



145th Board Meeting

Date: Friday, September 26th, 2025, 9:00 AM to 4:00 PM

[YouTube Live Stream](#)

Agenda	Speaker	Action	Time
1. Call to Order	Chair		1 min
2. Opening Remarks 2.1. Land Acknowledgement 2.2. National Truth and Reconciliation Day	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. 144 th 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 – Board Workshop 6.2. Board Meeting Evaluation – June 20 th 6.3. Registrar Roles and Responsibilities Policy	Chair Chair L. Cheng	Discussion Discussion Decision	10 mins 10 mins 10 mins
7. Communication Strategy	A. Patrick	Presentation	15 mins
8. Strategic Plan 8.1. Strategic Dashboard 8.2. PE – Standards and Ethics	R. Far R. Far	Information Presentation	15 mins 30 mins
10:45 AM Energy Break (15 minutes)			
8.3. PE – Reducing Barriers to Registration 8.3.1. Prior Learning Assessment Recognition Engagement	J. Rigby	Presentation	30 mins
8.4. Engagement 8.4.1. System Partner Engagement, Collaboration and Awareness	A. Patrick	Presentation	10 mins
8.4.2. GBC Student Outreach Task Force	W. Van Evans	Presentation	15 mins



8.5. RE – Equity, Diversity, Inclusion and Indigeneity			
8.5.1. EDI Board Policy (Governance), EDI Organizational Policy (Board), and EDI Governance Evaluation	L. Cheng A. Patrick	Decision	20 mins
8.5.2. Data Collection	A. Patrick	Presentation	10 mins
12:25 PM Lunch Break (45 minutes)			
8.6. RE – Governance			
8.6.1. By-laws Section 3 and 4	L. Cheng	Decision	20 mins
8.6.2. Signing Authority Policy	Registrar	Decision	20 mins
9. Regulatory Programs			
9.1. 2025-2026 Annual Renewal	S. Mohammed	Information	10 mins
9.2. As of Right Regulation	Registrar	Information	10 mins
9.3. CADTR Credential and Assessment Services	S. Mohammed	Information	10 mins
2:20 PM Energy Break (15 minutes)			
10. Board Education			
10.1. George Brown College – Indigenous Pedagogy	J. Rigby	Presentation	30 mins
11. Financial Matters			
11.1. Pre-Audit Communication	Kriens LaRose LLP Registrar	Information Information	30 mins
11.2. Q4 Financial and Monitoring Reports			15 mins
11.2.1. Operating			
11.2.2. Strategic			
11.2.3. Investments			
11.2.4. Cash Flow			
12. Registrar's Update			
12.1. Registrar's Report	Registrar	Verbal	10 mins
12.2. CDTO Dashboard			
12.3. Communications Dashboard			
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	0 mins
None.			
14. Closing Remarks			
Next Meeting Dates: December 6 th – Board meeting Calendar Year 2026	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.



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



National Day for Truth and Reconciliation

September 30, 2025





Conflict of Interest Declarations

Board Director	Potential Conflict(s) of Interest Declared
Shanice Fontaine, RDT	None
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	None
Dr. Rehan Siddiqui, Public Director	None
Vernu Sivakkolundu, 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.



144th Board Meeting Minutes

Date: June 20, 2025, 9:02 AM – 2:53 PM (Virtual)

Board of Directors:

James Matera, RDT, Chair
William (Bill) Van Evans, RDT (Vice-Chair)
Shanice Fontaine, RDT
Tayla McGuckin, Public
Mark Peters, RDT
Nawaz Pirani, Public
Jatinderpal Randhawa, Public
Rehan Siddiqui, Public
Vernu Sivakkolundu, Public
Clark Wilson, RDT
Adela Witko, RDT

Regrets:

Franz Yagin, RDT

Staff:

Judith Rigby, Registrar & CEO
Leanne Cheng, Governance and Regulatory Affairs
Rose Far, Policy and Strategic Projects
Safyia Mohammed, Registration and Administration
Ashney Patrick, Communications
Jasleen Sidhu, Regulatory Affairs CSJ
Jacklyn Smith, Professional Conduct and Human Rights CSJ

Guests:

Karen Coetzee, Construct Measures
Keith Johnson, KJ Consulting
Jessica Rumboldt, George Brown College Indigenous Initiatives

1. Call to Order

The Chair called the 144th Board meeting to order at 9:02 am.

2. Opening Remarks

J. Sidhu, a youth employed through the federally funded Canada Summer Jobs program, delivered CDTO's land acknowledgement. She expressed gratitude for the opportunity to live and work in Mississauga and, as a participant in this federal initiative, acknowledged her responsibility in advancing Indigenous reconciliation.

The Chair welcomed V. Sivakkolundu to the Board and, with regret, informed members of A. Khinich's resignation.

3. Approval of Agenda

The Chair informed the Board that the Committee Slate required revision to appoint the newly appointed Director, V. Sivakkolundu, to support the committees. Additionally, the speaker for Agenda Item 8.1 – George Brown College: Indigenous Initiatives requested an accommodation to present later in the meeting.

MOTION: THAT the agenda be approved as revised for:

1. The addition of an Agenda Item, 6.2 Committee Slate to appoint our new public Director, Vernu Sivakkolundu, to our Committees.
2. A switch in Agenda Item 8.1, George Brown College, Indigenous Initiatives with Agenda Item 11.3, Regulatory Excellence, Equity, Diversity, Inclusion and Indigeneity to accommodate the speaker's availability.

MOVED BY: N. Pirani and seconded by A. Witko

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 with item 5.3 Discipline Committee Report being removed.

MOVED BY: N. Pirani and seconded by M. Peters

CARRIED

N. Pirani, Chair of the Discipline Committee, provided an update on recent hearings. One hearing was initiated through a mandatory report, the first of its kind received by CDTO. Mandatory reports are legal obligations for employers, facilities, and regulated health professionals to inform CDTO of concerns regarding a registrant's conduct, competence, or capacity. He noted that discipline penalties are evolving to reflect the current regulatory environment and prevent unauthorized practice. Targeted learning has replaced essays, and suspended RDTs are now required to inform CDTO of the RDT or dentist who is assuming their responsibilities.

6. Governance

6.1 April 24th Board Workshop and April 25th Board Meeting Evaluation

The Board completes an evaluation following each workshop and meeting. The most recent evaluation included positive feedback on the workshop, with particular praise for the Equity, Diversity, and Inclusion session. Additionally, the results of the Board meeting evaluation indicated that all metrics were rated above four out of five, reflecting strong and effective performance. No Directors had additional comments.

6.2 Committee Slate

As the Board welcomes V. Sivakkolundu, it must also appoint him to one or more Committees. He will be supporting the Recruitment Committee and the Patient Relations Committee. All Board members are appointed to both the Discipline Committee and the Fitness to Practice Committee.

MOTION: THAT the Board approves the revised 2025 Committee Slate.

MOVED BY: S. Fontaine and seconded by M. Peters

CARRIED

7. Regulatory Programs

7.1 Jurisprudence and Ethics

The Chair of the Registration Committee, S. Fontaine, introduced the item by outlining the decline in new registrations and the need to identify and address barriers to registration. In 2025, CDTO initiated a strategic review of the Jurisprudence and Ethics (J&E) Examination, considering the previously rescinded exemption for George Brown College (GBC) graduates. After consulting with the Office of the Fairness Commissioner, CDTO retained



Construct Measures to independently assess the equivalence of GBC's J&E course to the CDTO's J&E Examination.

K. Coetzee of Construct Measures presented the methodology and findings, concluding that successful completion of GBC's J&E course and passing the J&E Examination both demonstrate exposure to, and knowledge of, the same content. Furthermore, with a first attempt passing rate of 90%, GBC graduates may be required to prove the same competencies twice.

Recommendations include ongoing collaboration with GBC to maintain exemption validity, exploring pathways for non-GBC candidates to complete GBC's course or an equivalent, and implementing periodic jurisprudence requirements for all registrants. Directors supported pursuing the exemption and stressed the importance of monitoring registration trends and providing equitable solutions for non-GBC graduates.

MOTION: THAT the Board:

1. Approves the George Brown College Jurisprudence, Ethics and Professionalism Course as substantially equivalent to the CDTO's J&E "Guide to Dental Technology Practice", v April 2021 and J&E examination, based on an independent 3rd party verification of equivalency, AND
2. Exempts George Brown College students who graduated in 2025 and onwards, and successfully complete the credential and competency assessment requirements, from the CDTO's Jurisprudence and Ethics examination.

MOVED BY: A. Witko and seconded by S. Fontaine

CARRIED

7.2 CADTR Credential and Assessment Services

S. Mohammed provided an update on the statistics of applications and outcomes for the Credentialing and Assessment services since their inception in February 2021. CADTR is seeking support for a percentage-based contribution to help cover fixed costs related to a deficit budget. As outlined in the Memorandum of Understanding previously approved by the CDTO Board, CDTO has agreed to provide such support.

The current deficit is driven in part by the ongoing costs associated with psychometric services, as well as budgeting for over 50 applicants but receiving only 20. A Director suggested that the funding request be reframed as a cost of doing business, given that CADTR delivers credentialing and assessment services on behalf of CDTO.

MOTION: THAT the Board approves payment up to 25% for credential and assessment services provided by the Canadian Dental Technology Regulators in 2025.

MOVED BY: N. Pirani and seconded by M. Peters

CARRIED

11.3 Equity, Diversity, Inclusion and Indigeneity

J. Smith began with an introduction to CDTO's Equity, Diversity, and Inclusion (EDI) journey, including the retention of a consultant to support the organization's strategic



commitments. She explained that the “I” in EDI-I refers to Indigeneity, which involves a distinct methodology to recognize the historical and ongoing impacts of colonialism.

L. Cheng presented on EDI Governance, including a Governance Policy outlining the Board’s roles and responsibilities in leading EDI efforts, and a Governance Evaluation to help CDTO assess its performance and ensure accountability.

J. Rigby discussed the organizational EDI Policy, which will apply across all operational activities. She also introduced the EDI Data Strategy, which will guide the collection of sociodemographic data to help CDTO better understand who it serves and to inform its broader EDI strategy.

R. Far provided an overview of the Equity Impact Assessment (EIA) currently in development, which includes a preliminary checklist and a full assessment tool. The checklist prompts reflection on whether a new or revised policy, practice, or regulatory function might negatively impact an equity-deserving community, and if so, a full EIA is conducted.

S. Mohammed gave an example of how the EIA might be applied by mapping the registration process. This would involve identifying all components and interrelationships within the system to uncover potential sources of bias, barriers, or a lack of fairness or transparency.

9. Financial Matters

9.1 Financial and Monitoring Reports

J. Rigby indicated no major changes since the last monitoring reports. CDTO will be in a surplus position at the end of the year, currently forecasted to be \$69,000.

9.2 2025-2026 Financial Budget

J. Rigby explained the process followed by the Executive Committee in reviewing general budget assumptions, historical trends, and mitigation strategies to inform its budget recommendation. The Committee initially received a draft budget reflecting a \$17,000 deficit. However, in collaboration with the Registration Committee, several changes were approved to reduce barriers to registration, which resulted in revenue reductions and increasing the deficit.

Following the Board’s decision at this meeting to exempt GBC graduates from the Jurisprudence and Ethics Examination, the projected deficit has further increased.

MOTION: THAT the Board:

1. A deficit 2025-2026 Operating Budget of \$22,815, AND
2. The 2025-2026 Fee Schedule as presented, AND
3. The Strategic Initiative Projects Budget as presented.

MOVED BY: A. Witko and seconded by W. Van Evans

CARRIED



10. Communications Strategy

A. Patrick provided an overview of CDTO's recent outreach and engagement efforts, viewership analytics, and strategic initiatives. She highlighted the 2025 Spring Bridge newsletter as well as communications related to the launch and ongoing activities of the Prior Learning Assessment and Recognition Project.

11. Strategic Plan

11.1 Strategic Dashboard

R. Far presented the Strategic Dashboard, focusing on changes since the last update in April 2025 that are not addressed as separate agenda items in this meeting. She provided an update on the Standards Framework Project, which is currently undergoing internal meetings, focus groups, and reviews by subject matter experts to ensure the draft framework aligns with the CDTO's expectations. She also highlighted a 35% increase in the use of new resources and 51% of MailChimp clicks related to unauthorized practice communications.

11.2 Professional Excellence – Reducing Barriers to Registration

11.2.1 Prior Learning Assessment and Recognition (PLAR)

K. Johnson provided an update on the PLAR pilot, which has attracted interested candidates, although some were better suited to the Profession Specific Credential Evaluation (PSCE) route, resulting in a total of 26 valid candidates. Plans are underway to extend the expression of interest period until the end of August to allow more candidates to participate and help reach the target of 50 pilot participants.

K. Johnson also provided details on the evidence grid and initial document collection approach stressing that an integrated IT solution would be deferred until the pilot is underway. Directors noted that while the initial pilot target of 50 candidates seemed ambitious, it now appears much more achievable.

11.2.2 Outreach Task Force

W. Van Evans explained that the Task Force was established to understand why GBC students have chosen not to pursue registration and to develop initiatives supporting their path to licensure. The Task Force, made up of four RDTs with diverse backgrounds and experiences, met with the GBC Dental Technology Faculty and Associate Dean Bethanie Huen to explore collaborative initiatives. Future meetings will include the ADTO.

8.1 George Brown College – Indigenous Initiatives

J. Rumboldt was welcomed to the Board and delivered GBC's land acknowledgement. She highlighted Indigenous Initiatives' focus on integrating Indigenous ways of knowing into the curriculum and supporting both students and the broader community. She noted GBC's signing of the Colleges and Institutes of Canada Indigenous Education Protocol, advancing education and professional development aligned with the Truth and Reconciliation Commission's calls to action. She emphasized the importance of thoughtful language,



providing the example of moving away from terms like “officer” due to their historical associations.

When asked about the implications for the Dental Technology Program, J. Rumboldt recommended exploring Indigenous Pedagogies and relational knowledge. J. Rigby thanked J. Rumboldt for her presentation and noted the distinction between indigeneity and broader equity, diversity, and inclusion initiatives.

11.4 Unauthorized Practice Awareness.

J. Smith opened the presentation by emphasizing the importance of registrants reporting concerns of unauthorized practice to support self-regulation. She highlighted three years of collected data used to identify trends, assess risks, and refine CDTO’s approach. A. Patrick presented on recent communications sent to dentists to raise awareness about supervised labs, including the Verified Labs list. The letter aims to support compliance with Ontario’s regulatory framework, protect patients, and increase transparency.

In response to a director’s inquiry, J. Rigby confirmed that a portal for reporting unauthorized practice is currently under development. She also clarified that CDTO’s Verified Labs communication was not intended to suggest dentists cannot supervise commercial dental laboratories.

12. Registrar’s Update

J. Rigby shared that the As of Right legislation has been passed and, together with L. Cheng, they are monitoring updates and the implications for CDTO, such as the types of declarations required for applicants using this regulation.

13. In-Camera Session

The Chair thanked everyone for their participation in today’s meeting. The Board held an in-camera session to review the in-camera minutes from the April 25, 2025 meeting. The Chair expressed appreciation for everyone’s contributions and looked forward to welcoming them and members of the public at the next Board meeting on September 26.

MOTION: THAT the Board move in-camera.

MOVED BY: C. Wilson and seconded by N. Pirani

CARRIED

14. Meeting Adjournment

MOTION: THAT the Board move out of camera and adjourn the 144th Board Meeting at 2:53 pm.

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

CARRIED



Status Updates on Board Decisions

Meeting Date	Agenda 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
April 25, 2025	Protect Ontario through Free Trade within Canada Act	The Registrar is directed to draft a letter to the Ministry of Health regarding its work to reduce barriers to registration.	In progress



EXECUTIVE COMMITTEE REPORT

September 26, 2025

Committee Members

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

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 June 20, 2025, the Executive Committee met once on August 26, 2025.

For Action of the Board

1. Registrar Policy

As a result of the 2024 review of the Investments Policy, it was noted that the Registrar's responsibilities regarding the declaration of conflicts of interest were not specified. A subsequent Board action mandated an update to the Registrar's Policy. The suggested updates include the requirement for the Registrar to declare conflicts of interest, maintain confidentiality, and implement the decisions of the Board. The Committee is recommending this policy for approval by the Board.

2. Equity, Diversity and Inclusion (EDI) Action Plan

An outcome of the April 2025 Board workshop was the development of an EDI Action Plan, which included the creation of a Governance Policy for the Board of Directors and a Governance Evaluation Survey. The policy outlines the roles and responsibilities of Directors, as organizational leaders, in championing EDI principles. The evaluation is intended to support the Board in assessing its performance in EDI, guiding initiatives, and tracking progress along the EDI journey. The Committee is recommending both the policy and the evaluation for approval by the Board.



3. Signing Authority Policy

The Committee reviewed the Signing Authority Policy and its accompanying Signing Authority Register. The policy applies to proponents who can negotiate contracts on behalf of the College and delegates authorized to sign and bind the College. It outlines the considerations for contracts that align with the College's mandate and specifies circumstances in which Board approval is required for authorization. The Committee is recommending this policy for approval by the Board.

For Information

1. Committee Meeting Evaluations

The Committee meeting evaluations are reviewed by the Executive Committee as a means of providing a line of sight into committee effectiveness and potential emerging issues both within and across committees. Given the goal of achieving full participation, the Executive Committee discussed ways to improve response rates for the evaluations. One Director proposed conducting evaluations during the meeting itself, which the Committee trialed. This approach modeled after the Entrepreneurial Operating System (EOS) Level 10 Meeting, will be piloted with all Committees and the Board, as it allows feedback to be addressed immediately and fosters further discussion or clarification when needed.

2. Q4 Financial Monitoring

The Committee received a presentation from W. Lai of BMO Nesbitt Burns, Investment Advisor on CDTO's Investment Portfolio, including current investments and maturation dates. He discussed market trends and outlined plans to continue growing CDTO's investments to stay ahead of inflation. The Committee also reviewed the monitoring reports for Operating, Strategic, and Cash Flow, with no concerns raised.

3. 2024-2025 Financial Audit

The Committee conducted Step 1, Executive Committee Scope and Timing of the Annual Auditor Assessment. No changes to this year's scope, timing and process are being recommended. The Committee also received a presentation from R. Ferreira, Auditor regarding their audit approach. They confirmed independence from the College, discussed this audit's materiality and areas of focus. The audit is planned to start on October 6 with draft financial statements issued for review in the first week of November.

The Committee was informed that changes are coming to Canadian Auditing Standards 540, which will impact the next fiscal audit. The revised standard will broaden the focus to assessing an organization's ability to continue as a going concern for more than 12 months. The Auditor will offer further guidance on how these changes will affect the audit process and any necessary adjustments to CDTO's financial reporting.



DISCIPLINE COMMITTEE REPORT

September 26, 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

Since the last report to the Board on June 20, 2025, the Discipline Committee has not met.

For Action of the Board

There are currently no items for action.

For Information

There are currently no items for information.



FITNESS TO PRACTICE COMMITTEE REPORT

September 26, 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

Since the last report to the Board on June 20, 2025, the Fitness to Practice Committee has not met. 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

September 26, 2025

Committee Members

James Matera, Professional Member (Chair)

Tayla McGuckin, Public Member

Jatinderpal Randhawa, 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

Since the last report to the Board on June 20, 2025, the Inquiries, Complaints and Reports Committee has not met.

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

September 26, 2025

Committee Members

Clark Wilson, Professional Member

Tayla McGuckin, Public Member

Alla Khinich, Public

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 June 20, 2025, the Patient Relations Committee has not met.

For Action of the Board

There are currently no items for action.

For Information

Going forward, the Patient Relations Committee will focus on reviewing and strengthening the communications strategy to ensure continued alignment with the College's goals and stakeholder needs. This will include a comprehensive review of the communications work plan to identify priorities and opportunities for enhancement.

The Committee will also provide oversight for the development and implementation of EDI-I video modules, reflecting the College's ongoing commitment to equity, diversity, inclusion, and Indigenous reconciliation. In addition, the Committee will support the execution of key initiatives within the communications work plan as required, helping to ensure meaningful and effective engagement with all stakeholders.



QUALITY ASSURANCE COMMITTEE REPORT

September 26, 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 June 20, 2025, the Quality Assurance Committee met on August 25, 2025, and reconvened on September 12, 2025, to continue its discussion.

