



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

## **108<sup>th</sup> Meeting of Council**

**June 8, 2018**

**12:30 pm – 3:30 pm**



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

## **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 progress.
- Refrain from lobbying Council members at all times.
- Observers are not allowed to participate in the 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*. These “in camera” portions of the meeting contain confidential information that can only be discussed amongst the Council.

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## 108<sup>th</sup> Council Meeting

Friday, June 8, 2018, 12:30 pm – 3:30 pm

2100 Ellesmere Road, Suite 300, Scarborough, Ontario

Council Members:

Michael Karrantzas (RDT) (Chair)  
Harold Bassford (Public)  
Jason Chai (RDT)  
Jeff Donnelly (Public)  
Janet Faas (Public)  
Joanne Kranyak (Public)  
Daniel Choi (RDT)

George Paraskevopoulos (RDT)  
Terence Price (Public)  
David Savioli (RDT)  
Clark Wilson (RDT)  
Derrick Ostner (RDT)  
Kiran Qureshi (Public)

Staff:

Judy Rigby  
Roderick Tom-Ying  
Rose Far  
Safya Mohammed  
Shirelle Goodman

Guests:

Erik Lockhart

AGENDA		SPEAKER	ACTION	PAGE No.
1.	Call to Order	Chair		
2.	Approval of the Agenda	Chair	Motion	1
3.	Conflict of Interest Declaration	Chair		
4.	<p><b>Consent Agenda</b></p> <p>4.1 Approval of 107<sup>th</sup> Council Meeting Minutes– April 13, 2018</p> <p>4.2 Executive Committee</p> <p>4.3 Discipline Committee</p> <p>4.4 Examinations Committee</p> <p>4.5 Fitness to Practice Committee</p> <p>4.6 ICRC Committee</p> <p>4.7 Patient Relations Committee</p> <p>4.8 Quality Assurance Committee</p> <p>4.9 Registration Committee</p> <p>4.10 Standard of Practice Task Force</p> <p><i>A consent agenda is a bundle of items that is voted on, without discussion, as a package. It differentiates between routine matters not needing explanation and more complex issues requiring further discussion. Any Council Member may request to the Chair that an item be removed for discussion.</i></p>	Chair	Motion	<p>3</p> <p>7</p> <p>9</p> <p>10</p> <p>14</p> <p>15</p> <p>17</p> <p>18</p> <p>20</p> <p>22</p>
5.	<p><b>Discipline Committee: Training &amp; Terms of Reference Update</b></p> <p>5.1 Briefing Note – Review of Discipline Committee Terms of Reference</p> <p>5.2 Proposed Terms of Reference</p> <p>5.3 Discipline Committee Training Presentation</p>	Chair	Presentation & Motion	<p>23</p> <p>25</p> <p>To be provided</p>
6.	<p><b>2018-2019 Budget</b></p> <p>6.1 Briefing Note – 2018/2019 Budget</p> <p>6.2 Proposed Fees for 2018/2019</p> <p>6.3 Budget Presentation</p>	Registrar	Discussion & Motion	<p>29</p> <p>33</p> <p>34</p>

	<b>Committee Work Plans</b>	<b>2</b>			
7.	7.1 Briefing Note – 2018 Committee Work Plans 7.2 2018 Committee Work Plans		Chair	Motion	56 59
8.	<b>Registrar's Update</b>		Registrar		
9.	<i><b>In-Camera Session</b> - Pursuant to Section 7(2)(d) of the HPPC</i>				
10.	<b>Council Meeting Evaluation</b> 10.1 Summary of Previous Council Meeting Evaluations		Chair	Update	71
11.	<b>Other Business</b>		Chair		
12.	<b>Next Meeting Dates</b>		Chair		
13.	<b>Meeting Adjournment</b>		Chair	Motion	

## 107<sup>th</sup> Council Meeting Minutes

Friday, April 13, 2018, 10:00 am – 2:00 pm

2100 Ellesmere Road, Suite 300, Scarborough, Ontario

### Council Members:

Michael Karrandjas (RDT) (Chair)  
Harold Bassford (Public)  
Jason Chai (RDT)  
Jeff Donnelly (Public)  
Janet Faas (Public)  
Joanne Kranyak (Public)

George Paraskevopoulos (RDT)  
Terence Price (Public)  
David Savioli (RDT)  
Clark Wilson (RDT)  
Derrick Ostner (RDT)  
Kiran Qureshi (Public)

### Staff:

Judy Rigby  
Roderick Tom-Ying

### Guests:

Mary Kennedy, ADT Project Manager  
Daniel Choi, RDT

### 1. Call to Order.

The Chair called the meeting to order at 10:09 am.

### 2. Approval of the Agenda.

MOTION: THAT the agenda be approved as presented.  
Moved by: J. Faas and seconded by G. Paraskevopoulos.

CARRIED

### 3. Conflict of Interest Declaration.

None declared.

### 4. Consent Agenda

Mr. Price noted that the Discipline Committee Report did not mention the results from the election of the Chair from their previous meeting. Mr. Price would like the report to reflect that he was nominated the Chair of the Discipline Committee. Council agreed to the change and that staff will make the change to the report.

MOTION: THAT the Discipline Committee Report be approved as revised.  
Moved by: T. Price and seconded by J. Faas

CARRIED

MOTION: THAT the consent agenda be approved as presented.  
Moved by: D. Ostner and seconded by G. Paraskevopoulos.

CARRIED

### 5. Council Appointment

#### **Appointment of Council Member**

The Chair noted that due to the resignation of Mr. Chan for health reasons in December 2017, Council was provided with three options to fill the vacancy. Council at that time instructed the Registrar it would exercise its power to appoint a suitable candidate to fill the vacant seat for electoral district 1 until the term expired.

The Registrar has subsequently found and vetted Mr. Choi for any potential conflicts of interest and eligibility. Council had no objections to a possible appointment of Mr. Choi to fill the vacancy in district 1.

MOTION: THAT the Council appoints Mr. Daniel Choi to serve on Council for electoral district 1 for the remainder of the term.

Moved by: J. Kranyak and seconded by D. Ostner.

CARRIED

The Chair congratulated Mr. Choi on his appointment on behalf of Council. Mr. Choi addressed Council and expressed that he looks forward to protecting the public through his work on Council.

### **Newly Appointed Public Members of Council**

The Chair presented an information only report to Council regarding the College's two newly appointed public members. The Chair provided a brief background on both Ms. Kranyak and Ms. Qureshi, highlighting their professional backgrounds and career experience. Ms. Kranyak and Ms. Qureshi are both excited to serve on Council and look forward to accomplishing the College's strategic plan. Members of Council welcomed the new members.

### **6. 2017 – 2021 Strategic Plan**

The Registrar provided background information on the strategic planning process and the consultation work undertaken to incorporate the feedback of stakeholders, members, George Brown College, and the Ministry of Health and Long-Term Care. A status update on the progress of various action plans against the stated Strategic Plan ("Plan") objectives was delivered at that time.

Concluding her update, she spoke about the need for Mr. Lockhart, the strategic planning consultant, to return in June to facilitate a planning session to ensure the strategic plan is on the right path and review emerging issues that may affect the plan. During the June planning session, the Registrar hopes to introduce the concept of a Balanced Score Card ("BSC") that will enable better progress monitoring and reporting. The Registrar added that the College has had discussions with Mr. Kurt Schobel, CPA and a professor at Queens University, experienced in developing BSC's for a variety of organizations.

### **7. 2018 Committee Work Plans**

Staff provided a presentation on the background of annual work plans, the definitions the College has adopted, and their alignment with the College's Strategic Plan. For 2018 the work plans are derived from four pillars of success: 2017-2021 Strategic Plan, Policy, Communications Strategy and Operational Excellence. The Registrar stressed the importance of work plans as they represent the operational plan for the College. As Committee's work under the direction of Council, it is important for Council to review work plans to ensure they are aligned with the College's mandate and vision.

Council was provided with the 2018 Work Plans developed by the Quality Assurance Committee and the Executive Committee. Council had a brief discussion on work plans and determined that it would be prudent for it to review and approval all work plans annually.

### **8. CADTR – Access to Dental Technology**

Ms. Kennedy, the project manager for the Access to Dental Technology ("ADT") project, was invited to provide Council with an update on the progress of the project and highlight milestones and next steps. Ms. Kennedy presented in depth on the ADT project including a substantial overview of the project, the background, and the following key points:

- Raising awareness for the project amongst key stakeholders and key subject experts
- Updates to their approach on completing the project milestones

- The purpose and objectives of the project
- Accomplishments and milestones completed thus far

The Council and Registrar thanked Ms. Kennedy for the in-depth update and for the progress made towards the ADT project.

## **9. Council Professional Development Opportunities**

The College compiled a list of potential professional development opportunities open to Council members for 2018. The Registrar noted that there is a budget set for Council members, professional and public, to attend professional development activities throughout the year. Since the budget is not large enough to accommodate every Council member's attendance at regulatory conferences in a given year, the College asks interested Council members to complete the request for professional development activity form to make the determination.

## **10. Registrar's Report**

The Registrar provided a brief overview of the discussions taking place within the Ontario College Collaboration Working Group (OCCWP). Thirteen (13) members of FHRCO formed to discuss space collaboration, sharing of resources and potential sharing of employee benefits. The Registrar noted that the most promising initiative may be the use of one insurance provider for employee benefits. By doing so College's may be able to negotiate more favourable rates and increased benefits.

The Registrar provided an update on the progress of the database implementation and that Ms. Johnston will no longer manage QA as she is now focused solely on managing this project. The Registrar noted that the College will not incur any additional costs associated with the completion of the database modules.

The Council was informed of the Registrar's invitation by the Health Workforce Regulatory Oversight Branch in February 2018 to meet and discuss the development of proposed regulations under the new regulation-making authorities introduced by the Protecting Patients Act 2017. The College sought feedback to these proposed regulations from its Council members and staff and submitted a consolidated response to the ministry on March 23, 2018

The Registrar concluded by highlighting Mr. Keito Endo, RDT and his work with Health Occupations Students of America (HOSA) to educate high school students about the profession and provide hands on learning opportunities. She noted that several RDT's undertake community involvement initiatives which highlight the role of RDT's in public protection which should be highlighted in the College's publications moving forward.

## **11. Council Meeting Evaluation**

The Chair reviewed the summary of results garnered from the previous Council meeting's evaluation. The Chair noted that there were no issues that needed to be raised and thanked staff for conducting an organized Council meeting.

## **12. In-Camera Session - Pursuant to Section 7(2)(d) of the HPPC**

MOTION: THAT the Council meeting enter in-camera.

Moved by: H. Bassford and seconded by J. Faas

CARRIED

MOTION: THAT the Council meeting exit in-camera.

Moved by: T. Price and seconded by D. Ostner

CARRIED

**13. Other Business**

Mr. Tom-Ying was invited to provide a brief introduction to the Council electronic portal. Mr. Tom-Ying demonstrated the use of the Council portal and noted that the College will be uploading all Council and Committee packages onto the portal moving forward. The portal will also house all the resources pertinent for Council members to carry out their duties effectively. Mr. Tom-Ying thanked staff for their cooperation and hard work in getting the portal ready for regular use.

**14. Next Meeting Dates**

Council agreed to its next meeting to be held on June 8<sup>th</sup>, 2018.

**15. Meeting Adjournment**

The Chair adjourned the meeting at 1:21 pm





## EXECUTIVE COMMITTEE REPORT

**June 8, 2018**

### **Committee Members:**

Michael Karrandjas, Professional Member - President  
Terence Price, Public Member – Vice President  
Janet Faas, Public Member  
Derrick Ostner, Professional Member  
George Paraskevopoulos, Professional Member

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### **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.

