



Observer Guidelines

Council meetings are open to the public and observers are welcome to attend. Individuals attending as observers are requested to:

- All cell phone and any electronic device ringers should be turned off.
- Avoid bringing in food or drinks other than water.
- Refrain from recording of proceedings by any means, including the taking of photographs, video recordings, voice recordings or via any other means.
- Remain quiet during the meeting and do not engage in conversation, discussion or any disruptive behaviour.
- Refrain from addressing the Council, speaking to, or giving or passing notes, documents or information to Council members while the meeting is in process.
- Refrain from lobbying of Council members during the meeting, and even during breaks.
- Respect that observers are not allowed to participate in debate of any matter before the Council.
- Respect the authority of the meeting Chair; and
- Take your seats in the area designated to observers.

Please note the public may be excluded from any Council meeting or part of a meeting pursuant to section 7 of the *Health Professions Procedural Code*. The matters discussed in these meetings are

These “in camera” portions of the meeting contain confidential information that can only be discussed amongst the Council.



105th Council Meeting

Friday, December 8, 2017, 10:00 am – 2:00 pm
2100 Ellesmere Road, Suite 300, Scarborough, Ontario

Council Members:

Harold Bassford (Public) (Chair)
Michael Karrandjas (RDT)
Jason Chai (RDT)
Vincent Chan (RDT)
Jeff Donnelly (Public)
Janet Faas (Public)

George Paraskevopoulos (RDT)
Terence Price (Public)
Nicole Rotsaert (RDT)
Clark Wilson (RDT)
Derrick Ostner (RDT)
Keith Tarswell (Public)

Guests:

Blair MacKenzie, Hilborn LLP
Andre Degenais

AGENDA		SPEAKER	ACTION	PAGE No.
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4.	Approval of the Council Minutes 4.1 103 rd Meeting of Council Minutes– September 22, 2017	Chair	Motion	3
5.	Financial Matters 5.1 Council Report - Strategic Initiatives Funding 5.2 SOP Revised Budget for Phase I 5.3 Council Report - 2016-2017 Audited Financial Statements 5.4 Management Report – 2016-2017 Actuals to Operating Budget 5.5 SIP Spending Actuals to Budget 5.6 Draft Audited Financial Statements	Registrar, B. MacKenzie	Motion	8 10 11 15 16 17
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11.	Other Business			
12.	In-Camera Session - Pursuant to Section 7(2)(d) of the HPPC			
	12.1 Approval of 104 th Special Council Meeting Minutes	Chair	Motion	In-Camera
	12.2 Executive Committee update on Auditor's Management Review			
13.	Next Meeting Dates: January 12, 2018 or January 19, 2018	Chair		
14.	Meeting Adjournment	Chair	Motion	



College of Dental Technologists of Ontario
Ordre des Technologues Dentaires de l'Ontario

College of Dental Technologists of Ontario
MINUTES OF THE 103rd MEETING OF COUNCIL

Friday, September 22, 2017
College Boardroom, 2100 Ellesmere Road, Suite 300, Scarborough, Ontario

Attendance:

Council Members:

Harold Bassford (Public) (Chair)
Michael Karrandjas (RDT)
Jason Chai (RDT)
Vincent Chan (RDT)
Jeff Donnelly (Public) (via
teleconference)
Janet Faas (Public)
Kathryn McAllister (Public) (via
teleconference)

Council Members: (cont'd)

George Paraskevopoulos (RDT)
Terence Price (Public)
Nicole Rotsaert (RDT)
Regrets:
Clark Wilson (RDT)
Derrick Ostner (RDT)
Keith Tarswell (Public)

Staff Support:

Judy Rigby, Registrar
Steven Wang, Coordinator
Finance & Administration (Recorder)

Guests:

Andre Dagenais, RDT
Erik Lockhart, Consultant

1. Call to Order

The Chair called the meeting to order at 1:00 p.m.

2. Approval of the Agenda (M)

The Chair suggested moving item 6 on the agenda before item 4 in order to accommodate the schedule of Mr. Lockhart.

MOTION: THAT the agenda be approved as amended.

Moved by T. Price and seconded by G. Paraskevopoulos

CARRIED

3. Conflict of Interest Declaration

No conflict of interest was declared.

6. 2017 – 2021 Draft Strategic Plan

a. Briefing Note – 2017 – 2021 Strategic Plan

Mr. Lockhart briefly reviewed the process undertaken for strategic plan development for the College.

b. Strategic Plan Presentation by Erik Lockhart

Mr. Lockhart walked through the plan with Council and thanked Strategic Planning Committee and Council for its input and guidance during the development of the plan.

Both Ms. Faas and Mr. Price pointed out some editorial mistakes of the document which will be corrected by Mr. Lockhart and staff.

c. CDTO Strategy Road Map

Mr. Lockhart suggested Council use the Strategy Road Map as a control document to monitor the implementation of the plan, report progress, review contents, and update it within reasonable timeframe. Council agreed to receive updates on the plan implementation and progress from the Registrar at each meeting.

MOTION: THAT Council approve the 2017-2021 Strategic Plan as presented.

Moved by G. Paraskevopoulos and seconded by M. Karrandjas

CARRIED

On behalf of Council the Chair thanked Mr. Lockhart for his excellent work that was proven to be effective and efficient. The process benefited from the deployment of a new technology for collecting information, comprising and composing opinions and ideas. The development process was streamlined and consensus were reached more easily. Mr. Price echoed the Chair while Ms. Faas hoped to engage Mr. Lockhart, with his technical approach, to work with the Standards of Practice Task Force in the next phase of laboratory supervision standard review.

4. Approval of the Council Minutes

4.1 Approval of the Minutes of the 101st Council Meeting held on May 26, 2017

MOTION: THAT the minutes of the 101st Council Meeting held on May 26, 2017 be approved as presented.

Moved by T. Price and seconded by G. Paraskevopoulos

CARRIED

4.2 Approval of the Minutes of the 102nd Council Meeting held on July 31, 2017

MOTION: THAT the minutes of the 102nd Council Meeting held on July 31, 2017 be approved as presented.

Moved by M. Karrandjas and seconded by J. Chai

CARRIED

5. Proposed By-Law Amendments

5.1 Briefing Note – Bill 87 By-Law Amendments

The Chair noted that the College Bylaws must be amended in line with the proclamation of Bill 87 and the legislation change of RHPA.

5.2 Explanatory Document for Bill 87 By-Law Amendments

The Chair presented the explanatory document and confirmed that Council understood and agreed the amendments.

MOTION: THAT Council approve the draft By-Law amendments as presented.

Moved by J. Faas and seconded by T. Price

CARRIED

5.3 Briefing Note – Committee Chair By-Law Amendments

The Chair presented the results of his review of the By-Law and Act requirements with respect to the possibility of non-Council members chairing CDTO committees. He reviewed Council opinions *pro* and *con* allowing for non-Council chairs. After discussion, the following motion was presented.

MOTION: That By-Law 13.11 be amended with the addition of the following sentence: “Appointed members of sub-Committees, ad-hoc Committees, planning groups who are not Council members may be appointed as Chairs of those Committees.”.

Moved by H. Bassford and seconded by M. Karrandjas

CARRIED

7. Draft Infection Prevention and Control Standards of Practice

7.1 Briefing Note – Draft Standard of Practice

Mr. Dagenais stated that after January Council meeting the Task Force sent out the draft standard for consultation to members and stakeholders. The Task Force then reviewed consultation comments received from membership and stakeholder and incorporated valid ones into the new draft.

7.2 Draft Standards of Practice

Mr. Dagenais explained the major changes made to the draft and presented a final version for Council approval.

MOTION: That Council approve the proposed Standard of Practice for Infection Prevention and Control as presented.

Moved by G. Paraskevopoulos and seconded by J. Chai

CARRIED

8. Proposed Communications Strategy 2015

8.1 Briefing Note - Communications Strategy

The Chair reviewed the status of the communication strategy drafted in 2015 and noted that it had not been formally reviewed or approved by Council.

8.2 Communications Strategy May 2015

The Chair stated that the draft communication strategy needs to be reviewed and completed. He further suggested that the Patient Relations Committee take the lead in the review, update and completion of the strategy.

MOTION: THAT Council provisionally approve the Communications Strategy, May 2015;
AND THAT Council appoint the Patient Relations Committee to review and update as necessary, prior to being presented in a final version to Council for approval at its January 2018 meeting.

Moved by H. Bassford and seconded by T. Price

CARRIED

9. Reappointment of Auditors for 2016/2017

9.1 Briefing Note – Reappointment of Auditors

On request of the Chair the Registrar explained that Council does not need to appoint the auditor unless there is a recommended change of auditors. However, she wished to remind Council that this coming year may be the time to consider issuing a RFP for audit services as best practise has shown efficiencies and effectiveness of an audit team wanes over time. Alternatively, the College could request a change of audit Partner of the same firm to ensure the efficacy of the audit while benefiting from the familiarity Hilborn has with the College.

MOTION: THAT Council reappoint Hilborn LLP as the auditors for the College of Dental Technologists of Ontario for the period September 1, 2016 through to August 31, 2017 fiscal year.

Moved by G. Paraskevopoulos and seconded by J. Faas

CARRIED

10. Committee and Ad-Hoc Committee Reports

10.1 Executive Committee

Mr. Bassford, Chair of the Executive Committee presented the Committee report to Council.

10.2 Registration Committee

Mr. Karrandjas, Chair of the Registration Committee presented the Committee report to Council.

10.3 Inquiries, Complaints and Reports Committee

Mr. Donnelly, Chair of the Inquiries, Complaints and Reports Committee presented the Committee report to Council.

10.4 Discipline Committee

Mr. Price, Chair of the Discipline Committee presented the Committee report to Council.

10.5 Quality Assurance Committee

On behalf of Mr. Derrick Ostner, Chair of the Quality Assurance Committee, Mr. Bassford presented the Committee report to Council.

10.6 Patient Relations Committee

Mr. Price, Chair of the Patient Relations Committee presented the Committee report to Council.

Mr. Price was highly complementary of the work undertaken by College support staff and members of the Committee in preparing and publishing the Bridge.

10.7 Fitness to Practice Committee

There was no report from the Fitness to Practice Committee.

10.8 Examination Committee

Mr. Chan, Chair of the Examination Committee presented the Committee report to Council. There were no recommendations at this time.

10.9 Standards of Practice Task Force Report

Mr. Dagenais stated that the Task Force will embark on the review of laboratory supervision standard, which is far more complicated than the standard of infection prevention and control. The focus of the Task Force's next step is to collect information from members, legal counsel and stakeholders. The Task Force has received a proposal from Mr. Lockhart for research and contacting key stakeholders for feedback to help find the right directions. The Task Force is hoping that Council can approve the consultation process so the Task Force can work with Mr. Lockhart based on his proposal. To Ms. Faas' question about funding for this project the Registrar clarified that the total budget for standard of practice review project has been exhausted. Further discussion for additional funding at Executive level or even Council level for this type of strategic initiatives is required.

11. Registrar's Report

11.1 to 11.4 Registrar's Report

The Registrar provided a written update on the status of the 2017–2018 Operating and Strategic Initiatives Budget(s) and feedback received from the consultation on the proposed fee increase of 2.4%. In response to the handful of Members that did not understand the reason for the fee increases, the College posted an explanatory document on its website and presented the budget development process to RDT's at the association's (ADTO) annual general meeting. The presentation was well received and questions about the fee structure were of a positive nature.

A special meeting of Council was held via teleconference on July 31, 2017, after the consultation closed, at which time the 2017-2018 Operating for \$1,027,090, an amendment to the Schedule 5: Fees of the By-law and the 2017-2018 Strategic Initiative Budget for \$60,000 was approved. By doing so the College opened the 2017-2018 online registration renewal portal with the new registration fees on August 1, 2017.

The Registrar provided Council with a verbal update on several other initiatives:

Bylaw Amendments and Education

With the passing of Bill 87, Protecting Patients Act, 2016 (PPA) and changes to the RHPA and College By-laws, the College will focus attention on educating its Members to ensure that patients are protected from sexual abuse and sexual harassment. The College will work with educators to ensure their curriculum reflects the changes in legislation. Educating students on improving communication skills with the public and the types of behaviours that can arise from a perceived imbalance of power between health care professionals and the patients.

A Bill 87 implementation working group led by CPSO met to discuss and identify the most challenging areas of the PPA such as withdrawing of complaints and expanding funding for therapy program. Definition of a patient and decision making authority for funding at the College will need to be further explored.

Access to Dental Technology Project

After two levels of federal government review the Registrar was pleased to inform Council that the funding application is at the table of the Minister of Employment, Workforce Development and Labour for final approval. If successful the project will enhance inter-profession and inter-provincial collaboration.

Collaboration and Cooperation Working Group

Thirteen smaller colleges formed this working group to identify best practices and share resources. Several goals have been identified at the first meeting in August such as sharing back office function and facilities, identifying best practice of programs such as QA and sharing expertise to handle sexual abuse complaints. Another meeting is scheduled for September to define the scope of work.

Professional Development

Mr. Karrandjas, RDT, Vice-President and the Coordinator of Professional Conduct, Ms. Goodman attended CLEAR conference in Denver in September. Mr. Karrandjas stated that it was beneficial and helpful to gain insight of other regulators from all over the world about regulation and the challenges. Conference materials will be shared with Council electronically.

The Registrar, the Coordinator of Professional Conduct and Ms. Faas, a public appointee on Council, will attend CNAR in October in Halifax. The President, Mr. Bassford indicated his support for the Registrar to attend her first international regulators conference in Australia, November 2017.

College Website

The Registrar thanked Mr. Price and Ms. McAllister for providing feedback on the new College website and encouraged all to review the content and usability.

The Registrar noted that the College is working on Council and Committee member portals to access meeting materials including professional development materials.

12. Other Business

As a result of scheduling conflicts the Chair had asked Council to consider rescheduling the December 8th meeting to December 15th. However this was not practical and it was agreed that the next Council meeting will be held on December 8th.

13. In-Camera Session – Personnel Matters

13.1 Registrar's Performance Review, Pursuant to Section 7(2)(d) of the HPPC.

The Chair moved the meeting into in-camera.

14. Next Meeting Dates

Council agreed to meet on December 8, 2017.

15. Meeting Adjournment

The Chair adjourned the meeting at 3:25 p.m.

Confirmed by:

SIGNATURE OF CHAIR

DATE



COUNCIL REPORT

Date Report Authored: November 29, 2017

SUBJECT: Strategic Initiatives Funding
PREPARED BY: Judy Rigby, Registrar

Recommendation(s) to Council from Executive Committee:

Public:	<input checked="" type="checkbox"/>	Action: Information	<input type="checkbox"/>
In-Camera:	<input type="checkbox"/>	Decision	<input checked="" type="checkbox"/>

RECOMMENDATION(S):

THAT the report dated November 29, 2017 entitled, "Strategic Initiatives Funding" be received;

AND THAT Council approve the recommendation of the Executive Committee that an amount of \$45,000 be transferred from Unrestricted Net Assets to Internally Restricted for Strategic Initiatives to take effect on March 16, 2017;

AND THAT Council receive the decision of the Executive Committee to approve the amount of \$5,000 be transferred from net assets Internally Restricted for Strategic Initiatives – Transparency Project to the Standards of Practice Project to take effect on September 1, 2017;

AND THAT Staff be authorized and directed to do all things necessary to give effect to this resolution.

PURPOSE:

The purpose of this report is to seek Council approval, on the recommendation of the Executive Committee, to transfer of \$45,000 from unrestricted net assets to net assets Internally Restricted for Strategic Initiatives to fund the strategic planning project.

BACKGROUND:

On June 10, 2016 the Council of the College approved the 2016-2017 Operating budget for \$1,018,212 in expenditures offset by an equal amount of revenues resulting in a nil surplus/ (deficit). In addition, Council approved a carryforward amount of \$154,304 from the 2015-2016 fiscal period for Special Projects with no new SIP budget for 2016-2017. During the year the Executive Committee approved an additional \$45,000 to be

transferred from unrestricted net assets to Internally Restricted for Strategic Initiatives for strategic planning. The motion, recorded at its March 3, 2017 meeting and reported to Council on April 7, 2017, is as follows:

“THAT the Executive Committee approve a budget of \$45,000, inclusive of HST, for 2017 Strategic Planning process to be funded from Net Assets Internally Restricted for Strategic Initiatives;
AND THAT the Executive Committee informs Council its decision at the next meeting of Council”

OPTIONS/ FOR DISCUSSION:

Strategic Planning Initiative

Although the Executive Committee approved \$45,000 in March 2017 for the strategic planning project to be funded from net assets Internally Restricted for Strategic Initiatives it did not seek Council’s approval to transfer the same amount from unrestricted net assets to the net assets Internally Restricted for Strategic Initiatives. The Committee is recommending that Council approve the transfer to take effect March 16, 2017.

Standards of Practice Update Initiative

As at September 1, 2017 the transparency project, which included all elements of the Towards Transformation Action Plan and new By-Law’s is complete with an unused balance of \$17,333. Through its work on the Standards of Practice the SOP task force has identified an additional requirement for funds in the amount of \$5,000 to retain a consultant for Phase I for the Laboratory Supervision consultation process and associated legal costs (see Appendix I). At its November 24th meeting the Executive Committee approved the request and is reporting its decision to Council.

FINANCIAL CONSIDERATIONS:

Not applicable

HUMAN RESOURCES CONSIDERATIONS:

Not applicable

RISK CONSIDERATIONS:

Not applicable

ACCESSIBILITY CONSIDERATIONS:

Not applicable

ALIGNMENT WITH STRATEGIC PRIORITIES/ OBJECTS OF COLLEGE:

Aligns with the College’s strategic plan.