For Action of the Board

None.

For Information

The Committee reports on the following activities:



Standards and Ethics

As part of our ongoing commitment to *Professional Excellence* under the Strategic Plan, the Committee has actively reviewed and provided feedback and direction on the *draft Standards Framework*, with a focus on the *Ethical Principles* and *Professional Standards*.

To support this work, a preliminary survey was developed and distributed to all registrants and the Board to gather insights from across the profession. Following the survey's closing date, the Committee held a two-day focused meeting to evaluate the draft framework and review the survey findings, ensuring a comprehensive and thoughtful review.

Based on the Committee's input and survey results, the next phase of this initiative involves Pivotal Research incorporating the feedback into *Ethical Principles* and *Professional Standards*.



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

REGISTRATION COMMITTEE REPORT

September 26, 2025

Committee Members:

Shanice Fontaine, RDT (Chair)
Jatinderpal Randhawa, Public
Rehan Siddiqui, Public
Adela Witko, RDT
Franz Yagin, RDT

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:

Since the last report to the Board on June 20, 2025, the Registration Committee met once on August 22, 2025.

For Action of the Board

None

For Information

1. Registration Referral Decisions

Three case files referred to the Committee were reviewed and decisions rendered via email resolution.

Case 2: Application to transfer registration status to General class after four years of being in the Inactive class.

- Submit an explanation of why they remained inactive for the three years and are now seeking reinstatement to General Class.
- Submit documentation of their professional development education from September 1, 2023, to the present.

- Pay all applicable fees by August 31, 2025, should the request be granted.

Email resolution May 31, 2025: The Registrant complied with the requests, and the Committee approved the request that the registrant may transfer from Inactive Class to General Class no later than August 31, 2025, paying all applicable fees.

Case 3: Application to transfer registration status to General class after four years of being in the Inactive class.

- Submit an explanation of why they remained inactive for four years and are now seeking reinstatement to General Class.
- Submit documentation of their professional development education from September 1, 2021, to the present.
- Pay all applicable fees by August 31, 2025, should the request be granted.

Email resolution June 23, 2025: The Registrant complied with the requests, and the Committee approved the request that the registrant may transfer from Inactive Class to General Class no later than August 31, 2025, paying all applicable fees.

Case 4: Application to transfer registration status to General class after seven years of being in the Inactive class. To proceed with the request under section (b) of O. Reg. 874/93, s. 10, the Committee directed the registrant to:

- Submit an explanation of why they remained inactive for four years and are now seeking reinstatement to General Class.
- Submit documentation of their professional development education from September 1, 2017, to the present.
- Pay all applicable fees by August 31, 2025, should the request be granted.

Email resolution June 23, 2025: The Registrant complied with the requests, and the Committee approved the request that the registrant may transfer from Inactive Class to General Class no later than August 31, 2025, paying all applicable fees.

2. At its meeting on August 22, the Registration Committee welcomed N. Parfyonova and G. Pope from For Good Measure (FGM) to provide insights and respond to questions regarding the integration of AI in the administration of CADTR's June 2025 Knowledge-Based Assessment (KBA). The discussion focused on the quality assurance measures undertaken to ensure that the use of AI did not compromise the integrity or quality of the assessment questions.

3. **Report on Strategic Projects – Reducing Barriers**

At its meeting, the Committee received an update on registration statistics, noting that 263 registrants have yet to complete their renewal. This figure is consistent with trends observed in previous years.

EDI-Race Based Data Collection (RBDC) Webinar

Members who didn't attend first in a series of RBDC webinars hosted by the OFC on July 23, 2025, were provided with a rise and report from A. Witko and staff that were in attendance. The Committee was further informed of the CDTO's implementation of the Race Based Data Collection during 2025-2026 Annual renewals. Staff distributed the race-based data collection questions to Committee members.

4. Registration and Examination Policy Updates

With support from staff, the Registration Committee will develop policies related to registration, examination, and accommodations, applying both an Equity Impact Assessment (EIA) and Equity, Diversity, and Inclusion (EDI) lens. These draft policies will be presented to the Board for approval.

Additionally, the Committee discussed the proposed transition of the Jurisprudence and Ethics Examination to a post-registration requirement. The Registration and Quality Assurance Committees will collaborate to develop a project plan for the creation of Jurisprudence and Ethics modules, which will be presented at the next meeting.

5. New Class of Registration

The Committee was presented with the As of Right regulations updates and the MOH letter and response to survey. This will directly impact the Labour Mobility applications coming through the College.

6. Upcoming Meetings

The next Registration Committee Meeting will be held on November 7, 2025.



RECRUITMENT COMMITTEE REPORT

September 26, 2025

Committee Members:

Vernu Sivakkolundu, Public (Chair)
Mark Peters, RDT
Franz Yagin, RDT
Leanne Cheng, Staff

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 last report to the Board on June 20, 2025, the Recruitment Committee met once on August 8, 2025.

For Action of the Board

None.

For Information

1. Chair Selection

The Committee gratefully acknowledges V. Sivakkolundu for accepting the role of Chair.

2. Orientation

The Committee received an orientation outlining its roles and responsibilities. Its mandate is to support the College in aligning with best practices related to pre-defined competency and suitability criteria for electoral and Committee candidates, as established in the College Performance Measurement Framework. The Committee also reviewed its responsibilities concerning conflict-of-interest declarations, confidentiality, and bias management.



3. Candidate Interview

District 3 (Eastern) is up for election this year. All individuals seeking election must complete a Candidate Interview to assess their competencies. A second version of the interview was developed for those with prior experience on the CDTO Board. This version assesses candidates' competencies while recognizing their prior experience, supporting a meaningful evaluation of their potential contributions during another term.

4. Committee Competency Framework Pilot

On September 27, 2024, the Executive Committee approved the Committee Competency Framework for pilot implementation. This Framework outlines the competencies expected of individuals serving on the College's Committees and was evaluated via a questionnaire distributed in December 2024. The results informed the development of the 2025 Committee Slate.

To evaluate the pilot, a survey will be distributed to current Committee members. Their feedback will help determine whether the identified competencies align with the skills required for Committees to fulfill their mandates effectively.



BY-LAWS AND POLICY REVIEW COMMITTEE REPORT

September 26, 2025

Committee Members:

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 June 20, 2025, the By-Laws and Policy Review Committee met on September 12, 2025.

For Action of the Board

1. Proposed Changes to By-law Sections 3 and 4

The Committee is proposing changes to Section 3 – Execution of Contracts and Other Documents and Section 4 – Banking and Finance of the By-laws as part of a broader initiative to modernize the College's governance framework. These changes aim to ensure the framework remains efficient, transparent, and responsive to evolving regulatory needs, and align with the Signing Authority Policy being brought forward by the Executive Committee.

For Information

1. Chair Selection

The Committee gratefully acknowledges N. Pirani for accepting the role of Chair.

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

4.4★
average rating



	UNACCEPTABLE	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD	GREAT	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 UNACCEPTABLE OR NEEDS IMPROVEMENT).	DATE
1	Not at this time	6/27/2025 9:08 AM

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

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	Not at this time						6/27/2025 9:08 AM

Q4 Time was used effectively and discussions were focused.

Answered: 9 Skipped: 0

4.4★
average rating



	UNACCEPTABLE	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD	GREAT	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	11.11% 1	33.33% 3	55.56% 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	Not at this time	6/27/2025 9:08 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

4.7★
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

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

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

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	11.11% 1	55.56% 5	33.33% 3	9	4.22

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

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

4.3★
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

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	0.00% 0	0.00% 0	44.44% 4	55.56% 5	9	4.56

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

Answered: 9 Skipped: 0

4.3★
average rating



	VERY INEFFECTIVE	INEFFECTIVE	NEUTRAL	EFFECTIVE	VERY EFFECTIVE	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	11.11% 1	44.44% 4	44.44% 4	9	4.33

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	N/a	8/7/2025 9:00 AM
2	NA	7/1/2025 7:09 PM
3	no	6/29/2025 8:58 PM
4	Staff is incredible. Keep up the great work	6/27/2025 9:15 AM
5	Not at this time	6/27/2025 9:08 AM
6	No	6/26/2025 5:29 PM
7	Not at this time	6/26/2025 3:09 PM
8	The meeting was very well run and the updates from Keith are always appreciated. I also enjoyed the presentation by Construct Measures.	6/26/2025 1:35 PM
9	No	6/26/2025 1:05 PM



Board Report

Date: September 26, 2025

SUBJECT: Registrar Policy
INITIATED BY: Leanne Cheng, Governance and Regulatory Affairs Manager

PURPOSE:

The Board is asked to review and approve changes to the Registrar Policy.

PUBLIC INTEREST RATIONALE:

The Registrar leads the organization in executing the Board's vision and leading the implementation of its decisions. As such, clear roles, responsibilities and accountabilities can ensure effective leadership, sound governance, and operational excellence. These are crucial to the public interest and sustainability of the organization.

INFORMATION & CONSIDERATIONS:

BACKGROUND

During the review of the Investment Policy, it was found that the Registrar's Policy did not clearly include the requirement to declare conflicts of interest. Following the approval of the revised Investment Policy on December 6, 2024, reviewing the Registrar Policy was added as a Board action. The current Registrar Policy can be reviewed on page 32 of the [Governance Policy Manual](#).

STEPS UNDERTAKEN

Staff conducted an environmental scan of health regulators' policies and by-laws and considered expectations for Directors and Staff (e.g., confidentiality, championing EDI principles) when suggesting revisions to the policy. Changes were implemented to ensure consistency in terminology rather than using terms interchangeably. This included using "the College" instead of "CDTO" and "Registrar" instead of "CEO,". The language was also modernized by adopting the Board's approved terminology changes, replacing 'stakeholders' with 'system partners' and 'member' with 'registrant'.



If approved, this policy will take into effect immediately and replaces its previous version.

DECISION(S) SOUGHT:

- 1) **THAT** the Board approves the revisions to the Registrar Policy.

ATTACHMENTS:

1. Registrar Policy in CDTO Template with suggested revisions



Registrar

Policy Information	
Approved By: Board of Directors	Policy Type: Board
Approval Date: April 3, 2020	Responsible Office: Governance
Effective Date: April 3, 2020	
Date of Most Recent Review: August 26, 2025	Responsible Committee: Executive Committee

1. **Purpose**

The purpose of this policy is to define the roles, responsibilities, and accountabilities of the Registrar of the College of Dental Technologists of Ontario, ensuring effective leadership, sound governance, and operational excellence. Accountable to the Board and the Ministry of Health, the Registrar's primary duties involve executing the Board's vision and leading the implementation of its decisions. The Registrar represents the College to its system partners and must hold the values that define the College in all of their actions.

2. **Application and Scope**

This policy applies to the Registrar of the College of Dental Technologists of Ontario.

3. **Policy**

The Registrar serves as the chief executive officer of the College and, with the support of staff, manages and makes decisions related to the day-to-day operations in pursuit of its mandate.

4. **Roles and Responsibilities**

The Registrar shall:

Guiding Principles:

1. lead the College in upholding its legislated mandate under the RHPA, the Act, and the Bylaws, policies, and standards, adhering to EDI and ethical principles;
2. declare any actual or perceived conflict of interest that may discredit the College, breach a legal or ethical obligation, and/or create liability;



3. maintain confidentiality as required by the *Regulated Health Professions Act, 1991* (RHPA) and the College's By-laws;
4. support the Chair, Vice-Chair, Board and Executive Committee in meeting their responsibilities;
5. translate the goals, objectives and strategic directions of the Board into operational plans and implementing the decisions of the Board;
- ~~2-6.~~ collaborate with the Chair and utilize the support of the Board, Committees, and College staff to develop and promote the achievement of College objectives and priorities through identifying and implementing new policies and strategic projects;
- ~~3-7.~~ preserve a collaborative, transparent, supportive, and effective work environment;
- ~~4-8.~~ develop annual personal and organizational goals in collaboration with the Executive Committee and submit to an annual performance review conducted by the Committee;
- ~~5-9.~~ continuously develop and strengthen relationships between system partners and work to instill confidence in the College;
10. keep the Board informed and, when possible, proactively strategize a response to emerging issues, changing public expectations, risk considerations and legislative updates.
- ~~6. proactively strategize to strengthen the College's response to emerging challenges.~~

Specific Responsibilities:

1. Executive Leadership and Planning
 - a. fulfill the duties of the Registrar of the College as set out by the RHPA, the Act, the By-laws and policies of the College, and as assigned by the Board;
 - b. work with Board and College leadership to develop and plan the achievement of short-, intermediate-, and long-term goals;
 - c. supervise and administer the election of Officers and the Executive Committee;
 - d. preside over a resolution, in the case that such a resolution is presented, regarding the removal of the Chair or Vice-Chair from their office and ensure that all ballots are destroyed following the vote; and
 - e. ensure a performance evaluation of the Board is completed and tabled annually and that discussion surrounding the results is productive and achieves the key principles of the evaluation.



2. Operational Duties and Resource Management

- a. manage human resources as needed to ensure the College is positioned to effectively and efficiently meet its goals;
- b. determine the form of certificates of registration and other College documentation and sign summons or notices on behalf of the College or any Committee, unless otherwise provided by law;
- c. manage the use of the College bank;
- d. sign all exchanges, expenses, or payments of amounts in accordance with the Bylaws of the College and Signing Authority Policy~~policy 5.2 'Signing Officers' of this manual;~~
- e. invest the excess cash funds in accordance with the Investments Policy established by the Board;~~through discussion with the Chair and Vice-Chair; approve or restrict the investment or reinvestment of College funds and purchase or leasing of goods and services in accordance with College By-laws;~~
- f. with the approval of two-thirds (2/3) of the Board, manage the borrowing and giving of security in accordance with College By-laws;
- g. give notice of every appointment and re-appointment of an auditor(s) to the auditor(s) in a timely fashion and notify them of every Board meeting, allowing the auditor(s) sufficient time to arrange for representation at such meeting;
- h. notify Directors of upcoming meetings, including date, time, place, and matters to be discussed at least two (2) weeks prior to each regular meeting and five (5) days prior to a special meeting;
- i. ensure accurate minutes of all Board meetings are recorded, approved, and maintained ~~at the College office;~~
- j. report any complaints received against a Director or a Committee member to the Chair or Vice-Chair;
- k. report Director and Committee member attendance issues that might violate the College's By-laws to the Chair or Vice-Chair so that appropriate action can be taken;
- l. collect a declaration form citing the absence or presence of any conflict of interest relating to a position in another professional association or organization from each Director and Committee member upon election and annually upon request;
- m. consult with a Director or a Committee member if they believe that they may have a conflict of interest in any matter under deliberation or action relevant to their role;



- n. send to each registrant a notice stating that the annual registration fees are due, the amount of the fee, and a request for information required under the regulations and College By-laws; and
 - o. make decisions and provide input regarding information entered, removed, and withheld from the Public, in the College's register, as provided in article 21 of the College By-laws and the Code.
3. System Partners and Public Relations
- a. proactively engage with system partners and the public to garner positive awareness of the College;
 - b. act as the College spokesperson or if unable to fulfill this role, request a Director, College employee, or consultant to perform this role, as appropriate;
 - c. communicate with the media regarding the regulation of dental technologists in Ontario and the operations of the College, or authorize a Director or a Committee member to do so;
 - d. consult with the Chair to review invitations for speaking engagements and determine the appropriate representation to address the topic; and
 - e. review or designate a person to review all presentation material to ensure consistency with College policies and positions.

5. **Hiring of the Registrar**

The Registrar shall be appointed by the Board. The Executive Committee shall be responsible for recruiting an individual to perform the duties of the Registrar for the College. The Executive Committee shall present the candidate to the Board for final approval and appointment.

6. **Non-Compliance**

Non-compliance with this Policy may result in the violation of applicable laws, regulations, or policies, potentially leading to reputational, financial, or other risks to the College. In such cases, the College may take disciplinary, legal, or other appropriate action, including but not limited to the termination of employment with the College.

7. **Legislative References, Associated Policies, and Procedures**

- 1. Registrar Performance Evaluation Policy

8. **Review**

The Policy will be reviewed at least every three years, or sooner if circumstances warrant.



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

Agenda Item 10.

Communication and Engagement

Overview | September 26, 2025



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

Agenda Item 10.

Regulatory Programs Communications Support

Registration Annual Renewal

Email campaign leading up to the renewal deadline of August 31, 2025:

- ▶ 8 **targeted** communications between June 23 and August 30, 2025.
- ▶ Mailchimp (mass email) and some individualized emails.

Engagement performance shows that:

- ▶ **Open rates** remained consistently strong, peaking as the renewal deadline approached.
- ▶ **Click-through rates** increased significantly in the final weeks, with urgency-driven messaging producing the highest conversions.



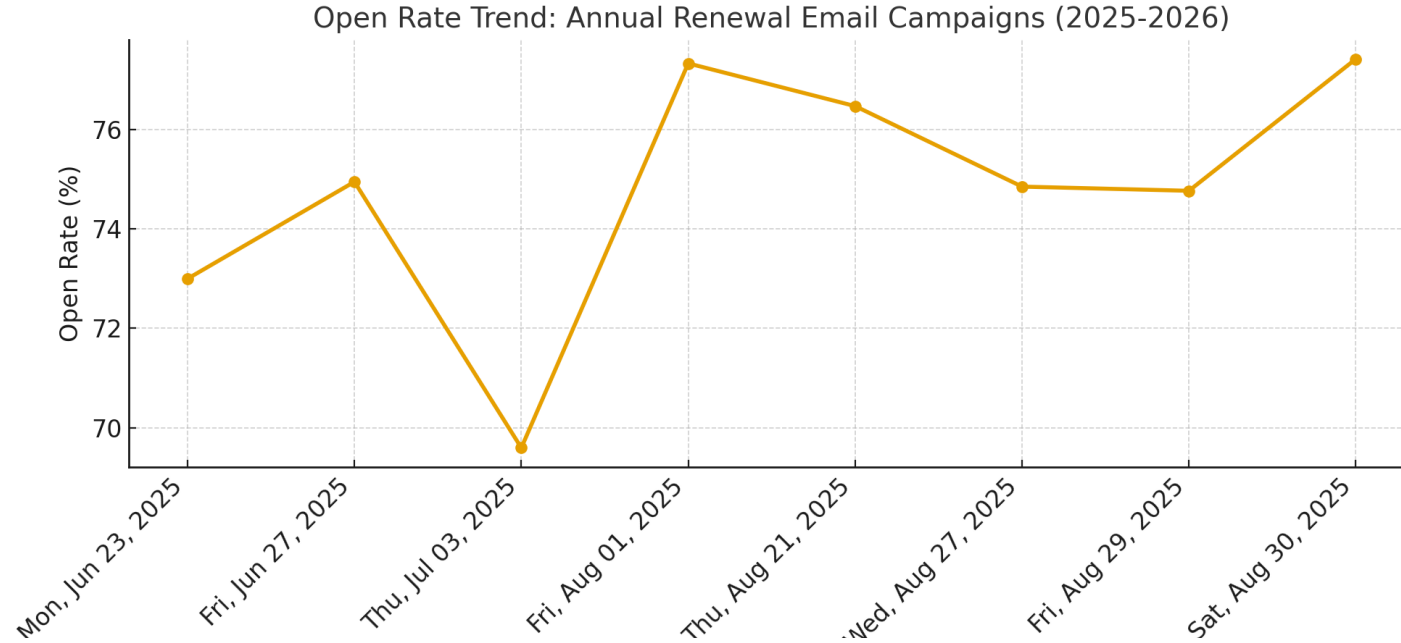
Annual Renewal

Agenda Item 10.