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### **Meetings:**

Since the report provided at the April 13, 2018 Council meeting, the Executive Committee has held three meetings, one in person on April 13, 2018 and two via teleconference on May 10, 2018 and May 30, 2018.

### **For Action of Council**

#### **1. 2018-2019 Operating Budget**

Annually the College develops an Operating Budget to support the day-to-day operations of the College, including various program and decision-making areas for the public, professional members and prospective members. The Committee reviewed the 2018-2019 draft Operating Budget and was satisfied that Staff exercised due diligence in its preparation and that the budget assumptions were met. The Committee agreed that an increase in fees no greater than the Consumers Price Index (CPI) March 2018 of 2.3% was required to cover all expenditures, resulting in a balanced budget. The Committee approved the budget as presented.

## For Information

### 1. Governance Effectiveness - Governance Policy Manual and Council Onboarding

The Committee reviewed the Governance Policy Manual template to ensure currency of allocation of responsibility to Committee members and timelines. Committee members along with staff will research best practice policies from various organizations and develop or update existing policies with a scheduled completion date of December 31, 2018.

The Committee agreed that a Council member onboarding binder is a separate project and should contain relevant legislation, policies (including the Governance Policy Manual), and information on the role of RDT's within the oral health care team. It was raised that this onboarding package should be a substantial explanatory tool and not mere links to documents.

### 2. Registrar's Evaluations – Registrar's Performance Plan 2017-2018

The annual performance review of the Registrar comprises of two key parts one of which is the setting of reasonable personal and organizational goals for the coming year that are in line with Council approved priorities. Including these in the Performance Review document ensures that the Registrar and Council have an opportunity to discuss workload, challenges, and resources and should result in a clear agreement on deliverables. The Registrar in consultation with staff and the President developed goals and objectives for 2017-2018 which were reviewed and approved by the Committee.

### 3. Occupancy

The Committee received an update on the status of the current lease renewal and other proposed options to ensure complete due diligence is exercised. The Committee noted that all viable options must be considered as occupancy costs for the College represent 9% of the total annual operating budget.

### 4. Registrar's Update

#### ADT Project

Ms. Far, Project Administrator, provided the Committee with an update on the status of the project. Work has now commenced on the environmental scan of the "State of Dental Technology Profession and Uptake" as well as a gap analysis of the current National Competency Profile used in CDTO's entry to practice competency assessment, Standards of Practice and Quality Assurance program. A meeting was held at CDTO at the end of May for the ADT Steering Committee and stakeholders to discuss the project findings and develop a competency assessment model that will also inform dental technology education programs.

#### Strategic Plan

The Committee received an update on the Strategic Plan ("Plan") progress. A working session will be held on June 8<sup>th</sup> with the consultant to discuss progress on the Plan and make revisions based on accomplishments and recent findings from the environmental scan if necessary. The Registrar introduced the concept of the Balanced Scorecard, a tool developed to measure and report progress against the Plan's objectives.



## DISCIPLINE COMMITTEE REPORT

**June 8, 2018**

### **Committee Members:**

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

### **Non-Council Committee Members:**

Andreas Sommers, Professional Member

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### **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.

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### **Meetings and Hearings:**

There have been no meetings or hearings since the last report to Council on April 13, 2018.

### **For Action of Council**

- There are no recommendations at this time.

### **For Information**

#### **1. Referral from the Inquiries, Complaints and Reports Committee to the Discipline Committee**

No new matters have been referred to the Discipline Committee by the Inquiries, Complaints and Reports Committee since the previous report on April 13, 2018. The hearing date for both matters referred during the previous reporting period are still TBD.

#### **2. Hearings Held During the Reporting Period**

No hearings have been held during the reporting period.



## EXAMINATIONS COMMITTEE REPORT

**June 8, 2018**

### **Committee Members:**

Igor Kobierzycki, Professional Member (Non-Council), Chair

Harold Bassford, Public Member

Daniel Choi, Professional Member

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### **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.

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### **Meetings:**

Since the report provided at the April 13, 2018 Council meeting, the Examinations Committee held on meeting.

The Examination Committee's activities included the following:

#### **1. Committee Updates**

Mr. Igor Kobierzycki, RDT and non-council member was elected as Chair by acclamation. The Chair welcomed the committee members which included Mr. Daniel Choi a new Council Member and 2018 Examinations Committee Member.

#### **2. Committee Training**

The Committee received orientation training which included the roles and responsibilities of the Committee, Members and Staff, meeting schedule, priorities for the year ahead and Committee Toolkit. The Toolkit materials were reviewed with an

emphasis on the registration related sections of the Code, College regulations, exemptible and non-exemptible registration requirements, by-laws, Competency Profile for Canadian Dental Technicians/Technologists and policies. As well, the Toolkit provides reference materials for the Office of the Fairness Commissioner, Health Professions Appeal & Review Board and Federation of Health Regulatory Colleges of Ontario website.

In addition, the Committee received training on reviewing ICAS assessments that do not meet the required 80% equivalency to the Competency Profile of Canadian Dental Technicians/Technologists. The Committee considered several case scenarios and potential decision outcomes.

### **3. Committee Terms of Reference**

The Committee reviewed and approved its Terms of Reference and determined that no amendments were required.

### **4. Committee Work Plan & Goals**

As the Committee's Work Plan & Goals are significantly impacted by the Access to Dental Technology (ADT) Project the Committee determined that it will focus its efforts on policy development and contribution towards outreach initiatives to increase the number of examination applicants.

### **5. Reviewed & Considered**

#### 2018 Registration Examinations

In order to facilitate the technical and administrative requirements for the examinations, the Examinations Committee appoints each year from a list of qualified professional members the Written Examination Task Force (WETF), Examination Task Force (ETF), Invigilators, Markers and Reviewers.

#### **a) Written Examinations:**

The written examinations require the subject matter expertise of the professions members' to design a credentialing exam that focuses on the nine (9) competencies contained in the Competency Profile for Canadian Dental Technicians/Technologists. The WETF utilizing the existing database of questions and approved competency weighting for the exam established the written examinations for 2018.

At the April 27, 2018 meeting, the Examinations Committee approved the proposed written examinations submitted by the WETF for the written components of the 2018 Registration Examinations.

#### **b) Practical Examinations:**

The practical examinations require the subject matter expertise of the professions members' to design a credentialing exam that focuses on the procedural and technical

competencies required, and to some extent behavioural competencies. The ETF appointed by the Committee is responsible to develop the practical component of the Registration Examination for approval by the Committee. The practical component consists of four (4) projects which are representative of the main areas found in the practice of dental technology: full dentures, partial dentures, crown and bridge, and orthodontics.

The ETF met several times in 2018 to select and revise the practical projects including the prescriptions, evaluation criteria and instructions for markers to assess completed projects. Marker's feedback from the 2017 examination session was taken into consideration when establishing the marking criteria for 2018.

At the April 27, 2018 meeting, the Examinations Committee approved the proposed practical examination projects submitted by the ETF for the practical component of the 2018 Registration Examinations.

c) 2018 Examination Applicants:

New Examination Applicants:

The College received twenty-two (22) applications for the 2018 Registration Examination from new candidates of these applicants eighteen (18) are George Brown College (GBC) Graduates and four (4) are International Graduates.

Of the twenty-two (22) new applications received thirteen (13) are from new graduates who will complete their dental technology program at the end of April and have applied for the 2018 examination session this number has decreased over last year's new graduate applications. All 2018 graduates who applied completed their dental technology training at GBC and have been accepted on the condition that a final official transcript is received by the College prior to the July examinations.

As of March 31<sup>st</sup>, only one ICAS assessment received in 2018 by the College was below the required 80% of the Competency Standard. After reviewing the information and supporting documentation, the Committee determined that the applicant met the requirements to proceed directly to the 2018 Registration Examinations.

Repeat Examination Applicants:

The College received thirteen (13) applications for the 2018 Registration Examination from candidates repeating one or more examination components. Of these applicants nine (9) are GBC graduates and four (4) are International graduates. A total of fourteen (14) practical projects and nine (9) written examinations are scheduled to be repeated at the July examination.

Twenty-two (22) candidates who failed examination components in 2015, 2016 or 2017 chose not to re-apply for the 2018 session. The College has attempted to contact these individuals. Of those who informed the College that they will not be applying for the 2018 session provided the following issues: two (2) financial and one (1) personal. This is a significant

increase in the number of individuals not applying for re-examination and the College has informed GBC of this concerning applicant trend.

One candidate is required to complete upgrading/remediation prior to being permitted to sit the 2018 Registration Examination.

d) Testing Accommodation for Examination Candidates Policy (E03)

The Committee approved the procedures (E03-P01) and forms (Form A, B & C) that accompany the Testing Accommodation for Examination Candidates Policy (E03) as amended to take effect immediately.

e) 2018 Registration Examination Handbook:

The 2018 Registration Examination Handbook reviewed and approved by the Committee as amended.



## FITNESS TO PRACTICE COMMITTEE REPORT

**June 8, 2018**

### **Committee Members:**

Every member of Council is a member of the Fitness to Practice Committee.

### **Non-Council Committee Members:**

Andreas Sommers, Professional Member

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### **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.

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### **Meetings and Hearings:**

The Fitness to Practise Committee has not met since the last report to Council on April 13, 2018. 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**

- There are no items for information at this time.





## INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT

**June 8, 2018**

### **Committee Members:**

Jeff Donnelly, Public Member, Chair  
David Savioli, Professional Member  
Clark Wilson, Professional Member  
Kiran Qureshi, Public Member  
Harold Bassford, Public Member  
Andreas Sommer, Professional Member (Non-Council)

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### **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.

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### **Meetings and Hearings:**

There has been one meeting held by a panel of the ICRC since the last report to Council on April 13, 2018. The meeting was held on May 24, 2018.

### **For Action of Council**

- There are no recommendations at this time.

### **For Information**

#### **1. Professional Development and Training**

Shirelle Goodman, Coordinator of Professional Conduct put together a training binder for new members of the ICRC. The training binder was distributed to all ICRC members.

Jordan Glick, Legal Counsel also provided a brief training session over the phone at the meeting held during the previous reporting period on April 5, 2018 as well as at the meeting on May 24, 2018.

**2. Formal Complaints**

During this reporting period, there were no new formal complaints received, and four (4) decisions carried over from the previous reporting period. A decision was rendered on two (2) of the formal complaints carried over from the previous reporting period. No formal complaints were referred to the Discipline Committee during this reporting period.

**3. Registrar's Reports**

During this reporting period, there were no new reports. One (1) report was carried from the previous reporting period and no new decisions were made. No matters brought by way of Registrar's Report were 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.

One case was carried over from the previous reporting period. No decisions were made by HPARB during the reporting period.



## PATIENT RELATIONS COMMITTEE REPORT

**June 8, 2018**

### **Committee Members:**

Joanne Kranyak, Public Member, Chair  
Harold Bassford, Public Member  
Jeff Donnelly, Public Member  
Jason Chai, Professional Member  
David Savioli, Professional Member  
Clark Wilson, Professional Member

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### **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.

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### **Meetings:**

The Committee met on April 13, 2018. A tentative meeting has been booked for September 2018.

### **For Action of Council**

- There are no recommendations at this time.

### **For Information**

#### **1. Member Engagement - Bridge**

The third edition of the College's E-newsletter, the Bridge, is slated for review by the Patient Relations Committee and staff, by early June 2018. Following review, the Bridge will be sent to the Membership as well as important key stakeholders. The editorial line-up for the fourth edition of Bridge will be reviewed by the Patient Relations Committee some-time in late 2018.

#### **2. Public Engagement – Face Behind the Smile**

A plan for distribution was discussed at the Patient Relations meeting on April 13, 2018 and is in process of being implemented.



