



143rd Board Meeting

Date: Friday, April 25th, 2025, 9:00 AM to 4:00 PM

YouTube Live Stream: [Link](#)

Agenda	Speaker	Action	Time
1. Call to Order	Chair		1 min
2. Opening Remarks 2.1. Land Acknowledgement 2.2. Welcome New Directors	Chair		3 mins
3. Approval of Agenda	Chair	Motion	2 mins
4. Conflict of Interest Declaration 4.1. 2025 COI Declarations	Chair		2 mins
5. Consent Agenda 5.1. 142 nd Board Meeting Minutes 5.1.1. Appendix 1 – Status Updates on Board Action Items 5.2. Executive Committee 5.3. Discipline Committee 5.4. Fitness to Practice Committee 5.5. ICRC Committee 5.6. Patient Relations Committee 5.7. Quality Assurance Committee 5.8. Registration Committee 5.9. Recruitment Committee 5.10. By-Laws and Policy Review Committee	Chair	Motion	5 mins
6. Governance 6.1. Rise and Report for April 24 th Board workshop 6.2. January 31 st Board workshop and meeting evaluation 6.3. Accountability Reports 6.3.1. 2023-2024 Annual Report 6.3.2. 2024 CPMF Report 6.3.3. OFC Report 6.4. Board Policy – Selection and Appointment of the Auditor	Chair Chair L. Cheng Registrar	Information Discussion Information Motion	10 mins 10 mins 10 mins 10 mins
7. Board Education 7.1. Finance Training 7.2. Professional Development – CNAR 2025	Registrar Chair	Presentation Information	45 mins 5 mins
10:45 AM Energy Break (15 minutes)			
8. Financial Matters 8.1. Financial and Monitoring Reports 8.1.1. Operating 8.1.2. Strategic 8.1.3. Investments 8.1.4. Cash Flow 8.2. Investment Strategy	Registrar Registrar	Information Information	20 mins 20 mins



9. Regulatory Programs			
9.1. Protect Ontario through Free Trade Within Canada Act	Registrar	Information	15 mins
9.2. CADTR Credential and Assessment Services	Registrar	Information	15 mins
10. Strategic Plan			
10.1. Strategic Dashboard	R. Far	Information	15 mins
12:25 PM Lunch Break (45 minutes)			
10.3 PE – Prior Learning Assessment and Recognition	K. Johnson	Presentation	45 mins
10.4 RE – Equity, Diversity, Inclusion and Indigeneity	R. Omar	Presentation	15 mins
11. System Partnerships			
11.1. Standards Framework and Professionalism	R. Far	Information	15 mins
12. Registrar’s Update			
12.1. Registrar’s Report	Registrar	Verbal	20 mins
12.2. CDTO Dashboard			
12.3. Communications Dashboard			
2:45 PM Energy Break (15 minutes)			
13. In-Camera Session			
<i>Pursuant to Section 7(2)(b) of the HPPC, financial or personal or other matters may be disclosed of such nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public.</i>	Chair	Motion	60 mins
13.1. In-camera minutes from January 31 st			
13.2. Financial matters			
14. Closing Remarks			
Next Meeting Dates: June 20 th – Board meeting	Chair	Information	1 min
15. Meeting Adjournment	Chair	Motion	1 min

CDTO Land Acknowledgement Statement

In this virtual space, we wish to acknowledge the land of the original people of Ontario.

For thousands of years the traditional land where the College is located has been the home of the Huron, Wyandot, the Seneca, Mississauga New Credit.

The College also acknowledges the over 40 Treaties and land agreements of Nations of Ontario including the Metis Nation.

We acknowledge the painful history of genocide and forced removal from this territory, and we honor and respect these nations as the traditional stewards of the land and water on which we share today. We honour the ancestors on those traditional lands we are on today.

The CDTO is committed towards Indigenous reconciliation and will actively support the health and wellness and inclusion of Indigenous People in all sectors of Ontario.

We stand in solidarity of murdered and missing indigenous women, girls, and two-spirited people.



Ontario

**Executive Council of Ontario
Order in Council**

On the recommendation of the undersigned, the Lieutenant Governor of Ontario, by and with the advice and concurrence of the Executive Council of Ontario, orders that:

**Conseil exécutif de l'Ontario
Décret**

Sur la recommandation de la personne soussignée, le lieutenant-gouverneur de l'Ontario, sur l'avis et avec le consentement du Conseil exécutif de l'Ontario, décrète ce qui suit :

PURSUANT TO clause 5(1)(b) of the *Dental Technology Act, 1991*, **Alla Khinich** of Vaughan be appointed as a part-time member of the Council of the College of Dental Technologists of Ontario to serve at the pleasure of the Lieutenant Governor in Council for a period not exceeding one year, effective the date this Order in Council is made.

EN VERTU DE l'alinéa 5 (1) b) de la *Loi de 1991 sur les technologues dentaires*, **Alla Khinich** de Vaughan est nommée au poste de membre à temps partiel du Conseil de l'Ordre des technologues dentaires de l'Ontario pour exercer son mandat à titre amovible à la discrétion du lieutenant-gouverneur en conseil, pour une période maximale d'un an à compter du jour de la prise du présent décret.

Recommended: Minister of Health
Recommandé par : La ministre de la Santé

Concurred: Chair of Cabinet
Appuyé par : La présidence du Conseil des ministres

Approved and Ordered: APR 17 2025
Approuvé et décrété le :

Lieutenant Governor
La lieutenant-gouverneure



Ontario

**Executive Council of Ontario
Order in Council**

On the recommendation of the undersigned, the Lieutenant Governor of Ontario, by and with the advice and concurrence of the Executive Council of Ontario, orders that:

**Conseil exécutif de l'Ontario
Décret**

Sur la recommandation de la personne soussignée, le lieutenant-gouverneur de l'Ontario, sur l'avis et avec le consentement du Conseil exécutif de l'Ontario, décrète ce qui suit :

PURSUANT TO clause 5(1)(b) of the *Dental Technology Act, 1991*, **Jatinderpal Randhawa** of Brampton be appointed as a part-time member of the Council of the College of Dental Technologists of Ontario to serve at the pleasure of the Lieutenant Governor in Council for a period not exceeding one year, effective the date this Order in Council is made.

EN VERTU DE l'alinéa 5 (1) b) de la *Loi de 1991 sur les technologues dentaires*, **Jatinderpal Randhawa** de Brampton est nommé au poste de membre à temps partiel du Conseil de l'Ordre des technologues dentaires de l'Ontario pour exercer son mandat à titre amovible à la discrétion du lieutenant-gouverneur en conseil, pour une période maximale d'un an à compter du jour de la prise du présent décret.

Recommended: Minister of Health
Recommandé par : La ministre de la Santé

Concurred: Chair of Cabinet
Appuyé par : La présidence du Conseil des ministres

Approved and Ordered:
Approuvé et décrété le : APR 17 2025

Lieutenant Governor
La lieutenante-gouverneure

O.C. | Décret : 419 / 2025



Conflict of Interest Declarations

Committee Member	Potential Conflict(s) of Interest Declared
Abena Buahene, Public Director	City of Toronto Tribunals Nominating Panel
Shanice Fontaine, RDT	None
Alla Khinich, Public Director	TBD
James (Jamie) Matera, RDT	None
Tayla McGuckin, Public Director	None
Mark Peters, RDT	None
Nawaz Pirani, Public Director	Manager, Registration, Examinations and Quality Programs, College of Chiropodists of Ontario
Jatinderpal Randhawa, Public Director	TBD
Dr. Rehan Siddiqui, Public Director	None
William (Bill) Van Evans, RDT	None
Clark Wilson, RDT	None
Adela Witko, RDT	None
Franz Yagin, RDT	Teaching Assistant, George Brown College

See the next page for details on conflict-of-interest definitions and declarations.



Conflict of Interest

By completing the Conflict-of-Interest declaration, all Directors of the Board understand that they:

- Have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public.
- Must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest.
- Have a duty to uphold and further the intent of the Act to regulate the practice and profession of dental technology in Ontario, and not to represent the views of advocacy or special interest groups.

Directors of the Board recognize that a conflict of interest or an appearance of a conflict of interest:

- i. Could bring discredit to the College;
- ii. Could amount to a breach of the fiduciary obligation of the person to the College; and
- iii. Could create liability for either the College or the person involved or both.

Declarations

Directors of the Board have disclosed the following conflicts of interest:

- Participation in other regulatory bodies or professional associations.
- Position at any educational institution for a dental technology program.
- Any other personal or professional relationships that could conflict with a Director's duties to the College.
- Close family members (e.g., spouse) or close associates (e.g., business partner) who stand to be affected financially by the Director's participation in a College decision.



142nd Board Meeting Minutes

Date: January 31, 2025, 1:13 PM – 4:26 PM (Hybrid)

Board of Directors:

James Matera, RDT, Chair
William (Bill) Van Evans, RDT (Vice-Chair)
Abena Buahene, Public
Shanice Fontaine, RDT
Tayla McGuckin, Public
Mark Peters, RDT
Nawaz Pirani, Public
Rehan Siddiqui, Public
Clark Wilson, RDT
Adela Witko, RDT
Franz Yagin, RDT

Staff:

Judith Rigby, Registrar & CEO
Paola Bona, Registration & Exams
Leanne Cheng, Governance and Regulatory Affairs
Rose Far, Policy and Strategic Projects
Safyia Mohammed, Registration and Administration
Rihanna Omar, Professional Conduct, EDI Lead
Ashney Patrick, Communications

Guests:

Emily Graham, Steinecke Maciura LeBlanc

Regrets:

Asif Khan, Public

1. Call to Order

The Chair called the 142nd Board meeting to order at 1:13 pm.

2. Opening Remarks

The Chair invited S. Fontaine to deliver the land acknowledgement and held a moment of reflection so each attendee may consider what the land acknowledgement means to them and how we can move forward towards reconciliation. Directors joined the Chair in welcoming Mark Peters, recently elected in the By-Election for the Toronto and Peel Region, to the Board.

3. Approval of Agenda

MOTION: THAT the agenda be approved as presented.

Moved by: W. Van Evans and seconded by S. Fontaine

CARRIED

4. Conflict of Interest Declaration

There were no changes to the annual conflict of interest forms or declarations for the items to be discussed at the meeting.

5. Consent Agenda

MOTION: THAT the consent agenda be approved as presented

Moved by: N. Pirani and seconded by R. Siddiqui

CARRIED



6. Election of Officers and Executive Committee

6.1 Process for Elections of Officers

As per the College's By-Laws, the Registrar is responsible for supervising the Elections of Officers and Executive Committee. The Registrar reviewed the elections process which was revised and approved by the Board on December 6, 2024, through Policy 6.1 of the Governance Policy Manual. Directors were informed that nominations were received in advance but would also be taken from the floor. Nominees would have three minutes to address the Board before scrutineers distributed the ballots.

6.2 Nomination for Scrutineers

The Registrar called upon two of her Staff to support elections as scrutineers, Paola Bona and Leanne Cheng.

6.3 Nomination and Election of the Chair

The Board was informed that J. Matera and W. Van Evans had nominated themselves in advance of the meeting. W. Van Evans withdrew his nomination. No further nominations were received from the floor. J. Matera was elected as Chair of the Board of Directors by acclamation.

6.4 Nomination and Election of the Vice-Chair

The Board was informed that W. Van Evans nominated themselves in advance of the meeting. No further nominations were received from the floor. W. Van Evans was elected as Vice-Chair of the Board of Directors by acclamation.

6.5 Nomination and Election of Executive Committee Members

The Registrar informed the Board that following the election of the Chair and Vice-Chair, the Executive Committee requires two more Public Directors and one Elected Director to meet its composition. Elections for Public Directors will begin first.

The Board was informed that T. McGuckin, N. Pirani and R. Siddiqui nominated themselves in advance of the meeting. T. McGuckin withdrew her nomination. No further nominations were received from the floor. N. Pirani and R. Siddiqui were elected to the Executive Committee by acclamation.

The Board was informed that M. Peters and A. Witko nominated themselves in advance of the meeting. No further nominations were received from the floor. Ballots were circulated after both nominees had the opportunity to address the Board for three minutes. A. Witko was elected to the Executive Committee by a majority vote.

The Registrar informed the Board that the Executive Committee is composed of J. Matera as the Chair, W. Van Evans as the Vice-Chair, and Executive Committee members N. Pirani, R. Siddiqui and A. Witko. She thanked the Board for their participation and congratulated those elected.



6.6 Motion for Destruction of Ballots

MOTION: THAT the ballots for the Election of Officers and Executive Committee are destroyed.

MOVED BY: C. Wilson and seconded by A. Witko

CARRIED

7 Governance

7.1 Committee Slate

The Executive Committee met during the break to review the Committee Slate and are recommending it to the Board for approval. This Slate was drafted by the Recruitment Committee using the Committee Competency Framework that was approved for pilot at the September 27, 2024 Open Executive Committee meeting. The Slate was drafted with consideration of competencies, Committee composition, continuity of members and fresh perspectives, and balance in workload.

MOTION: THAT the Committee Slate be approved as presented.

MOVED BY: C. Wilson and seconded by M. Peters

CARRIED

7.2 Rise and Report – Board Workshop

The Chair reported on the Board workshop held in the morning of the Board meeting. The Board reviewed the Risk Register and considered pertinent issues that the Board should be planning for. It was an excellent workshop that was facilitated by Erik Lockhart, Lockhart Facilitation Inc., to keep the Board focused and effective.

7.3 2024 Board Annual and Meeting Evaluation

Each year the Board completes an annual evaluation to assess whether it is functioning effectively and meeting its governance responsibilities. It also fosters continuous improvement of the Board and the Directors. The evaluation identifies strengths as well as areas that need improvement.

While the evaluation was overall positive, the Board received a needs improvement rating without additional comments on “the Board, including through the Executive Committee, is actively and appropriately involved in setting direction for and approving the financial plan/budget”. The Chair encouraged Directors to provide details in the comments to ensure that the Board and Staff are addressing the concerns appropriately.

A. Buahene and R. Siddiqui left the meeting at 2:00 pm.

7. Board Education – Governance and Bias Training

E. Graham of Steinecke Maciura LeBlanc provided Governance and Bias training to the Board. The Board learned about foundational concepts including the self-regulation model, public interest and supporting legislation. The Board considered scenarios and identified whether a task is the responsibility of the Board or operational. It also identified whether actions in a scenario were a sign of good or bad governance. The presentation concluded



with critical aspects of a Director's duty to be conscious of bias, declare conflicts of interest and maintain confidentiality.

T. McGuckin left the meeting at 2:45 pm and C. Wilson left the meeting at 3:05 pm.

R. Siddiqui returned to the meeting at 3:15 pm.

8. Registrar's Update

The Registrar had no updates for the Board.

9. In-Camera Session

The Chair informed attendees that the public portion of the meeting concluded and that the Board will move in-camera to discuss the CEO Performance Evaluation. He thanked attendees for joining and looks forward to seeing them at the next Board meeting on April 25th.

MOTION: THAT the Board move in-camera to discuss matters relating to the CEO Performance Evaluation.

MOVED BY: F. Yagin and seconded by A. Witko

10. Meeting Adjournment

MOTION: THAT the Board move out of camera and adjourn the 142nd Board Meeting at 4:26 pm.

MOVED BY: A. Witko and seconded by F. Yagin

CARRIED



Status Updates on Board Decisions

Board of Directors Meeting	Item	Action	Status
December 6, 2024	Investment Policy	Governance Policy Manual to be revised for the Registrar's responsibility to disclose conflict of interests.	In progress



EXECUTIVE COMMITTEE REPORT

April 25, 2025

Committee Members

James Matera, Professional Member, Chair
William (Bill) Van Evans, Professional Member, Vice-Chair
Nawaz Pirani, Public Member
Dr. Rehan Siddiqui, Public Member
Adela Witko, Professional Member

Committee Mandate

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

Meetings

Since the last report to the Board on January 31, 2025, the Executive Committee met once on March 25, 2025.

For Action of the Board

1. Selection and Appointment of Auditor Policy

The Committee reviewed this policy which establishes a framework and guidelines for the selection and appointment of external auditors to perform an examination and audit of the College's financial statements. It was approved with minor changes and the Committee is recommending it to the Board for approval. See Agenda Item 6.4 Board Policy – Selection and Appointment of the Auditor.

For Information

1. Committee Orientation

The Committee received training that covered the Committee's roles and responsibilities, 2025 work plan, accountability reports, financial management, and environmental trends. A Committee Toolkit was reviewed emphasizing the related sections of the Code, College regulations, By-laws, and policies.

2. Financial and Monitoring Reports

The Committee reviewed the financial and monitoring reports for operating, strategic initiatives, investment and cash flow. The Committee has no concerns with the reports and is not currently recommending any corrective actions.



The Committee met with W. Lai and C. Hanna of BMO Nesbitt Burns to discuss CDTO's Investment Strategy. The investments are approved by the Registrar and adhere to the Investment Policy and the Surplus Retention Policy. This strategy was also reviewed by T. McGuckin, CDTO Board Director with expertise in investments, who deemed it a sound strategy.

3. Risk Register

E. Lockart submitted a report to the Committee to summarize the results of the Risk Register discussions on January 31, 2025. Five primary risks were considered along with their completed and in progress mitigation work. The Board was asked to identify potential future mitigation strategies. These were prioritized based on impact and actions that could be done in 2025. The Committee engaged in discussions on how to improve the language in the Risk Register and suggested that this be continued with the Board on April 24, 2025, Workshop.

4. Financial Matters

The Committee discussed financial matters that could affect the financial sustainability of the College. This matter will be further discussed in-camera at the April 25, 2025, Board meeting as the disclosure of this information could cause harm which outweighs the desirability of adhering to the principles that meetings be open to the public.

5. CEO Performance Evaluation

The Committee reviewed the 2025 CEO Performance Evaluation Criteria and had no changes to make. This will be further discussed on April 24, 2025, Board workshop to ensure that the Board provides clear goals and expectations to the CEO. There was also discussion about providing a written performance evaluation to the CEO.

6. 2024 College Performance Measurement Framework (CPMF) Report

The Committee reviewed and approved the 2024 CPMF Report. Although the College's performance has not changed since 2023, it continues to meet 90% of the best practices of an excellent regulator on a complete level, and 10% on a partial level. The Committee recognizes the efforts that some of these remaining measures may take.



DISCIPLINE COMMITTEE REPORT

April 25, 2025

Committee Members

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

Non-Board Committee Members

Manijeh Rezaeizadeh, Professional Member
Ovidiu Lauric, Professional Member

Committee Mandate

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

Meetings and Hearings

The Discipline Committee last held a virtual hearing on February 6, 2025.

For Action of the Board

There are currently no items for action.

For Information

Two cases have been referred to the Discipline Committee. The respondents have been served with a notice of hearing and it is also posted on the College website. The notices of hearing for the two referrals to discipline can be found here: <https://cdto.ca/protecting-the-public/discipline-decisions/>



FITNESS TO PRACTICE COMMITTEE REPORT

April 25, 2025

Committee Members

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

Committee Mandate

The Fitness to Practice Committee hears allegations relating to registrants 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 practice safely and in the interest of the public. A panel of the Fitness to Practice Committee adjudicates whether the registrant is, in fact, incapacitated and, if so, what terms, conditions or limitations are to be placed on their certificate of registration, including whether the registrant should be practicing at all.

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

Meetings and Hearings

The Fitness to Practice Committee has not met since the last report to the Board on January 31, 2025. To date, no hearings have been held by the Fitness to Practice Committee.

For Action of the Board

There are currently no items for action.

For Information

There are currently no items for information.



INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT

April 25, 2025

Committee Members

James Matera, Professional Member (Chair)

Tayla McGuckin, Public Member

Clark Wilson, Professional Member

Adela Witko, Professional Member

Manijeh Rezaeizadeh, Professional Member (non-Board Committee Member)

Committee Mandate

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

Meetings

The ICRC had no meetings during this reporting period.

For Action of the Board

There are currently no items for action.

For Information

1. Formal Complaints

During this reporting period, no new complaints were received, and no complaints were carried forward.

2. Registrar's Reports

During this reporting period, no new Registrar's Reports were initiated, and none were carried forward.

3. Quality Assurance Committee Referral

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



4. Health Professions Appeal and Review Board

The complainant or the registrant 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 decisions made on Registrar's Reports.

During the reporting period, no new panel decisions were appealed to HPARB. HPARB has not rendered any decisions during this reporting period.



PATIENT RELATIONS COMMITTEE REPORT

April 25, 2025

Committee Members

Tayla McGuckin, Public Member

Clark Wilson, Professional Member

Committee Mandate

The Patient Relations Committee promotes and enhances relationships between the College, its members, other health colleges, system partners, and the public. The Committee is responsible for the Patient Relations program, which must include measures for preventing and addressing the sexual abuse of patients, as well as the responsibilities related to Equity, Diversity, Inclusion, and Indigeneity (EDI-I).

Meetings and Hearings

Since the last Report to the Board on January 31, 2025, the Patient Relations Committee met once on February 27, 2024.

For Action of the Board

There are currently no items for action.

For Information

Communications:

The Patient Relations Committee has determined that the Communications Strategy and the Communications Workplan should be treated as two distinct documents. The Communications Strategy will focus on overarching goals such as branding, audience alignment, and key messaging to ensure consistency and clarity in how the organization presents itself to the public and stakeholders. In contrast, the Communications Workplan will serve as a practical, day-to-day tool that outlines specific tasks, timelines, and responsibilities to support the implementation of the strategy. This separation allows for both a clear vision and an organized, actionable plan to guide communication efforts effectively.

EDI Training Module

The Patient Relations Committee reviewed Module 1: *Introduction to EDI Foundational Concepts* and provided feedback to help enhance clarity, accessibility, and relevance. This feedback will be integrated into the updated version of the module, which will be presented as a new video. The goal is to ensure the content reflects inclusive and representative perspectives while supporting a stronger foundational understanding of Equity, Diversity, and Inclusion.



QUALITY ASSURANCE COMMITTEE REPORT

April 25, 2025

Committee Members

William (Bill) Van Evans, Professional Member (Chair)
Shanice Fontaine, Professional Member
Mark Peters, Professional Member
Ovidiu Lauric, Professional Member (non-Board)
Nawaz Pirani, Public Member
Dr. Rehan Siddiqui, Public Member

Committee Mandate

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

Meetings

Since the last report to the Board on January 31, 2025, the QAC has met once on April 10, 2025.

For Action of the Board

There are currently no items for action.

For Information

The Committee reports on the following activities:

1. Orientation

The Committee received an orientation about their role and responsibilities as part of CDTO's mandate, understanding the objectives of the QA Program and its two components: professional development and practice assessment. The Committee also reviewed its toolkit and resources including the enabling legislation, terms of reference, decision-making process maps and the College Performance Measurement Framework expectations.



2. 2024-2025 QA Program

Summary of Professional Development Profile (SPDP)

This year, the registrants in the 3-year cycle of September 1, 2022, to August 31, 2025, will be submitting their SPDPs to demonstrate compliance with 90 professional development credits. A total of 129 RDTs in the general class are included in this group and will be notified according to the established timelines. RDTs who do not submit their SPDP by August 31, 2025, will be charged a late fee and may be referred to the QAC for further action.

Professional Development Profile (PDP)

In accordance with legislative requirements, the QAC approved the random selection of 2% of General Class RDTs to submit their PDP. A PDP submission includes:

- A self-assessment against the Standards of Practice to identify learning and performance improvement needs,
- The setting of professional development goals and planning related activities,
- Documentation of completed activities, and
- Proof of completion for each activity (e.g., certificates of completion).

Peer and Practice Assessment (PPA)

In accordance with legislative requirements, the QAC approved the random selection of 2% of General Class RDTs to undergo a PPA. This assessment takes place at the RDT's primary place of practice and is designed to ensure adherence to the College's Standards of Practice and Code of Ethics. The process is intended to be supportive and educational rather than punitive, providing an opportunity for RDTs to enhance their practice through feedback from trained peer assessors.

These components collectively support ongoing professional growth and ensure accountability in maintaining high standards of practice.

