>
<td>14%</td>
<td>2,000</td>
<td>-43%</td>
<td>Committees and IT Staff at Council</td>
</tr>
<tr>
<td>Catering</td>
<td>3,045</td>
<td>1,786</td>
<td>303</td>
<td>3,900</td>
<td>8%</td>
<td>1,600</td>
<td>-59%</td>
<td>Committees, team meetings, cyber security training sessions</td>
</tr>
<tr>
<td>Books and Subscriptions</td>
<td>165</td>
<td>14,403</td>
<td>6,435</td>
<td>18,000</td>
<td>36%</td>
<td>7,800</td>
<td>-57%</td>
<td>Clearview integrity hot-line</td>
</tr>
<tr>
<td>Offsite storage/Misc Office</td>
<td>-</td>
<td>(45)</td>
<td>-</td>
<td>-</td>
<td>0%</td>
<td>-</td>
<td>0%</td>
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</tr>
<tr>
<td>Bank Service Charges</td>
<td>11,655</td>
<td>8,483</td>
<td>5,395</td>
<td>7,500</td>
<td>72%</td>
<td>7,800</td>
<td>4%</td>
<td>Monthly fees and renewals processing</td>
</tr>
<tr>
<td>Credit Card Fees</td>
<td>606,353</td>
<td>705,871</td>
<td>60,756</td>
<td>725,000</td>
<td>8%</td>
<td>730,000</td>
<td>1%</td>
<td>Increased on-line activity for renewals &amp; other applications</td>
</tr>
<tr>
<td>Bad Debt</td>
<td>69,094</td>
<td>70,000</td>
<td>-</td>
<td>-</td>
<td>0%</td>
<td>50,000</td>
<td>100%</td>
<td>Write-off uncollectible accounts</td>
</tr>
<tr>
<td><strong>Total Administration</strong></td>
<td>$699,061</td>
<td>$808,578</td>
<td>$74,113</td>
<td>$763,800</td>
<td>10%</td>
<td>$802,400</td>
<td>5%</td>
<td></td>
</tr>
<tr>
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<td>---------------</td>
<td>-------------</td>
<td>-------------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td><strong>AMORTIZATION &amp; WRITE-OFFS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Equipment</td>
<td>$15,225</td>
<td>$16,727</td>
<td>$12,202</td>
<td>$17,400</td>
<td>70%</td>
<td>$14,000</td>
<td>-20%</td>
<td></td>
</tr>
<tr>
<td>Computer Equipment</td>
<td>120,537</td>
<td>159,704</td>
<td>86,335</td>
<td>189,700</td>
<td>46%</td>
<td>138,200</td>
<td>-27%</td>
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</tr>
<tr>
<td>Furniture</td>
<td>71,794</td>
<td>76,221</td>
<td>52,334</td>
<td>105,500</td>
<td>50%</td>
<td>73,900</td>
<td>-30%</td>
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</tr>
<tr>
<td>Building</td>
<td>153,760</td>
<td>178,999</td>
<td>95,084</td>
<td>160,300</td>
<td>59%</td>
<td>109,700</td>
<td>-32%</td>
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</tr>
<tr>
<td>Capital Improvements</td>
<td>51,743</td>
<td>78,421</td>
<td>82,109</td>
<td>98,200</td>
<td>84%</td>
<td>156,300</td>
<td>59%</td>
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</tr>
<tr>
<td>Computer Software</td>
<td>573,469</td>
<td>504,427</td>
<td>317,187</td>
<td>1,253,400</td>
<td>25%</td>
<td>1,872,300</td>
<td>49%</td>
<td>CRM starts amortization when system goes live</td>
</tr>
<tr>
<td>Write-off of Capital Assets</td>
<td>119,280</td>
<td>73,814</td>
<td>-</td>
<td>-</td>
<td>0%</td>
<td>-</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Total Amortization &amp; Write-offs</td>
<td>$1,105,808</td>
<td>$1,088,313</td>
<td>$645,251</td>
<td>$1,824,500</td>
<td>35%</td>
<td>$2,364,400</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td><strong>TELECOMMUNICATIONS &amp; TECHNOLOGY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer Supplies &amp; Maintenance</td>
<td>(495)</td>
<td>$ -</td>
<td>$64</td>
<td>-</td>
<td>0%</td>
<td>$ -</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Total Telecommunications &amp; Technology</td>
<td>(495)</td>
<td>$ -</td>
<td>$64</td>
<td>-</td>
<td>0%</td>
<td>$ -</td>
<td>0%</td>
<td></td>
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</tbody>
</table>
# INFORMATION TECHNOLOGY

<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffing Costs</td>
<td>$ -</td>
<td>$ -</td>
<td>$ 24,274</td>
<td>$ -</td>
<td>0%</td>
<td>$ 892,140</td>
<td>100%</td>
<td>Headcount = 7, moved from Finance budget</td>
</tr>
<tr>
<td>Insurance &amp; Brokerage</td>
<td>-</td>
<td>-</td>
<td>8,688</td>
<td>11,910</td>
<td>73%</td>
<td>15,640</td>
<td>31%</td>
<td>Records management resource</td>
</tr>
<tr>
<td>Consulting &amp; Professional Fees</td>
<td>60,631</td>
<td>390,841</td>
<td>161,244</td>
<td>529,380</td>
<td>30%</td>
<td>396,870</td>
<td>-25%</td>
<td>Cyber insurance - liability increased to $2M</td>
</tr>
<tr>
<td>Administration</td>
<td>2,245</td>
<td>2,390</td>
<td>1,069</td>
<td>2,720</td>
<td>39%</td>
<td>2,380</td>
<td>-13%</td>
<td></td>
</tr>
<tr>
<td>Telecommunications &amp; Technology</td>
<td>1,151,500</td>
<td>1,162,423</td>
<td>917,305</td>
<td>1,534,058</td>
<td>60%</td>
<td>1,621,771</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>Operations &amp; Facilities</td>
<td>13,292</td>
<td>13,367</td>
<td>9,019</td>
<td>35,640</td>
<td>25%</td>
<td>15,780</td>
<td>-56%</td>
<td></td>
</tr>
<tr>
<td><strong>Summary Totals</strong></td>
<td><strong>$ 1,227,668</strong></td>
<td><strong>$ 1,569,021</strong></td>
<td><strong>$ 1,121,599</strong></td>
<td><strong>$ 2,113,708</strong></td>
<td>53%</td>
<td><strong>$ 2,944,581</strong></td>
<td>39%</td>
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</tbody>
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### STAFFING COSTS

<table>
<thead>
<tr>
<th>Description</th>
<th>2018 ACTUAL</th>
<th>2019 ACTUAL</th>
<th>2020 YTD (Aug. 31, 2020)</th>
<th>2021 BUDGET</th>
<th>% BUDGET USED</th>
<th>INCR/DECR OVER 2020 - %</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries &amp; Benefits</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ 851,210</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Temporary Staff</td>
<td>-</td>
<td>-</td>
<td>24,274</td>
<td>-</td>
<td>48,000</td>
<td>100%</td>
<td>Records management resource</td>
</tr>
<tr>
<td>Vacancy Factor</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(19,100)</td>
<td>-100%</td>
<td></td>
</tr>
<tr>
<td>Professional Development</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>6,150</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Memberships &amp; Professional Dues</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>5,880</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td><strong>Total Staffing Costs</strong></td>
<td><strong>$ -</strong></td>
<td><strong>$ -</strong></td>
<td><strong>$ 24,274</strong></td>
<td><strong>$ -</strong></td>
<td><strong>$ 892,140</strong></td>
<td><strong>100%</strong></td>
<td></td>
</tr>
</tbody>
</table>

### INSURANCE & BROKERAGE

<table>
<thead>
<tr>
<th>Description</th>
<th>2018 ACTUAL</th>
<th>2019 ACTUAL</th>
<th>2020 YTD (Aug. 31, 2020)</th>
<th>2021 BUDGET</th>
<th>% BUDGET USED</th>
<th>INCR/DECR OVER 2020 - %</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance Premiums</td>
<td>$ -</td>
<td>$ -</td>
<td>8,688</td>
<td>11,910</td>
<td>73%</td>
<td>15,640</td>
<td>31%</td>
</tr>
<tr>
<td><strong>Total Insurance &amp; Brokerage</strong></td>
<td><strong>$ -</strong></td>
<td><strong>$ -</strong></td>
<td><strong>$ 8,688</strong></td>
<td><strong>$ 11,910</strong></td>
<td><strong>73%</strong></td>
<td><strong>$ 15,640</strong></td>
<td><strong>31%</strong></td>
</tr>
</tbody>
</table>

### CONSULTING & PROFESSIONAL FEES

<table>
<thead>
<tr>
<th>Description</th>
<th>2018 ACTUAL</th>
<th>2019 ACTUAL</th>
<th>2020 YTD (Aug. 31, 2020)</th>
<th>2021 BUDGET</th>
<th>% BUDGET USED</th>
<th>INCR/DECR OVER 2020 - %</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultants</td>
<td>60,631</td>
<td>390,841</td>
<td>161,244</td>
<td>529,380</td>
<td>30%</td>
<td>396,870</td>
<td>-25%</td>
</tr>
<tr>
<td><strong>Total Consulting &amp; Professional Fees</strong></td>
<td><strong>$ 60,631</strong></td>
<td><strong>$ 390,841</strong></td>
<td><strong>$ 161,244</strong></td>
<td><strong>$ 529,380</strong></td>
<td><strong>30%</strong></td>
<td><strong>$ 396,870</strong></td>
<td><strong>-25%</strong></td>
</tr>
<tr>
<td>-------------</td>
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<td>-------------------------</td>
<td>---------------</td>
<td>--------------</td>
<td>------------------------</td>
<td>-------</td>
</tr>
<tr>
<td><strong>ADMINISTRATION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offsite storage/Misc Office</td>
<td>$2,245</td>
<td>$2,390</td>
<td>$1,069</td>
<td>39%</td>
<td>$2,380</td>
<td>-13%</td>
<td>Filebank storage</td>
</tr>
<tr>
<td><strong>Total Administration</strong></td>
<td>$2,245</td>
<td>$2,390</td>
<td>$1,069</td>
<td>39%</td>
<td>$2,380</td>
<td>-13%</td>
<td></td>
</tr>
<tr>
<td><strong>TELECOMMUNICATIONS &amp; TECHNOLOGY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internet/Data Centre Services</td>
<td>$642,590</td>
<td>$595,444</td>
<td>$443,263</td>
<td>90%</td>
<td>$518,850</td>
<td>5%</td>
<td>Network connectivity, data centre, managed services-due for review in 2021</td>
</tr>
<tr>
<td>Telephone/Fax</td>
<td>26,676</td>
<td>38,927</td>
<td>24,064</td>
<td>57%</td>
<td>46,240</td>
<td>10%</td>
<td>Wireless plans</td>
</tr>
<tr>
<td>Application support &amp; maintenance</td>
<td>126,349</td>
<td>156,987</td>
<td>92,702</td>
<td>39%</td>
<td>241,780</td>
<td>2%</td>
<td>Support includes Regulate 365, Citrix, PET, Great Plains, PLP CRM</td>
</tr>
<tr>
<td>IT Service Agreements - Software</td>
<td>298,934</td>
<td>307,470</td>
<td>266,057</td>
<td>45%</td>
<td>686,178</td>
<td>16%</td>
<td>Increases for new Operations Ticketing system, increased Web conferencing, increased usage of secure File system, Microsoft license cost increase</td>
</tr>
<tr>
<td>IT Service Agreements - Hardware</td>
<td>22,680</td>
<td>45,076</td>
<td>29,010</td>
<td>105%</td>
<td>27,710</td>
<td>0%</td>
<td>Firewall and UPS maintenance</td>
</tr>
<tr>
<td>Security - cyber</td>
<td>17,977</td>
<td>7,385</td>
<td>54,815</td>
<td>46%</td>
<td>84,910</td>
<td>-28%</td>
<td>Including cyber security audit, anti-virus protection, Microsoft Enterprise security for mobile devices</td>
</tr>
<tr>
<td>Non-Cap. Computer accessories</td>
<td>16,294</td>
<td>11,134</td>
<td>7,394</td>
<td>31%</td>
<td>16,103</td>
<td>-32%</td>
<td>USB keys, keyboards, headsets</td>
</tr>
<tr>
<td><strong>Total Telecommunications &amp; Technology</strong></td>
<td>$1,151,500</td>
<td>$1,162,423</td>
<td>$917,305</td>
<td>60%</td>
<td>$1,621,771</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td><strong>OPERATIONS &amp; FACILITIES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Cap. Equipment Purchases</td>
<td>$13,292</td>
<td>$13,367</td>
<td>$9,019</td>
<td>25%</td>
<td>$15,780</td>
<td>-56%</td>
<td>Printers, mobile devices, monitors</td>
</tr>
<tr>
<td><strong>Total Operations &amp; Facilities</strong></td>
<td>$13,292</td>
<td>$13,367</td>
<td>$9,019</td>
<td>25%</td>
<td>$15,780</td>
<td>-56%</td>
<td></td>
</tr>
</tbody>
</table>
## OPERATIONS & FACILITIES MANAGEMENT

<table>
<thead>
<tr>
<th></th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Staffing Costs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries &amp; Benefits</td>
<td>$844,586</td>
<td>$873,222</td>
<td>$546,311</td>
<td>$874,450</td>
<td>62%</td>
<td>$933,071</td>
<td>7%</td>
<td>Headcount = 8</td>
</tr>
<tr>
<td>Temporary Staff</td>
<td>5,689</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0%</td>
<td>5,250</td>
<td>100%</td>
<td>Vacation/Sick Relief</td>
</tr>
<tr>
<td>Vacancy Factor</td>
<td>-</td>
<td>-</td>
<td>(14,100)</td>
<td>0%</td>
<td>(18,200)</td>
<td>-29%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Development</td>
<td>3,809</td>
<td>1,957</td>
<td>4,288</td>
<td>3,000</td>
<td>143%</td>
<td>3,000</td>
<td>0%</td>
<td>Staff Development Hub online, training relating to new operational norms</td>
</tr>
<tr>
<td>Memberships &amp; Professional Dues</td>
<td>120</td>
<td>265</td>
<td>321</td>
<td>500</td>
<td>64%</td>
<td>900</td>
<td>80%</td>
<td>PMI +TSSA + IFMA Dues</td>
</tr>
<tr>
<td>Team Building</td>
<td>122</td>
<td>-</td>
<td>-</td>
<td>250</td>
<td>0%</td>
<td>250</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td><strong>Total Staffing Costs</strong></td>
<td>$844,586</td>
<td>$873,222</td>
<td>$546,311</td>
<td>$874,450</td>
<td>62%</td>
<td>$933,071</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td><strong>Consulting &amp; Professional Fees</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0%</td>
<td>2,000</td>
<td>100%</td>
<td>Pandemic/New norm consult</td>
</tr>
<tr>
<td>Consultants</td>
<td>35,365</td>
<td>17,423</td>
<td>16,598</td>
<td>31,000</td>
<td>54%</td>
<td>20,000</td>
<td>-35%</td>
<td>Space Planning ($18K); Form design ($2K)</td>
</tr>
<tr>
<td><strong>Total Consulting &amp; Professional Fees</strong></td>
<td>$35,365</td>
<td>$17,423</td>
<td>$16,598</td>
<td>$31,000</td>
<td>54%</td>
<td>$22,000</td>
<td>-29%</td>
<td></td>
</tr>
</tbody>
</table>
### ADMINISTRATION