## QUALITY ASSURANCE COMMITTEE REPORT

**June 8, 2018**

### **Committee Members:**

Derrick Ostner, Professional Member, Chair  
Terence Price, Public Member  
Janet Faas, Public Member  
Jason Chai, Professional Member  
George Paraskevopoulos, Professional Member  
Igor Kobierzycki, Professional Member (Non-Council)  
Joanne Kranyak, Public Member

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### **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.

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### **Meetings and Hearings:**

Since the report provided at the April 13, 2018 Council meeting, the Quality Assurance Committee has held one teleconference meeting on May 2, 2018.

### **For Information**

#### **1. Professional Development Profile Redesign**

The Quality Assurance Committee has undertaken the task of revising the Professional Development Profile (PDP) in anticipation for an eventual porting into an online QA portal for the membership. The PDP forms currently house the self-assessment tool, learning goals and the professional development activities tracker.

The Committee has completed a first draft of revised self-assessment questions that incorporate the principles of behavioral and cognitive competence and knowledge of important College resources and standards. Previous to the revision, the self-assessment questions focused solely on technical competencies that RDTs must encompass. The revised questions are also intended to illicit self-awareness regarding

general knowledge of the College's governing legislation, regulations, by-laws, standards and policies. The Committee is in the process of finalizing the self-assessment questions to ensure completeness and clarity. Ultimately, a finalized set of self-assessment questions will be used as a basis for the College's electronic QA module and the Committee looks forward to providing Council with an update on its progress at the next Council meeting.

## **2. Overview of QA Program document**

The Quality Assurance Committee has updated and revised an orientation document first designed to provide an overview of the Quality Assurance Program. The document, drafted in 2011, has now been subsequently updated to reflect the current Quality Assurance program as well as an expansion of several topics including the peer and practice assessments. The document is praised for its layman's overview of the QA Program and will serve as an important resource for the College.

The Committee looks forward to rolling this resource out to the membership as well as providing it electronically on the College's website.

## **3. PDP Program**

The Committee has agreed to place the annual PDP program on hold so that it may focus on completing the QA electronic module for the fall of 2018 and begin exploring a best practice QA program. As part of the College's 2017-2022 Strategic Plan, the Committee will begin the process of exploring best QA practices, and compare quality assurance programs from various jurisdictions (nationally and internationally) with the hope to incorporate best practices into a redesigned QA program by 2022. In order to achieve this goal and its 2018 work plan, the Committee diligently worked to set its priorities for the year and came to the logical conclusion that the PDP program should be placed on hold for this year.

About the PDP program: The College randomly selects between 2-5% of the membership each year to review the member's PDP form. The College will review the learning goals set by the member and review the professional development activities undertaken by the member within their 3-year cycle. Members would be asked to provide proof of completion for all professional development activities. This random audit process provides the Committee with an opportunity to ensure the member is adhering to the QA program and to ensure the member has the resources to successfully complete professional development activities.



## REGISTRATION COMMITTEE REPORT

**June 8, 2018**

### **Committee Members:**

Terence Price, Public Member, Chair  
Jeff Donnelly, Public Member  
Michael Karrandjas, Professional Member  
George Paraskevopoulos, Professional Member  
David Savioli, Professional Member

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### **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.

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### **Meetings:**

Since the report provided at the April 13, 2018 Council meeting, the Registration Committee has held one meeting on May 17, 2018.

### **For Information**

#### **1. Committee Goals & Work Plan**

The Committee finalized its Goals & Work Plan for 2018 taking into account the College's strategic initiatives, policy development, communication strategies and operational goals.

#### **2. Reviewed & Considered**

The Committee reviewed and approved in principle two surveys for distribution. The results of these surveys will contribute to the Committee's improvement of application and registration processes through the reduction of barriers to registration and will ultimately inform policy decisions to support the College's Strategic initiatives.

**3. Received Updates**

The Committee received an update on the Health Professions Appeal and Review Board's (HPARB) Order and Reasons decision regarding an appealed Committee decision to deny registration. HPARB granted the applicant's request for a review of the Committee's decision beyond the 30 day statutory deadline.

College Staff provided the Committee with an OFC update regarding the annual Fair Registration Practices Report, as well as, the recently finalized Registration Practices Assessment Report - 2017-2018 Assessment Cycle.

The Committee also received an update from the Project Coordinator, ESDC representative, and the Registrar regarding the Competency Assessment Framework currently being completed as part of the Access to Dental Technology (ADT) Project.



## STANDARD OF PRACTICE TASK FORCE REPORT

**June 8, 2018**

### **Ad-Hoc Committee Members and Facilitator:**

Jim Dunsdon (Facilitator, Lead)  
Andre Dagenais, Professional Member (Non-Council)  
Michael Karrantjas, Professional Member  
Janet Faas, Public Member  
Ashley Stevens, Professional Member (Non-Council)

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### **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.

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### **Meetings:**

The Standard of Practice Task Force has not met since the last report to Council on April 30, 2018. The Task Force last met on August 31, 2017.

### **For Information:**

- There are none at this time.





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

## COUNCIL REPORT

Date Report Authored: May 30, 2018

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**SUBJECT:** Review of Discipline Terms of Reference  
**PREPARED BY:** Shirelle Goodman, Coordinator of Professional Conduct

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Recommendation(s) to Council:

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

### RECOMMENDATION(S):

THAT the report dated May 30, 2018 entitled "Review of Discipline Terms of Reference" be received;

AND THAT Council review the Terms of References for the Discipline committee;

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 request Council to review and update if necessary the current Terms of Reference for the Discipline Committee as required under the Regulated Health Professions Act.

### BACKGROUND:

In May 2015, Council approved the Towards Transformation Action Plan, a plan which reflects Council's direction as to the critical activities that should be undertaken over the next few years.

Council agreed that a key focus area under the Action Plan is Governance Essentials, the goal of which is a clearly articulated, well understood and functional governance foundation for the College. A key initiative to establishing strong functional governance is establishing clear and transparent Terms of Reference (ToR) for each respective committee.

At a Council meeting held on April 13, 2018, Terence Price, Chair for the Discipline committee noted that the definition for the “Chair” of the committee and the “Chair” of the panel was not clearly explained in the current ToR.

**OPTIONS/ FOR DISCUSSION:**

The By-Laws require that ToR are established for each Committee, but do not specify a process for its review and approval. The ToR’s specify an evaluation protocol to include Council approval for amendments. However, there lacks a documented process for Council review on a periodic basis to ensure relevancy and that each Committee can effectively meet the College’s mandate and strategic priorities.

1. Council is asked to review the suggested amendments highlighted by the Discipline Committee Chair, Terence Price to ensure they are relevant and update-to-date.

**FINANCIAL CONSIDERATIONS:**

N/A

**HUMAN RESOURCES CONSIDERATIONS:**

Staff time to update and implement any necessary revisions or changes required.

**RISK CONSIDERATIONS:**

Failure to keep Terms of References up to date and definition clear may lead to poor Committee outcomes and a loss of adaptability to future trends and developments.

**ACCESSIBILITY CONSIDERATIONS:**

N/A

**ALIGNMENT WITH STRATEGIC PRIORITIES/ OBJECTS OF COLLEGE:**

This 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:**

Professional Conduct, Policy and Communications, Office of the Registrar.

**ATTACHMENTS:**

Terms of Reference – Discipline Committee



Policy Title:	Terms of Reference for the Discipline Committee	Policy No:	
Approved by:	Council	Policy Section:	Terms of Reference
Date of Most Recent Approval:	January 26, 2018	Effective Date:	January 18, 2016
Supersedes/Amends Policy dated:		Policy Review Date:	January, 2019
Date of Original Approval:	January 18, 2016	Responsible Office:	Discipline
Legislative References:	Regulated Health Professions Act, 1991 (RHPA); Dental Technology Act, 1991 (Act)		

### Purpose:

The Committee functions in accordance with the Regulated Health Professions Act (RHPA) 1991, the Dental Technologies Act 1991, and the By-laws, policies and standards of the College and any other directives as deemed necessary by the Council of the College of Dental Technologists. The Discipline Committee holds hearings into allegations of professional misconduct and/or incompetence.

### Mandate:

The Discipline Committee is responsible for:

1. conducting hearings (through panels selected by the Chair) in a fair and efficient manner and providing reasonable and fair dispositions of all matters before it.
2. considering and making recommendations to Council for changes to applicable legislation, regulations, By-laws, policies, programs, Rules of Procedure, standards and guidelines that fall within the scope and purpose of the Committee.

### Membership:

The Discipline Committee shall be composed of at least three (3) persons and shall include:

1. at least two Elected Members;
2. at least two Public Members; and
3. at least two Members who are not members of Council.

### Panels:

Panels may be selected by the Chair to consider alleged member incapacity, professional misconduct and incompetence referred to it by the ICRC.

In accordance with the Code, panels shall be composed of at least three (3) Committee members, at least one (1) of whom shall be persons appointed to the Council by the Lieutenant Governor in Council. A minimum of three members of a panel constitute a quorum.

### **Committee Records:**

The Chair of the Committee shall ensure that accurate minutes of all Committee meetings and records of proceedings are recorded, approved and maintained at the College office.

### **Conflict of Interest:**

All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee members have a duty to uphold and regulate the profession of Dental Technology in Ontario in the public interest. Comprehensive information regarding conflict of interest obligations is included in the By-laws.

### **Media Communications:**

All media contact shall be channeled and coordinated through the Registrar's office. Any Committee member or any member of a working group (ad hoc committee) asked to be interviewed by media representatives, to respond to enquiries, or to comment on issues concerning the regulation of the profession or the operation of the Council or College, shall not provide any such communication and shall instead refer such requests to the Registrar's office.

### **Reporting:**

The Committee reports to the Council at every Council meeting on activities that have been undertaken since the last report. These activities include the number of and types of matters dealt with, the dispositions of those matters generally, and activities relating to changes to applicable legislation and policy. The Committee prepares an annual report of its activities at the end of the fiscal year.

### **Frequency of Meetings:**

The Committee shall hold at least **one (1)** meeting each year. Additional meetings of the Committee shall be called by the Chair as required.

### **Quorum:**

The quorum of any Committee is three members unless otherwise provided in the Code or the By-laws, Rules of Procedure or unless the Committee is composed of only three members, in which case, the quorum for such a Committee shall be two members (at least one elected member and one public member). The Committee shall be composed of an odd number of members for a Hearing.

### **Terms of Appointment:**

Committee members will be appointed annually by Council.

### **Evaluation:**

The committee terms of reference be reviewed annually and amended where necessary, for example in response to statutory, regulatory or policy amendments. Any amendments to the terms must be approved by Council.

## **Chair Role and Responsibilities:**

### **Chair's Role:**

The overall role of the chair is to ensure that Committee members are well prepared for the meetings and/or hearings and they proceed in an efficient and effective manner. In addition, the chair ensures Council is informed of the Committee activities and the specific program activities and statistics related to the statutory mandate.

### **Chair's Responsibilities**

#### Ongoing Activities:

1. Maintain transparency, non-bias opinion and confidentiality.
2. Declare conflict of interest when appropriate and appoint an interim-chair when conflict is determined.
3. Engage in and co-present the annual Committee member orientation session with staff resources.
4. In collaboration with the designated staff resource develop a well-planned agenda by: reviewing previous minutes noting action items and tabled items; and considering upcoming program activities and management of cases and actions required.
5. Write and review with the designated staff member the Committee reports for Council and the annual report.
6. Review and finalize all meeting minutes in advance of Committee member circulation.
7. Sign all records, reports, member decision letters and /or other forms related to the Committee activities.
8. Manage controversy and unethical behaviour amongst Committee members and seek support from College staff and President when needed.
9. Attend external events and meetings as mutually agreed upon with the College's Registrar and/ or President. Represent the College and the Committee in a professional and ethical manner; and communicate the College and Committee decisions in a unison voice.
10. Assign pre-hearing conference chair, specific to each pre-hearing conference.
11. Assign Discipline hearing panel members, specific to each Discipline hearing.