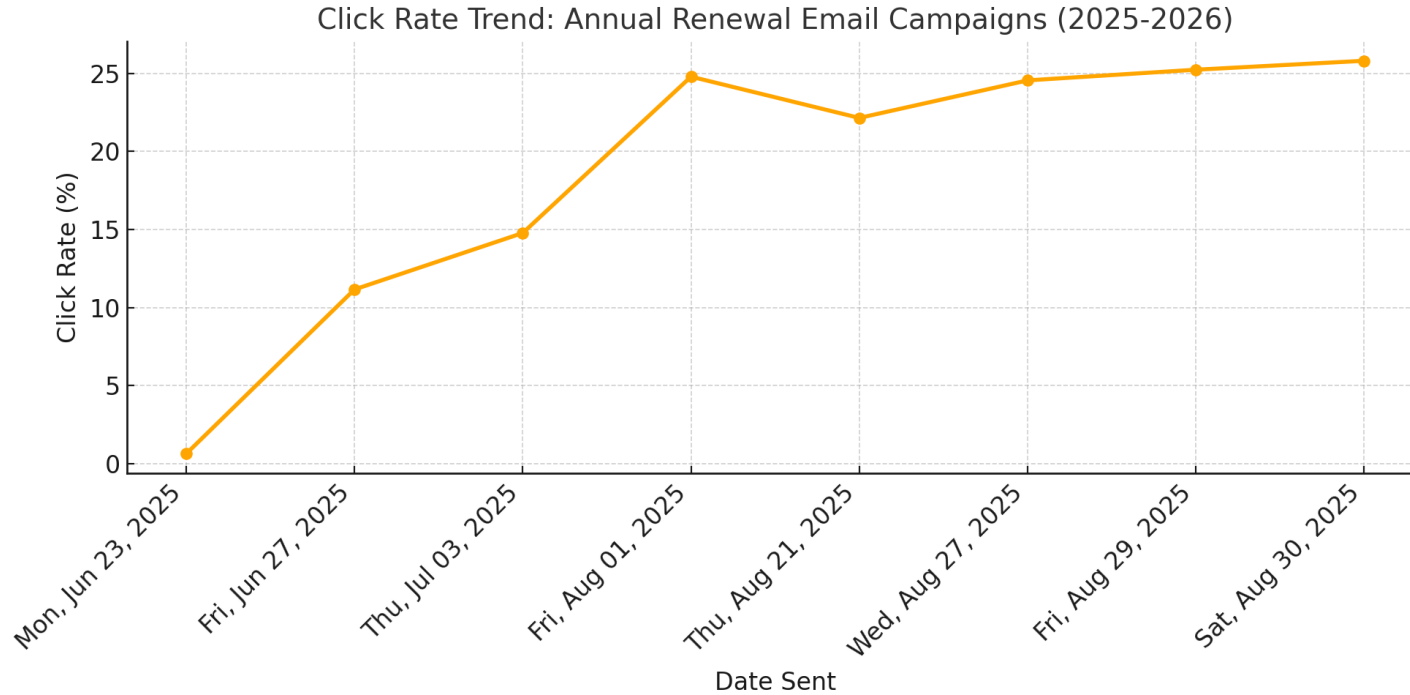
Date Sent	Subject	Mailchimp	Opens	Clicks	Emails	Renewals Complete
Jun 23	Upcoming Annual Renewal	474	346	3	17	0
Jun 27	Annual Renewal Reminder	475	356	53	17	6
Jul 03	Annual Renewal Reminder	467	325	69	18	53
Aug 01	Annual Renewal Reminder	472	365	117	20	147
Aug 21	Annual Renewal Reminder	289	221	64	6	113
Aug 27	Annual Renewal Reminder	167	125	41	4	57
Aug 29	Annual Renewal Reminder	107	80	27	2	45
Aug 30	Annual Renewal Final Reminder	62	48	16	1	45



Annual Renewal

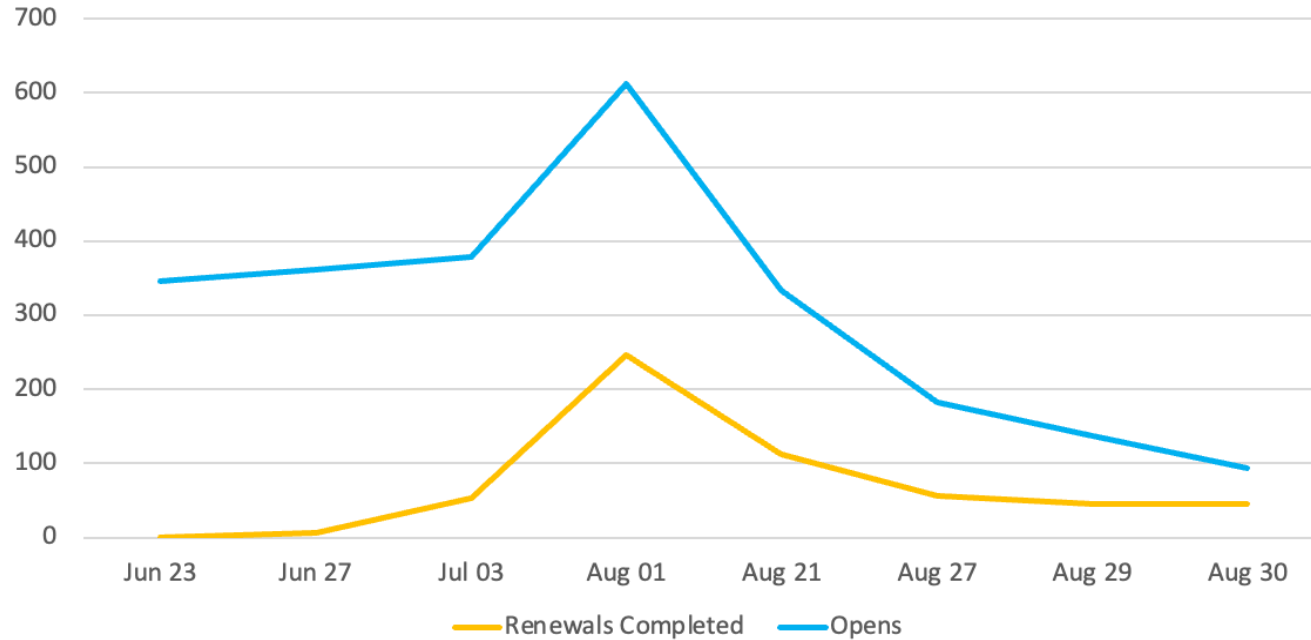


Annual Renewal



Annual Renewal

Opens vs Renewals Completed



Quality Assurance

Summary Professional Development Profile (SPDP)

Email campaign leading up to the renewal deadline of August 31, 2025:

- ▶ First notice combined with annual renewal.
- ▶ **5 targeted** reminder campaigns sent to Group A only, June 20 to August 29.
- ▶ Mailchimp (mass email) and some individualized emails.

Engagement performance shows that:

- ▶ Open rates stayed strong → registrants consistently opened messages.
- ▶ Click rates varied → strongest engagement as deadline approached.
- ▶ Reminders were effective, seek opportunities to drive earlier completion rates (webinar).

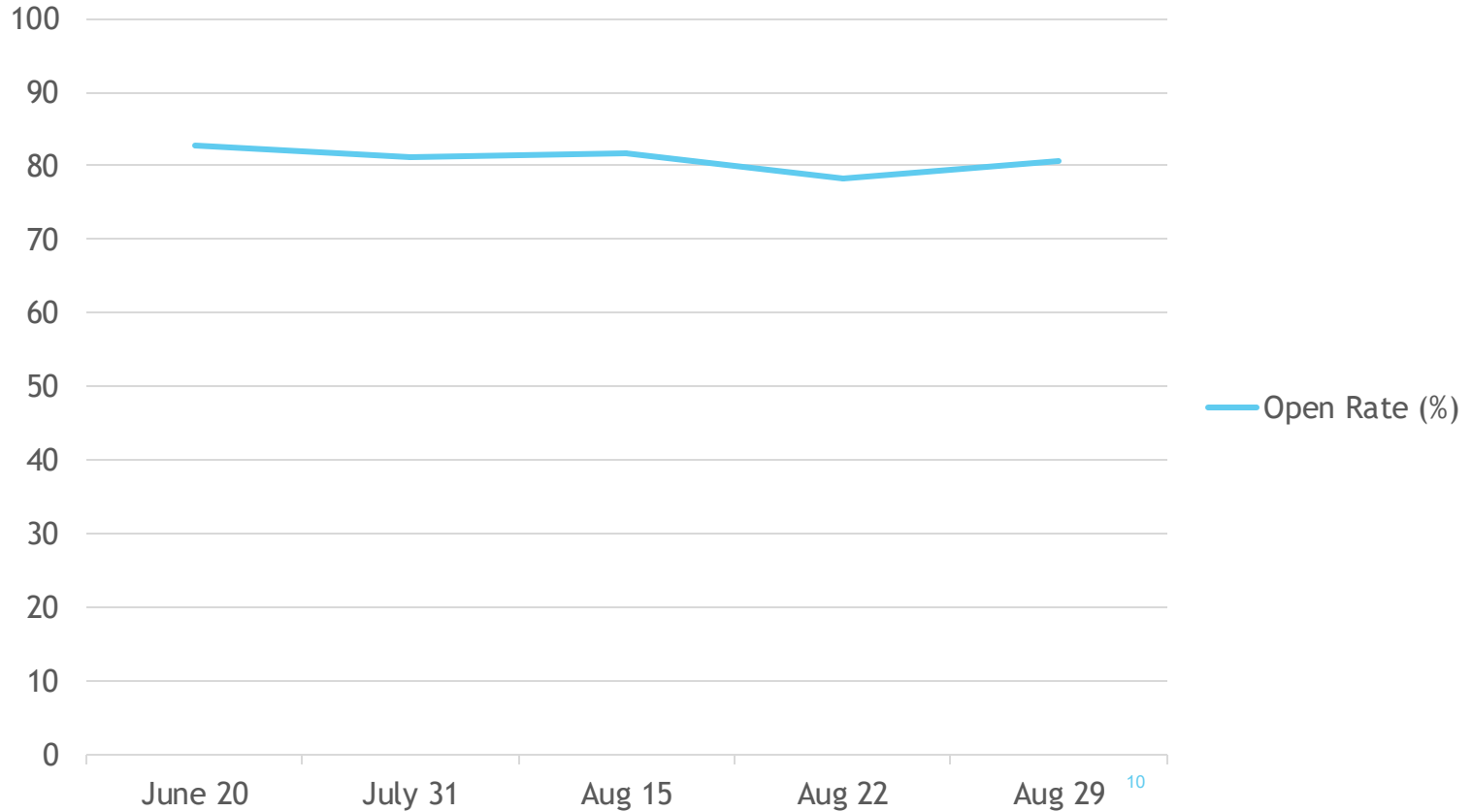


Quality Assurance SPDP

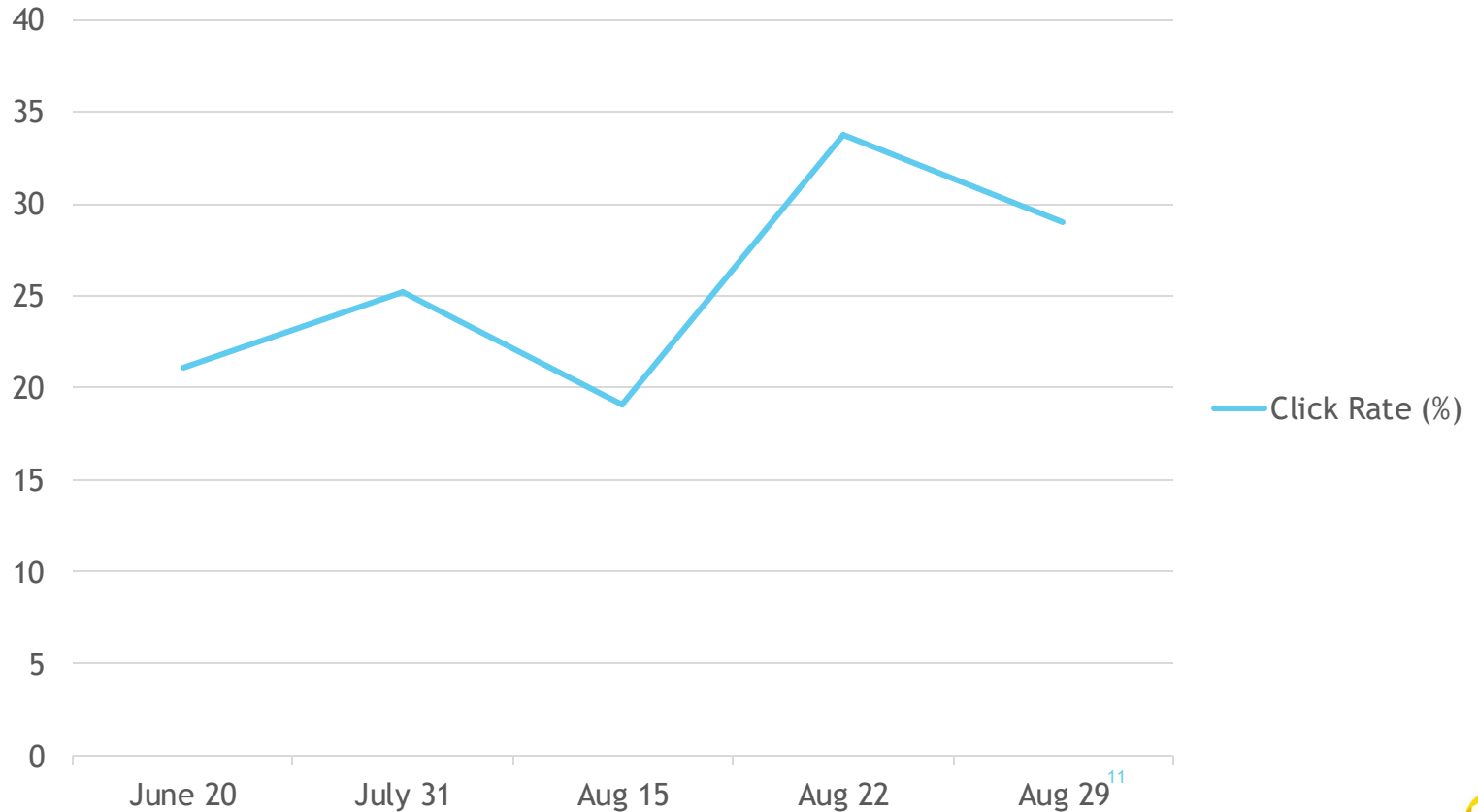
Date	Campaign Subject	Audience Size	Opens	Clicks
June 20	Corrected Names - Get Ready	128	106	27
July 31	Reminder - First	127	103	32
Aug 15	Reminder - Second	126	103	24
Aug 22	Reminder - Third	74	58	25
Aug 29	Reminder - Final (Deadline Aug 31)	31	25	9



Quality Assurance SPDP



Quality Assurance SPDP



Governance District 3 Elections

CDTO Board Elections – Call for Nominations!

by Communications | Sep 2, 2025 | News | 0 comments



The College of Dental Technologists of Ontario is **holding elections** for two positions on its Board of Directors in the **Eastern District**. This is your opportunity to help shape the future of dental technology regulation and make a lasting impact on your profession.

We're looking for candidates from diverse backgrounds and perspectives who are committed to **public protection and effective governance**.

Why Join the Board?

By serving on the Board, you will:

- Gain leadership experience
- Build your professional network
- Contribute to important decisions in the profession
- Grow your knowledge of regulatory governance

Posted on the CDTO news page

▶ 28 views

Next Steps:

- ▶ Improving promotion through social media.
- ▶ Host targeted calls to action including information sessions.



Governance District 3 Elections



The graphic features the CDTO logo at the top left, followed by the text 'College of Dental Technologists of Ontario' and 'Ordre des Technologues Dentaires de l'Ontario'. Below this is a yellow box with the text 'CDTO 2025 Elections' in blue. In the center of the yellow box is a blue ballot box with a white envelope slot and the word 'NOMINATIONS' in yellow. Below the yellow box, the text reads: 'The College of Dental Technologists of Ontario is **holding elections** for two positions on its Board of Directors in the **Eastern District**. This is your opportunity to help shape the future of dental technology regulation and make a lasting impact on your profession. We're looking for candidates from diverse backgrounds and perspectives who are committed to **public protection and effective governance**. **Why Join the Board?** By serving on the Board, you will:' followed by a bulleted list: '• Gain leadership experience', '• Build your professional network', '• Contribute to important decisions in the profession', and '• Grow your knowledge of regulatory governance'.

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

CDTO 2025 Elections

NOMINATIONS

The College of Dental Technologists of Ontario is **holding elections** for two positions on its Board of Directors in the **Eastern District**. This is your opportunity to help shape the future of dental technology regulation and make a lasting impact on your profession.

We're looking for candidates from diverse backgrounds and perspectives who are committed to **public protection and effective governance**.

Why Join the Board?

By serving on the Board, you will:

- Gain leadership experience
- Build your professional network
- Contribute to important decisions in the profession
- Grow your knowledge of regulatory governance

Email campaign leading up to the Nomination deadline of October 3, 2025:

- ▶ Mailchimp (mass email) to District 3 eligible registrants.
 - 175 Registrants
 - 129 opens
 - 5 clicks

Next Steps:

- ▶ Continue campaign by sending out 6 reminders.
- ▶ Improving promotion through social media and system partners (ADTO).
- ▶ Host targeted calls to action including diverse and inclusive information sessions.



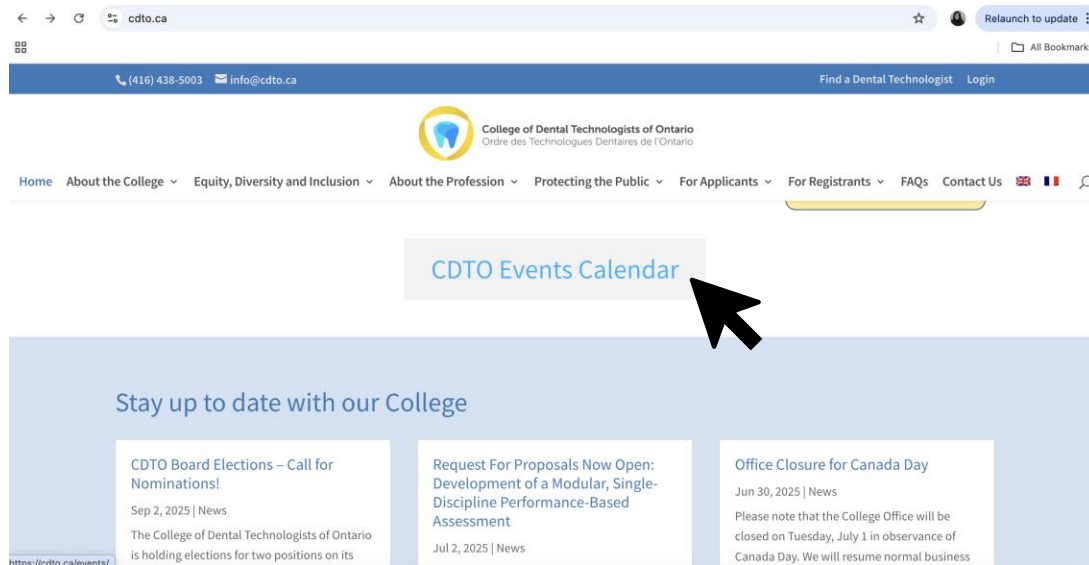


College of Dental Technologists of Ontario
Ordre des Technologues Dentaires de l'Ontario

Agenda Item 10.

CDTO Events Calendar

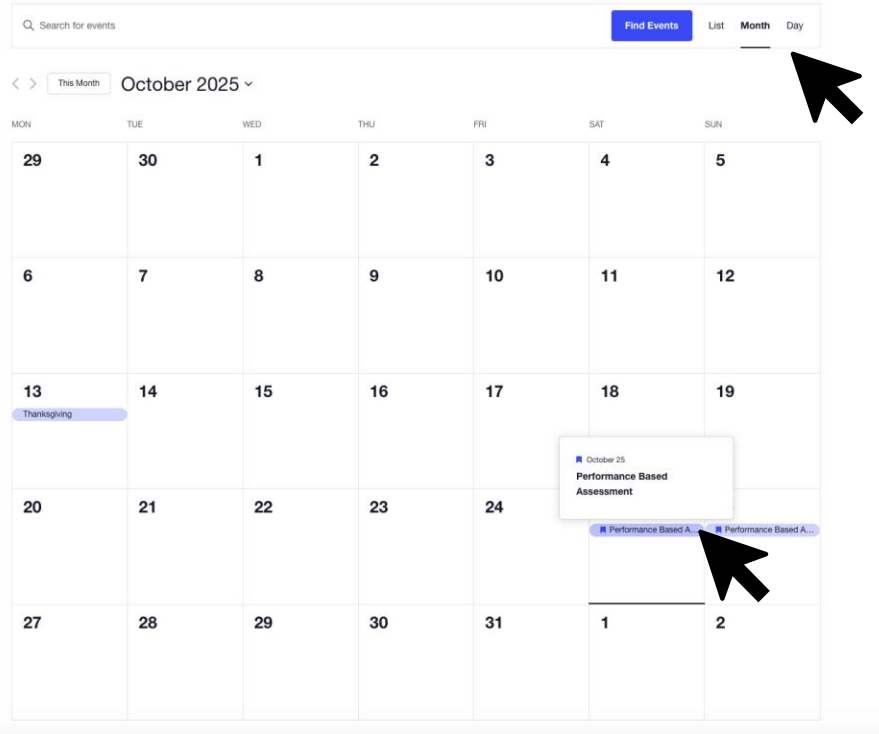
About the Calendar



- ▶ Featured on the CDTO website homepage for high visibility and accessibility.
- ▶ Central hub for College events, workshops, and board activities.