<table>
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<tr>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Transportation</td>
<td>$527</td>
<td>$424</td>
<td>$29</td>
<td>$500</td>
<td>6%</td>
<td>$500</td>
<td>0%</td>
<td>Staff Development related costs</td>
</tr>
<tr>
<td>Meals &amp; Accommodation</td>
<td>546</td>
<td>734</td>
<td>297</td>
<td>500</td>
<td>59%</td>
<td>500</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Catering</td>
<td>1,215</td>
<td>1,625</td>
<td>187</td>
<td>2,200</td>
<td>9%</td>
<td>800</td>
<td>-64%</td>
<td></td>
</tr>
<tr>
<td>Books and Subscriptions</td>
<td>370</td>
<td>307</td>
<td>249</td>
<td>600</td>
<td>42%</td>
<td>350</td>
<td>-42%</td>
<td></td>
</tr>
<tr>
<td>Kitchen Supplies</td>
<td>23,817</td>
<td>21,464</td>
<td>5,508</td>
<td>25,000</td>
<td>22%</td>
<td>13,000</td>
<td>-48%</td>
<td>Canadian Linen, milk/pop, etc.</td>
</tr>
<tr>
<td>Offsite storage/Misc Office</td>
<td>31,962</td>
<td>28,765</td>
<td>17,432</td>
<td>35,000</td>
<td>50%</td>
<td>36,000</td>
<td>3%</td>
<td>Archival efforts and digitization project (avg. $3,000 x 12 months for offsite storage + retrieval)</td>
</tr>
</tbody>
</table>

**Total Administration** $58,437 $53,319 $23,702 $63,800 37% $51,150 -20%

### TELECOMMUNICATIONS & TECHNOLOGY

<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone/Fax/Lines/_sets/Licences</td>
<td>63,102</td>
<td>65,001</td>
<td>21,776</td>
<td>25,000</td>
<td>87%</td>
<td>35,000</td>
<td>40%</td>
<td>Bell Canada Lines, New + replacement handsets, licenses</td>
</tr>
</tbody>
</table>

**Total Telecommunications & Technology** $63,102 $65,001 $21,776 $25,000 87% $35,000 40%

### OPERATIONS & FACILITIES

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Printing</td>
<td>$41,057</td>
<td>$18,025</td>
<td>-</td>
<td>$20,000</td>
<td>0%</td>
<td>$10,000</td>
<td>-50%</td>
<td>Letterhead/Envelopes/Business Cards</td>
</tr>
<tr>
<td>Postage</td>
<td>89,831</td>
<td>73,206</td>
<td>23,756</td>
<td>70,000</td>
<td>34%</td>
<td>60,000</td>
<td>-14%</td>
<td>Decrease due to remote work</td>
</tr>
<tr>
<td>Couriers</td>
<td>47,115</td>
<td>44,857</td>
<td>15,675</td>
<td>50,000</td>
<td>31%</td>
<td>50,000</td>
<td>0%</td>
<td>Overnight &amp; same-day services for deliveries and College-required pick ups</td>
</tr>
<tr>
<td>Stationery and Supplies</td>
<td>85,079</td>
<td>87,730</td>
<td>27,918</td>
<td>90,000</td>
<td>31%</td>
<td>75,000</td>
<td>-17%</td>
<td>Departments requiring more supplies for onsite and remote workers</td>
</tr>
<tr>
<td>Copier Lease and Supplies</td>
<td>171,352</td>
<td>114,030</td>
<td>72,255</td>
<td>95,000</td>
<td>76%</td>
<td>85,000</td>
<td>-11%</td>
<td>New photocopier fleet and managed print services</td>
</tr>
<tr>
<td>Equipment Service Agreements</td>
<td>19,496</td>
<td>1,441</td>
<td>-</td>
<td>1,441</td>
<td>0%</td>
<td>1,441</td>
<td>0%</td>
<td>Dicta machine service agreement</td>
</tr>
<tr>
<td>Equipment Repairs</td>
<td>-</td>
<td>155</td>
<td>-</td>
<td>200</td>
<td>0%</td>
<td>200</td>
<td>0%</td>
<td>Miscellaneous repairs</td>
</tr>
<tr>
<td>Equipment Rental</td>
<td>38,354</td>
<td>37,638</td>
<td>20,961</td>
<td>40,520</td>
<td>52%</td>
<td>42,000</td>
<td>4%</td>
<td>Pitney Mail equipment, water coolers, sanitary disposal service</td>
</tr>
</tbody>
</table>
## Operations & Facilities Management (continued)

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Office Cleaning</td>
<td>$124,076</td>
<td>$136,178</td>
<td>$77,697</td>
<td>$126,500</td>
<td>61%</td>
<td>$140,000</td>
<td>11%</td>
<td>Office cleaning, pest control, carpet cleaning, janitorial supplies, increase in sanitization and new norms</td>
</tr>
<tr>
<td>R&amp;M - Groundskeeping/Snow Removal/Windows</td>
<td>4,790</td>
<td>4,535</td>
<td>2,466</td>
<td>7,500</td>
<td>33%</td>
<td>7,500</td>
<td>0%</td>
<td>Window cleaning x 3 + Snow removal contract + landscaping + salting</td>
</tr>
<tr>
<td>R&amp;M - Electrical</td>
<td>18,295</td>
<td>15,396</td>
<td>13,659</td>
<td>20,000</td>
<td>68%</td>
<td>20,000</td>
<td>0%</td>
<td>Building age, staff moves and continuous improvement to energy efficiency</td>
</tr>
<tr>
<td>R&amp;M - Elevator</td>
<td>9,472</td>
<td>9,410</td>
<td>7,299</td>
<td>12,000</td>
<td>61%</td>
<td>12,000</td>
<td>0%</td>
<td>Maintenance, after-hours servicing, systems/equipment testing</td>
</tr>
<tr>
<td>R&amp;M - HVAC &amp; Plumbing</td>
<td>31,773</td>
<td>40,783</td>
<td>18,109</td>
<td>45,000</td>
<td>40%</td>
<td>45,000</td>
<td>0%</td>
<td>Building age and continuous improvement for energy efficiency</td>
</tr>
<tr>
<td>R&amp;M - Security</td>
<td>79,842</td>
<td>84,107</td>
<td>51,924</td>
<td>80,000</td>
<td>65%</td>
<td>80,000</td>
<td>0%</td>
<td>Security Guard, security maintenance agreement, gate &amp; garage supplies, locksmith and equipment repairs</td>
</tr>
<tr>
<td>R&amp;M - Structural</td>
<td>43,463</td>
<td>5,762</td>
<td>19,363</td>
<td>43,000</td>
<td>45%</td>
<td>20,000</td>
<td>-53%</td>
<td>Wall repair, interior updates, painting</td>
</tr>
<tr>
<td>Garbage Removal &amp; Recycling</td>
<td>22,738</td>
<td>24,456</td>
<td>7,890</td>
<td>25,000</td>
<td>32%</td>
<td>25,000</td>
<td>0%</td>
<td>Organic waste pick-up, bulk disposal, battery &amp; lamp disposal program, shredding</td>
</tr>
<tr>
<td>Hydro</td>
<td>86,375</td>
<td>106,811</td>
<td>38,929</td>
<td>72,000</td>
<td>54%</td>
<td>65,000</td>
<td>-10%</td>
<td>Assume 10% energy savings in 2021 due to LED upgrades</td>
</tr>
<tr>
<td>Water</td>
<td>8,694</td>
<td>6,771</td>
<td>3,952</td>
<td>10,000</td>
<td>40%</td>
<td>8,000</td>
<td>-20%</td>
<td>Decrease in use due to remote workers</td>
</tr>
<tr>
<td>Gas</td>
<td>16,882</td>
<td>16,435</td>
<td>11,208</td>
<td>20,000</td>
<td>56%</td>
<td>18,000</td>
<td>-10%</td>
<td></td>
</tr>
<tr>
<td>Non-Cap. Furniture Purchases</td>
<td>13,411</td>
<td>31,061</td>
<td>7,092</td>
<td>16,900</td>
<td>42%</td>
<td>15,000</td>
<td>-11%</td>
<td>Furniture adaptation for new norm (i.e. plexiglass walls)</td>
</tr>
<tr>
<td>Non-Cap. Equipment Purchases</td>
<td>13,235</td>
<td>7,117</td>
<td>2,660</td>
<td>10,000</td>
<td>27%</td>
<td>10,000</td>
<td>0%</td>
<td>Remote work accessories for new norm, sundry equipment, headsets, x-ray viewers</td>
</tr>
<tr>
<td>Plants and Plant Maintenance</td>
<td>5,447</td>
<td>5,022</td>
<td>2,967</td>
<td>4,800</td>
<td>62%</td>
<td>4,800</td>
<td>0%</td>
<td>Horticultural services</td>
</tr>
<tr>
<td>Health &amp; Safety (JOHS included)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0%</td>
<td>15,000</td>
<td>100%</td>
<td>JOHS Certifications, Green book, AED, PPE, Supplies, Fire system testing, Roof safety anchor inspection</td>
</tr>
<tr>
<td>Ergonomics (Equip &amp; Consult)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0%</td>
<td>20,000</td>
<td>100%</td>
<td>Consultant ($7,500) + Learning sessions, Remote Ergo Chairs, height-adjustable solutions, ergo accessories, etc.</td>
</tr>
<tr>
<td>Property Taxes</td>
<td>158,783</td>
<td>44,752</td>
<td>31,224</td>
<td>50,000</td>
<td>62%</td>
<td>50,000</td>
<td>0%</td>
<td>Property Reclassified in 2019</td>
</tr>
<tr>
<td>Sundry RCDSO</td>
<td>9,797</td>
<td>-</td>
<td>-</td>
<td>10,000</td>
<td>0%</td>
<td>-</td>
<td>-100%</td>
<td></td>
</tr>
<tr>
<td><strong>Total Operations &amp; Facilities</strong></td>
<td><strong>$1,139,357</strong></td>
<td><strong>$915,678</strong></td>
<td><strong>$457,004</strong></td>
<td><strong>$919,861</strong></td>
<td><strong>50%</strong></td>
<td><strong>$878,941</strong></td>
<td><strong>-4%</strong></td>
<td></td>
</tr>
</tbody>
</table>
## HUMAN RESOURCES

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Staffing Costs</td>
<td>$324,094</td>
<td>$458,561</td>
<td>$421,386</td>
<td>$455,347</td>
<td>93%</td>
<td>$717,994</td>
<td>58%</td>
<td></td>
</tr>
<tr>
<td>Consulting &amp; Professional Fees</td>
<td>9,518</td>
<td>74,253</td>
<td>14,783</td>
<td>18,000</td>
<td>82%</td>
<td>18,500</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>Administration</td>
<td>141,123</td>
<td>75,007</td>
<td>118,123</td>
<td>113,300</td>
<td>104%</td>
<td>109,200</td>
<td>-4%</td>
<td></td>
</tr>
<tr>
<td><strong>Summary Totals</strong></td>
<td><strong>$474,735</strong></td>
<td><strong>$607,821</strong></td>
<td><strong>$554,292</strong></td>
<td><strong>$586,647</strong></td>
<td><strong>94%</strong></td>
<td><strong>$845,694</strong></td>
<td><strong>44%</strong></td>
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</tr>
</tbody>
</table>

### STAFFING COSTS

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Salaries &amp; Benefits</td>
<td>$265,467</td>
<td>$375,661</td>
<td>$353,193</td>
<td>$343,947</td>
<td>103%</td>
<td>$552,394</td>
<td>61%</td>
<td>Headcount =4, salaries reallocated</td>
</tr>
<tr>
<td>Temporary Staff</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0%</td>
<td>39,600</td>
<td>100%</td>
<td>4 Summer students</td>
</tr>
<tr>
<td>Vacancy Factor</td>
<td>-</td>
<td>-</td>
<td>(5,200)</td>
<td>0%</td>
<td>(11,600)</td>
<td>-123%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Development</td>
<td>13,826</td>
<td>40,539</td>
<td>57,645</td>
<td>70,000</td>
<td>82%</td>
<td>90,800</td>
<td>30%</td>
<td>Difficult callers training ($9K), Mental health accommodation training ($10K), CCDI ($61K), 6 participants in Leadership program ($10.8K)</td>
</tr>
<tr>
<td>Memberships &amp; Professional Dues</td>
<td>1,350</td>
<td>1,843</td>
<td>3,065</td>
<td>1,600</td>
<td>192%</td>
<td>4,800</td>
<td>200%</td>
<td>HRPA, Canadian Payroll Association, Strategic Capability Network, CCDI</td>
</tr>
<tr>
<td>Staff Social Events</td>
<td>43,451</td>
<td>40,518</td>
<td>7,483</td>
<td>45,000</td>
<td>17%</td>
<td>42,000</td>
<td>-7%</td>
<td></td>
</tr>
<tr>
<td><strong>Total Staffing Costs</strong></td>
<td><strong>$324,094</strong></td>
<td><strong>$458,561</strong></td>
<td><strong>$421,386</strong></td>
<td><strong>$455,347</strong></td>
<td><strong>93%</strong></td>
<td><strong>$717,994</strong></td>
<td><strong>58%</strong></td>
<td></td>
</tr>
</tbody>
</table>

### CONSULTING & PROFESSIONAL FEES

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal</td>
<td>$3,239</td>
<td>$19,553</td>
<td>-</td>
<td>-</td>
<td>0%</td>
<td>-</td>
<td>0%</td>
<td>Budget held in Office of the Registrar</td>
</tr>
<tr>
<td>Consultants</td>
<td>6,279</td>
<td>54,700</td>
<td>14,783</td>
<td>18,000</td>
<td>82%</td>
<td>18,500</td>
<td>3%</td>
<td>$10K for consulting and potential outplacement, $8.5K for implementation of additional HR modules (talent acquisition, performance management)</td>
</tr>
<tr>
<td><strong>Total Consulting &amp; Professional Fees</strong></td>
<td><strong>$9,518</strong></td>
<td><strong>$74,253</strong></td>
<td><strong>$14,783</strong></td>
<td><strong>$18,000</strong></td>
<td><strong>82%</strong></td>
<td><strong>$18,500</strong></td>
<td><strong>3%</strong></td>
<td></td>
</tr>
</tbody>
</table>
## ADMINISTRATION