3. SPDP Referrals to the QAC

Submissions Due August 31, 2023

The Committee received an update on the outcome of its decision rendered on April 10, 2024, for 10 cases involving RDTs who did not submit an SPDP or failed to demonstrate compliance with the required 90 professional development credits by August 31, 2023.

Based on the information received, the Committee rendered the following decisions:

- a. Two cases were closed for full compliance.
- b. One case will remain open until the PPA is completed.
- c. Three cases where the submission and reasons for reconsideration were accepted on condition that a letter be sent to the registrant reminding them of their SPDP obligations.
- d. Three cases where the registrant resigned or was administratively suspended for non-payment of annual renewal fees, that a letter be sent to the former registrants that a PPA will be ordered if they seek reinstatement to the General Class.



- e. One case is awaiting the outcome of a discipline hearing before considering the non-submission of 90 credits. This case was previously referred to the ICRC for allegedly falsifying records.

Submissions Due August 31, 2024

The Committee received an update on the SPDP submissions from the 147 registrants in Group B, who were required to submit their profiles by August 31, 2024.

On September 1, 2024, the on-time submission was 80%, or 117 registrants, seven registrants retired/resigned, and four registrants requested an extension. The remaining 19 registrants were issued a reminder notice and assessed an initial late fee of \$58 in accordance with the approved fee schedule and pre-August 31, 2024, notification to all registrants. A second reminder notice was sent to nine registrants who remained non-compliant and were assessed for an additional \$115 fee. A notice of intention to suspend was sent to eight registrants for non-payment of late fees of which two registrants will be administratively suspended.

As of March 31, 2025, 138 submissions have been approved as compliant, and two registrants remain in the process of fulfilling their SPDP requirements. One registrant was granted an extension, while the other, initially referred to the QAC for non-compliance by the Registrar, has since submitted their portfolio and supporting documentation, which is currently under review.

Implementing late fees for reminder notices resulted in a 27% increase in timely SPDP submissions over the previous year (53% in 2023 to 80% in 2024).

4. Quality Assurance Program (QAP) Modernization

Professional excellence is a strategic priority of the Board that the QAC is committed to actioning by improving the on-time submission rate for SPDPs and exploring opportunities to modernize the QAP within the confines of the QA regulation. The Registrar invited the QAC to consider the risks specific to different categories of registrants in demonstrating or maintaining national essential competencies for dental technologists and the Colleges commitment to professional excellence for registrants: new, tenured and returning to practice after an extended absence from practice.

Discussion took place regarding opportunities to change the SPDP, PDP and PPA programs to be more efficient and supportive for the registrant, less resource intensive for staff, expand the definition of Continuing education or professional development from solely incorporating standards of practice to including advances in technology, and reflect the changes made to entry to practice competencies and other relevant issues in the discretion of the Board. An opinion from legal counsel on the College's ability to draft policy addressing annual requirements for participation in mandatory courses and achieving a minimum number of credits will be reviewed by the Committee and a report brought to the Board in June 2025.



REGISTRATION COMMITTEE REPORT

April 25, 2025

Committee Members:

Abena Buahene, Public Member
Shanice Fontaine, Professional Member
Rehan Siddiqui, Public Member
Adela Witko, Professional Member
Franz Yagin, Professional Member

Committee Mandate:

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

Meetings:

The Registration Committee has not met since the last report to the Board on January 31, 2025.

For Action of the Board

There are currently no items for action.

For Information

There are currently no items for information.



RECRUITMENT COMMITTEE REPORT

April 25, 2025

Committee Members:

Abena Buahene, Public Member
Mark Peters, Professional Member
Franz Yagin, Professional Member
Leanne Cheng, Staff Appointment

Committee Mandate:

The Recruitment Committee is responsible for coordinating the recruitment process for Board and Committees from the Registrants of the College. The Committee decides on the appropriate number of interview questions, conducts interviews to determine the eligibility of applicants (elected and appointed), and recommends appointments for positions to the Board.

Meetings:

Since the report provided for the January 31, 2025 Board meeting, the Recruitment Committee has not met.

For Action of the Board

None.

For Information

None.



BY-LAWS AND POLICY REVIEW COMMITTEE REPORT

April 25, 2025

Committee Members:

Abena Buahene, Public Member

Asif Khan, Public Member

Nawaz Pirani, Public Member

William (Bill) Van Evans, Professional Member

Franz Yagin, Professional Member

Committee Mandate:

The By-Laws and Policy Review Committee is an ad-hoc Committee established pursuant to section 12.02 of the College's By-Laws. The Committee was appointed at the April 26, 2024 Board Meeting to support the modernization of the College's By-Laws and policies. This includes analyzing emerging governance modernization trends, writing or revising sections of the By-Law for consideration by the Board, and developing and revising governing and Board policies as necessary to support the By-Laws.

Meetings:

Since the last report to the Board on January 31, 2025, the Committee has not met.

For Action of the Board

None.

For Information

None.

Q2 The agenda items and materials were appropriate to the Board's role, and the materials were sufficient to assist me in forming opinions on matters before the Board.

Answered: 9 Skipped: 0

4.3★
average rating



	UNACCEPTABLE	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD	GREAT	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	0.00% 0	66.67% 6	33.33% 3	9	4.33

#	DO YOU HAVE ANY SUGGESTIONS TO STRENGTHEN THE BOARD'S EFFECTIVENESS IN THIS AREA? (PARTICULARLY IF YOU SELECTED UNACCEPTABLE OR NEEDS IMPROVEMENT).	DATE
1	Overall, the material was productive.	4/3/2025 6:32 PM
2	No	2/10/2025 3:16 PM
3	No	2/7/2025 8:54 PM
4	The layout is clear and concise making it easy to follow	2/7/2025 11:28 AM

Q3 The meeting package was received with sufficient time to allow me to prepare.

Answered: 9 Skipped: 0

4.2★
average rating



	UNACCEPTABLE	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD	GREAT	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	0.00% 0	77.78% 7	22.22% 2	9	4.22

#	DO YOU HAVE ANY SUGGESTIONS TO STRENGTHEN THE BOARD'S EFFECTIVENESS IN THIS AREA? (PARTICULARLY IF YOU SELECTED UNACCEPTABLE OR NEEDS IMPROVEMENT).	DATE
1	Sometimes two weeks are required to review full document.	4/3/2025 6:32 PM
2	No	3/27/2025 8:23 AM
3	No	2/7/2025 8:54 PM
4	a week is adequate time to go through the materials	2/7/2025 11:28 AM

Q4 Time was used effectively and discussions were focused.

Answered: 9 Skipped: 0

4.6★
average rating



	UNACCEPTABLE	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD	GREAT	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	0.00% 0	44.44% 4	55.56% 5	9	4.56

#	DO YOU HAVE ANY SUGGESTIONS TO STRENGTHEN THE BOARD'S EFFECTIVENESS IN THIS AREA? (PARTICULARLY IF YOU SELECTED UNACCEPTABLE OR NEEDS IMPROVEMENT).	DATE
1	Time was properly utilized for the meeting and discussions.	4/3/2025 6:32 PM
2	No	3/27/2025 8:23 AM
3	Time was used effectively and discussions were kept on topic most of the time or brought back to topic quickly. Working lunch was good use of time	2/7/2025 11:28 AM

Q5 Board discussions and deliberations remained centred on the public interest, and we did not get into administrative and operational management details.

Answered: 9 Skipped: 0

4.2★
average rating



	UNACCEPTABLE	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD	GREAT	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	11.11% 1	55.56% 5	33.33% 3	9	4.22

#	DO YOU HAVE ANY SUGGESTIONS TO STRENGTHEN THE BOARD'S EFFECTIVENESS IN THIS AREA? (PARTICULARLY IF YOU SELECTED UNACCEPTABLE OR NEEDS IMPROVEMENT).	DATE
1	Yes, the discussion was centered on the public interest.	4/3/2025 6:32 PM
2	No	3/27/2025 8:23 AM
3	correct	2/7/2025 11:28 AM

Q6 Any disagreements were handled openly, honestly, and directly. There was a positive climate of trust and respect.

Answered: 9 Skipped: 0

4.7★
average rating



	UNACCEPTABLE	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD	GREAT	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	0.00% 0	33.33% 3	66.67% 6	9	4.67

#	DO YOU HAVE ANY SUGGESTIONS TO STRENGTHEN THE BOARD'S EFFECTIVENESS IN THIS AREA? (PARTICULARLY IF YOU SELECTED UNACCEPTABLE OR NEEDS IMPROVEMENT).	DATE
1	The meeting was in a good faith and in friendly atmosphere.	4/3/2025 6:32 PM
2	No	3/27/2025 8:23 AM
3	correct	2/7/2025 11:28 AM

Q7 Where appropriate, next steps and action items were clearly identified.

Answered: 9 Skipped: 0

4.2★
average rating



	UNACCEPTABLE	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD	GREAT	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	0.00% 0	77.78% 7	22.22% 2	9	4.22

#	DO YOU HAVE ANY SUGGESTIONS TO STRENGTHEN THE BOARD'S EFFECTIVENESS IN THIS AREA? (PARTICULARLY IF YOU SELECTED UNACCEPTABLE OR NEEDS IMPROVEMENT).	DATE
1	Agenda was well arranged. However, some points should be discussed in more details.	4/3/2025 6:32 PM
2	No	3/27/2025 8:23 AM

Q8 Directors appeared prepared for the meeting.

Answered: 9 Skipped: 0

4.3★
average rating



	UNACCEPTABLE	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD	GREAT	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	11.11% 1	44.44% 4	44.44% 4	9	4.33

#	DO YOU HAVE ANY SUGGESTIONS TO STRENGTHEN THE BOARD'S EFFECTIVENESS IN THIS AREA? (PARTICULARLY IF YOU SELECTED UNACCEPTABLE OR NEEDS IMPROVEMENT).	DATE
1	Almost all the directors appeared prepared for the meeting.	4/3/2025 6:32 PM
2	No	3/27/2025 8:23 AM
3	Being prepared is crucial to be the most effective at these meetings	2/7/2025 11:28 AM

Q9 I was satisfied with the opportunities that all of us had to participate in and contribute to the discussion and debate.

Answered: 9 Skipped: 0

4.4★
average rating



	UNACCEPTABLE	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD	GREAT	TOTAL	WEIGHTED AVERAGE
☆	0.00%	0.00%	11.11%	33.33%	55.56%		
	0	0	1	3	5	9	4.44

#	DO YOU HAVE ANY SUGGESTIONS TO STRENGTHEN THE BOARD'S EFFECTIVENESS IN THIS AREA? (PARTICULARLY IF YOU SELECTED UNACCEPTABLE OR NEEDS IMPROVEMENT).	DATE
1	Overall, I was satisfied in discussion and debates.	4/3/2025 6:32 PM
2	No	3/27/2025 8:23 AM
3	yes	2/7/2025 11:28 AM

Q10 The Chair was effective in guiding the meeting and allowing all sides to be heard, while bringing matters to decision.

Answered: 9 Skipped: 0

4.6★
average rating



	UNACCEPTABLE	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD	GREAT	TOTAL	WEIGHTED AVERAGE
☆	0.00%	0.00%	11.11%	22.22%	66.67%		
	0	0	1	2	6	9	4.56

#	DO YOU HAVE ANY SUGGESTIONS TO STRENGTHEN THE BOARD'S EFFECTIVENESS IN THIS AREA? (PARTICULARLY IF YOU SELECTED UNACCEPTABLE OR NEEDS IMPROVEMENT).	DATE
1	Excellent!	4/3/2025 6:32 PM
2	No	3/27/2025 8:23 AM
3	yes	2/7/2025 11:28 AM

Q11 The Board education/training was effective at improving my ability to perform my role as a Board Director.

Answered: 9 Skipped: 0

4.4★
average rating



	VERY INEFFECTIVE	INEFFECTIVE	NEUTRAL	EFFECTIVE	VERY EFFECTIVE	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	0.00% 0	55.56% 5	44.44% 4	9	4.44

#	DO YOU HAVE ANY SUGGESTIONS TO STRENGTHEN THE BOARD'S EFFECTIVENESS IN THIS AREA? (PARTICULARLY IF YOU SELECTED INEFFECTIVE OR VERY INEFFECTIVE).	DATE
1	The Board education and training was indeed effective.	4/3/2025 6:32 PM
2	No	3/27/2025 8:23 AM
3	Very informative. Continued use of education resources greatly appreciated	2/7/2025 11:28 AM

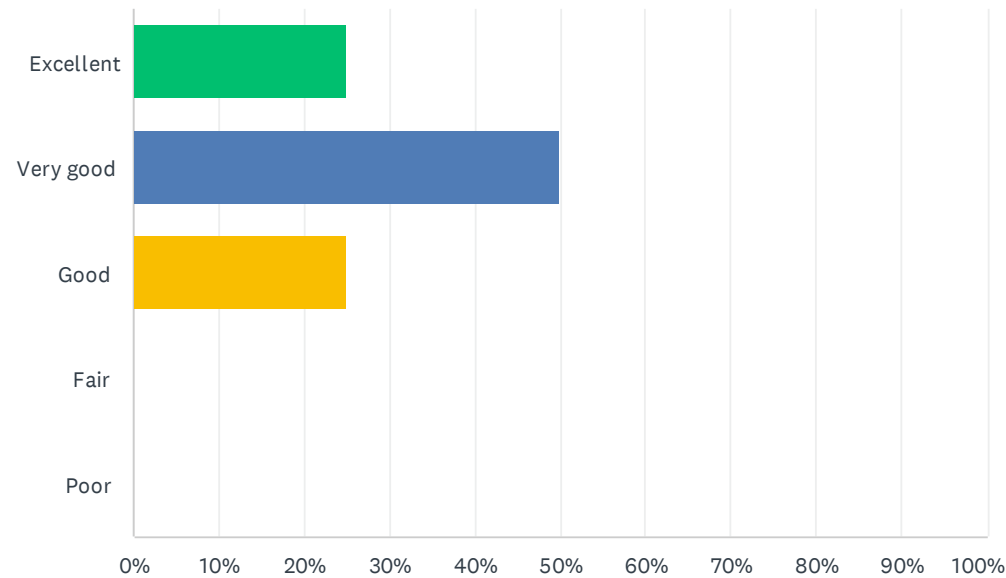
Q12 Do you have any other suggestions for governance improvement? Or any other comments about the meeting you would like to share?

Answered: 9 Skipped: 0

#	RESPONSES	DATE
1	A brief minutes of meeting is required after each meeting.	4/3/2025 6:32 PM
2	not at this time	3/27/2025 8:23 AM
3	Not at this time	2/10/2025 11:20 PM
4	n/a	2/10/2025 8:02 PM
5	No	2/10/2025 3:16 PM
6	The workshop and board meeting were well done. Looking forward to more discussions about risk management.	2/10/2025 9:06 AM
7	Nope	2/7/2025 8:54 PM
8	The catering was amazing *****5 star	2/7/2025 3:23 PM
9	I am new to the board but found the board and staff worked very well together	2/7/2025 11:28 AM

Q13 1. Overall, did you like the process that we used?

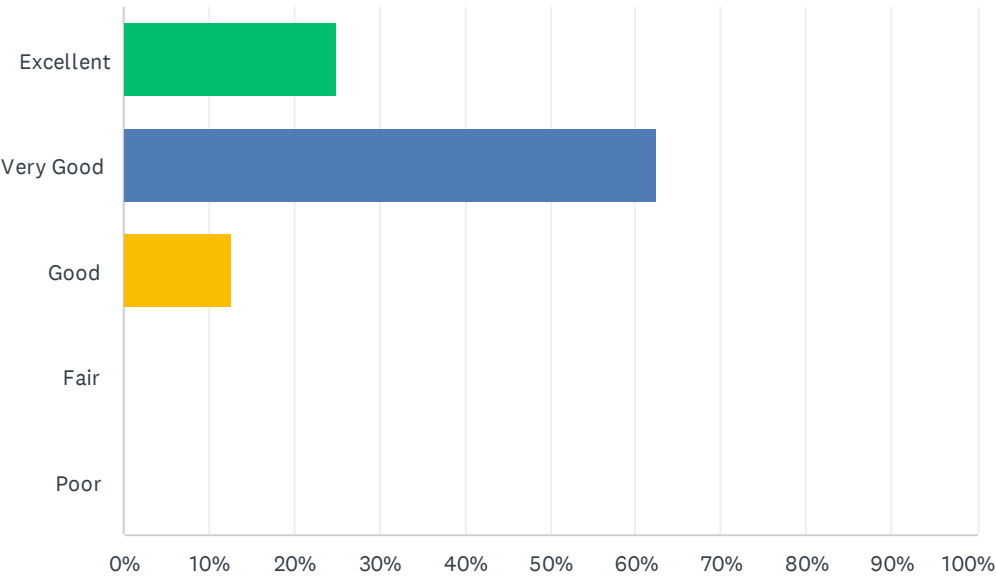
Answered: 8 Skipped: 1



ANSWER CHOICES	RESPONSES	
Excellent	25.00%	2
Very good	50.00%	4
Good	25.00%	2
Fair	0.00%	0
Poor	0.00%	0
Total Respondents: 8		

Q14 2. Did you feel that you had lots of opportuntiy to participate, share views, create common understandings, and that your input was valued?

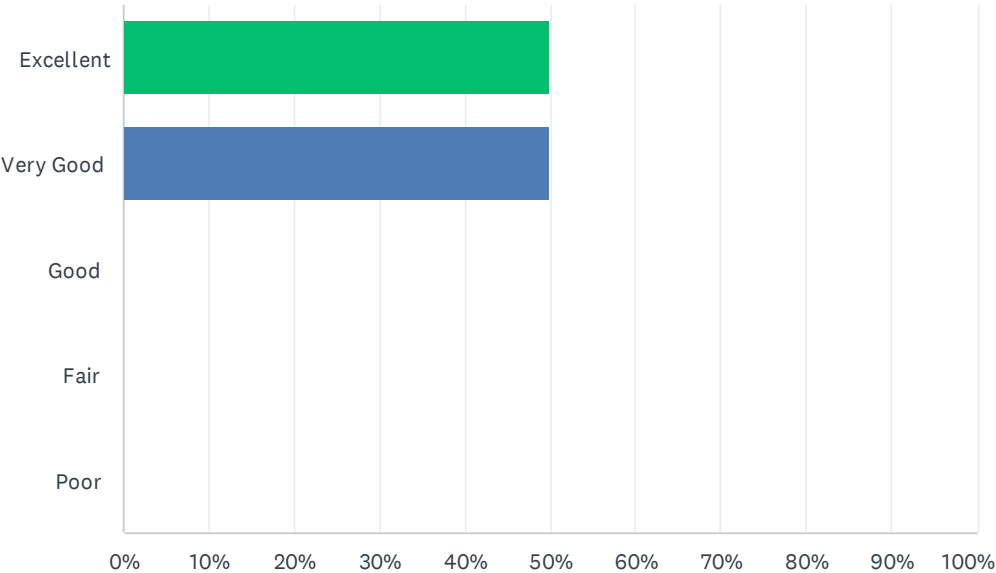
Answered: 8 Skipped: 1



ANSWER CHOICES	RESPONSES	
Excellent	25.00%	2
Very Good	62.50%	5
Good	12.50%	1
Fair	0.00%	0
Poor	0.00%	0
Total Respondents: 8		

Q15 3. Are you satisfied with the progress that was made and the outcome of the workshop?

Answered: 8 Skipped: 1



ANSWER CHOICES	RESPONSES	
Excellent	50.00%	4
Very Good	50.00%	4
Good	0.00%	0
Fair	0.00%	0
Poor	0.00%	0
Total Respondents: 8		

Q16 4. What did you like best about the day? Is there anything you would have liked to see more of or wish had been done differently?

Answered: 8 Skipped: 1

#	RESPONSES	DATE
1	The Board was energetically involved. The agenda was well organized. If possible, please add the brief minutes of meeting in the agenda.	4/3/2025 6:35 PM
2	I think the day was well executed	3/27/2025 8:24 AM
3	Having been away for a couple years this was a great 1st meeting. Very impressed with how much things have changed for the better	2/10/2025 11:21 PM
4	The discussion on how we can encourage more students to become registered. I look forward on us reaching out to the students in the future.	2/10/2025 8:06 PM
5	The facilitator did a great job. There was so much content to discuss, it could easily have been a full day workshop.	2/10/2025 9:07 AM
6	No, everything was done well and the food was really 🍔	2/7/2025 8:55 PM
7	The fact that the workshop presented the opportunity for members to ask pertinent questions and openly drill down on the issues.	2/7/2025 3:25 PM
8	As this was my first meeting, it was more of a getting to know the other board members and staff as well as how the board operated during the day. I found it great with lots of opportunities to participate	2/7/2025 11:32 AM



Board Report

Date: April 25, 2025

SUBJECT: 2024 College Performance Measurement Framework Report
INITIATED BY: Leanne Cheng, Governance and Regulatory Affairs Manager

PURPOSE:

The Board is presented with CDTO's 2024 College Performance Measurement Framework (CPMF) Report.

PUBLIC INTEREST RATIONALE:

CPMF is an initiative to strengthen the accountability and oversight of Ontario's health regulatory Colleges by providing information that is transparent, consistent and aligned across all Colleges. The goal of CPMF is to answer the question: "How well are Colleges executing their mandate which is to act in the public interest?"

INFORMATION & CONSIDERATIONS:

Background

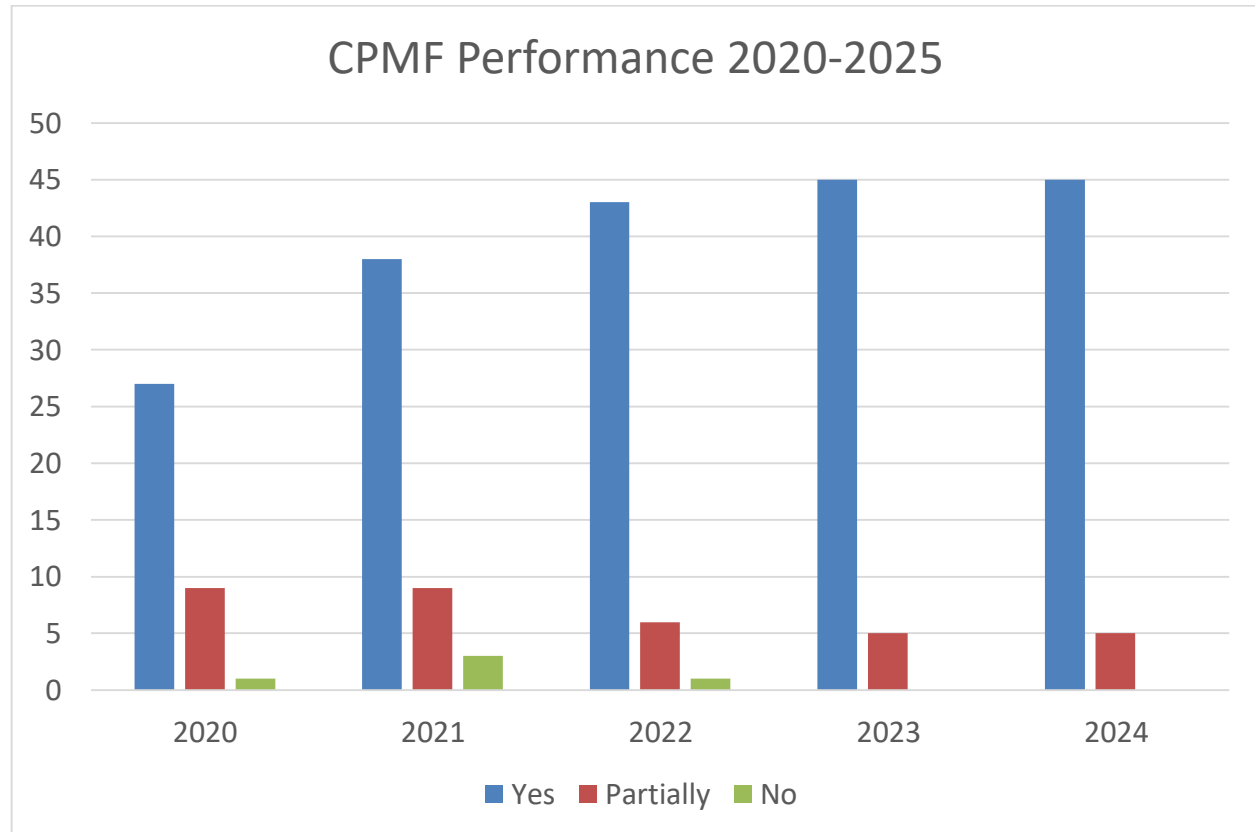
CPMF was developed by the Ministry of Health and is used by regulatory colleges to self-assess their performance against attributes of an excellent regulator. It is divided into seven domains that are further divided into standards and measures of best practices. Colleges must complete the reporting tool by identifying whether they have the required evidence using Yes, Partially or No and linking documents (e.g., meeting packages, policies). CPMF Reports must be submitted to the Ministry and posted to the College's website by March 31st of the following year.