Calendar Features



► User-friendly Month/List/Day views.

► Quick event details pop up when hovering or clicking.



Calendar Features

« All Events

Performance Based Assessment

October 25

 Add to calendar ▾

DETAILS

Date:

October 25



- ▶ Quick event details pop up when hovering or clicking.

< Thanksgiving

Performance Based Assessment >



Calendar Features

- ▶ Seamless “Add to Calendar” button for personal scheduling.

« All Events

Performance Based Assessment

October 25

 Add to calendar ▾

Google Calendar

iCalendar

Outlook 365

Outlook Live



< Thanksgiving

Performance Based Assessment >



Calendar Features

< > Today Now - December 24 ▾

September 2025

FRI
26

■ Featured September 26
145th Board Meeting

October 2025

MON
13

October 13
Thanksgiving

SAT
25

■ Featured October 25
Performance Based Assessment

SUN
26

■ Featured October 26
Performance Based Assessment

November 2025

TUE
4

■ Featured November 4
Jurisprudence and Ethics Exam

- ▶ Simple search bar to locate events quickly.





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

Agenda Item 10.

Understanding the Communications Dashboard

Metric Overview and Insights | September 26, 2025

Why Metrics Matter

- ▶ Provide transparency on communication effectiveness.
- ▶ Show how members, system partners, and the public engage with CDTO.
- ▶ Inform decisions on future communication strategies.
- ▶ Align communications with regulatory, public, and governance goals.



LinkedIn Metrics 101

Visitors

- ▶ Number of unique individuals who come to the CDTO LinkedIn page.
- ▶ Helps measure awareness and interest in our organization.

New Followers

- ▶ People who choose to “follow” the page.
- ▶ Indicates growing long-term audience and reach.



LinkedIn Metrics 101

Engagement Rate

- ▶ Percentage of people who interact with posts (likes, comments, shares, clicks).
- ▶ Higher engagement shows stronger connection and relevance of content.

Impressions

- ▶ Total number of times posts were displayed on someone's screen.
- ▶ Does not equal unique people – one person can generate multiple impressions.



YouTube Metrics 101

Subscriptions

- ▶ Number of people who have chosen to follow the channel.
- ▶ Important for building a consistent, recurring audience.

Views

- ▶ Number of times videos were watched.
- ▶ A “view” is counted when someone watches beyond a few seconds.
- ▶ Useful for gauging reach and interest.

Average View Time

- ▶ The average length of time viewers watch a video.
- ▶ Indicates how engaging or relevant the content is.
- ▶ Longer watch times suggest stronger viewer attention and quality content.



Email Communication Metrics 101

Emails Sent

- ▶ Number of newsletters, announcements, or campaigns delivered.
- ▶ Shows the communication frequency with system partners.

Opens

- ▶ Count of how many times recipients opened an email.
- ▶ Measures interest in the subject line and overall relevance of the message.

Link Clicks

- ▶ Number of times recipients clicked on links inside the email.
- ▶ Indicates how effectively content motivates action (e.g., visiting a webpage, registering, or downloading).



Website Metrics 101

Visitors

- ▶ Number of unique people who come to the website.
- ▶ Shows the overall reach and how many individuals are seeking information.

Top Pages

- ▶ The most frequently visited sections of the website.
- ▶ Highlights which content is most valuable or in demand (e.g., resources, applications, updates).



Website Metrics 101

Top Countries

- ▶ Geographic breakdown of visitors.
- ▶ Indicates whether the audience is primarily local, national, or international.

Referrals

- ▶ How visitors arrive at the website (search engines, social media, direct links, email, etc.).
- ▶ Helps identify which communication channels are most effective at driving traffic.



Board Action Points

1. Recognize Communications as a Strategic Driver of Transparency & Trust

- ▶ **Why it matters:** Communications are not just about outreach – they shape how registrants, system partners, and the public perceive CDTO's credibility.
- ▶ **Impact:** A strong communications strategy reinforces public confidence in regulation and demonstrates accountability.



Board Action Points

2. Support Investment in Content Creation & Analytics Tools

- ▶ **Why it matters:** High-quality, professional content (videos, infographics, email campaigns) and modern analytics platforms allow us to reach a broader audience and measure effectiveness more precisely.
- ▶ **Impact:** Informed investments ensure resources are used efficiently while amplifying CDTO's voice in the professional and public spheres.



Board Action Points

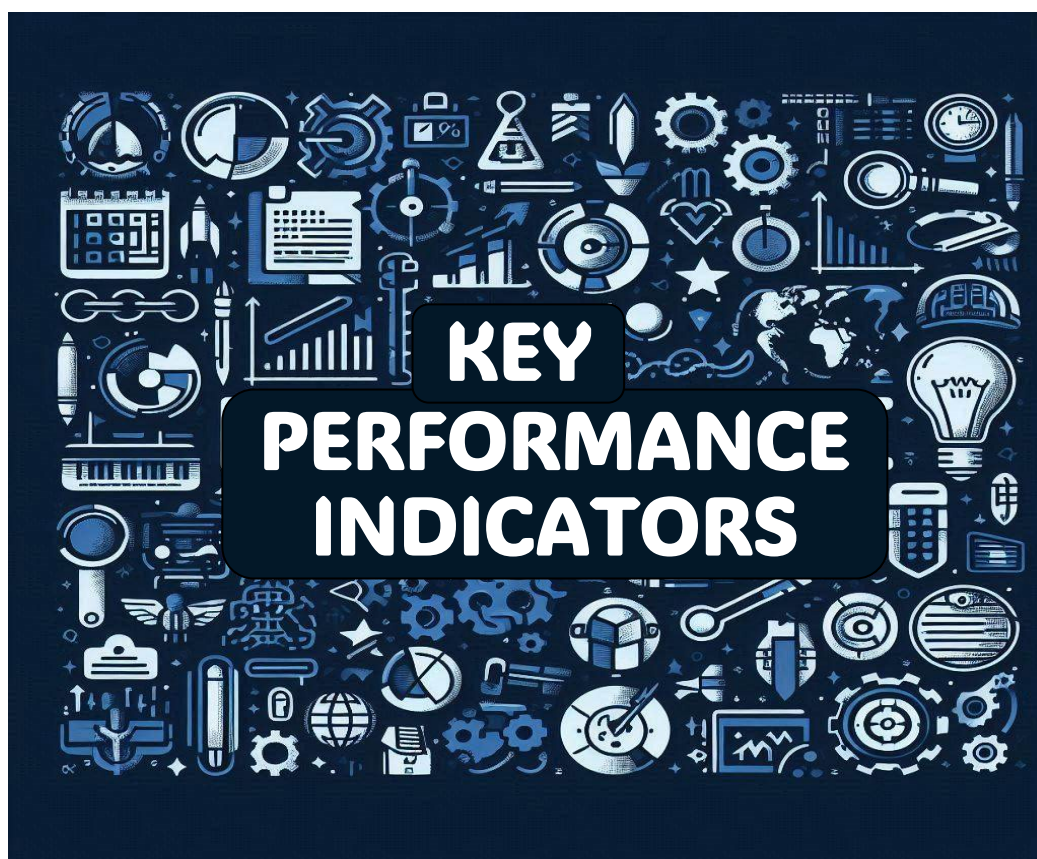
3. Align Messaging with CDTO's Regulatory and Public Protection Mandate

- ▶ **Why it matters:** Every communication touchpoint (social, email, website, video) is an opportunity to reinforce our mandate.
- ▶ **Impact:** Consistent alignment ensures members and the public clearly understand CDTO's role, strengthens compliance, and advances our commitment to equity, diversity, and inclusion.



Strategic Plan: KPIs

Board Dashboard Report



SEPTEMBER 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:

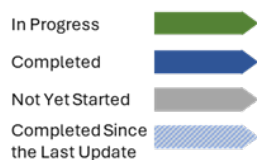
STANDARDS AND ETHICS



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 & Analysis	System Partner Interview	Initial Report	Focus Group Consultation	Initial Draft	Preliminary Survey	Redrafting	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										



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

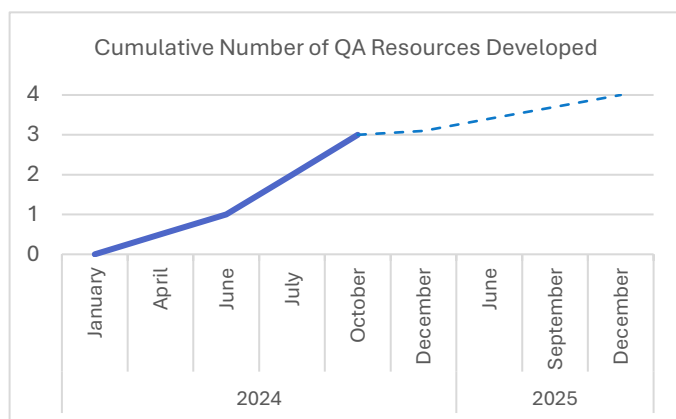


PROFESSIONAL
EXCELLENCE

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

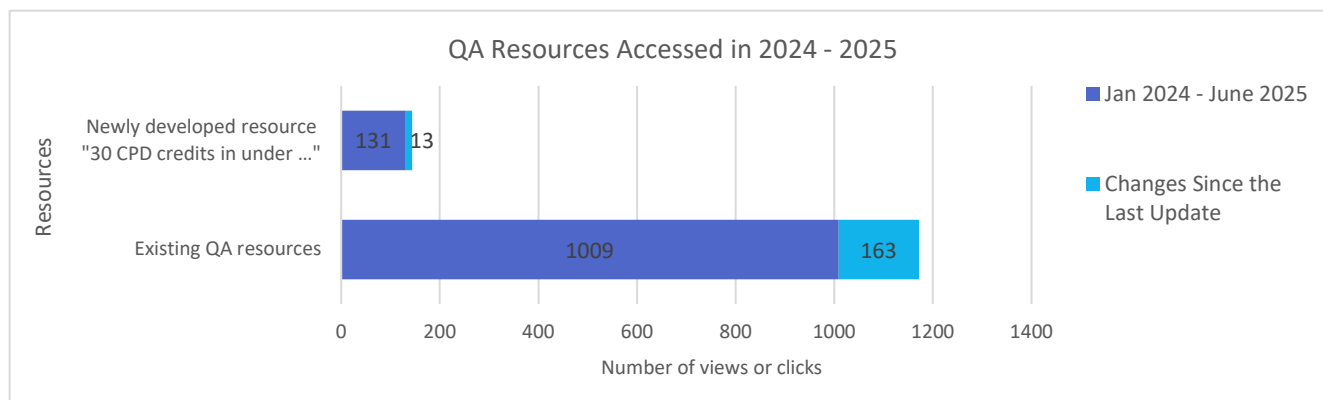
Number of resources provided to registrants



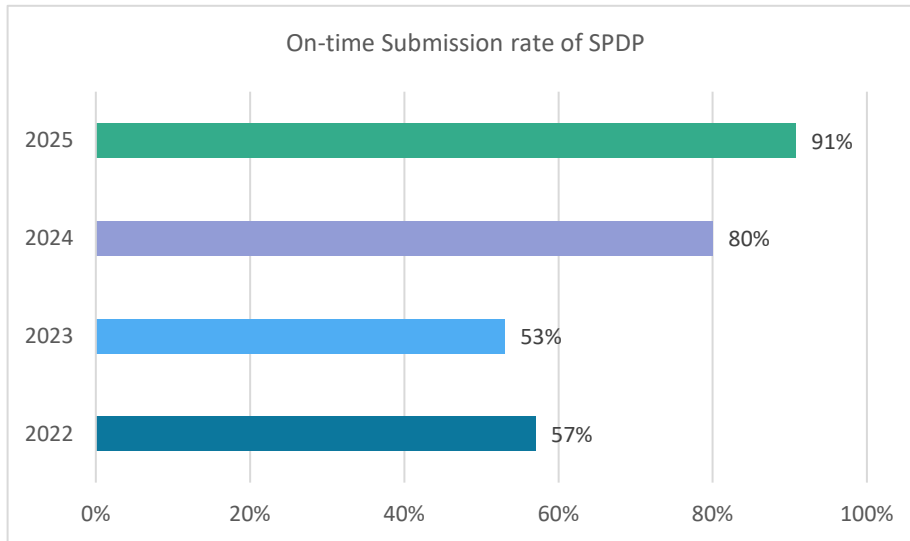
Resources developed in 2024-2025:

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	Completed
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
8) Consult with the Quality Assurance Committee to consider implementing CDTO Jurisprudence Program as mandatory CE requirement for QAP	Not Yet Started
GBC Jurisprudence & Professionalism Course Equivalency	
1) Review GBC Jurisprudence & Professionalism Course (J&P)	Completed
2) Determine equivalency of GBC J&P to CDTO Jurisprudence Program	Completed
3) Consider exemption of CDTO's Jurisprudence Program registration requirement for those who have successfully completed GBC's J&P course (Exempted 2025 graduates for Jurisprudence and Ethics exam)	Completed
4) Communication strategy for post-Board decision	In Progress

Progress report on ethics initiative

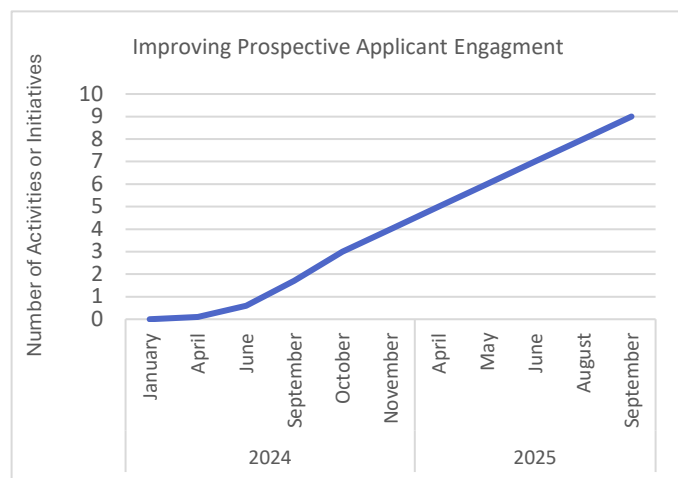
Project Summary	Status
Exploration of integrating CDTO's Ethics examination into CADTR KBA	
1) Environmental scan of Canadian Dental Technology Regulator ethics registration requirements	Not Yet Started
2) Consult with CADTR regarding implementation of ethics items into the Knowledge-Based Assessment (KBA)	Not Yet Started
3) Share CDTO's ethics questions with CADTR	Not Yet Started
4) Liaise 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 Expert Group to develop and test the tool and scoring rubric based on the recommendations	Completed
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
b. Develop and Launch Education Upgrade Tools	In Progress
5) Implement outreach strategy and gather feedback	
a. Retain a Communication Consultant	Completed
b. Develop and implement outreach strategy	In Progress
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 2024-2025:

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
6. Informational session – GBC students
7. Outreach Taskforce – GBC academic team
8. PLAR Webinar – RDTs
9. PLAR Webinar – settlement and integration for newcomers to Canada (funded by IRCC)

Applicant satisfaction rate

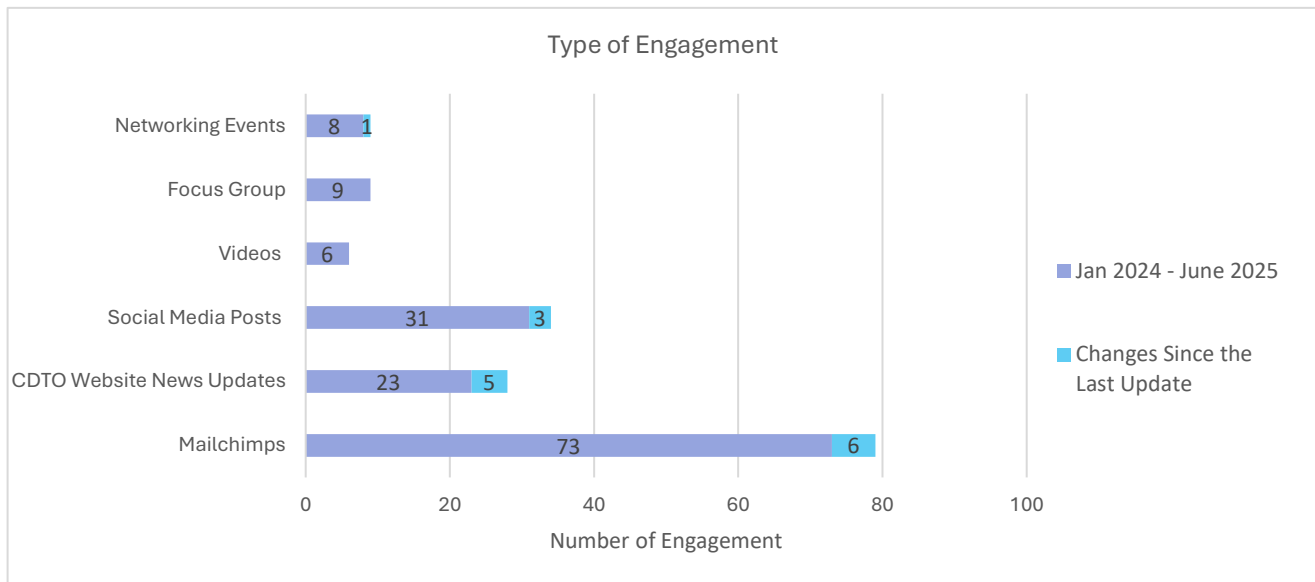
Not yet started - Survey for distribution to new RDTs under development.