#### During the Meetings:

12. Conduct effective meetings by applying Schedule 3 of the College By-laws "Rules of Order of the Council and its Committees".
13. Ensure all Committee members have the opportunity to actively participate in Committee discussions, decisions and motions; and manage controversy.
14. Document meeting minutes and ensure recording secretary has documented:
  - a. all main points of the meeting's discussions
  - b. action items
  - c. motions / decision made by Committee
  - d. meeting location, start and end time
15. Set future meeting dates.

**Panel Chair's Responsibilities****Chair of the Discipline Panel – Responsibility During the Hearings:**

1. Conduct effective Hearings in accordance with the applicable College Rules of Procedure. Where no Rules of Procedure exist, in accordance with the *Statutory Rules of Procedure Act*.
2. Ensure all Panel members have the opportunity to actively participate in the decisions and motions during a Hearing.
3. Ensure recording secretary has documented:
  - a. discussions
  - b. motions / decision made by Panel
  - c. location, start and end time.
4. Set future Hearing dates as required.
5. Ensure that any Panel decisions is completed in a timely manner and that it is distributed to the affected parties and, if required by the Act, are published on the College web site and in the Member's Register.



## COUNCIL REPORT

Date Report Authored: May 30, 2018

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**SUBJECT:** 2018-2019 Operating Budget  
**PREPARED BY:** Judy Rigby, Register and CEO

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Recommendation(s) to Committee:

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

### RECOMMENDATION(S):

- 1) THAT the report entitled "2018-2019 Operating Budget" be received;
- 2) AND THAT Council approve the 2018-2019 Operating Budget for \$1,048,345;
- 3) AND THAT the 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 the 2018-2019 Draft Operating Budget and a proposed fee schedule, Schedule 5 to the By-Laws for review and approval as recommended by the Executive Committee.

### BACKGROUND:

The Operating Budget is developed in collaboration with College staff, committee members, and external consultants to support the day-to-day operations of the College including various program and decision-making areas for the public, professional members and prospective members. It represents an ongoing and iterative process of making the financial operations of the College increasingly open, transparent and financially sustainable and reflects various revenue and expense assumptions that are based on trends in historical spending, an environmental scan and the Council's strategic priorities.

The budget environment continues to be dominated by uncertainties regarding: attrition of RDT's due to retirement, intake of prospective members due to labour market stability/growth for dental technologists, Ministry of Training, Colleges and Universities (MTCU) post-secondary funding constraints, and the new governance and operational requirements due to increased demands for transparency by the Ministry of Health and Long-Term Care (MOHLTC). This combination continues to create a challenging budget environment.

In 2017 the Council approved a five-year strategic plan. A key risk to achieving the priorities and objectives is lack of financial and human resources to complete the 12-month action plans identified by the statutory Committees.

The College does not receive public funding and its primary source of funding is through member registration and the registration examinations program.

At its May 11<sup>th</sup>, 2018 meeting the Executive Committee reviewed the 2018-2019 Draft Operating Budget and the proposed increases to Schedule 5: Fees in the CDTO By-Laws.

## **OPTIONS/EVALUATION/DISCUSSION:**

### **2018-2019 Operating Budget and Overview**

The 2018-2019 Operating Budget was developed based on the following revenue and expense assumptions:

- Projections for the number of registration examinations administered and the number of certificates of registration issued, including first time applications and late payment assessments, is based on historical trends for the past three years.
- Expenses include applicable sales tax (PST/HST).
- All fees are increased on September 1st by the percentage change increase, March 2017 to March 2018, in the Consumer Price Index (CPI) for goods and services (all items) in Canada as published by Statistics Canada.
- Registration examination program budget must be cost neutral without increasing registration fees.
- One-time special projects are not funded by in-year revenue from operations.
- All expenses reflect cost savings realized through efficiencies (example: reduction in occupancy costs through favourable lease negotiation).

Total expenditures have increased by approximately \$21,255 or 2.1% over the 2017-2018 approved budget. Total revenues decreased by \$1,793 from the prior year leaving a deficit of \$23,048. This deficit is made up by raising the fees for registration, examinations and miscellaneous items by CPI of 2.3%. Below is the 2018-2019 Operating Budget for review.



**2018-2019 DRAFT OPERATING BUDGET**

	<b>2018-2019</b>	
		% Inc./ Dec.
	\$	over 17/18
		Total Rev./
		Exp. Budget
<b>REVENUE</b>		
Registration	\$ 891,926	2.6%
Examination	\$ 88,088	-0.4%
Laboratory Supervision Fees	\$ 41,478	0.1%
Investment Income	\$ 26,853	-0.2%
Administration		
<b>Total REVENUE</b>	<b>\$ 1,048,345</b>	<b>2.1%</b>
<b>EXPENSE</b>		
Registration	\$ 12,260	0.0%
Examination	\$ 86,156	0.1%
Laboratory Supervision Fees	\$ 28,348	0.0%
Quality Assurance	\$ 14,103	-0.1%
Complaints, Discipline	\$ 57,451	0.2%
Patient Relations	\$ 1,600	0.0%
Administration	\$ 245,690	-2.4%
Human Resources	\$ 583,604	4.0%
Publications	\$ 4,688	0.0%
Legislation & Policies	\$ 9,000	0.0%
<b>Total EXPENSE</b>	<b>\$ 1,042,900</b>	<b>1.8%</b>
Excess of revenues over expenses before the following:	\$ 5,445	
Amortization (net of deferred revenue)	\$ 5,445	0.2%
Recovery of misappropriated funds		
<b>Surplus/ (Deficit) from Operations</b>	<b>\$ (0)</b>	

The main drivers for the revenue increases/decreases over the prior year total approved budget are:

1. An average increase of 2.7% in registration revenue resulting primarily from a fee increase of 2.3%. This contributes an additional \$27,370 to total budget revenue.
2. An average decrease of 0.4% in examination revenue resulting primarily from an expected decrease in first time applicants. This results in a decrease of \$3,834 to total budget revenue.

The main drivers for the expenditure increases/decreases over the prior year total approved budget are:

1. Decrease in administration of approximately \$24,602 or 2.4% as a result of reducing occupancy footprint by approximately 2,000 sq. ft. and costs by approximately \$34,000. A portion of the savings are offset by increases for honoraria, travel and professional development due to Council complement.
2. Increase in human resource costs of \$41,473 or 4.0% mainly due to hiring to approved full-time complement for full year and actual/ proposed increases in salaries and MERCS. Job descriptions have been updated to reflect multifaceted roles and level of experience required to fulfill operational and strategic requirements. Salaries have been adjusted to be in line with expectations and an employee retention strategy.

### **Discussion**

The Executive Committee reviewed the 2018-2019 Draft Operating Budget at its May 11<sup>th</sup>, 2018 meeting and was satisfied that the expenditures were sufficient for the day to day operations of the College to meet its mandate. They agreed that the increase to all fees as shown in Schedule 5 to the By-laws (see Appendix 1) by 2.3%, CPI, is sufficient to provide for the expenditures in the amount of \$1,048,345 and deliver a balanced budget. The Committee recommends that Council approve the 2018-2019 Operating Budget as presented and circulate the Schedule 5: Fees to Members for information.

### **FINANCIAL CONSIDERATIONS:**

The 2018-2019 Operating Budget is developed using the full accrual method of accounting and includes amortization expenses for capital assets.

### **HUMAN RESOURCES CONSIDERATIONS:**

The 2018-2019 Operating Budget include allocation of resources to ensure a staffing structure that can support operationalization of the Council's strategic initiatives and respond to the MOHLTC, Ontario Fairness Commission and Health Force Ontario requirements.

**RISK CONSIDERATIONS:** The 2018-2019 Operating Budget includes allocation of resources to operationalize the Council's strategic initiatives, prioritized using a risk assessment, to ensure ongoing financial and operational sustainability as well as public confidence.

**ACCESSIBILITY CONSIDERATIONS:** The current location is accessibility friendly.

### **ALIGNMENT WITH STRATEGIC PRIORITIES/ OBJECTS OF COLLEGE:**

The 2018-2019 Operating Budget 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) and Council approved action plans.

**BUSINESS UNITS CONSULTED:** All.

**ATTACHMENTS:** Appendix 1: Schedule 5 Proposed Fees for 2018-2019

**COLLEGE OF DENTAL TECHNOLOGISTS OF ONTARIO****SCHEDULE 5 TO THE BY-LAWS**

Fees for 2018-2019	
Description	
Registration Examinations	
Examination Application Processing Fee (non-refundable)	\$ 266
Eligibility Examination	\$ 266
Written Theory	\$ 266
Jurisprudence and Ethics	\$ 266
Practical Projects	\$ 1,598
Individual Practical Project - Repeat	\$ 480
Appeal of Examination Results	\$ 430
Registration	
New Applicants	
New Application Evaluation & Processing Fee (non-refundable)	\$ 266
General Certificate of Registration	\$ 1,592
Laboratory Supervision Status (Stamp)	\$ 93
Members	
Renewals	
General Certificate of Registration	\$ 1,592
Laboratory Supervision Status (Stamp)	\$ 93
Inactive Certificate of Registration	\$ 799
Request to Transfer Class of Registration	
Transfer Application Processing Fee (non-refundable)	\$ 266
General Certificate of Registration	\$ 1,592
Inactive Certificate of Registration	\$ 799
Health Profession Corporation	
New Application Evaluation & Processing Fee (non-refundable)	\$ 116
Certificate of Authorization - First Year and Renewals	\$ 1,278
Other Fees	
Late Payment Penalty for every month of delay in fee payment effective September 1	\$ 234
Lifting of Suspension Fee	\$ 266
Reinstatement fee	\$ 266
Document Replacement Fee	\$ 106
Quality Assurance	
Assessment Ordered by Quality Assurance Committee	\$ 628
Administrative Services	
Recount of ballots	\$ 538
File or information search	\$ 53
Letter of good standing	\$ 106
Reference letter	\$ 53
NSF Cheque	\$ 53
Duplicate Receipt	\$ 20

# CDTO

## BUDGET REPORT 2018-2019

Presented to Council  
Wednesday May 30, 2018



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# The Budget Process

Budgeting and planning lay the foundation for continuous improvement of the College's fiscal health. Establishing the future state early on drives efficiency, improves planning and creates a shared vision for success. It is a critical component to transforming and supporting the underlying business plan of the College by making the best use of critical data to inform key decisions and strategies.

# The Budget Process (cont'd)

The Operating Budget development is a collaborative process which includes input from College staff, committees, professional members and external consultants to support the day-to-day operations of the College, including various program and decision making areas for the public, professional members and prospective members. This collaborative process offers greater accountability and better execution of our Action Plan and Focus Areas. It represents an ongoing and iterative process of making the financial operations of the College increasingly open, transparent and financially sustainable and reflects various revenue and expense assumptions that are based on trends in historical spending, an environmental scan and the Council's strategic priorities.

The annual budget process commences with a projection of revenues and expenses to August 31st of the current fiscal, based on at least six months of actual expenses incurred, and analysis of variances against the approved budget. A fiscal scan is conducted of economic trends, legislative directives, growth (domestic, international, provincial transfers), personnel costs, and infrastructure to assess the impact of budgetary pressures.