CPMF was launched in 2020 and is in its fifth reporting year. Each year the reporting tool is reviewed and refined as necessary based on feedback from colleges and experts. For the 2024 Reporting Year, there were no changes to the metrics being assessed. CDTO's 2024 CPMF Report was reviewed and approved by the Executive Committee at their March 25, 2025 meeting.



2024 Performance

There are 50 pieces of evidence across six domains. In 2024, CDTO reported forty-five (90%) Yes, five (10%) Partially and zero No's. We continue to progress on the five Partially and are committed to improving our performance while balancing the priorities of our strategic plan.



The System Partners domain does not have evidence but instead requires colleges to provide examples of system partners it engages with to align oversight of the practice of the profession, support execution of its mandate, and to be responsive to changing public expectations. In 2024, CDTO discussed the following collaborative initiatives:

- **Student Mentorship Program** – a collaboration between GBC, ADTO and CDTO to match a student with an experienced RDT to support them in learning about the profession and pursuing licensure.
- **Student and Faculty Engagement Day** – CDTO engaged with over 110 students across the GBC Dental Technology Program and the Associate Dean of School of Dental Health, Bethanie Huen.



- **RDT Identifiers** – when the Board made its decision to no longer issue the RDT Stamp, CDTO collaborated with RCDSO to update their Dispatch article to ensure that dentists were aware of the new changes.
- **Access to Dental Technology Phase II Project** – an extension of pan-Canadian solutions to reduce barriers to registration, strengthen labour mobility and enhance an inclusive workforce. In collaboration with CADTR, CDTO was awarded \$687,000 in federal funding to develop a PLAR Program.
- **Working While Black** – a documentary screening presented by RCDSO and TAIBU Health Community Centre to share through lived experiences the challenges Black identifying populations face in the workplace.

DECISION(S) SOUGHT:

- 1) None.

ATTACHMENTS:

[CDTO's 2024 College Performance Measurement Framework Report](#)

2024 College Performance Measurement Framework Report – Partially Responses

CDTO meets forty-five of the fifty best practices of an excellent regulator. The following table outlines the status of the five remaining pieces of evidence which CDTO meets on a partial level.

Domain	Required Evidence	Status	Targeted Completion Date
Governance	Statutory Committee candidates have met pre-defined competency and suitability criteria. *This is a Benchmarked Evidence and identified as an attribute of an excellent regulator. Colleges are expected to meet, or work towards meeting these benchmarks.	A Committee Competency Framework was approved for pilot at the September 27, 2024 Open Executive Committee meeting. The Framework was used to establish the Committee Slate for 2025 and will be reviewed by the Recruitment Committee before final implementation.	December 2025
Regulatory Policies	The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.	An Equity Impact Assessment (EIA) and Standards Framework is under development to fully meet this metric. EIA will be used to identify and address systemic barriers within our policies, guidelines, standards, and Code of Ethics. Our existing Code of Ethics will be integrated into the Standards Framework.	EIA – December 2025 Standards Framework – December 2026
Suitability to Practice	The College has processes and policies in place outlining details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities).	The planned database upgrade, which will support the QA Portal's development, has been delayed until Spring 2026. CDTO is exploring alternative solutions to ensure continued progress.	TBD
Suitability to Practice	The different stages of the complaints process and all relevant supports available to complainants are supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up.	CDTO's internal processes to ensure that all relevant information is received during intake into a formal policy will be documented.	TBD
Suitability to Practice	The College's policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	CDTO will build upon the work of the Information Sharing Policy Working Group of the Health Professions Regulators of Ontario (HPRO) to develop its own policies.	TBD



Board Report

Date: April 25, 2025

SUBJECT: Selection and Appointment of External Auditor Policy
PREPARED BY: Judith Rigby, Registrar & CEO

PURPOSE:

The Board has been asked to approve the Board policy, Selection and Appointment of External Auditor.

PUBLIC INTEREST:

An excellent regulator must demonstrate responsible stewardship of its financial resources in achieving its statutory objectives and regulatory mandate. Ensuring an audit of the College's financial statements is part of the Board's oversight role and accountability for the College's success and sustainability. Sound management of the auditor's performance is essential to assessing their independence, effectiveness, and determining if removal from office is necessary.

BACKGROUND:

Following a decision rendered on December 15, 2023, to conduct a tender process for external audit services for the 2023- 2024 audit, the Board received a report on the selection and appointment of the external auditor on April 24, 2024. In the report, the Board was informed that CDTO By-laws sections 4.14 to 4.21 goes beyond the appointment of the auditor to set the roles and responsibilities of the auditor and management and yet is silent on the oversight of the selection of the external auditor. It also includes outdated terminology. The Board requested that the Executive Committee draft a Board policy for the selection and appointment of the external auditor and update its Term of Reference (ToR) to include an oversight of this important function. The revised ToR was approved on December 6, 2024.

INFORMATION & CONSIDERATION:

The Executive Committee considered the recommendations of the Bylaw and Policy Review Committee, related CDTO policies on "Provision of Non-Audit Services" and "Reporting Fraud and Irregularities", the RHPA and policies of other organizations to inform drafting the Selection and Appointment of the External Auditor policy. The Committee agreed that the policy should include broad statements of principles and have a procedures document to outline the specific steps to implement the policy.



The following principles are reflected in the policy:

1. Responsible authority for oversight of the policy assigned to the Executive Committee
2. Scope to exclude non-audit services
3. Selection Process by competitive bid (RFP)
4. Appointment and Engagement by the Board
5. Performance Review of the external auditor to be conducted by the Executive Committee.

The appointment and termination of the external auditor is a Board decision that will consider the recommendation of the Executive Committee. The Committee will be responsible for the selection, oversight and performance evaluation of the auditor. Audit fees are determined through the competitive bid process and the contractual obligation approved by the Board through the annual budget.

DECISION(S) SOUGHT:

- 1) **THAT** the Board approves the Selection and Appointment of External Auditor Policy.
- 2) **AND THAT** the policy takes effect immediately.

Attachments:

Appendix 1: CDTO Selection and Appointment of External Auditor Policy

Appendix 2: Proposed Changes to CDTO Bylaw Section 4: Banking and Finance

Selection and Appointment of External Auditor Policy [Policy No. FINXX]

Policy Information	
Date of Approval:	Section: Finances & Expenses
Approved By:	Status: Draft Version: I
Effective Date:	Last Review Date:
Responsible Authority: Executive Committee	

I. Purpose

The purpose of this policy is to establish a framework and guidelines for the selection and appointment of external auditors to perform an examination and audit of the College's financial statements.

As a regulatory body established under the Regulated Health Professions Act, 1991 to ensure competency and accountability of dental technologists practicing in the province of Ontario, the College must report annually to the Minister of Health on its activities and financial affairs. An annual audited financial statement will ensure fiscal accountability to the College's funding sources, the CDTO community, as well as the public that CDTO serves.

II. Scope

This policy applies to the selection and appointment of an auditor for the College's audit of its annual financial statements. It does not apply to the selection and appointment of auditors for non-audit services.

III. Policy

Selection Process

The College shall use a competitive bid process to select an external auditor that is a licensed public accountant

Appointment and Engagement

The selected auditor shall be appointed by the Board of Directors. The external auditor's term of office ends when removed by the Board.

Performance Review

The process to review the external auditor's work performance will occur annually following completion of the annual audit with both management and the Executive Committee according

to an agreed-upon set of criteria.

As a result of the review, the Executive Committee will determine the necessity of tendering the external audit and will make a recommendation to the Board.

IV. Review

The policy shall be reviewed periodically to ensure alignment with regulatory changes and best practices.

V. Related Policies and Legislation

Regulated Health Professions Act, 1991 Schedule 2, Section 6. Reports

CDTO By-laws 4.14-4.15

CDTO Policy F19 – Provision of Non-Audit Services

VI. Related Procedures

Selection and Appointment of Auditors Procedures (in draft)

- Selection process to be carried out at least three months prior to the fiscal year end
- Proposals shall be evaluated based on selection criteria by the Executive Committee
- Shortlisted firms may be invited for interviews or presentations.
- The Executive Committee shall recommend the most suitable audit firm to the Board of Directors for approval.
- A formal engagement letter is to be signed annually, outlining the scope of work, timelines, audit fees, and responsibilities of both parties.

These are the proposed changes of the By-Laws and Policy Review Committee. They have not been approved by the Board and are only for consideration for the development of policies regarding the audit.

Section 4: Banking and Finance

Current By-Law Provision	Rationale	Proposed Changes	Policy Information
4.14 – Appointment of Auditor The Board shall appoint an accountant or a firm of accountants licensed under the Public Accounting Act to audit the accounts of the College and to prepare financial statements for each fiscal year.	Licensed public accountant is the more appropriate term for an auditor who can sign off on the audited financial statements.	The Board shall appoint a licensed public accountant to audit the accounts of the College and to prepare financial statements for each fiscal year.	Provision of Non-Audit Services by External Auditors – Approved by the Board on December 10, 2021 Reporting Fraud and Irregularities – Approved by the Board on December 10, 2021
4.15 – Term of Office The Auditor shall remain in office until removed by the Board.		No proposed changes.	
4.16 – Notice to Auditors The Registrar shall give notice of every appointment and re-appointment of an auditor to the auditor in writing promptly after the appointment or re-appointment is made, together with a copy of these By-Laws.	This is a procedure that can be placed in policy with low risk. Auditors are engaged with the College through evaluations and request for proposals. The By-Laws are also publicly posted on CDTO's website.	Repeal.	Sections 4.16 to 4.19 can be moved into policy for improved flexibility and responsiveness should changes be required. The Board can establish boundaries that will in turn enable the work of the College. Develop a policy that captures 4.16 to 4.19, and: • Selection and Appointment of Auditor
4.17 – Examinations by Auditors The auditor shall make such examinations as will enable them to report to the Board as required by law and under these By-Laws. Without limiting the generality of	This is a procedure that can be placed in policy. Trends in governance modernization have moved away from using the Executive Committee and to creating other Committees such as	Repeal.	

the foregoing, the auditor shall report to the Executive Committee at its last meeting before the Board meeting at which the financial statements of the College are to be submitted. The auditor of the College shall report in writing to the Board at the meeting at which the financial statements of the College are to be submitted and shall state in the report whether, in their opinion, the financial statements present fairly the financial position of the College and the results of its operations for the period under review in accordance with Canadian accounting standards for not-for-profit organizations.	Finance and Audit Committee and Governance Committee. Placing this in policy allows the College to be flexible in who takes responsibility for reviewing the auditor's reports and how it is conducted.		
4.18 – Access The College's auditors shall be given a right of access at all reasonable times to all records, documents, books, accounts and vouchers of the College and shall be entitled to require from Directors and other officers and employees of the College such information as in their opinion, giving due weight to the principle of privacy of personal information, is necessary to enable them to report as required by law and under this By-Law.	This can be placed in policy with moderate risk as access to information is vital to conducting the audit.	Repeal.	
4.19 – Attendance at Meetings	This is a procedure that can be placed in policy with low risk.	Repeal.	

The College's auditors shall be entitled to attend any meeting of the Board and to be heard at any such meeting at which their representative is in attendance on any part of the business of the meeting that concerns the auditors or the financial statements of the College. The Registrar shall send a notice of every meeting of the Board to the College's auditors in sufficient time so as to allow the College's auditors to arrange for representation at such meeting.	Information about Board meetings are public. The meeting dates for the year are set at the start and posted on CDTO's website.		
4.20 – Audited Financial Statements and Report The audited financial statements of the College, together with a signed and certified copy of the Auditor's report, shall be presented annually to the Board and provided to the Minister of Health and Long-Term Care.	Remove "Minister of Health and Long-Term Care" as this requirement is set out in section 6 of Schedule 2 to the <i>Regulated Health Professions Act, 1991</i> and does not need to be repeated in CDTO's By-Laws.	The audited financial statements of the College and the independent Auditor's report shall be approved by the Board within 120 days of the close of the fiscal year.	
4.21 – Deadline for Report The report of the Auditor shall be prepared within 120 days of the close of the fiscal year for presentation to the Board.	Information included above in Section 4.20.	Repeal.	



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

Agenda Item 7.1

Finance Training for the Board

April 2025

WHEN DID YOUR TRAINING BEGIN?

- In your day to day personal and professional lives
- Starts at the time of nomination for professional members through required competencies.
- Continues for all Directors at the time of orientation.

Though financial information is not the only information required to develop an understanding of the organization, it is a key component. Financial information is typically measurable, objective, comparable over time, sometimes comparable across organizations, and can provide an indicator of organizational health. Board members require the ability to understand various financial statements in order to discharge their stewardship responsibility to the organization.

Each board member does not need to have financial expertise, or to be a financial expert, but all directors should develop a basic level of financial literacy.

-A Guide to Financial Statements for Not-for Profit Organizations- Questions for Directors to Ask (published by The Canadian Institute of Chartered Accountants)

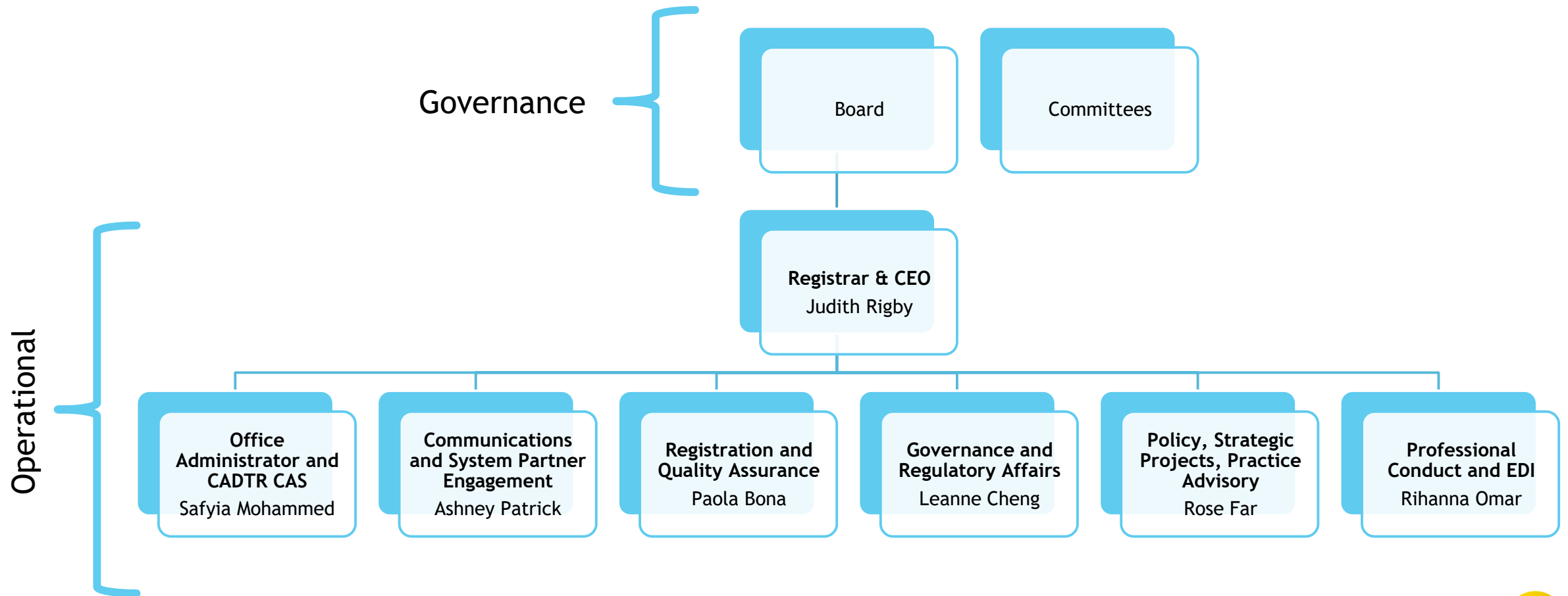


SECTION I

Overview of Board Responsibility



WHO IS RESPONSIBLE?



Board Responsibilities



The main fiduciary duties of board members



Duty of obedience



Duty of care



Duty of loyalty



Duty of prudence



Duty to disclose



Duty of
confidentiality

<https://board-room.org/blog/fiduciary-responsibility-of-board-members/>



What is the Role of the Board?

It is Board's duty of prudence to oversee the financial well-being of the College.

How does our Board take on this task?

1. Clear Governance policies to guide its actions.
2. Clear Board policies for the Registrar and management team to follow
3. Delegating some authority to the Executive Committee
4. Provide oversight and decision making of budget and investment priorities



Control through Board Policies: Delegating to and Directing the Registrar

- ▶ Provide adequate cash flow to support operations throughout the year
- ▶ Manage receivables and payable in a timely manner
- ▶ Purchase using a procurement policy
- ▶ Take reasonable measures to protect the College against the misuse or theft of funds
- ▶ Receive process and disburse funds under controls that meet generally accepted Canadian accounting standards (GAAP)
- ▶ Comply with Canadian Revenue Agency deadlines



Control through Board Policies: Establishing Limitations for the Registrar

Obtain approval of Board, Executive Committee, Chair or Vice Chair to:

- ▶ Restrict assets
- ▶ Purchase mortgage or dispose of real estate
- ▶ Borrow money
- ▶ Make financial or service commitments greater than 5 years
- ▶ Use reserve funds or any restricted assets
- ▶ Make payments to the Registrar
- ▶ Spend in excess of the approved budget expense item by more than \$5,000, if budgeted, or \$25,000, if not budgeted.



Control through the Executive Committee: Delegating through the Terms of Reference

- ▶ Advise the Board on the financial affairs of the College and make recommendations on financial matters
- ▶ Oversee the financial budget and reporting process and monitor the integrity of the financial statements of the College
- ▶ Selection and oversight of the external auditor, including evaluation and confirmation of auditor independence
- ▶ Review and evaluate the critical areas of financial risk and exposure as determined by management for the College, including but not limited to insurance protection, environmental risk, political factors, assets/credit and other areas as determined from time-to-time
- ▶ Review the appropriateness of the application and membership fee structure and other revenue charges and recommend changes to Board, as required
- ▶ Review the quarterly monitoring reports for operations, SIP, investments and cash flow
- ▶ Approve and maintain necessary financial policies and procedures to ensure best practice.



Control through Direct Oversight:

There are two important areas of finance that the Board does not delegate responsibility in any way:

- ▶ Annual operating and strategic initiatives budgets that support the strategic plan
- ▶ Revenue (Fee Changes)

Other areas where the Board requires direct oversight are covered in the Governance Policies:

- ▶ Investments including real estate
- ▶ Restriction of Assets
- ▶ Debts and Borrowing



SECTION II

Understanding Year-End Financial Statements



The Auditor's Report



- ▶ The opinion could be:
 - Unqualified (clean)
 - Qualified
 - Adverse
 - Disclaimer of opinion

- ▶ The College has always had an unqualified opinion



37 Main Street
Toronto, Ontario M4E 2V6
Tel. 416-600-6500
Fax. 416-600-0919
Web Page:
www.krienslarose.com

Page 1

INDEPENDENT AUDITOR'S REPORT

To the Board of
College of Dental Technologists of Ontario

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of College of Dental Technologists of Ontario (the "College"), which comprise the statement of financial position as at August 31, 2024, and the statements of changes in net assets, operations, and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at August 31, 2024, and the results of its operations and its cash flows for the year then ended, in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the College in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Information

Management is responsible for the other information. The other information comprises the information, other than the financial statements and our auditor's report thereon, in the annual report. Our opinion on the financial statements does not cover the other information and we will not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information identified above and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

The annual report is expected to be made available to us after the date of our auditor's report. If, based on the work we will perform on this other information, we conclude that there is a material misstatement of this other information, we are required to report that fact to those charged with governance.



Statement of Financial Position

- ▶ This is a SNAPSHOT at a moment in time
- ▶ **Assets - Liabilities = Net Assets**
 - $\$2,285,653 - 1,047,763 = \$1,237,890$
- ▶ The STATEMENT OF FINANCIAL POSITION IS commonly called a BALANCE SHEET because the asset number is equal to the total of liabilities and net assets

COLLEGE OF DENTAL TECHNOLOGISTS OF ONTARIO
STATEMENT OF FINANCIAL POSITION
AS AT AUGUST 31, 2024

Page 4

	2024 \$	2023 \$
ASSETS		
CURRENT		
Cash	898,904	1,355,839
Investments (Note 2)	1,329,797	831,831
Accounts receivable	40,254	55,229
Prepaid expenses	14,539	7,962
	2,283,494	2,250,861
CAPITAL ASSETS (Note 3)	2,159	2,288
	2,285,653	2,253,149
LIABILITIES		
CURRENT		
Accounts payable and accrued liabilities	83,265	114,291
Accrued liabilities – complaints and discipline	60,877	18,441
Deferred registration fees	903,621	944,884
CEBA Loan (Note 4)	-	40,000
	1,047,763	1,117,616
NET ASSETS		
Unrestricted net assets	925,539	848,880
Invested in capital assets	2,159	2,288
Internally restricted for complaints and discipline (Note 5)	150,000	150,000
Internally restricted for abuse therapy (Note 5)	20,000	20,000
Internally restricted for strategic initiatives (Note 5)	140,192	114,365
	1,237,890	1,135,533
	2,285,653	2,253,149



Statement of Financial Position Example:



Our friend Laura

Laura has \$50 (assets). Of that \$50 she owes Amy \$23 (liability) and the rest is hers (net assets) therefore:

ASSETS - LIABILITIES = NET ASSETS

$$\text{\$50} - \text{\$23} = \text{\$27}$$

Why is this important?

If Laura has \$50 in assets but owed Amy \$50 what does Laura actually have?

ASSETS - LIABILITIES = NET ASSETS

$$\text{\$50} - \text{\$50} = \text{\$0}$$

Laura has *nothing*.

Seeing assets without the context of their inclusions can be deceptive.



Statement of Operations

- ▶ Summarizes revenue and expenses over a period of time
- ▶ Commonly called a PROFIT & LOSS statement
- ▶ Shows whether there is a surplus (+) or deficit (-)
- ▶ Includes SIP

COLLEGE OF DENTAL TECHNOLOGISTS OF ONTARIO
STATEMENT OF OPERATIONS
FOR THE YEAR ENDED AUGUST 31, 2024

Page 7

	2024 \$	2023 \$
REVENUES		
Registration	1,016,689	976,247
Investment income	29,969	9,300
Government assistance (Note 4)	10,000	-
Examination	7,392	5,310
	1,064,050	990,857
EXPENSES		
Human resources	645,773	629,628
Administration	175,162	258,639
Complaints and discipline (Note 6)	101,649	69,842
Strategic initiatives (Note 5)	21,273	57,867
Examination	5,075	690
Quality assurance	4,294	3,429
Publications	3,929	8,407
Registration	2,490	35,547
Legislation and policies	1,537	4,206
Patient relations	300	400
Unauthorized practice	211	-
	961,693	1,068,655
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES FOR THE YEAR	102,357	(77,798)



Statement of Operations

Example:



Our friend Laura

Laura made \$60,000 in 2020 (revenue)

The same year Laura spent (expenses):

Rent	\$10,000
Food	\$6,000
Car	\$9,000
Travel	\$4,000
Entertainment	\$13,000
Other	\$9,000
TOTAL	\$51,000

Laura has \$9,000 left (excess of revenue over expenses for 2020).