KPIs Report: System Partner Engagement & Collaboration

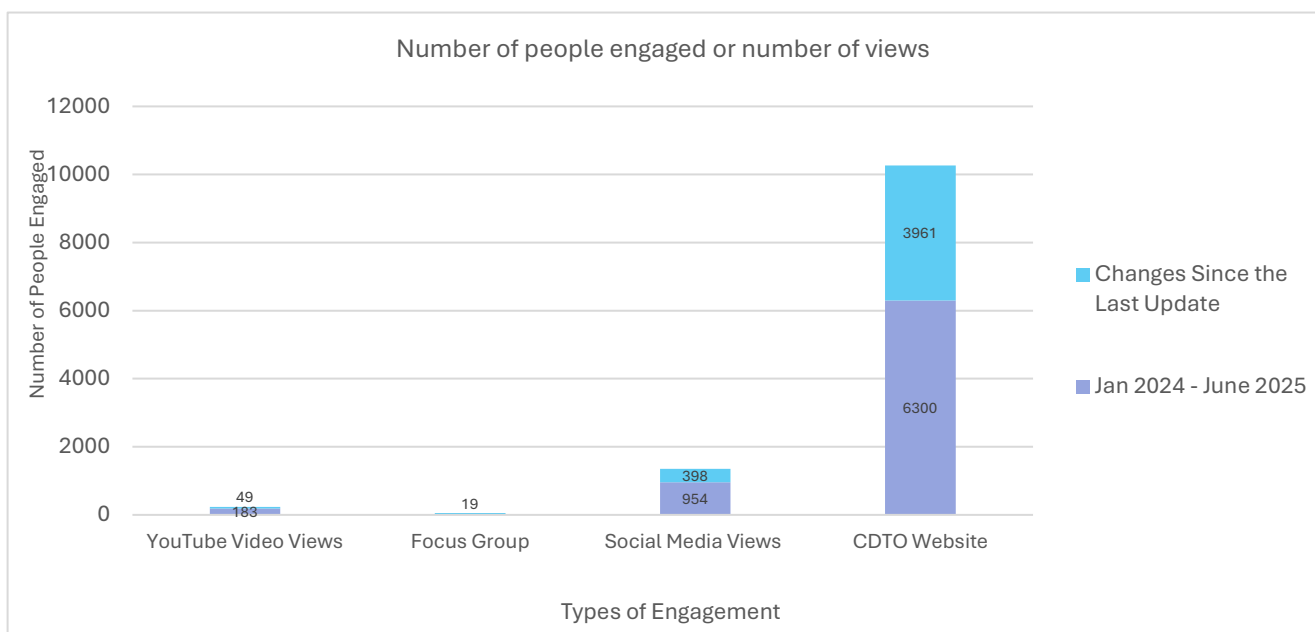


ENGAGEMENT

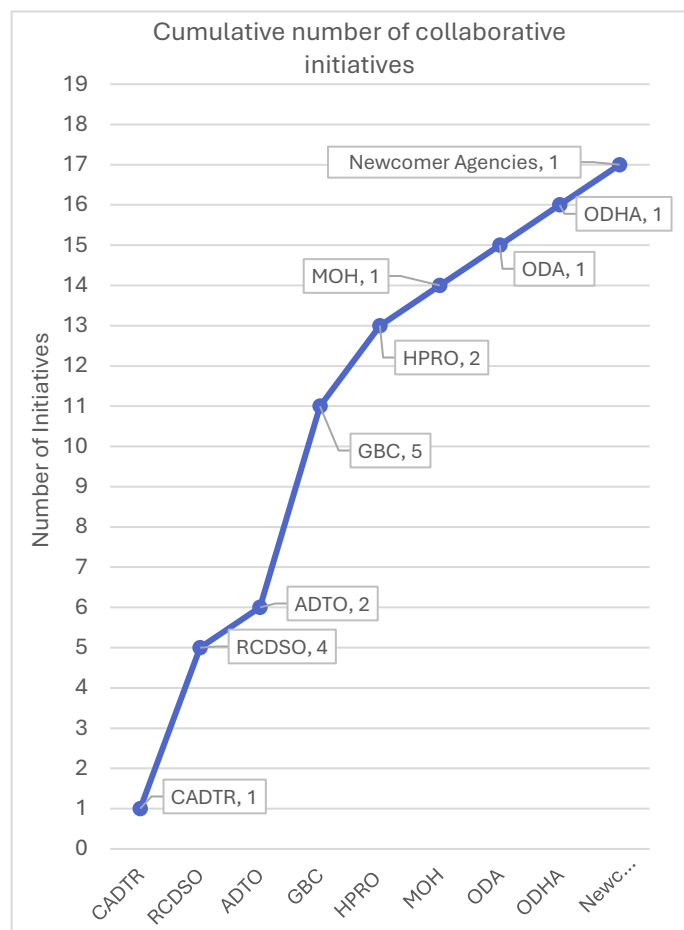
Engagement Report



Engagement Effectiveness



Number of collaborative initiatives with system partners



Collaborative initiatives in 2024 - 2025:

- **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:**
 - PAC meetings
 - Outreach Taskforce – GBC academic team
 - 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
- **ODA:** Shared raising awareness letter regarding unauthorized practice – [Awareness communication was disseminated to ODA members](#)
- **ODHA:** Disseminated CDTO's letter regarding unauthorized practices to hygienists
- **Newcomer Agencies:** [Awareness of dental technology](#)

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

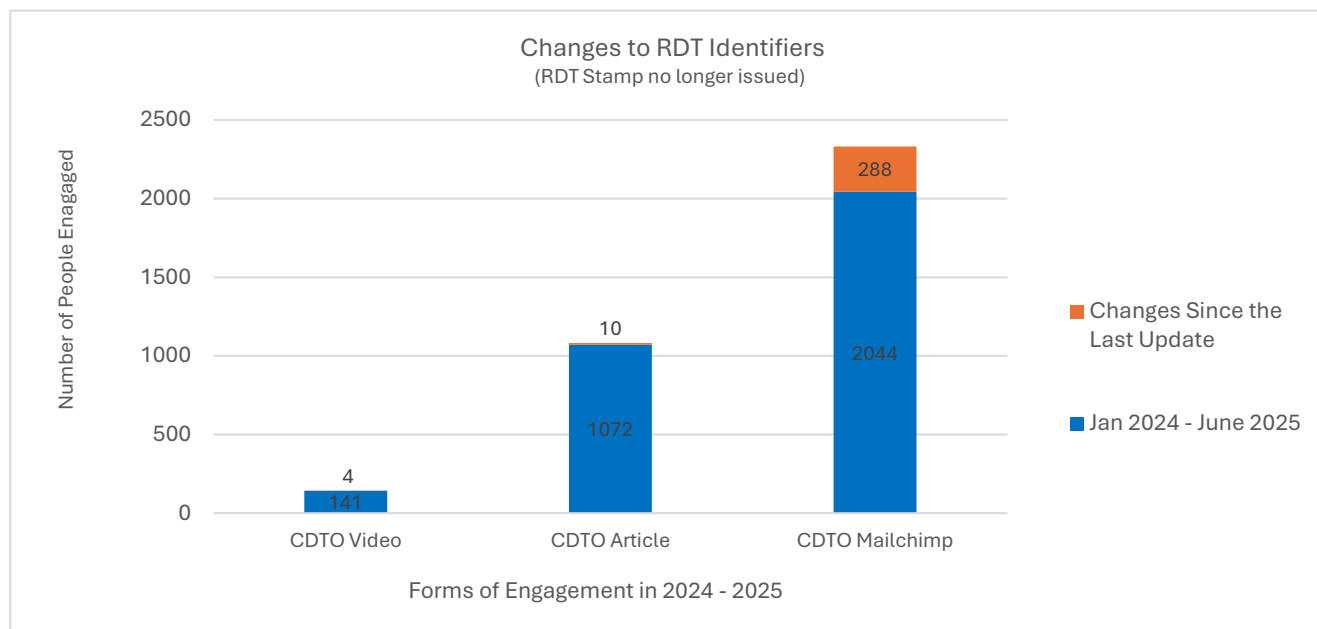
KPIs Report:

Dental Technology & Unauthorized Practice Awareness

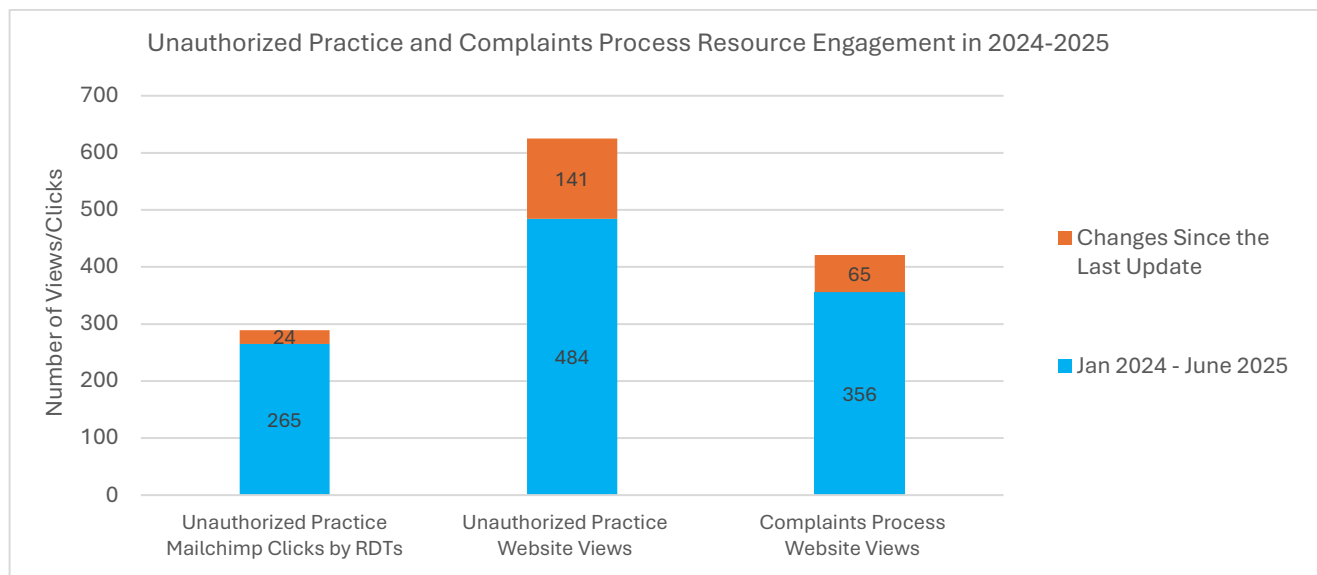


ENGAGEMENT

Number of people for awareness campaigns conducted



Awareness rate on unauthorized practice/complaint processes

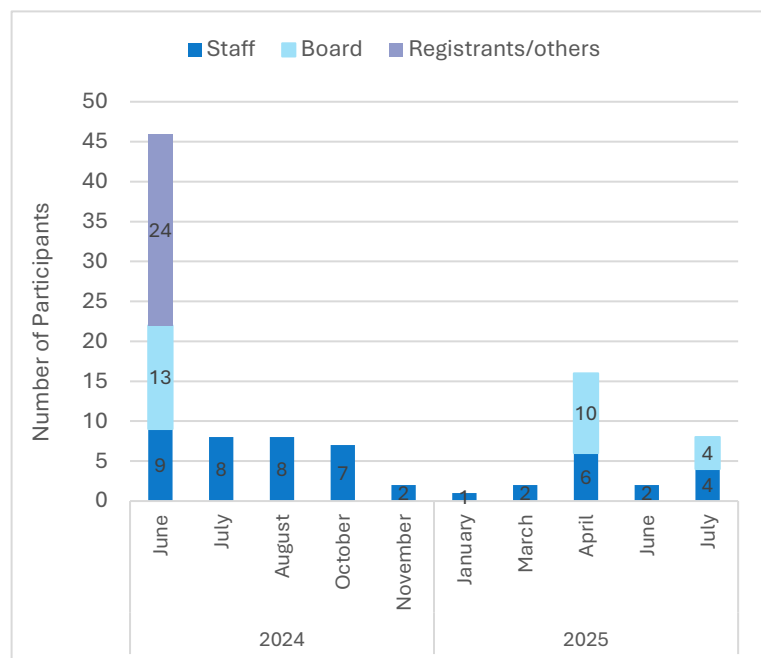


KPIs Report:

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
9. Board and staff EDI workshop for Governance domain
10. HPRO EDI Network Conference
11. [Race-based Data Collection](#)

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) Conduct research on incorporating EDI in policy and Board/Committee competencies	Completed
3) Retain EDI consultant for Board training and policy/competencies development	Completed
4) EDI Policy for Board of Directors and governance evaluation	In Progress
5) Organizational EDI Policy	In Progress
6) Include EDI 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	Completed
4) Implement Data Collection Plan	In Progress
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

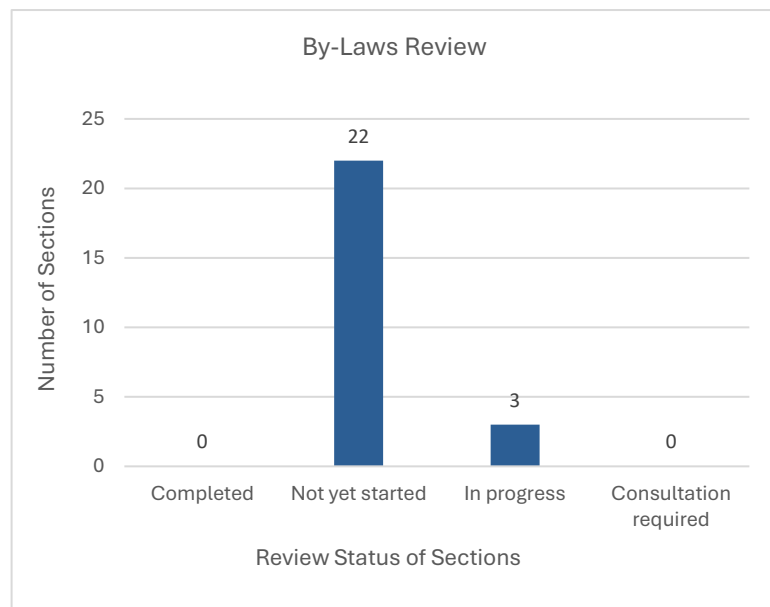


REGULATORY
EXCELLENCE

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
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:

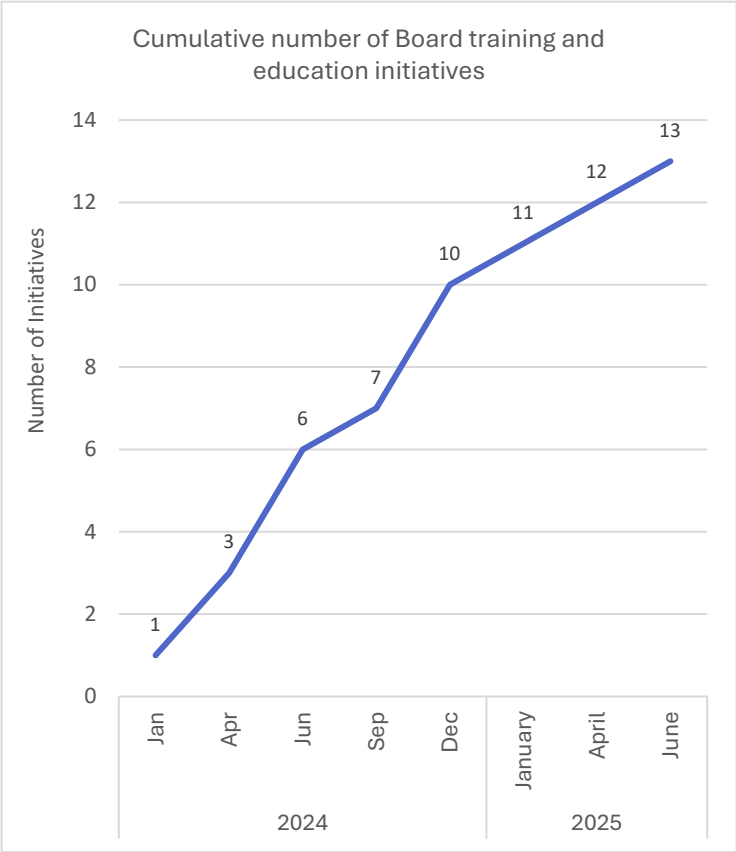


By-Laws and Policies Approved by the Appropriate Authority:

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
4. Board Policy – Selection and Appointment of the Auditor

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

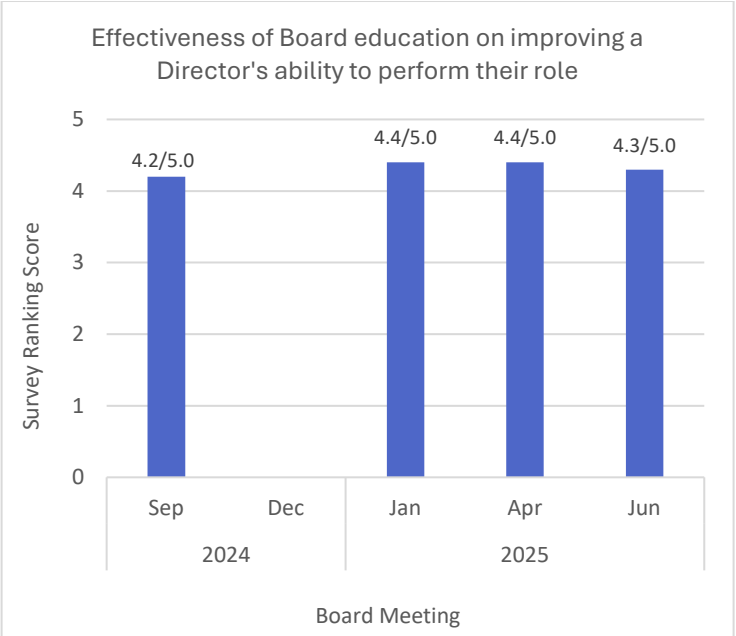
Training Initiatives Implemented:



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, CDTO Registrar
 3. Health Professions Regulators of Ontario – Beth Ann Kenny, HPRO
 4. National Indigenous Peoples Day – Judy Rigby, CDTO Registrar
 5. Decolonizing Workplace Practices – Inclusivity and Len Pierre Consulting
 6. Finance and Audit Training – Judy Rigby, CDTO 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 – Rose Far& Paola Bona, CDTO
 11. Governance and Bias Training – Emily Graham, SML Law
 12. Finance Training – Judy Rigby, CDTO Registrar
 13. Indigenous Initiatives – Jessica Rumboldt, GBC

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
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

September 26, 2025

Board Meeting

Standards and Ethics



Standards Framework - Professional Excellence

CDTO's Strategic Plan

Strategic Pillar: **Professional Excellence**

- Commitment to:
 - Assessing evidence
 - Mitigating risks
 - Adhering to the principles of EDI, and accessibility

Code of Ethics

- Integrate the Code of Ethics as a foundation of our standards



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



Project Timeline and Challenges

Timeline

- **2023** – Researched standards frameworks from other oral health regulatory bodies.
- **March 2024** – Consultant retained to support development of the Standard framework.
- **September 2024** –initial draft of the Ethical Principles and Professional Standards completed.
- **September- August 2025** – Revised the draft document through multiple iterations.
- **July-August 2025** – Conducted a preliminary survey with the Board and RDTs.
- **August 2025 to present** – Held two QAC meetings to review the draft Ethical principles & Professional Standards, along with survey findings

Challenges

- **limited evidence** from Professional Conduct and Practice Advisory.
- **limited access** to public and patient perspectives.

Draft CDTO's Standards Framework Components

Foundation

Ethical Principles

Professional Standards

Code of Ethics integrated into professional standards.

Practice Standards

Draft CDTO's Standards Framework Components

Main Document

1

Ethical Principles

2

Professional Standards

Patients Outcomes

Guidance/How to meet Professional Standards

Each in separate
documents

3

Practice Standards

Framework Components in BCCOHP & NZ

BCCOHP

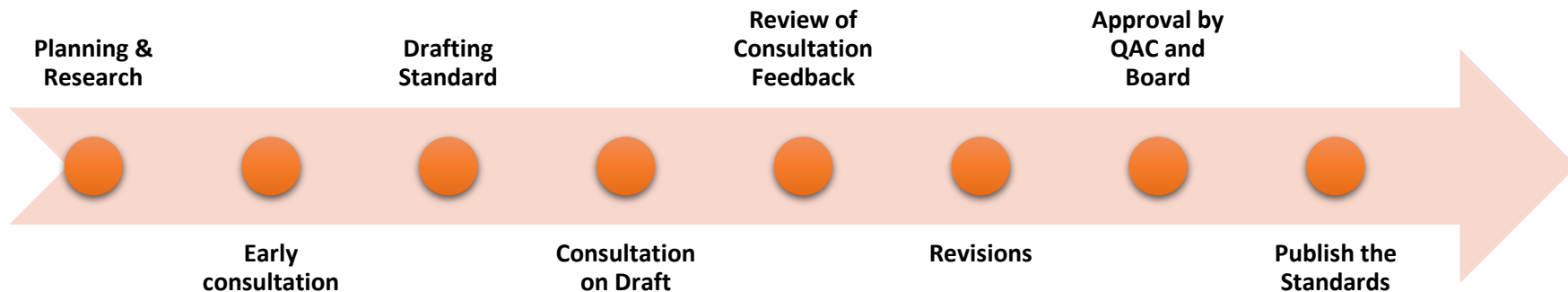


Foundation

New Zealand



Key Milestones Standard Development Process



Development of Standards Framework

We are here now

Phase 1: Planning & Research

Establish a strong foundation through comprehensive document reviews, interviews with system partners, and environmental scanning to assess current landscape and needs.

Phase 2: Preliminary Engagement & Drafting

Engage key partners—including RDTs—and develop the initial framework and redrafting by using insights from preliminary survey results, with review by the Quality Assurance Committee and the Board.

Phase 3: General Consultation & Redrafting

Present the draft to broader audiences and refine it through General consultation targeting RDTs, the public and system partners.

Phase 4: Finalization & Approval

Complete final reviews, ensure legal alignment, and secure formal approval from the Board.

Phase 5: Change Management & Communications

Support RDTs through training, communication, and evaluation of uptake and impact.



Phased Development Approach

To ensure clarity and focus, we are developing the Standards Framework in stages—starting with its **foundational components**.