<table>
<thead>
<tr>
<th></th>
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<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation</td>
<td>$ 2,614</td>
<td>$ 1,896</td>
<td>$ 660</td>
<td>$ 2,000</td>
<td>33%</td>
<td>$ 1,000</td>
<td>-50%</td>
<td></td>
</tr>
<tr>
<td>Meals &amp; Accommodation</td>
<td>3,857</td>
<td>4,193</td>
<td>411</td>
<td>3,500</td>
<td>12%</td>
<td>2,500</td>
<td>-29%</td>
<td></td>
</tr>
<tr>
<td>Catering</td>
<td>8,136</td>
<td>11,221</td>
<td>1,341</td>
<td>10,200</td>
<td>13%</td>
<td>3,000</td>
<td>-71%</td>
<td>Staff Engagement</td>
</tr>
<tr>
<td>AV Rentals</td>
<td>2,781</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0%</td>
<td>-</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Recruiting</td>
<td>84,607</td>
<td>17,362</td>
<td>92,536</td>
<td>50,000</td>
<td>185%</td>
<td>55,600</td>
<td>11%</td>
<td>Maintaining 2020 recruitment budget and adding $5.6K for online testing platform</td>
</tr>
<tr>
<td>Books and Subscriptions</td>
<td>1,942</td>
<td>313</td>
<td>289</td>
<td>4,600</td>
<td>6%</td>
<td>1,300</td>
<td>-72%</td>
<td>Books and Lynda.com subscriptions</td>
</tr>
<tr>
<td>Payroll Service Charges</td>
<td>37,186</td>
<td>40,022</td>
<td>22,886</td>
<td>43,000</td>
<td>53%</td>
<td>45,800</td>
<td>7%</td>
<td>Increase due to additional HR modules</td>
</tr>
</tbody>
</table>

| Total Administration   | $ 141,123   | $ 75,007    | $ 118,123                | $ 113,300   | 104%          | $ 109,200   | -4%                      |       |
## QUALITY ASSURANCE

### DESCRIPTION

<table>
<thead>
<tr>
<th>Description</th>
<th>2018 Actual</th>
<th>2019 Actual</th>
<th>2020 YTD (Aug. 31, 2020)</th>
<th>2020 Budget</th>
<th>% Budget Used</th>
<th>2021 Budget</th>
<th>INCR/DECR OVER 2020 - %</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffing Costs</td>
<td>$1,376,585</td>
<td>$1,511,478</td>
<td>$1,063,868</td>
<td>$1,560,591</td>
<td>68%</td>
<td>$1,565,198</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Council &amp; Committees</td>
<td>67,395</td>
<td>37,645</td>
<td>15,858</td>
<td>72,650</td>
<td>22%</td>
<td>70,140</td>
<td>-3%</td>
<td></td>
</tr>
<tr>
<td>Consulting &amp; Professional Fees</td>
<td>100,893</td>
<td>66,381</td>
<td>452</td>
<td>78,000</td>
<td>1%</td>
<td>84,000</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>Administration</td>
<td>35,971</td>
<td>27,122</td>
<td>5,055</td>
<td>46,500</td>
<td>11%</td>
<td>20,400</td>
<td>-56%</td>
<td></td>
</tr>
<tr>
<td>Operations &amp; Facilities</td>
<td>14,640</td>
<td>-</td>
<td>-</td>
<td>1,000</td>
<td>0%</td>
<td>1,000</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td><strong>Summary Totals</strong></td>
<td><strong>$1,595,484</strong></td>
<td><strong>$1,642,626</strong></td>
<td><strong>$1,085,233</strong></td>
<td><strong>$1,758,741</strong></td>
<td><strong>62%</strong></td>
<td><strong>$1,740,738</strong></td>
<td><strong>-1%</strong></td>
<td></td>
</tr>
</tbody>
</table>

### STAFFING COSTS

<table>
<thead>
<tr>
<th>Description</th>
<th>2018 Actual</th>
<th>2019 Actual</th>
<th>2020 YTD (Aug. 31, 2020)</th>
<th>2020 Budget</th>
<th>% Budget Used</th>
<th>2021 Budget</th>
<th>INCR/DECR OVER 2020 - %</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries &amp; Benefits</td>
<td>$1,351,764</td>
<td>$1,473,453</td>
<td>$1,031,376</td>
<td>$1,558,491</td>
<td>66%</td>
<td>$1,568,598</td>
<td>1%</td>
<td>Headcount = 11</td>
</tr>
<tr>
<td>Temporary Staff</td>
<td></td>
<td>14,857</td>
<td>10,380</td>
<td>-</td>
<td>0%</td>
<td>-</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Vacancy Factor</td>
<td></td>
<td>-</td>
<td>-</td>
<td>(25,000)</td>
<td>0%</td>
<td>(30,500)</td>
<td>-22%</td>
<td></td>
</tr>
<tr>
<td>Staff Development</td>
<td>2,911</td>
<td>2,979</td>
<td>350</td>
<td>3,000</td>
<td>12%</td>
<td>3,000</td>
<td>0%</td>
<td>7 dentists at ODA ASM and Winter Clinic</td>
</tr>
<tr>
<td>Memberships &amp; Professional Dues</td>
<td>21,910</td>
<td>20,189</td>
<td>21,762</td>
<td>24,100</td>
<td>90%</td>
<td>24,100</td>
<td>0%</td>
<td>6 dentists @ RCDSO + 7 dentists @ ODA</td>
</tr>
<tr>
<td><strong>Total Staffing Costs</strong></td>
<td><strong>$1,376,585</strong></td>
<td><strong>$1,511,478</strong></td>
<td><strong>$1,063,868</strong></td>
<td><strong>$1,560,591</strong></td>
<td><strong>68%</strong></td>
<td><strong>$1,565,198</strong></td>
<td><strong>0%</strong></td>
<td></td>
</tr>
</tbody>
</table>

### COUNCIL & COMMITTEES

<table>
<thead>
<tr>
<th>Description</th>
<th>2018 Actual</th>
<th>2019 Actual</th>
<th>2020 YTD (Aug. 31, 2020)</th>
<th>2020 Budget</th>
<th>% Budget Used</th>
<th>2021 Budget</th>
<th>INCR/DECR OVER 2020 - %</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Assurance Committee</td>
<td>$36,355</td>
<td>18,400</td>
<td>13,270</td>
<td>40,650</td>
<td>33%</td>
<td>38,055</td>
<td>-6%</td>
<td>4 dentists 7 meetings per year + 3 additional meetings for Chair</td>
</tr>
<tr>
<td>Quality Assurance Working Groups</td>
<td>31,040</td>
<td>19,245</td>
<td>2,588</td>
<td>32,000</td>
<td>8%</td>
<td>32,085</td>
<td>0%</td>
<td>Standard/Guidelines: Electronic Records Mgmt, Teledentistry, Sleep Dentistry</td>
</tr>
<tr>
<td><strong>Total Council &amp; Committees</strong></td>
<td><strong>67,395</strong></td>
<td><strong>37,645</strong></td>
<td><strong>15,858</strong></td>
<td><strong>72,650</strong></td>
<td><strong>22%</strong></td>
<td><strong>70,140</strong></td>
<td><strong>-3%</strong></td>
<td></td>
</tr>
</tbody>
</table>

### CONSULTING & PROFESSIONAL FEES

<table>
<thead>
<tr>
<th>Description</th>
<th>2018 Actual</th>
<th>2019 Actual</th>
<th>2020 YTD (Aug. 31, 2020)</th>
<th>2020 Budget</th>
<th>% Budget Used</th>
<th>2021 Budget</th>
<th>INCR/DECR OVER 2020 - %</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal</td>
<td>$27,086</td>
<td>$13,683</td>
<td>-</td>
<td>$10,000</td>
<td>0%</td>
<td>$10,000</td>
<td>0%</td>
<td>Consultation</td>
</tr>
<tr>
<td>Consultants</td>
<td>73,807</td>
<td>52,698</td>
<td>452</td>
<td>68,000</td>
<td>1%</td>
<td>74,000</td>
<td>9%</td>
<td>Working group consultants $34K, 3rd party analysis of PET results $20K, Chief Examiner $20K</td>
</tr>
<tr>
<td><strong>Total Consulting &amp; Professional Fees</strong></td>
<td><strong>$100,893</strong></td>
<td><strong>$66,381</strong></td>
<td><strong>$452</strong></td>
<td><strong>$78,000</strong></td>
<td><strong>1%</strong></td>
<td><strong>$84,000</strong></td>
<td><strong>8%</strong></td>
<td></td>
</tr>
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<td>---------------------------</td>
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<td>--------------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>ADMINISTRATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td>$ 21,686</td>
<td>$ 14,375</td>
<td>$ 2,677</td>
<td>$ 22,000</td>
<td>12%</td>
<td>$ 7,600</td>
<td>-65%</td>
<td>Committee, working groups and staff</td>
</tr>
<tr>
<td>Meals &amp; Accommodation</td>
<td>7,634</td>
<td>7,056</td>
<td>569</td>
<td>16,000</td>
<td>4%</td>
<td>8,000</td>
<td>-50%</td>
<td>Committee, working groups and staff</td>
</tr>
<tr>
<td>Catering</td>
<td>6,651</td>
<td>5,691</td>
<td>894</td>
<td>7,000</td>
<td>13%</td>
<td>3,300</td>
<td>-53%</td>
<td>Committee, working groups and recordkeeping courses</td>
</tr>
<tr>
<td>Books and Subscriptions</td>
<td>-</td>
<td>-</td>
<td>915</td>
<td>1,500</td>
<td>61%</td>
<td>1,500</td>
<td>0%</td>
<td>Purchase of ISO Standards for ERM working group, balance for staff</td>
</tr>
<tr>
<td><strong>Total Administration</strong></td>
<td><strong>$ 35,971</strong></td>
<td><strong>$ 27,122</strong></td>
<td><strong>$ 5,055</strong></td>
<td><strong>$ 46,500</strong></td>
<td><strong>11%</strong></td>
<td><strong>$ 20,400</strong></td>
<td><strong>-56%</strong></td>
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<tr>
<td>OPERATIONS &amp; FACILITIES</td>
<td></td>
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<tr>
<td>Printing</td>
<td>$ 14,440</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>PEAK (Practice Enhancement and Knowledge) articles (electronic rights only)</td>
</tr>
<tr>
<td><strong>Total Operations &amp; Facilities</strong></td>
<td><strong>$ 14,440</strong></td>
<td>-</td>
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</table>
## REGISTRATION

### STAFFING COSTS

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>Staffing Costs</td>
<td>$604,606</td>
<td>$679,107</td>
<td>$415,985</td>
<td>$647,277</td>
<td>64%</td>
<td>$630,685</td>
<td>-3%</td>
<td></td>
</tr>
<tr>
<td>Council &amp; Committees</td>
<td>18,265</td>
<td>14,400</td>
<td>6,345</td>
<td>15,000</td>
<td>42%</td>
<td>13,090</td>
<td>-13%</td>
<td></td>
</tr>
<tr>
<td>Consulting &amp; Professional Fees</td>
<td>52,188</td>
<td>18,427</td>
<td>9,976</td>
<td>32,000</td>
<td>31%</td>
<td>18,000</td>
<td>-44%</td>
<td></td>
</tr>
<tr>
<td>Administration</td>
<td>4,617</td>
<td>7,472</td>
<td>2,127</td>
<td>11,300</td>
<td>19%</td>
<td>2,800</td>
<td>-75%</td>
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</tr>
<tr>
<td><strong>Summary Totals</strong></td>
<td><strong>$679,676</strong></td>
<td><strong>$719,406</strong></td>
<td><strong>$434,433</strong></td>
<td><strong>$705,577</strong></td>
<td>62%</td>
<td><strong>$664,575</strong></td>
<td>-6%</td>
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### STAFFING COSTS

#### Salaries & Benefits

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</thead>
<tbody>
<tr>
<td>Staff Development</td>
<td>$565,040</td>
<td>$621,277</td>
<td>$405,503</td>
<td>$623,877</td>
<td>65%</td>
<td>$611,585</td>
<td>-2%</td>
<td>Headcount = 6</td>
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<tr>
<td>Temporary Staff</td>
<td>38,609</td>
<td>54,570</td>
<td>10,482</td>
<td>30,000</td>
<td>35%</td>
<td>30,000</td>
<td>0%</td>
<td>Temps for HPC (3)</td>
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<tr>
<td>Staff Development</td>
<td>957</td>
<td>2,498</td>
<td>-</td>
<td>2,500</td>
<td>0%</td>
<td>1,500</td>
<td>-40%</td>
<td>Less demand for in-person courses/ seminars due to availability of on-line courses</td>
</tr>
<tr>
<td>Team Building</td>
<td>-</td>
<td>762</td>
<td>-</td>
<td>1,000</td>
<td>0%</td>
<td>200</td>
<td>-80%</td>
<td>Annual department team build retreat</td>
</tr>
<tr>
<td><strong>Total Staffing Costs</strong></td>
<td><strong>$604,606</strong></td>
<td><strong>$679,107</strong></td>
<td><strong>$415,985</strong></td>
<td><strong>$647,277</strong></td>
<td>64%</td>
<td><strong>$630,685</strong></td>
<td>-3%</td>
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</tbody>
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#### Council & Committees

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Registration Committee</td>
<td>$18,265</td>
<td>$14,400</td>
<td>$6,345</td>
<td>$15,000</td>
<td>42%</td>
<td>$13,090</td>
<td>-13%</td>
<td>3 dentists - average 6 meetings per year (1 full-day; 5 half-day)</td>
</tr>
<tr>
<td><strong>Total Council &amp; Committees</strong></td>
<td><strong>$18,265</strong></td>
<td><strong>$14,400</strong></td>
<td><strong>$6,345</strong></td>
<td><strong>$15,000</strong></td>
<td>42%</td>
<td><strong>$13,090</strong></td>
<td>-13%</td>
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#### Consulting & Professional Fees

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>Legal</td>
<td>$48,051</td>
<td>$16,427</td>
<td>$7,590</td>
<td>$30,000</td>
<td>25%</td>
<td>$15,000</td>
<td>-50%</td>
<td>Legal Counsel for Reg Comm</td>
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<tr>
<td>Consultants</td>
<td>4,137</td>
<td>2,000</td>
<td>424</td>
<td>2,000</td>
<td>21%</td>
<td>2,000</td>
<td>0%</td>
<td>Membership app/hpc app form changes</td>
</tr>
<tr>
<td>Translation</td>
<td>-</td>
<td>-</td>
<td>1,962</td>
<td>-</td>
<td>0%</td>
<td>1,000</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td><strong>Total Consulting &amp; Professional Fees</strong></td>
<td><strong>$52,188</strong></td>
<td><strong>$18,427</strong></td>
<td><strong>$9,976</strong></td>
<td><strong>$32,000</strong></td>
<td>31%</td>
<td><strong>$18,000</strong></td>
<td>-44%</td>
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</tbody>
</table>
### ADMINISTRATION

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Transportation</td>
<td>$1,881</td>
<td>$4,049</td>
<td>$1,344</td>
<td>$5,500</td>
<td>24%</td>
<td>$1,300</td>
<td>-76%</td>
<td>Based on 1 in-person meeting</td>
</tr>
<tr>
<td>Meals &amp; Accommodation</td>
<td>2,108</td>
<td>3,119</td>
<td>635</td>
<td>4,800</td>
<td>13%</td>
<td>1,300</td>
<td>-73%</td>
<td>Based on 1 in-person meeting</td>
</tr>
<tr>
<td>Catering</td>
<td>628</td>
<td>304</td>
<td>148</td>
<td>1,000</td>
<td>15%</td>
<td>200</td>
<td>-80%</td>
<td>Based on 1 in-person meeting</td>
</tr>
<tr>
<td><strong>Total Administration</strong></td>
<td><strong>$4,617</strong></td>
<td><strong>$7,472</strong></td>
<td><strong>$2,127</strong></td>
<td><strong>$11,300</strong></td>
<td><strong>19%</strong></td>
<td><strong>$2,800</strong></td>
<td><strong>-75%</strong></td>
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## COMMUNICATIONS