BUSINESS UNITS CONSULTED:

Not applicable

ATTACHMENTS:

Appendix I: Standards of Practice Project Revised Budget – Phase I

Standards of Practice Project Revised Budget for Phase 1

	SOP Budget	2015/2016 Actuals	2016/2017 Actuals	Carry Forward	Est Cost to Complete Phase 1	
5410 Working Group/Task Force Per Diems						
Total	9600.00	2,262.50	2237.50	5100.00	2625.00	4 estimated teleconferences
5417 Travel & Expenses						
Total	800.00	121.64	348.02	330.34	0.00	
5418 Meeting and Facilities Expenses (Catering)						
Total	800.00	116.87	105.39	577.74	0.00	
5421 Legal Counsel						
Total	3616.00	0.00	6818.42	-3202.42	1700.00	Legal Review of completed SOP
5422 Consultants						
Total	15000.00	5,264.79	7107.12	2628.09	0.00	
5428 Telecommunications						
Total	500.00	44.87	387.90	67.23	220.00	Teleconference Fees
5628 Telecommunications/Website/Publications						
Total	1000.00	228.00	0.00	772.00	0.00	
5428 Erik Lockhart						
Total	0.00	0.00	0.00	0.00	6000.00	
Final Total	31,316.00	8,038.67	17,004.35	6,272.98	10,545.00	
Funds Required	-\$4,272					
Funds Required plus 15% contingency	-\$4,913					



College of Dental Technologists of Ontario
Ordre des Technologues Dentaires de l'Ontario

COUNCIL REPORT

Date Report Authored: November 29, 2017

SUBJECT: 2016-2017 Audited Financial Statements
PREPARED BY: Judy Rigby, Registrar

Recommendation(s) to Council from Executive Committee:

Public:	<input checked="" type="checkbox"/>	Action: Information	<input type="checkbox"/>
In-Camera:	<input type="checkbox"/>	Decision	<input checked="" type="checkbox"/>

RECOMMENDATION(S):

THAT the report dated November 29, 2017 entitled, "2016-2017 Audited Financial Statements" be received;

AND THAT Council approve the 2016 - 2017 Financial Statements of The College of Dental Technologists (the "College") for the fiscal year ended August 31, 2017;

AND THAT Council authorize Staff to issue the final audited Financial Statements for the fiscal year ended August 31, 2017 upon receiving the Independent Auditors Report;

AND THAT Staff be authorized and directed to do all things necessary to give effect to this resolution.

PURPOSE:

The purpose of this report is to provide Council with a management review of the 2016-2017 financial results to budget for operations and Strategic Initiative Projects and to seek approval of the 2016 - 2017 Audited Financial Statements and authorize the publication of the audited financial information as required by the Regulated Health Professions Act, 1991 (the "RHPA"), the Health Profession Procedural Code and the College By-law.

BACKGROUND:

The College of Dental Technologists of Ontario (the "College") was incorporated without share capital under the Regulated Health Professions Act, 1991 (the "RHPA"). The objects and the duties of the College, as well as the powers of the Council are defined in the RHPA, the Health Professions Procedural Code (the "Code"), the Dental Technology Act, 1991 (the "Regulations") and the College's by-laws.

As the regulator and governing body of the dental technology profession in Ontario, the purpose of the College is to regulate the practice of the profession and to govern the members in accordance with the RHPA, the Code, the Regulations and by-laws and to serve and protect the public interest.

CDTO prepares an annual report that extends its commitment to transparency and accountability by augmenting the publishing of its audited financial statements with the Committee reports that detail its activities for the reporting period. The College submits the annual report to the Ministry of Health and Long-Term Care (the "MOHLTC") in compliance with the Regulated Health Professions Act, 1991, (the "RHPA") and College By-Laws. It also makes the information on the College's activities and financial affairs available to the members of the College, the public and other stakeholders on the College website.

The reporting period for the College is the fiscal year September 1 to August 31. On an annual basis the College establishes a budget process focused on making the financial operations of the College increasingly open, transparent and financially sustainable. The budget is developed to support the day-to-day operations of the College and reflects various revenue and expense assumptions that are based on trends in historical spending, an environmental scan and Council's strategic priorities. Council is responsible to approve the budget and monitors the financial health of the College through regular reports provided by the Registrar.

On an annual basis the College prepares financial statements for the reporting period in accordance with Part III of the Chartered Professional Accountants of Canada ("CPAC") Handbook which are subject to an audit. Hilborn LLP have been the auditors for the College since 2007-2008.

OPTIONS/ FOR DISCUSSION:

On June 10, 2016 the Council of the College approved the 2016-2017 Operating budget for \$1,018,212 in expenditures offset by an equal amount of revenues resulting in a nil surplus/ (deficit). In addition, Council approved a carryforward amount of \$154,304 from the 2015-2016 fiscal period for Special Projects with no new SIP budget for 2016-2017. During the year the Executive Committee approved an additional \$45,000 to be transferred from unrestricted net assets to Internally Restricted for Strategic Initiatives for strategic planning.

2016-2017 Management Report

Statement of Operations (see Appendix 1)

The College ended the fiscal year 2016-2017 with an operating surplus of \$1,424 before strategic initiatives (approved Operating budget was nil).

Total operating revenue of \$1,010,039 was \$8,173 or 0.8% under budget largely due to examination revenue and investment income. In 2016-17 there were 16.7% fewer first time examination writers and interest rates on high interest savings accounts (HISA) and GIC's have declined.

The approved expenditure budget is based on trends in historical spending, an environmental scan and the Council's strategic priorities and ensures that sufficient funds are available to support the College programs necessary to deliver its mandate, public protection.

In 2016-2017 total operating expense, excluding strategic initiatives, of \$1,008,615 was \$9,597 or 0.9% under budget. The material favourable variances (FV) to budget are:

- Registration – ~ \$8k - new certificate issue postponed to 2017-2018
- Quality Assurance – ~ \$9k - cost savings due to meeting efficiencies with increase in teleconference versus onsite meetings
- Complaints and Discipline – ~ \$15k resulting from lower than anticipated costs for uncontested discipline hearings and new cases that are less complex
- Legislation and Policy - ~ \$7k – legal costs for regulation and policy review deferred to 2017-2018
- Amortization - ~ \$7k – purchase of capital assets deferred to 2017-2018.

The material unfavourable variances (UFV) to budget are:

- Human resources – ~ \$ 37k resulting from unused vacation, approved in-year compensation and HST for consulting contract not budgeted.

Special Projects for Strategic Initiatives and Projects (SIP) (see Appendix 2)

Expenses incurred for strategic initiatives are funded from net assets Internally Restricted for Strategic Initiatives (SIP reserve) and are approved by Council through the Special Projects budget. A total of \$154,304 was carry forward from the prior year available to spend for SIP on existing and new projects in 2016-2017. During the year the Executive Committee approved \$45,000 for the strategic planning project to be funded from net assets Internally Restricted for Strategic Initiatives.

For management reporting purposes expenditures for SIP are not presented as part of the Operating budget as they are one-time costs not funded by in-year revenue. However, for financial reporting purposes (audited financial statements) the SIP operating costs of \$ 78,022 (2015-16 \$108,510) are presented as strategic initiatives on the Statement of Operations and SIP capital costs of \$2,293 (2015-16 \$7,545) are presented as capital assets on the Statement of Financial Position in accordance with Canadian accounting standards for not-for-profit organizations.

In 2016-2017 32.9% or \$80,315 of the total SIP budget was spent on transparency initiatives including the database, website, Standards of Practice review and the College's strategic planning exercise. Projects identified for regulation and program review in Registration, Examinations and Quality Assurance are delayed to 2017-2018 to coincide with the CADTR Foreign Credential Recognition Project (FCRP).

2016-2017 Financial Report (Draft Audited Financial Statements)

Hilborn LLP completed an audit of the 2016 - 2017 Financial Statements for the College of Dental Technologists of Ontario and has expressed an unqualified or "clean" opinion that the Financial Statements present fairly, in all material respects, the financial position of the College. The Executive Committee recommends that Council approve the 2016 – 2017 Financial Statements (see Appendix 3).

FINANCIAL CONSIDERATIONS:

The annual audit of the financial statements supports the data integrity and financial stability of the College.

HUMAN RESOURCES CONSIDERATIONS:

Not applicable

RISK CONSIDERATIONS:

Not applicable

ACCESSIBILITY CONSIDERATIONS:

Not applicable

ALIGNMENT WITH STRATEGIC PRIORITIES/ OBJECTS OF COLLEGE:

Annual audit and report of financial results is required by the RHPA and the By-laws

BUSINESS UNITS CONSULTED:

Not applicable

ATTACHMENTS:

Appendix 1: 2016-2017 Management Report – 2016-2017 Actuals to Operating Budget

Appendix 2: 2016-2017 Management Report – Strategic Initiative Project Spending Actuals to Budget

Appendix 3: 2016-2017 Draft Audited Financial Statements

Statement of Operations

for the fiscal year ending August 31, 2017

2016-2017

	Approved Budget		Actuals		Actual vs. Budget Variance		Actuals 2015-2016	Variance 2016-2017 vs 2015-2016	
	\$	\$	\$	%	\$	%		\$	%
Revenues									
Registration	\$ 851,194	857,501	6,307	0.7%	838,690	18,811	2.2%		
Examination ^{N.1}	\$ 91,220	83,404	(7,816)	-8.6%	81,428	1,976	2.4%		
Laboratory supervision fees	\$ 40,139	39,783	(356)	-0.9%	39,498	285	0.7%		
Investment income ^{N.2}	\$ 35,659	29,351	(6,308)	-17.7%	95,265	(65,914)	-69.2%		
Administration									
TOTAL REVENUE	1,018,212	1,010,039	(8,173)	-0.8%	1,054,881	(44,842)	-4.3%		
Expenses									
Registration ^{N.3}	\$ 20,764	12,548	8,216	39.6%	8,662	(3,886)	-44.9%		
Examination	\$ 83,222	79,114	4,108	4.9%	78,190	(924)	-1.2%		
Laboratory Supervision Fees	\$ 31,215	28,295	2,920	9.4%	28,911	616	2.1%		
Quality Assurance ^{N.4}	\$ 17,001	7,579	9,422	55.4%	9,054	1,475	16.3%		
Complaints, Discipline ^{N.5}	\$ 71,525	56,869	14,656	20.5%	21,258	(35,611)	-167.5%		
Patient Relations	\$ 2,180	899	1,281	58.8%	609	(290)	-47.6%		
Administration	\$ 248,712	257,804	(9,092)	-3.7%	319,699	61,895	19.4%		
Human Resources ^{N.6}	\$ 522,471	559,630	(37,159)	-7.1%	456,199	(103,431)	-22.7%		
Publications	\$ 2,245	1,361	884	39.4%	3,320	1,959	59.0%		
Legislation & Policies ^{N.7}	\$ 8,500	1,134	7,366	86.7%	0	(1,134)	#DIV/0!		
Total Expenses	1,007,835	1,005,233	2,602	0.3%	925,902	(79,331)	-8.6%		
Excess of revenues over expenses before the following	10,377	4,806	(5,571)	-53.7%	128,979	(124,173)	-96.3%		
Amortization (net of deferred revenue)	10,377	3,382	6,995	67.4%	3,528	146	4.1%		
Recovery of misappropriated funds									
Surplus/ (Deficit) from Operations	0	1,424	1,424	100.0%	125,451	(124,027)	-98.9%		

NOTES TO FINANCIAL OPERATING RESULTS:

Variance Explanations of Actuals to Budget by Line Item:

Revenues

^{N.1} Unfavourable variance of 8.6% due to 5 candidates fewer than expected writers for full-set of exam combined with 8 fewer repeat writers.

^{N.2} Unfavourable variance of 17.7% due to change in portfolio in term-deposits and bond yielding a lower rate of return.

Expenses

^{N.3} Favourable variance 39.6% due to deferral in printing of new certificates offset by increased legal costs due to unanticipated registration matter filed in small claims court. Claim has been dismissed.

^{N.4} Favourable variance 51.9% due to half-day meetings held by teleconference which were budgeted for full-day and in-person.

^{N.5} Favourable variance 20.5% due to uncontested discipline hearing and new cases that are less complex.

^{N.6} Unfavourable variance 7.1% due to accruals for vacation not taken during year, approved in-year compensation and HST for consultant backfill for QA not budgeted.

^{N.7} Favourable variance 86.7% due to governance policy work and regulation review dererred to 2017-2017.

Special Projects Budget

Ended August 31, 2017

Project Component	as at August 31, 2016		2016-2017									Overall Performance to Plan	Comments
	Total Budget Approved	Total Actual	Balance Carry Forward from prior Budget	Budget Approved	Total Allocated Funds	Actual	% Actual YTD Spend to Budget	\$ Variance Actual vs. Total Budget	Total Budget Approved	Total Actual	Balance		
Transparency Project	\$ 120,000	\$ 102,667	\$ 17,333		\$ 17,333		0.0%	\$ -	\$ 120,000	\$ 102,667	\$ 17,333	Blue	Project Complete. Request to transfer funds to SOP project.
Database	\$ 147,500	\$ 110,745	\$ 36,755		\$ 36,755	\$ 36,755	100.0%	\$ 36,755	\$ 147,500	\$ 147,500	\$ -	Yellow	No more budget required. Pending completion of SOW
Website - Origami	\$ 15,000	\$ 11,300	\$ 3,700		\$ 3,700	\$ 3,673	99.3%	\$ 3,673	\$ 15,000	\$ 14,973	\$ 27	Blue	Launched successfully August 1, 2017
Regulations - Registration and Quality Assurance	\$ 32,488	\$ -	\$ 32,488		\$ 32,488		0.0%	\$ -	\$ 32,488	\$ -	\$ 32,488	Red	Start date contingent on Strategic Planning.
Examinations - Blueprint Development	\$ 20,000	\$ -	\$ 20,000		\$ 20,000		0.0%	\$ -	\$ 20,000	\$ -	\$ 20,000	Red	Start date contingent on Strategic Planning and Foreign Credential Recognition Proposal.
Quality Assurance - Standards of Practice	\$ 31,316	\$ 8,039	\$ 23,277		\$ 23,277	\$ 17,004	73.1%	\$ 17,005	\$ 31,316	\$ 25,043	\$ 6,273	Green	Phase II Laboratory Supervision stds.; SOP framework options.
Quality Assurance - QAP Review	\$ 8,000	\$ -	\$ 8,000		\$ 8,000		0.0%	\$ -	\$ 8,000	\$ -	\$ 8,000	Red	Start date contingent on Strategic Planning.
Strategic Planning		\$ -		\$ 45,000	\$ 45,000	\$ 20,590		\$ 20,590	\$ 45,000	\$ 20,590	\$ 24,410	Green	Strategic Plan and Roadmap complete. Balance of funds held for Communications and Implementation of Actions.
Capital Investment - IT	\$ 20,000	\$ 7,545	\$ 12,455		\$ 12,455	\$ 2,293	18.4%	\$ 2,293	\$ 20,000	\$ 9,838	\$ 10,162	Green	Managed IT support retained in-year and proposed IT infrastructure update is to complete.
Total	\$ 394,304	\$ 240,295	\$ 154,008	\$ 45,000	\$ 199,008	\$ 80,315	32.9%	\$ 80,317	\$ 439,304	\$ 320,610	\$ 118,693		
Operations	\$ 250,064	\$ 232,750	\$ 141,553	\$ 45,000	\$ 186,553	\$ 78,022		\$ 78,023	\$ 419,304	\$ 310,772	\$ 108,532		
Capital	\$ 20,000	\$ 7,545	\$ 12,455	\$ -	\$ 12,455	\$ 2,293		\$ 2,293	\$ 20,000	\$ 9,838	\$ 10,162		

On-track GREEN
 Complete BLUE
 Issue being managed YELLOW
 Requires attention RED

COLLEGE OF DENTAL TECHNOLOGISTS OF ONTARIO

FINANCIAL STATEMENTS

AUGUST 31, 2017

Draft Statements Subject to Revision



Independent Auditor's Report

To the Council of the
College of Dental Technologists of Ontario

We have audited the accompanying financial statements of the College of Dental Technologists of Ontario, which comprise the statement of financial position as at August 31, 2017, and the statements of operations, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the organization's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organization's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the College of Dental Technologists of Ontario as at August 31, 2017, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Toronto, Ontario
To be determined

Chartered Professional Accountants
Licensed Public Accountants

COLLEGE OF DENTAL TECHNOLOGISTS OF ONTARIO**Statement of Financial Position**

August 31	2017 \$	2016 \$
ASSETS		
Current assets		
Cash	999,517	1,060,811
Investments (note 3)	429,208	-
Accounts receivable	10,760	16,391
Prepaid expenses	12,793	12,918
	1,452,278	1,090,120
Investments (note 3)	744,233	1,146,550
Capital assets (note 4)	6,362	7,450
	750,595	1,154,000
	2,202,873	2,244,120
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities (note 5)	130,247	111,243
Deferred registration and laboratory supervision fees	840,158	823,811
	970,405	935,054
NET ASSETS		
Invested in capital assets	6,362	7,450
Internally restricted for complaints and discipline (note 8)	150,000	150,000
Internally restricted for abuse therapy (note 9)	20,000	20,000
Internally restricted for strategic initiatives (note 10)	118,693	154,009
Unrestricted	937,413	977,607
	1,232,468	1,309,066
	2,202,873	2,244,120

The accompanying notes are an integral part of these financial statements

Approved on behalf of the Council:

President

Vice-President

COLLEGE OF DENTAL TECHNOLOGISTS OF ONTARIO**Statement of Operations**

Year ended August 31	2017 \$	2016 \$
Revenues		
Registration	857,501	838,690
Examination	83,404	81,428
Laboratory supervision fees	39,783	39,498
Investment income (note 6)	29,351	95,265
	<u>1,010,039</u>	<u>1,054,881</u>
Expenses		
Registration	12,548	8,662
Examination	79,114	78,190
Laboratory supervision fees	27,695	28,911
Quality assurance	8,179	9,054
Complaints and discipline (note 7)	56,869	21,258
Patient relations	899	609
Administration	262,320	323,227
Strategic initiatives	78,022	108,510
Human resources	559,630	456,199
Publications	1,361	3,320
	<u>1,086,637</u>	<u>1,037,940</u>
Excess of revenues over expenses (expenses over revenues) for year	<u>(76,598)</u>	<u>16,941</u>

The accompanying notes are an integral part of these financial statements

COLLEGE OF DENTAL TECHNOLOGISTS OF ONTARIO

Statement of Changes in Net Assets

Year ended August 31

	Invested in capital assets \$	Internally restricted for complaints and discipline \$	Internally restricted for abuse therapy \$	Internally restricted for strategic initiatives \$	Unrestricted \$	2017 Total \$
Balance, beginning of year	7,450	150,000	20,000	154,009	977,607	1,309,066
Excess of revenues over expenses (expenses over revenues) for year	(3,382)	-	-	(78,022)	4,806	(76,598)
Purchase of capital assets	2,294	-	-	(2,294)	-	-
Inter-fund transfers (note 10)	-	-	-	45,000	(45,000)	-
Balance, end of year	6,362	150,000	20,000	118,693	937,413	1,232,468
	Invested in capital assets \$	Internally restricted for complaints and discipline \$	Internally restricted for abuse therapy \$	Internally restricted for strategic initiatives \$	Unrestricted \$	2016 Total \$
Balance, beginning of year	3,433	150,000	20,000	115,760	1,002,932	1,292,125
Excess of revenues over expenses (expenses over revenues) for year	(3,528)	-	-	(108,510)	128,979	16,941
Purchase of capital assets	7,545	-	-	(7,545)	-	-
Inter-fund transfers (note 10)	-	-	-	154,304	(154,304)	-
Balance, end of year	7,450	150,000	20,000	154,009	977,607	1,309,066

The accompanying notes are an integral part of these financial statements

COLLEGE OF DENTAL TECHNOLOGISTS OF ONTARIO

Statement of Cash Flows

Year ended August 31	2017 \$	2016 \$
Cash flows from operating activities		
Excess of revenues over expenses (expenses over revenues) for year	(76,598)	16,941
Adjustments to determine net cash provided by (used in) operating activities		
Amortization	3,382	3,528
Gain on sale of investments	-	(62,336)
Interest capitalized on investments	(26,891)	(8,146)
Receipt of interest previously capitalized	-	62,791
	(100,107)	12,778
Change in non-cash working capital items		
Decrease (increase) in accounts receivable	5,631	(16,391)
Decrease in prepaid expenses	125	8,962
Increase (decrease) in accounts payable and accrued liabilities	19,004	(59,749)
Increase in deferred registration and laboratory supervision fees	16,347	41,581
	(59,000)	(12,819)
Cash flows from investing activities		
Purchase of investments	-	(724,615)
Proceeds from sale of investments	-	1,141,902
Purchase of capital assets	(2,294)	(7,545)
	(2,294)	409,742
Net change in cash	(61,294)	396,923
Cash, beginning of year	1,060,811	663,888
Cash, end of year	999,517	1,060,811

The accompanying notes are an integral part of these financial statements

COLLEGE OF DENTAL TECHNOLOGISTS OF ONTARIO**Notes to Financial Statements**

August 31, 2017

Nature and description of the organization

The College of Dental Technologists of Ontario ("College") was incorporated as a non-share capital corporation under the Regulated Health Professions Act, 1991.

The purpose of the College is to regulate the practice of dental technology and govern its members in the Province of Ontario.

The College is a not for profit organization, as described in Section 149(1)(l) of the Income Tax Act, and therefore is not subject to income taxes.

1. Significant accounting policies

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations and include the following significant accounting policies:

(a) Revenue recognition

Registration and laboratory supervision fees are recognized as revenue in the fiscal year to which they relate. The registration year of the College coincides with that of the fiscal year of the College, being September 1 to August 31. Registration and laboratory supervision fees received in advance of the registration year to which they relate are recorded as deferred registration and laboratory supervision fees.

Examination fees are recognized as revenue when the examinations are held.

Investment income comprises interest from cash and investments and realized gains and losses on the sale of investments.

Revenue is recognized on an accrual basis. Interest on investments is recognized over the term of the investments using the effective interest method.

(b) Investments

Investments consist of guaranteed investment certificates and fixed income investments whose term to maturity is greater than twelve months from date of acquisition. Investments maturing within twelve months from the year-end date are classified as current.

COLLEGE OF DENTAL TECHNOLOGISTS OF ONTARIO**Notes to Financial Statements (continued)**

August 31, 2017

1. **Significant accounting policies (continued)**

(c) **Capital assets**

The costs of capital assets are capitalized upon meeting the criteria for recognition as a capital asset, otherwise, costs are expensed as incurred. The cost of a capital asset comprises its purchase price and any directly attributable cost of preparing the asset for its intended use.

Capital assets are measured at cost less accumulated amortization and accumulated impairment losses.

Amortization is provided for, upon commencement of the utilization of the assets, on a straight-line basis at rates designed to amortize the cost of the capital assets over their estimated useful lives. The annual amortization rates are as follows:

Office furniture and equipment	5 years
--------------------------------	---------

A capital asset is tested for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. If any potential impairment is identified, the amount of the impairment is quantified by comparing the carrying value of the capital asset to its fair value. Any impairment of the capital asset is recognized in income in the year in which the impairment occurs.

An impairment loss is not reversed if the fair value of the capital asset subsequently increases.

(d) **Development costs**

Expenditures on internally generated intangible assets during the development phase are recognized in income in the year incurred.

(e) **Financial instruments**

(i) **Measurement of financial assets and liabilities**

The College initially measures its financial assets and financial liabilities at fair value adjusted by the amount of transaction costs directly attributable to the instrument.

The College subsequently measures all its financial assets and financial liabilities at amortized cost.

Amortized cost is the amount at which a financial asset or financial liability is measured at initial recognition minus principal repayments, plus or minus the cumulative amortization of any difference between that initial amount and the maturity amount, and minus any reduction for impairment.

Financial assets measured at amortized cost include cash, accounts receivable and investments.

Financial liabilities measured at amortized cost include accounts payable and accrued liabilities.

COLLEGE OF DENTAL TECHNOLOGISTS OF ONTARIO**Notes to Financial Statements (continued)**

August 31, 2017

1. **Significant accounting policies (continued)**

(e) **Financial instruments (continued)**

(ii) **Impairment**

At the end of each reporting period, the College assesses whether there are any indications that a financial asset measured at amortized cost may be impaired. Objective evidence of impairment includes observable data that comes to the attention of the College, including but not limited to the following events: significant financial difficulty of the issuer; a breach of contract, such as a default or delinquency in interest or principal payments; and bankruptcy or other financial reorganization proceedings.

When there is an indication of impairment, the College determines whether a significant adverse change has occurred during the year in the expected timing or amount of future cash flows from the financial asset.

When the College identifies a significant adverse change in the expected timing or amount of future cash flows from a financial asset, it reduces the carrying amount of the financial asset to the greater of the following:

- the present value of the cash flows expected to be generated by holding the financial asset discounted using a current market rate of interest appropriate to the financial asset; and
- the amount that could be realized by selling the financial asset at the statement of financial position date.

Any impairment of the financial asset is recognized in income in the period in which the impairment occurs.

When the extent of impairment of a previously written-down financial asset decreases and the decrease can be related to an event occurring after the impairment was recognized, the previously recognized impairment loss is reversed to the extent of the improvement, but not in excess of the impairment loss. The amount of the reversal is recognized in income in the year the reversal occurs.

(f) **Management estimates**

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make judgments, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the current year. Actual results may differ from these estimates, the impact of which would be recorded in future years.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognized in the year in which the estimates are revised and in any future years affected.

COLLEGE OF DENTAL TECHNOLOGISTS OF ONTARIO**Notes to Financial Statements (continued)**

August 31, 2017

2. Financial instrument risk management

The College is exposed to various risks through its financial instruments. The following analysis provides a measure of the College's risk exposure and concentrations.

The financial instruments of the College and the nature of the risks to which those instruments may be subject, are as follows:

Financial instrument	Risks				
	Credit	Liquidity	Market risk		
			Currency	Interest rate	Other price
Cash	X			X	
Accounts receivable	X				
Investments	X			X	
Accounts payable and accrued liabilities		X			

Credit risk

The College is exposed to credit risk resulting from the possibility that parties may default on their financial obligations, or if there is a concentration of transactions carried out with the same party, or if there is a concentration of financial obligations which have similar economic characteristics that could be similarly affected by changes in economic conditions, such that the College could incur a financial loss. The College does not hold directly any collateral as security for financial obligations of counterparties.

The maximum exposure of the College to credit risk is as follows:

	2017	2016
	\$	\$
Cash	999,517	1,060,811
Accounts receivable	10,760	16,391
Investments	1,173,441	1,146,550
	<u>2,183,718</u>	<u>2,223,752</u>

The College reduces its exposure to the credit risk of cash by maintaining balances with a Canadian financial institution.

The College manages its exposure to the credit risk of investments through their investment policy which restricts the types of eligible investments.

COLLEGE OF DENTAL TECHNOLOGISTS OF ONTARIO**Notes to Financial Statements (continued)**

August 31, 2017

2. Financial instrument risk management (continued)**Liquidity risk**

Liquidity risk is the risk that the College will not be able to meet a demand for cash or fund its obligations as they come due.

The College meets its liquidity requirements by preparing and monitoring detailed forecasts of cash flows from operations and anticipated investing and financing activities and holding assets that can be readily converted into cash.

Market risk

Market risk is the risk that the fair value or future cash flows of a financial investment will fluctuate because of changes in market prices. Market risk is comprised of currency risk, interest rate risk and other price risk.

Currency risk

Currency risk refers to the risk that the fair value of financial investments or future cash flows associated with the investments will fluctuate due to changes in foreign exchange rates.

The College is not exposed to currency risk.

Interest rate risk

Interest rate risk refers to the risk that the fair value of financial investments or future cash flows associated with the investments will fluctuate due to changes in market interest rates.

The College is exposed to interest rate risk on its cash and investments.

The College does not use derivative financial investments to manage its exposure to interest rate risk.

Other price risk

Other price risk refers to the risk that the fair value of financial investments or future cash flows associated with the investments will fluctuate because of changes in market prices (other than those arising from currency risk or interest rate risk), whether those changes are caused by factors specific to the individual investment or its issuer or factors affecting all similar investments traded in the market.

The College is not exposed to other price risk.

Changes in risk

There have been no significant changes in the risk profile of the financial instruments of the College from that of the prior year.

COLLEGE OF DENTAL TECHNOLOGISTS OF ONTARIO

Notes to Financial Statements (continued)

August 31, 2017

3. Investments

	2017 \$	2016 \$
Current		
Guaranteed investment certificates - 2.05% - 10/10/17	429,208	-
Long term		
Guaranteed investment certificates - 1.70% - 10/10/17	-	420,736
Bank of Nova Scotia - 2.52% - 12/08/20	744,233	725,814
	744,233	1,146,550
Total	1,173,441	1,146,550

4. Capital assets

	Cost \$	Accumulated Amortization \$	2017 Net \$
Office furniture and equipment	143,511	137,149	6,362
	Cost \$	Accumulated Amortization \$	2016 Net \$
Office furniture and equipment	141,217	133,767	7,450

5. Accounts payable and accrued liabilities

	2017 \$	2016 \$
Trade payables and accrued liabilities	80,938	70,031
Government remittances	2,154	1,612
Accrued liabilities – complaints and discipline	47,155	39,600
	130,247	111,243

COLLEGE OF DENTAL TECHNOLOGISTS OF ONTARIO**Notes to Financial Statements (continued)**

August 31, 2017

6. Investment income

	2017	2016
	\$	\$
Interest from cash	2,460	2,753
Interest from investments	26,891	30,176
Gain on sale on investments	-	62,336
	<u>29,351</u>	<u>95,265</u>

7. Complaints and discipline

	2017	2016
	\$	\$
Complaints and discipline	60,469	36,258
Cost recoveries	(3,600)	(15,000)
	<u>56,869</u>	<u>21,258</u>

8. Net assets internally restricted for complaints and discipline

The College makes best efforts to anticipate the costs associated with complaints and discipline matters based on past experience and current caseload. However, in the event that the College incurs costs beyond the normal scope of such matters, the Council of the College has internally restricted net assets to fund expenditures related to these matters.

The internal restriction is subject to the direction of the Council upon the recommendation of the Executive Committee.

9. Net assets internally restricted for abuse therapy

The College has internally restricted net assets to provide funding for therapy and counselling for persons who, while patients, were sexually abused by members.

The internal restriction is subject to the direction of the Council upon the recommendation of the Executive Committee.

10. Net assets internally restricted for strategic initiatives

The College has internally restricted net assets to provide funding to undertake several projects to support the achievement of its strategic priorities.

The Council of the College internally restricted net assets in the current year in the amount of \$45,000 (2016 - \$154,304) to meet the anticipated future strategic initiatives of the College.

The internal restriction is subject to the direction of the Council upon the recommendation of the Executive Committee.

COLLEGE OF DENTAL TECHNOLOGISTS OF ONTARIO

Notes to Financial Statements (continued)

August 31, 2017

11. **Commitment**

The College is committed to lease its office premises until August 31, 2018. The future annual lease payments, including an estimate of premises common area expenses, are \$89,274.

Draft Statements Subject to Revision





College of Dental Technologists of Ontario
Ordre des Technologues Dentaires de l'Ontario

Council Report

Date Report Authored: November 28, 2017

SUBJECT: **Approval of the Registration Committee Policies**

PREPARED BY: Paola Bona, Examinations Coordinator

Recommendation(s) to Council:

Public:	<input checked="" type="checkbox"/>	Action: Information	<input type="checkbox"/>
In-Camera:	<input type="checkbox"/>	Decision	<input checked="" type="checkbox"/>

RECOMMENDATION(S):

- 1) THAT the report dated November 28, 2017 entitled, "Approval of the Registration Committee Policies" be received;
- 2) THAT Council approve the Upgrading & Remediation Policy (E04) as presented and to take effect immediately;
- 3) AND THAT Council approve the Time Limitation for Validity of Examination Results Policy (E06) as presented to take effect January 1, 2018.
- 4) AND THAT Staff be authorized and directed to do all things necessary to give effect to this resolution.

PURPOSE:

The purpose of this report is to seek Council approval for the two Registration policies presented.

BACKGROUND:

Prospective applicants before becoming registered to practise dental technology in Ontario, with the exception of inter-provincial transfers, must successfully complete the registration examination administered by the College of Dental Technologists of Ontario ("College"). The registration examination consists of both written and practical components which are designed to measure the entry-level competencies and is a mandatory component of the registration process.

The College's Registration Committee began its review of registration policies in 2014 taking into consideration the Office of the Fairness Commissioner principals of transparent, objective, impartial and fair registration practices. Two (2) of the policies identified by the Committee for revision, and included in their 2017 Goals & Work Plan, were the Upgrading/Remediation Policy and Time Limitation for Validity of Examination Results Policy.

Upgrading/Remediation Policy (E04)

This revised policy applies to all examination candidates who have not achieved a passing score for the College's examinations with two years after he/she failed their first examination attempt. In accordance with the Examinations Regulation (O. Reg. 733/93), after two years, or three attempts, whichever comes first, a candidate must submit a formal request along with an upgrading/remediation proposal for each failed examination to the Registration Committee. The Committee must be completely satisfied after a thorough review of the proposal before an approval is made to allow the candidate an additional exam attempt.

On October 8, 1999, Council had approved an Upgrading/Remediation Policy. This policy required revision to reflect changes to the availability of continuing education courses at the only dental technology education institute (George Brown College) in Ontario and changes to the slate of registration examinations.

As a result of the limited availability of continuing education courses, the Registration Committee permitted candidates to complete private upgrading/remediation under the supervision or mentorship of a Registered Dental Technologist (RDT) to become eligible to receive an additional examination attempt. In recent years, the College has implemented a more formal process to document prospective candidates upgrading. Both the candidate and their RDT mentor are required to complete an Upgrading Program Log as evidence of upgrading completion.

As well, the slate of examinations was revised in 2012 therefore the upgrading requirements for the current examination offered by the College have been taken into account with this policy revision.

Time Limitation for Validity of Examination Results Policy (E06)

This new policy, if approved, would apply to all examination candidates, as of January 1, 2018, who have successfully completed and passed the examinations required for registration and plan to register with the College. The registration examination results are valid for 15-months, starting from the date the notice of results is received by the examination candidate. If the candidate does not apply within 15-months and desires to register with the College at a later date, all relevant registration examinations will need to be completed again.

Previously, the timeline from successful completion of the Registration Examination and applying for registration was not formally documented. Applicants were informed that they were required to apply to the College for a General Certificate of Registration

within three (3) years of passing the registration examination. This timeline was drawn from the College's Records Retention Policy, which specifies a three (3) year period for maintaining an examination candidate's file.

The Committee believes that the proposed 15-month time limitation ensures that applicants for registration continue to meet the entry-to-practice requirements at the time of application.

OPTIONS/ DISCUSSION:

The Registration Committee recommends that Council approve the policies as presented.

1. Council is satisfied that the revised Upgrading & Remediation Policy adequately addresses the issue at hand regarding suitability of upgrading/remediation requirements. Council may proceed with a motion to approve the policy.
2. Council is satisfied that the Time Limitation for Validity of Examination Results Policy is fair, transparent, and ensures that applicants continue to meet the entry-to-practice requirements at the time of application for registration. Council may proceed with a motion to approve the policy.

FINANCIAL CONSIDERATIONS:

Not applicable.