Why Begin with Ethical Principles & Professional Standards?

- They form the **core foundation** for all other standards and guidance.
- They guide **professional conduct, decision-making, and patient care**.
- They reflect **regulatory values** and **public expectations**.

Strategic Objectives

- Establish a **clear and consensus-based foundation**
- Create a **reference point** for future components
- Support **consistent and meaningful implementation** across the profession

Standards Framework – Status Update

	Phase 1	Phase 2				Phase 3		Phase 4
	Research & Analysis	Focus Group Consultation	Initial Draft	Preliminary Survey*	QAC Review & Redrafting	General Consultation	Redrafting	Final Review QAC & Board
1. Ethical Principles								
2. Professional Standards								
• Patients Outcome								
3. Guidance/How to meet Prof. Stds.								

* Or other types of targeted consultation

Preliminary Survey Overview

Purpose

- To gather feedback from RDTs and the Board on the draft Standards framework, with the focus on whether the content:
 - Reflects dental technology practice
 - Clearly communicates expectations to professionals and patients
 - Addresses what matters most to patients
- Use open-ended questions were used to
 - Capture meaningful insights
 - Identify gaps and areas of ambiguity
- As part of **change management**, this also help to raise awareness within the profession about the new framework and standards.



Survey Results - Statistics

- **Total Responses:** 99
- **Complete Responses:** 69
- **Low-Quality Responses:** 25
- **Complete and Valid Responses:** 47

Analysis Strategy considering low quality responses:

- All responses were included in the analysis
- Focused on qualitative data from open-ended questions

Insights from BCCOHP

Purpose of Engagement

- Met with **BCCOHP** to better understand their standards development process.
- Explored how their Standards framework are applied across several oral health professions

1. Team-Based Care

- Oral health professionals work within a collaborative team.
- Our framework should support **interprofessional collaboration** and shared accountability.
- Common standards can reinforce **professional identity** while promoting consistency across the oral health system.

2. Patient-Centre

- Common standards can reinforce **professional identity** while promoting consistency across the oral health system.

Phase 2: Preliminary Engagement & Drafting

Objective: Gather input from key system partners and drafting the framework including its core components.

Activities:

- Conduct focus groups and interviews with key system partners (e.g., SMEs, educators, public).
- Develop the draft of the Standards Framework or its individual components.
- Create a preliminary survey to gather feedback on each draft component.
- Distribute the survey or other targeted consultation tools to all RDTs.
- Analyze survey results and prepare comparative materials for Quality Assurance Committee (QAC)
- QAC meetings to review findings and discuss revisions.
- Redraft the components based on feedback.
- Present the revised draft to the Board for review and approval to proceed to General Consultation

Next Step:

QAC Review

- **Complete the review** of Ethical Principles and Professional Standards through QAC

Redraft

- **Revise the Ethical Principles and Professional Standards** based on feedback from preliminary Survey and QAC discussions.

Association Engagement

- **Share the revised draft** with the Association (ADTO), gather additional feedback, and seek QAC approval to recommend the updated draft to the Board.

Final Revisions

- **Make any necessary adjustments** based on feedback from ADTO and QAC.

Board Review and Approval

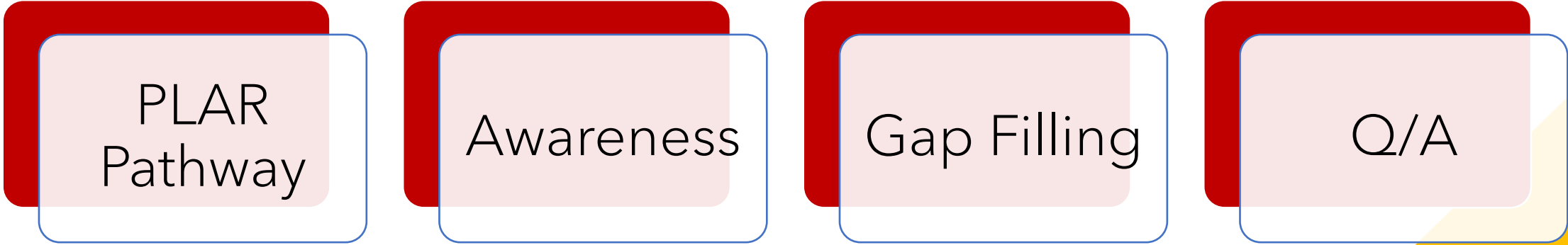
- **Present the final draft** to the Board for review at its next meeting for review and approval to proceed to general consultation



Access to Dental Technology - Phase II

Presented by: Keith Johnson, Project Management
September 2025

Presentation Objectives

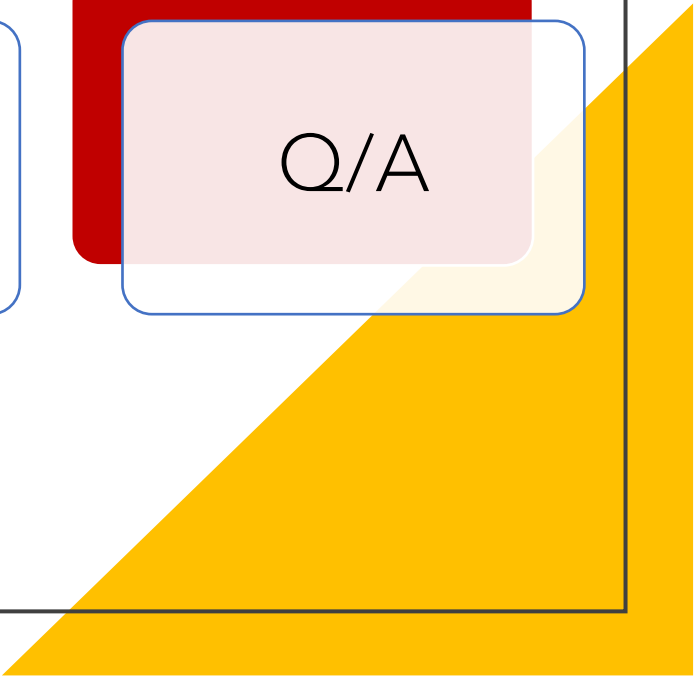


PLAR
Pathway

Awareness

Gap Filling

Q/A



Project Overview

- CADTR is working in partnership with Government of Canada to expand dental technology credential pathways.
- Aligns with our commitment to diversity and inclusion.
- Funding through the Foreign Credential Recognition Program is \$611,733 with an additional amount of \$77,000 approved for an amendment October 1/25 to March 31/26.
- Existing credential pathways: Approved Program and Dental Technology **Education Equivalence** - Profession Specific Credential Evaluation (DTEE-PSCE).
- Prior Learning Assessment Recognition (PLAR) is a new DTEE pathway, designed to recognize and evaluate applicant credentials for full Registered Dental Technologist/Technician (RDT) or Single Discipline in Alberta.
- Gap filling for applicants who are not successful in their first credential evaluation attempt.
- Streamline evaluation of credentials in the online portal/database for DTEE - PSCE and PLAR.

PLAR – Purpose Statement

A unique and innovative pathway to formally recognize learning that has occurred outside of traditional postsecondary institutions based on current knowledge, skills and attitudes.

- Gained through non-formal learning* opportunities and work experience related to dental technology in any country,
- Evaluated against CADTRs National Essential Entry-to-Practice Competencies, which is aligned to the education benchmarks of the approved dental technology programs in Canada,
- Determine substantial equivalence and/or identifying competency gaps in need of further learning and/or work experience before the applicant is deemed eligible to challenge the Dental Technology Entry-to-Practice Assessment (DTETPA) registration exams.

*Non-formal learning would include continuing education courses, workshops, conferences, presentations etc.

PLAR – Eligibility Criteria

- Fluency in English and/or French language
- A minimum education level equivalent to that of high school or secondary education in Canada
(Verified by a Designated Credential Agency for international applicants)
- At least five (5) years of verifiable full-time work experience (defined as 35 hours per week) related to dental technology, of which one (1) year or a minimum of 1300 hours was obtained no longer than 36 months prior to time of application
(Evidence required)

PLAR – Evidence Grid

DOMAIN A: FOUNDATIONAL KNOWLEDGE AND SKILLS



COMPONENT 1: CORE SCIENTIFIC KNOWLEDGE
Demonstrates and applies scientific knowledge surrounding **biology, anatomy, oral structures, pathology, chemistry and physics.**



COMPONENT 2: TECHNICAL KNOWLEDGE & SKILLS
Demonstrates and applies technical knowledge and skill that supports effective practice.

DOMAIN B: SAFE AND PROFESSIONAL PRACTICE



COMPONENT 3: SAFE PRACTICE
Adopts and implements processes and procedures that promote **safe use and handling of dental materials and laboratory equipment and prevents and controls infections.**



COMPONENT 4: PROFESSIONAL PRACTICE
Communicates and collaborates effectively, accepts accountability for work and actions and recognizes when care is outside of scope of practice or personal competence.

DOMAIN C: SPECIALIZED TECHNICAL EXPERTISE



COMPONENT 5: DISCIPLINE 1: CAST PARTIALS
(Removable Partial Prosthetics)
Demonstrates proficiency in analysing, designing, fabricating, modifying and repairing prostheses and appliances specific to removable prosthetics including acrylics and cast partials.



COMPONENT 6: DISCIPLINE 2: CROWNS AND BRIDGES
(Fixed Partial Prosthetics)
Demonstrates proficiency in analysing, designing, fabricating, modifying and repairing prostheses and appliances specific to fixed prosthetics including crowns, bridges, inlays/onlays, veneers and implant-supported prosthetics.



COMPONENT 7: DISCIPLINE 3: DENTURES
(Removable Full Prosthetics)
Demonstrates proficiency in analysing, designing, fabricating, modifying and repairing prostheses and appliances specific to complete dentures and implant-supported prosthetics.



COMPONENT 8: DISCIPLINE 4: ORTHODONTICS
(Fixed & Removable Orthodontics and Periodontal Appliances)
Demonstrates proficiency in analysing, designing, fabricating, modifying and repairing prostheses and appliances specific to orthodontics.

PLAR Evidence Grid

Domain	Component	Sub-component
A. Foundational Knowledge & Skill	1. Core Scientific Knowledge	1.1 Biology, Head and Neck Anatomy
		1.2 Oral Structures, Pathology and Tooth Morphology
		1.3 Physics and Chemistry
	2. Technical Knowledge & Skills	2.1 Dental Materials
		2.2 Oral and Maxillofacial
		2.3 Design and Fabrication Knowledge
B. Safe & Professional Practice	3. Safe Practice	3.1 Infection Prevention and Control
		3.2 Safe Use and Handling of Dental Materials
		3.3 Safe and Competent Use of Laboratory Equipment
	4. Professional Practice	4.1 Communication and Collaboration
		4.2 Professional Judgement and Leadership
C. Specialized Technical Expertise	5. Discipline 1: Cast Partial, also described as removable partial prosthetics	5.1 Analyze
		5.2 Design
		5.3 Fabricate
		5.4 Modify and Repair
		5.5 Quality Control
	6. Discipline 2: Crowns and Bridges, also described as fixed partial prosthetics	6.1 Analyze
		6.2 Design and Fabricate
		6.3 Modify and Repair
		6.4 Quality Control
	7. Discipline 3: Dentures, also described as removable full prosthetics	7.1 Analyze
		7.2 Design
		7.3 Fabricate
		7.4 Modify and Repair
		7.5 Quality Control
	8. Discipline 4: Orthodontics, also described as fixed & removable orthodontics & periodontal appliances	8.1 Analyze
		8.2 Design
		8.3 Fabricate
		8.4 Modify and Repair
		8.5 Quality Control

PLAR – Evidence Grid Domain A

Sub-component 1.1

Biology, Head and Neck Anatomy

Competency

1.1.1 Demonstrate knowledge of biology and of head and neck anatomy related to dental technology practice.

Performance Indicators

- a. Identify basic biological systems and their function relevant to dental technology.
- b. Identify the basic elements of human anatomy, physiology, and pathology relevant to dental technology and appliances.
- c. Identify the craniofacial anatomy to provide the working boundaries of dental prostheses and appliances.

Sub-component 2.3

Design and Fabrication Knowledge

Competency

2.3.1 Demonstrate knowledge of key design and fabrication principles and technical skills used in dental technology.

Performance Indicators

- a. Describe indications and contraindications for and limitations of dental prostheses and appliances.
- b. Identify different components of dental prostheses and appliances.
- c. Analyse the design, fabrication, and material requirements of functional dental prostheses and appliances.
- d. Apply digital technology skills to support the design and fabrication of dental prostheses and appliances.
- e. Apply the principles of shade matching and colour measurement, and communicate colour parameters



PLAR PATHWAY EVALUATION FRAMEWORK

DOMAIN A: FOUNDATIONAL KNOWLEDGE AND SKILL

COMPONENT 1: CORE SCIENTIFIC KNOWLEDGE

Overall Descriptor: *Demonstrates and applies scientific knowledge surrounding biology, anatomy, oral structures, pathology, chemistry and physics.*

Sub-component 1.1: Biology, Head and Neck Anatomy

Competency

1.1.1 Demonstrate knowledge of biology and of head and neck anatomy related to dental technology practice.

To achieve the Blue standard score, the applicant must demonstrate the following performance indicators:

a. Identify basic biological systems and their function relevant to dental technology. ☐

- Evidence reflects knowledge of:

- Introduction to the human body and its systems: cardiovascular, gastrointestinal, nervous, and respiratory
- Innervation and blood supply of the oral and craniofacial regions
- Connective tissues and the lymphatic system as they relate to oral health
- Structure and function of the salivary glands in digestion, lubrication, and speech
- Anatomy of the tongue, including muscles and papillae
- Phonetics and its relationship to oral structures
- Anatomy of the nose, nasal cavity, and paranasal sinuses

b. Identify the basic elements of human anatomy, physiology, and pathology relevant to dental technology and appliances. ☐

- Evidence reflects knowledge of:

- Muscles of mastication: origin, insertion, and function
- Orofacial muscles involved in speech, facial expression, and mastication
- Cranial landmarks and definitions relevant to appliance design
- Skull bones that contribute to facial structure and dental support

c. Identify the craniofacial anatomy to provide the working boundaries of dental prostheses and appliances. ☐

- Evidence reflects knowledge of:

- Skull bones defining anatomical boundaries for dental prosthetics
- Temporomandibular joint (TMJ): structure, movement patterns, and common disorders
- Joint types in the head and neck and their functional relevance
- Mandibular movements (e.g., opening, closing, lateral) relevant to prosthetic design
- Principles of semi- and fully adjustable articulators for simulating jaw movements
- Interpreting radiographs and identifying key anatomical structures, landmarks, and bone features across different types and views.



NO EVIDENCE



LIMITED



PROGRESSING



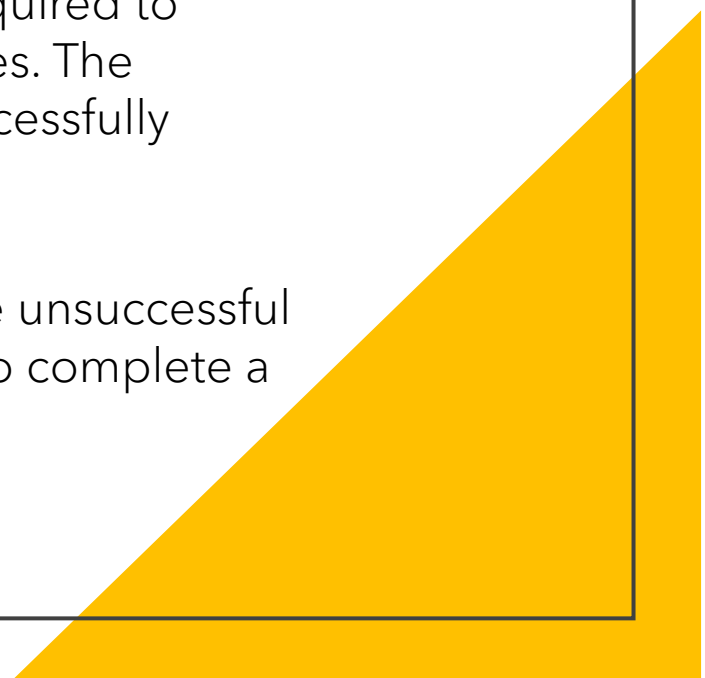
AT THE STANDARD



BEYOND



PLAR – Pathway Outcomes

- **Level I:** Candidate is deemed substantially equivalent and therefore eligible to attempt the DTETPA exam. Candidate recommended to use the report to gain insight on strengths and weaknesses and prepare for DTETPA accordingly
 - **Level II:** Candidate is deemed partially substantially equivalent and is required to upgrade knowledge and skills based on report strengths and weaknesses. The candidate must resubmit evidence within a (2) year timeframe, once successfully completed, candidate is deemed eligible for DTETPA registration exam
 - **Level III:** Candidate is deemed not substantially equivalent and therefore unsuccessful in moving forward along the pathway. The candidate is recommended to complete a full education program or seek an alternative career
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Pilot Process and Timelines

- Official Launch: April 4, 2025

Step	Activity	Timeline	Status
1	Expression of Interest • Call opens Apr 4-May 31 Extended Jun 1 - Sep 30	Apr 4-Sep 30, 2025	30-day extension following delivery of 3 targeted webinar/info sessions to employers, applicants and SUCCESS.
	Review of Step 1 submitted documents	Apr 4-Sep 15, 2025	Completed: 35
2	Invitation to Apply • Create online profile and complete application	Jun 15-Sep 30, 2025	On track
	Eligibility Documents Due (valid ID, work experience form, reference letter)	Sep 30, 2025	On track
	Eligibility Verification & Final Selection	Sep 15-30, 2025	On track: 23; 8 to PSCE
	Notification of Acceptance for Step 3	Sept 30, 2025	On track
	Evaluator Recruitment & Assignment	Oct-Nov 30, 2025	Not Started
	Evaluator Kick-off Meeting	Dec 2025	Not Started



Pilot Process and Timelines

- Official Launch: April 4, 2025

Step	Activity	Timeline	Status
3	Participant Orientation to Portfolio Prep	Oct 3, 2025 (tentative)	On track
	Portfolio Preparation & Evidence Collection	Oct 3, 2025-Jan 30, 2026	Not Started
	First Checkpoint (with participants)	Nov 30, 2025	Not Started
	Evaluator Orientation (Round 1)	Feb 2026	Not Started
	Portfolio & Evidence Submission	Jan 31 - Mar 15, 2026	Not Started
	Portfolio & Evidence Evaluation	Feb-Jun 30, 2026	Not Started
	Evaluator Check-In Round 1: File scoring	Mar 2026	Not Started
	Evaluator Check-In Round 2: File scoring	May 2026	Not Started
	Evaluator Check-In Round 3: File scoring	Jun 2026	Not Started
	Data & Feedback Analysis, Standard Setting, Reports	Jul 1-Sep 30, 2026	Not Started
	Revision Implementation	Oct 1-31, 2026	Not Started
	Hand-Off	Nov 30, 2026	Not Started



Recruitment update

Target 50 applicants for Step 3: Evidence Grid Document Submission and Evaluation Pilot

- 74% target achieved through expressions of interest (37)
- 70% of target moved to Step 2 - eligibility document submission (35)
- 62% of target complete or in-progress for Step 2 (31 of which 8 directed to PSCE)
- **46%** of target moved to Step 3 - evidence grid document submission (23)



Geographic Distribution

Province	Count (N=23)	Percentage
BC	1	4 %
AB	3	13 %
ON	14	61 %
NS	1	4 %
Not Specified	4	18 %



Profession Specific Credential Evaluation (PSCE)

PLAR pilot has shown that the PSCE pathway is not known by dental lab workers

- 23% of Step 2 eligible applicants redirected to PSCE because they have a **post secondary** education in dental health.