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</tr>
</thead>
<tbody>
<tr>
<td>Staffing Costs</td>
<td>$ 538,932</td>
<td>$ 630,590</td>
<td>$ 426,494</td>
<td>$ 647,598</td>
<td>66%</td>
<td>$ 649,923</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Consulting &amp; Professional Fees</td>
<td>168,029</td>
<td>165,468</td>
<td>47,742</td>
<td>184,000</td>
<td>26%</td>
<td>157,000</td>
<td>-15%</td>
<td></td>
</tr>
<tr>
<td>Administration</td>
<td>39,156</td>
<td>64,948</td>
<td>64,466</td>
<td>82,185</td>
<td>78%</td>
<td>75,550</td>
<td>-8%</td>
<td></td>
</tr>
<tr>
<td>Telecommunications &amp; Technology</td>
<td>-</td>
<td>25,241</td>
<td>41,724</td>
<td>70,000</td>
<td>60%</td>
<td>70,000</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Operations &amp; Facilities</td>
<td>35,221</td>
<td>7,258</td>
<td>1,662</td>
<td>11,500</td>
<td>14%</td>
<td>10,000</td>
<td>-13%</td>
<td></td>
</tr>
<tr>
<td><strong>Summary Totals</strong></td>
<td><strong>$ 781,338</strong></td>
<td><strong>$ 893,505</strong></td>
<td><strong>$ 582,088</strong></td>
<td><strong>$ 995,283</strong></td>
<td><strong>58%</strong></td>
<td><strong>$ 962,473</strong></td>
<td><strong>-3%</strong></td>
<td></td>
</tr>
</tbody>
</table>

### STAFFING COSTS

- **Salaries & Benefits**
  - $ 532,207
  - $ 626,546
  - $ 422,813
  - $ 651,198
  - 65%
  - $ 656,123
  - 1%
  - Headcount = 4

- **Vacancy Factor**
  - -
  - -
  - (11,100)
  - 0%
  - (14,200)
  - -28%

- **Staff Development**
  - 6,725
  - 3,705
  - 2,037
  - 6,000
  - 34%
  - 6,000
  - 0%

- **Memberships & Professional Dues**
  - -
  - 339
  - 1,644
  - 1,500
  - 110%
  - 2,000
  - 33%
  - 1 Ragan Select membership + 3 IABC memberships

**Total Staffing Costs**

- $ 538,932
- $ 630,590
- $ 426,494
- $ 647,598
- 66%
- $ 649,923
- 0%

### CONSULTING & PROFESSIONAL FEES

- **Consultants**
  - $ 164,269
  - $ 162,484
  - $ 45,810
  - $ 179,000
  - 26%
  - $ 152,000
  - -15%

- **Translation**
  - 3,760
  - 2,984
  - 1,932
  - 5,000
  - 39%
  - 5,000
  - 0%

**Total Consulting & Professional Fees**

- $ 168,029
- $ 165,468
- $ 47,742
- $ 184,000
- 26%
- $ 157,000
- -15%
## DESCRIPTION

<table>
<thead>
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</thead>
<tbody>
<tr>
<td><strong>ADMINISTRATION</strong></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Media Monitoring Service</td>
<td>$ 26,576</td>
<td>$ 20,089</td>
<td>$ 21,135</td>
<td>$ 25,000</td>
<td>85%</td>
<td>$ 23,000</td>
<td>-8%</td>
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<tr>
<td>Transportation</td>
<td>863</td>
<td>987</td>
<td>805</td>
<td>2,000</td>
<td>40%</td>
<td>500</td>
<td>-75%</td>
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<tr>
<td>Meals &amp; Accommodation</td>
<td>3,332</td>
<td>3,298</td>
<td>257</td>
<td>3,000</td>
<td>9%</td>
<td>1,000</td>
<td>-67%</td>
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<tr>
<td>Catering</td>
<td>591</td>
<td>4,824</td>
<td>-</td>
<td>12,000</td>
<td>0%</td>
<td>5,500</td>
<td>-54%</td>
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<tr>
<td>Room Rentals</td>
<td>-</td>
<td>2,317</td>
<td>12,507</td>
<td>7,000</td>
<td>179%</td>
<td>3,500</td>
<td>-50%</td>
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<td>AV Rentals</td>
<td>-</td>
<td>4,181</td>
<td>-</td>
<td>6,500</td>
<td>0%</td>
<td>3,250</td>
<td>-50%</td>
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<tr>
<td>Books and Subscriptions</td>
<td>7,794</td>
<td>29,252</td>
<td>29,762</td>
<td>26,685</td>
<td>112%</td>
<td>38,800</td>
<td>45%</td>
<td>Site improve - website management ($11K); QP briefing ($3K); email blast (11K); Rise eLearning $13K (250 users); SurveyMonkey; Zoom professional; Vimeo</td>
</tr>
<tr>
<td><strong>Total Administration</strong></td>
<td>$ 39,156</td>
<td>$ 64,948</td>
<td>$ 64,466</td>
<td>$ 82,185</td>
<td>78%</td>
<td>$ 75,550</td>
<td>-8%</td>
<td></td>
</tr>
<tr>
<td><strong>TELECOMMUNICATIONS &amp; TECHNOLOGY</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Application support &amp; maintenance</td>
<td>$ -</td>
<td>$ 25,241</td>
<td>$ 41,724</td>
<td>$ 70,000</td>
<td>60%</td>
<td>$ 70,000</td>
<td>0%</td>
<td>Agility licenses (website and PLP site), IMC retainer</td>
</tr>
<tr>
<td><strong>Total Telecommunications &amp; Technology</strong></td>
<td>$ -</td>
<td>$ 25,241</td>
<td>$ 41,724</td>
<td>$ 70,000</td>
<td>60%</td>
<td>$ 70,000</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td><strong>OPERATIONS &amp; FACILITIES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Printing</td>
<td>$ 23,748</td>
<td>$ 748</td>
<td>$ -</td>
<td>$ 5,000</td>
<td>0%</td>
<td>$ 5,000</td>
<td>0%</td>
<td>Contingency</td>
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<tr>
<td>Photography</td>
<td>2,882</td>
<td>6,510</td>
<td>1,413</td>
<td>5,000</td>
<td>28%</td>
<td>5,000</td>
<td>0%</td>
<td>Stock photography purchases for website and PLP website</td>
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<tr>
<td>Postage</td>
<td>8,591</td>
<td>-</td>
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<td>-</td>
<td>0%</td>
<td>-</td>
<td>0%</td>
<td>Dispatch discontinued</td>
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<tr>
<td>Non-Cap. Equipment Purchases</td>
<td>-</td>
<td>-</td>
<td>249</td>
<td>1,500</td>
<td>17%</td>
<td>-</td>
<td>-100%</td>
<td></td>
</tr>
<tr>
<td><strong>Total Operations &amp; Facilities</strong></td>
<td>$ 35,221</td>
<td>$ 7,258</td>
<td>$ 1,662</td>
<td>$ 11,500</td>
<td>14%</td>
<td>$ 10,000</td>
<td>-13%</td>
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# PROFESSIONAL LIABILITY PROGRAM

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<tbody>
<tr>
<td>Staffing Costs</td>
<td>$1,926,914</td>
<td>$2,113,172</td>
<td>$1,397,555</td>
<td>$2,106,821</td>
<td>66%</td>
<td>$2,105,103</td>
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<tr>
<td>PLP Loss Provision</td>
<td>8,216,078</td>
<td>5,456,552</td>
<td>2,031,696</td>
<td>3,047,540</td>
<td>67%</td>
<td>3,553,560</td>
<td>17%</td>
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<tr>
<td>Insurance &amp; Brokerage</td>
<td>259,200</td>
<td>401,382</td>
<td>410,994</td>
<td>423,809</td>
<td>97%</td>
<td>416,880</td>
<td>-2%</td>
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<tr>
<td>Council &amp; Committees</td>
<td>19,325</td>
<td>16,000</td>
<td>3,117</td>
<td>23,000</td>
<td>14%</td>
<td>17,450</td>
<td>-24%</td>
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<tr>
<td>Consulting &amp; Professional Fees</td>
<td>82,236</td>
<td>35,159</td>
<td>13,236</td>
<td>65,000</td>
<td>20%</td>
<td>70,000</td>
<td>8%</td>
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<tr>
<td>Administration</td>
<td>13,486</td>
<td>19,064</td>
<td>4,963</td>
<td>23,368</td>
<td>21%</td>
<td>14,188</td>
<td>-39%</td>
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</tr>
<tr>
<td>Operations &amp; Facilities</td>
<td>-</td>
<td>-</td>
<td>814</td>
<td>-</td>
<td>0%</td>
<td>-</td>
<td>0%</td>
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<tr>
<td><strong>Summary Totals</strong></td>
<td><strong>$10,517,239</strong></td>
<td><strong>$8,041,329</strong></td>
<td><strong>$3,862,375</strong></td>
<td><strong>$5,689,538</strong></td>
<td><strong>68%</strong></td>
<td><strong>$6,177,181</strong></td>
<td><strong>9%</strong></td>
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</tbody>
</table>

## STAFFING COSTS

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<tr>
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</thead>
<tbody>
<tr>
<td>Salaries &amp; Benefits</td>
<td>$1,907,542</td>
<td>$2,094,659</td>
<td>$1,384,957</td>
<td>$2,114,121</td>
<td>66%</td>
<td>$2,125,303</td>
<td>1%</td>
<td>Headcount = 19</td>
</tr>
<tr>
<td>Vacancy Factor</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(34,300)</td>
<td>0%</td>
<td>(43,200)</td>
<td>-26%</td>
<td></td>
</tr>
<tr>
<td>Staff Development</td>
<td>6,575</td>
<td>6,647</td>
<td>3,177</td>
<td>12,000</td>
<td>26%</td>
<td>8,500</td>
<td>-29%</td>
<td>1 certificate course, continuing education courses</td>
</tr>
<tr>
<td>Memberships &amp; Professional Dues</td>
<td>12,355</td>
<td>10,803</td>
<td>9,416</td>
<td>13,500</td>
<td>70%</td>
<td>13,000</td>
<td>-4%</td>
<td>1 dentist (RCDSO/ODA) + 3 lawyers + 2 paralegals + 1 Dental Assistant’s membership fee</td>
</tr>
<tr>
<td>Team Building</td>
<td>442</td>
<td>1,063</td>
<td>5</td>
<td>1,500</td>
<td>0%</td>
<td>1,500</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td><strong>Total Staffing Costs</strong></td>
<td><strong>$1,926,914</strong></td>
<td><strong>$2,113,172</strong></td>
<td><strong>$1,397,555</strong></td>
<td><strong>$2,106,821</strong></td>
<td><strong>66%</strong></td>
<td><strong>$2,105,103</strong></td>
<td><strong>0%</strong></td>
<td></td>
</tr>
</tbody>
</table>

## INSURANCE & BROKERAGE

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Brokers</td>
<td>$54,000</td>
<td>$81,000</td>
<td>$81,000</td>
<td>$81,000</td>
<td>100%</td>
<td>$81,000</td>
<td>0%</td>
<td>Jones DesLauriers Insurance Management Inc.</td>
</tr>
<tr>
<td>Insurance Premiums</td>
<td>205,200</td>
<td>320,382</td>
<td>329,994</td>
<td>342,809</td>
<td>96%</td>
<td>335,880</td>
<td>-2%</td>
<td>1.7% increase as targets met</td>
</tr>
<tr>
<td><strong>Total Insurance &amp; Brokerage</strong></td>
<td><strong>$259,200</strong></td>
<td><strong>$401,382</strong></td>
<td><strong>$410,994</strong></td>
<td><strong>$423,809</strong></td>
<td><strong>97%</strong></td>
<td><strong>$416,880</strong></td>
<td><strong>-2%</strong></td>
<td></td>
</tr>
</tbody>
</table>
### COUNCIL & COMMITTEES

<table>
<thead>
<tr>
<th></th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Professional Liability Program Committee</td>
<td>$19,325</td>
<td>$16,000</td>
<td>$3,117</td>
<td>$23,000</td>
<td>14%</td>
<td>$17,450</td>
<td>-24%</td>
</tr>
<tr>
<td>Total Council &amp; Committees</td>
<td>$19,325</td>
<td>$16,000</td>
<td>$3,117</td>
<td>$23,000</td>
<td>14%</td>
<td>$17,450</td>
<td>-24%</td>
</tr>
</tbody>
</table>

Notes: 5 dentists x 4 meetings - 2 in-person, 2 virtual

### CONSULTING & PROFESSIONAL FEES

<table>
<thead>
<tr>
<th></th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Legal</td>
<td>$17,572</td>
<td>$8,289</td>
<td>$1,102</td>
<td>$15,000</td>
<td>7%</td>
<td>$10,000</td>
<td>-33%</td>
</tr>
<tr>
<td>Consultants</td>
<td>64,664</td>
<td>26,870</td>
<td>12,134</td>
<td>50,000</td>
<td>24%</td>
<td>60,000</td>
<td>20%</td>
</tr>
<tr>
<td>Total Consulting &amp; Professional Fees</td>
<td>$82,236</td>
<td>$35,159</td>
<td>$13,236</td>
<td>$65,000</td>
<td>20%</td>
<td>$70,000</td>
<td>8%</td>
</tr>
</tbody>
</table>

Notes: PwC actuarial assessment ($18K), Bottomline ($22K), Assessment of reserve ($20K)

### ADMINISTRATION

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiographs</td>
<td>$75</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0%</td>
<td>-</td>
<td>0%</td>
</tr>
<tr>
<td>Transportation</td>
<td>4,799</td>
<td>6,237</td>
<td>1,143</td>
<td>7,000</td>
<td>16%</td>
<td>4,000</td>
<td>-43%</td>
</tr>
<tr>
<td>Meals &amp; Accommodation</td>
<td>5,830</td>
<td>6,746</td>
<td>1,445</td>
<td>9,800</td>
<td>15%</td>
<td>5,000</td>
<td>-49%</td>
</tr>
<tr>
<td>Catering</td>
<td>1,624</td>
<td>1,482</td>
<td>302</td>
<td>3,880</td>
<td>8%</td>
<td>2,500</td>
<td>-36%</td>
</tr>
<tr>
<td>Books and Subscriptions</td>
<td>1,308</td>
<td>4,599</td>
<td>2,073</td>
<td>2,688</td>
<td>77%</td>
<td>2,688</td>
<td>0%</td>
</tr>
<tr>
<td>Total Administration</td>
<td>$13,486</td>
<td>$19,064</td>
<td>$4,963</td>
<td>$23,368</td>
<td>21%</td>
<td>$14,188</td>
<td>-39%</td>
</tr>
</tbody>
</table>

Notes: Travel for committee, travel for staff attending presentations and mediations

### OPERATIONS & FACILITIES

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Photography</td>
<td>$-</td>
<td>$-</td>
<td>$814</td>
<td>$-</td>
<td>0%</td>
<td>$-</td>
<td>0%</td>
</tr>
<tr>
<td>Total Operations &amp; Facilities</td>
<td>$-</td>
<td>$-</td>
<td>$814</td>
<td>$-</td>
<td>0%</td>
<td>$-</td>
<td>0%</td>
</tr>
</tbody>
</table>
### COMMUNICATIONS