# The Budget Process (cont'd)

To mitigate the impact of economic, legislative, and growth pressures the budget process:

- Connects financial and non-financial data through metrics reporting
- Involves a form of “Zero-based” budgeting, a method of budgeting in which all expenses must be justified for the new fiscal period, every program and support function is analyzed on a needs and cost basis and cost savings from efficiencies are used to fund new initiatives without driving a requirement for increased revenues
- Includes benchmarking of fees and program offerings to other comparable regulatory health colleges in Ontario
- Recognizes operational savings gained from implementation of operational efficiencies through a cycle of continuous process improvements
- Aligns the allocation of resources with the College’s mandate and Council’s strategic priorities, providing transparency and accountability
- Identifies one-time special projects that are non-recurring in nature that can be funded from Council approved reserves earmarked for strategic initiatives



# The Budget Process (cont'd)

The draft budget is presented by the Registrar to the Executive Committee who undertakes a rigorous review. When the Committee is satisfied that the budget aligns with the Council approved strategic priorities, addresses economic, social, environmental and legislative considerations, includes service level enhancements, provides Members and the public with value, and ensures long-term financial sustainability, the draft budget is considered ready for presentation to Council.

The governing Council formally considers and reviews the draft budget presented by the Chair of the Executive Committee and then votes on acceptance of the budget and schedule of fees as presented by the committee.

An effective budget process does not stop once the budget is approved by Council. Quarterly statements are produced, analysed against the budget and together with deficit mitigation strategies, if necessary, presented to the Executive Committee for review.

# Budget Assumptions

- Registration and examination volume projections are based:
  - On historical trends for the past three years and GBC cohort
- Expenses include applicable sales tax (PST/HST)
- All fees are increased on September 1<sup>st</sup> by the percentage change increase in CPI in Canada, which is 2.3% for all items for March 2018 as published by Statistics Canada on April 20, 2018
- Registration examination program budget must be cost neutral without increasing registration fees
- Resources are budgeted to meet Council's and the Ministry transparency initiatives
- One time special projects are funded from reserves internally restricted for strategic initiatives and not in-year fees/revenues
- Expenses reflect cost savings realized through efficiencies (example: reduction in lease premises footprint; eliminating external storage)
- One-time funding from unrestricted net assets (surplus) are not used to balance the budget

# 2018-2019 Proposed Operating Budget

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		\$	% Inc./ Dec. over 17/18 Total Rev./ Exp. Budget
<b>REVENUE</b>			
Registration	\$	891,926	2.6%
Examination	\$	88,088	-0.4%
Laboratory Supervision Fees	\$	41,478	0.1%
Investment Income	\$	26,853	-0.2%
Administration			
<b>Total REVENUE</b>	<b>\$</b>	<b>1,048,345</b>	2.1%
<b>EXPENSE</b>			
Registration	\$	12,260	0.0%
Examination	\$	86,156	0.1%
Laboratory Supervision Fees	\$	28,348	0.0%
Quality Assurance	\$	14,103	-0.1%
Complaints, Discipline	\$	57,451	0.2%
Patient Relations	\$	1,600	0.0%
Administration	\$	245,690	-2.4%
Human Resources	\$	583,604	4.0%
Publications	\$	4,688	0.0%
Legislation & Policies	\$	9,000	0.0%
<b>Total EXPENSE</b>	<b>\$</b>	<b>1,042,900</b>	1.8%
<b>Excess of revenues over expenses before the following:</b>	<b>\$</b>	<b>5,445</b>	
Amortization (net of deferred revenue)	\$	5,445	0.2%
Recovery of misappropriated funds			
<b>Surplus/ (Deficit) from Operations</b>	<b>\$</b>	<b>(0)</b>	

# Budget Highlights

## 2018-2019 Operating

- Overall expenditures increased by 2.1% over 2017-2018 budget, the main drivers of which are:
  - Human resources 4.0% incr. – mainly due to hiring 1 FTE to meet full-time approved complement and proposed salary increases.
  - Complaints/ Discipline 0.2% incr. – volume of complaints and rate increase for legal fees
  - Amortization 0.2% incr. – IT equipment and office furniture
  - Administration 2.4% decr.– reducing occupancy footprint, are offset by increases for honoraria, travel and professional development due to Council complement
- The human resource complement remains at a total of 6 FTE. All staff are required to meet increased workload and increasing complexity of work in the respective departments. Job descriptions have been updated to reflect multifaceted roles and level of experience required to fulfill operational and strategic requirements.
- Overall revenues decreased by 0.2% over 2017-2018 budget, before fee increases, the main drivers of which are:
  - Registration 0.4% incr. – volume increase of 0.7% in registration and in laboratory supervision stamp.
  - Examination revenue 0.4% decr. - decrease in first time candidates for full exams
  - Investment income 0.2% decr. – reduced interest rates on HISA and medium term GIC's.
- The initial draft budget resulted in an overall deficit of approximately \$(23,000)
- Deficit has been addressed in year by increasing fees by 2.3% (CPI)
- The 2018-2019 Operating Budget is \$1,048,345 solely funded from in-year revenue to support day-to-day operations

# Strategic Initiatives Update

## COLLEGE OF DENTAL TECHNOLOGISTS OF ONTARIO STRATEGIC INITIATIVES

### Special Project(s):

	Cfwd to 2016-2017			2016 - 2017			2017 - 2018				
	Approved Budget	Actual	Cfwd	Budget Approved	Actual to Aug 31	Balance	Balance Carry Forward	Final Budget (appr. 9/22/17)	Budget Transfer In Year	Full Year Projection	(Over)/ Under Spending
Transparency Project	120,000	102,667	17,333	-	-	17,333	17,333		(5,000)		12,333
Database	147,500	110,745	36,755	-	36,755	-	-	28,683		31,871	(3,188)
Website	15,000	11,300	3,700	-	3,673	27	27				27
Regulations - Registration/QA	32,488	-	32,488	-	-	32,488	32,488				32,488
Examinations - Blueprint Development	20,000	-	20,000	-	-	20,000	20,000			20,000	-
Quality Assurance - Standards of Practice	31,316	8,039	23,277	-	17,004	6,273	6,273	31,317	5,000	11,273	31,317
Quality Assurance - QAP Review	8,000	-	8,000	-	-	8,000	8,000				8,000
Strategic Planning	-	-	-	45,000	20,590	24,410	24,410			2,000	22,410
Capital Investment - IT	20,000	7,545	12,455	-	2,293	10,162	10,162			10,788	(627)
<b>Total*</b>	<b>\$ 394,304</b>	<b>\$ 240,295</b>	<b>\$ 154,008</b>	<b>\$ 45,000</b>	<b>\$ 80,315</b>	<b>\$ 118,693</b>	<b>\$ 118,693</b>	<b>\$ 60,000</b>	<b>\$ -</b>	<b>\$ 75,932</b>	<b>\$ 102,761</b>

\* To be funded from Internally Restricted for Strategic Initiatives

# Budget Highlights

## Strategic Initiatives

- Since 2014-2015 Council has approved \$499,304 for strategic initiatives to support the transparency initiatives and the Towards Transformation Action Plan
- 79.4% or \$396,542 is projected to be spent by August 31, 2018
- Some projects on hold pending environmental scan from Access to Dental Technology Project
- No new funding is requested for 2018-2019 at this time.

# Budget Highlights

## Unrestricted Net Assets

- Projected unrestricted net surplus at August 31st, 2018 is approximately \$950,000
- Represents 90% of one-years expenditures and is in line with auditor recommended surplus retention

# Budget Overview

## Year-over-year trend

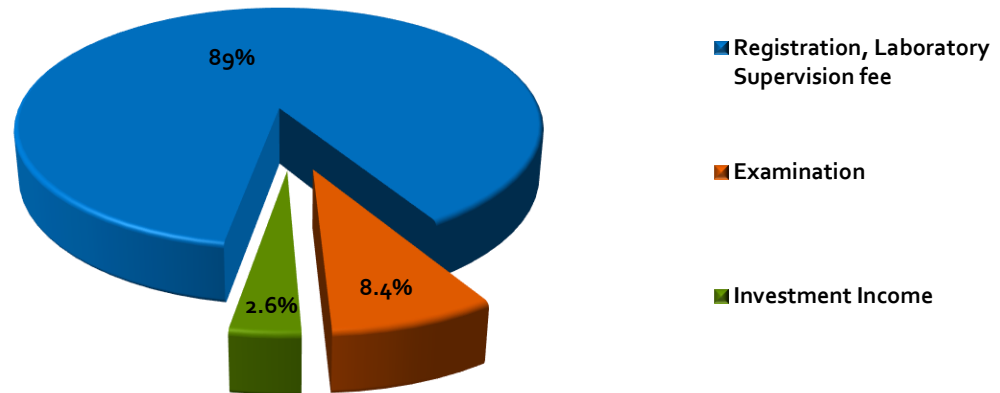
	2016-2017	2017 - 2018		2018 - 2019 DRAFT					
	Actuals	Approved Budget	Full year projection	Draft Budget CPI = 2.3%	Variance to 2017-2018				
					Budget \$	Budget %	Full Year Projection \$	Full Year Projection %	
<b>REVENUE</b>									
Registration	\$ 857,501	\$ 865,632	\$ 869,498	\$ 891,926	\$ 26,294	3.0%	\$ 22,428	3%	
Examination	\$ 83,404	\$ 91,922	\$ 66,930	\$ 88,088	\$ (3,834)	-4.2%	\$ 21,158	32%	
Laboratory Supervision Fees	\$ 39,783	\$ 40,404	\$ 41,805	\$ 41,478	\$ 1,074	2.7%	\$ (327)	-1%	
Investment Income	\$ 29,351	\$ 29,132	\$ 24,494	\$ 26,853	\$ (2,279)	-7.8%	\$ 2,359	10%	
<b>Total REVENUE</b>	<b>\$ 1,010,039</b>	<b>\$ 1,027,090</b>	<b>\$ 1,002,727</b>	<b>\$ 1,048,345</b>	<b>\$ 21,255</b>	<b>2.1%</b>	<b>\$ 45,618</b>	<b>5%</b>	
<b>EXPENSE</b>									
Registration	\$ 12,548	\$ 12,400	\$ 17,419	\$ 12,260	\$ 140	1.1%	\$ 5,159	30%	
Examination	\$ 79,114	\$ 85,295	\$ 45,446	\$ 86,156	\$ (861)	-1.0%	\$ (40,710)	-90%	
Laboratory Supervision Fees	\$ 28,295	\$ 28,216	\$ 28,222	\$ 28,348	\$ (132)	-0.5%	\$ (126)	0%	
Quality Assurance	\$ 7,579	\$ 15,250	\$ 9,768	\$ 14,103	\$ 1,147	7.5%	\$ (4,335)	-44%	
Complaints, Discipline	\$ 56,869	\$ 55,595	\$ 45,059	\$ 57,451	\$ (1,856)	-3.3%	\$ (12,392)	-28%	
Patient Relations	\$ 899	\$ 1,800	\$ 393	\$ 1,600	\$ 200	11.1%	\$ (1,207)	-308%	
Administration	\$ 258,938	\$ 270,292	\$ 262,465	\$ 245,690	\$ 24,602	9.1%	\$ 16,774	6%	
Human Resources	\$ 559,630	\$ 542,131	\$ 559,224	\$ 583,604	\$ (41,473)	-7.7%	\$ (24,380)	-4%	
Publications	\$ 1,361	\$ 4,687	\$ 1,052	\$ 4,688	\$ (1)	0.0%	\$ (3,636)	-346%	
Legislation & Policies	\$ -	\$ 8,500	\$ 3,836	\$ 9,000	\$ (500)	-5.9%	\$ (5,164)	-135%	
<b>Total EXPENSE</b>	<b>\$ 1,005,233</b>	<b>\$ 1,024,166</b>	<b>\$ 972,884</b>	<b>\$ 1,042,900</b>	<b>\$ (18,734)</b>	<b>-1.8%</b>	<b>\$ (70,016)</b>	<b>-7%</b>	
Excess of revenues over expenses before the following:	\$ 4,806	\$ 2,924	\$ 29,843	\$ 5,445	\$ 2,521	86.2%	\$ (24,398)	-82%	
Amortization	\$ 3,382	\$ 2,924	\$ 3,323	\$ 5,445	\$ (2,521)	-86.2%	\$ (2,122)	-64%	
Recovery of misappropriated funds	\$ -								
<b>Surplus/ (Deficit) from Operations</b>	<b>\$ 1,424</b>	<b>\$ -</b>	<b>\$ 26,520</b>	<b>\$ (0)</b>	<b>\$ (0)</b>	<b>#DIV/0!</b>	<b>\$ (26,520)</b>	<b>-100%</b>	