Mitigating strategies:

- Rebranding
- Targeted awareness campaign



Awareness Campaigns

Awareness campaigns have taken several forms:

- Print (postcards; letters)
- Social media
- Website
- Webinars and information sessions (virtual)

System partners:

- Newcomer Settlement Services Agencies
- Approved program educators
- Dental Laboratory Owners, Employers
- Registrants and potential applicants
- Dental technology Associations (BC and ON)

Target audiences:

- Internationally educated and/or trained health professionals
- Approved program educators
- Dental Laboratory Owners, Employers
- Dental Lab Workers



Education Consultant Deliverables & Timelines

February	March	April	May	June	July	August September	October
Steering Committee Kick-off Meeting ✓	Steering Committee Meeting ✓	Steering Committee Meeting ✓	Steering Committee Interim Report ✓	Steering Committee Meeting ✓	Steering Committee Meeting ✓	Steering Committee Meeting ✓	Steering Committee Final Report
	Environment Scan - Best Practices in Educational Upgrading ✓						
		Internal Research - Identify Gap-filling Needs of Candidates ✓					
				DT Consultations - Identify Upgrading Resources Educators, Professional Associations, Industry Partners, DT Key Opinion Leaders, Association of Canadian Faculties of Dentistry			
Project administration: contract, team meetings, reports, steering committee meeting preparation & reporting, planning consultations, etc.							
✓ Completed ✓ In progress ✗ Not started							

Consultation – Approved Program Educators

Key Findings

- Strong interest in offering individual course modules or micro-credentials to support PLAR candidates.
- New interest from high school graduates offering promise for the future pipeline of formally trained dental technologists.
- Practicum placements rely heavily on small dental laboratories, underscoring the need for ongoing collaboration and coordination.
- Programs face funding instability, with declining international enrolments and funding models that compromise program sustainability, staffing, and infrastructure renewal.
- Maintaining both analog and digital training streams and updating labs are resource-intensive commitments.
- Two-year lead time required for program development, highlighting the importance of early planning and dedicated funding for any new initiatives.

Next Steps

- Expand the outreach from “dental technology educators” to include alternative learning opportunities.
- Anchor on PLAR Acceptable Evidence* from pilot and PSCE resources:
 - Course/Workshop/ Training
 - Conference/ Seminar/ Webinar
 - Self-directed study/ Employment Position
 - Mentorship/ Internship/ Job shadow
- Upgrading:**
 - Align PSCE course content area to PLAR component/sub-component/competency
 - Research best practice directed versus self-directed Work and Academic Upgrading Plan
 - Develop and pilot October 1, 2025-March 31, 2026

*PLAR Pathway Portfolio Evidence Grid

** RFP

PLAR Evidence Grid

Education resources
that align with
"Components" or
"Sub-components"
or Competency

Domain	Component	Sub-component
A. Foundational Knowledge & Skill	1. Core Scientific Knowledge	1.1 Biology, Head and Neck Anatomy
		1.2 Oral Structures, Pathology and Tooth Morphology
		1.3 Physics and Chemistry
	2. Technical Knowledge & Skills	2.1 Dental Materials
		2.2 Oral and Maxillofacial
		2.3 Design and Fabrication Knowledge
B. Safe & Professional Practice	3. Safe Practice	3.1 Infection Prevention and Control
		3.2 Safe Use and Handling of Dental Materials
		3.3 Safe and Competent Use of Laboratory Equipment
	4. Professional Practice	4.1 Communication and Collaboration
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C. Specialized Technical Expertise	5. Discipline 1: Cast Partial, also described as removable partial prosthetics	5.1 Analyze
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		5.4 Modify and Repair
		5.5 Quality Control
	6. Discipline 2: Crowns and Bridges, also described as fixed partial prosthetics	6.1 Analyze
		6.2 Design and Fabricate
		6.3 Modify and Repair
		6.4 Quality Control
	7. Discipline 3: Dentures, also described as removable full prosthetics	7.1 Analyze
		7.2 Design
		7.3 Fabricate
		7.4 Modify and Repair
		7.5 Quality Control
	8. Discipline 4: Orthodontics, also described as fixed & removable orthodontics & periodontal appliances	8.1 Analyze
		8.2 Design
		8.3 Fabricate
		8.4 Modify and Repair
		8.5 Quality Control

Access to Dental Technology II

Amendment approved, pending final agreement

- October 1, 2025, to March 31, 2026
 - Additional funding \$77,000 (incl. taxes)
 - Gap filling upgrading plan and resources for DTEE (PSCE and PLAR)
 - Database upgrade to upload and evaluate PSCE course syllabi and PLAR evidence
 - Website accessibility improvements and gap filling upgrading tools
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Any questions?





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

Agenda Item 11.4.1

Strategic Engagement

Insights and Updates | September 26th, 2025



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

Agenda Item 11.4.1

System Partner Engagement and Collaboration

Initiative: RDT Identifiers

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

Verification Process for Dental Laboratories in Ontario:

RDTs are required to include the following identifiers on their documentation:

1	Full Name	2	Registration Number	3	Title
	Jane Doe		Reg # 0000		Registered Dental Technologist

Before Sending a Prescription to a Dental Laboratory:

- Verify the lab has a Registered Dental Technologist (RDT) registered with the College of Dental Technologists of Ontario (CDTO).
- Check the [CDTO's Public Register](#) for the lab's name, address, and RDT details.

After Receiving Documents from the Dental Laboratory:

- Verify the supervising RDT's information and lab address.
- Cross-check these details against the CDTO's Public Register.

Examples of Lab Documents with RDT Identifiers

Written	Printed	Stamp

✉ complaints@cdto.ca ☎ 416-528-5003 ext.222 | 1-877-391-2386 🌐 cdto.ca

- ▶ Developed infographic to clarify and enhance understanding of required RDT identifiers on invoices.
- ▶ Next Steps:
 - ▶ Distribute to system partners: Oral health colleges and Associations.
 - ▶ Targeted communication with RDTs and Lab Owners/Employers through The Bridge and ADTO.
 - ▶ Make available on the CDTO website as a resource (FAQ, Practice Advisory).
 - ▶ Create social media posts to post on our platforms (LinkedIn and X) promoting the infographic.
 - ▶ Share with Dental Benefit Providers (Sunlife, Manulife, Blue Cross).



Initiative: Prior Learning Assessment Recognition (PLAR)

Objective: 50 eligible domestic and international participants for the PLAR Pilot, third pathway for credential evaluation.

Due Dates:

- ▶ Deadline for application is September 30, 2025.
- ▶ 27 spots remain open as of September 15, 2025.
- ▶ Evidence Grid and Document Submission March 31, 2026.
- ▶ Participant credential evaluation complete October 31, 2026.
- ▶ Final PLAR pilot report and recommendations November 30, 2026.



PLAR Update

Step	Deadline	Expression of Interest	Eligible for Next Step
Step 1: Are you Eligible?	Sept 30/25	37	35
Step 2: Create your profile in the Online Portal and submit eligibility documents	Sept 30/25	31 <i>Complete: 17</i> <i>In progress: 6</i> <i>Directed to PSCE: 8</i>	23
Step 3: Evidence Grid Document Submission	Mar 31/26		



PLAR Communication Strategy

Goal: Targeted communications to create awareness and build participant supports to reach 50 pilot participants.

Planned and hosted:

- ▶ Webinar 1: PLAR Employer and RDT Information Session
 - ▶ Interactive session via Zoom August 18, 2025
 - ▶ 91 registrations and 67 active participants including RDTs, employers, CADTR members, PLAR consultants and Dental Technology Associations in BC and ON.
- ▶ Webinar 2: PLAR Participant Information Session August 26, 2025
 - ▶ Interactive session via Zoom August by invitation only; 9 Registrations and 5 active participants
 - ▶ Planned and hosted a webinar to provide support and guidance to applicants to complete PLAR applications.



PLAR Communication Strategy

Goal: Targeted communications to create awareness and build participant supports to reach 50 pilot participants.

Next Steps

- ▶ Distribute a thank you letter to participants.
- ▶ Provide access to the recorded webinar for rewatching.
- ▶ Share an answer sheet addressing participant questions.



PLAR 2024 initiatives

Date	Activity
March 2024	Live-Stream with Shaun Chen: https://youtu.be/ch6xfNlgr3U
March 2024	CDTO newsletter posted on website: https://cdto.ca/launch-of-adt-phase-ii/
March 2024	Posted on CDTO social media platforms: https://x.com/CDTOntario/status/1770843619043274772
March 2024	Announcing PLAR Newsletter: https://mailchi.mp/f02ea9e4d0da/adt-announcement-phase-ii
October 2024	PLAR Spectrum Day - engage with over 80 attendees



PLAR 2025 Initiatives

Date	Activity
April 2025	Designed Post Card promoting PLAR: https://cdto.ca/wp-content/uploads/PLAR-Postcard-.pdf
April 2025	PLAR Technorama: Distributed PLAR postcards and discussions with RDTs and other oral health professionals
April 2025	News Post on CDTO website: https://cdto.ca/exciting-opportunity-plar-pilot-program-now-open/
May 2025	Sent out letter and post card seeking PLAR applicants (to 76 commercial labs): https://cdto.ca/wp-content/uploads/POB-PLAR-Postcard-Letter-.pdf
August 2025	Planned and facilitated webinar to Employers, RDTs, and System Partners
August 2025	Planned and facilitated webinar to support those completing their applications





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

Agenda Item 11.4.1

Unauthorized Practice Awareness

System Partner Engagement: Verified List of Labs

Purpose: To reduce the risk for Oral Health Practitioners and Patients from using an unauthorized lab.

- ▶ Created lists of commercial dental technology labs linked to CDTO register
 - ▶ Alphabetical by region
 - ▶ Alphabetical by lab name
- ▶ Distributed to RDTs through Mailchimp campaign
 - ▶ Sent: **474** Opens: **179** Clicks: **8**
- ▶ Posted on the CDTO website
 - ▶ **85** views

Outcome: Since Sept 1, 2024, there have been **6** UAP reports, **4** of which received after posting.



System Partner Engagement: ODHA

[A letter from the College of Dental Technologists of Ontario](#)

The College of Dental Technologists of Ontario (CDTO) has released [a letter](#) reminding oral health professionals to ensure the dental laboratories they work with are supervised by Registered Dental Technologists (RDTs) and meet regulatory requirements.

To help protect your clients and your professional reputation, we encourage you to [review](#) the information provided by the CDTO.

To support safe, ethical, and competent care, the College strongly encourages all dentists and other oral health professionals to:

- Ensure the commercial dental laboratories you are working with are on the CDTO's Verified List.
- Check the CDTO's Public Register for real time information to confirm the status of the RDT and the commercial dental laboratory.
- Email the College at practiceadvisory@cdto.ca if you are not able to locate the commercial dental laboratory name on the verified list or the supervising RDT on the CDTO Public Register.

Please review the letter for the three identifiers that RDTs are required to apply on all documentation related.

[Read the letter](#)

- ▶ Audience Reach: Email sent to 7,000+ recipients
- ▶ Engagement: 6,716 opens (96% open rate)
- ▶ Call-to-Action: 49 clicks (0.7% click-through rate)



System Partner Engagement: ODA

Verified list of commercial dental technology laboratories

Many dental offices offer patients full service with many aspects of dental care at a single location, including on-site dental laboratory for the construction and repair of some dental prostheses and appliances. The RCDSO [draws a clear distinction](#) between an in-office dental laboratory and an external, commercial operation. In Ontario, only a registered dental technologist or a dentist may supervise a commercial dental laboratory. It is the RCDSO's position that any dentist who proposes to supervise a commercial dental laboratory must be able to fulfill the same role as the Registered Dental Technologist (RDT).

The College of Dental Technologists of Ontario (CDTO) has developed and published a [verified list](#) of commercial dental laboratories in Ontario. This list outlines the commercial dental laboratories with RDTs that are authorized to supervise and are accountable for the delivery of dental technology services. Before sending a prescription to a commercial dental laboratory in Ontario, dentists should verify that the laboratory employs an RDT registered with the CDTO in the General Class of Registration or a dentist who is able to fulfill the same role as the RDT. If the commercial lab is supervised by an RDT, the CDTO encourages all dentists to ensure that the laboratory in Ontario is included on the CDTO's Verified List.

For more details, please [read this CDTO article](#). Please email professionalaffairs@oda.ca with any questions you may have on this topic.

► The Composite: July 23, 2025





Board Report

Date: September 26, 2025

SUBJECT: Equity, Diversity and Inclusion Policy for the Board of Directors
INITIATED BY: Leanne Cheng, Governance and Regulatory Affairs Manager and
Ashney Patrick, Communications and System Partner Engagement
Manager

PURPOSE:

The Board is asked to review and approve three initiatives from the Equity, Diversity and Inclusion (EDI) Action Plan:

1. EDI Organizational Policy (Board Policy)
2. EDI Policy for the Board of Directors (Governance Policy)
3. EDI Governance Evaluation

PUBLIC INTEREST RATIONALE:

By embedding EDI principles across its governance practices, the Board strengthens its ability to serve and protect the public interest. An EDI-focused approach ensures that decision-making reflects a broad range of perspectives, experiences, and needs within the College and the communities it serves.

INFORMATION & CONSIDERATIONS:

BACKGROUND:

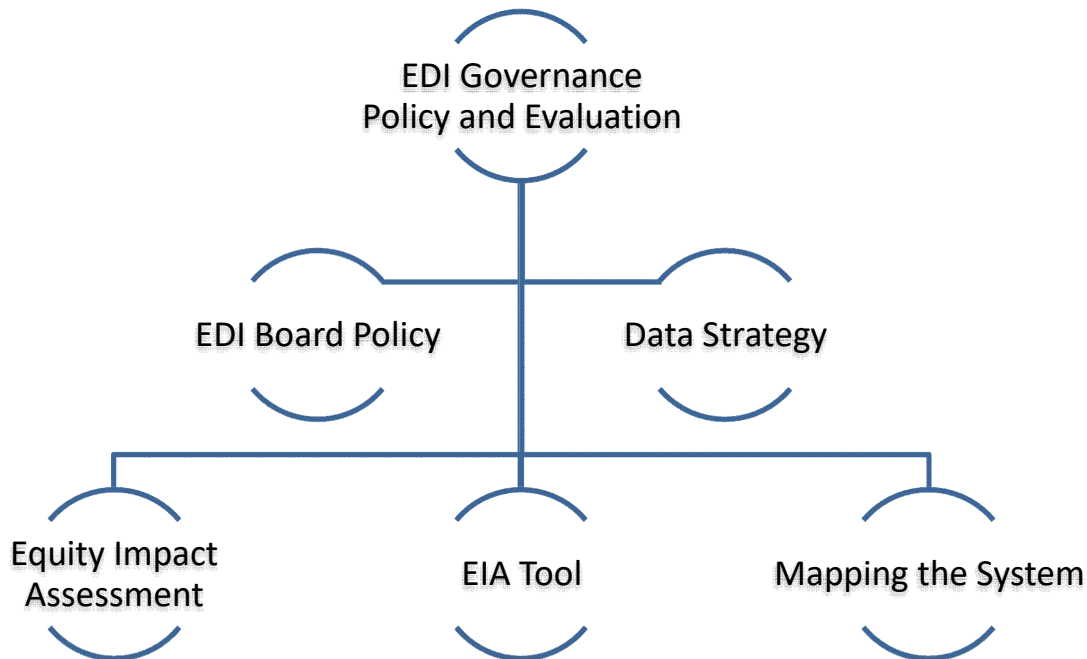
The Board set Equity, Diversity, Inclusion and Indigeneity as a priority under its strategic pillar regulatory excellence in its Strategic Plan 2024-2027. Indigeneity has a unique methodology in EDI due to the distinct historical and ongoing impacts of colonialism on Indigenous peoples. Indigenization, as part of EDI, focuses on integrating Indigenous knowledges, perspectives, and protocols into all aspects of research, education, and organizational practices.

In April 2025, the Board participated in an EDI workshop led by consultant Adjwoa Buahene. Directors assessed the College using the Governance domain of the Health Profession Regulators of Ontario's (HPRO) EDI Organizational Self-Assessment Survey. This assessment led



to agreement on a framework and set of initiatives that form the foundation of an effective EDI Action Plan.

EDI Framework and Action Plan



Three initiatives from that Action Plan have been completed and are being presented for approval:

- **EDI Organizational Policy** – sets out the CDTO’s commitment to embedding equity, diversity, and inclusion across its governance, regulation, and operations, and applies to the College community.
- **EDI Policy for the Board of Directors** – acknowledging that directors, as stewards of the CDTO must model principles of EDI in its governance roles and responsibilities.
- **EDI Governance Evaluation** – adapting HPRO’s Organizational Self-Assessment to CDTO’s needs and creating an evaluation that will measure progress towards achieving two goals: (1) Public commitment and transparency of action (2) EDI competence of Board and committee members.

NEXT STEPS:

If approved, the policies will take effect immediately and the EDI Governance Evaluation will be conducted every three years. This interval will allow the College sufficient time to implement actions and make measurable progress in improving the Board’s EDI performance.



These key documents will be integrated into the College's strategic planning, key performance indicators (KPIs), and monitoring frameworks to ensure measurable progress. In addition, the Board will receive regular reports on EDI progress and outcomes to maintain accountability and transparency in advancing equity, diversity, and inclusion throughout the organization.

DECISION(S) SOUGHT:

THAT the Board approves the:

- 1) EDI Organizational Policy;
- 2) EDI Policy for the Board of Directors; and
- 3) EDI Governance Evaluation.

ATTACHMENTS:

1. EDI Organizational Policy
2. EDI Policy for the Board of Directors
3. EDI Governance Evaluation



EDI Organizational Policy

Policy No. 1.1

Policy Information	
Approved By: <i>Board of Directors</i>	Policy Type: <i>Governance</i>
Approval Date: <i>[Insert Date]</i>	Responsible Office: <i>EDI/Communications</i>
Effective Date: <i>[Insert Date]</i>	Responsible Authority: <i>Registrar</i>
Date of Most Recent Review: <i>September 8, 2025</i>	Responsible Committee: <i>Patient Relations Committee</i>

1. Purpose:

This policy reflects The College of Dental Technologists of Ontario's (CDTO) commitment to the principles of Equity, Diversity, and Inclusion (EDI) which are guided by our core values: Accountability, Transparency, Responsiveness, Respectful and Fairness. These principles shape our culture, daily interactions and demonstrate the College's legal, moral, and ethical responsibilities to create and sustain a diverse and inclusive environment.

2. Application and Scope

The policy applies to all members of The College community, including Registrants, staff, Board directors, non – Board committee members, members of public, and all members participating in college related work, programs, or activities. It applies to all College-related interactions, decisions, and the creation or review of policies, procedures, and practices.

3. Definitions

“Diversity” refers to the unique characteristics that all of us possess that distinguish us as individuals and identify as belonging to a particular group – this can include, but is not limited to, the dimensions of race, ethnicity, gender, sexual orientation, socio-economic status, age, abilities, religious beliefs, and lived experiences.

“Equity” refers to ensuring fair and just opportunities for people with diverse characteristics by removing systemic barriers and biases to gain equal access to resources and achieve desired outcomes.

“Inclusion” refers to creating an environment in which people have both the feeling and reality of belonging and are able to work to their full potential.

4. Policy

This policy operationalizes the College's commitment to EDI by embedding these principles across all aspects of governance, regulation, and organizational practice. Through consistent application of these principles the College recognizes that an equitable and inclusive environment strengthens decision-making, enhances service quality, and protects the public interest.

5. Roles and Responsibilities (Optional)

All members of the College community share the responsibility for advancing EDI which includes:

- Fostering a culture that promotes EDI.
- Acknowledging and addressing bias, underlying beliefs and values, assumptions, and stereotypes that inhibit opportunity and inclusiveness in work environments.
- Encouraging and demonstrating positive, informed and inclusive attitudes towards each other.
- Providing an environment that is free of discrimination and harassment.
- Ensuring the inclusion of perspectives and voices of equity-denied communities in decision-making.
- Participating in the College's effort to evaluate EDI progress, including engagement in training, self-assessments, and data collection activities.

The College is accountable for:

- Creating and sustaining a welcoming environment that actively supports equity, diversity, and inclusion.
- Actively reviewing and strengthening the College's structures, policies, and practices to remove barriers and embed equity-focused approaches that prioritize the public interest.
- Reviewing and updating College documents, publications, and communications to ensure inclusive, non-discriminatory language and imagery that reflects social and cultural diversity.
- Embedding EDI considerations across governance, decision-making, policies, programs, and strategies, ensuring they guide both internal operations and external engagement.
- Building respectful and collaborative relationships with institutions, partners, and communities, and seeking ongoing feedback to strengthen accountability and improve practices collectively.
- Integrating EDI goals into strategic and operational planning.
- Monitoring EDI progress through clear metrics and performance indicators.