Statement of Changes in Net Assets

- ▶ Provides information about the College's capital, restricted and unrestricted assets
- ▶ TRACKS CHANGES from the beginning to the end of the fiscal year

COLLEGE OF DENTAL TECHNOLOGISTS OF ONTARIO
STATEMENT OF CHANGES IN NET ASSETS
FOR THE YEAR ENDED AUGUST 31, 2024

Page 5

	Unrestricted	Invested in Capital assets	Internally restricted for complaints and discipline	Internally restricted for abuse therapy	Internally restricted for strategic initiatives (Note 5)	Total 2024
Balance, beginning of year	848,880	2,288	150,000	20,000	114,365	1,135,533
Excess (deficiency) of revenues over expenses for the year	123,630	-	-	-	(21,273)	102,357
Amortization of capital assets	1,247	(1,247)	-	-	-	-
Acquisition of capital assets	(1,118)	1,118	-	-	-	-
Inter-fund transfer (Note 5)	(47,100)	-	-	-	47,100	-
Balance, end of year	925,539	2,159	150,000	20,000	140,192	1,237,890



Statement of Changes Net Assets

Example:



Our friend Laura

Laura closed 2020 with a surplus of \$9,000 (she didn't have anything banked from previous years).

Then in 2021 she had a loss of \$5,000 (she overspent against her income).

So, Laura has a cumulative net assets balance at the end of the year of \$4,000.

This represents Laura's change in net assets.



Statement of Cash Flows

- ▶ Demonstrates the College's sources and uses of cash, as well as the change in cash balance from year to year.
- ▶ Activities are classified as OPERATING, INVESTING, or FINANCING.

COLLEGE OF DENTAL TECHNOLOGISTS OF ONTARIO
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED AUGUST 31, 2024

Page 8

	2024 \$	2023 \$
CASH FROM OPERATING ACTIVITIES		
Cash receipts registration and membership renewal	990,401	1,004,076
Cash receipts from examination fees	7,392	5,310
Interest	19,870	9,300
Cash paid to suppliers and employees	(955,612)	(1,048,468)
	62,051	(29,782)
CASH FROM INVESTING ACTIVITIES		
(Purchase)/disposal of capital assets	(1,119)	4,198
(Purchase) of investments	(487,867)	-
	(488,986)	4,198
CASH FROM FINANCING ACTIVITIES		
(Repayment) of CEBA loan	(30,000)	-
Change in cash	(456,935)	(25,584)
Cash, beginning of year	1,355,839	1,381,423
Cash, end of year	898,904	1,355,839



Notes to the Financial Statements

- ▶ Notes are an integral part of the financial statements. They provide clarification on elements of the financials.

Example:

Before asking Laura why she overspent against her income a Board member might look to the notes. There may be a note that explains the discrepancy and clarifies whether this will be a pattern in Laura's spending or if there was a one-time expense that is explainable. Maybe Laura knew all along she would overspend this year and that is why she set \$9,000 aside last year – perhaps she went on a planned vacation she was saving for. Look to the notes and if the notes don't provide enough clarity- it's time to ask Laura some questions.

PURPOSE OF THE ORGANIZATION

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

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

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

1. SIGNIFICANT ACCOUNTING POLICIES

These financial statements were prepared in accordance with Canadian accounting standards for not-for-profit organizations in Part III of the CPA Handbook and include the following significant accounting policies:

Financial Instruments

Measurement of financial assets and liabilities

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

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

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

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

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



SECTION III

Understanding the External Financial Audit Process



Purpose and Type

PURPOSE

The purpose of an annual audit is to provide an independent and objective assessment of an organization's financial statements. This helps to provide transparency in financial reporting.

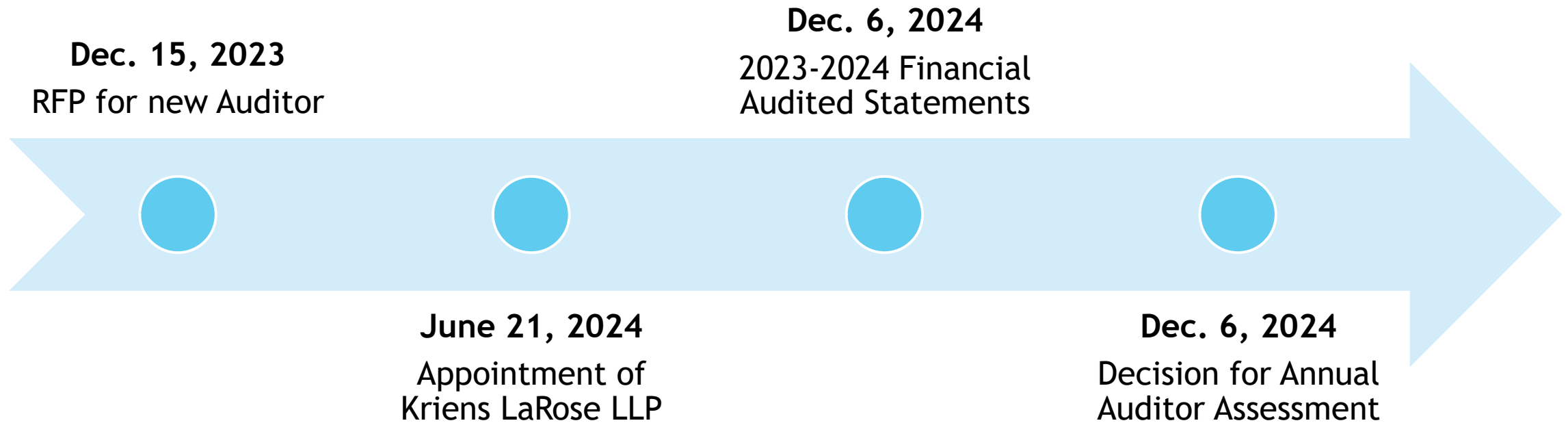
TYPES OF AUDITS

- 1) Forensic
- 2) Financial
- 3) Operational

The College undergoes an annual financial audit.



Recent Audit Milestones



The Audit Process:



- ▶ The audit follows an annual cycle
- ▶ In advance of the audit, College staff provide the working papers and supporting documents to the auditor
- ▶ The auditor performs reviews and testing to ensure accuracy and fair presentation
- ▶ Financial statements are prepared
- ▶ The statements are presented to Executive Committee and the Board for approval.



What the Auditor Looks At

- ▶ Reviewing receipts and invoices
- ▶ Checks for internal controls (processes) and adherence to those controls
- ▶ Performs testing on revenues and expenditures
- ▶ Meets and corresponds with the Registrar and College staff
- ▶ Formulates recommendations regarding adjusting entries



Accrued Liabilities- Professional Conduct

- ▶ Each open case at Discipline is treated as a liability
- ▶ The College estimates the financial resources it will need to close the case
- ▶ The total estimate is recorded as a liability
- ▶ The estimate is used as a guide throughout the year to track actual expenses against estimated expenses
- ▶ Each year the College works to refine its estimates to make them more accurate
- ▶ Case estimates are made based on costs of actual cases in the past, with inflation added as appropriate.
- ▶ Cases are divided into simple or complex matters for estimating purposes.



SECTION IV

Understanding Internal Finance Controls
(Fraud and Error Prevention)



Preventative Controls

- ▶ All accounts payable invoices are coded and approved by College staff
- ▶ Police checks are conducted on all new employees
- ▶ Vendor payments are made by electronic funds transfer only
- ▶ The College does not process cash transactions
- ▶ For payments over \$10,000 two signatures are required including the Registrar and one of either the President, Vice-President or designated Board signature
- ▶ All electronic funds transfers are signed off by the Registrar
- ▶ Only the Registrar may invest or re-invest funds of the College



Detective Controls

- ▶ Bank statements are reviewed monthly by Finance and Registrar for discrepancies
- ▶ Finance is instructed to flag concerns to the Registrar. This could include: unexplained credits or debits to the bank account, unsupported expenses, etc.
- ▶ Revenue is reconciled monthly
- ▶ Bank accounts are reconciled monthly
- ▶ The College undergoes a financial audit annually



SECTION V

Planning & Oversight



Effective Planning

Board Workplan:

- ▶ 2024-2027 Strategic plan
- ▶ Governance policy review
- ▶ Financial Oversight
- ▶ Risk Management
- ▶ Education

Operational Workplan:

- ▶ Regulatory program delivery & improvements
- ▶ Strategic projects
- ▶ Professional conduct trends and practice advisory inquiries
- ▶ Consultation & System Partners input (e.g., surveys, feedback)
- ▶ Collaborate with System partners & MOH
- ▶ Accountability reporting
- ▶ Monitor & implement best practices



Significance of Financial Oversight

- ▶ Responsible stewardship is essential to achieving our mandate and objectives ethically and sustainably
- ▶ Strategic and resource planning, performance monitoring, external compliance and reporting are necessary elements of responsible stewardship
- ▶ The Board monitors organizational performance against financial and non-financial performance indicators
- ▶ Each year management establishes the Operating budget (ongoing regulatory programs) and the Strategic Initiatives Projects budget



College Financial Cycle

College of Dental Technologists of Ontario Financial Cycle

	January	February	March	April	May	June	July	August	September	October	November	December
MILESTONES		Annual Report					Notification of Fees to Registrants July 1st	Registration Renewal Aug 1 - 31 Fees - CPI increase (no consultation req.); > CPI increase (60 day consultation)	Membership Sept 1 - Aug 31	Audit	RDT Stamp Expiration Nov 1	Audited Financial Statements
OPERATIONS (Ground Zero)	Annual report compilation	Annual report finalization / submission	Q2 Forecast Conduct Environmental Scan Development of Budget Assumptions	First draft budget complete	Publish fees for consultation > CPI	Compile and present fee increase feedback Final draft budget for next fiscal Q3 Forecast current fiscal			Finalizing Year-End financial statements (FS) Accrue costs for expenses incurred not paid; for open complaints / discipline cases; working paper preparation Start of new fiscal	Auditors onsite Working paper review	Finalize audited draft FS for EC review and Board approval	Q1 Financial review and forecast new fiscal Annual report development for Committee approval
EXECUTIVE COMMITTEE			Q1 and Q2 financial review	Q1 and Q2 review Draft Budget Review and recommend to Board		Fee Increase feedback and recommendation 2020-2021 Budget finalization		Q3 FS review and year-end forecast			Review and approve audited draft FS and conduct management review with Auditor	Annual Committee Report approval Conduct annual Committee evaluation Auditor assessment
BOARD	Approval of Annual Committee Reports			Q1 and Q2 review Draft Budget Review and recommend to Board		Approve 2020-2021 Budget and Fee increase			Q3 FS review			Approve Audited FS Strategic Plan Review



Quarterly Monitoring Reports

- ▶ College staff review and forecast on a quarterly basis
- ▶ Monitoring reports are provided to the Executive Committee and Board

College of Dental Technologists of Ontario Management Report - Statement of Operations

Appendix 1

	2024-2025							
	Approved Budget	Actual	Projection*	Projection vs. Budget Variance		Actuals 2023-2024	Variance 24-25 vs 23-24	
	\$	\$	\$	\$	%	\$	\$	%
Revenues								
Registration ^{N1}	\$ 1,017,941	522,268	979,819	-38,122	-3.7%	1,016,689	-36,870	-3.6%
Examination	\$ 8,242	951	2,853	-5,389	-65.4%	7,392	-4,539	-61.4%
Investment income	\$ 42,161	10,397	48,094	5,933	14.1%	39,969	8,125	20.3%
TOTAL REVENUE	1,068,344	533,616	1,030,766	-37,578	-3.5%	1,064,050	-33,284	-3.1%
Expenses								
Registration	\$ 7,605	524	5,495	2,110	27.7%	2,490	-3,005	-120.7%
Examination	\$ 13,064	460	15,717	-2,653	-20.3%	5,075	-10,642	-209.7%
Quality Assurance	\$ 10,110	3,682	7,751	2,359	23.3%	4,294	-3,457	-80.5%
Complaints, Discipline ^{N2}	\$ 50,276	173	29,933	20,343	40.5%	101,649	71,716	70.6%
Unauthorized Practice ^{N3}	\$ 30,405	768	14,768	15,636	51.4%	211	-14,557	-6899.2%
Patient Relations	\$ 1,050	150	300	750	71.4%	300	0	0.0%
Administration	\$ 142,475	52,895	147,736	-5,261	-3.7%	175,162	27,426	15.7%
Governance	\$ 59,090	16,629	54,966	4,124	7.0%	0	-54,966	#DIV/0!
Human Resources ^{N4}	\$ 734,886	292,282	686,436	48,450	6.6%	645,773	-40,663	-6.3%
Communications (Publications)	\$ 8,234	4,914	7,843	391	4.8%	3,929	-3,914	-99.6%
Legislation & Policies	\$ 11,150	3,711	5,285	5,865	52.6%	1,537	-3,748	0.0%
Total Expenses	1,068,344	376,188	976,229	92,115	8.6%	940,420	-35,809	-3.8%
Surplus/ (Deficit) from Operations	0	157,428	54,537	54,537		123,630	2,525	2.0%

* Projections are based on actual results to February 28, 2025

Variance Explanations:

Revenues

^{N1} Unfavourable variance in Registration revenue due to significant increase in administrative suspensions (+10) and decrease in the number of new registrant applications (-15). Annual renewal fees are distributed over 12 months as per revenue recognition policy.

Expenses

^{N2} Favourable variance. Caseload lower than anticipated.

^{N3} Favourable variance in Unauthorized Practice. One current case to be closed due to insufficient evidence.

^{N4} Favourable variance due to position vacancy, filled by consultant. Benefits provider change resulting in significant cost savings.



Strategic Initiatives

- ▶ College staff review and forecast Strategic Initiatives on a quarterly basis
- ▶ Priorities are identified and budgeted for using the College's Strategic Initiatives reserve which is drawn from prior years' unrestricted net assets

COLLEGE OF DENTAL TECHNOLOGISTS OF ONTARIO STRATEGIC INITIATIVES *

	Approved Budget 2015 - 2024	Balance -End of August 2023	Actual 2023-2024	Balance - end of August 2024	Actual 2024-2025 (Sept-Feb)	FCST Mar - Aug 2025	FCST 2025- 2026	Balance
Database Modules - Project Manager	\$ 272,947	\$ 34,844	\$ -	\$ 34,844	\$ -	\$ 22,000	\$ 12,844	\$ (0)
Regulations and associated policies	\$ 32,488	\$ 13,365	\$ -	\$ 13,365	\$ 2,392	\$ 5,000	\$ 5,973	\$ (0)
Standards and Ethics	\$ 85,933	\$ 55,398	\$ 13,856	\$ 41,542	\$ -	\$ 30,000	\$ 11,542	\$ 0
Quality Assurance - QAP Review	\$ 8,000	\$ 8,000	\$ -	\$ 8,000	\$ -	\$ 8,000	\$ -	\$ -
Regulatory Disruption	\$ 81,851	\$ 15,806	\$ 7,417	\$ 8,389	\$ -	\$ 6,389	\$ 2,000	\$ 0
Equity, Diversity, and Inclusion	\$ 41,808	\$ 31,315	\$ -	\$ 31,315	\$ -	\$ 16,316	\$ 15,000	\$ (0)
Governance	\$ 16,100	\$ 2,735	\$ -	\$ 2,735	\$ -	\$ 2,735	\$ -	\$ 0
System Partner Engagement								
Total*	\$ 736,018	\$ 161,464	\$ 21,273	\$ 140,191	\$ 2,392	\$ 90,440	\$ 47,359	\$ 0
			3%		0%	12%	6%	

* To be funded from Internally Restricted for Strategic Initiatives

Notes:

1. Database - funds held to implement online QA, Complaints and revision to Registration modules, includes PM.
2. Registration Regulation draft amendments for the emergency class of registration, regulating a limited class of regulation, and expanding pathways to registration.
3. Phase 1 of Standards and Ethics project is completed, pending revised report and plan to by April - Balance goes to Standards and Ethics -Phase 2 and 3
4. Regulatory disruption focus is on awareness about unauthorized practice and complaint processes
5. Equity, Diversity, and Inclusion (EDI) is a Board-approved strategic domain, encompassing the EDI roadmap, Equity Impact Assessment (EIA), and EDI self-assessment.
6. Governance projects focus is on reviewing bylaws and board and governance policies.

Intended use of funds
Note 1 Project manager/communication for QA /discipline module or upgrade
Note 2 Legal and government relation to advance limited class, PLAR and J&E
Note 3 Pivotal Research + Honoraria for Consultation
Note 3 Review and Update/Revise the QA Program's Self and Peer Assessments. QA portal will be followed after completion of
Note 4 Awareness on unauthorized practice complaint processes.
Note 5
Note 6 Legal fee for updating bylaws and board/governance policies



Questions?





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

CONFERENCE REGISTRATION REQUEST FORM

Name:

Board Status: ☐ **Appointed**

☐ **Elected**

CNAR's 2025 Annual Conference will take place in Calgary, Alberta, October 20th - 22nd, 2025, at the Telus Convention Centre. Link to video [here](#).

	Conference	Have you attended this type of conference in the last 3 years? If Yes, what year...	How will attending this conference benefit you in fulfilling the roles and responsibilities as a member of Board of the CDTO?
1.	Select One		
2.	Select One		

Please e-mail the completed and signed form to info@cdto.ca than May 5th, 2025

College of Dental Technologists of Ontario
Management Report - Statement of Operations

Appendix 1

2024-2025								
	Approved Budget	Actual	Projection*	Projection vs. Budget Variance		Actuals 2023-2024	Variance 24-25 vs 23-24	
	\$	\$	\$	\$	%	\$	\$	%
Revenues								
Registration ^{N1}	\$ 1,017,941	522,268	979,819	-38,122	-3.7%	1,016,689	-36,870	-3.6%
Examination	\$ 8,242	951	2,853	-5,389	-65.4%	7,392	-4,539	-61.4%
Investment income	\$ 42,161	10,397	48,094	5,933	14.1%	39,969	8,125	20.3%
TOTAL REVENUE	1,068,344	533,616	1,030,766	-37,578	-3.5%	1,064,050	-33,284	-3.1%
Expenses								
Registration	\$ 7,605	524	5,495	2,110	27.7%	2,490	-3,005	-120.7%
Examination	\$ 13,064	460	15,717	-2,653	-20.3%	5,075	-10,642	-209.7%
Quality Assurance	\$ 10,110	3,682	7,751	2,359	23.3%	4,294	-3,457	-80.5%
Complaints, Discipline ^{N2}	\$ 50,276	173	29,933	20,343	40.5%	101,649	71,716	70.6%
Unauthorized Practice ^{N3}	\$ 30,405	768	14,768	15,636	51.4%	211	-14,557	-6899.2%
Patient Relations	\$ 1,050	150	300	750	71.4%	300	0	0.0%
Administration	\$ 142,475	52,895	147,736	-5,261	-3.7%	175,162	27,426	15.7%
Governance	\$ 59,090	16,629	54,966	4,124	7.0%	0	-54,966	#DIV/0!
Human Resources ^{N4}	\$ 734,886	292,282	686,436	48,450	6.6%	645,773	-40,663	-6.3%
Communications (Publications)	\$ 8,234	4,914	7,843	391	4.8%	3,929	-3,914	-99.6%
Legislation & Policies	\$ 11,150	3,711	5,285	5,865	52.6%	1,537	-3,748	0.0%
Total Expenses	1,068,344	376,188	976,229	92,115	8.6%	940,420	-35,809	-3.8%
Surplus/ (Deficit) from Operations	0	157,428	54,537	54,537		123,630	2,525	2.0%

* Projections are based on actual results to February 28, 2025

Variance Explanations:

Revenues

N1 Unfavourable variance in Registration revenue due to significant increase in administrative suspensions (+10) and decrease in the number of new registrant applications (-15). Annual renewal fees are distributed over 12 months as per revenue recognition policy.

Expenses

N2 Favourable variance. Caseload lower than anticipated.

N3 Favourable variance in Unauthorized Practice. One current case to be closed due to insufficient evidence.

N4 Favourable variance due to position vacancy, filled by consultant. Benefits provider change resulting in significant cost savings.

COLLEGE OF DENTAL TECHNOLOGISTS OF ONTARIO
STRATEGIC INITIATIVES *

	Approved Budget 2015 - 2024	Balance -End of August 2023	Actual 2023-2024	Balance - end of August 2024	Actual 2024-2025 (Sept-Feb)	FCST Mar - Aug 2025	FCST 2025- 2026	Balance
Database Modules - Project Manager	\$ 272,947	\$ 34,844	\$ -	\$ 34,844	\$ -	\$ 22,000	\$ 12,844	\$ (0)
Regulations and associated policies	\$ 32,488	\$ 13,365	\$ -	\$ 13,365	\$ 2,392	\$ 5,000	\$ 5,973	\$ (0)
Standards and Ethics	\$ 85,933	\$ 55,398	\$ 13,856	\$ 41,542	\$ -	\$ 30,000	\$ 11,542	\$ 0
Quality Assurance - QAP Review	\$ 8,000	\$ 8,000	\$ -	\$ 8,000	\$ -	\$ 8,000	\$ -	\$ -
Regulatory Disruption	\$ 81,851	\$ 15,806	\$ 7,417	\$ 8,389	\$ -	\$ 6,389	\$ 2,000	\$ 0
Equity, Diversity, and Inclusion	\$ 41,808	\$ 31,315	\$ -	\$ 31,315	\$ -	\$ 16,316	\$ 15,000	\$ (0)
Governance	\$ 16,100	\$ 2,735	\$ -	\$ 2,735	\$ -	\$ 2,735	\$ -	\$ 0
System Partner Engagement								
Total*	\$ 736,018	\$ 161,464	\$ 21,273	\$ 140,191	\$ 2,392	\$ 90,440	\$ 47,359	\$ 0

3% 0% 12% 6%

* To be funded from Internally Restricted for Strategic Initiatives

Notes:

1. Database - funds held to implement online QA, Complaints and revision to Registration modules, includes PM.
2. Registration Regulation draft amendments for the emergency class of registration, regulating a limited class of regulation, and expanding pathways to registration.
3. Phase 1 of Standards and Ethics project is completed, pending revised report and plan to by April - Balance goes to Standards and Ethics -Phase 2 and 3
4. Regulatory disruption focus is on awareness about unauthorized practice and complaint processes
5. Equity, Diversity, and Inclusion (EDI) is a Board-approved strategic domain, encompassing the EDI roadmap, Equity Impact Assessment (EIA), and EDI self-assessment.
6. Governance projects focus is on reviewing bylaws and board and governance policies.

Intended use of funds

Project manager/communication for QA /discipline module or upgrade
--

Legal and government relation to advance limited class, PLAR and J&E
--

Pivital Research + Honoraria for Consultation

Review and Update/Revise the QA Program's Self and Peer Assessments. QA portal will be followed after completion of

Awareness on unauthorized practice complaint processes.