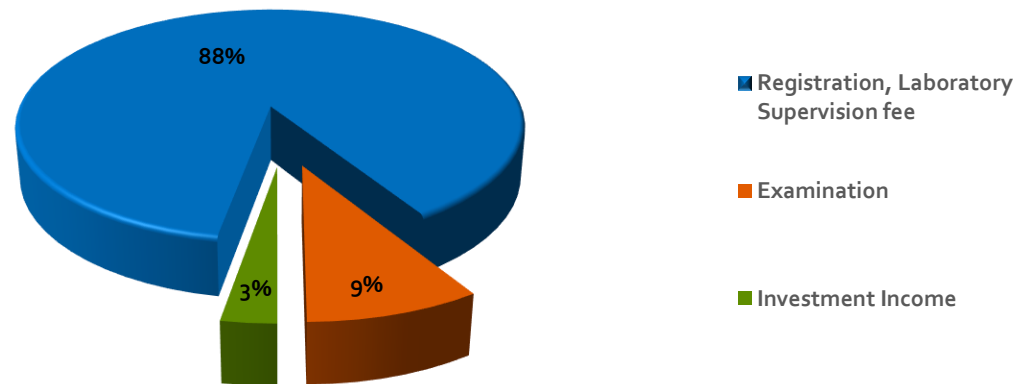
# Total Revenue

(Excludes recoveries)

2018-2019 Budget Revenue (\$1,048K)



2017-2018 Budget Revenue (\$1,027K)

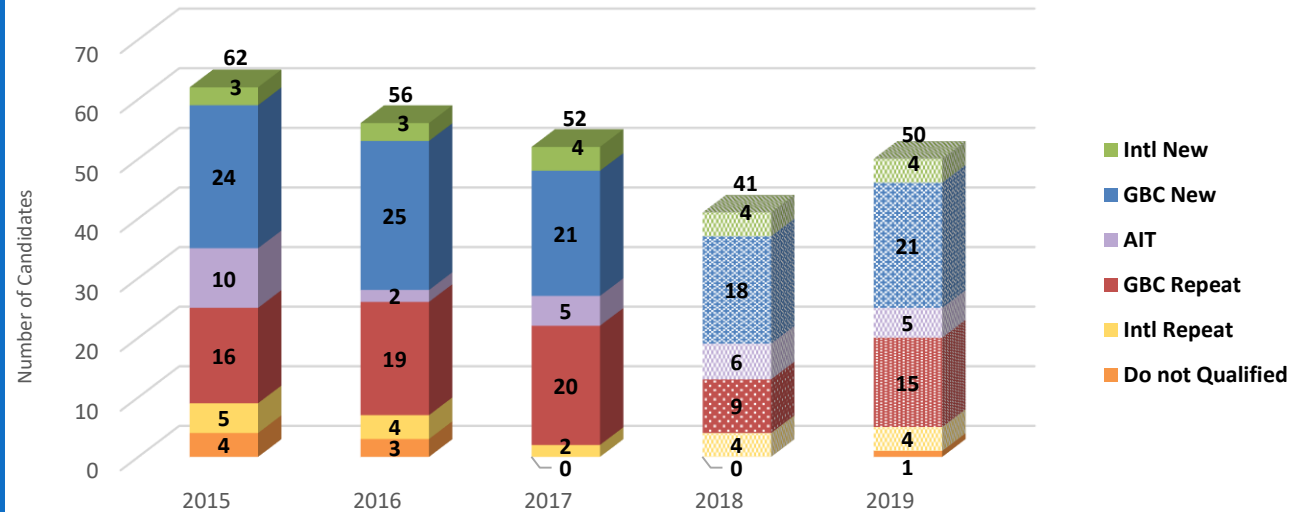


# Revenue Drivers\*

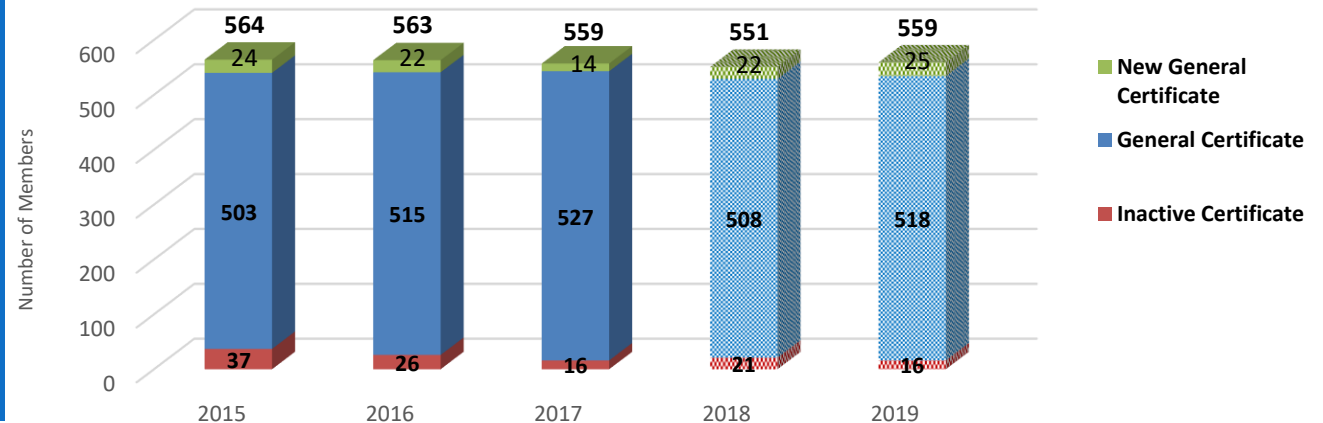
\*Non-financial statistics

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## Historical Trend and Projections Examination Candidate






## Historical Trend and Projections Member Registration






# Revenue Drivers\*

\*Non-financial statistics

Indicator	Metric	2018-2019 Budget	2017-2018 Budget	2016-2017 Budget
Fees				
	CPI	2.3%	2.0%	1.7%
	Non-CPI - Examination Fee	0.0%	0.4%	0.0%
	Non-CPI - Registration Fee	0.0%	0.4%	0.0%




# Revenue Drivers\*

\*Non-financial statistics


Indicator	Metric	2018-2019 Budget	2017-2018 Budget	2016-2017 Budget
Fees				
	CPI	2.3%	2.4%	1.7%
	Non-CPI - Examination Fee	0.0%	0.4%	0.0%
	Non-CPI - Registration Fee	0.0%	0.4%	0.0%

# Revenue Drivers\*

\*Non-financial statistics

Indicator	Metric	2018-2019 Budget	2017-2018 Budget	2016-2017 Budget
Fees				
	CPI	2.3%	2.4%	1.7%
	Non-CPI - Examination Fee	0.0%	0.4%	0.0%
	Non-CPI - Registration Fee	0.0%	0.4%	0.0%

Laboratory Supervision Stamps				
Indicator	Metric	2019	2018	2017
	Number of Stamps	446	444	439

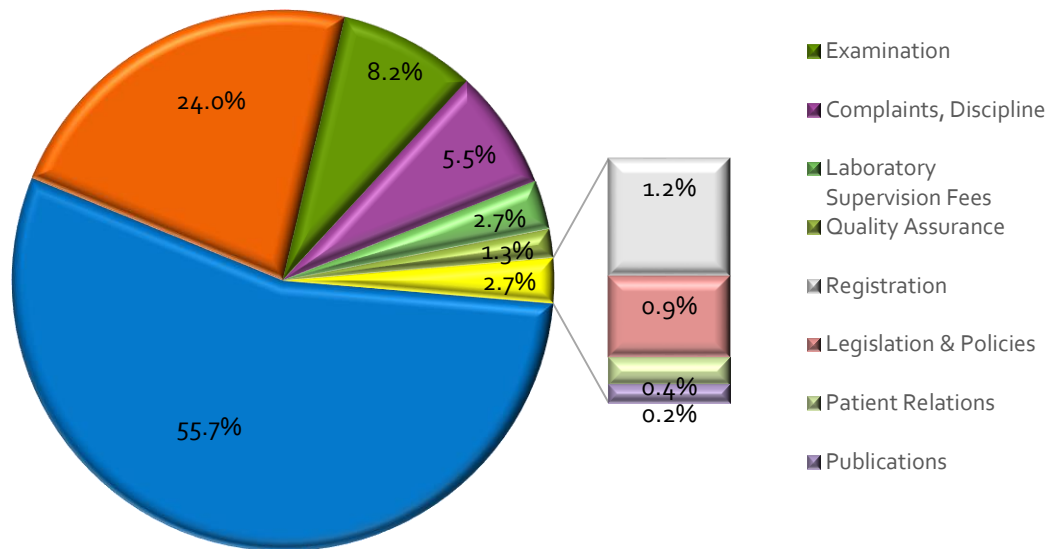
# Program Revenue

	2017-2018			2018-2019				
	Volume	Budget Fee	Budget Revenue	Volume	\$ Change Volume	Budget Fee (17/18 + 2.3%)	\$ Change Fee Increase	Budget Revenue
<b>Registration</b>								
Authorization Certificate	2	1249	\$ 2,498	3	\$ 1,249	1278	\$ 87	\$ 3,834
Application Processing Fee	22	260	\$ 5,720	25	\$ 780	266	\$ 150	\$ 6,650
General Certificate	541	1556	\$ 841,796	543	\$ 3,112	1592	\$ 19,548	\$ 864,456
Inactive Certificate	18	781	\$ 14,058	16	\$ (1,562)	799	\$ 288	\$ 12,784
Transfer	6	260	\$ 1,560	6	\$ -	266	\$ 36	\$ 1,596
Reinstatement		260	\$ -	1	\$ 260	266	\$ 6	\$ 266
Late/Penalty	0	229	\$ -	10	\$ 2,290	234	\$ 50	\$ 2,340
Others		104	\$ -		\$ -	106	\$ -	\$ -
Laboratory Supervision Fees	444	91	\$ 40,404	446	\$ 182	93	\$ 892	\$ 41,478
			\$ 906,036		\$ 6,311		\$ 21,057	\$ 933,404
Registration Revenue			\$ 906,036		\$ 912,347		\$ 933,404	
% Change in Registration Revenue					0.7%		2.3%	3.0%
<b>Registration Examinations</b>								
Application Processing Fee	56	260	\$ 14,560	49	\$ (1,820)	266	\$ 294	\$ 13,034
Eligibility Exam Fees	1	260	\$ 260	-	\$ (260)	266	\$ -	\$ -
Written Exam	33	260	\$ 8,580	32	\$ (260)	266	\$ 192	\$ 8,512
Jurisprudence & Ethics Exam	39	260	\$ 10,140	37	\$ (520)	266	\$ 222	\$ 9,842
Practical Exam	29	1562	\$ 45,298	25	\$ (6,248)	1598	\$ 900	\$ 39,950
Repeating Exam	27	469	\$ 12,663	34	\$ 3,283	480	\$ 374	\$ 16,320
Appeals	1	421	\$ 421	1	\$ -	430	\$ 9	\$ 430
Jurisprudence & Ethics Course	-							
			\$ 91,922		\$ (5,825)		\$ 1,991	\$ 88,088
Registration Examination Revenue			\$ 91,922		\$ 86,097		\$ 88,088	
% Change in Registration Examination Revenue					-6.3%		2.3%	-4.0%
Registration and Registration Examinations Revenue and %			\$ 997,958		\$ 486		\$ 23,048	\$ 1,021,492
					0.0%		2.3%	2.4%