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integration work for Complaint &amp; Application Forms</td>
<td>$65,000</td>
</tr>
<tr>
<td>Website design &amp; architecture updates</td>
<td>$40,000</td>
</tr>
<tr>
<td><strong>Subtotal Communications</strong></td>
<td><strong>$105,000</strong></td>
</tr>
</tbody>
</table>

### IT

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evergreen - 10 desktops, 40 laptops, 2 Macs, Tablets</td>
<td>$148,000</td>
</tr>
<tr>
<td>Laptops for FIP Inspectors - 25</td>
<td>$73,500</td>
</tr>
<tr>
<td>Firewall to protect Azure</td>
<td>$60,500</td>
</tr>
<tr>
<td>Boardroom AV refresh</td>
<td>$11,300</td>
</tr>
<tr>
<td><strong>Subtotal IT</strong></td>
<td><strong>$293,300</strong></td>
</tr>
</tbody>
</table>

### PROJECTS

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLP CRM migration to Dynamics 365</td>
<td>$300,000</td>
</tr>
<tr>
<td>PET questions - 3 generalist areas, 2 specialist</td>
<td>$90,000</td>
</tr>
<tr>
<td>PET Enhancements</td>
<td>$96,000</td>
</tr>
<tr>
<td>ePortfolio CRM module enhancements</td>
<td>$169,500</td>
</tr>
<tr>
<td>HPDB rebuild and integrate with 365</td>
<td>$28,300</td>
</tr>
<tr>
<td>Regulate 365 - phase 2</td>
<td>$1,292,300</td>
</tr>
<tr>
<td><strong>Subtotal Projects</strong></td>
<td><strong>$1,976,100</strong></td>
</tr>
</tbody>
</table>

### OPERATIONS

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back-up hot water tank</td>
<td>$16,900</td>
</tr>
<tr>
<td>Server room HVAC + humidification unit</td>
<td>$48,800</td>
</tr>
<tr>
<td>HVAC controls update 5th floor</td>
<td>$6,300</td>
</tr>
<tr>
<td>Boiler room floor reseal and plumbing repairs</td>
<td>$27,500</td>
</tr>
<tr>
<td>Washroom refresh &amp; touchless initiatives</td>
<td>$62,200</td>
</tr>
<tr>
<td>Elevator toe operated call buttons</td>
<td>$25,500</td>
</tr>
<tr>
<td>Motion activated doors (11)</td>
<td>$69,900</td>
</tr>
<tr>
<td>Office space pilot reconfigurations</td>
<td>$80,000</td>
</tr>
<tr>
<td>Window replacement (x 8)</td>
<td>$33,900</td>
</tr>
<tr>
<td><strong>Subtotal Operations</strong></td>
<td><strong>$371,000</strong></td>
</tr>
</tbody>
</table>

### TOTAL CAPITAL

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL CAPITAL</strong></td>
<td><strong>$2,745,400</strong></td>
</tr>
</tbody>
</table>
RCDSO Policy
FINANCIAL RESERVES POLICY

Policy
As part of good governance, reserve funds may be established, from time-to-time, in accordance with sound accounting principles to prepare for future capital expenditures, or to provide funds to meet certain future liabilities or sustain day-to-day operations in the event of unforeseen shortfalls.

Types of Reserve Funds
The College may establish and /or administer reserve funds for the following purposes:

a) To secure the PLP liability for future claims in accordance with industry standards, in a Professional Liability Program Reserve Fund;

b) To fund the College’s obligations in extreme circumstances, in the form of an Operating Reserve;

c) To fund Special Projects deemed appropriate by Council such as, but not limited to:
   a. CRM;
   b. IT Infrastructure;
   c. Significant renovation or improvement of its facilities.

The funding of the Reserve Funds shall be approved by Council upon the recommendation of the Finance, Property and Administration Committee (FPA).

Fund Details
The College will hold two reserves on an on-going basis. Others will be established as needs dictate.

1. Professional Liability Program Reserve
The Professional Liability Program Reserve has been established to fund material claims that cannot be accommodated within the College’s operating budget. The balance is periodically reviewed by external actuaries to ensure the amount reserved is adequate, subject to various levels of risk appetite.

2. Operating Reserve Fund
The Operating Reserve Fund is designated to help ensure the long-term financial stability of the College, to provide for unanticipated extraordinary expenses that fall outside the provisions of
the College’s operating budget, and to fund obligations that arise in the event of unforeseen revenue shortfalls.

Operating reserves funds are not intended to replace a permanent loss of funds or eliminate an on-going budget shortfall.

The Operating Reserve Fund will be funded from a surplus in the unrestricted operating funds in any given year. The target minimum of this fund is 25%, or three months, of operating expenses, excluding the PLP provision and amortization, or such greater amount as may be determined by Council. The Reserve will be calculated based on the previous year audited financial statements.¹

Accounting for Reserves

The Reserves will be recorded in the financial statements as Internally Restricted Reserves. Reserves will be commingled with the general cash and investment accounts of the College.

Funding of Reserves

Reserves will be funded with operating surpluses. After all appropriate allocations are made to the reserve funds, any remaining annual operating surplus will remain in unrestricted resources. An operating deficit in any given year will result in no addition to reserves for that year.

When a specified reserve is below its targeted amount, plans for replenishment will be developed by management for consideration by the FPA Committee.

Use of Reserve Funds

Authority for the use of the PLP Reserve and Operating Reserve is delegated to the Registrar and/or the Director, Finance and Administration, in consultation with the FPA Committee.

Authority for the use of other Reserve Funds is subject to prior approval from Council.

Use of any Reserve Funds will be reported to Council at its next regularly scheduled meeting, accompanied by a full analysis.

Compliance

This policy is in accordance with the requirements of the Ministry of Health and Long-Term Care, reported through the College Performance Measurement Framework².

Canada Revenue Agency (CRA) takes the position that in order to maintain tax-exempt status, non-profit organizations must ensure reserves are reasonable and for an identifiable operating purpose, to protect

¹ Funding the Operating Reserve to its targeted level is estimated to take 3-5 years
² Standard 4 – The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate (evidence required – The College has a financial reserve policy that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and furthermore, sets out the criteria for using the reserves).
operations, or to fund a specific future capital project. The College will ensure that the level of reserves maintained is justified and reasonable.

**Review of Policy**

The Finance Property and Administration Committee will review this policy every three years or earlier if warranted by internal or external events or changes. The FPA Committee will recommend revisions to the Policy to Council for approval.

The external auditor has reviewed this policy\(^3\), and will be consulted whenever changes are contemplated.

---

\(^3\) Reviewed by Tinkham LLP on November 3, 2020
2021 Budget
Who is Involved in the Budgeting Process?

- Council
- Finance, Property & Administration Committee
- Senior Leadership Team (SLT)
- Finance
- Directors, Managers, Department Leaders
Overview

• Surplus operating budget  $577K
• Capital budget  $2.74M
• Strategic Plan alignment
• Uncertain environment
• Building reserves
2021 Surplus Budget

Surplus budget for future planning

- Need to account for significant risks
  - 3rd + future waves, economy lags, uncertain government direction (including performance reporting)

- Strategic planning priorities & new Registrar

- No operating reserve exists to mitigate financial risks (good financial practices suggest operational reserve)
Revenue  $32.2M - Up 3%

- Phase three annual fee increase of $75
  - Due date deferred to Feb 28/21
- Late fees reduced
- Budgeted membership at 10,568
- Static levels for S & A, CT Scan & HPC revenue
- Reduction in Investment Income
### Dental regulatory authorities annual fees at September 2020

*QC planning for a $250 increase

<table>
<thead>
<tr>
<th>Province</th>
<th>Annual Fee</th>
<th>Coverage</th>
<th>Malpractice Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>British Columbia</td>
<td>$3,433</td>
<td>Regulatory &amp; Association</td>
<td>Not included</td>
</tr>
<tr>
<td>Alberta</td>
<td>3,535</td>
<td>Regulatory &amp; Association</td>
<td>Not included</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>3,600</td>
<td>Regulatory &amp; Association</td>
<td>Not included</td>
</tr>
<tr>
<td>Manitoba</td>
<td>3,500</td>
<td>Regulatory &amp; Association</td>
<td>Not included</td>
</tr>
<tr>
<td>Ontario</td>
<td>2,435</td>
<td>Regulatory only</td>
<td>Included</td>
</tr>
<tr>
<td>Quebec*</td>
<td>1,710</td>
<td>Regulatory only</td>
<td>Not included</td>
</tr>
<tr>
<td>New Brunswick</td>
<td>2,854</td>
<td>Regulatory &amp; Association</td>
<td>Not included</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>1,145</td>
<td>Regulatory only</td>
<td>Not included</td>
</tr>
<tr>
<td>Prince Edward Island</td>
<td>500</td>
<td>Regulatory only</td>
<td>Not included</td>
</tr>
<tr>
<td>Newfoundland</td>
<td>1,200</td>
<td>Regulatory only</td>
<td>Not included</td>
</tr>
</tbody>
</table>
Revenue Distribution

Membership dues account for 85% of revenue
Expenses $31.6M  -  Up 1%

- Salaries & benefits - no new full-time staff budgeted; additional inspectors required

- Investment in health & safety measures and ergonomics
  - Building and home workspaces

- IT investment - digitization, security, modernization

- Amortization for CRM

- PLP loss provision
The Cost of Regulation
Savings Identified in 2021 Budget

- Consulting & Legal $370,000
- Virtual meetings 310,000
- Supplies, postage, utilities 46,000
- Remote inspections 44,000
- Payroll efficiency 9,300
Capital Budget  $2.74M

- CRM - Regulate 365 phase 2
- Projects - PET, ePortfolio, PLP
- IT equipment - continued transition to lap-top
- Building operations - touchless initiatives
- Website upgrades & improvements
Royal College of Dental Surgeons of Ontario
INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

Members:

Larry Davidge (Chair)  Antony Liscio
Lucia Ambrochi  Keith Morley
David Bishop  Christina Oprescu-Havriliuc
Mindy Cash  Harinder Sandhu
Ram Chopra  Masarat Saqib
David Clark  Mehran Shahabi
Ali Davoudpour  Peter Trainor
Eleonora Fisher  Jack Wasserman
Vivian Hu  Judith Welikovitch
John Lau  Cam Witmer

REPORT
November 2020 – Council Meeting

The Inquiries, Complaints and Reports (ICR) Committee is a screening committee that reviews concerns about members that are brought to the College’s attention from various sources, such as complaints, mandatory reports, and information brought to the attention of the Registrar. Such concerns include allegations of professional misconduct, incompetence, and incapacity.

The ICR Committee meets in panels of three. The committee currently has eleven standing panels that review complaints and report files. After investigating a complaint or report, a panel may make any one or more of the following dispositions:

1. refer specified allegations of professional misconduct or incompetence to the Discipline Committee for a hearing;
2. refer the member to a panel of the ICR Committee for incapacity proceedings, which can result in a referral to the Fitness to Practise Committee;
3. require the member to appear before a panel of the ICR Committee to be cautioned;
4. take other appropriate action, such as:
   • require the member to complete a specified continuing education or remediation program (“SCERP”);
   • ask the member to voluntarily complete courses, mentoring or practice monitoring;
   • ask the member to voluntarily restrict their practice;
   • provide advice and/or recommendations to the member; and
5. take no action.
In addition to the powers listed above, the ICR Committee has the authority to make an interim order if it is of the opinion that the dentist’s conduct exposes or is likely to expose patients to harm or injury. The ICR Committee may make an interim order at any time following the receipt of a complaint or upon the Registrar’s appointment of an investigator. Through an interim order, the ICR Committee may either impose terms conditions or limitations on a member’s certificate of registration or suspend a member’s certificate of registration pending the final disposition of the matter.

The ICR Committee uses a Risk Assessment Tool and Framework to guide its decision making process. This document can be found on the College’s website.

Since the June 2020 report to Council, panels of the ICR Committee held a total of 65 virtual meetings to review complaints and reports.

PART A – FOR ACTION OF COUNCIL

No recommendations.

PART B - FOR INFORMATION

1. Effect of COVID-19 Pandemic on Committee Activities

Although there was an initial decrease in complaints and reports when dental offices were closed, the College has seen a significant increase in inquiries, complaints and reports related to Covid-19 IPAC concerns since dental offices re-opened. In addition, timelines for disposing of complaints and reports have increased due to operational/technological challenges for case files that are not fully digital while staff are working remotely.

Notwithstanding the above challenges, the ICR Committee and staff have continued to apply a risk-based approach and have been able to adapt and modify their processes and protocols in order to fulfil their statutory obligations in the midst of the COVID-19 pandemic. The following is a brief summary of the changes that have been implemented since the report to Council in June:

- All ICR Committee panel meetings are being held virtually
- All Cautions are being delivered to members virtually
• All ADR mediations are being held virtually
• New protocols for conducting remote/modified Section 75 investigations have been developed and implemented when appropriate
• New protocols for conducting remote practice monitoring have been developed and implemented
• Required remedial courses are being offered virtually where possible

2. **Complaints**

During this reporting period, the College received 277 complaints. The following statistical information relates to all ICR Committee activity in relation to complaints from May 11, 2020 to October 30, 2020.

2.1 **Decisions Rendered by the ICR Committee in relation to complaints**

<table>
<thead>
<tr>
<th>Table 1: Summary of the Decisions Rendered by the ICR Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Decisions – Complaints (May 11, 2020 to October 30, 2020)</strong></td>
</tr>
<tr>
<td>Number of Decisions Issued$^1$</td>
</tr>
<tr>
<td>No Action</td>
</tr>
<tr>
<td>No Action (ratification of Alternative Dispute Resolution)</td>
</tr>
<tr>
<td>Advice &amp; Recommendations</td>
</tr>
<tr>
<td>Remedial Agreement</td>
</tr>
<tr>
<td>Caution</td>
</tr>
<tr>
<td>Specified Continuing Education or Remediation Program (SCERP)</td>
</tr>
<tr>
<td>Undertaking</td>
</tr>
<tr>
<td>Referral to Discipline Committee</td>
</tr>
<tr>
<td>Referral to ICR Committee Panel for incapacity proceedings</td>
</tr>
<tr>
<td>Interim Order – Terms, Conditions and Limitations (TCL)</td>
</tr>
<tr>
<td>Interim Order – Suspension</td>
</tr>
<tr>
<td>Variation/Removal of Interim Order</td>
</tr>
</tbody>
</table>

$^1$Some decisions of the ICR Committee contain more than one action. Accordingly, the total number of decisions will not equal the total number of action.
In addition to the decisions made by the ICR Committee, panels requested eighteen Section 75(1)(c) investigations. These are typically unannounced office visits for the purpose of securing evidence or assessing conditions in the office, particularly in the area of infection prevention and control.

During this reporting period, the Registrar received thirteen requests from complainants to withdraw their complaint, four of which were denied. Nine requests for withdrawal were approved, as the Registrar believed it was in the public interest to do so.