Legal fee for updating bylaws and board/governance policies

Note 1

Note 2

Note 3

Note 3

Note 4

Note 5

Note 6

College of Dental Technologists of Ontario
Investment Monitoring
February 28, 2025

General Assumptions:

Assume interest + principal is reinvested shortly after maturity date
Conservative interest rate projection
Invest GIC + interest in BMO Nesbitt Burns once matured

FY September 2025-August 2026		Interest Rate	Purchase Date	Maturity Date	Principal Balance	Interest Received to Date	Add'l Interest to August 31	Invest in BMO NB	Cash Remaining	Assumptions
Operating Account (cash)	current	0.00%			\$ 405,896	\$ -	\$ -	\$ -	\$ 405,896	Operating cash balance
High Interest Savings Account (HISA)	current	2.35%	26-Feb-24		\$ 103,078	\$ 1,362	\$ 999	\$ -	\$ 103,078	Interest rate decrease. Balance to cover short-term cash requirements as necessary.
Short Term GIC	current	4.95%	02-Aug-24	27-Jul-25	\$ 307,525	\$ -	\$ 14,972	\$ 322,497	\$ -	Transfer to BMO Nesbitt Burns once matured (Jul 2025).
1-year GIC	matured	5.30%	19-Jan-24	20-Jan-25	\$ 170,000	\$ 9,035	\$ -	\$ 179,035	\$ -	GIC \$170,000 matured, transfer to BMO NB.
1-year Redeemable Short-Term Investment	current	4.40%	29-Jul-24	28-Jul-25	\$ 842,173	\$ -	\$ 21,726	\$ 863,899	\$ -	Redeemable. To be redeemed and transferred to BMO NB.
					\$ 1,828,672	\$ 10,397	\$ 37,697	\$ 1,365,431	\$ 508,974	

The College of Dental Technologists of Ontario
Cash Flow

	Actual						Forecast					
	01-Sep-24	01-Oct-24	01-Nov-24	01-Dec-24	01-Jan-25	01-Feb-25	01-Mar-25	01-Apr-25	01-May-25	01-Jun-25	01-Jul-25	01-Aug-25
Incoming funds:												
Registration / Examinations	159,307	21,855	2,274	(22)	3,824	4,630	26,380	2,636	-	1,820	179,304	694,338
CADTR		11,858					23,715			12,079		
ADT Phase II		1,641			1,641			1,641			1,641	
CSJ		26,314										
Admin		294			9,035							
Total Incoming	159,307	61,962	2,274	(22)	14,500	4,630	50,095	4,277	-	13,899	180,945	694,338
Outgoing funds:												
TD Merchant services	15,359	909	446	76	64	136	134	30	30	46	55	55
Operating expenses - HR	56,110	59,076	59,011	76,596	60,120	63,373	74,856	59,625	59,625	59,625	59,625	59,625
Operating expenses - Other	8,871	19,335	14,226	24,766	18,333	24,147	21,340	25,598	14,208	32,721	16,725	24,434
SIP	-	-	-	2,392	-	-	12,108	12,108	12,108	12,108	12,108	12,108
Total Outgoing	80,341	79,319	73,683	103,830	78,518	87,657	108,438	97,361	85,971	104,500	88,513	96,222
Net Cash	78,966	(17,358)	(71,409)	(103,852)	(64,018)	(83,027)	(58,343)	(93,084)	(85,971)	(90,601)	92,432	598,116
Opening cash BMO	675,628	754,594	737,236	665,828	561,975	667,957	584,930	526,587	433,503	347,533	256,932	349,364
Restricted cash (short-term) - HISA or RSTIC or 1 year GIC 5.3%					170,000							
Chequing - minimum	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000
Invest \$300,000 in RSTIC												
Transfer (To)/From HISA												
Available Cash	\$ 719,594	\$ 702,236	\$ 630,828	\$ 526,975	\$ 632,957	\$ 549,930	\$ 491,587	\$ 398,503	\$ 312,533	\$ 221,932	\$ 314,364	\$ 912,479



Board Report

Date: April 25, 2025

SUBJECT: Investment Strategy

PREPARED BY: Judith Rigby, Registrar & CEO

PURPOSE:

To provide the Board with a report on the implementation of the College's investment strategy. The investment policy was approved on December 6, 2024.

PUBLIC INTEREST RATIONALE:

It is in the public interest to ensure that the College's investment strategy, objectives, risk tolerance, and constraints are current and provide adequate direction to manage and monitor the investment program. The unrestricted and restricted net assets, held within CDTO's investments, exist to ensure CDTO's long-term operating stability and to support program delivery to the public and registrants.

BACKGROUND:

At its December 6, 2024, meeting, the Board approved the College's Investment Policy, a Board policy that reflects the Board's fiduciary duty to protect the organization's finances and other assets. This policy also enables the work of the By-laws and Policy Review Committee to streamline the Bylaws and use policies to promote flexibility and currency.

INFORMATION & CONSIDERATIONS:

At the Executive Committee's March 25, 2025, meeting, the investment advisors from BMO Wealth presented the investment strategy, reviewed by T. McGuckin, and authorized by the Registrar.

The investment strategy presented adhere to three requirements:

1. CDTO's Investment policy and Surplus Retention policy
2. Internally Restricted Net Assets of \$310,000 for complaints and discipline, abuse therapy and strategic initiatives are to be limited to fixed income investments with higher liquidity.
3. Maintaining a minimum cash balance of \$35,000 to avoid service fees plus four months of operating expenses.



In the months of March to July 2025 the following investments totaling \$1,000,000 are authorized:

- Matured GIC's and existing cash in HISA of \$350,000, are invested in equity bank notes meeting the upper threshold of 25% in equity asset allocation. This allowed the College to capitalize on recent market lows due to ongoing trade concerns.
- Two GIC's maturing in July 2025 will be invested in fixed income ladder GIC's and bonds meeting the upper threshold of 60% in fixed income.
- 15% of the cash balance will be put in a High Interest Savings Account (HISA) with higher yields that are liquid and flexible.

DECISION(S) SOUGHT:

None

ATTACHMENTS:

Appendix 1: CDTO Investment Policy FIN02

5.3 Investment Policy

Policy Section: Finance & Expenses

Introduction

The College's main source of revenue is registrant fees. Any surplus funds of the College are maintained to achieve its public protection mandate.

The objective of this policy is to establish guidelines which facilitate the effective management of the College's cash balances that are not immediately required for operations or the specific purposes they are committed for and to provide a source of internal funds for strategic priorities. To ensure prudent management and stewardship of the financial resources of the College, it is desirable to both protect and optimize the value of these funds by investing at the maximum yield available with appropriate security, liquidity and diversification constraints,

Responsibilities and Approvals

Each of the Board, Executive Committee, and Registrar participate in the oversight of the Colleges invested funds.

1. Board

The Board of the College of Dental Technologists of Ontario ("The Board") has ultimate authority over and responsibility of the investment portfolio ("portfolio"). The Board's role with respect to this policy is one of oversight, as it has delegated responsibility for investing to the Registrar and the Executive Committee. To assist it in the performance of its duties and to ensure that the portfolio meets its objectives, the Board will:

- a. Receive the Executive Committee's recommendations with respect to the Investment Policy and approve or amend it on an annual basis or as needed.
- b. Review all the other reports and recommendations of the Executive Committee with respect to the portfolio and take appropriate action.

2. Executive Committee

The Executive Committee will:

- a. Maintain an understanding of legal and regulatory requirements and constraints applicable to the portfolio and keep the Board fully apprised of these.
- b. Review the Investment Policy on an annual basis, with the consideration that any substantive changes, particularly with respect to the asset mix, should only be considered every five years, barring exceptional circumstances.

- c. Monitor the portfolio's performance and its compliance with the Investment Policy and report on these matters to the Board on a quarterly basis.
- d. Monitor the portfolio's financial risks and report any significant risks to the Board, including the consequences of potential significant losses or investments of any part of or of the entire portfolio.
- e. Provide recommendations to the Board regarding the selection, engagement, or dismissal of professional Investment Advisor or consultants they may wish to hire.
- f. Set parameters within which the Registrar will have discretion to select, terminate, or replace the Investment Advisor/Manager.
- g. Take appropriate steps to resolve any conflict-of-interest issues.

3. Registrar

The Registrar will not manage CDTO's investments without the services of an Investment Advisor to provide expertise in the investment approach and investment portfolio.

The Registrar will:

- a. Invest the excess cash funds, as delegated by the Board, in accordance with this policy and in a timely manner.
- b. Monitor the cash flow and receive or invest funds to address the College's cash requirements.
- c. Select, terminate or replace the Investment Advisor within the set parameters and report to the Executive Committee.
- d. Liaise with Executive Committee and Investment Advisor.
- e. Monitor the Investment Advisor and investments to ensure compliance with the investment policy and approach.
- f. Provide the Executive Committee with draft changes to the Investment Policy for consideration and recommendation for approval as necessary.
- g. Promptly report any non-compliance issues of the Investment Policy to the Executive Committee.

4. Investment Advisor

Custody of the Portfolio's assets will be delegated by the Registrar to an Investment Advisor who is recognized as a depository for securities. The Investment Advisor will report to the College and will:

- a. provide safekeeping for Portfolio assets.
- b. process authorized transactions as directed by the College.

- c. collect interest, dividends and the proceeds of cash equivalent and fixed income instrument maturities.
- d. inform the Registrar of pending corporate actions (e.g., name changes, mergers, odd lot offerings) and process instructions related to such matters.
- e. deposit and transfer funds and payment of expenses as directed by the College.
- f. maintain a record of all transactions.
- g. provide regular reports to the College and to the Executive Committee as provided for in Section 6 of this policy.
- h. provide the College, the Registrar, and the Executive Committee with information required to fulfill their duties, or as directed by the Executive Committee.
- i. to the extent possible, provide applicable information as may be requested by the College's auditor.

5. Approvals

All investing activities are to be approved by the Registrar.

Investment Objectives

The investment of excess cash balances must satisfy the following investment objectives:

1. Return on Investment

The College's objective is to achieve a return ahead of the rate of inflation set by the Bank of Canada that protects the long-term purchasing power of the capital component emphasizing focus on some preservation of capital.

2. Risk Tolerance

The investment portfolio should be structured and managed to achieve a reasonable rate of return while aiming to minimize risk. The portfolio should have a greater emphasis on lowering volatility and limiting losses in the short-term by diversification of investments as defined by the policy and varying terms of maturity.

3. Provide Liquidity

The College does not anticipate any large cash withdrawals over the time horizon. However, for the portion of investments in cash and fixed income they should be structured with maturity terms to anticipate and address immediate and long-term operating requirements. Any funds invested in Equities would be subject to potential gains or losses if sold. We will only allocate funds to equities that we do not anticipate needing for immediate requirements.

Permitted Investments

- i. Federal Government of Canada Bonds
- ii. Canadian Provincial Bonds
- iii. A corporate bond issued by a corporation with a rating of BBB or higher with the Dominion Bond Rating Service (DBRS) or Moody's Rating agency.
- iv. A Schedule I Canadian Chartered bank. Limit to GIC's \$100K to \$500K.
- v. A Schedule 2 Canadian Chartered bank. Limit to GIC's \$100K and CDIC insured.
- vi. Equities which may include: Canadian, US, International and Emerging Markets equities or Schedule I Canadian Chartered bank Principal at Risk Structured Notes.

Asset Allocation

Investments considered to be aggressive or deemed high risk will not be included in the College's investment portfolio. Investment of College assets should fall within the asset classes and ranges specified below:

Asset Class	Permissible Range	Risk
Cash	10%-15%	Low
Fixed Income	25%-90%	Low
Equity	0%-25%	Medium/Moderate

Investment Monitoring & Reporting

On a quarterly basis and within 30 days of the end of the calendar year, the Investment Advisor/Manager will provide the Registrar with:

- a. A Performance Report of the valuation of the portfolio as of the end of the quarter, including the market value of each investment.
- b. Data and commentary on the portfolio's investment performance relative to the policy and mandate, as well as for most recent quarter and year.

On a quarterly basis the Registrar will report to the Executive Committee and Board on investment results and compliance with its Investment Policy.



Board Report

Date: April 25, 2025

SUBJECT: Protect Ontario through Free Trade Within Canada Act
INITIATED BY: J. Rigby, Registrar & CEO

PURPOSE:

The Board is informed of the Ontario government's introduction of the Protect Ontario through Free Trade within Canada Act.

PUBLIC INTEREST RATIONALE:

This new Act demonstrates the Ontario Government's efforts to reduce barriers for professionals to come to Ontario and complements the health regulatory colleges efforts to speed up registration processes while still making sure health care professionals practice safely in the province. CDTO has a responsibility to engage in dialogues with the Ministry to jointly achieve our common goal and ensure there are no unintended consequences to patient safety.

INFORMATION & CONSIDERATIONS:

BACKGROUND

On April 16, 2025, the Ontario government introduced the Protect Ontario through Free Trade within Canada Act to support free trade and mobility across Canada. This includes allowing workers from other parts of the country to come and work in Ontario by enabling the government to remove labour mobility barriers, reduce administrative burdens and simplify the movement of certified workers across Canada. By expanding labour mobility with new "As of Right" rules, Ontario will allow certified workers from other provinces and territories to begin working in Ontario immediately while they complete a streamlined registration process.

"As of Right" rules were first introduced on July 24, 2023 under [Bill 60: Your Health Act, 2023](#), to allow out-of-province physicians, nurses, medical laboratory technologists, and respiratory therapists registered in other provinces and territories and who meet specified conditions to immediately start working in Ontario's public hospitals and long-term care homes, without having to first register with one of Ontario's health regulatory colleges. The Ontario government is now introducing an Act to expand the "As of Right" rules and prioritized 14



additional regulatory professions, including dental technologists, dentist, dental hygienists and denturists.

On April 16, 2025, the Ontario government also announced signing of memorandums of understanding (MOUs) with Nova Scotia and New Brunswick that will bolster interprovincial trade. These MOUs will support the reciprocal removal of barriers to trade between Ontario and Nova Scotia and Ontario and New Brunswick by advancing mutual recognition, such that a good, service or registered worker that is acceptable for sale, use, or work in one province is acceptable in the other.

The Health Profession Regulators of Ontario (HPRO), which represents Ontario's 26 regulatory health bodies, jointly wrote a letter to the Minister of Health, Sylvia Jones, dated April 14, 2025, ahead of the announcement, to share important facts about the Colleges and their efforts in building capacity in Ontario:

- All health profession Colleges register qualified interprovincial applicants in under 10 days. CDTO registered qualified interprovincial applicants in three days or less as reported to the Ministry on a quarterly basis.
- Colleges ensure there are no unnecessary barriers to speedy, cost-effective registration (e.g., no need to re-take entry to practice exams).
- Taking innovative approaches including temporary certificates for specific needs and supporting virtual care across borders. CDTO's innovative approaches include development of a:
 - National Prior Learning Assessment and Recognition to assess domestically and internationally educated and trained dental lab associates and assistants based on their informal learning and relevant experience, to demonstrate knowledge and competence to become a dental technologist or technician (RDT) in Canada.
 - Limited Class of Registration and performance-based assessment for single disciplines of dental technology to support labour mobility for those practicing in a single discipline in Alberta and in the future as other regulators across Canada are considering single discipline licensing.

Minister of Health, Sylvia Jones, and the Assistant Deputy Minister, Karima Velji, applauded HPRO on the timeliness and thoughtfulness of the letter.

RISKS FOR CONSIDERATION:

Some of the concerns around the "As of Right" rules include:

- Permitting individuals to practice without a license in Ontario for up to six months from the time of their application to registration and waiting for approval.



- As these individuals are not licensed, they will not appear on the Public Register and information about their Ontario practice locations and history will not be transparent.
- The Ontario regulatory health colleges cannot provide any regulatory oversight, including complaints investigations.

NEXT STEPS:

On April 16, 2025, the Ministry met with Ontario's regulatory health colleges to discuss these potential changes. A consultation will open next week for a short period of time to collect feedback on:

1. Expanding As of Right rules to additional out of province regulated health professions.
2. Removing the practice setting restriction, which currently limits practice to hospitals and long-term care.
3. Including American licensed nurses and physicians in As of Right rules.
4. Automatic recognition of another provincial territorial certificate of registration for nurses and physicians.

CDTO has made great strides in reducing barriers to registration over the last several years, including the implementation of a national, harmonized credential and assessment and providing internationally educated dental technology professionals with tools they can access in their home country such as cost estimator and self-evaluation of credentials.

There are more barriers to registration that can be reduced with the Ministry's approval of CDTO's Registration Regulation, submitted on May 1, 2023. This regulation includes the Limited Class of Registration, which permits licensure in one or more disciplines of dental technology, and the implementation of a Prior Learning Assessment and Recognition Pathway.

It is critical for CDTO to share its progress on this common goal with the Ministry. A letter from the CDTO Board will serve as a strong statement of our collective commitment and will ensure that our work remains a priority in upcoming regulatory discussions. We can highlight the positive contributions this regulation will make in achieving sustainable and long-term outcomes towards reducing barriers to registration.

DECISION(S) SOUGHT:

- 1) **THAT** the Board directs the Registrar to draft a letter to the Minister of Health and circulate it to the Board for consideration prior to submission.

ATTACHMENTS:

1. HPRO Letter to Minister of Health, Sylvia Jones, April 14, 2025
2. [Ontario Unlocking Free Trade Within Canada](#)
3. [Protect Ontario through Free Trade within Canada Act](#)



Health Profession Regulators of Ontario (HPRO)
Suite 301 - 396 Osborne St, PO Box 244, Beaverton ON L0K 1A0
email: bakenny@regulatedhealthprofessions.on.ca
Phone: 416-986-0576

April 14, 2025

The Honourable Sylvia Jones, Minister of Health
College Park 5th Floor, 777 Bay St
Toronto ON M7A 2J3

Transmitted by email: sylvia.jones@ontario.ca

Re: Ontario's Health Profession Regulators and Labour Mobility

Dear Minister Jones:

I am writing to you today with exciting news. Ontario's health profession regulators – the Colleges under the *RHPA*, the members of HPRO – have been reviewing our data and we'd like to share some important facts.

- **All health profession Colleges register qualified interprovincial applicants in under 10 days.** In fact, **most Colleges register applicants in three days or less.** Additionally, all Colleges have an emergency class regulation in place.
- **Four Colleges, that were identified by the Government of Ontario in legislation, have implemented provisions for As of Right,** having worked with your Government to make that happen.
- **Colleges ensure there are no unnecessary barriers to speedy, cost-effective registration,** e.g., no need to re-take an entry-to-practice exam.

In addition, many Colleges have implemented innovative approaches including:

- Issuing temporary certificates for specific needs,
- Supporting virtual care across borders without extra registration where patient's interests are being served,
- Allowing for an attestation that the applicant will meet requirements for registration (College of Nurses of Ontario), and
- Enabling Indigenous Healers and Indigenous midwives to practice without registration.

Recognizing that health profession regulation is critical for a safe healthcare system, HPRO is also open to having conversations about supporting regulation in all provinces to maximize interprovincial mobility, enhancing scopes of practice, easing the registration process for US applicants, discussing national registration/data sharing, and considering how Government could support application fee relief.

Everything we do is based on our commitment to patient safety. We continue to be effective and efficient regulators, working with regulators across Canada to help quickly build capacity in Ontario and identifying unintended consequences to support Government's efforts. Ontario's health regulatory Colleges protect Ontarians, and we are pleased to do that together with you. Continue to let us know how we can help.

Sincerely,

A handwritten signature in black ink, appearing to read 'Daniel Faulkner', with a stylized flourish at the end.

Daniel Faulkner, Chair

cc. Ministry of Health: ADM Dr. Karima Velji, Director Allison Henry
HPRO Board of Directors



Board Report

Date: April 25th, 2025

SUBJECT: CADTR Credentialing and Competency Assessment Services
INITIATED BY: Safyia Mohammed, CADTR CAS Manager

PURPOSE: The purpose of this report is to provide the Board with a report on the Canadian Alliance of Dental Technology Regulators (CADTR) Credentialing and Competency Assessment Services (CAS) provided to domestic and internationally educated applicants.

PUBLIC INTEREST RATIONALE:

As prescribed by legislation, the mandate of the College is to act in public interest by carrying out its regulatory functions: entry to practice, professional standards, quality assurance and enforcement. The Board has the overall responsibility to ensure the College will achieve its goals and does so by demonstrating leadership, accountability, integrity, stewardship, and transparency. Assigning the regulatory functions of the College to a third party in no way diminishes its responsibilities. The College must demonstrate that it remains fully accountable for registration decisions.

INFORMATION & CONSIDERATIONS:

Background

CADTR is composed of five of eight provincial organizations that regulate dental technology in Canada. CADTR's members work collaboratively, demonstrating leadership and accountability on matters which support the regulatory mandate of each provincial jurisdiction to protect the public interest in a consistent national approach.

In early 2021, CADTR launched its national CAS designed to deliver the credentialing and assessment (registration examinations) services to all Canadian and international applicants who want to apply for registration in any province that requires the CAS Certificate of Completion as a registration requirement. On November 1, 2020, CDTO and CADTR signed a Memorandum of Understanding (MOU) that authorizes CAS to provide the following services on behalf of CDTO:

- a national online application portal administered by CAS.



- review of the applicant's education and experience to determine whether they are equivalent or substantially equivalent to the approved dental technology programs in Canada.
- setting and administering the national Dental Technology Entry-to-Practice-Assessment (DTETPA) that measure candidates' readiness for safe, effective and independent dental technology practice at the beginning of their career in Canada.
- setting, administering and monitoring CAS policies and providing candidates with transparent and timely access to independent reconsideration and appeal processes.
- providing candidates with a Certificate of Completion (CoC) as proof of successful completion of the education and registration examinations.

The CDTO participates in the setting, ongoing review and approval of the criteria that CADTR CAS uses to determine whether an applicant meets the non-exemptible education and examination requirements set out in the College's Registration Regulation (O.Reg 874/93). As a voting member on the CADTR Board, CDTO is involved in all decisions related to the CAS including the approval of the annual budget, fee schedule, financial statements and management of the MOU. CDTO is responsible to report back to its Board.

FINANCIAL UPDATE

For the calendar years 2021-2024, CADTR reported that CAS has a cumulative net deficit from operations of \$(85,472). The main loss driver is the decline in applications from GBC, VCC and CDI graduates necessary to cover the fixed contract expenses for psychometric services. The decline in applications for GBC was in part due to COVID-19.

In 2023 the CADTR Board invoked clause 5.2 of the MOU executed by CADTR and the individual regulator for CAS services whereby the "Regulator acknowledges that should a pandemic, natural disaster, legislative change or other event result in the temporary interruption of services, or if there is a significant decrease in the volume of applicants, the CADTR Board of Directors may require financial contributions from the Regulator and other CADTR corporate members to ensure the sustainability of the infrastructure necessary to deliver the Services and that these contributions will be borne equitably by CADTR corporate members." The Board agreed to net the CAS deficit against the CADTR administration surplus of \$8,308 for 2021 to 2024 and recovered \$77,164 from BCCOHP (50%), CDTA (25%) and CDTO (25%). CDTO approved the expense in accordance with 4.08 of its By-laws.

The Board approved a CAS deficit budget of \$(59,181) for 2025 and has requested that each regulator seek approval for a percentage contribution to cover fixed costs only. CDTO will incorporate this into its annual budget.



CADTR CREDENTIALING AND COMPETENCY ASSESSMENT SERVICES

CAS reports to the CADTR Board on its activities, which include the work of the Manager and the Competency Assessment Committee.

Applications

CAS application and certificates of completion data are provided in Appendix 1. With respect to Ontario, CDTO has taken proactive steps to improve outreach with GBC dental technology and expects an increase in the application rate from 21% seen in 2024.

	<u>2021</u>	<u>2022</u>	<u>2023*</u>	<u>2024</u>	<u>2025</u>
GBC Graduates	37	35		29	34
# applied to CADTR	23	12		6	7
<i>%age applied to CADTR</i>	62%	34%	#DIV/0!	21%	21%
# CoCs issued	19	11		2	
<i>%age of applicants issued CoCs</i>	83%	92%	#DIV/0!	33%	
RDTs	14	4		2**	
<i>%age of CoCs issued by CDTO</i>	74%	36%	#DIV/0!	100%	

ATTACHMENTS:

Appendix 1: CADTR CAS Credential and Assessment



Credential and Assessment Services Report

A. Overall Results February 1, 2021, to March 31, 2025

Since the launch of the CAS program and online applicant portal on February 1, 2021, four-hundred and twenty (420) applicants have paid the application fee and are in various stages of credentialing. Of these one-hundred and fifty-one (151) candidates have met the credential and competency assessment requirements of the provincial regulators and issued a Certificate of Completion (CoC). CADTR does not have any authority over provincial regulators to register a CoC candidate or the candidate to apply for registration. CADTR has established a policy to ensure the currency of meeting entry-to-practice competencies by limiting the validity of the CoC to 15 months of issuance. Currently nineteen (19) CoCs have expired, notification sent to regulators, while fifty-one (51) registered in ON, thirty-eight (38) registered in AB, twenty (20) registered in BC and two (2) registered in NS.