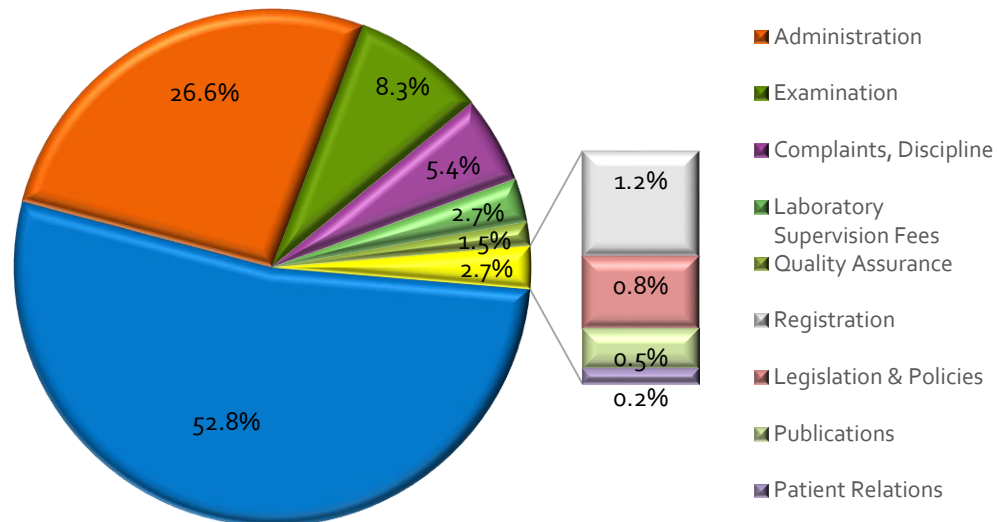
# Operating Expense

53

**2018-2019 Budget Expenses (\$1,048K)**



**2017-2018 Budget Expenses (\$1,027K)**

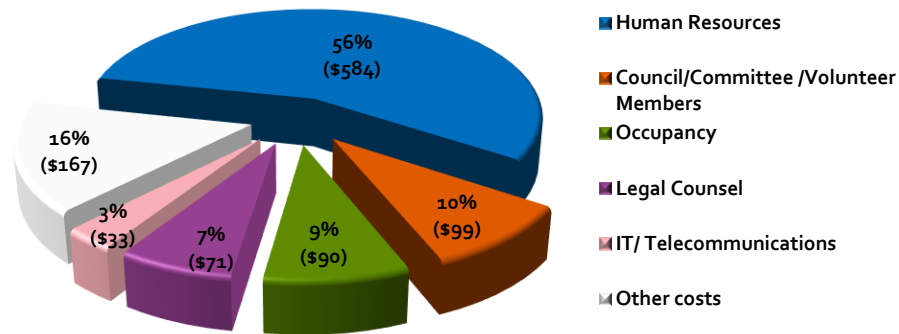


# Major Cost Drivers

(84% of total Operating expenses excluding amortization)

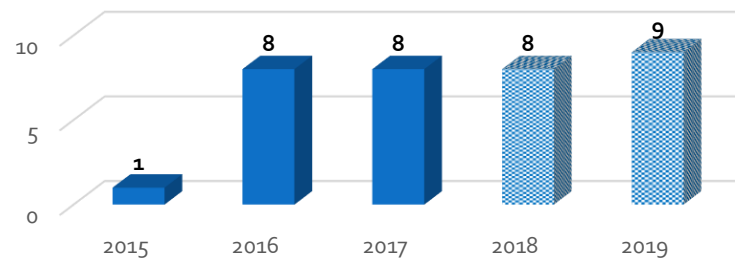
## Costs Drivers 2018-2019

(in 000's)



	Comments
Human Resources	6 FTE
Occupancy (Operations/Examinations)	Lease expiry 8/18
Council/Committee/Volunteer Members	Honoraria/Travel
Legal Counsel	General and Complaints
IT/Telecommunications	Upgrade IT services

## Complaints (External Resources Required)





# Budget Outcomes

- Supports achievement of Council approved strategic priorities which address Ministry directives, organizational and reputational risks, and the objects of the College
- Encourages service level enhancements while providing Members with value for fees paid
- Achieves fiscal sustainability by not using one-time funding to balance the day to day operating budget
- Delivers a balanced budget with reasonable fee increases in response to increased operating expenditures; after mitigation of such increases with operational savings from continuous improvement programs
- Establishes a benchmark for creation of a surplus retention policy for use of unrestricted net assets (surplus) that will not impair the College's ability to achieve continuity of operations due to unforeseen circumstances



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

## COUNCIL REPORT

Date Report Authored: May 30, 2018

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**SUBJECT:** **2018 Committee Work Plans**  
**PREPARED BY:** Roderick Tom-Ying, Quality Assurance, Stakeholder Relations

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Recommendation(s) to Council:

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

### RECOMMENDATION(S):

THAT the report entitled “2018 Committee Work Plans” be received;

AND THAT Council approve the 2018 Committee Work Plans as presented;

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 obtain Council approval for the 2018 Committee Work Plans, and to ensure that all projects and initiatives undertaken by the statutory committees, non-statutory committees, and task forces are aligned with the 2017-2022 Strategic Plan.

### BACKGROUND:

Statutory committees, non-statutory committees, and task forces complete an annual planning session in the first quarter of each year to strategize their priorities and initiatives for the upcoming year. The initiatives and projects undertaken by each respective committee are derived from the following four pillars of success:

1. **2017-2021 Strategic Plan** – priorities pertaining to the College’s 5-year strategic plan
2. **Policy**– priorities pertaining to policy initiatives to create/revise/review/ and identify policy gaps
3. **Communications Strategy** – 3 main priority focus areas: membership engagement, public awareness, and external relationships

4. **Operational Excellence** – priorities pertaining to day to day operations, routine committee programs, and continuous process improvements

Work plans are organized hierarchically beginning with Priorities, Objectives and then Action Plans. The following are their definitions:

**Priorities** – Broad long-term aims that define fulfillment of the mission and mandate

e.g. – Maximize membership growth, retention, and involvement

**Objectives**– This is what you need your members to do to get this value. Specific, quantifiable, realistic targets that measure the accomplishment of a goal over a specified period (SMART). Your priority tells you the areas in which you need to have objectives.

e.g. – Increase average attendance from 10 to 25 per meeting by Jan 2017

**Action Plans** – Specific steps to be taken to implement an objective. Includes what will be done, by whom, by when, and the resources required

#### **OPTIONS/ FOR DISCUSSION:**

At the April 13<sup>th</sup> meeting, Council received an orientation presentation on work plans prepared by staff. After fulsome discussions regarding this year's strategic priorities and the organization of work plans moving forward, Council agreed to review and formally approve work plans annually.

Council is now asked to formally approve this year's 2018 Committee Work Plans for the following committees:

- Executive Committee
- Quality Assurance Committee
- Registration Committee
- ICRC Committee
- Patient Relations Committee

The following committees will not submit their work plans for formal approval as they are struck on an ad hoc basis and act on a business as usual basis:

- Examinations Committee
- Recruitment Committee
- Fitness to Practice Committee
- Discipline Committee
- Standard of Practice Task Force

**FINANCIAL CONSIDERATIONS:**

N/A

**HUMAN RESOURCES CONSIDERATIONS:**

Staff time to implement the projects and initiatives required in the work plans.

**RISK CONSIDERATIONS:**

1. Capacity – resource requirements, achievability, small staff complement leading to burnout, realistic timelines, attainability
2. Change in government direction – e.g. College amalgamations, self-regulation
3. Accuracy of research – influences College direction on policy initiatives
4. Regulatory constraints

**ACCESSIBILITY CONSIDERATIONS:**

N/A

**ALIGNMENT WITH STRATEGIC PRIORITIES/ OBJECTS OF COLLEGE:**

This 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:**

Office of the Registrar, all departments.

**ATTACHMENTS:**

1. Executive Committee Work Plan
2. Quality Assurance Committee Work Plan
3. Registration Committee Work Plan
4. ICRC Committee Work Plan
5. Patient Relations Committee Work Plan

# Executive Committee Work Plan 2018

	Priority	Objectives	Action Plan	When	Whom	Status
Strategic Planning	Enhance governance effectiveness in Council operations	3.1 Complete a Council governance policy manual by December 2018 that includes a compilation of relevant governance policies of the College.	3.1 a) Research other regulatory health colleges in Ontario and Canada to identify best practices by Sept 2017	Sept 2017		Completed
			3.1 b) Complete a template and outline of the policy manual by Oct 2017	Oct 2017		Completed
			3.1 c) Populate Governance Policy manual (may include creating and adopting new governance policies) by Dec 2018	Dec 2018		In progress
			3.1 d) Get Council approval for the Governance Policy manual by Dec 2018	Dec 2018		
		3.2 Develop an Orientation Manual to ensure that every new Council member gets governance education within six months of onboarding	3.2 a) Create training materials explaining the role of the College, the role of Council, the role of statutory and non-statutory committees, the difference between self-governing and non-self-governing health professions/ b) Use consultant to provide new Council members with onboarding training c) Upload the Orientation Manual onto the Council web portal.	Sept 2018		In progress
		3.3 Implement a framework for evaluating Council performance	3.3) Seek Council's approval and implement revised Council Performance Evaluation policy and schedule by Sept 2017 and conduct 1 <sup>st</sup> Council evaluation by Dec 2017	Dec 2017		Completed
		3.4 Develop strategies to increase non-council member participation on Committees	3.4 a) Review RHPA and by-laws to see which of the committees are able to have non-council members by Sept 2017	Sept 2017		Completed
			3.4 b) Invite non-council members to participate via College Newsletter, Emails, and Website by Summer 2018	Summer 2018		In progress
Policy	Improve organization efficiency and transparency	Developing and implement a CDTO HR Policy by December 2018	1. Identify an HR policy framework – similar to 3.1 by June 2018 2. Similar to 3.1 a,b,c,d by June 2018 3. Reviewing and revising the CDTO Employee Policy Manual by December 2018	December 2018		In progress
Communication	Increase member and potential member engagement with the College					
	Increase public awareness of the College and the role it plays in protecting the public					
	Create effective professional relationships with stakeholders (Regulatory Healthcare Colleges, .. )	Develop a strategy and schedule for CDTO to participate in conferences, deliver presentations, attend networking events, develop presentation content, and invite speaking guests to CDTO	1. Identify communication plan targets and messaging for 2018 2. Implement the communications plan 3. Scheduling networking meet and greets 4. Identify potential events			
Operations	Continuous process improvements (CPI) to meet Council's fiduciary responsibilities	Finalize Occupancy Strategy for CDTO	1. Review presented options			In progress
		Participate in the College Collaboration Working Group to identify four potential shared resource initiatives to increase efficiencies and cost savings	1. Identify potential opportunities e.g. shared employee benefits plan 2. Build a business case for each opportunity to outline risks and rewards 3. Provide Executive Committee with updates and seek approval when required			In progress