HUMAN RESOURCES CONSIDERATIONS:

Staff time to implement the policies, update the College website, and provide communication pieces to the Examination Candidates and prospective Applicants for Registration.

RISK CONSIDERATIONS:

The registration examination is designed to help the College achieve its mandate of ensuring the public of Ontario receives quality, safe and effective health care and to ensure that examination candidates possess the knowledge, skills and judgment to practice the profession of dental technology. Failure of the College to comply with the Regulated Health Professions Act, 1991, and O. Reg. 711/93 (Examinations), in carrying out the registration examinations, may result in reputational risk with the public and the Ministry of Health and Long Term Care.

ACCESSIBILITY CONSIDERATIONS:

Not applicable.

ALIGNMENT WITH STRATEGIC PRIORITIES/ OBJECTS OF COLLEGE:

These policies align with the mandate and objects of the College set out in the Regulated Health Professions Act, 1991 (RHPA) and the Health Professions Procedural Code (HPPC).

BUSINESS UNITS CONSULTED:

Not applicable.

ATTACHMENTS:

Appendix I – Upgrading & Remediation Policy (E04)

Appendix II – Time Limitation for Validity of Examination Results Policy (E06)



College of Dental Technologists of Ontario
Ordre des Technologues Dentaires de l'Ontario

Policy Title:	UPGRADING & REMEDIATION POLICY	Policy No:	E04
Approved by:	Council	Policy Section:	Examinations
Date of Most Recent Approval:	December 9, 2017	Effective Date:	December 9, 2017
Supersedes/Amends Policy dated:	October 8, 1999	Policy Review Date:	December 9, 2022
Date of Original Approval:	October 8, 1999	Responsible Office:	Registration Committee
Legislative References:	Regulated Health Professions Act, 1991 (RHPA); Dental Technology Act, 1991 (Act); Examinations Regulation, 1991		

Introduction:

The College of Dental Technologists of Ontario (CDTO) is the regulatory body for Dental Technologists in Ontario. Our role is to protect the public's right to receive quality dental prosthetics, restorative or orthodontic devices prescribed for a patient by any health care practitioner licensed to do so.

The CDTO must ensure competency and accountability of Dental Technologists practicing in Ontario by:

- setting the education and other qualifications necessary to enter the profession;
- administering mandatory quality assurance programs to help maintain their competence;
- developing professional and ethical standards and guidelines;
- providing a complaint and investigation process for people who feel that the standards have not been met.

The College believes that self-regulation must be open and transparent, responsive, accessible, equitable, and accountable and has a duty to provide registration practices that are transparent, objective, impartial and fair (RHPA, s.22.2).

Purpose:

The CDTO is committed to protecting the public by setting appropriate examination requirements for applicants applying to become members with the College. The College is responsible for identifying the general areas of competency that must be examined and ensure that the examinations provide a reliable and valid measure of a candidate's competency in knowledge, skills, and ability for the practice of dental technology in Ontario. The purpose of this policy and its associated procedures is to ensure candidates who fail to meet the requirements of the examination(s) after reaching the maximum number of attempts within the time period permitted under the Examinations Regulation (O.Reg 711/93), will obtain suitable upgrading/remediation of skills before being permitted to retake the examination(s) again.

Scope:

This policy applies to all examination candidates who have not achieved a passing score for the College's examinations more than two years after he/she failed their first examination attempt. In accordance with the Examinations Regulation (O. Reg. 733/93), after two years, or three attempts, whichever comes first, a candidate must submit a request and

upgrading/remediation proposal for each failed examination to the Registration Committee, which must be approved and completed to the satisfaction of the Registration Committee before he/she is permitted one (1) additional attempt at the examination(s).

Definitions

“**College**” or the “**CDTO**” means the College of Dental Technologists of Ontario

“**examination candidate(s)**” means an applicant who has been accepted by the College to take any examination set and administered by the College

“**examinations**” means written and/or practical examinations administered by the College for the purpose of qualifying for registration with the College

“**recent**” means the candidate has not been an employer/employee/supervisor of the RDT tutor within the two-year period preceding the date of submitting the upgrading/remediation proposal to the College.

“**Registration Committee**” means the statutory committee of the College which decides on eligibility of applications for registration and renewals referred by the Registrar.

Policy

All upgrading and remediation programs must be approved by the College prior to a candidate commencing any program. Candidates may submit an upgrading proposal to the Registration Committee which consists of tutoring and/or upgrading courses offered by an education institution. The upgrading proposal must demonstrate how the proposed upgrading correlates to the examination areas where the candidate was previously unsuccessful. As well, the proposal should be sufficiently detailed so that the Registration Committee can determine whether the upgrading will be satisfactory.

Tutoring Proposals: Candidates completing an upgrading/remediation program with a tutor must be under the direct supervision of a current Registered Dental Technologist (RDT) who is in good standing with the College, with appropriate knowledge, skill and judgement in the area(s) of dental technology practice being upgraded. The RDT tutor must be independent of a candidate’s current or recent employer/employee/supervisor and a not family member nor friend.

Course Proposals: Candidates completing upgrading/remediation course(s) at an educational institution must verify that both the proposed education institution and course(s) are acceptable to the College. Candidates are required to provide a detailed course outline.

Regardless of the type of upgrading/remediation proposal submitted, the Registration Committee requires the candidate to complete a minimum number of upgrading hours for each examination and specifies the percentage for theory and each practical project, as follows:

Examination	Required Upgrading (Hours/Days)	Theory (%)	Practical (%)
Written Theory	40 hours	100%	N/A
Jurisprudence and Ethics	40 hours or course	100%	N/A
Complete Dentures	40 hours	20%	80%
Partial Dentures	40 hours	20%	80%
Orthodontics	40 hours	20%	80%
Crown & Bridge	50 hours	20%	80%
Ceramics	50 hours	20%	80%

Proof of Completion: The candidate is responsible for submitting to the College acceptable proof of completion not less than four (4) weeks prior to the examination date in the format set by the College. In addition, all upgrading/remediation must be completed no more than fifteen (15) months prior to the examination date.

If an applicant for the College's examination does not complete the required upgrading by the deadline, he/she will not be confirmed as a candidate and all examination fees paid will be forfeited.

Associated Policies, Procedures and Guidelines:

All examination appeal activities must adhere to the standards and procedures as outlined in the associated policies, procedures and guidelines, which include the following:

- Upgrading & Remediation Procedure (E04-P01)
- Examination Policy (E01)
- Examination Appeals Policy (E02)
- Examination Accommodation Policy (E03)
- Ontario Human Rights Code, R.S.O. 1990, c.H.19



College of Dental Technologists of Ontario
Ordre des Technologues Dentaires de l'Ontario

Policy Title:	TIME LIMITATION FOR VALIDITY OF EXAMINATION RESULTS POLICY		E06
Approved by:	Council	Policy Section:	Examinations / Registration Requirements
Date of Most Recent Approval:	December 8, 2017	Effective Date:	January 1, 2018
Supersedes/Amends Policy dated:	N/A	Policy Review Date:	January 1, 2023
Date of Original Approval:	December 8, 2017	Responsible Office:	Registration Committee
Legislative References:	Regulated Health Professions Act, 1991 (RHPA); Dental Technology Act, 1991 (Act)		

Introduction:

The College of Dental Technologists of Ontario (CDTO) is the regulatory body for Dental Technologists in Ontario. Our role is to protect the public's right to receive quality dental prosthetics, restorative or orthodontic devices prescribed for a patient by any health care practitioner licensed to do so.

The CDTO must ensure competency and accountability of Dental Technologists practicing in Ontario by:

- setting the education and other qualifications necessary to enter the profession;
- administering mandatory quality assurance programs to help maintain their competence;
- developing professional and ethical standards and guidelines;
- providing a complaint and investigation process for people who feel that the standards have not been met.

The College believes that self-regulation must be open and transparent, responsive, accessible, equitable, and accountable and has a duty to provide registration practices that are transparent, objective, impartial and fair (RHPA, s.22.2).

Purpose:

The purpose of this policy and its associated procedures is to ensure the application process is fair and transparent.

Scope:

This policy applies to all examination candidates who have successfully completed and passed required examinations for registration with the CDTO.

Definitions

“**College**” or the “**CDTO**” means the College of Dental Technologists of Ontario

“**examination candidate(s)**” means an applicant who has been accepted by the College to take any examination set and administered by the College

“**examinations**” means written and/or practical examinations administered by the College for the purpose of qualifying for registration with the College

“**Registration Committee**” means the statutory committee of the College which decides on eligibility of applications for registration and renewals referred by the Registrar.

Policy:

The registration examination results are valid for registration with the College for 15-months, starting from the date the notice of results is received by the examination candidate. This means that candidates who have successfully completed and passed the examinations required for registration and plan to register with the College, must apply to the College for a General Certificate of Registration within 15-months of receiving notice of results. If the candidate does not apply within this time frame and desires to register with the College at a later date, all relevant registration examinations will need to be completed again.

This 15 month time limitation ensures that all members are current and responsive to the technological advancements and changes in the entry to practice competencies within the scope of practice for dental technology. It is crucial for the College to ensure that all successful examination candidates who apply to become registered members of the College do so promptly in order to continue to meet the entry-to-practice requirements, remain current and further develop their knowledge, skills, and judgment as members of the profession.

If a candidate fails to apply to the College for a General Certificate of Registration within the 15 month period, all College examination results will no longer be valid and candidates wishing to apply to become a member of the College must retake all of the required examinations for registration that are in place at the time he/she re-applies.

Associated Policies, Procedures and Guidelines:

All examination appeal activities must adhere to the standards and procedures as outlined in the associated policies, procedures and guidelines, which include the following:

- Examination Policy (E01)
- Examination Appeals Policy (E02)
- Examination Accommodation Policy (E03)
- Upgrading & Remediation Policy (E04)
- Ontario Human Rights Code, R.S.O. 1990, c.H.19



COUNCIL REPORT

Date Report Authored: November 28, 2017

SUBJECT: **Approval of the Examinations Committee Policies**

PREPARED BY: Paola Bona, Examinations Coordinator

Recommendation(s) to Council:

Public:	<input checked="" type="checkbox"/>	Action: Information	<input type="checkbox"/>
In-Camera:	<input type="checkbox"/>	Decision	<input checked="" type="checkbox"/>

RECOMMENDATION(S):

- 1) THAT the report dated November 28, 2017 entitled, "Approval of the Examinations Committee Policies" be received;
- 2) THAT Council approve the Testing Accommodation for Examination Candidates Policy (E03) as presented and to take effect immediately;
- 3) AND THAT Staff be authorized and directed to do all things necessary to give effect to this resolution.

PURPOSE:

The purpose of this report is to seek Council approval for an Examination policy as presented.

BACKGROUND:

Prospective applicants before becoming registered to practise dental technology in Ontario, with the exception of inter-provincial transfers, must successfully complete the registration examination administered by the College of Dental Technologists of Ontario ("College"). The registration examination consists of both written and practical components which are designed to measure the entry-level competencies and is a mandatory component of the registration process.

The College's Examinations Committee, which was established January 2017, set its 2017 Goals & Work Plan. One of the goals identified by the Committee was the revision of the Testing Accommodation for Examination Candidates Policy (E03).

During the revision process principals of transparent, objective, impartial and fair registration practices were taken into account.

Testing Accommodation for Examination Candidates Policy (E03)

The revised policy applies to all examination candidates who are required to complete one or of the College's examinations required for registration and need testing accommodations due to disability. The College is committed to ensuring that all qualified candidates with disabilities are provided with appropriate accommodation for taking the registration examination(s).

Previously, it was established practice that in order for a student or examination candidate to receive accommodation, the disclosure of a diagnosis from a medical professional was required. Recently, a University student challenged this requirement. Due to the importance of the outcome of this challenge, the Ontario Human Rights Commission moved to be an intervenor in the case which was granted. The outcome of the challenge was the removal of the medical diagnosis requirement in order to receive academic accommodation. The College seeks to officially remove the requirement for examination candidates to provide a diagnosis in order to receive testing accommodation.

Revisions to this policy include the following: elimination of the requirement to provide a diagnosis, expanded definitions, specific timelines for health care practitioner's assessment/diagnosis/evaluation of the examination candidate, examples of testing accommodation available, confidentiality of accommodation requests, and specific timeframe for College Staff to complete assessment of application.

OPTIONS/ DISCUSSION:

The Examinations Committee recommends that Council approve the policy as presented.

- I. Council is satisfied that the revised Testing Accommodation for Examination Candidates Policy adequately addresses the College's responsibility to provide reasonable testing accommodations and identifies candidate's rights and responsibilities to receiving testing accommodation without having to disclose their medical diagnosis. Council may proceed with a motion to approve the policy.

FINANCIAL CONSIDERATIONS:

Not applicable.

HUMAN RESOURCES CONSIDERATIONS:

Staff time to implement the policies, update the College website, and provide communication pieces to the Examination Candidates and prospective Applicants for Registration.

RISK CONSIDERATIONS:

The registration examination is designed to help the College achieve its mandate of ensuring the public of Ontario receives quality, safe and effective health care and to ensure that examination candidates possess the knowledge, skills and judgment to practice the profession of dental technology. Failure of the College to comply with the Regulated Health Professions Act, 1991, and O. Reg. 711/93 (Examinations), in carrying out the registration examinations, may result in reputational risk with the public and the Ministry of Health and Long Term Care.

ACCESSIBILITY CONSIDERATIONS:

Not applicable.

ALIGNMENT WITH STRATEGIC PRIORITIES/ OBJECTS OF COLLEGE:

This policy aligns with the mandate and objects of the College set out in the Regulated Health Professions Act, 1991 (RHPA) and the Health Professions Procedural Code (HPPC).

BUSINESS UNITS CONSULTED:

Not applicable.

ATTACHMENTS:

Appendix I – Testing Accommodation for Examination Candidates Policy (E03)



College of Dental Technologists of Ontario
Ordre des Technologues Dentaires de l'Ontario

Policy Title:	TESTING ACCOMMODATION FOR EXAMINATION CANDIDATES	Policy No:	E03
Approved by:	Council	Policy Section:	Examinations
Date of Most Recent Approval:	December 8, 2017	Effective Date:	December 8, 2017
Supersedes/Amends Policy dated:	January 23, 2015	Policy Review Date:	December 8, 2022
Date of Original Approval:	August 17, 2001	Responsible Office:	Examinations Committee
Legislative References:	Regulated Health Professions Act, 1991 (RHPA); Dental Technology Act, 1991 (Act)		

Introduction:

The College of Dental Technologists of Ontario (CDTO) is the regulatory body for Dental Technologists in Ontario. The College's role is to protect the public and in doing so ensure that members of the public receive quality dental prosthetics, restorative or orthodontic devices prescribed for a patient by any health care practitioner licensed to do so.

The CDTO must ensure competency and accountability of Dental Technologists practicing in Ontario by:

- setting the education and other qualifications necessary to enter the profession;
- administering mandatory quality assurance programs to help maintain their competence;
- developing professional and ethical standards and guidelines;
- providing a complaint and investigation process for people who feel that the standards have not been met.

The College has a duty to provide registration practices that are transparent, objective, impartial and fair (RHPA, s.22.2). In addition, the College acknowledges its responsibility to provide reasonable testing accommodations for persons with disabilities. The CDTO is committed to ensuring that all qualified candidates with disabilities are provided with appropriate accommodation for taking the registration examination(s).

Purpose:

The purpose of this policy and its associated procedures is to provide a clear, fair and transparent approach for examination candidates with disabilities to request testing accommodation as well as to establish guidelines for the provision of accommodation in both the written and practical components of the College's examinations.

Scope:

This policy applies to all examination candidates of the College who are required to complete one or more of the eligibility, entry-to-practice and/or upgrading examinations approved and/or administered by the College and require testing accommodations due to disability.

Definitions:

“**College**” or the “**CDTO**” means the College of Dental Technologists of Ontario

“**disability**” is the same as defined by section 10(1) of *The Human Rights Code, R.S.O. 1990* that states:

- (a) any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,
- (b) a condition of mental impairment or a developmental disability,
- (c) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- (d) a mental disorder, or
- (e) an injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act, 1997*; (“handicap”)

“**examination candidate**” means an applicant who has been accepted by the College to take any examination set and administered by the College

“**examinations**” means written and/or practical examinations administered by the College for the purpose of qualifying for registration with the College

“**reasonable accommodation**” means appropriate adjustments to the examination materials or testing environment that permits a qualified applicant with a disability to complete their examinations, without undue hardship .”

“**undue hardship**” means any requests for modification that would:

- affect the integrity of the examination;
- require excessive staff resources;
- would incur excessive cost for the College; or
- would create a health and safety hazard for candidates, invigilators, exam administrator or the public.

REQUEST FOR TESTING ACCOMMODATION:

CANDIDATE’S WRITTEN REQUEST

The candidate with a disability must provide a detailed personal statement that describes the testing accommodation being requested with supporting medical documentation from a qualified health care professional. Candidates are **not** required to disclose a specific diagnosis. The candidate must request accommodation, in writing, at the same time they apply for the examination.

CANDIDATE’S HEALTH CARE PROFESSIONAL’S REPORT OR LETTER

The qualified health care professional’s detailed report or letter must include:

- A description of the candidate’s functional limitations due to the diagnosed disability,
- Specific recommendations for testing accommodations, and
- Explanation as to why the candidate needs the requested testing accommodations.

Any professional providing documentation must be registered and/or have credentials appropriate to diagnose and treat the candidate’s disability or special needs and have assessed, diagnosed and/or evaluated the candidate for:

- psychiatric disability within six (6) months of the candidate submitting a request for testing accommodation to the College
- all other disabilities or special need assessments within three (3) years of the candidate submitting a request for testing accommodation to the College.