B. Applications February 1, 2021, to March 31, 2025

There are four routes of entry for applicants to access in the online portal:

1. Approved Program (AP)
2. Dental Technology Education Equivalence (DTEE)
3. Referral Route (RR) and
4. Letter of Credentialing and Assessment Standing (L-CAS).

The breakdown of applications received by route of entry is provided below.

# Applicants	Route of Entry
232	Approved Programs (AP)
152	Dental Technology Education Evaluation (DTEE)
5	Referral Route (RR)
31	Letter of Credential and Assessment Standing (L-CAS)
420	Total Applicants

Approved Program Route February 1, 2021, to March 31, 2025 by Class

			N/A		
Graduating Class	2021	2022	2023	2024	2025
George Brown College					
Applications rec'd*	23	12		6	7
CoCs issued	19	11		2	
Northern Alberta Institute of Technology					
Applications rec'd	16	12	12	13	7
CoCs issued	12	9	9	7	



Credential and Assessment Services Report

Vancouver Community College					
Applications rec'd	2	5	7	4	7
CoCs issued	2	5	4	2	
CDI					
Applications rec'd		1			
CoCs issued		1			

**No graduating class in 2023 due to COVID-19*

C. Overall Results September 1, 2024, to March 31, 2025

Applications

Fifty-eight (58) applications are in various steps of application or credentialing:

AP total number is twenty-nine (29) from all graduating classes

- 9 GBC (1-2020, 1-2009, 7-2025)
- 8 NAIT
- 7 VCC
- 5 not completed applications.

RR is one (1) application not completed

LCAS is three (3) applications completed

DTEE total number is twenty-five (25)

- 20 applications complete (Armenia, Brazil, Columbia, Hungary, Iran, Italy, Poland, Republic of Korea, Syria, Ukraine, US)
- 5 not completed application

DTEE Credentialing September 1, 2024, to March 31, 2025

Completed Credentialing Evaluation – twenty-four (24)

- Equivalent - 21
- Non-Equivalent- Minor Gaps - 2
 - Have now provided supplemental documentation
- Non-Equivalent-Major gaps - 1

CoC's September 1, 2024, to March 31, 2025

- Twenty-two (22) CoC's issued: 18 AP, 2 DTEE, 1 L-CAS, and 1 RR
- The intended province of Practice of CoC issued: 3 BC, 4 ON, 13 AB and 2 AB, BC, ON or NS



Credential and Assessment Services Report

D. Overall Results September 1, 2024, to March 31, 2025

The information below is a compilation of the data collected from CADTR CAS and the Dental Technology Regulators (DTRs).

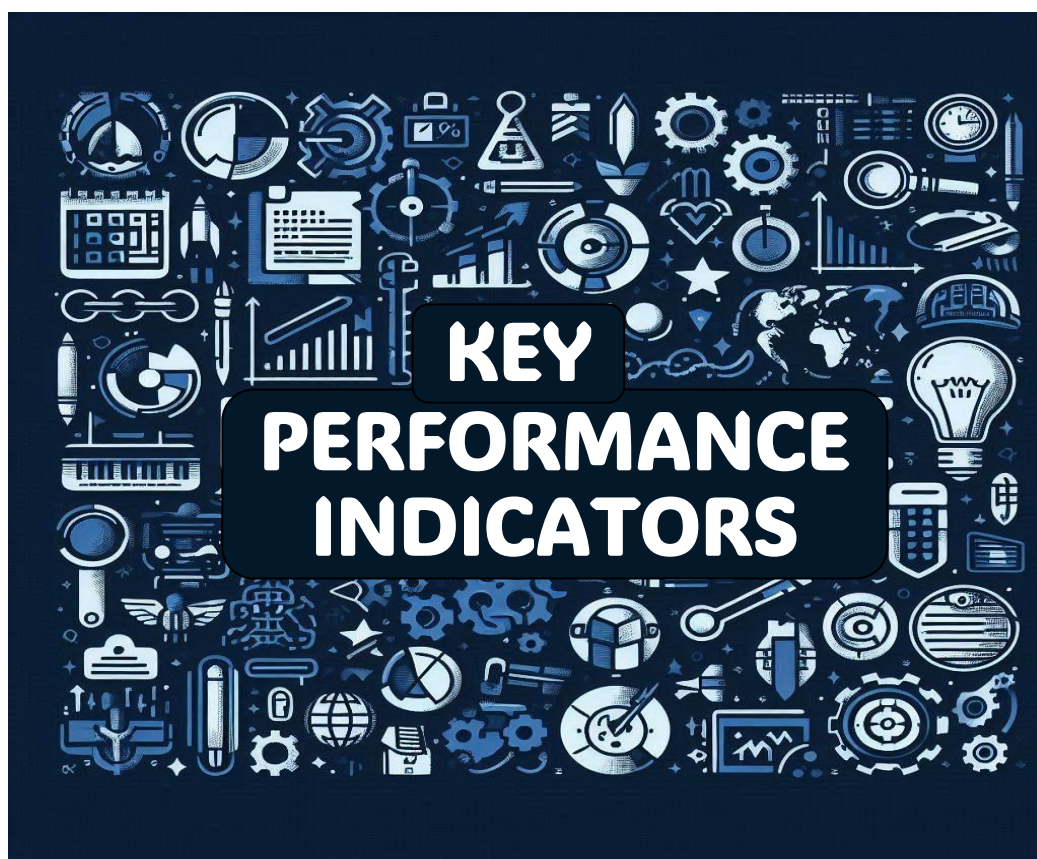
DTRs	Confirmed Registered Candidates	Candidates Pending/Unknown/Expired Status	Total # of CoCs Issued
BCCOHP	20	12	32
CDTA	38	7	45
CDTO	51	19	70
NSDTA	2	2	4
Total	111	40	151



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

Strategic Plan: KPIs

Board Dashboard Report



APRIL 2025

Strategic Projects - KPIs

Overviews

Domain		KPIs
Professional Excellence	Standards and Ethics	Progress report on Standards and Ethics as applicable Completion rate for Standards in order of priority
	Professional Development	Progress report on QA Portal Number of resources provided to registrants Utilization of resources and user satisfaction rate On time submission rate of SPDP Progress report on Peer Practice Assessment Progress report on Self-Assessment
	Reduce Barriers to Registration	Progress report on Jurisprudence program Progress report on ethics initiative Progress report on PLAR Number of activities or initiatives towards improving prospective and current applicant experience and engagement Applicant satisfaction rate
Engagement	System Partner Engagement & Collaboration	Engagement report Engagement effectiveness Number of collaborative initiatives with system partners Progress report on Communication Strategy
	Dental Technology & Unauthorized Practice Awareness	Number of people engaged for awareness campaigns conducted Awareness rate on unauthorized practice/complaint processes.
Regulatory Excellence	EDI-I	Number of participants who have attended EDI learning opportunities. Progress towards developing /implementing EDI Action Plan
	Governance	Progress report on governance modernization Effectiveness, type of Board education, and training initiatives implemented
	Emerging Issues	Progress report on ECR readiness or implementation

KPIs Report: STANDARDS AND ETHICS



PROFESSIONAL
EXCELLENCE

Progress Report on Standards and Ethics

		Phase 1 Research and environmental Scan			Phase 2 Targeted Consultation		Phase 3 General Consultation		Phase 4 Approval
		Research and Analysis	System Partner Interview	Initial Report	Focus Group Consultation	Initial Draft	General Consultation	Redrafting	Final Review by the Board
Standard Framework	Identify Ethical Principles								
	Identify Professional Standards								
	Identify Practice Standards								
Professional Standards	Standard 1								
	Standard 2								
	Standard 3								
	Standard 4								
Practice Standards	Standard 1								
	Standard 2								
	Standard 3								
	Standard 4								

In Progress
 Completed
 Not Yet Started
 Completed Since the Last Update

Completion rate for Standards in order of priority

The rate is contingent upon the completion of Standard Framework to identify Professional and Practice Standards.

KPIs Report: Professional Development

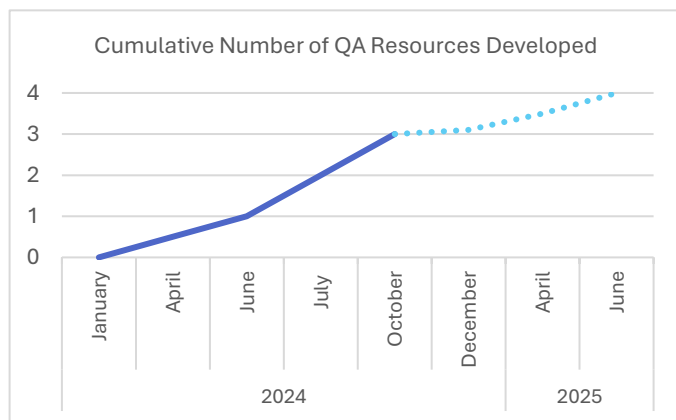


PROFESSIONAL
EXCELLENCE

Progress Report on QA Portal

Project Summary	Status
QA Portal	
1) Submit QA Portal design to database developer	Completed
2) Determine with database developer feasibility of moving forward	On Hold
3) Review and set workplan and deliverables with database developer	Not Yet Started
4) Database provider to create the QA Portal	Not Yet Started
5) Test and provide feedback on QA Portal	Not Yet Started
6) Pilot with select group	Not Yet Started
7) Communication prior to launch	Not Yet Started
8) Launch new QA Portal	Not Yet Started
9) Monitor and continued improvement	Not Yet Started

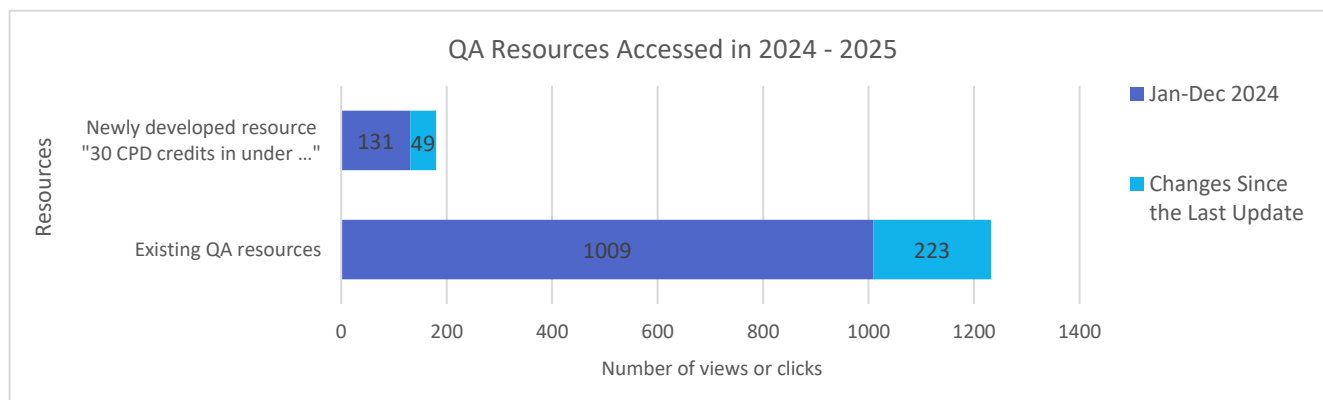
Number of resources provided to registrants



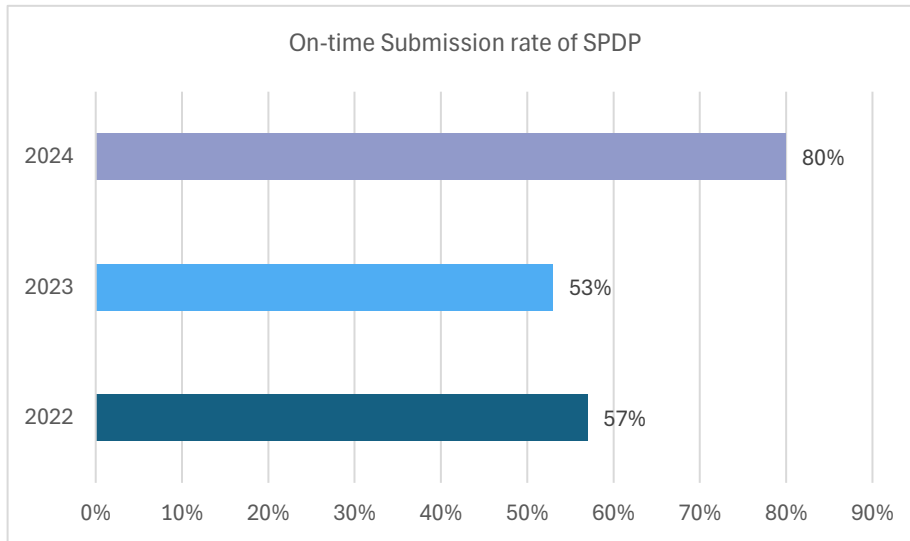
Resources developed in 2024-2025:

1. 30 CPD credits in under three days
2. Examples of ways to obtain CPD credits
3. Spectrum Day 2024 – credits for technical program 1
4. QAP Program Tutorial - educational video (in progress)

Utilization of resources and user satisfaction rate



On-time submission rate of SPDP



Progress report on Peer Practice Assessment

Not yet started

Progress report on Self-Assessment

Not yet started

KPIs Report:

Reduce Barriers to Registration
**PROFESSIONAL
EXCELLENCE**
Progress report on Jurisprudence program

Project Summary		Status
Jurisprudence Program (JP) Development		
1) Conduct research on JP requirements		In Progress
2) Map out project plan to move from a written examination to online program including selection of online provider, development of program, and allocation of financial and human resources		Not Yet Started
3) Test and provide feedback to service provider		Not Yet Started
4) Pilot with select group of registrants		Not Yet Started
5) Communication prior to launch directed to applicants		Not Yet Started
6) Launch new Jurisprudence Program for applicants		Not Yet Started
7) Monitor and gathered feedback for continued improvement		Not Yet Started
GBC Jurisprudence & Professionalism Course Equivalency		
1) Review GBC Jurisprudence & Professionalism Course (J&P)		In Progress
2) Determine equivalency of GBC J&P to CDTO Jurisprudence Program		Not Yet Started
3) Consider exemption of CDTO's Jurisprudence Program registration requirement for those who have successfully completed GBC's J&P course		Not Yet Started
4) Consult with the Quality Assurance Committee to consider implementing CDTO Jurisprudence Program as mandatory CE requirement for QAP		Not Yet Started

Progress report on ethics initiative

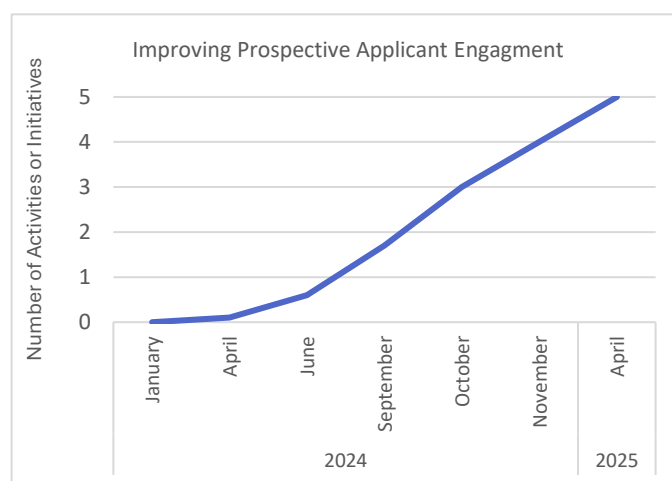
Project Summary		Status
Exploration of integrating CDTO's Ethics examination into CADTR KBA		
1) Environmental scan of Canadian Dental Technology Regulator ethics registration requirements		Not Yet Started
2) Consult with CADTR regarding implementation of ethics items into the Knowledge-Based Assessment (KBA)		Not Yet Started
3) Share CDTO's ethics questions with CADTR		Not Yet Started
4) Liase with CADTR psychometrician to implement ethics items into KBA (to be directed by CADTR Board)		Not Yet Started

Progress report on PLAR

The project timeline started Jan 2024, fully launch by Dec 2026.

Project Summary	Status
Prior Learning Assessment and Recognition (PLAR)	
1) Project Initiation	
a. Secure the funding – CDTO Project Sponsor	Completed
b. Project announcement	Completed
2) Project Foundation	
a. Establish project governance: CDTO chairs the ADT II steering committee	Completed
b. Project Charter, Project Plan and risk register development	Completed
c. Retain Project Manager	Completed
3) Develop Pan-Canadian PLAR Assessment Tool and scoring rubric	
a. Retain PLAR Consultant	Completed
b. Environmental scan and literature review with recommendation	Completed
c. Subject Matter Experts Group to develop and test the tool and scoring rubric based on the recommendations	In Progress
d. Develop orientation materials	In Progress
e. Conduct 18-month pilot	Not Yet Started
4) Education Upgrade Tools for Applicants	
a. Retain Education and Upgrading Consultant	Completed since the last update (Dec 2024)
b. Develop and Launch Education Upgrade Tools	In Progress
5) Implement outreach strategy and gather feedback	
a. Retain a Communication Consultant	Completed since the last update (Dec 2024)
6) Finalize, Translate and launch French/English PLAR and scoring rubric	Not Yet Started

Number of activities or initiatives towards improving prospective and current applicant experience and engagement



Engagement activities in 2024:

1. Introduction to the College – GBC students
2. Focus group – GBC students
3. Spectrum day – interactions with students
4. Jurisprudence and ethics - GBC students
5. Technorama – promotion for PLAR pilot.

Applicant satisfaction rate

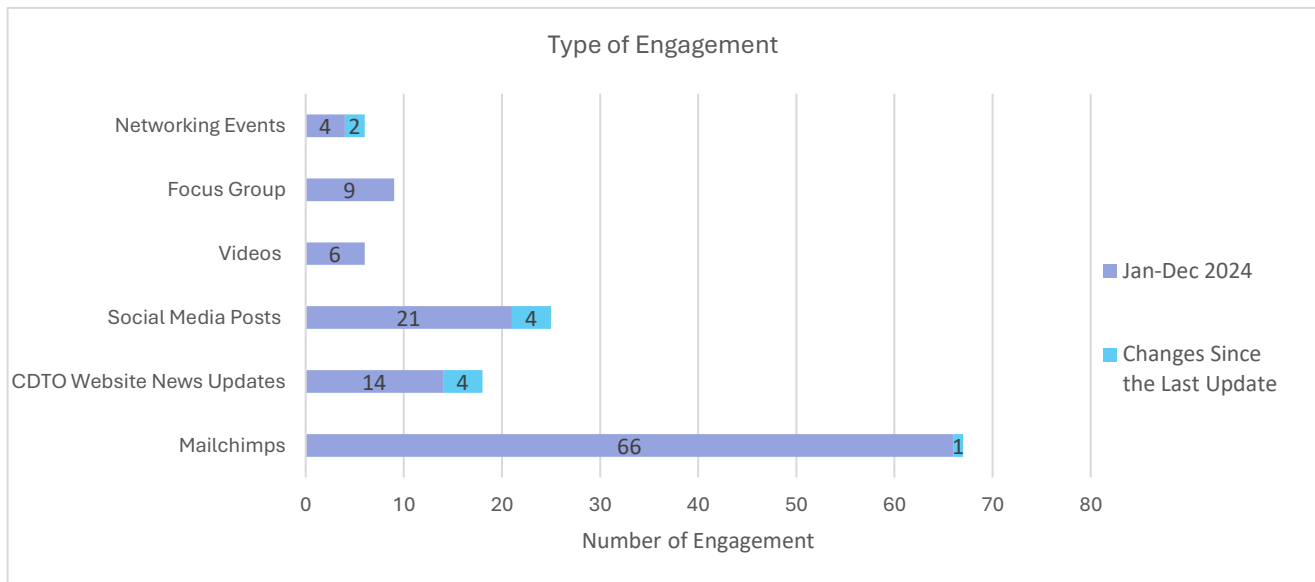
Not yet started - Survey for distribution to new RDTs under development.

KPIs Report: System Partner Engagement & Collaboration

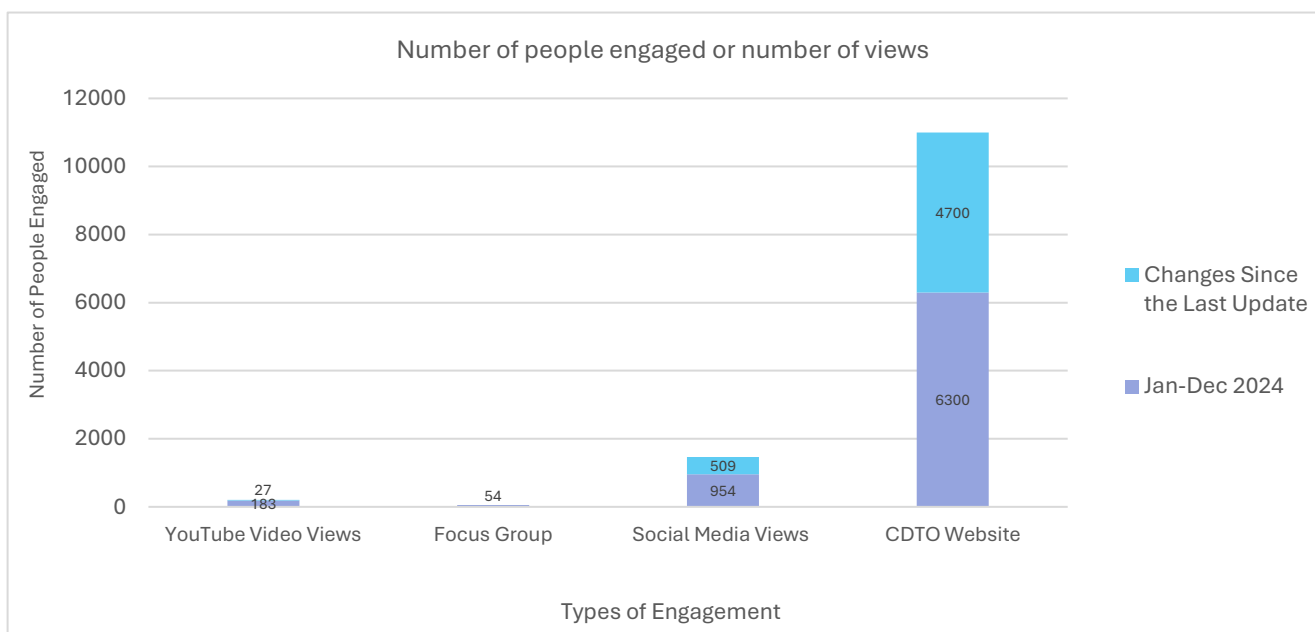


ENGAGEMENT

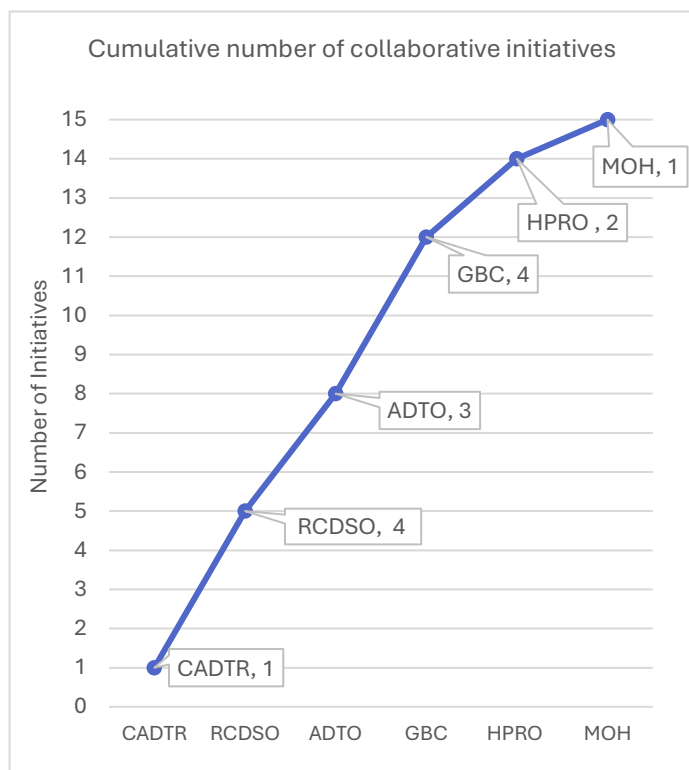
Engagement Report



Engagement Effectiveness



Number of collaborative initiatives with system partners



Collaborative initiatives in 2024:

- **CADTR:** Prior Learning Assessment and Recognition (PLAR) development
- **RCDSO:**
 - Workshop for the TAIBU Screening
 - Communication: changes to RDT identifiers
 - Education: requirement for dentists to verify that the dental laboratory has an RDT listed on CDTO's Public Register
 - Joint response to an unauthorized practice complaint and provided supervision requirement to dentist
- **ADTO:** Networking events and [Technorama](#)
- **GBC:**
 - [Informative session for registration](#)
 - Student Voluntary Registry, poster, and Q&A
 - Introduction to CDTO
 - Focus group on barriers to registration
- **HPRO:**
 - Bi-weekly registrar meetings
 - EDI network project
- **MOH:** IPAC working group

Progress report on Communication Strategy

Project Summary		Status
Communication Strategy Review		
1)	Establish Clear Objective and Scope	Completed
2)	Assessment of Communication Channels	Completed
3)	Updating Messaging Framework	Completed
4)	Draft of Communications Strategy	Completed
5)	Implementation of Feedback	In Progress
6)	Board for Approval	Not Yet Started

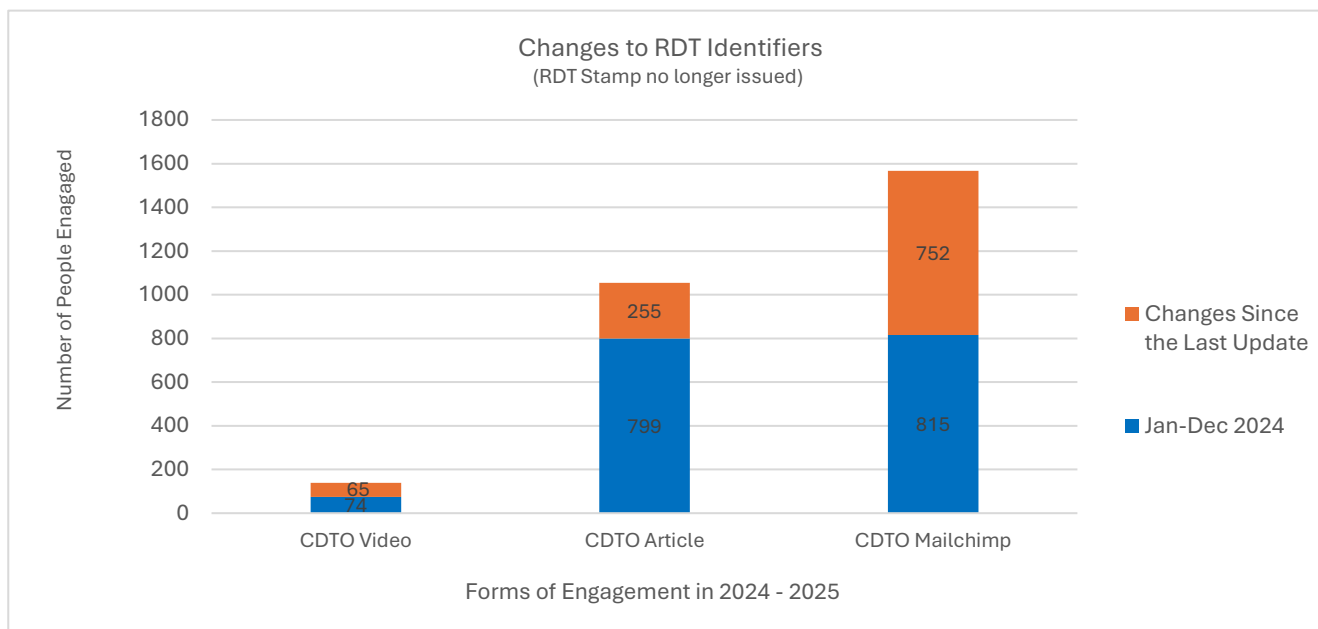
KPIs Report:

Dental Technology & Unauthorized Practice Awareness

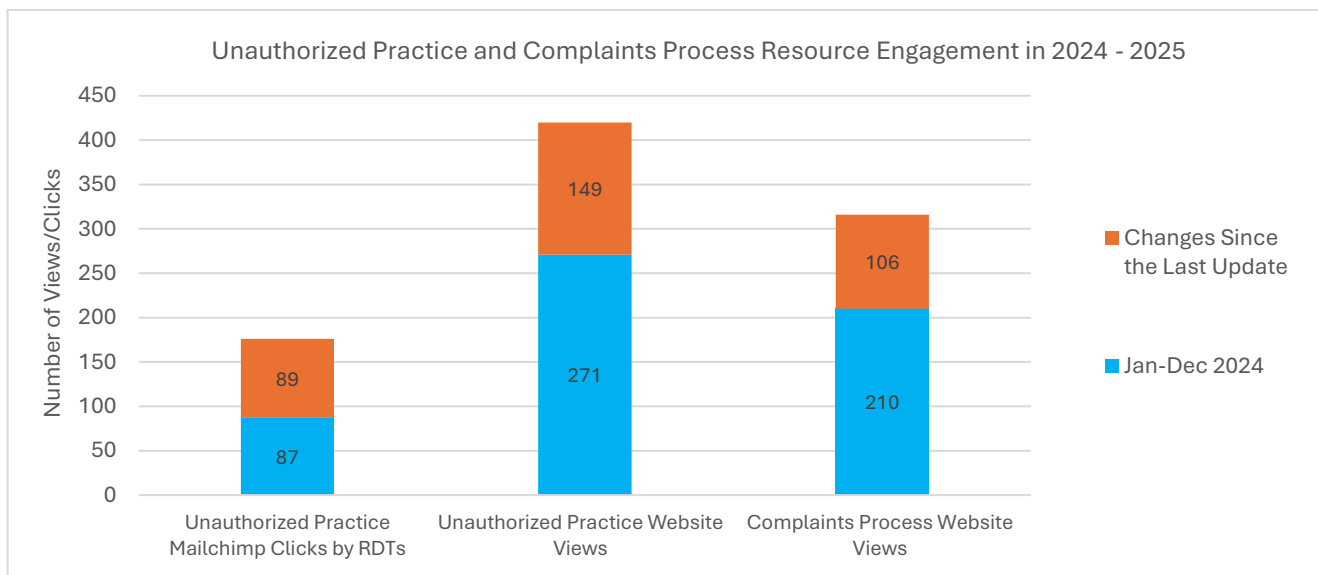


ENGAGEMENT

Number of people for awareness campaigns conducted



Awareness rate on unauthorized practice/complaint processes

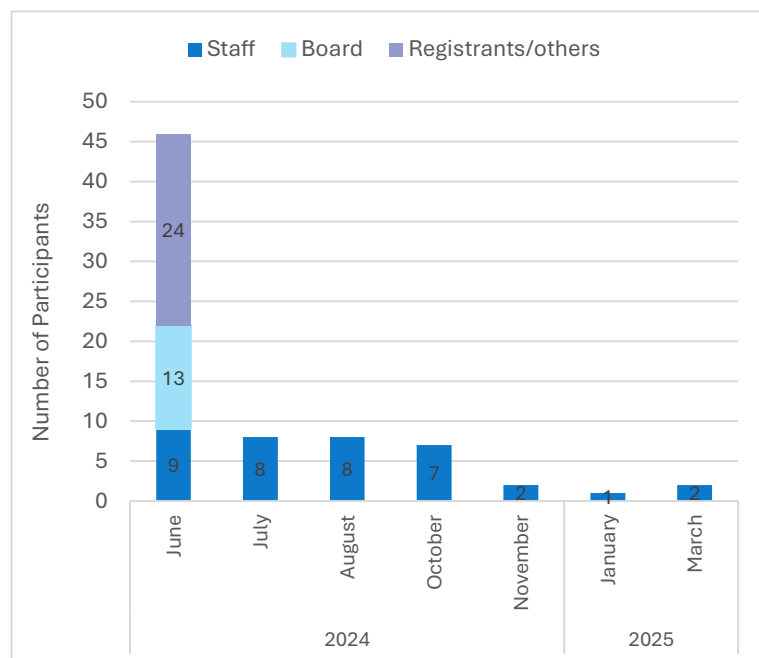


KPIs Report:

Equity, Diversity, Inclusion and Indigeneity (EDI-I)

REGULATORY
EXCELLENCE

Number of participants who have attended EDI learning opportunities



List of EDI Initiatives Completed in 2024 -2025:

1. Inclusivity – Decolonizing Workplace Practices
2. HPRO Race-Based Data Collection
3. EDI Workshop 1 & 2 (Internal)
4. TAIBU Screening “Working While Black”
5. EDI seminars at CNAR 2024
6. Collecting EDI data – CNO Workforce census
7. HPRO EDI Network Meetings
8. CNAR Establishing a Diversity, Equity, and Inclusion (DEI) Working Group

Progress towards developing /implementing EDI Action Plan

Project Summary	Status
EDI Action Plan	
1) Administered HPRO Survey to Staff	Completed
2) Identify Top Three Priority Areas for Next Fiscal Year	Completed
Priority Area 1 - Governance	
1) Update EDI Webpage with Land Acknowledgement	Completed
2) Implement EDI Lens Within Board and Committee Competencies	In Progress
3) Finalize EDI Policy	In Progress
4) Hire EDI Consultant	In Progress
5) Include EDI-I within board/committee orientation training	In Progress
Priority Area 2 – Data Collection	
1) Establish Team Lead	Completed
2) Identify Data Collection Strategy	Completed
3) Identify Data Collection Plan	In Progress
4) Implement Data Collection Plan	Not Yet Started
Priority Area 3 – Equity Impact Assessment	
1) Establish Team Lead	Completed
2) Identify Equity Impact Assessment Strategy and Plan	In Progress
3) Identify and consult with equity-seeking groups	In Progress
4) Implement Equity Impact Assessment Plan	Not Yet Started

KPIs Report: Governance

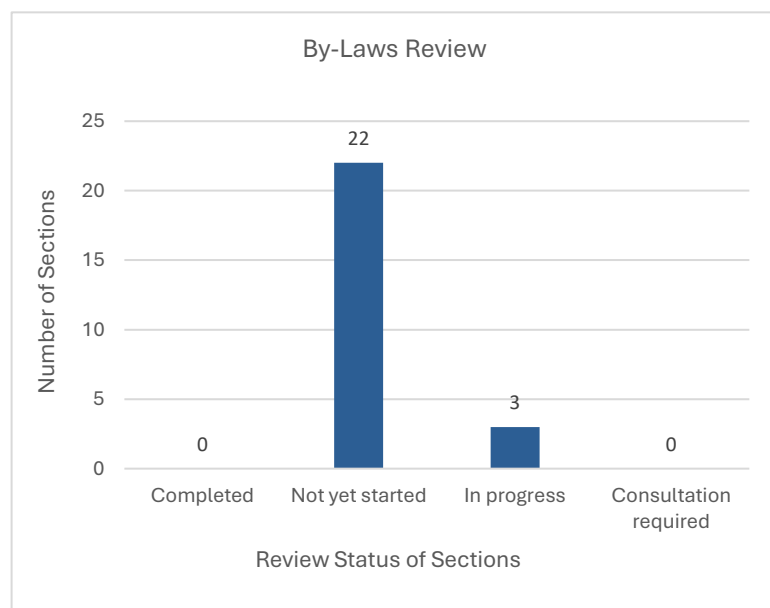


REGULATORY
EXCELLENCE

Progress report on governance modernization.

Project Summary	Status
By-Laws and Policy Review	
1) Establish a By-Laws and Policy Review Committee	Completed
2) Review all sections of the By-Laws	In Progress
3) Develop and revise policies to support the By-Laws	In Progress
4) Seek Board Approval (Final or for Circulation to System Partners)	Not Yet Started
Committee Competency Framework	
1) Conduct an Environmental Scan	Completed
2) Establish Committee Competency Framework	Completed
3) Seek Board Approval for Pilot	Completed
4) Pilot Framework	Completed Since the Last Update
5) Pilot Evaluation and Revisions	In Progress
6) Implement Committee Competency Framework	Not Yet Started
Board Evaluation	Not Yet Started
Succession Planning	Not Yet Started
CEO Performance Evaluation	Not Yet Started

Statistics on By-Laws Review Project:

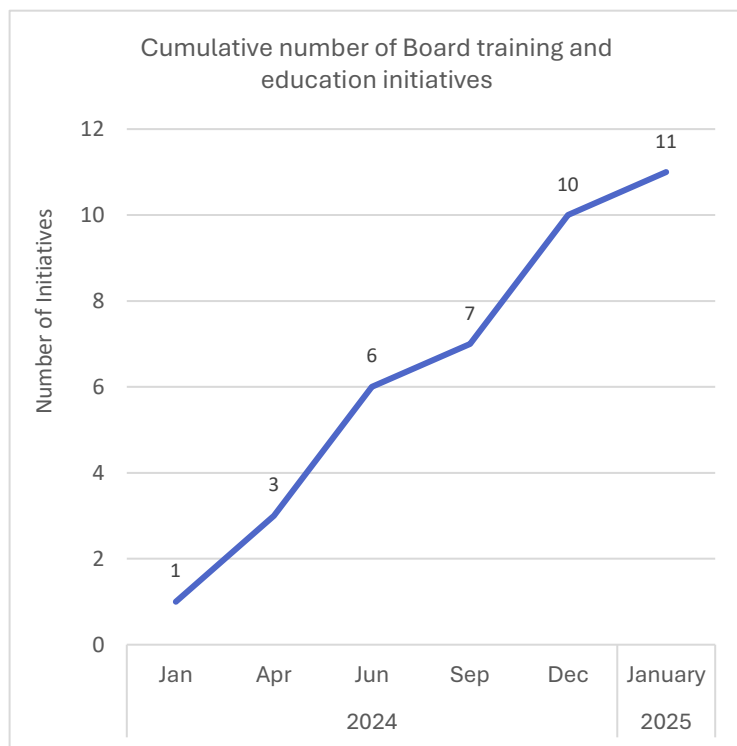


By-Laws and Policies Approved by the Appropriate Authority:

1. By-Law Section 6 – Election of Officers and Executive Committee Members
2. Board Policy – Election of Officers and Executive Committee Members
3. Board Policy – Investments

Effectiveness, type of Board education, and training initiatives implemented.

Training Initiatives Implemented:

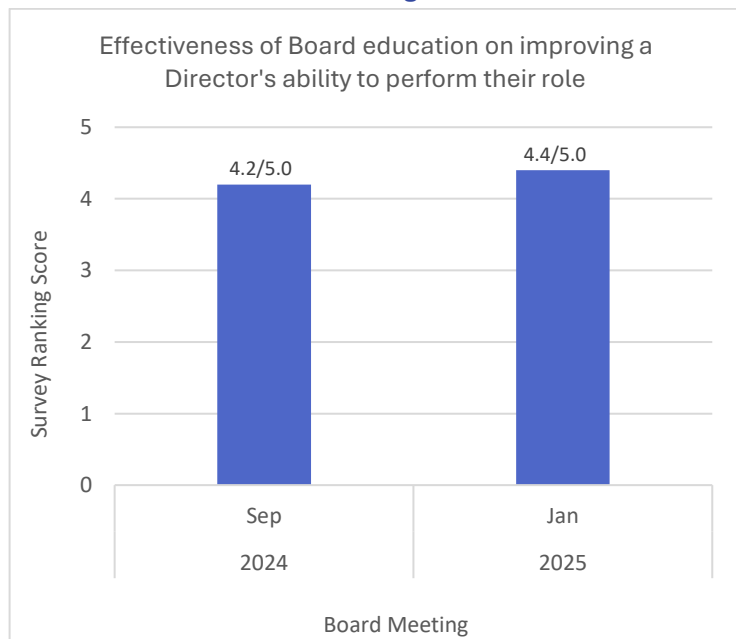


Type of Board Training:

Training and education initiatives completed in 2024 - 2025:

1. Governance and Bias Training – Julie Maciura, SML Law
2. By-Laws, Governance, Board and Operational Policies – Judy Rigby, Registrar
3. Health Professions Regulators of Ontario – Beth Ann Kenny, HPRO
4. National Indigenous Peoples Day – Judy Rigby, Registrar
5. Decolonizing Workplace Practices – Inclusivity and Len Pierre Consulting
6. Finance and Audit – Judy Rigby, Registrar
7. Dental Technology System Partnerships – Karim Sahil, ADTO President
8. Discipline Training – Nawaz Pirani, Discipline Committee Chair
9. CNAR – James Matera, CDTO Chair
10. Spectrum Day – R. Far, P. Bona, CDTO
11. Governance and Bias Training – Emily Graham, SML Law

Board Education and Training Effectiveness:



KPI Report: Emerging Issues



REGULATORY
EXCELLENCE

Progress report on Emergency Class or Registration (ECR) readiness or implementation

Project Summary		Status
ECR Policy		
1) Research		Completed
2) Initial Draft Policy		Completed
3) Registration Committee Review		Completed
4) Policy Finalizing		Completed
5) Final Committee Review		Completed
6) Board Approval and Implementation		Completed Since the Last Update
ECR Supervision Guideline		
1) Research		Completed
2) Initial Draft Guideline		Completed
3) Registration Committee Review		Completed
4) Policy Finalizing		Completed
5) Final Committee Review		Completed
6) Board Approval and Implementation		Completed Since the Last Update



EDI-I STRATEGIC GOALS **– PROGRESS UPDATE**

Strategic Map & EDI-I Integration



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

Strategic Map 2024 - 2027

Approved by the Board:
December 15, 2023

Purpose

The College of Dental Technologists of Ontario regulates Registered Dental Technologists in the public interest to practise the profession competently and ethically.

VISION

The College is a collaborative and agile regulator committed to supporting our registrants to achieve excellence in patient care while raising awareness of the dental technology profession and its importance within oral health care.

Core Values

Accountable

Transparent

Responsive

Respectful

Fair

We are committed to assessing evidence, mitigating risks, and adhering to the principles of truth, reconciliation, equity, diversity, inclusion, and accessibility in all we do.

Strategic Pillars



Professional Excellence

Provide value to all current and prospective registrants through current, evidence-informed, and engaging programs and services to promote their competence and cultural sensitivity.

- Standards and Ethics
- Professional Development
- Reduce Barriers to Registration



Engagement

Listen, learn and collaborate with the public, the profession, and system partners to advance public trust and confidence in the College and its registrants by being transparent and accountable.

- System Partner Engagement and Collaboration
 - with the Public, RDTs, and system partners (e.g., oral health professionals, CADTR, ADTO, OHCs, Government, CDTO staff, dental health programs, equity groups)
- Dental Technology & Unauthorized Practice Awareness



Regulatory Excellence

Lead with highest integrity, competence, and empathy to improve regulatory effectiveness and preparedness, enhancing patient care.

- EDI-I (Equity, Diversity, Inclusion, and Indigeneity)
- Governance
- Emerging Issues

Our EDI-I Strategic Domain



Incorporate EDI-I principles into all aspects of the College's work, fostering a culture of continuous learning and reflection, and develop an EDI roadmap and resources to support our efforts.

This domain will demonstrate our firm dedication to promoting equity, diversity, and inclusion within the College, advocating for equitable regulation, and advancing EDI in dental technology services in Ontario.

GOAL 1 *Promote EDI Education and Awareness.*

ACTION 1.1 *Provide ongoing learning opportunities to Staff, Board, and registrants to enhance their knowledge, skills, and competencies, thereby enhancing equitable workplace culture, supporting continuous professional development, and ensuring excellence in their respective roles.*

ACTION 1.2 *Collaborate with other regulatory colleges to share resources, exchange knowledge, and collectively advance EDI initiatives.*

GOAL 2 *Develop an Effective EDI Action Plan.*

ACTION 2.1 *Conduct Organizational EDI self-assessment to identify strengths, areas for improvement, and targeted strategies.*

ACTION 2.2 *Conduct Equity Impact Assessments to promote inclusivity and address systemic barriers, ultimately to develop an EDI roadmap.*

Action 1.1 – Provide Ongoing Learning Opportunities

Staff:

- Engaged in the **CNAR Diversity, Equity, and Inclusion (DEI) Working Group**, contributing to inter-regulatory discussions on embedding EDI in professional regulation.
- Supporting attendance at **HPRO's Communicators' Day** to advance accessibility awareness.
- Ongoing research into EDI best practices to support the development of training modules.

Board:

- Planning attendance at the **upcoming CNAR Annual Conference in October**, which includes sessions focused on EDI in governance and regulatory contexts.
- **Development of introductory EDI training modules** is currently underway.

Action 1.2 – Collaborate with Other Regulatory Colleges

Cross-College Collaboration:

- Active participation in the **HPRO EDI Network**, a collaborative forum involving Ontario's health regulatory colleges.

Meetings Focus On:

- Sharing **best practices** and **lessons learned** in advancing EDI across professional regulation.
- Identifying opportunities for **joint initiatives** and collective resource development.

Action 2.1 – Conduct Organizational EDI Self-Assessment

Engagement of EDI Consultant

- An external **EDI Consultant** has been engaged to guide the Board on self-reflection training and the EDI Self-Assessment in the domain of governance.
- Funded through the **Strategic Initiatives Plan (SIP) budget**.

Capacity Building Through Training

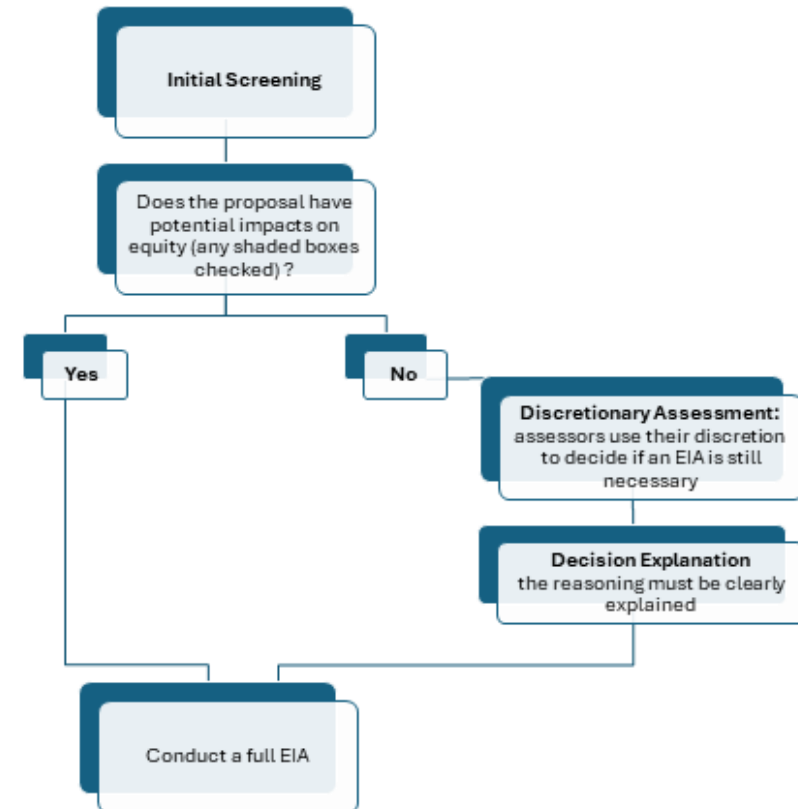
- Draft **training modules** are being reviewed and enhanced to align with EDI best practices.
- Emphasis on **governance-focused content** to support inclusive leadership and decision-making across the Board and Committees.

Action 2.2 – Conduct Equity Impact Assessments (EIAs) - Updates

Development of EIA Tools:

Development of EIA Tools and Frameworks:

- A **draft Equity Impact Assessment (EIA)** tool has been developed to support equitable decision-making across College initiatives.
- A **preliminary EIA checklist** has also been designed to help teams assess whether a full EIA is needed and potential equity impacts.