# 2018 QA Committee Work Plan

Type	Priority	Objectives	Action Plan	Timeline	Status
2017-2021 Strategic Plan	Implement a best practice redesigned Quality Assurance Program supported by Quality Assurance regulation changes	Identify recommendations for changes to regulations to ensure College can carry out best practice QA processes by Dec 2020	Explore and document best practice QA programs in other regulatory colleges (including CADTR Dental Technology Colleges)	By Dec 2018	In progress
			Conduct full review of QA regulation 604/98 and propose recommendations based on benchmarking study of FHRCO Colleges and consultations with MOHLTC and legal counsel	By Dec 2018	Hold
			Assess relevancy of today's QA program in current and future state of dental technology profession, practice environments and in achievement of desired outcomes for RDT's and other stakeholders. QA Committee to develop revised principles of QA program, identify desirable outcomes with performance indicators and make recommendations to Council for revised QAP	By Dec 2018	Hold
Operational	Database: Launch online QA module for member's submission of SPDP/PDP and tracking of CEPD points	<ol style="list-style-type: none"> <li>1. Research groundwork of QA module and compare similar concepts from other Colleges by April 2018</li> <li>2. Create business rules for the creation of a QA module by Aug 31</li> <li>3. Work with database provider to develop and implement QA module for membership use by Nov 2018.</li> </ol>	<ol style="list-style-type: none"> <li>1. Conduct environmental scan of FHRCO Colleges that have online QA module by May 2018</li> <li>2. Provide initial requirements of QA module and draft SRS requirements for developers by August 31<sup>st</sup>, 2018</li> <li>3. Finalize SRS and test working model of QA module by October 29, 2018</li> <li>4. Update and revise current paper self-assessment forms, PDP and SPDP forms to adhere to online module business requirements by June, 2018. Provide to members and update website with newly updated forms.</li> </ol>	By Nov 2018	In progress
	QA Forms Redesign	<ol style="list-style-type: none"> <li>1. Conduct environmental scan of other Self-Assessment Forms</li> <li>2. Identify best practices for professional development guidelines</li> <li>3. Redesign suite of QA documents – PDP, SPDP, CEPD Guide</li> </ol>	<ol style="list-style-type: none"> <li>1. Research competency profile for Dental Technology and identify entry to practice behavioral indicators</li> <li>2. Complete redesign of QA documents – PDP, SPDP, CEPD Guidelines to be easily ported into online module</li> <li>3. QAC approves redesign of QA documents and CEPD guidelines</li> </ol>	By June 2018	In progress-almost complete
	Launch of the SPDP, PDP, & Peer Assessment Programs	To promote continuing competence, interprofessional collaboration, adapt to advances in technology and changes in the practice environment	<ol style="list-style-type: none"> <li>1. Launch of the SPDP and Peer Assessment Programs</li> <li>2. Use the approved timelines for selected members to be notified</li> </ol>	By April 2018	Completed

# 2018 Registration Committee Work Plan

Type	Priority	Objectives	Action Plan	Timeline
2017-2021 Strategic Plan	Increase membership enrolment to ensure Ontarians have greater access to skilled, qualified RDTs	5.1 Build an onboarding strategy to license 100% of candidates who successfully complete registration exam by Dec 2019	5a. Research what other regulatory colleges in Ontario and dental technology regulatory colleges outside of Ontario (CADTR) are doing to increase their membership, registration classes etc., develop a strategy from the research and report to Council	<ul style="list-style-type: none"> <li>•Dec 2017 – Council approved Policy Time Limitation for Validity of Examination Results Policy</li> <li>•Sept 2018 – Contact CDHO re: plan they implemented to increase membership</li> <li>ORAC/CADTR Registration Survey</li> <li>•Fall 2018 – draft of survey for RC review</li> <li>•____ 2018 – send out survey</li> <li>•____ 2018/19 – analysis of results</li> <li>•____ – draft report</li> <li>•____ – RC review of report</li> <li>•____ – develop/ approve onboarding recommendations/strategies to bring to Council</li> <li>•____ - Council review of recommendations/ approval</li> <li>•____ - implement recommendations/ strategies</li> <li>•____ - measure outcomes – start cycle improvement process</li> </ul>
		5.2 Build recruitment strategy to generate interest in non-members becoming licensed earlier in cycle by 2020	5b. Develop and conduct a survey of GBC dental technology graduates who do not apply for registration examinations and successful registration examination candidates who do not apply for registration or delay application for registration beyond first year of eligibility. Provide a report with recommendations for an onboarding strategy to include key performance indicators.	<p>GBC grads that did not apply for exams (also include candidates who did not apply for re-examination):</p> <ul style="list-style-type: none"> <li>•May 2018 – develop draft of survey for RC review/approval</li> <li>•2018 – send out survey, analysis of results, draft report</li> <li>•Nov 2018 – RC review of report</li> </ul> <p>•Nov 2018 – develop/ approve onboarding recommendations/strategies to bring to Council</p> <ul style="list-style-type: none"> <li>•Dec 2018 - Council review of recommendations/approval</li> <li>•____ - implement recommendations/strategies</li> <li>•____ - measure outcomes – start cycle improvement process</li> </ul> <p>Exam Candidates who delay application for registration (for all applicant routes):</p> <ul style="list-style-type: none"> <li>•May 2018 – develop draft of survey for RC review/approval</li> <li>•____ – send out survey</li> <li>•____ – analysis of results</li> <li>•____ – draft report</li> <li>•____ – RC review of report</li> </ul> <p>•____ – develop/ approve onboarding recommendations/strategies to bring to Council</p> <ul style="list-style-type: none"> <li>•____ - Council review of recommendations/ approval</li> <li>•____ - implement recommendations/ strategies</li> <li>•____ - measure outcomes – start cycle improvement process</li> </ul>
		5.3 Increase membership enrolment by at least 15% by 2021	5c. Develop an education and recruitment strategy for 1st year GBC students in dental technology, denturism and dental assistant programs to include a role model program, delivering presentations to each cohort starting in 1st year of program, a mentorship program and a social media platform to increase number of first -time examination writers (show value of membership in protecting the public/financial planning).	<ul style="list-style-type: none"> <li>•January 2018 – revamped presentation to 3rd GBC dental technology students</li> <li>•Fall 2018 - expand outreach to 1st and 2nd yrs</li> <li>•Winter 2019 - expand outreach to denturism and dental assistant programs</li> <li>•____ - develop a mentorship program</li> <li>•____ - develop a social media platform</li> <li>•____ - develop materials showing value of membership</li> </ul>



# 2018 Registration Committee Work Plan

Type	Priority	Objectives	Action Plan	Timeline
Operational	Create the efficient and accountable infrastructures in support of the College's mandate	Developing the database	<ol style="list-style-type: none"> <li>1. Develop the database features and Identify how to improve it</li> <li>2. Write a business requirements document to the vender to make changes to the database</li> </ol>	<p>July 2018 – develop features for database and write business requirements for: Exam Application, Repeats, Upgrading, Results, Scheduling, Application for Registration, Transfer Status, LLS orders, Resign/Retire, Revoke, revise Renewal for 2018/19 (new research questions and improvements on existing flow), HPCs, and HPDB</p> <p>After database is fully launched – identify how to improve it</p>
Policy	Improve organization efficiency and transparency	Review/develop a policy (If needed)	<ol style="list-style-type: none"> <li>1. Transfer Registration Status (General to Inactive and Inactive to General) Policy</li> <li>2. "Lapsed" Members Policy– for retired and resigned – apply as new applicant meeting current registration requirements</li> <li>3. Documents Not Available (for International Applicants) Policy – alternatives accepted by College</li> </ol>	
Communication	Increase member and potential member engagement with the College	Boost Member Awareness using Communications	<ol style="list-style-type: none"> <li>1. Create articles for Bridge</li> <li>2. Create guidelines for the members</li> <li>3. Create postings related for registration requirements</li> </ol>	<ol style="list-style-type: none"> <li>1. Bridge – June 2018 Suggested topic: Time Limitation for Validity of Examination Results Policy (E06)</li> <li>2. Guidelines – _____ 2018 to be posted to website w/ applicant information to coincide with online application</li> <li>3. Posting - _____</li> </ol>
	Create effective professional relationships with stakeholders (Regulatory Healthcare Colleges)		<p>GBC – PAC meeting – TBD</p> <p>GBC – Review of exam results (Mar 26)</p>	<p>PAC – April 19, 2018</p> <p>GBC Reps re: 2017 results – March 26, 2018</p> <p>ORAC ongoing – June 20, 2018</p>



# ICRC Work Plan 2018

	Priority	Objectives	Action Plan	When	Revised Time	Whom	Status
Strategic Planning	Enhance governance effectiveness in Council operations	Develop an Orientation Manual to ensure that every new ICRC member gets training	Completed	March 2018			Completed
		Create training materials explaining the role of the Inquiries Complaints and Reports Committee, and provides guidance on decision making	Completed	March 2018		Shirelle	Completed
Policy	Review the Professional Misconduct Regulation	Bring the amended professional misconduct regulation to the attention of Council	A) Completed “Form A” and present to Council	January 2018			Completed
			B) Bring amendments to the Council meeting for approval	May 2018			Awaiting Approval
			C) Begin legislative process for amendments	September 2018			Awaiting Approval
Communication	Complaints Brochure	Review the current Complaints Brochure	A) Find examples of the Complaints Brochures used at other College’s	August 2018			
			B) Complete a template of suggested amendments	October 2018			
			C) Get Committee approval	November 2018			

# Patient Relations Committee Work Plan 2018

	Priority	Objectives	Action Plan	When	Revised Time	Whom
S P t l r a n t e i g n i g c	Conduct research on the current state of the dental technology profession	The public knows who makes their dental devices and can easily find where they go if they have a complaint	Distribution of Face Behind the Smile Brochure and Bridge Publication	Completed by September 2018 and Ongoing		Professional Members on Committee  Communication on Bridge (staff)
		Increase website visits on the “About us” and “For the Public” pages by (names of individuals)	Link in the Bridge to the CDTO website and links to social media pages (when complete)	Update in September 2018 and Ongoing		Staff (Shirelle Goodman)
P o l i c y	Improve organization efficiency and transparency	Review/develop a policy (If needed)	Completed as of December 2017. Review in 2019.	Early 2019		Patient Relations Committee
C o m m u n i c a t i o n	Increase member and potential member engagement with the College	Add items to the website	1.Create articles for Bridge <del>1. Develop Webinar</del> (too labour intensive at the current time) 1. Create postings related to new forms/submissions requirements 1. Create articles to link to web postings for the members	June 2018		Shirelle with Relevant Staff Support
	Increase public awareness of the College and the role it plays in protecting the public	<b>Please see strategic plan section for details</b>	2. Create/design brochures for the public 2. Create articles to link to web postings for the public	Please see strategic plan section for details		Please see strategic plan section for details
	Create effective professional relationships with stakeholders (Regulatory Healthcare Colleges, .. )	Council member’s to engage with and leverage relationships with stakeholders. Registrar and staff to strengthen the existing stakeholder relationships.	Add actions that are already ongoing (presentations by Judy, Michael, CADR etc.)	Ongoing		Staff member to vary with role
O t p i e o r n a	Create the efficient and accountable infrastructures in support of the College’s mandate	Developing the database	1. Develop the database features and Identify how to improve it 2. Conduct a stakeholder (members) consultation to elicit feedback and provide an appropriate solution to meet the members needs 3. Write a business requirements document to the vender to make changes to the database	Ongoing		Staff member to vary with role

CONFIDENTIAL

Agenda Item 8 & 9 contains the following items:

Registrar's Report

In-Camera Discussion

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## Summary of Council Meeting Evaluations – April 13, 2018

Council members in attendance: 12

Evaluations submitted: 10

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

### Additional Comments:

- *We had many long and informative reports, but could have paused more often and asked for comments as we went along*
- *Good attendance, meeting was well organized and went smoothly*
- *Very good presentation on Access to Dental Technology*
- *The meeting was well organized and well run. Council package was excellent, thorough and informative. Discussion was good and served as an excellent learning opportunity. If everyone attends in person again, we may have to add one more table at the end to extend the board table and allow for more elbow room.*