2.2 Alternative Dispute Resolution

During the College’s Intake process, complaints that are assessed as being a low or no risk to the public may be deemed eligible for Alternative Dispute Resolution (ADR). These complaints may include issues such as:

- Poor communication skills
- Inaccurate or poor documentation
- Rude behaviour that is not indicative of serious practice deficiencies
- Poor recordkeeping
- Isolated failure to maintain standards
- Conflict of interest

When a matter is considered by the College to be eligible for ADR, and with the consent of the dentist and the complainant, an ADR meeting (“mediation”) may take place to consider the following:

- identification and simplification of the issues
- possibility of settlement of any or all of the issues
- appropriate resolution that may include the dentist entering into an undertaking/agreement with the College
- any other matter that may assist in the resolution of the issues in a just and expeditious fashion and consistent with the Regulated Health Professions Act, 1991, S.O. 1991, c.18.

In the event one or more of the parties do not agree to participate in the ADR process, the ICR Committee panel will continue with its investigation of the complaint.
If an agreement to resolve the issues is reached through ADR, it is put in writing and signed by the participants. The results are then brought forward to a panel of the ICR Committee for approval. If the participants in ADR do not reach an agreement to resolve the issues, the ICR Committee panel will proceed with its investigation of the complaint. All communications in an ADR mediation are deemed to have been made without prejudice to the parties and remain confidential.

The legislation requires ADR resolutions to be reached within 60 days. This timeline can be extended to 120 days with the agreement of the complainant and the member, if the Registrar believes that it is in the public interest to do so.

<table>
<thead>
<tr>
<th>ADR Activity</th>
<th>May 11, 2020 to October 30, 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADR mediations</td>
<td>25</td>
</tr>
<tr>
<td>Successfully resolved</td>
<td>23</td>
</tr>
<tr>
<td>Not resolved</td>
<td>2</td>
</tr>
</tbody>
</table>

\[In the event the matter is not resolved through an ADR negotiation, the ICR Committee panel will proceed with its investigation of the complaint.\]

2.3 Health Professions Appeal and Review Board

The complainant or the member who is the subject of the complaint may request the Health Professions Appeal and Review Board (“HPARB”) to review a decision of a panel of the ICR Committee (unless the decision was a referral of an allegation of professional misconduct or incompetence to the Discipline Committee, or a referral to another panel of the ICR Committee for incapacity proceedings).

In its review, HPARB considers: (a) the adequacy of the investigation; and/or (b) the reasonableness of the decision.
Table 3: Summary of Activities of the Health Professions Appeal and Review Board (HPARB)

<table>
<thead>
<tr>
<th>HPARB Activity</th>
<th>May 11, 2020 to October 30, 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of requests for review received</td>
<td>17</td>
</tr>
<tr>
<td>Number of decisions issued by the Board(^1)</td>
<td>21</td>
</tr>
<tr>
<td>ICR Committee decision confirmed</td>
<td>17</td>
</tr>
<tr>
<td>Returned – inadequate investigation</td>
<td>2</td>
</tr>
<tr>
<td>Returned - unreasonable decision</td>
<td>2</td>
</tr>
<tr>
<td>Request for review denied</td>
<td>0</td>
</tr>
<tr>
<td>Request for review withdrawn by the applicant</td>
<td>2</td>
</tr>
<tr>
<td>Section 28(^2) request</td>
<td>1</td>
</tr>
<tr>
<td>Section 28 order</td>
<td>1</td>
</tr>
<tr>
<td>Section 28 dismissed</td>
<td>0</td>
</tr>
<tr>
<td>Order not to proceed with review</td>
<td>0</td>
</tr>
</tbody>
</table>

\(^1\) Some decisions of the HPARB contain more than one action. Accordingly, the total number of decisions will not always equal the total number of actions.

\(^2\) A party may apply to HPARB for an Order under Section 28 of the Health Professions Procedural Code of the Regulated Health Professions Act, 1991, which states that a panel shall dispose of a complaint within 150 days.

3. Registrar’s Reports

Since the June 2020 report to Council, the ICR Committee approved the Registrar’s appointment of investigators under Section 75 of the Health Professions Procedural Code\(^1\), to look into allegations of professional misconduct regarding 14 members.

The ICR Committee reviewed 15 new Registrar’s Reports of Section 75 investigations during this reporting period, in addition to ongoing matters.

The following statistical information relates to ICR Committee activity in relation to Reports from May 11, 2020 to October 30, 2020.

3.1 Decisions Rendered by the ICR Committee in relation to Reports

Table 4: Summary of the Decisions Rendered by the ICR Committee in relation to Reports

<table>
<thead>
<tr>
<th>Decision Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Decisions Issued</td>
<td>19</td>
</tr>
<tr>
<td>No Action</td>
<td>5</td>
</tr>
<tr>
<td>Advice and Recommendations</td>
<td>3</td>
</tr>
<tr>
<td>Remedial Agreement</td>
<td>1</td>
</tr>
<tr>
<td>Caution</td>
<td>1</td>
</tr>
<tr>
<td>Specified Continuing Education or Remediation Program (SCERP)</td>
<td>2</td>
</tr>
<tr>
<td>Undertaking</td>
<td>0</td>
</tr>
<tr>
<td>Referral to Discipline Committee</td>
<td>7</td>
</tr>
<tr>
<td>Referral to ICR Committee Panel for incapacity proceedings</td>
<td>0</td>
</tr>
<tr>
<td>Interim Order–Terms, Conditions and Limitations (TCL)</td>
<td>2</td>
</tr>
<tr>
<td>Interim Order – Suspension</td>
<td>0</td>
</tr>
<tr>
<td>Variation/Removal of Interim Order</td>
<td>0</td>
</tr>
</tbody>
</table>

1Some decisions of the ICR Committee contain more than one action. Accordingly, the total number of decisions will not equal the total number of actions.

4. Incapacity Proceedings

Section 1(1) of the Health Professions Procedural Code defines “incapacitated” as follows:

“’incapacitated’ means, in relation to a member, that the member is suffering from a physical or mental health condition or disorder that makes it desirable in the interest of the public that the member’s practice be subject to terms, conditions or limitations, or that the member no longer be permitted to practise.”

A panel of the ICR Committee must make inquiries into whether a member is incapacitated if, (1) it receives a report from the Registrar under section 57 of the Code; or (2) it receives a referral from a panel of the ICR Committee.

During this reporting period, the ICR Committee made inquiries into the health condition of one member, directing the member to attend for an independent medical examination.
The ICR Committee also released two members from their voluntary terms, conditions and limitations related to health conditions. In both cases, the ICR Committee was satisfied based on medical advice, that the member could practice dentistry safely without the need for continued terms, conditions and limitations.

5. **Monitoring Reports**

A member’s practice may be monitored by the College for a specified period of time as a result of: (1) an Order of the Discipline Committee; (2) a member’s voluntary undertaking or remedial agreement with the College; and/or (3) a specified continuing education and remediation program (SCERP) required by the ICR Committee. The purpose of a monitoring visit\(^2\) is to ensure that the member is rehabilitated in an area of practice that is of concern to the ICR Committee or the Discipline Committee.

**Table 5: Summary of the Practice Monitoring Activity**

<table>
<thead>
<tr>
<th>Practice Monitoring Activity</th>
<th>May 11, 2020 to October 30, 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitoring reports reviewed</td>
<td>35</td>
</tr>
<tr>
<td>Ongoing</td>
<td>27</td>
</tr>
<tr>
<td>Closed</td>
<td>8</td>
</tr>
</tbody>
</table>

6. **Mentoring Reports**

From time to time, members are required to submit to one-on-one mentoring from an experienced colleague as a term of an undertaking, a specified continuing education and remediation program (SCERP) or an Order by the Discipline Committee. Mentoring programs help improve their standards of practice and may be used to assess their competency in various areas of dentistry.

\(^2\) Due to the COVID-19 pandemic, all monitoring “visits” are being conducted virtually until further notice
## Table 6: Summary of the Practice Mentoring Activity

<table>
<thead>
<tr>
<th>Practice Mentoring Activity</th>
<th>May 11, 2020 to October 30, 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members in mentoring programs</td>
<td>6</td>
</tr>
<tr>
<td>Mentoring reports reviewed for above members</td>
<td>16</td>
</tr>
<tr>
<td>Mentoring ongoing</td>
<td>5</td>
</tr>
<tr>
<td>Closed and proceeded to practice monitoring</td>
<td>1</td>
</tr>
</tbody>
</table>
INTERNATIONAL TRADE COMMITTEE

Members:
Peter Trainor, Chair
David Bishop (Appointed: December 13, 2019)
Benjamin Lin
Robert Metras (December 13, 2019 – February 2, 2020)
Flavio Turchet

REPORT
November 17, 2020 - Council Meeting

The International Trade Committee has not met formally since reporting at the March 5, 2020, Council meeting. However, the Chair wished to report on updates in the area on behalf of the Committee.

In March 2020, the pandemic shutdown criteria caused the closure of many business, including the RCDSO, forcing a virtual work from home initiative, which is still in place.

Due to the pandemic, the Committee has been unable to meet with government officials to discuss the topic and further its initiatives.

PART A – FOR ACTION OF COUNCIL

There are no items for action of Council at this time.

PART B – FOR INFORMATION

Background
This Committee was formerly constituted as an Ad Hoc Committee in January 2017. Due to the Committee’s activities and to the emergence of trade agreements since then, Council formed this as a standing committee in November 2018 and the by-laws were changed accordingly.
Committee Mandate
The International Trade Committee assists Council in determining how to ensure that internationally-trained dentists have the knowledge, skill and judgement to be easily integrated into Ontario practice to facilitate registration and ensure public protection.

The Committee provides advice and recommendations to Council on any other matters relating to trade agreements and labour mobility which, in the Committee’s view, may affect the College’s mandate to protect the public interest.

Committee Goals & Objectives
The Committee’s main goal is to continue to educate integral parties involved, most significantly government officials. The initiative is to advise government officials of the dangers of using a “Point to Point” registration model to register internationally trained dentists in Ontario through the mechanism of International Trade Agreements, which is different from the competency-based model which is currently in place in Ontario.

The Point to Point model would include automatic acceptance of any dentist educated and trained internationally in a given country by way of a Trade Agreement with Canada, irrespective of whether the method of training and qualification for dentists in that country are equivalent to that in Canada.

This model is not necessarily in line with the competency-based evaluation process currently in place for Canada, especially Ontario, which has as large a registrant body as many countries either in, or seeking entry to, the European Union. Competency-based evaluation continues to be the preferred method of registration as it ensures internationally trained dentists have the knowledge, skill and judgement required to practise in Ontario.

The CDRAF Document produced mainly by RCDSO is useful in understanding the mechanisms and the bodies who administer the current 6 Pathways for Registration of international trained dentists, for both General Practitioners and Specialists.

Trade Agreement Updates and Areas to Closely Monitor
There are currently updates to relevant Trade Agreements either having just been completed or in the formative stages for the near future.
USMCA:
The former NAFTA agreement was ratified by Canada on March 13, 2020. The new USMCA went into force on July 01, 2020.

The Committee is aware that one key unknown factor about the agreement is Mexico, as Canada does not have a Mutual Recognition Agreement (“MRA”) with Mexico. We will have to be mindful of the agreement creating an automatic umbrella for Mexican dentists to be registered in the United States under the agreement, which, given our MRA with the US, would then allow those dentists to be automatically registered in Canada.

Brexit:
The Transition Period of this Agreement will end December 31, 2020. The end result of this is currently unknown. Whatever the outcome, Canada will most likely enter into a Bilateral Trade Agreement with Great Britain. The Clauses affecting labour mobility, especially the movement of professionals will require close monitoring.

Canada currently has an MRA with Ireland respecting accreditation of graduating students wanting to be licensed in Canada. The impact of any Bilateral Trade Agreement between Canada and Great Britain with respect to the MRA with Ireland will require observation and evaluation.

PT/HLB:1027957
PENSION GOVERNANCE COMMITTEE

Members:
Richard Hunter, Chair
Roderick Stableforth
Sandy Venditti
Flavio Turchet (ex-officio)

REPORT
November 17, 2020 - Council Meeting

Since the report to the November 14, 2019 Council meeting, the Pension Governance Committee (herein after referred to as the “Committee”) has met twice in 2020.

PART A – FOR ACTION OF COUNCIL

There are no recommendations at this time.

PART B – FOR INFORMATION OF COUNCIL

The Pension Committee has been focused on maintaining strong governance over the College’s pension obligation. The Committee has been busy over the past few years, reviewing and updated fundamental governance documents and implementing best practices.

Reported here are a summary of actions taken during the past year.

Terms of Reference

The Terms of Reference describe the expectations of how the Committee will operate and the primary responsibilities of Council and the Committee. It is required that the Committee review this annually and if necessary make any amendments. There were no recommended changes to the Terms in 2020.
**Pension Governance**

At each meeting, the College’s Pension administrator, Industrial Alliance, provided the Committee with a governance report and investment performance update. This included a performance review of the funds by asset class and sector in the Defined Benefit (DB) Plan, including the net return of the Plan.

**Fund Investment Selection**

The Statement of Investment Policies and Procedures (SIPP), finalized in late 2019, governs the investment philosophy of the Pension. At the October 2020 meeting the specific funds were reviewed and selected for the DB portion of the Pension Plan, which are in alignment with the SIPP. This is a key component of our de-risking strategy that is based on the recommended allocation of assets, and eventual move into long-term bonds. The implementation date of changing the funds will be reviewed with the Investment Manager.

**Pension Valuation**

The Pension Plan must undergo an actuarial valuation every three years at a minimum. Although the next required valuation was not due until January 1, 2021, the College undertook to complete this work one year earlier, for risk management reasons. Financial markets were positive at January 1, 2020, while economic uncertainty and geopolitical upheaval due to the pandemic meant that preparing the valuation at January 1, 2021 could lead to risky results and unpleasant financial consequences.

Buck Consultants, the pension actuaries for the College, presented the results of the January 1, 2020 valuation to the Committee in October 2020. The results were very positive and position the Plan well. The next required valuation date is January 1, 2023.

**Statutory Filings**

Ensuring that the College meets all statutory compliance timelines, the Committee is regularly provided with the list of regulatory filings that have been executed by staff on behalf of the DB and DC Pension Plan.
Pension Education and Information

A primary duty of the College, as plan sponsor, is to deliver staff education sessions that are relevant and appropriate. In 2020 Bell Financial, the College’s benefits broker presented various employee education sessions (Investing during a Pandemic, Keeping Up To Date on Markets and Money) as well as a review of mental health support programs during COVID-19.

Industrial Alliance, the Plan administrator, provides monthly newsletters, economic forecasts and other useful information for staff on their website.
PROFESSIONAL LIABILITY PROGRAM COMMITTEE

Members:

Joseph Richards II, Chair
Alexis Clark
Neil Gajjar
James Posluns
Reza Termei
Jennifer Tse

REPORT

November 2020 – RCDSO Council Meeting

Since its last report of June 2020, the Professional Liability Program (PLP) Committee held two meetings - July 10, 2020, and September 25, 2020. Both were held via video teleconference.

PART A - FOR ACTION OF COUNCIL

There are no matters requiring action by Council.

PART B - FOR INFORMATION

Malpractice Renewal for 2021

The College’s broker, Jones DesLauriers Insurance Management Inc. (JDIMI) has been contacted to seek malpractice protection for College members for 2021. No changes are expected.