CANDIDATE'S DENTAL TECHNOLOGY PROGRAM REPORT OR LETTER

Any accommodation(s) the candidate received during completion of their dental technology program related to their disability must be provided to the College. This information must be provided on official letterhead from the school or faculty where the candidate completed their studies.

ADDITIONAL INFORMATION

If additional information is required about the candidate's disability the candidate will be contacted with the details of what is required. The candidate must provide this information within 30 days.

ASSESSMENT OF APPLICATION:

College staff will review the request for accommodation and supporting documentation and inform the candidate of approved testing accommodation(s) within 60 days of receipt. The College must balance the rights of the candidate with its mandate to protect the public interest when reviewing these applications.

College staff may deny an accommodation request due to late or insufficient documentation. The College may also refuse requests that may cause undue hardship.

The College will notify the candidate of the status of the candidate's request for testing accommodation if a decision has not been reached 60 days after submission of the request.

CONFIDENTIALITY:

Information provided by the candidate will be viewed in confidence by the Examinations Coordinator and other College staff as necessary.

All requests are kept in confidence by the College.

TYPES OF TESTING ACCOMMODATION:

The following is a list of type of testing accommodation that may be provided, includes but not limited to:

- Extra time to complete the examination
- Semi-Private Room (for written examinations only)
- Reader
- Access to food, drink or medicine during the examination and/or during approved breaks
- Rest breaks

TESTING ACCOMMODATION AGREEMENT:

Where the College has approved a request for testing accommodation the candidate will receive a Testing Accommodation Agreement outlining the specific accommodations that the candidate will be provided with during the examination. A signed agreement confirms the candidate's acceptance of the accommodation(s) being provided to him/her and the College's agreement to provide the accommodation(s) specified.

ASSOCIATED POLICIES, PROCEDURES AND GUIDELINES

All testing accommodations must adhere to the standards and procedures as outlined in the associated policies, procedures and guidelines, which include the following:

- Ontario Human Rights Code, R.S.O. 1990
- Dental Technology Act, S.O. 1991



COUNCIL REPORT

Date Report Authored: November 29, 2017

SUBJECT: Council and Committee Performance Evaluation Policies

PREPARED BY: Roderick Tom-Ying

Recommendation(s) to Council from the Executive Committee:

For Public:	<input checked="" type="checkbox"/>	Action: Information	<input checked="" type="checkbox"/>
In-Camera:	<input type="checkbox"/>	Decision	<input checked="" type="checkbox"/>

RECOMMENDATION(S):

THAT the report dated November 29, 2017 entitled "Council and Committee Performance Evaluation Policies" be received;

AND THAT Council approve the Council Performance Evaluation Policy and the Committee Performance Evaluation Policy, along with all supporting evaluation forms;

AND THAT Council approve the supporting evaluation forms for implementation immediately;

AND THAT Staff be authorized and directed to do all things necessary to give effect to this resolution.

PURPOSE:

The purpose of this report is to provide Council with an overview of the Council and Committee evaluation policies and forms along with a background of the work completed.

BACKGROUND:

The Council is accountable for providing strategic leadership to the College within its statutory mandate and with a view to regulating within the Ontario health system. The Council aims for governance excellence in the monitoring and directing of the affairs of the College in an effort to instill public confidence and trust.

In order to ensure its ongoing effectiveness, the College Council and Committees should evaluate its performance annually. This yearly self-evaluation will enable Council

and each Committee to identify and seek opportunities to better itself and promote good governance.

The following is a timeline on the background of Council evaluations:

- In 2015 the College developed a Council evaluation questionnaire to be completed by Council members after each meeting. The practice was not effective since a clearly defined process or performance assessment framework was not in place.
- January 2016, the Registrar gathered information from eight regulatory healthcare colleges with respect to Council and Committee assessment, evaluation and feedback and presented it to Council.
- March 2017, the College was undergoing a By-Law review, Council was asked to review the current requirement that a Committee Chair must be a member of Council as part of the review process. The ensuing discussion resulted in Council being asked to consider the following questions:
 - Why should the Council and Committees evaluate or monitor its own performance?
 - How should the Council and Committees evaluate or monitor its own performance?
 - Who should be assessed and by whom? (Members, Chair, self-assessments)
 - Who should be responsible to look at the results and provide feedback? (Committee, President, Chairs)
 - What are the consequences? (Education, quality improvement, sanctions)
- April 2017, Brenda Kritzer, Registrar and CEO of the College of Kinesiologists of Ontario presented to Council on its governance policies and evaluation processes that they undergo annually. Council agreed on the implementation of evaluation and tasked the Executive Committee for suggestions to Council for formalization of the evaluation process.

OPTIONS/ FOR DISCUSSION:

The College has drafted two policies for discussion, a Performance Evaluation Policy for Council and a Performance Evaluation Policy for Committees.

Performance Evaluation Policy for Council

The Council of the College of Dental Technologists of Ontario believes that an effective Council is the direct result of its Council members understanding the College's mandate, responsibilities and accountabilities; adherence to policies and procedures of the College; constant diligence and vigilance in his/her work; and consistently strive for improvements in how Council carries out its duty to fulfil the College mandate.

Council performance will be measured against the following key areas:

1. Mission and Mandate
2. Strategic Plan and Priorities
3. Council Operations and Governance Operations
4. Relationship with Registrar and College Staff

The policy also requires completion of additional evaluations for Council member's self-assessment and regular evaluations for each Council meeting.

Council members are also encouraged to evaluate their own performance at the end of the year to reflect on their own professional goals and outcomes. The College has developed accompanying evaluation forms for Council members to conduct their own private self-assessment.

Regular evaluations of each Council meetings are also encouraged so that all Council members have an opportunity to reflect on the productivity, efficiency, and appropriateness of discussions at each meeting. Any meeting feedback would aid staff in preparing for future Council meetings.

Performance Evaluation Policy for Committees

Effective governance is a shared responsibility between Council and all Committee members. In order to ensure ongoing Council effectiveness, the Council is committed to evaluate the performance of each Committee on an annual basis. This yearly self-evaluation enables Committees to identify and seek opportunities to better itself and promote good governance in carrying out its mandate. The Committee Chair will ensure the Committee performance evaluations is completed annually in the last quarter of the calendar year. Thoughtful discussion after the evaluations are tabulated and will lead to any recommendations for improvement.

FINANCIAL CONSIDERATIONS:

Not applicable.

HUMAN RESOURCES CONSIDERATIONS:

Not applicable.

RISK CONSIDERATIONS:

Not applicable.

ACCESSIBILITY CONSIDERATIONS:

Not applicable.

ALIGNMENT WITH STRATEGIC PRIORITIES/ OBJECTS OF COLLEGE:

The policies presented are in alignment with the approved CDTO 2017-2021 Strategic Plan of the College under its Governance objectives.

BUSINESS UNITS CONSULTED:

Policy and Communications, Executive Committee, Office of the Registrar

Policy Title:	Performance Evaluation Policy for Council and Council Members	Policy No:	
Approved by:		Policy Section:	Human Resources
Date of Most Recent Approval:		Effective Date:	
Supersedes/Amends Policy dated:		Policy Review Date:	
Date of Original Approval:		Responsible Office:	Executive Committee
Legislative References:	Regulated Health Professions Act, 1991 (RHPA); Dental Technology Act, 1991 (Act)		

I. **Introduction:**

The Council of the College of Dental Technologists of Ontario believes that an effective Council is the direct result of its Council members understanding the College's mandate, responsibilities and accountabilities; adherence to policies and procedures of the College; constant diligence and vigilance in his/her work; and consistently strive for improvements in how Council carries out its duty to fulfil the College mandate.

In order to ensure its ongoing effectiveness, the College Council evaluates its performance annually. This yearly self-evaluation enables Council to identify and seek opportunities to better itself and promote good governance.

The Council performance evaluations seek to achieve:

- Fairness in how Council derives its decisions
- Accountability in its actions
- Public safety and protection mandate
- Membership engagement
- Increased awareness of the Council and its role
- Fulfilling its strategic goals and objectives

II. **Purpose:**

The College understands that regular evaluation of Council against the College's operational and strategic goals strengthens organizational effectiveness. The purpose of this policy is to provide operational direction regarding the performance evaluation process to be used by each Council member.

Council performance will be measured against the following key areas:

1. Mission and Mandate
2. Strategic Plan and Priorities
3. Council Operations and Governance Operations
4. Relationship with Registrar and College Staff

III. **Scope and Authority:**

This policy's interpretation and administrative direction are the responsibility of the College Council. This policy applies to all Council members of the College. The Executive Committee and the Registrar are responsible for ensuring adherence to the policy and related procedures.

IV. **Definitions:**

“**College**” or the “**CDTO**” means the College of Dental Technologists of Ontario

“**Council**” means the Council established under subsection 5(1) of the Dental Technology Act, 1991

“**Executive Committee**” means the statutory committee of the College which considers policy and operational issues of significance, is responsible for reviewing the financial affairs of the College, and can make decisions on behalf of Council between Council meetings.

V. **Policy:**

Annual Performance Evaluation

- I.1. The Council will complete a performance evaluation at the last council meeting of each year.
- I.2. The Registrar and President will ensure the performance evaluation is tabled for the agenda of the last council meeting of each year.
- I.3. The President will ensure the evaluations are tabulated after the meeting, and will present the results at the next Council meeting for information and discussion.
- I.4. Council will discuss the evaluation results and take actions it deems appropriate to achieve the key principles of the performance evaluation.

Additional Evaluations

- I.5. Members of Council will complete a brief evaluation of each Council meeting at the end of each meeting.
- I.6. Each Council member will complete a self-evaluation of their own performance annually.

VI. **Roles and Responsibilities:**

Council Members: Council members will participate in the Council Performance Evaluation process at the last meeting of Council of each year. Alternate arrangements will be made should any Council members need to be absent from the last meeting of Council. Each Council member will ensure that they have completed a Council Meeting evaluation at the end of each Council meeting. Each Council member will also ensure that they have completed a self-evaluation of their performance annually using the appropriate evaluation forms.

President: The President will ensure the Council performance evaluation is completed annually at the last meeting of Council. The President will also ensure the results of the evaluation are presented at the next meeting of Council for review and discussion. The President is also responsible for ensuring each Council Member has completed a brief evaluation at the end of each Council meeting, as well as a self-evaluation for the Council Member's performance annually.

Registrar: The Registrar will ensure the Council performance evaluation is completed annually at the last meeting of Council. The Registrar shall ensure the President has the necessarily

administrative support to table the results of the evaluation at the next meeting of Council. The Registrar will ensure the discussion of the performance evaluation results are productive and achieves the key principles of the performance evaluation.

College Staff: College staff shall ensure that all related policies, procedures, and forms are updated and available for Council at each Council meeting. College staff shall update all related evaluation forms as required.

VII. **Financial Considerations:**

N/A

VIII. **Associated Policies, Procedures and Guidelines:**

All performance evaluation activities must adhere to the standards and procedures as outlined in the associated policies, procedures and guidelines.

Annual Council Performance Evaluation Form

Council Meeting Evaluation Form

Council Member Self-Assessment Form

IX. **Review:**

This policy is subject to review every three (3) years.

Policy Title:	Performance Evaluation Policy for Committees	Policy No:	
Approved by:		Policy Section:	Human Resources
Date of Most Recent Approval:		Effective Date:	
Supersedes/Amends Policy dated:		Policy Review Date:	
Date of Original Approval:		Responsible Office:	Executive Committee
Legislative References:	Regulated Health Professions Act, 1991 (RHPA); Dental Technology Act, 1991 (Act)		

I. **Introduction:**

The Council of the College of Dental Technologists of Ontario believes that effective governance is a shared responsibility between all Council and Committee members. In order to ensure ongoing Council effectiveness, the Council is committed to evaluate the performance of each Committee on an annual basis. This yearly self-evaluation enables Committees to identify and seek opportunities to better itself and promote good governance in carrying out its mandate.

Purpose:

The purpose of this policy is to ensure each Committee of the College is working as efficiently and productively as possible through annual self-evaluation and subsequent goal setting.

II. **Scope and Authority:**

This policy's interpretation and administrative direction are the responsibility of the College Council and Committee Chairs. This policy applies to the Committee members of the College. The Executive Committee and each Committee Chair is responsible for ensuring adherence to the policy and related procedures.

III. **Definitions:**

“**College**” or the “**CDTO**” means the College of Dental Technologists of Ontario

“**Council**” means the Council established under subsection 5(1) of the Dental Technology Act, 1991

“**Executive Committee**” means the statutory committee of the College which considers policy and operational issues of significance, is responsible for reviewing the financial affairs of the College, and can make decisions on behalf of Council between Council meetings.

IV. **Policy:**

General Principles

- I.1. The Executive Committee is responsible for ensuring that the appropriate evaluation procedures have taken place during the self-evaluation.
- I.2. The President and Committee Chairs will ensure the performance evaluation is scheduled annually in the last quarter of the calendar year.

- I.3. Members of each Committee will, after the last meeting of each year, complete an assessment of the Committee's performance for the year.
- I.4. The Chair of the Committee shall see that the assessment forms are tabulated, and that they are presented at the next Committee meeting for information and discussion.
- I.5. Each Committee will propose recommendations for improvement should the evaluation warrant any changes.
- I.6. Council will review each Committee's performance evaluation and their recommendations for improvement.

V. **Roles and Responsibilities:**

Committee Chair: The Chair will ensure the Committee performance evaluations is completed annually in the last quarter of the calendar year. The Chair will also ensure the results of the evaluation are presented at the next Committee meeting for review and discussion. The Chair is also responsible for ensuring each Committee member has completed the evaluation form, and that recommendations are proposed should the evaluation warrant any.

Committee Members: Committee members will participate in the Committee Performance Evaluation process. Alternate arrangements will be made should any Committee members need to be absent at the scheduled evaluation date.

College Staff: College staff shall ensure that all related policies, procedures, and forms are updated and available for each Committee. College staff shall update all related evaluation forms as required.

VI. **Financial Considerations:**

N/A

VII. **Associated Policies, Procedures and Guidelines:**

All performance evaluation activities must adhere to the standards and procedures as outlined in the associated policies, procedures and guidelines.

I. Committee Performance Assessment Form

VIII. **Review:**

This policy is subject to review every three (3) years

Council Annual Performance Evaluation Form

Name: (optional): _____

INSTRUCTIONS:

This questionnaire allows you to focus on and assess key areas that affect the Council's performance as a whole and its key responsibilities for governance of CDTO. Please answer each question by indicating the most applicable response, and please be as candid as possible. At the end of the questionnaire there is space for elaborating upon any of your responses, or for any other comments you think relevant.

1. Mission and Mandate

Questions	Rating			
	Agree	Somewhat Agree	Disagree	Do not know
Council members have sufficient knowledge of the College's mandate and the legislative and regulatory framework in which it operates to make sound decisions.				
Council operates under a set of policies, procedures, and guidelines with which all members are familiar.				
Council ensures that the College has a strategic plan, and regularly monitors its progress.				
Committees of Council meet regularly and report to Council.				
Council receives regular financial updates and takes necessary steps to ensure the financial operations of the College are sound. It reviews the management recommendation letters of the auditor, and makes appropriate enquiries.				
Council regularly reviews and evaluates the performance of the Registrar.				

2. Strategic Plan and Priorities

Questions	Rating			
	Agree	Somewhat Agree	Disagree	Do not know
Council ensures that the College has a strategic plan, and regularly monitors its progress.				
Council creates a set of key priorities that much be implemented in support of the strategic plan of the College.				

3. Council Operations and Governance Operations

Questions	Rating			
	Agree	Somewhat Agree	Disagree	Do not know
I am familiar with the College's governance practices and policies				
New Council members receive adequate orientation to their role and what is expected of them.				
Council meetings are well attended, with near full turn-out.				
Council members were well prepared to participate effectively in discussion and decision making.				
There was an appropriate level of discussion of issues.				
Council meetings are effective and efficient.				
Council members speak with integrity, honesty, and with an understanding that their remarks are made in a public forum and reflect upon the College.				
The Council President effectively leads and facilitates Council meetings and the policy and governance work of Council.				
Council effectively discharges its statutory functions.				
The College has an effective system of financial oversight				
The Council and College meets with external auditors, reviews their reports and recommendations and ensures any deficiencies are corrected.				

4. Relationship with Registrar and Staff

Questions	Rating			
	Agree	Somewhat Agree	Disagree	Do not know
Council members receive meeting agendas and supporting materials in time for adequate advance review.				
Information provided by staff is adequate to ensure effective governance and decision making.				
Council has communicated the kinds of information and level of detail it requires from the Registrar.				
There is good two-way communication between the Council and the Registrar.				
There is clear understanding of where Council's role ends and where the Registrar's role begins.				

Council Member Self-Assessment Form

Name: _____

INSTRUCTIONS:

This questionnaire allows you to focus on and assess key areas of your performance in your role as a Council member of the College. The form is for your personal use. Please indicate the most applicable response to each statement. At the end of the questionnaire please add any comments you think will help your self-assessment. Review your responses, and then ask yourself what you need to improve, and say what you intend to do to make that possible.

1. Mandate & Strategic Goals

Questions	Rating			
	Agree	Somewhat Agree	Disagree	Do not know
1. I understand my role and responsibilities as a Council Member, as set out in the Act and By-Laws.				
2. I maintain an up-to-date working knowledge of the legislative framework of the College.				
3. I have reviewed the Strategic Plan, and am familiar with its priorities, and objectives, and with the 12-month action plans to implement it.				

2. Council Member Role and Responsibilities

Questions	Rating			
	Agree	Somewhat Agree	Disagree	Do not know
4. Over the last year, I have attended Council meetings regularly.				
5. Over the last year, I have attended most of the meetings of the Committees on which I sit.				
6. I attend Council and Committee meetings adequately prepared, having read the agenda and supporting documentation.				
7. I participate actively in Council and Committee meetings.				