QUESTIONS?



Board Report

Date: April 25, 2025

SUBJECT:	Standards Framework and Professionalism
INITIATED BY:	Rose Far, Manager of Policy and Strategic Projects

PURPOSE:

The purpose of this report is to provide the Board with an overview of the importance of integrating professionalism (ethical principles and professional standards) into standards for oral health professionals and to seek individual and collective Board feedback on the *Foundation of Professionalism* draft standard document released by the Royal College of Dental Surgeons of Ontario (RCDSO) to support our system partner in their efforts.

PUBLIC INTEREST RATIONALE:

The College's mandate is to protect the public by promoting safe, ethical and competent dental technology practice. The Standards Framework is a key regulatory tool that sets out the ethical principles and professional expectations that guide conduct and practice. It supports registrants in providing safe and ethical care and also serves as accountability measures for registrants, the College, and the public.

BACKGROUND:

The College's strategic plan, set by the Board, identifies Professional Excellence as one of its three pillars of success. Central to this is professionalism – an essential component of safe, ethical, and competent care, and a foundation for earning and maintaining the public's trust.

Recognizing this importance, the College has taken focused work over the past two years to develop and refine the Standard Framework by integrating professional standards and the code of ethics into it as a foundation for all practice standards. This initiative reflects the College commitment to public protection, professional excellence, and continuous improvement.

This work is also aligned with efforts by other oral health regulators around the world. Most recently, RCDSO has begun integrating professionalism into its own standards. As a system partner, the College has been invited to provide feedback on this initiative. We remain committed to supporting alignment, sharing insights, and promoting a consistent approach to professionalism that strengthens care quality and public confidence in Ontario's oral health team.



INFORMATION & CONSIDERATIONS:

Rationale for Embedding Professionalism

Incorporating ethical principles and professional standards into the Standards Framework is essential for the following main reasons:

- **Public Trust and Confidence:** Professionalism fosters integrity, respect, and accountability that reinforce the public trust in healthcare professionals.
- **Public Protection:** A standard framework based on ethical principles and professionalism helps protect the public by ensuring that healthcare services are provided safely, ethically, and competently. It reinforces obligations related to consent, confidentiality, and appropriate boundaries.
- **Clarity for Registrants:** It sets expectations beyond technical skills – guiding conduct in areas like judgment, integrity, and respect.
- **Consistency in Practice:** Shared professional standards promote consistency in the quality of care delivered across the profession and it helps reduce variability in practice and supports equitable patient outcomes.
- **Guidance for Ethical and Complex Situations:** Healthcare professionals regularly face complex ethical situations; professionalism embedded in standards framework, provides a structured approach for navigating these challenges with integrity. It encourages moral reasoning and reflective practice.
- **Professional Identity and Accountability:** It reinforces the collective identity of healthcare professionals and highlights their commitment to lifelong learning, self-regulation, and clear accountability for professional responsibilities.

Examples from Other Oral Regulatory Bodies

Several regulators have made professionalism a cornerstone of their frameworks:

- **Dental Council of New Zealand:** Their standards framework for oral health practitioners emphasizes ethical obligations, including prioritizing patient welfare and maintaining public confidence. For more details, click [here](#).
- **UK General Dental Council:** Their standards specify the ethical principles, guidelines, and expectations that apply to all dental professionals. For more details, click [here](#).
- **BCCOHP (British Columbia College of Oral Health Professionals):** has consolidated expectations across oral health professions, emphasizing shared principles of professionalism, patient-centered care, and cultural safety. For more details, click [here](#).
- **RCDSO:** Their draft *Foundation of Professionalism* is intended to replace the existing code of ethics and serve as a foundation for all standards of practice and other resources that guide dentists' conduct. For more information, click [here](#).

Request for Board Feedback

The Board is invited to review the RCDSO's [Foundations of Professionalism](#) draft in the context of our own evolving Standards Framework. The RCDSO's approach aligns closely with values the college has been integrating into its own work.



The Directors are asked to:

1. Review the RCDSO draft document.
2. Complete a brief survey, sent under separate cover, to contribute to the College's formal response to RCDSO's consultation which will:
 - a) Identify strengths and gaps that the Board would like to include in the College response.
 - b) Identify how closely their document align with CDTO's expectations and guidance for our registrants.

DECISION(S) SOUGHT:

None.

ATTACHMENTS:

1. Draft RCDSO Foundations of Professionalism

Foundations of Professionalism

Approved by Council – Month and Year

Related Resources: TBD

Contents

- Executive Summary
- Introduction
- Principles and Duties
 - 1) Patient Autonomy
 - 2) Beneficence
 - 3) Nonmaleficence
 - 4) Justice
- Appendix 1: Glossary

Executive Summary

Foundations of Professionalism reflects the individual and collective commitments to professionalism that dentists demonstrate throughout their entire careers. This document describes the core principles and duties that dentists exemplify in managing the oral health care needs of individuals and communities, and in promoting good oral health for all.

Foundations of Professionalism replaces the *Code of Ethics* and serves as a foundation for all Royal College of Dental Surgeon of Ontario (RCDSO) [Standards of Practice](#) and other resources that guide dentists' conduct. This document sets out the core principles and duties of the profession, which are organized by the classic bioethical principles of patient autonomy, beneficence, nonmaleficence, and justice. Examples of how dentists can meet each principle have been included to illustrate how they can be applied in practice.

This document can help dentists navigate the ethical complexities that arise in practice and support dentists in attaining the highest possible level of confidence and trust with respect to patients and society. Dentists can continue to find more specific legal, professional, and ethical obligations on issues or areas of practice in the RCDSO's [Standards of Practice](#) and other resources.

*A glossary of **bolded** terms is provided at the end of this document in Appendix 1.*

Introduction

Dentists' primary objective as health care professionals is to maintain or enhance the oral health of individuals and communities while upholding the trust of patients and society. Continued trust in the dental profession is dependent on dentists' individual and collective commitment to a high standard of **professionalism**. This commitment to professionalism is expressed throughout dentists' careers, from initial entry into dental school and throughout

their education and training, to becoming a regulated health care professional and practising the profession, right through to retirement.

One of the most important components of professionalism is to *act in the best interests of patients and society*. Dentists consistently demonstrate this in practice by putting patients' best interests first and promoting and advocating for the health and wellbeing of patients and society. The obligation to put patients' interests first is grounded in a specific area of law, called **fiduciary law**. Key duties assigned to health care professionals, including dentists, through fiduciary law include acting in patients' best interests, avoiding conflicts of interest, and acting with integrity, loyalty, honesty, trustworthiness, and the utmost good faith.¹ These elements form the basis of the **principles** and **duties** of professionalism set out by the RCDSO in this document.

The principles and duties:

- reflect dentists' broad responsibilities to patients, society, the profession, and themselves;²
- represent what patients, society, and dentists consider important;
- reflect the ethical manner in which dentists are currently practising the profession;
- guide dentists' individual and collective behaviour;
- help dentists navigate clinical and professional practice and the ethical complexities that are certain to arise; and
- support dentists in attaining the highest possible level of confidence and trust with respect to patients and society.

The RCDSO believes there is value in describing the principles and duties of the profession in this document, particularly for new dentists, and for patients and the public, so that they know the high standard of professionalism that is expected from and demonstrated by dentists. Developing this document also fulfils the requirement in the *Health Professions Procedural Code* under the *Regulated Health Professions Act, 1991* for the RCDSO to "develop, establish and maintain standards of professional ethics" for dentists.³

The principles and duties described in this document serve as a foundation for all of the RCDSO's guidance for dentists, as set out in [Standards of Practice](#) and other resources. This *Foundations of Professionalism* document is a higher-level resource than a Standard of Practice, which relates to a specific issue or area of practice (e.g., boundaries, recordkeeping, virtual care). Together with Standards of Practice and other College resources, relevant legislation, and case law, the *Foundations of Professionalism* will be used by the RCDSO when considering or evaluating dentists' practice and conduct.

¹ These are some of the key duties health care professionals owe as fiduciaries to their beneficiaries (i.e., patients).

² These broad responsibilities are set out in the Canadian Dental Association's [Principles of Ethics](#).

³ Section 3 (1) 5 of the *Health Professions Procedural Code*, Schedule 2 of the *Regulated Health Professions Act, 1991*, S.O. 1001, c.18.

While this document reflects the core principles and duties of the profession, it is not an exhaustive or definitive list of all the legal, professional, and ethical obligations dentists have. Specific requirements are set out in [Standards of Practice](#) and other College resources, relevant legislation, and case law.

Principles and Duties

This section is organized by the classic bioethical principles of patient autonomy, beneficence, nonmaleficence, and justice.⁴

The principles and duties are not listed in any order of priority – they are all important. However, some principles and duties may be more relevant in specific circumstances than others, and some may even conflict at times. Dentists will need to use their professional judgement to determine which are most relevant to their specific circumstances, and how to apply them.

1) PATIENT AUTONOMY

Patients have a right to self-determination, including the right to make their own decisions about their health care, and a right to privacy and confidentiality of their personal health information. These rights need to be acknowledged and respected by health care professionals.

Dentists respect patient autonomy by:

- a. Being fully present, focused, and responsive during interactions with patients.
- b. Learning about and respecting patients' experiences, values, and beliefs, and being open to their perspectives.
- c. Providing clear and accurate information regarding treatment options in a manner that the patient understands.
- d. Encouraging active collaboration and shared decision-making with patients, or, when authorized, with the patient's substitute decision-maker, family, or caregiver.
- e. Obtaining consent before proceeding with treatment.⁵
- f. Providing care that is responsive to patient needs, values, beliefs, goals, **social identities**, and economic circumstances.

2) BENEFICENCE

Health care professionals actively serve and benefit patients and society. They also do good by maintaining and enhancing the health and wellbeing of patients and society, recognizing the interconnectedness between both.

Dentists demonstrate beneficence by:

⁴ Beauchamp, T.L. & Childress, J.F. (2019). *Principles of Biomedical Ethics* (8th ed). Oxford University Press.

⁵ For more information, see the RCDSO's Standard of Practice on Consent to Treatment.

- 108 a. Acting, first and foremost, for the benefit of, and in service to, the health and wellbeing
- 109 of patients and society.
- 110 b. Recognizing and honouring the inherent worth, rights, and dignity of all people.
- 111 c. Being kind, empathetic, and compassionate.
- 112 d. Creating a **safe environment** where all individuals feel welcome, respected, and valued.⁶
- 113 e. Building and maintaining **professional relationships** based on mutual trust and respect.⁷
- 114 f. Collaborating and communicating effectively within professional relationships.
- 115 g. Facilitating continuity of care, including:
 - 116 i) supporting patients throughout the entire treating relationship;
 - 117 ii) coordinating care with patients' other health care professionals; and
 - 118 iii) providing emergency care or advising how to obtain such care.
- 119 h. Leading or participating in initiatives that address the oral health and oral health care
- 120 needs of individuals, communities, and society.
- 121 i. Individually and collectively promoting health and preventing oral disease by
- 122 understanding and taking reasonable steps to address the broader contexts in which
- 123 disease occurs.
- 124 j. Participating in the regulation of the profession.⁸

3) NONMALEFICENCE

Health care professionals do no harm to patients and society and protect patients and society from harm.

- 125 Dentists demonstrate nonmaleficence by:
- 126 a. Complying with legal, professional, and ethical obligations set out in law and by the
- 127 RCDSO.^{9,10}
- 128 b. Maintaining competence, recognizing limitations, and referring patients to other health
- 129 care professionals, when necessary.¹¹
- 130 c. Maintaining appropriate and dignified boundaries in professional relationships.¹²

⁶ For more information, see the Glossary and RCDSO's Standard of Practice on Prevention of Boundary Violations and Sexual Abuse and [Infection Prevention and Control](#).

⁷ For more information, see the RCDSO's Practice Advisory on [Maintaining a Professional Patient-Dentist Relationship](#).

⁸ Preserving the ability to regulate the profession (i.e., **professional regulation**) requires the profession to maintain an effective and appropriate governance structure and a reliable system of accountability. This means it is not enough for individual dentists to accept regulation; each dentist has a professional duty to actively participate in the regulatory process (e.g., by engaging with the RCDSO, as necessary).

⁹ This includes committing to a high standard of professionalism and meeting the standard of care.

¹⁰ For clarity, dentists are ultimately responsible for meeting their legal, professional, and ethical obligations regardless of whether they assign tasks to staff or other health care professionals, or work with an organization or other party in the course of practicing dentistry.

¹¹ For more information, see the RCDSO's [Quality Assurance](#) webpage and Practice Advisory on [Most Responsible Dentist](#).

¹² For more information, see the RCDSO's Standard of Practice on Prevention of Boundary Violations and Sexual Abuse.

- d. Being truthful and not representing information about themselves (e.g., education, qualifications, or competence) and/or their practice that is false or misleading.¹³
- e. Being collegial and maintaining objectivity when communicating about services provided by other health care professionals.
- f. Identifying, preventing, and managing conflicts of interest in a manner that ensures patients' best interests remain paramount.¹⁴
- g. Using technology in a responsible and ethical manner.¹⁵
- h. Addressing harm and misconduct, including:
 - i) disclosing any harm that occurs as a result of their actions, decisions, judgement, or competence;
 - ii) making mandatory reports as required by law;¹⁶ and
 - iii) where a mandatory report is not required, raising concerns about inappropriate, unprofessional, or otherwise concerning behaviour of staff or colleagues directly with the person, or if needed, with the relevant leadership or authority.
- i. Balancing personal and professional priorities to maintain dentists' own health and wellbeing.

4) JUSTICE

Health care professionals treat all people fairly and equitably.

Dentists demonstrate justice by:

- a. Complying with legal obligations with respect to human rights and accessibility.¹⁷
- b. Providing services and making administrative decisions in practice that are free from **prejudice** and **discrimination**, including discrimination on the basis of the grounds set out in the [Human Rights Code](#) (such as race, ethnicity, gender identity, disability, etc.).¹⁸
- c. Promoting fair and equitable access to oral health care for all.
- d. Seeking to recognize **bias** and taking reasonable steps to prevent it from negatively influencing professional relationships and patient care.
- e. Recognizing differences in power that exist in professional relationships with patients, staff, colleagues, or other health care professionals, and exploring ways to support or empower the other person.

¹³ For more information, see the RCDSO's Practice Advisory on [Professional Advertising](#).

¹⁴ This includes ensuring that business interests and practices do not influence professional judgement. For more information, see the RCDSO's Guidelines on [Conflict of Interest](#).

¹⁵ For more information, see the RCDSO's Standards of Practice on [Dental CT Scanners](#) and [Virtual Care](#).

¹⁶ For more information, see the RCDSO's [Mandatory Reporting](#) webpage.

¹⁷ [Human Rights Code](#) and [Accessibility for Ontarians with Disabilities Act, 2005 \(AODA\)](#). For more information, see [Working Together: The Code and the AODA](#) by the Ontario Human Rights Commission.

¹⁸ The complete list of protected grounds in the [Human Rights Code](#) is as follows: citizenship, race, place of origin, ethnic origin, colour, ancestry, disability, age, creed, sex/pregnancy, family status, marital status, sexual orientation, gender identity, and gender expression.

- f. Recognizing the unique opportunities and barriers created by each person’s social identities (e.g., based on race, ethnicity, gender identity, disability) and taking reasonable steps to support each person.
- g. Participating in initiatives to reduce **health inequities** that are driven by the **determinants of health**.

Appendix 1: Glossary

Bias: An inclination to think something or someone is better or preferred, usually in a way considered to be unfair. Bias can be explicit (or conscious) or implicit (or unconscious). Bias inhibits impartial judgement, thought, or analysis. Biases (particularly implicit or unconscious) are built into and perpetuated by societal systems and structures through socialization and may conflict with our declared beliefs and how we see ourselves.

Determinants of health: The broad range of personal, social, economic, and environmental factors that determine individual and population health. The main determinants of health include (listed in alphabetical order):

- Access to health services
- Biology and genetic endowment
- Childhood experiences
- Culture
- Education and literacy
- Employment and working conditions
- Gender
- Healthy behaviours
- Income and social status
- Physical environments
- Race / Racism
- Social supports and coping skills¹⁹

Discrimination: When a distinction is made according to which some benefit is withheld or burden assigned to an individual or group of individuals on the basis of a personal characteristic that is irrelevant to the distinction which was made.²⁰ Discrimination exists where a discriminatory practice occurs on the basis of a prohibited ground²¹ for which no justification has been made.

¹⁹ [Government of Canada. \(2024\). Social determinants of health and health inequalities.](#)

²⁰ Most human rights legislation does not include a formal definition of discrimination. The definition included in this document is from the judgement of McIntyre J. in *Law Society of British Columbia v. Andrews*, [1989] S.C.J. No. 6.

²¹ The grounds in the [Human Rights Code](#) are: citizenship, race, place of origin, ethnic origin, colour, ancestry, disability, age, creed, sex/pregnancy, family status, marital status, sexual orientation, gender identity, and gender expression.

Duties: The positive actions that dentists are expected to take in fulfilling their role as a regulated health care professional. These actions are informed by the legal, professional, and ethical obligations of the profession set out in law and by the RCDSO.

Fiduciary law: Refers to a specific area of law through which key duties are assigned to fiduciaries (i.e., dentists) and owed to beneficiaries (i.e., patients). Fiduciaries have these duties due to the nature of the relationship with beneficiaries, namely that the fiduciary is in a position of power and has the unilateral ability to act and impact the beneficiary's interests. The specific duties fiduciaries have include, but are not limited to:

- Acting in beneficiaries' best interests
- Acting with integrity, loyalty, honesty, and trustworthiness
- Avoiding conflicts of interest
- Not acting in self-interest/profit
- Protecting confidentiality
- Providing access to records
- Disclosing error, misconduct, and whistleblowing
- Acting with the utmost good faith

Health inequities: Systematic differences in health-related exposures and outcomes among different population groups that are unnecessary, avoidable, unfair, unjust, and can be addressed through policy intervention.²²

Prejudice: Refers to a preconceived judgement, opinion or attitude directed toward certain people based on their membership in a particular group. It is a set of attitudes, which supports, causes, or justifies discrimination. Prejudice is a tendency to rely on stereotypes or assumptions.²³

Principles: Fundamental truths or propositions that serve as the foundation for a system of values or behaviours. They are often universal, objective, and used to guide actions and judgements in a consistent manner.

Professionalism: Refers to the conduct, aims, and qualities that characterize a profession. It involves a commitment to the mastery of a complex body of knowledge and skills in the service of others. For health care professionals, it includes commitments to ethical practice, clinical and cultural competence, integrity, morality, altruism, and the promotion of the public good. Members of a profession are accountable both to those they serve and to society at large.²⁴

²² Adapted from [Whitehead, M. \(1992\). The concepts and principles of equity and health. *International Journal of Health Services*, 22\(3\), 429-445.](#)

²³ Rouse, L., Booker, K., Stermer, S.P. (2011). Prejudice. In: Goldstein, S., Naglieri, J.A. (eds) *Encyclopedia of Child Behavior and Development*. Springer.

²⁴ Adapted from [Cruess, S. R., Johnston, S., & Cruess, R. L. \(2004\). "Profession": A Working Definition for Medical Educators. *Teaching and Learning in Medicine*, 16\(1\), 74-76.](#)

Professional regulation: Refers to an approach or system that ensures members of health professions meet standards of competency and conduct, usually involving registering, licensing, and monitoring members to ensure that they meet the standards. In Ontario, regulatory powers are delegated through the *Regulated Health Professions Act, 1991* by the provincial government to a body, which is comprised of members of the profession and the public. The RCDSO is the regulatory body for the profession of dentistry in Ontario. The RCDSO is responsible for ensuring that the public has safe, equitable, and competent oral health care by providing leadership to the dental profession in regulation, setting the education and other qualifications necessary to become a registered dentist, developing professional and ethical standards and guidelines, and holding registered dentists accountable for their conduct and practice through complaint and investigation processes. Professional regulation is based on the premise that regulated professionals (i.e., dentists) can be trusted to regulate themselves in the public interest.

Professional relationships: Relationships between dentists and patients, staff, colleagues, or other health care professionals.

Safe environment: Refers to a space where people feel emotionally, psychologically, and physically safe.

- Emotional safety is when people feel accepted and secure enough to share their identities, experiences, thoughts, feelings, and vulnerabilities without fear of negative consequences.
- Psychological safety is when people feel that they can share their thoughts, ideas, concerns, and mistakes in teams or organizational settings without fear of negative consequences.
- Physical safety is when there are practices in place to ensure that people are protected from harm, injury, or health risks. In a dental office, this includes a space where infection is prevented and controlled.

Social identities: The aspects of an individual's self-concept that comes from membership in a specific social group (e.g., race, ethnicity, gender identity, sexual orientation, age). An individual may have multiple social identities.



Professional Excellence



Registration

465 General Certificate

24 Inactive Certificate

1 New RDTs

0 Reinstatements

490 TOTAL RDTs



Quality Assurance

Professional Development 2025

106 Tenured RDTs

23 New RDTs (1st submission 2025)

7 New RDTs (1st submission 2008)

136 Late TOTAL RDTs (GROUP A)

Practice Assessment / full PDP

2% Annual random selection approved by QAC for PPA and full PDP



Practice Advisory

53 Number of Inquires Received fiscal YTD

RDTs	62.3%
Dentist office	11.3%
Patients	3.8%
Other regulators or associations	3.8%

Top 3 Topics

- 1 Supervision – Commercial Dental Lab
- 2 RDT's Identifiers
- 3 Record Keeping



Professional Conduct

Open

- 0 Registrar's Investigations
- 0 QA Referrals
- 0 Complaints

Closed

- 0 Registrar's Investigations
- 0 Complaints
- 2 Referrals to Discipline
- 0 Unauthorized Practice Investigations

Organizational Effectiveness



Communications

Social Media

YouTube

Website Updates

Mailchimp



People & Culture

0

Resignation

0

New Hire

Financial Health

Operating Expenditures 8.6%
Against Budget

Investment Income 14.1%
Against Budget

Surplus Retention 91.7%
Unrestricted Net Assets 50% - 100% of OE

Strategic Initiatives Projects 94%
Percentage of Committed Spending



Financial Health





Social Media Statistics



Vistors 81
New Followers 3
Engagement Rate 8.4%
Impressions 261

Video Sharing Statistics



Subscriptions 71
Videos 1
Views 27

E-Mail Statistics



Emails 2
Opens 44
Link Clicks 12

CDTO Website Statistics



Visitors 1600
Average View Time 1M 14S
Top Countries Referrals

1. Canada	1. cac-word-edit.officeapps.live.com
2. United States	2. regulatedhealthprofessions.on.ca
3. South Korea	3. georgebrown.ca
4. United Kingdom	4. ontariocolleges.ca
5. Germany	5. statics.teams.cdn.office.net
6. Algeria	6. chatgpt.com
7. Ireland	7. healthforceontario.ca
8. Nigeria	8. linkedin.com
9. India	9. ontario.ca
10. Kenya	10. ca.search.yahoo.com

Top Pages

1. College of Dental Technologists of Ontario Ensuring competency and accountability of dental technologists practicing in the province of Ontario.
2. For Applicants College of Dental Technologists of Ontario
3. Staff College of Dental Technologists of Ontario
4. Board of Directors College of Dental Technologists of Ontario
5. Careers College of Dental Technologists of Ontario
6. About Dental Technology College of Dental Technologists of Ontario
7. Member Login College of Dental Technologists of Ontario
8. Jurisprudence and Ethics Exam College of Dental Technologists of Ontario
9. Publications College of Dental Technologists of Ontario
10. Resources College of Dental Technologists of Ontario



CADTR Website Statistics

Visitors 4461
Average View Time 2M 17S
Top Pages

Home - Canadian Alliance of...	1.2K
Becoming Registered - Cana...	631
Competency Assessment - ...	568
Credentialing - Canadian Alli...	362
Knowledge-Based Assessm...	344
About CADTR - Canadian Alli...	296
Credential Self-Evaluation To...	182