Excess Insurance

For 2021, JDIMI will continue to offer excess insurance limits above the $2 million dentists receive with College membership. Available excess limits range from an additional $1 million to $23 million. Although new subscribers can purchase excess insurance at any time of the year, JDIMI offers renewals in
November and December. Members may purchase excess insurance by contacting JDIMI directly or through its secure portal accessed online.

**Teledentistry**

The Executive Committee has approved an amended COVID-19 practice guidance document in which a change to teledentistry was made. PLP has arranged with the insurer for coverage to be in force with respect to the amendment.

**PLP and the COVID-19 Restrictions**

PLP staff continue to work from home with no interruption of services.

**PLP Committee Vacancies**

The College’s notice to the profession of the upcoming January 2021 vacancies has been issued. Applications are being gathered and will be presented at the next Council meeting in January 2021 for a recommendation.

**Education**

PLP has not been able to present any Category 1 Core courses or any other presentations due to the pandemic restrictions. PLP has started to receive requests for courses to be delivered virtually in real time, and a few of these have been arranged.

**Computer System**

PLP was an early adopter of digital document management and the CRM system. Upgrades to the CRM 2015 version are underway.

**Claims Reported**

The number of reports of actual and potential claims received in 2020 was affected by the pandemic. In the first 2½ months before the shutdown, 348 reports were received by PLP. In addition, 47 inquiries were received. These numbers are similar to those reported in the same 2½-month period in 2019.
From March 17, 2020, over the next 2½ months, reports decreased significantly to 92 reports and 50 inquiries before starting to recover in June, 2020, which coincided with Ontario’s COVID-19 Stage 2 reopening of dental clinics. September and October returned to normal with 142 reports and 31 inquiries, and 133 reports and 41 inquiries respectively.

In summary, from January 1, 2020, to October 31, 2020, the total number of actual and potential claims reported was 1,013 with 280 inquiries. This represents a decrease of 330 claims, or 25%, over the same period in 2019.

The 2020 actual or potential claims are broken down as follows:

a. New legal actions – 54
b. Claims and threats without legal action – 633
c. Advice/assistance/precautionary – 326
QUALITY ASSURANCE COMMITTEE

Members:
David Mock (Chair)
Ram Chopra
Elizabeth MacSween
Anita Moosani
Sonica Singhal

REPORT
November 17, 2020- Council Meeting

Since the report to the Council meeting of June 18, 2020, the Quality Assurance Committee and its working group on Electronic Records Management have held seven meetings on July 3, August 19 and 28, September 14 and 28, October 16 and November 4, 2020.

PART A – FOR ACTION

There are no items for action

PART B – FOR INFORMATION

1. Effect of COVID-19 Pandemic on Committee Activities

At the July 3, August 28 and October 16, 2020 meetings, the Quality Assurance Committee unanimously agreed to continue the suspension of the Quality Assurance Program, effective from March 16, 2020. The Quality Assurance Committee will revisit this issue at the December 11, 2020 meeting.

Work was completed on the development of two new specialty versions of the PET: one in the specialty area of dental anesthesia and the other in the combined specialty areas of oral medicine, oral pathology and oral radiology. However, due to the suspension of the Quality Assurance Program, the full launch of these specialty versions of the PET has been delayed. In addition, the development of new PET questions at the specialist and generalist levels has been postponed until 2021.
The College’s building remains closed, except for essential business. Quality Assurance department staff have visited the College building on a limited basis, in order to deal with matters relating to those members who were already selected and in the process of completing the review of their e-Portfolio or the PET, as well as those members who were required to participate in a peer or practice assessment.

In-person meetings of working groups that were cancelled or postponed are being rescheduled as virtual meetings.

The Practice Advisory Service continues to respond to a large volume of telephone and email enquiries from the public and the profession. In addition, department staff continue to serve a leading role for the College with respect to clinical issues related to the pandemic, including attendance at regular teleconferences with the Ministry of Health and Long-Term care and assisting in the timely development of guidance and other resources for the public and the profession.

2. **Quality Assurance Program**

The Quality Assurance Committee reviewed proposals from eDropin, the Royal College of Dental Surgeons of Ontario, the Toronto Academy of Dentistry and the University of Toronto, for the development of courses to be considered in Category 1: Core Courses. The following courses were approved and added to the list of available Core Courses:

- A Review of Prosthodontic Concepts and Treatment in Removable Prosthodontics, live-streaming course, presented by Dr. Beatrice Leung, sponsored by eDropin, 6 CE points
- Diagnosis and Treatment Planning for Partial Edentulism using Fixed Partial Dentures, live-streaming course, presented by Dr. Beatrice Leung, sponsored by eDropin, 6 CE points
- Jurisprudence & Ethics: Examining the Practice of Dentistry in Ontario through an Ethical Lens, online course, sponsored by the Royal College of Dental Surgeons of Ontario, 15 CE points
- Nerve Injuries and Non-Odontogenic Pain: An approach to diagnosis and management, live course, presented by Dr. Hagen Klieb and Dr. Peter Ta, sponsored by the Toronto Academy of Dentistry, 3 CE points
• Pain Management: Troubleshooting Local Anesthesia and Analgesia, live-streaming course, presented by Dr. Peter Nkansah, sponsored by the University of Toronto, 3 CE points

• Pediatric Dentistry for the Infant, Preschooler and School-age Child, live-streaming course, presented by Dr. Gajanan Kulkarni, sponsored by eDropin, 6 CE points

The Quality Assurance Committee continues to receive and review progress reports on the current status of members randomly selected to have their e-Portfolio reviewed, as well as members assigned for review of their e-Portfolio. As of October 5, 2020, 1975 members have been randomly selected to have their e-Portfolio reviewed, 28 members were assigned by the Quality Assurance Committee for review of their e-Portfolio, and 8 members were required to participate in a peer assessment. An aggregate progress report is reflected in the following table.

Current Status of Members Randomly Selected for Review of their e-Portfolio for the Period April 1, 2015 to October 5, 2020

| Total number of members randomly selected | 1975 |
| Removed from Selection List* | 43 |
| Active Review (in progress) | 19 |
| Completed – successful review | 1635 |
| Completed – unsuccessful review (shortfall of CE points) | 278 |
| Under review by Committee | 12 |
| Explanation accepted / No further action | 175 |
| Assigned for review of next CE cycle | 91 |
| Total number of members assigned for review | 28 |
| Removed from Assigned List (resigned) | 5 |
| Active Review (in progress) | 2 |
| Completed – successful review | 13 |
| Completed – unsuccessful review (shortfall of CE points) | 8 |
| Under review by Committee | 0 |
| Explanation accepted / No further action | 1 |
| Required to participate in Peer Assessment | 6 |
| Referred to ICRC | 1 |
APPENDIX #11

Total number of members required to participate in Peer Assessment | 8
--- | ---
Active Assessments | 1
Under review by Committee | 1
Remedial Agreement/Assigned for Review of e-Portfolio | 3
Referred to ICRC | 3

* Members may be removed from the random selection list for full-time graduate/post-graduate programs, registration in a specialty and other reasons that result in a reset of their CE cycle.

In July 2020, the e-Portfolio was updated to extend all current CE cycles for all members by one year. This means:
- the 2017-2020 CE cycle will now end on December 14, 2021;
- the 2018-2021 CE cycle will now end on December 14, 2022;
- the 2019-2022 CE cycle will now end on December 14, 2023.

The Quality Assurance Committee continues to receive and review progress reports on the current status of members selected to complete the Practice Enhancement Tool (PET). As of September 24, 2020, 3263 members have been selected to complete the PET in the second five-year cycle. An aggregate progress report is reflected in the following table.

**Current Status of Members Selected to Complete the PET for the Period July 9, 2018 to September 24, 2020**

<table>
<thead>
<tr>
<th>Total number of members selected</th>
<th>3263</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removed for retirement / resignation</td>
<td>72</td>
</tr>
<tr>
<td>Removed for full-time post-graduate program</td>
<td>17</td>
</tr>
<tr>
<td>Active (in progress)</td>
<td>0</td>
</tr>
<tr>
<td>Completed – successful (1st attempt)</td>
<td>3054</td>
</tr>
<tr>
<td>Completed – unsuccessful (1st attempt)</td>
<td>10</td>
</tr>
<tr>
<td>Completed – successful (2nd attempt)</td>
<td>45</td>
</tr>
<tr>
<td>Completed – unsuccessful (2nd attempt)</td>
<td>0</td>
</tr>
<tr>
<td>Failed to complete</td>
<td>3</td>
</tr>
<tr>
<td>Extension</td>
<td>0</td>
</tr>
<tr>
<td>Deferral</td>
<td>48</td>
</tr>
<tr>
<td>Request for consideration</td>
<td>0</td>
</tr>
<tr>
<td>Undertaking / Agreement</td>
<td>9</td>
</tr>
<tr>
<td>Refer to ICRC</td>
<td>2</td>
</tr>
</tbody>
</table>
The in-person meeting of the PET Advisory Group that was scheduled for March 24, 2020 was cancelled and, as already noted above, the development of new PET questions at the specialist and generalist levels has been postponed until 2021.

3. **Standard of Practice on Electronic Records Management**
The Electronic Records Management working group, chaired by Dr. Gordon Markic, continues to meet by video conference and work is progressing to revise and update the document. A drafting group was formed from the members of the full working group to accelerate work on the document. The drafting group met on August 19, September 28 and November 4. The full working group met on September 14, 2020, and the next meeting is scheduled for November 23, 2020.

4. **Standard of Practice on Teledentistry**
The Teledentistry working group, chaired by Dr. Sandy Venditti, continues to gather resources for the draft document. The meeting scheduled for March 30, 2020 was cancelled and will be rescheduled for early 2021.

5. **Standard of Practice on the Performance of Intra-Oral Procedures that are Not Controlled Acts by Preventive Dental Assistants, Level II Dental Assistants and Registered Dental Hygienists**
The staff working group met on August 21, 2020 to review and finalize recommendations for appropriate changes to the proposed document. The revised document is nearing completion and will be presented to the Committee and then to Council in 2021.

6. **Standard of Practice on the Dental Management of Obstructive Sleep Apnea and Snoring with Oral Appliances**
The Sleep Dentistry working group, chaired by Dr. David Clark, was expected to begin work on the development of a guidance document in the second half of 2020. However, due to the current pandemic state, this work
has been postponed indefinitely. In the meantime, resources and additional materials continue to be gathered.

7. **Opioid Prescribing by Ontario Dentists**

The College received Narcotic Monitoring System (NMS) data for 2017 and 2018 from the Health Analytics Branch of the Ministry of Health and Long-Term Care, which was provided to our epidemiologist, Dr. Gordon Thompson, for analysis.

The College observed, however, a gradual deterioration in the quality of the NMS data since 2014. This deterioration is related to an interruption in the updating of the Ministry’s Corporate Provider Database (CPDB), to which the NMS must link to generate data regarding our members. College staff spoke with Ministry staff to update the CPDB with information about our members that is available from the public register. Unfortunately, it appears that the current pandemic state has delayed completion of this work.

Staff have been in regular contact with Ms. Debika Burman of the Health Analytics Branch regarding the status of this work. She has advised that it is very close to completion and will follow-up with her contacts in the Ministry. Once the work is completed, she will be able to repeat the extraction of NMS data for the College to generate more accurate findings.
REGISTRATION COMMITTEE

Members:  Sandy Venditti, Chair
          Peter Delean
          Eleonora Fisher
          Elizabeth MacSween

REPORT
November 17, 2020 - Council Meeting

Since its last report to Council, the Registration Committee held four meetings remotely on June 12, June 26, July 24 and October 9, 2020.

1.  PART A – FOR ACTION OF COUNCIL

   There are no actions for Council at this time.

2.  PART B - FOR INFORMATION

Effect of COVID-19 Pandemic on Committee Activities

The Registration Committee has continued to meet remotely during the pandemic to deal with applicants applying for registration and other matters requiring the Committee’s direction. Applicants have expressed their gratitude to the Committee and the staff of the College for allowing them to attend the meetings virtually to make verbal submissions in support of their application for registration and to answer any questions the Committee members may have.

The Committee also considered and approved three (3) requests from applicants seeking an extension in which to meet the registration requirements. Two of the applicants were seeking the extension as the COVID-19 Pandemic was delaying the issuance of their Work Permits. The third applicant was seeking an extension in which to pay the outstanding fees due to the difficulty in finding an associate position. The Committee had previously considered these three applicants and had directed that the Registrar issue their certificates of registration once all outstanding requirements for registration were met.
Registration Committee Statistics from June 2020.

Since its last report to Council in June 2020, the Registration Committee considered eight (8) requests for registration. After reviewing these applications, reports from the jurisdictions where the applicants are currently licensed or registered (if applicable) and other relevant information related to each applicant, the Committee:

- approved five (5) applications for registration – general class
- approved one (1) application for registration – specialty class
- approved one (1) application for registration – education class
- deferred one (1) application for registration - general class

Doc: 1027663
ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO

MINUTES OF THE 422nd MEETING OF COUNCIL

Thursday, June 18, 2020
Via GoToMeeting Videoconferencing

The 422nd Meeting of the Council of the Royal College of Dental Surgeons of Ontario was held on Thursday, June 18, 2020 at 9:00 a.m.

ATTENDANCE:

Chair:
Derry Millar

Council Members:

Elected Representatives:
Elizabeth MacSween District 1
Benjamin Lin District 2
Peter Delean District 3
Mark Eckler District 4
Lawrence Davidge District 5
Sandy Venditti District 6
Cam Witmer District 7
Frank Stechey District 8
Richard Hunter District 9
Flavio Turchet District 10
Amelia Chan District 11
Jack Wasserman District 12

University Representatives:
David Mock, University of Toronto
Harinder Sandhu, Western University, Ontario

Lieutenant-Governor-in-Council Representatives:
David Bishop
Ram Chopra
Eleonora Fisher
Vivian Hu
CALL TO ORDER
The Chair called the meeting to order at 9:00 a.m.

ROLL CALL
Mr. Fefergrad conducted the roll call. 23 Council members attended and a quorum was declared.

REMARKS/CHAIR
Mr. Millar welcomed members of Council, staff, guests and observers to the meeting.
(4) REMARKS/PRESIDENT

Dr. Turchet made opening remarks. He welcomed Council, guests and staff to the meeting and read the Land Acknowledgement by recognizing the traditional lands of Indigenous peoples in Ontario.

Dr. Turchet added that despite the challenges of the global pandemic, the work at the College has continued with a full workforce of staff working remotely in the public’s interest. Working from home will be a way of life for many and for some time to come. There will be high demands on IT support and capacity as committee meetings and panels continue to be held virtually.

He commented on the work of the Ministry of Health, the Public Health Ontario and the Office of the Chief Medical Officer of Health during the pandemic. The College has used their direction and assistance in drafting the guidance document for dentists to return to practice.

In conclusion, Dr. Turchet stated that as the College has faced the pandemic over the past few months, many of the staff and some Council members face the adversity of racism every day of their lives. The College’s responsibility to the public’s best interest should be to include identifying and confronting racism in every aspect of personal and professional lives. In healthcare regulation and in dentistry there need to be reflection on racist assumptions, beliefs and practices. Dr. Turchet announced that in the coming months the College will engage in a comprehensive program led by the Canadian Centre for Diversity and Inclusion (CCDI) to identify and eliminate barriers and the full inclusion in our workplace. It will be considered a program to change the College’s culture.