8. I declare professional or personal conflicts of interests, or what might be perceived as conflicts of interest, at Council or Committee meetings.				
9. I follow the College's media policy when I receive media request that are College related.				
10. I support the decisions and policies of the Council when communicating with others regardless of how I have voted on these matters.				
11. I do not disclose information from <i>in camera</i> discussions that occur at Council or Committee meetings.				

3. Relationship with Registrar and Staff

Questions	Rating			
	Agree	Somewhat Agree	Disagree	Do not know
12. I understand the roles and responsibilities of the Registrar.				
13. I maintain a collegial relationship with the Registrar.				
14. I understand the roles and responsibilities of the College staff, and understand that they do not work for individual Council members.				
15. If I have a concern about the Registrar or a staff member, I know the appropriate course of action to address my concern.				
16. I have participated in providing performance feedback to the Registrar.				

Additional Comments and Directions for Improvement:

Council Meeting Evaluation Form

Name: (optional): _____

INSTRUCTIONS:

This questionnaire allows you to assess key areas that affect Council Meetings as a whole. Please answer each question by indicating the most applicable response, and please be as candid as possible. At the end of the questionnaire there is space for elaborating upon any of your responses, or for any other comments you think relevant.

Questions	Rating			
	Yes	Somewhat	No	Do not know
1. Topics were related to the interest of the public and purpose of CDTO.				
2. Members were well prepared to participate effectively in discussion and decision making.				
3. Council worked interdependently with staff.				
4. There was effective use of time.				
5. There was an appropriate level of discussion of issues.				
6. The discussion was focused, clear and on topic.				
7. Council members demonstrated the principles of accountability, respect, integrity and openness.				
8. The meeting furthered the public interest.				

Additional Comments:

Committee Performance Assessment Form

Name of Committee: _____

Name: _____ Date: _____

INSTRUCTIONS:

This questionnaire asks you to assess how the committee handles the key responsibilities of its mandate. Please answer each question by indicating the most applicable response. Please answer all questions as candidly as possible. At the end of the form, add explanations to your answers or any comments that you believe will help the Committee perform better.

1. Committee Objectives and Governance

Questions	Rating			
	Agree	Somewhat Agree	Disagree	Do not know
The Committee clearly understands how its mandate fits with the mission and legal mandate of the College.				
The Committee understands how its work fits with the strategic plan.				
The Committee creates a set of objectives to be accomplished annually, which support the mission and overall strategic direction of the College.				
Committees of Council meet regularly and report to Council.				
The Committee periodically reviews how it performs against its objectives.				
The Committee follows the conflict of interest guidelines.				

2. Committee Operations

Questions	Rating			
	Agree	Somewhat Agree	Disagree	Do not know
The Committee and its staff support work effectively together.				
Committee members receive appropriate information for Committee meetings on a timely basis.				



EXECUTIVE COMMITTEE REPORT

December 8, 2017

Committee Members:

Harold Bassford, Public Member, Chair
Michael Karrandjas, Professional Member
Janet Faas, Public Member
Derrick Ostner, Professional Member
George Paraskevopoulos, Professional Member

Committee Mandate:

The Executive Committee supports Council in advancing the College's strategic objectives. Between Council meetings, the Executive Committee may exercise all the powers and duties of the Council with respect to any matter that requires immediate attention, other than the power to make, amend or revoke a regulation or By-Law.

Meetings:

Since the report provided at the September 22, 2017 Council meeting, the Executive Committee has held one meeting on November 24, 2017.

For Action of Council

I. Financial Reporting 2016-2017

The Committee received a report on the Strategic Initiative budget and projects funded from prior year surplus. During 2016-2017 the College spent \$78,022 of \$199,008 available to spend in year and all projects are on track for completion. The Committee was asked to recommend to Council to approve an amount of \$45,000 to be transferred from Unrestricted Net Assets to net assets for Internally Restricted for Strategic Initiatives for the strategic planning project.

Mr. MacKenzie, audit partner at Hilborn LLP reviewed the scope of the audit and responsibilities of both management and the auditor, emphasizing that the auditor's role to obtain reasonable assurance that the financial statements are free of material misstatement was satisfied and that a clean opinion rendered for the College's financial statements. In keeping with best practice, the Committee went in-camera with Mr. MacKenzie to address any concerns that may arise with respect to management's responsibilities

2. Council and Committee Evaluation Policies

The Committee reviewed the proposed evaluation forms developed by the Chair using best practice models from several college's. The Committee agreed that the draft policies, procedures and forms included relevant questions in an easily workable format and recommend that Council approve and implement them effective January 1, 2018.

For Information

1. Management Reporting 2016-2017

The Committee received a management report on the financial results against the approved 2016-2017 budgets for Operations (funded from in-year revenue) and Strategic Initiatives (funded from prior year surplus). The Registrar indicated that the College's operating results for 2016-2017 are essentially break-even. The material unfavourable expenditure variances to budget in HR for unused staff vacation and approved in-year compensation were offset by favourable expenditure variances to budget for program delivery efficiencies (QA, Complaints and Discipline). After receiving an update on the status of the closed projects and the Standards of Practice project, the Committee agreed that the request for an additional \$5,000 to retain a consultant for the Laboratory Supervision consultation is prudent and approved an internal transfer of funds from the Transparency project. Mr. Karrandjas and Ms. Faas sit on the SOP task force and abstained from voting for reasons of a perceived conflict of interest.

2. 2016-2017 Executive Committee Annual Report

The Committee reviewed the 2016-2017 annual report and agreed that it reflected the work done during the fiscal period in accordance with its ToR and approved workplan, resulting in an approved Registrar Performance Evaluation Policy and the initiation of a Governance Policy Manual.

3. Inter-Professional Collaboration

The Committee approved a reallocation of operating budget funds not to exceed \$3,390, inclusive of HST, to participate on the College Collaboration Working Group (CCWR), made up of ten small to medium sized college's, whose objectives are to drive efficiencies and best practices through a shared resources model, which is in line with the College's mandate and strategic plan.

The Committee was informed that the work on the Clinic Regulation project has now ceased as the Ministry is not able to commit to taking concrete action and fund research to gain evidence of harm due to lack of clinic oversight. The Committee extended its appreciation to the working group for its efforts in closing the gap in public protection.

4. Registrar's Update

The Registrar provided a comprehensive written update on the progress of various College initiatives such as the 2017-2021 Strategic Plan; the Communications Strategy; the Governance Policy Manual and the website/ database implementation. This is provided in to Council as Item 10.



REGISTRATION COMMITTEE REPORT

December 8, 2017

Committee Members:

Michael Karrandjas, Professional Member, Chair

Jeff Donnelly, Public Member

Kathryn McAllister, Public Member

George Paraskevopoulos, Professional Member

Terence Price, Public Member

Nicole Rotsaert, Professional Member

Committee Mandate:

The Registration Committee is responsible for developing and implementing transparent, objective, impartial and fair registration policies and procedures. The Committee decides on the eligibility of applicants for registration referred by the Registrar in an equitable and consistent manner for all Applicants. It also reviews candidate requests for additional examination attempts under the College's Examination Regulation.

Meetings:

Since the last report given at the September 22, 2017 Council meeting, the Registration Committee has held two meetings on October 27 and November 24, 2017.

For Action of Council

At its October 27th and November 24th meetings the Registration Committee recommended that Council approve the following two policies:

- Upgrading/Remediation Policy (E04)
- Time Limitation for Validity of Examination Results Policy (E06)

For Information

- Reviewed, amended and confirmed the Committee Goals & Work Plan
- Reviewed and accepted the Committee Terms of Reference for approval of Council in 2018
- Reviewed and approved the draft 2016-2017 Registration Committee Annual Report
- Considered one (1) application for registration which was referred to the Registration Committee. A decision was rendered on October 27, 2017 and the Order & Reasons were confirmed on November 24, 2017
- Received an update regarding a file appealed to HPARB
- Received training regarding Applications for Registration referred to Committee for decision
- Discussed revisions to the Registration Regulation and suggested amendments for further action.
- Received updates regarding activities of the Office of the Fairness Commissioner (OFC)



INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT

December 8, 2017

Committee Members:

Jeff Donnelly, Public Member, Chair
Michael Karrandjas, Professional Member
Andreas Sommer, Professional Member (Non-Council)
Keith Tarswell, Public Member
Clark Wilson, Professional Member

Committee Mandate:

The Inquiries, Complaints and Reports Committee (ICRC) investigates formal complaints, Registrar's Reports and referrals from the Quality Assurance Committee, for concerns regarding acts of professional misconduct, incompetence or incapacity. A panel of the ICRC makes decisions regarding matters before it that can include referring the matter to the Discipline Committee, requiring the Member to appear before the panel to be cautioned, or to take no further action.

Meetings and Hearings:

There has been one meeting held by a panel of the ICRC since the last report to Council on September 22, 2017.

For Action of Council

- There are no recommendations at this time.

For Information

1. Professional Development and Training

The Committee has not received any additional training from the completion of the last ICRC report on September 22, 2017.

2. Formal Complaints

No new formal complaints were received during this reporting period. Three formal complaints carried over from the former reporting period, and two are still awaiting a final decision of the ICRC. A decision has been rendered on one of the formal complaints.

No formal complaints have been referred to the Discipline Committee during this reporting period.

3. Registrar's Reports

Two Registrar's Reports have carried over from the previous reporting period. One of them is awaiting a final decision of the ICRC. A decision has been rendered on one of the new matters brought by way of Registrar's Report.

No matters brought by way of Registrar's Report have been referred to the Discipline Committee during this reporting period.

4. Quality Assurance Committee Referral

During this reporting period, there were no new referrals from the Quality Assurance Committee to the ICRC.

5. 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 ICRC (unless the decision was a referral of an allegation of professional misconduct to the Discipline Committee or incompetence to the ICRC for incapacity proceedings) within 30 days of receiving the decision. HPARB has no right to review decision made on Registrar's Reports.

During this reporting period, no cases were eligible for appeal to HPARB.

6. 2016-2017 Annual Inquiries Complaints and Reports Committee Report

The draft annual Inquiries Complaints and Reports Committee Report has been completed and sent to Jeff Donnelley for review. It will be available for consideration at the next Council meeting held in 2018.



DISCIPLINE COMMITTEE REPORT

December 8, 2017

Committee Members:

Pursuant to the College By-Laws, every member of Council is a member of the Discipline Committee.

Non-Council Committee Members:

Harry Bang, Professional Member
Igor Kobierzycki, Professional Member

Committee Mandate:

The Discipline Committee is responsible for determining whether members of the profession have committed professional misconduct and/or are incompetent. Matters are referred from the Inquiries, Complaints and Reports Committee to the Discipline Committee. The Discipline Committee conducts hearings, through panels selected by the Chair, in a fair and impartial manner. The panel provides reasonable and fair dispositions based exclusively on evidence admitted before it.

Meetings and Hearings:

There has been one hearing held on November 29, 2017 since the last report to Council on September 22, 2017

The Discipline Committee also met on October 10, 2017.

For Action of Council

- There are no recommendations at this time.

For Information

I. Referral from the Inquiries, Complaints and Reports Committee to the Discipline Committee

No new referrals to the Discipline Committee have been made since the last report.

2. Approval of the Discipline Procedure

A meeting was held on November 14, 2017 of the Discipline Committee to discuss edits and approve the draft Discipline Procedure. The Discipline Procedure was approved following a few edits to be completed by staff. Legal counsel from both Stockwoods and Weirfoulds has been provided with a copy of the approved Discipline Procedure, and a copy has been put up on the College's website.

3. Hearings Held During the Reporting Period

The matter involving Paul Smith was held at Victory Verbatim located in Toronto on November 29, 2017, and a decision rendered that same day. As of November 30, 2017, the Decision is currently being written by the Chair with assistance from Independent Legal Counsel. It should be complete and posted on the website by December 31, 2017.

4. 2016-2017 Annual Discipline Committee Report

The draft annual Discipline Committee Report has been completed and sent to the Chair for review. It will be available for consideration at the next Council meeting held in 2018.



QUALITY ASSURANCE COMMITTEE REPORT

December 8, 2017

Committee Members:

Derrick Ostner, Professional Member, Chair
Harold Bassford, Public Member
Janet Faas, Public Member
Jason Chai, Professional Member
Vincent Chan, Professional Member
Igor Kobierzycki, Professional Member (Non-Council)

Committee Mandate:

The Quality Assurance Committee is responsible for ensuring Members provide quality service to the public by practicing according to the standards and policies of the College. The Quality Assurance Committee oversees and implements the Quality Assurance Program. The goal of the program is to promote continuing competence of dental technologists by encouraging them to continually upgrade their knowledge, skills and judgement throughout their professional careers.

Meetings:

Since the report to the Council meeting of September 22, 2017, the Quality Assurance Committee (QAC) has held two meetings: September 22, 2017 and November 24, 2017.

For Action of Council

- There are no recommendations at this time.

For Information

I. 2016-2017 Full Professional Development Portfolio

Eleven (11) members were randomly selected to submit their Full PDP by May 24, 2017. All submissions were received and were found to be complete.

2. 2016-2017 Peer and Practice Assessment

Eleven (11) members were randomly selected to participate in a Peer and Practice Assessment. Nine (9) of the assessments were completed successfully based on the reports received from the Peer Assessors. Two (2) members were identified as not having met the CDTO's Standards of Practice based on issues related to the use of the Laboratory Supervision Stamp. The two (2) members have provided evidence to the QAC that they have made changes to their practices that correct the non-compliance issues. The QAC has accepted their explanations and no further action will be taken.

3. 2017 Quality Assurance Committee goals

The QAC completed the following 2017 goals:

- Create a timeline/decision tree for handling late SPDP and Full PDP submissions
- Create a work plan to implement the updated CEPD program

The following 2017 goals will continue into 2018:

- Identify QA Volunteer Appointment criteria to be used by Recruitment Committee
- Standards of Practice – impact to QA program
- Review of Quality Assurance regulation 604/98

4. 2014 - 2017 Summary Professional Development Profile (SPDP)

Summary Professional Development Profile (SPDP): 214 members were required to submit their SPDP by August 31, 2017. As of November 24, 2017, two (2) members had not submitted their SPDP.

Total Required to submit by August 31, 2017	214	100%
Members retired Aug 31, 2017 and did not submit	7	3%
SPDPs received by August 31, 2017	167	78%
SPDPs received Sept 1 -15, 2017	26	12%
Outstanding as of September 15, 2017	14	6%

5. Requests for review of CEPD points

Four (4) requests were received by the QAC from CDTO members and the SoP Task Force to ascertain what, if any, CEPD credits would apply to the activities described in the request. The QAC reviewed the requests and have approved and assigned CEPD credits to three (3) of the four (4) requests.



PATIENT RELATIONS COMMITTEE REPORT

December 8, 2017

Committee Members:

Terence Price, Public Member, Chair
Jason Chai, Professional Member
Jeff Donnelly, Public Member
Michael Karrandjas, Professional Member
Kathryn McAllister, Public Member

Committee Mandate:

The Patient Relations Committee promotes and enhances relations between the College, its members, other health colleges, stakeholders and the public. The Committee is responsible for the Patient Relations program that must include measures for preventing and dealing with sexual abuse of patients.

Meetings:

There has been one meeting held since the last committee report on September 22, 2017.

For Action of Council

- No actions are required by Council at this time.

For Information

1. Public Engagement – Face Behind the Smile

The “Face Behind the Smile” brochure was reviewed and approved by the Patient Relations Committee meeting on October 27, 2017. The intent of the brochure is to provide information for the public on the role RDT’s play in the oral healthcare framework. The hard copy was reviewed and approved by the Executive Committee on November 24, 2017 and copies the final draft is in the process of being printed for distribution.

2. Bill 87 - Updated Sexual Harassment Policy and Guideline

A draft set of amendments to the current Sexual Harassment and Policy Guideline (“the Guideline”) was prepared and presented to the Committee by staff. The Chair lead the discussion on how the Guideline must be updated to reflect the changes to

the RHPA made by Bill 87. Discussion was also held as to whether or not to include changes not yet proclaimed by the Lieutenant Governor in Council.

The Chair suggested that the wording indicating how much the member must reimburse the College for counselling for patients who were sexually abused by a member be changed to “up to the actual cost”. The old \$10 000 maximum was removed from the RHPA. Additionally, the total recovery provision was to be added to the section titled “Funding for Therapy and Counselling”. Both of these suggestions were accepted by the Committee.

Ultimately, it was decided to update the Sexual Harassment Policy and Guideline to only reflect the amendments that were already proclaimed by the Lieutenant Governor in Council, as well as the suggestions put forward by the Chair. The final Policy Guideline with amendments was approved by the Patient Relations Committee.

3. Communications Strategy

The Patient Relations Committee reviewed the communications strategy that was first created in 2015 with the help of an external consultant. Council tasked the Patient Relations Committee with reviewing and updating the communications strategy at its meeting on September 22, 2017, before Council approves it for implementation.

The Committee reviewed the communications strategy, provided updates, and recommended a proposed timeline for several communication pieces.

The Patient Relations Committee also discussed networking and industry events that would be beneficial for the College to attend in the future in order to meet the communication goals set out in the strategy. Technorama and Spectrum were highlighted for future participation of College staff and Council members.

4. Member Engagement - Bridge

The second edition of the College’s E-newsletter, the Bridge, was reviewed by the Patient Relations Committee and staff, and sent to the Members as well as important key stakeholders on August 29, 2017.

The editorial line-up for the third edition of the Bridge will be reviewed by the Patient Relations Committee some-time in early 2018.

5. 2016-2017 Annual Patient Relations Committee Report

The draft annual Patient Relations Committee Report has been completed and sent to the Chair for review. It will be available for consideration at the next Council meeting held in 2018.



FITNESS TO PRACTICE COMMITTEE REPORT

December 8, 2017

Committee Members:

Nicole Rotsaert, Professional Member, Chair
Jason Chai, Professional Member
Kathryn McAllister, Public Member

Committee Mandate:

The Fitness to Practise Committee hears allegations relating to Members who may be incapacitated, by reason of physical or mental condition or disorder, and whose health condition or disorder may interfere with his or her ability to practise safely and in the interest of the public. A panel of the Fitness to Practice Committee adjudicates whether the Member is, in fact, incapacitated and, if so, what terms, conditions or limitations are to be placed on his or her certificate of registration, including whether the Member should be practicing at all.

Given the personal health information that is often at issue in such hearings, they are closed to the public.

Meetings and Hearings:

The Fitness to Practise Committee has not met since the last Council meeting on September 22, 2017 as there were no FTP matters to discuss. To date, no hearings have been held by the Fitness to Practise Committee.

For Action of Council

- There are no recommendations at this time.

For Information

I. 2016-2017 Annual Fitness to Practice Committee Report

The draft annual Fitness to Practice Committee Report has been completed and sent to the Chair for review. It will be available for consideration at the next Council meeting held in 2018.



EXAMINATIONS COMMITTEE REPORT

December 8, 2017

Committee Members:

Vincent Chan, Professional Member, Chair
Harold Bassford, Public Member
Igor Kobierzycki, Professional Member (Non-Council)

Committee Mandate:

The Examinations Committee is responsible for developing, approving and administering fair and consistent Registration Examinations which provide a reliable and valid measure of the candidate's competency in knowledge, skills and ability for the practice of dental technology in Ontario. The Committee determines eligibility of examination applicants referred by the Registrar and reviews examination appeals by applying transparent, fair and consistent policies and procedures. The Committee also oversees the Examination Task Force and the Written Examination Task Force.

Meetings:

Since the report to the September 22, 2017 Council meeting, the Examinations Committee has held one meeting via teleconference on November 17, 2017.

For Action of Council

At its November 17th meetings the Examinations Committee recommended that Council approve the following policy:

- Testing Accommodation for Examination Candidates Policy (E03)

For Information

- Reviewed, amended and confirmed the Committee Goals & Work Plan
- Reviewed and approved the draft 2016-2017 Examinations Committee Annual Report
- Approved the appointment of the 2018 Examination Officials
- Discussed revising the Examination Regulation which requires continued discussion into 2018. One amendment suggested by the Committee is that a maximum timeframe of five (5) years be put in place for examination results to remain valid before a candidate is required to re-take some or all of the examination(s).



STANDARD OF PRACTICE TASK FORCE REPORT

December 8, 2017

Ad-Hoc Committee Members:

Andre Dagenais, Professional Member (Non-Council), Chair

Michael Karrantjas, Professional Member

Janet Faas, Public Member

Ashley Stevens, Professional Member (Non-Council)

Committee Mandate:

The Standard of Practice Task Force functions as an ad-hoc committee of Council. The Task Force is responsible for reviewing and making recommendations to modify the current Standards of Practice documents as appropriate.

Meetings:

The Standard of Practice Task Force has not met since the last report to Council on September 22nd, 2017.

For Action of Council

- There are no recommendations at this time.

For Information

Laboratory Supervision Standard of Practice

The Task Force, as part of its mandate, has now focused its attention to reviewing the Laboratory Supervision standard of the College.

The Task Force agreed the best way to proceed with the revised supervision standard is to garner feedback from the membership, key stakeholders and the public on key elements of the standard, and whether there were areas for improvement or development.

The consultation process consists of three parts: 1. The membership will be invited to provide their feedback and thoughts on various topics related to supervision through an electronic survey. Members participating in the survey will receive 4 CEPD credits for

their participation. 2. The Task Force has explored the idea of hiring a consultant to assist with the consultation process to facilitate focus groups. Focus groups of various demographics such as insurance companies, students, RDTs working in small labs, RDTs working in large labs, and sole practitioners will be formed. 3. 1 on 1 interviews with key stakeholders will be held.

The consultation process has begun starting with a membership survey that will be sent to all members in December 2017. The consultation process is expected to continue into January 2018, with a final consultation feedback report due at that time.

The Task Force is pleased to provide an update to Council at its next meeting on the progress of the consultation process.



COUNCIL REPORT

Date Report Authored: November 28, 2017

SUBJECT: Registrar's Update

PREPARED BY: Judy Rigby, Registrar

Recommendation(s) to Council:

Public:

Action: Information

In-Camera:

Decision

RECOMMENDATION(S):

Not applicable.

PURPOSE:

The purpose of this report is to provide Council with an update on the progress of the following items:

1. 2017-2021 Strategic Plan
2. Communications Strategy
3. Governance handbook and associated policies
4. Website/Database

BACKGROUND:

2017-2021 Strategic Plan

In August 2017, the Strategic Planning Committee and staff reviewed the draft strategic plan document and provided revisions that were discussed with Council on September 6, 2017. Council discussed in depth the Mission, Vision and action plans presented and further refinements were made.

The Strategic Plan was approved in its entirety at the Council meeting of September 22, 2017. The Council agreed to use the CDTO Strategic Road Map as a control document to monitor the implementation of the plan, report progress, and to review any contents

(see Appendix I). The Council also suggested that it receives regular progress updates from the Registrar at each meeting.

The two main projects currently under way that represent the main tenants of the strategic plan (governance policy manual & updated website), will be reported on separately in this report.

Communications Strategy

The Council formally tasked the Patient Relations Committee with overseeing the Communications Strategy of the College which included revising the draft 2015 plan that was developed with the help of a communications consultant.

The College is pleased to report that the Patient Relations Committee met on October 27th, 2017 to discuss the Communications Strategy, agreed to revise various aspects of the plan, and has already begun to implement a proposed communications timeline. As part of the timeline, an e-newsletter was sent out to the membership on October 31st, 2017 informing them of the District 2 By-Election, information about the new Credit Point System of the QA Committee, and a practice advisory on what it means to be administratively suspended as an RDT. The e-newsletter was well received with over 320 members reading the e-newsletter.

The Patient Relations Committee will move forward with the Communications Strategy, and will continue to provide the Membership with timely and useful updates on College activities and useful practice tips in the form of practice advisories. The Committee aims to provide Council with a revised draft Communications Strategy at its January 2018 meeting for its approval.

Governance Policy Manual

At the Executive Committee meeting held on May 5th, 2017, the Committee agreed to develop a Governance Policy Manual that would gather together all of CDTO's governance policies to ultimately serve as a handbook and training material for Council members. The Committee agreed to model the CDTO's governance policy manual after the College of Physiotherapist's ("CPO") Governance Manual. This initiative has been formalized as part of the CDTO Strategic Plan.

On September 22nd, 2017, the committee reviewed staff's proposed index for the Governance Policy Manual and assigned Committee members to assist with the creation or revision of various policies. Although the timeline to complete the Governance Policy Manual is December 2018, it was agreed by Council at its April 7, 2017 meeting that "the Executive Committee formalize the process of Council evaluation and bring it back to Council at its next meeting." The Committee Chair and Registrar have worked closely together to present the policies for Committee review at its November 24th meeting with the aim of having the completed policy in place for the December 8th, 2017 Council meeting.

Members of the Executive Committee will receive further guidance and resources as they work with staff to complete their assigned governance polices by the end of 2018. Staff will reach out to their respectively assigned committee member in the new year.

Council Training Materials – RHPA and Council Definitions

One of the action plans under the “Improve Governance Effectiveness” strategic priority is to create Council member training materials and provide onboarding training within the first 6 months of commencing her/ his term. A component of the training materials is the completion of definitions for incoming Council members. The first draft of these definitions has been completed and are presented for review by the Executive Committee (see Appendix 2).

Website/Database

Website

Following the new CDTO website launch on August 1, 2017, the College has received a great deal of positive feedback from other College’s, vendors, service providers and Members. Staff continue to work on development of missing content (i.e./ for Applicants and Students) and with the consultant on the development and access to the Council/ Committee portal.

As identified in the strategic priorities Staff are also working on the short-term and long-term website management plan.

Database

On April 3, 2017 CDTO and Thentia (previously known as Origami) agreed to amend the Master Service Agreement for the database. The vendor agreed to complete the HPDP annual report by May 31, 2017 and the remainder of the Statement of Work by August 1, 2017.

To date the systems upgrade, revision and implementation of the 2017-2018 registration renewal module, the HPDB annual report and data back-ups have been completed. Elizabeth Johnston, DB project manager, has met regularly in person and via teleconference with Origami’s business analyst to ensure the outstanding work will be completed in a timely manner. Work has commenced on the entry to practice examinations online module for candidates.

OPTIONS/ FOR DISCUSSION:

Not applicable.

FINANCIAL CONSIDERATIONS:

Not applicable.

HUMAN RESOURCES CONSIDERATIONS:

Not applicable.

RISK CONSIDERATIONS:

Not applicable.

ACCESSIBILITY CONSIDERATIONS:

Not applicable.

ALIGNMENT WITH STRATEGIC PRIORITIES/ OBJECTS OF COLLEGE:

The initiatives are in alignment with the approved CDTO 2017-2021 Strategic Plan of the College and the objective under the RHPA for inter-professional collaboration.

BUSINESS UNITS CONSULTED:

Policy and Communications; Patient Relations; IT

ATTACHMENTS:

Appendix 1 – CDTO Strategic Road Map

Appendix 2 – Council Training Materials - RHPA and Council Definitions



Strategy "At a Glance"
(2017-2021)

To protect the public interest by providing leadership and by setting and enforcing the ethical and professional standards of its members, the Registered Dental Technologists of Ontario

Vision

The CDTO is known as a regulatory leader of tomorrow and RDTs are viewed as integral members of the oral health care team, inspiring public trust and confidence.

We have earned this reputation by:

- Raising **public awareness and outreach**;
- Creating a **clear scope of practice** for all RDTs;
- Securing sustainable **membership enrolment and growth**;
- Ensuring **members understand the role and value** of College;
- Defining the **role of benchworkers**;
- Increasing awareness of the risks of **illegal labs**;
- Setting **high professional standards**

We measure our progress on our vision by:

- Members have "bought" into our redesigned QA program
- 15% increase in members
- 100% of candidates who successfully complete exam become licensed within one year
- Scope of practice clearly defined for all RDTs and known by dentists, insurance cos. and other HCPs
- Recognition of the Laboratory Supervision stamp by dentists, insurance cos. and other HCPs
- The public knows who makes their dental devices and can easily find where they go if they have a complaint
- We are known in Government as regulatory leaders
- The ongoing role of benchworkers is clearly defined
- The use of illegal labs has been reduced by 10% (exact % tbd by research in 2018)

Six Priorities in 2017-2021 (with objectives) focussed on 1-3 in 2018

1. Complete website to improve transparency and communications

- 1.1 Website launched by September 2017
- 1.2 Website Management Plan for the short-term (9 months post-launch) by October 2017
- 1.3 Website Management Plan for the long-term growth stages of the site by Dec 2017

2. Complete standards of practices

- 2.1 Complete a revised Supervision SOP by Dec 2018
- 2.2 Complete a SOP Framework and balance of SOPs Dec 2018

3. Improve governance effectiveness

- 3.1 Complete a Council governance policy manual by December 2018.
- 3.2 Develop a process to ensure that every new Council member gets governance education in 1st six months
- 3.3 Implement a framework for evaluating Council performance
- 3.4 Develop strategies to increase non-council member participation on Committees

4. Implement a best practice redesigned QA program supported by changes to QA regulations

- 4.1 Identify recommendations for changes to regulations to ensure College can carry out best practice QA processes by January 2019
- 4.2 QA program redesigned and implemented by Dec 2019

5. Increase membership enrolment to ensure Ontarians have access to RDTs

- 5.1 Build an onboarding strategy to license 100% of candidates who successfully complete registration exam by 2019
- 5.2 Increase membership enrolment by at least 10% by 2020
- 5.3 Build a recruitment strategy to get non-members to become licensed earlier
- 5.4 Build a IEDP strategy for an increased and sustainable supply of newcomers to become RDT's

6. Conduct research on state of dental technology profession today

- 6.1 Report on the current state of dental technology profession by February 2018
- 6.2 Report with recommendations about illegal labs by Dec. 2018

12 month Action Plans

- 1a. Test beta content and launch website
 - 1b. Develop website mgmt. plan for short term
 - 1c. Develop website mgmt. plan for long term
- Elizabeth**

- 2a. Complete e-scan and focus groups for supervision SOP research
 - 2b. Draft revised SOP
 - 2c. Create draft framework for the SOP and present to SOP task force for comments and revisions. Develop timelines for completion
- Roderick**

- 3a. Research what other Colleges are doing, complete a template of manual, populate policy manual
 - 3b. Create training materials and do onboarding training
 - 3c. Implement revised Council performance evaluation policy and schedule
 - 3d. Review RHPA and by-laws for committee composition and invite non-council members to engage
- President, Registrar**

- 4a. Document best practice QA progs in other regulatory Colleges
 - 4b. Conduct review of QA regulations and make recommendations
 - 4c. Assess relevancy of our QA program
 - 4d. Explore implementation options
 - 4e. Conduct s/h consultation
 - 4f. Design & implement new program
- Elizabeth, QA Committee**

- 5a. Research what other Colleges are doing re: membership, registration
 - 5b. Develop & conduct survey of GBC grads who do not apply or delay application
 - 5c. Develop an education and recruitment strategy for 1st yr GBC students
- Registrar, Paola**

- 6a. Conduct e-scan through access to dental technology project
 - 6b. Design survey describing lab staffing. Include with 2017 registration renewals
 - 6c. Establish Ad Hoc Committee of Council to lead project
 - 6d. Conduct internet search for illegal labs in Ontario
 - 6e. Complete study by Dec 2018
- Terry, Judy**

Role of Regulatory Health Colleges and the College of Dental Technologists of Ontario

The College of Dental Technologists of Ontario is one of the 26 regulatory health Colleges in Ontario that governs 28 professions in the province. The Colleges were established by the *Regulated Health Professions Act, 1991* (described in further detail below) and **created to protect the public's right to safe, competent and ethical health care** by:

- Setting and enforcing standards for the practice and conduct of their members;
- Making sure that regulated health professionals meet their training and educational standards before they can practice or use a professional title;
- Administering the quality assurance programs to ensure members remain competent and up-to-date as changes in the profession occur; and
- Investigating complaints and concerns that are brought to the attention of the College about their members.

Unregulated health care providers do not have the same mandatory mechanisms to ensure appropriate training, education, or standards. While members of the public can bring concerns about a regulated care provider directly to their College, complaints about unregulated care providers can only be dealt with by their employer or through the courts.

The Colleges are directed by their Council, consisting of professionals (elected by their peers), as well as members of the public (appointed by the government) all of whom represent the public interest. The role of Council is discussed in further detail below.

The College of Dental Technologists of Ontario is responsible for performing the above actions to regulate the Dental Technologists in Ontario.

Regulated Health Professions Act, 1991¹

The Regulated Health Professions Act, 1991 (RHPA), and associated health profession Acts, set out the governing framework for the regulated health professions in Ontario.

The RHPA framework is intended to:

- better protect and serve the public interest;
- be a more open and accountable system of self-governance;
- provide a more modern framework for the work of health professionals;
- provide consumers with freedom of choice; and
- provide mechanisms to improve quality of care.

¹ Health.gov.on.ca. (2017). Regulated Health Professions Act, 1991 - Health Workforce Planning and Regulatory Affairs Division - Health Care Professionals - MOHLTC. [online] Available at: www.health.gov.on.ca/en/pro/programs/hhrsd/about/rhpa.aspx [Accessed 3 Aug. 2017].

Key features of the RHPA include:

- scope of practice -- a statement that describes what the profession does;
- controlled acts (procedures or activities which may pose a risk to the public if not performed by a qualified practitioner);
- health regulatory colleges -- a legal entity that governs each regulated health profession responsible for regulating the practice of the profession and governing its members according to the RHPA;
- Health Professions Regulatory Advisory Council -- an independent, arms-length advisory body to the Minister of Health and Long-Term Care with a mandate to advise the Minister of a number of items related to the regulation of health professions; and
- Health Professions Appeal and Review Board -- an independent third party with a mandate to review registration and complaints decisions of the health regulatory College.

Health Procedural Code

The *Health Professions Procedural Code* (Code) or Schedule 2 to the RHPA sets out the practical rules for the colleges regarding:

- registering members;
- handling complaints;
- conducting investigations;
- carrying out discipline hearings;
- handling fitness to practice hearings;
- quality assurance program;
- patient relations program;
- mandatory reporting;
- funding for victims of sexual abuse by members; and
- appeal processes regarding registration and complaint decisions.

The Code is embedded into each health profession Act.

The Role of Council

The College Council fulfills the role that that the Board of Directors would normally satisfy in a traditional corporation. The primary role of Council is to oversee and manage the affairs of the college.² However, this does not mean that Council will be involved in its day-to-day operation. Typically, the Council will provide general direction to the College staff, and then oversee the Registrar's implementation of that direction.

The Code specifically assigns the following tasks specifically to Council:

² *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18, *Procedural Code* s. 4 "The College shall have a Council that shall be its board of directors and that shall manage and administer its affairs"

1. Employing staff, specifically appointing the Registrar³;
2. Appointing member to the statutory committee⁴;
3. Receiving annual reports in the form that has been specified by council^{5 6};
4. Reinstating an individuals certificate of registration without a hearing⁷, except for revocations for sexual abuse of a patient⁸;
5. Take reasonable steps to ensure French language access to the college⁹;
6. Making by-laws relating to the administrative and internal affairs of the College¹⁰;
7. Making regulation pursuant to section 95; and
8. Receiving notice¹¹ of and making written submissions on matters being considered by the advisory council.¹²

There are seven statutory committees that the College must have according to the RHPA. They are:

1. Executive Committee;
2. Registration Committee;
3. Inquiries, Complaints and Reports Committee;
4. Discipline Committee;
5. Fitness to Practice Committee;
6. Quality Assurance Committee; and
7. Patient Relations Committee.¹³

These committees are composed of members from Council who are appointed by Council. The composition of Council and these statutory committees is discussed in further detail below. For information about the role of the statutory and non-statutory committees, please look at the section titles “Statutory and Non-Statutory Committees”.