He thanked Council for their ongoing work and support during difficult times.

(5) REMARKS/REGISTRAR

Before Mr. Fefergrad addressed Council, Dr. Turchet made some opening remarks on behalf of Council. He reported that this would be Mr. Fefergrad’s last Council meeting given his upcoming retirement after 20 years of being Registrar. He thanked Mr. Fefergrad for his leadership and accessibility for Council and members. The RCDSO is a flagship of government health regulations and health regulatory colleges in Ontario and Dr. Turchet thanked Mr. Fefergrad for his leadership. Council members applauded Mr. Fefergrad via the virtual format.
Mr. Fefergrad’s address to Council focused on the pandemic. He noted that when there is a declared state of emergency and the Chief Medical Officer of Health (CMOH) is given emergency powers, the College’s responsibility is to follow what the directives are from the CMOH, to consult with him, and be in regular communication with the Ministry of Health. Although there has been pressure from the dental hygiene profession about the differences between the two Colleges’ guidance documents, there is mutual respect and understanding and he was confident that a solution will be reached.

Mr. Fefergrad complimented staff on meeting the challenges of working remotely. He reported that all committee meetings and Discipline hearings have been held virtually and in a productive manner. As a way to thank staff, he reported that the College would be closed on June 30.

Council was reminded of the Working Group on Tele-Dentistry, chaired by Sandy Venditti. During the pandemic, this initiative was accelerated as part of the College’s guidance document that included tele-dentistry. It is anticipated that the Canadian Dental Association (CDA) will add a fee code for tele-dentistry as a way to increase access to care.

Mr. Fefergrad thanked Council for the privilege of working with them and past Council members over the past 20 years.

(6) COMMITTEE REPORTS

(a) Executive Committee
Dr. Turchet, Chair, presented the Executive Committee report and moved the recommendations made by the Committee. He thanked Mr. Fefergrad, support staff and General Legal Counsel for their assistance with the Committee.

1. Governance
Dr. Turchet referred to the memorandum dated May 7, 2020 from the Registrar. He added that at the Symposium on Governance and Performance held on March 4, 2020, the Registrar undertook to consult with all current Council members and some other national and international regulators (both health and non-health), together with staff, to obtain feedback on what competencies are required to make
a good Council member. A compilation of the feedback was included under item #2.

It was reported that although Council members were not in favour of eliminating the elected model, they fully endorsed the notion of enhancing the current eligibility requirements to include competencies and satisfy the already existing Eligibility Review Committee when running for election to Council.

The Executive committee discussed the composition of the Eligibility Review Committee. Limiting the selection to only members of health-regulated colleges could reduce the number of people available and the Executive Committee agreed that it would be more beneficial to include a large range of regulated professionals. The Executive Committee will have the option to only select members from health regulated colleges to the Eligibility Review Committee if it so wishes. The Eligibility Review Committee will review all applications from candidates and determine whether they have met the eligibility requirements to run in the election for Council. All decisions will be final.

In order for the proposed by-law amendments circulated to be approved in time to implement for the December 2020 election, the Executive Committee approved them, in principle, on behalf of Council and they were posted on the College’s website for feedback. The Executive Committee reviewed the feedback received at its May 29, 2020 meeting and there were no substantive comments.

In response to a question regarding the competencies, Mr. Fefergrad confirmed that the core competencies consist of Values and Behaviour, Relevant Knowledge and Skills and Abilities. Listed in the meeting resources were examples of those core competencies. Mr. Fefergrad added that Council members would not be required to meet all those examples.

Dr. Delean questioned the need to expedite the proposed by-law amendments and expressed concern that it may limit the number of candidates interested in running for election. He asked that more discussion and consideration be given to this matter. Dr. Delean was opposed to the vote.

Mr. Fefergrad responded that the proposed by-laws should be approved now in order for them to be in effect for the 2020 election. In addition, it is advisable for the College to be pro-active and introduce the competency-based model. This
process is the current process for selecting non-Council committee members and he reported that it has been very successful.

**MOTION #1:**

THAT Council amend the College’s by-laws in the manner shown in APPENDIX C of the Executive Committee Report to Council to be effective immediately (so that they would apply to the next Council election in December 2020 and any new selection of a selected Council Member).

*CARRIED*  
(Opposed: 1)

2. **Core Competencies as an Eligibility Requirement to run for Election to Council**

Dr. Turchet reported that as an outcome from the Symposium on Governance and Performance held on March 4, 2020, the Registrar interviewed all current Council members for their recommendations on what competencies they considered should be a requirement in order to be an effective member of Council. Using that feedback, the three core competencies of Values and Behaviour, Relevant Knowledge and Skills and Abilities were established and they were presented to Council for approval.

It was noted that it would be beneficial for public members of Council to also meet these competencies, but that would need to be determined by the Ministry of Health.

**MOTION #2:**

THAT Council approves the three Core Competencies, namely:  
1. Values and Behaviour;  
2. Relevant Knowledge; and  
3. Skills and Abilities  
as the Competency Requirement to be eligible to run for Election or to be selected to Council.

*CARRIED*  
(Unanimously)
3. Housekeeping Amendments to By-Laws

Dr. Turchet advised that while drafting amendments to by-laws, certain housekeeping changes were identified and Council was asked to approve them.

MOTION #3:

THAT Council amend the following provisions of By-law No. 7 “Elections to Council” and By-law No. 8 “Selections to Council”:

1. To replace the phrase “eligibility date” with the phrase “voting eligibility date” wherever it occurs in By-law No. 7;

2. To change the heading for Chapter 7.3 from “Disputed Eligibility to Vote” to “Disputes”;

3. To add the following new article, namely article 7.2.5.1, under the heading “Clarification” to By-law No. 7 as follows:

   “7.2.5.1 For greater clarity, where a member has been deemed by a decision of the Eligibility Review Committee to be eligible to stand for election to Council under articles 7.2.5 and 7.2.8, the member continues to be eligible to stand for future elections and need not re-apply to the Eligibility Review Committee unless the facts which caused the member to have had to apply to the Eligibility Review Committee have changed since the member made the original request to that committee to be deemed eligible to stand for election.”;

4. To add a new chapter 7.11 under the heading “Validity of Elections and By-Elections” and a new article as follows:

   “7.11.1 The failure by the Registrar or the College to comply with any of the timelines set out in this by-law shall not be sufficient to change the results of any election or by-election for any electoral district unless the Elections Committee is satisfied that the failure likely resulted in a result which would not have occurred if the timelines had been followed.”; and
5. To add a new article, namely article 8.1.2.1, under the heading “Clarification” to By-law No. 8, as follows:

“8.1.2.1 For greater clarity, where a member has been deemed by a decision of the Eligibility Review Committee to be eligible to stand for election to Council under articles 8.1.2 and 8.1.5, the member continues to be eligible to be selected to Council and need not re-apply to the Eligibility Review Committee unless the facts which caused the member to have had to apply to the Eligibility Review Committee have changed since the member made the original request to that committee to be deemed eligible to be selected to Council.”

6. THAT By-law No. 6 “Members Of Council” be amended to change each reference to Appendix 28.2.5 to a reference to Appendix 28.3.”

CARRIED (Unanimously)

4. Appointment to Professional Liability Program Committee

Dr. Turchet reported that there were two vacancies for non-Council committee members on the Professional Liability Program (PLP) Committee. A call for nominations was sent to the membership via an e-blast. There was a deadline for submissions. The Chair of the PLP Committee and Manager reviewed the submissions and recommended two members to the Executive Committee for consideration and recommendation to Council. The two members recommended were reappointment of Dr. Reza Termei, a periodontist from Toronto, and appointment of Dr. Jennifer Tse, a general dentist from Toronto.

MOTION #4:

THAT Council reappoint Dr. Reza Termei and appoint Dr. Jennifer Tse to the Professional Liability Program (PLP) Committee, effective immediately.

CARRIED (Unanimously)

5. By-Law Amendment re Executive Recruitment

At its meeting of March 4, 2020, the Executive Committee made a motion to authorize the College to enter into a contract with Boyden as the Executive Search
company for the purpose of hiring a new Registrar. At that meeting, the Executive Committee discussed a need to make it clear in the College’s by-laws that the Search Committee did not have the authority to commit the College to spend money.

General Legal Counsel was instructed to prepare a draft amendment to the by-laws to clarify that the Executive Committee must approve any contract involving recruitment of the Registrar.

**MOTION #5:**

THAT Council approve the following amendment to By-Law No. 3, Chapter 3.7 to add a new article 3.7.4.1 is proposed for the Executive Committee to recommend to Council:

“3.7.4.1 Where the Search Committee decides to engage a firm to provide executive recruitment services, the terms of the engagement, including the fees and expenses related to the engagement, shall be approved by the Executive Committee prior to the College entering into the engagement.”

CARRIED
(Unanimously)

**Part B – For Information**

There were no questions raised on the items included under Part B.

**Address to Council by Clint Shingler, Office of the Chief Medical Officer of Health**

The meeting was paused for an address by Clint Shingler, Director, Health System Emergency Management Branch, Office of the Chief Medical Officer of Health (CMOH). Dr. Turchet introduced Mr. Shingler who addressed Council on the work of the CMOH, specifically during the global pandemic.

In the interest of time and in consideration of Mr. Shingler’s schedule, Council members were asked to forward to Mr. Fefergrad any questions for Mr. Shingler. He thanked Mr. Shingler for his accessibility and collaboration in working with the College.
(b) **Audit Committee**

Dr. Eckler, Chair, presented the Audit Committee report and moved the recommendations made by the Committee. He thanked the Committee members and staff for their ongoing commitment and support.

Dr. Eckler reported that the Audit Committee met in April to discuss several issues, including the audit, financial statements and format for the financials in the Annual Report. He added that the focus for the Committee is the external audit of the College and a review of the audited financial statements to ensure that they are reasonable and can be recommended to Council.

This was a second year with the new audit firm, Tinkham LLP - they are proving to be well organized and Dr. Eckler asked Council to approve the firm’s appointment for the 2020 audit. It was reported that the Committee met *in-camera* with the Audit Manager and Audit Partner from Tinkham LLP without staff present, and no issues or concerns were identified.

Dr. Eckler invited Jeffrey Gullberg, Director of Finance and Operations, to review the audited financial statements and satisfactorily answered questions from Council. He indicated that the College is in a healthy financial position.

**MOTION #1:**

**THAT Council approves the December 31, 2019 RCDSO Audited Financial Statements as presented and that the President be asked to sign an official copy on behalf of Council.**

*CARRIED (Unanimously)*

**MOTION #2:**

**THAT Council approves the December 31, 2019 Audited Fund Financial Statements of the RCDSO Pension Fund as presented and that the President be asked to sign an official copy on behalf of Council.**

*CARRIED (Unanimously)*
MOTION #3:

THAT Council approves the appointment of Tinkham LLP to conduct the RCDSO Audit and the RCDSO Pension Fund Audit for the 2020 fiscal year.  

CARRIED  
(Unanimously)

(c) Discipline Committee  
Dr. Hunter, Chair, presented the Discipline Committee report. There were no recommendations made by the Committee. He thanked Committee members for their professionalism, patience and thoroughness.

Dr. Hunter acknowledged staff for their hard work during the pandemic, as well as the Register for his exemplary leadership and forward thinking.

(d) Inquiries, Complaints and Reports Committee (ICRC)  
Dr. Davidge, Chair, presented the Inquiries, Complaints and Reports Committee report. There were no recommendations made by the Committee.

He reported that the work of the Committee has not been significantly interrupted by the pandemic and meetings have continued in a virtual format. He thanked the IT staff for their assistance in solving technical glitches.

Dr. Davidge thanked staff for their professionalism and dedication during the challenging times of the pandemic.

(e) Patient Relations Committee  
Ms. Hu, Chair, presented Patient Relations Committee report. There were no recommendations made by the Committee. Ms. Hu thanked the committee members and staff for their support and assistance. She reviewed the items in the report for information.

(f) Professional Liability Program (PLP) Committee  
Mr. Richards, Chair, presented the Professional Liability Program Committee report. There were no recommendations made by the Committee. He thanked the committee members and staff for their support.
Mr. Richards looked forward to welcoming Dr. Termei as a reappointed member of the committee, and Dr. Tse who is newly appointed.

He reported on the Price Waterhouse Coopers report and stated that PLP is adequately supported to absorb any details connected to class action lawsuits and litigation.

Mr. Lachapelle was asked to report on the types of claims reported to PLP. He confirmed that the number of cases reported from January to May 2020 had obviously decreased due to the closure of dental offices, as well as closure of courts.

(g) Quality Assurance Committee

Dr. Mock, Chair, presented the Quality Assurance Committee report and there were no recommendations made to Council. He thanked the committee members and staff for their ongoing assistance and availability.

Dr. Mock reported that at its March 13, 2020 meeting, the Quality Assurance Committee agreed to suspend the QA program until further notice. This includes continuing education and the Practice Enhancement Tool (PET) programs. PET selections have been suspended and the initiation of the last two specialty PETs will be postponed for the time being.

There were no questions raised on the remainder of the report provided for information.

(h) Registration Committee

Dr. Venditti, Chair, presented the Registration Committee report. She thanked the committee members for their dedication and commitment and staff for their support.

Dr. Venditti reminded Council that at the March 2020 meeting, it approved amending By-Law No. 18, Article 18.3.7.1 whereby members wishing to engage in charitable dentistry and not receiving any income or other monetary benefit from the practice of dentistry would be entitled to a reduced fee. This amendment was circulated to members and stakeholders for comment. The Registration Committee
received two comments and agreed that no further amendments to the amended by-law were required.

MOTION #1:

THAT Council approve an amendment to the College’s Fees By-Law, namely By-Law 18, Chapter 3, Article 18.3.7.1 to revoke that article and replace it with the Article found at Appendix B of the Registration Committee Report to Council.

CARRIED
(Unanimously)

There were no questions raised on the remainder of the report provided for information.

(7) ADOPTION OF MINUTES

(a) Minutes of the 421st Meeting of RCDSO Council, March 5, 2020
There was a correction identified on line 502 in the draft minutes of the meeting of the Council meeting of March 5, 2020. A suggestion was made to reword the line for clarification to read: “Mr. Richards added that even though that authority is granted, staff reports back any settlements that are made and that will remain the same.” Council agreed to the amendment.

The minutes were approved, as amended.

MOTION:

Moved by: Jack Wasserman
Seconded by: David Bishop

THAT Council adopts the minutes of the 421st Meeting of Council meeting of March 5, 2020, as amended.

CARRIED
(Unanimously)
(8) GOOD AND WELFARE
The Chair invited Council members to comment on the meeting.

(9) ADJOURNMENT
There being no further business in open session, the meeting adjourned at 11:25 a.m.

(10) IN-CAMERA BUSINESS
All guests and staff were asked to log-off the open session of the meeting. Members of Council, the Registrar and General Legal Counsel participated in the in-camera discussion of the meeting. There were no minutes recorded.

RECOMMENDATION #1:

THAT the public be excluded from the meeting pursuant to clause 7.2(b) of the Health Professions Procedural Code of the Regulated Health Professions Act, 1991 in that financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public.

CARRIED
(Unanimously)

SIGNED:

Signature of Presiding Officer

Signature of Recording Officer

Date

AMS:989233