³ *Ibid* s. 9 (1) “The Council may employ persons it considers advisable. (2) The Council shall appoint one of its employees as the Registrar”

⁴ *Ibid* s. 10(2) “The Council shall appoint the members of the [statutory] committees”

⁵ *Ibid* s. 11 (1) “Each committee named in subsection 10 (1) shall monitor and evaluate their processes and outcomes and shall annually submit a report of its activities to the Council in a form acceptable to the Council”

⁶ With the exceptions of the ICRC committee specified by s. 11(2) of the Code.

⁷ *Ibid* s. 74 (1) “The Council or Executive Committee may, without a hearing, with respect to a person whose certificate of registration has been revoked or suspended as a result of disciplinary or incapacity proceedings, make an order doing any one or more of the following: 1. Directing the Registrar to issue a new certificate of registration to the applicant. 2. Directing the Registrar to remove the suspension of the applicant’s certificate of registration. 3. Directing the Registrar to impose specified terms, conditions and limitations on the applicant’s certificate of registration if an order is made under paragraph 1 or 2”

⁸ *Ibid* s. 74 (2) “This section [74(1)] does not apply with respect to a revocation for sexual abuse of a patient”

⁹ *Ibid* s. 86 (2) “The Council shall take all reasonable measures and make all reasonable plans to ensure that persons may use French in all dealings with the College”

¹⁰ *Ibid* s. 94(1) “The Council may make by-laws relating to the administrative and internal affairs of the College...”

¹¹ *Ibid* s. 13 (1) “If the Minister refers a suggested amendment to this Act, a health profession Act or a regulation under any of those Acts or a suggested regulation under any of those Acts to the Advisory Council, the Minister shall give notice of the suggestion to the Council of every College within ten days after referring it”

¹² *Ibid* s. 13 (2) “A Council may make written submissions to the Advisory Council with respect to a suggestion within forty-five days after receiving the Minister’s notice of the suggestion or within any longer period the Advisory Council may specify”

¹³ *Ibid* s. 10 (1)

Composition of Council and Statutory Committees

Council for the College of Dental Technologists of Ontario must be composed of seven elected members and at least five and no more than six publicly appointed members.¹⁴ The specific composition of each of the seven statutory committees can be found in section 13 of the College's by-laws.¹⁵

The procedure to remove elected members from Council is found in section 15.02 of the College's by-laws.¹⁶ Elected members can sit as a member of Council for a maximum term of three years. They are able to serve more than a single term, but cannot serve more than nine consecutive years.

Appointed members can be removed from Council by the Cabinet or by formally resigning their position.

Council Meetings

A majority of the member of Council constitutes quorum.¹⁷

Normally, Council meetings are open to the public.¹⁸ However, restrictions on public access may be made if Council is satisfied that:

- (a) matters involving public security may be disclosed;
- (b) 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;
- (c) a person involved in a criminal proceeding or civil suit or proceeding may be prejudiced;
- (d) personnel matters or property acquisitions will be discussed;
- (e) instructions will be given to or opinions received from the solicitors for the College; or
- (f) the Council will deliberate whether to exclude the public from a meeting or whether to make an order under subsection (3).¹⁹

¹⁴ *Dental Technology Act 1991*, s. 5(1)

¹⁵ *College of Dental Technologists of Ontario By-laws* s. 13

¹⁶ *Ibid* s. 15

¹⁷ *Supra* note 2 at s. 6

¹⁸ *Ibid* s. 7 (1) "The meetings of the Council shall be open to the public and reasonable notice shall be given to the members of the College, to the Minister, and to the public"

¹⁹ *Ibid* s. 7 (2)

The Role of Statutory and Non-Statutory Committees

Statutory Committees

Note: A detailed definition of multiple aspect of each statutory committee is found in the College's "Terms of Reference". Please see the terms of reference for further information.

Executive Committee

The executive committee has the authority to make decisions on behalf of the rest of Council in between Council meetings. Normally, this function is only used in urgent cases where there is no time to wait for the next scheduled meeting of Council.²⁰ The executive committee also has the power to reinstate a person's certificate of registration without a hearing.²¹

Inquiries Complaints Review Committee

ICRC reviews all complaints that come into the College. A complaint must be in writing or recorded on a tape, film, disk or other medium.²² A member is notified of the complaint within 14 days²³ and has 30 days to provide their response.²⁴ Once the record of the complaint file is considered to be complete, a panel of the ICRC is formed to review the file and make a decision. Panels may not determine credibility but must determine whether or not the member has engaged in professional misconduct. The ICRC may refer a matter to discipline, require a member to appear before the panel of the ICRC to be cautioned, provide a written caution or advice to the member, refer the member to a panel of the ICRC for incapacity proceedings (if applicable), require a member to complete a specified continuing education or remediation program or take action it considers appropriate that is not inconsistent with the RHPA, the Code, regulations or by-laws.²⁵ The vast majority of complaints are not referred to the Discipline Committee. ICRC meetings are *not* open to the public.

Discipline Committee

When specified allegations of professional misconduct resulting from a complaint or report are referred by the ICRC to discipline, the Chair of the Discipline Committee will form a panel for a Discipline Hearing. The Panel is comprised of both professional members and public members. Three members of a panel, at least one of whom must be a member who was appointed to the Council by the Lieutenant Governor

²⁰ *Ibid* s.12 (1) "Between the meetings of the Council, the Executive Committee has all the powers of the Council with respect to any matter that, in the Committee's opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or by-law"

²¹ *Ibid* s. 74

²² *Ibid* s. 25(4)

²³ *Ibid* s. 25 (5)

²⁴ *Ibid* s. 25.2

²⁵ *Ibid* 28(9) "After an investigation, the Board may do any one or more of the following: 1. Refer the matter to the Inquiries, Complaints and Reports Committee. 2. Make recommendations the Board considers appropriate to the Inquiries, Complaints and Reports Committee. 3. Require the Inquiries, Complaints and Reports Committee or a panel to do anything the Committee or a panel may do under the health profession Act and this Code except to request the Registrar to conduct an investigation"

in Council, constitute a quorum.²⁶ In a Discipline Hearing, the College counsel prosecutes the member. The format is similar to a court of law where witnesses are called and both lawyers (for the College and for the Member) argue points of law. Credibility of witness can be tested. The Discipline Panel is provided with an Independent Legal counsel who advises on points of law and responds to questions from the discipline panel. The entire Discipline Hearing is recorded by a court reporter and is normally open to the public.²⁷ Decisions made by the Discipline Committee are made public and posted on the College website.

According to section 51(2) of the Code, as discipline panel may:

1. Direct the Registrar to revoke the member's certificate of registration;
2. Direct the Registrar to suspend the member's certificate of registration for a specified period of time;
3. Direct the Registrar to impose specified terms, conditions and limitations on the member's certificate of registration for a specified or indefinite period of time;
4. Require the member to appear before the panel to be reprimanded; and/or
5. Require the member to pay a fine of not more than \$35,000 to the Minister of Finance.
 - 5.1 If the act of professional misconduct was the sexual abuse of a patient, requiring the member to reimburse the College for funding provided for that patient under the program required under section 85.7.
 - 5.2 If the panel makes an order under paragraph 5.1, requiring the member to post security acceptable to the College to guarantee the payment of any amounts the member may be required to reimburse under the order under paragraph 5.1.

The panel may also order that costs including legal costs and expenses, costs and expenses incurred in investigating the matter and costs and expenses incurred in conducting the hearing be paid by the member to the College.

Fitness to Practice Committee

This Committee deals with a member who may be incapacitated. It has been rarely required at the College. The panel has the ability to suspend or impose terms, conditions or limitations on a member's certificate of registration on an interim basis if it is of the opinion that the physical or mental state of the member exposes patients to harm or injury. If the member is found to be incapacitated, the panel shall make a final order that does one or more of the following:

1. Directs the Registrar to revoke the member's certificate of registration;
2. Directs the Registrar to suspend the member's certificate of registration; and/or
3. Directs the Registrar to impose terms, conditions and limitations on the member's certificate of registration for a specified period of time or an indefinite period of time.²⁸

²⁶ *Ibid* s. 38(5)

²⁷ *Ibid* s.45 (1) "A hearing shall, subject to subsection (2), be open to the public". (2) "The panel may make an order that the public be excluded from a hearing or any part of it if the panel is satisfied that, (a) matters involving public security may be disclosed; (b) financial or personal or other matters may be disclosed at the hearing of such a nature that the harm created by disclosure would outweigh the desirability of adhering to the principle that hearings be open to the public; (c) a person involved in a criminal proceeding or in a civil suit or proceeding may be prejudiced; or (d) the safety of a person may be jeopardized"

²⁸ *Ibid* s. 69(1)

Patient Relations Committee

This committee reviews and oversees the Patient Relations Program. It must include measures for preventing and dealing with sexual abuse of patients including educational requirements for members, guidelines for the conduct of members with their patients, training for the College's staff and the provision of information to the public. This committee is also the one in charge of administering the funds that is set aside to pay for counselling for those that come to the College with allegations of sexual abuse by a member. Bill 87 has expanded the role of this committee.

Quality Assurance Committee

The quality assurance committee is responsible for hearing matters that have to do with the Quality Assurance Program. This committee may only do one or more of the following:

1. Require individual members whose knowledge, skill and judgment have been assessed and found to be unsatisfactory to participate in specified continuing education or remediation programs;
2. Direct the Registrar to impose terms, conditions or limitations for a specified period to be determined by the Committee on the certificate of registration of a member,
 - i. Whose knowledge, skill and judgment have been assessed or reassessed and have been found to be unsatisfactory, or
 - ii. Who has been directed to participate in specified continuing education or remediation programs as required by the Committee and has not completed those programs successfully;
3. Direct the Registrar to remove terms, conditions or limitations before the end of the specified period, if the Committee is satisfied that the member's knowledge, skill and judgment are now satisfactory; and/or
4. Disclose the name of the member and allegations against the member to the Inquiries, Complaints and Reports Committee if the Quality Assurance Committee is of the opinion that the member may have committed an act of professional misconduct, or may be incompetent or incapacitated.²⁹

The member has to be given notice of the QA committee's intention to give direction at least 14 days in advance of the Registrar directing the member to anything listed above. The member is allowed to make written submissions prior to the direction being implemented by the Registrar during the 14-day period.³⁰ The QA committee may appoint assessors for the purpose of a quality assurance program.³¹

²⁹ *Ibid* s. 80.2(1)

³⁰ *Ibid* s. 80.2(2)

³¹ *Ibid* s. 81

Registration Committee

The role of the registration committee is to hear applications for registration that are referred to it by the Registrar.

When an applicant applies to register with the College, the Registrar must either register the applicant or refer the application to the registration committee.³²

If the Registrar

- (a) has doubts, on reasonable grounds, about whether the applicant fulfills the registration requirements;
- (a.1) is of the opinion that terms, conditions or limitations should be imposed on a certificate of registration of the applicant and the applicant is an individual who holds a certificate from out-of-province that is equivalent to the certificate of registration being applied for;
- (b) is of the opinion that terms, conditions or limitations should be imposed on a certificate of registration of the applicant and the applicant does not consent to the imposition; or
- (c) proposes to refuse the application,³³

then he or she must refer the application to the registration committee.

For referrals of foreign-trained applicants, the Committee must take into consideration the candidates' educational qualifications based upon the Agreement on International Trade (AIT).

If the Registrar refers an application to the Registration Committee, he or she must give the applicant notice of the statutory grounds for the referral and the applicant's right to make written submissions to the panel within 30 days after receiving notice of the referral.³⁴ The Registrar may specify a longer period in the notice.³⁵

Non-Statutory Committees

The College has the ability to set up committees in addition to the ones required by the *Code* under section 12.03³⁶ of its by-laws. The non-statutory committees established by Council at the College of Dental Technologists of Ontario are outlined below.

³² *Ibid* s. 15(1)

³³ *Ibid* s. 15(2)

³⁴ *Ibid* s. 15(3)

³⁵ *Ibid* s. 18(1)

³⁶ *Supra* note 15 at s.12.03 "Unless stated otherwise in the Code or these By-Laws, every Committee of the College shall be composed of at least three persons and shall include at least one Elected Member and at least one Public Member. In appointing persons to a Non-Statutory Committee, Council may appoint persons who are neither Council Members nor members of the College unless the Code or these By-Laws provide otherwise"

Examination Committee

The Examinations Committee is responsible for developing, approving and administering fair and consistent Registration Examinations, as well as ensuring that the examinations are fair and consistent and assess agreed upon standards of knowledge, skills and competencies. The committee also ensures the reliability and validity of examinations for registration and makes recommendations to Council on any changes to the content and structure of examinations for registration.

The committee also reviews and maintains policies and procedures related to examinations and determines the eligibility of examination applicants referred by the Registrar where there are doubts, on reasonable grounds, about whether the applicant fulfils the examination application requirements. The committee also ensures that examination appeals are handled in a timely manner and that appeal policies and procedures are transparent, fair and consistently applied; through a panel selected by the Chair.

The Committee also oversees the Examination Task Force and the Written Examination Task Force.

According to the Terms of Reference approved by Council in 2017, the Examination Committee shall be composed of:

1. at least two Members (at least one of whom must be an Elected Member); and
2. at least one Public Member.

Recruitment Committee

The Recruitment Committee is responsible for selecting an appropriate number of interview questions, conducting interviews as applications are received, and recommending appointments for posted position(s) to the Council (subject to Council approval).

According to the Terms of Reference approved by Council in 2017, the Recruitment Committee shall be composed of 4 members:

1. at least two Elected Council Members; and
2. one Appointed Council Member; and
3. one Staff Member

Other Committees

Other committees can be created as required with approval of Council.

The Role of the President and Vice-President of Council

The Council of the College is required to elect a president and a vice-president annually.³⁷ The President and Vice-President are responsible for signing off on expenses over \$10,000 in conjunction with the Registrar.³⁸ They are also responsible for approving expenses such as the leasing of goods³⁹ as well as other expenses outlined in the College's By-Laws.⁴⁰ They are deemed to be the officers of the College.⁴¹

The President shall:⁴²

- a) If present, preside as Chair at all meetings of Council unless the President designates another Council Member as alternate Chair for all or any portion of the meeting, but Council approval is required to designate a person not on Council to act as a non-voting Chair;
- b) Serve as Chair of the Executive Committee;
- c) Perform those duties assigned to the President in these By-Laws; and
- d) Perform all duties and responsibilities pertaining to his or her office and such other duties and responsibilities as may be decided by Council.

The Vice-President shall:⁴³

- a) Perform the duties of the President in the event that the President is unable to perform those duties;
- b) Perform those duties assigned to the Vice-President in these By-Laws;
- c) Serve on the Executive Committee; and
- d) Perform all duties and responsibilities pertaining to his or her office and such other duties and responsibilities as may be decided by Council.

The Role of the Chair of a Committee

Note: A detailed definition of the role and responsibilities of the Chair for each statutory committee is found in the College's "Terms of Reference". Please see the terms of reference for further information.

The Chair is the person who is in charge of each committee. The Chair is responsible for scheduling the dates, times and locations of meetings for the committee(s) they are in charge of in consultation with other committee members as well as support staff at the College.

The Chair is the person who officiates the meetings, and must ensure that all meetings are called and held in accordance with the RHPA, *Dental Technology Act* and College by-laws. He or she must ensure

³⁷ *Ibid*, s.6

³⁸ *Supra* 15 at 4.04

³⁹ *Ibid* s. 4.08

⁴⁰ *Ibid* s. 4.10 and s. 4.11

⁴¹ *Ibid* s. 5.01

⁴² *Ibid* s. 7.01

⁴³ *Ibid* s. 7.02

there is sufficient time to address all topics on the agenda, and that the discussions are productive and professional.

The Chair provides leadership and ensures that committee members are aware of their obligations and that the committee complies with its responsibilities. The Chair must ensure that the minutes are complete and accurate, and approve them at the next meeting.

The Role of the Registrar

The Registrar is an employee of the College appointed by Council who acts as the chief executive officer. Duties of the Registrar include:

- a) Registering applicants or referring their applications to the Registration Committee;⁴⁴
- b) Maintaining the register and providing public access to it;⁴⁵
- c) Suspending a certificate of registration for failure to pay fees;⁴⁶
- d) Receiving complaints, acknowledging receipt of them, and providing notice to practitioners of complaints;⁴⁷
- e) Implementing decisions of the Discipline Committee;⁴⁸
- f) Initiating incapacity investigations;⁴⁹
- g) Processing reinstatement applications;⁵⁰
- h) Appointing investigator for disciplinary and incompetence matters and referring investigators' report to the appropriate committee;⁵¹
- i) Issuing for use in court statement of information kept in College records;⁵²
- j) Receiving mandatory reports of misconduct, incompetence or incapacity;⁵³ and

Through by-laws, the Council can also define additional duties and office of the Registrar.⁵⁴

⁴⁴ *Supra note 2 at s.15*

⁴⁵ *Ibid*, s.23

⁴⁶ *Ibid*, s.24

⁴⁷ *Ibid*, s.25

⁴⁸ *Ibid*, s.51 and 52

⁴⁹ *Ibid*, s.57

⁵⁰ *Ibid*, s.72 and 73

⁵¹ *Ibid*, s.75 and 79

⁵² *Ibid*, s.88

⁵³ *Ibid*, s.85.3 and 85.5

⁵⁴ RHPA, Procedural Code, s. 94(1), para. 1.4.