Leadership is accountable for:

- Demonstrating sustained commitment through actions toward a more equitable, diverse, and inclusive college community.
- Ensuring accessibility in physical and virtual environments, including but not limited to the tools, equipment, and resources required for participation.
- Critically reviewing structures, systems, policies, and processes to identify and address barriers, disadvantages, and underrepresentation.
- Embedding EDI metrics into strategic and operational planning and supporting regular review of progress through performance indicators.

6. Compliance

Demonstrating involvement and action toward a more equitable, diverse and inclusive community requires reflection and active learning. As such, the application of this policy will focus on providing training, resources and support. All members of the college community are expected to understand equity, diversity, and inclusion and are responsible for the implementation of such within their scope of influence and authority.

The College of Dental Technologists of Ontario and members of college community are required to comply with all relevant legislation related to human rights and employment equity. Concerns and complaints will be resolved through application of the appropriate college policies, procedures, and practices.

7. Legislative References, Associated Policies, and Procedures

Execution of this policy will be supported by:

- [CDTO Business Plan and Strategic KPIs \(2024-2027\)](#)
- [CDTO Strategic Plan Map](#)
- Equity Impact Assessment (EIA) – mandatory application for all new or revised programs, policies, strategies, and decisions.
- EDI Lens Checklist – required for policy, program, and decision reviews to ensure consistent equity considerations.
- [HPRO's EDI Organizational Self-Assessment](#) – conducted annually, with results used to inform strategic planning, governance and operational improvements.
- Monitoring Reports – to monitor and report measurable progress toward EDI goals.. Examples are the KPI Dashboard and College Performance Measurement Framework.
- EDI Board of Directors Policy

8. Review

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



Equity, Diversity and Inclusion Policy for the Board of Directors

Policy Information	
Approved By:	Policy Type: Governance
Approval Date:	Responsible Office: Governance
Effective Date:	Responsible Authority: Registrar
Date of Most Recent Review:	Responsible Committee: Executive Committee

1. Purpose

The Board of Directors of the College of Dental Technologists of Ontario (CDTO) is committed to embedding equity, diversity, and inclusion (EDI) into its governance practices as a core component of regulatory excellence. The Board envisions a leadership that reflects the diversity of the public it serves, encompassing a wide range of identities, perspectives, experiences, and skills including those of equity-deserving groups.

By fostering an inclusive environment and applying an EDI lens to its decision-making processes, the Board aims to strengthen public trust, uphold its fiduciary responsibilities with integrity, and advance the College's public interest mandate. A diverse and inclusive Board enables more thoughtful, innovative, and responsive governance ensuring the profession remains accountable, ethical, and representative of Ontario's evolving population.

2. Application and Scope

This policy applies to Board Directors and acknowledges that directors, as stewards of the CDTO, must model principles of EDI in its governance roles and responsibilities.

3. Definitions

"Diversity" refers to the unique characteristics that all of us possess that distinguish us as individuals and identify as belonging to a particular group – this includes the dimensions of race, ethnicity, national origin, gender identity, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies.

"Equity" refers to promoting fair and just opportunities for people with diverse characteristics by removing systemic barriers and biases to gain equal access to resources and achieve desired outcomes.

"Inclusion" refers to creating an environment in which people have both the feeling and reality of belonging and are able to work to their full potential.

4. Policy

Overview

CDTO is committed to a diverse, inclusive, and equitable environment where all directors, staff, volunteers and registrants feel respected and valued regardless of gender, age, race, ethnicity, national origin, sexual orientation or identity, disability, education or any other bias.

As a regulator, we are committed to being non-discriminatory and providing fair and transparent access to opportunities for employment, volunteering and in advancing our regulatory functions.

We respect the value that diverse life experiences bring to our Board and leadership, and we strive to listen to their views and give them value. We're committed to modeling EDI by ensuring fair, transparent and consistent treatment for all.

Our Board's goal is to provide informed leadership on EDI meaning:

- We strive to incorporate EDI in our vision and purpose for the benefit of those we serve.
- We aim to recognize and address inequities in our policies, programs and regulatory functions.
- We update and document progress on our EDI initiatives.
- We commit to encouraging all directors and committee members to contribute and to constructively challenge assumptions and perspectives.
- We commit to leading with respect and acceptance, and we encourage all employees and volunteers to express this in their work within our organization.

5. Roles and Responsibilities

The Board commits to EDI in the performance of its duties and in its decision-making processes. As such the Board will:

Inclusive Culture

Support and foster an inclusive culture and the advancement of EDI programs, initiatives, and recruitment practices for staff, directors, committee members, and volunteers.

Best Interests of the Public

Ensure that all decisions reflect and advance the best interests of the public by applying an EDI lens that considers systemic barriers, diverse lived experiences, and equitable outcomes.

EDI Policy Development

Develop and approve EDI policies that guide the Board approach to EDI.

Strategic Planning Integration

Ensure that EDI commitments are embedded within the College's strategic plan, and that sufficient resources are allocated to implement and sustain those commitments.

Oversight & Performance Measurement

Ensure CEO accountability to EDI principles and establish metrics to track the Board's progress on EDI commitments. Furthermore, ensure that Committees incorporate EDI principles in their work through the Terms of Reference and ongoing practices.

Risk Management

Oversee the creation of risk management strategies related to EDI, including ensuring compliance with relevant legislation.

Representation

Aim to identify and recruit diverse candidates to broaden the Board's representation and ensure that the Board reflects the public it serves. CDTO aspires to meet the Government of Canada's 50-30 challenge by striving for the following representation in its composition:

1. Gender parity (50% women and/or non-binary people); and
2. Significant representation (30%) of equity-deserving groups, including:
 - a. Indigenous Peoples;
 - b. Racialized, Black, and/or People of Colour;
 - c. People with disabilities, including invisible and episodic disabilities; and
 - d. 2SLGBTQ+ (Two Spirit, Lesbian, Gay, Bisexual, Trans, and Queer people) and/or gender and sexually diverse individuals.

A voluntary self-identification survey is circulated annually and reported to the Board to ensure progress toward diversity and inclusion remains on course.

EDI Competency

Participate in formal and informal learning opportunities to enhance their EDI competency, including orienting new directors to EDI principles and fostering an understanding of the Board's commitment.

External Advocacy

Act as advocates, promoting EDI as a core value of the CDTO.

6. Non-Compliance

Non-compliance with this policy may result in the violation of applicable laws, regulations, or policies, potentially leading to reputational, financial, or other risks to the College. In such cases, the College may take disciplinary, legal, or other appropriate action, including but not limited to the termination of employment with the College.

7. Review

This policy will be reviewed at least every three years, or sooner if circumstances are warranted.

8. Legislative References, Associated Policies and Procedures

1. [CDTO Strategic Plan Map \(2024-2027\)](#)
2. EDI Governance Evaluation
3. EDI Organizational Policy
4. [HPRO's EDI Organizational Self-Assessment](#)

DRAFT



Equity, Diversity, and Inclusion Governance Evaluation

Introduction

The Board of Director's role in equity, diversity and inclusion (EDI) is strategic, oversight-driven, and ambassadorial. By embedding EDI into governance, including holding the Registrar accountable, the Board can influence systemic change across the organization. The goal is to measure the Board's progress in incorporating EDI into its fiduciary duties.

This evaluation modifies the approach in the Health Profession Regulators of Ontario's (HPRO) EDI Organizational Self-Assessment document. As stated in the HPRO document, an organization's EDI journey can be plotted against an inactive/reactive/proactive/progressive continuum. There are several indicators that can be used to evaluate progress against this continuum. During the workshop, management and directors reviewed those indicators and selected those that resonated the most. These have been modified to achieve greater simplicity and clarity.

Governance Domain: HPRO Framework

The goals for governance through an EDI lens are that: *Council and committee members have EDI competence. Decisions are made in the interest of a diverse public. Transparency about actions fosters trust with a diverse public (HPRO definition).*

To achieve these goals, governance is measured through two areas:

1. Public commitment and transparency of action
2. EDI competence of council and committee members

Evaluation Design

The stages of the EDI journey – inactive, reactive, proactive and progressive – are plotted against a Likert scale to enable more nuanced and quantitatively defined results. Optional open text boxes allow participants to add context to their numeric selection, supporting qualitative evaluation. Over time, the results will reveal trends and highlight the need for further assessments should the scores fall below the proactive level.

The indicators are rated on a scale of 1-7 that correlate to the stages within the EDI journey.

EDI Journey Stages	Numeric	Value
Inactive (no action, just starting out)	1	Disagree
	2	Somewhat disagree
Reactive (limited or partial action, few or no outcomes)	3	Neither agree nor disagree
Proactive (substantial action, some outcomes)	4	Somewhat agree
Progressive (full action with evident outcomes)	5	Agree



Please rate these statements from Agree to Disagree.

Section 1: Public EDI Commitment and Transparency of Action

1. Directors can describe how the College demonstrates that EDI is important.
2. The Board has examined its policies to identify opportunities to reduce EDI barriers.
3. The strategic plan is created and evaluated through an EDI lens.
4. The Board regularly receives EDI updates (policy, risk, legal, operational).
5. The College's public commitment includes action plans that identify how the needs of its diverse communities are met.
6. Please provide any examples or comments as to how CDTO is demonstrating its commitment to EDI and is demonstrating transparency in its actions.

Section 2: EDI Competency of the Board and Committees

1. Board and Committees reflect the diversity of the public served.
2. Board and Committees evaluate decisions through an EDI lens.
3. Board and Committee culture fosters inclusion by creating space for active participation, diverse opinions and respect for divergent viewpoints.
4. Board and Committees regularly receive learning on EDI, anti-racism, indigeneity and accessibility theories and practices.
5. Please add any comments on how the representation or competency of the Board and Committees could be enhanced.



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

Equity and Inclusion Data Collection

Statistics | September 26th, 2025

Purpose

Why This Matters: Support the Board's strategic goals and commitment to EDI.

Goals:

- Reflect the diversity of Ontario's public in governance and its registrant body.
- Identify and monitor disparities & systemic barriers and discrimination within the dental technology profession.
- Understand demographics through self-identified diversity data.

Use of Data

- Inform inclusive programs & policies; collaborate with partners to advance equity.

Privacy

- Collected under the Privacy Act, used only for these purposes, kept confidential.



Why Now?

Collection of demographic information is an important step for:

- ▶ Advancing equity, diversity, and inclusion at the College.
- ▶ Board's understanding of the current state of the profession in Ontario.
- ▶ Ensure fair pathways for applicants and registrants and monitor the impact of equity initiatives.
- ▶ CDTO to lead inclusive, equity-driven regulation that aligns with provincial standards.

The College's Equity and Inclusion Data initiative is founded on the principle that only what is measured can be effectively understood and improved.



Best Practices

Support Equity & Inclusion: Enhance outreach to underrepresented racialized groups, promote gender equity, and support registrants with disabilities and those in underserved regions.

Strengthen Policies & Programs: Develop inclusive policies, mentorship initiatives, and annual monitoring of diversity metrics to guide strategic planning.

Ensure Responsible Data Use: Collect only necessary information, provide clear category descriptions, and share results.

Build Trust Through Communication: Clearly explain the purpose, benefits, and protections of data collection and communicate consistently.



Background



Race based data collection implemented 2025.



Demographic questions added to the initial application and the annual renewal forms. Not mandatory for applicants and registrants to answer questions.



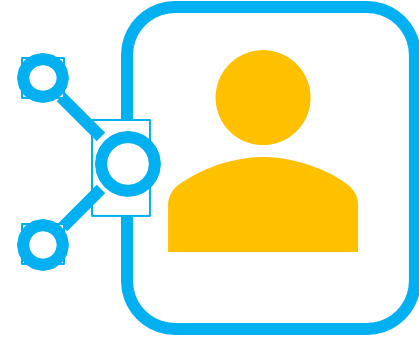
Required updates to CDTO internal database and online application/renewal processes to collect and store demographic information.



What Information Is Collected?

Self-Identification in six categories

- ▶ Race/ethnicity
- ▶ Indigenous identity
- ▶ Sexual orientation/gender identity
- ▶ Disability
- ▶ Newcomer
- ▶ Gender



Snapshot of the Profession (2025)



0.4%

IDENTIFY AS
2SLGBTQI+



0.9%

IDENTIFY AS HAVING
A **DISABILITY**



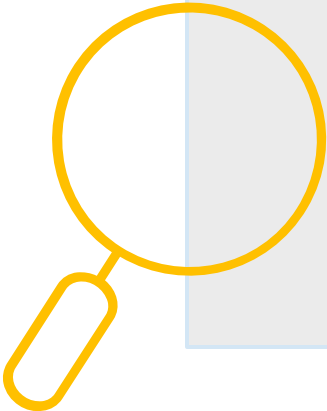
0.4%

IDENTIFY AS
INDIGENOUS



26.5%

IDENTIFY AS A
VISIBLE MINORITY



Challenges in Collection

Low rate of voluntary response

- ← Majority of respondents choose “prefer not to answer” or to not answer at all.
- ← Limits the comprehensiveness of the data.



Understanding Sociodemographic Data

Reflect & Identify: Data shows whether registrants reflect Ontario's diversity and helps identify barriers or inequities.

Protect & Respect: Collected voluntarily, reported only in aggregate, and safeguarded with strong privacy standards.

Inform & Improve: Findings guide inclusive policies, outreach, and regulatory practices.

Communicate & Build Trust: Clear explanations of purpose and benefits encourage participation and transparency.



Data Elements and Response Values

- ▶ What They Are
 - ▶ Data Elements → the categories of information collected (e.g., gender, race, language, income, disability, sexual orientation).
 - ▶ Response Values → the options or answers provided to each data element (e.g., Male/Female/Non-binary; English/French/Other language).
- ▶ Together, they create standardized datasets for consistency and comparability.



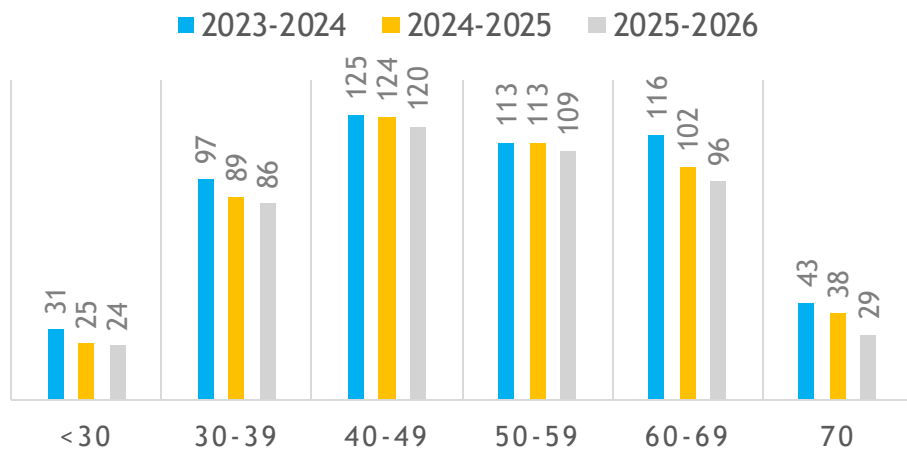
Summary Analysis

- ▶ Data was collected during the 2025 annual renewal cycle.
- ▶ Key findings are:
 - ▶ Registrants self-identified across diverse gender identities, racialized groups, Indigenous identities, and sexual orientations.
 - ▶ Data reflects **broad representation** while also showing areas where participation in disclosure could be improved.
- ▶ Cultural and systemic barriers remain important to monitor.

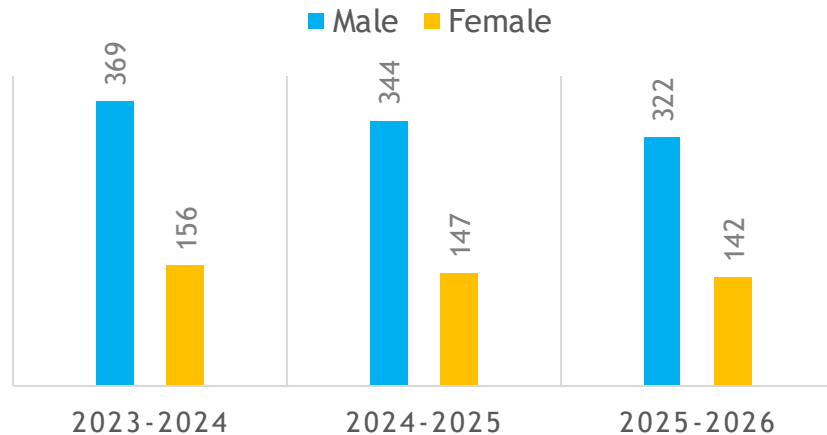


Comparison between 2023-2024 | 2024-2025 | 2025-2026

AGE



SEX AT BIRTH

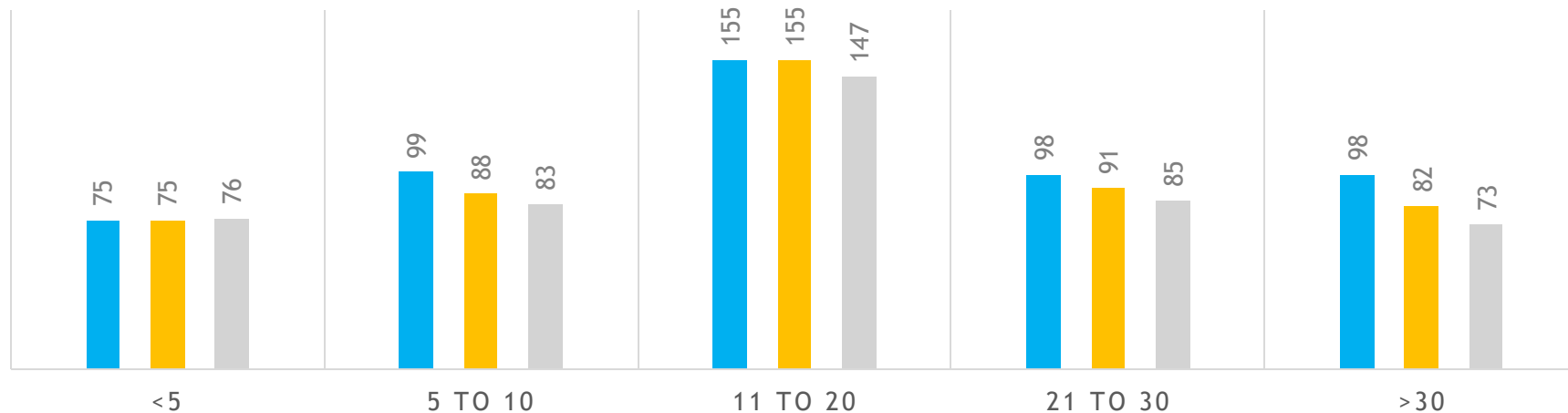


Comparison

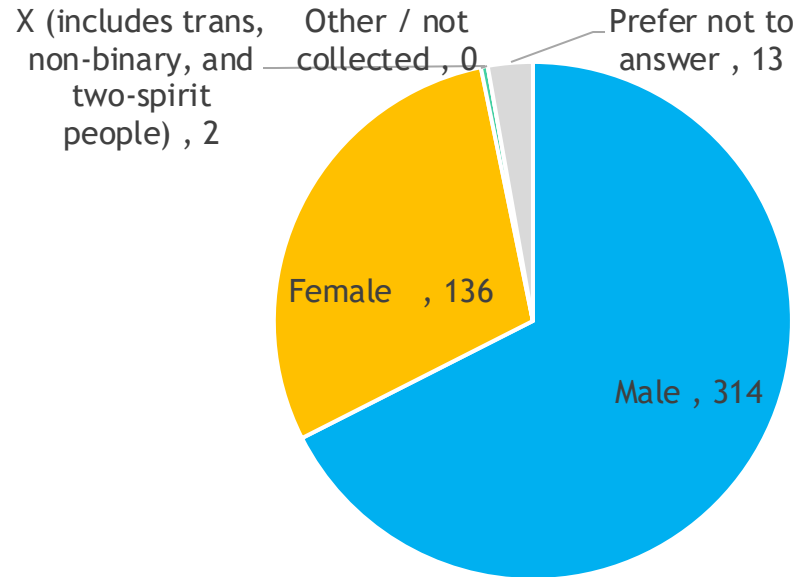
2023-2024 | 2024-2025 | 2025-2026

YEARS OF EXPERIENCE

■ 2023-2024 ■ 2024-2025 ■ 2025-2026

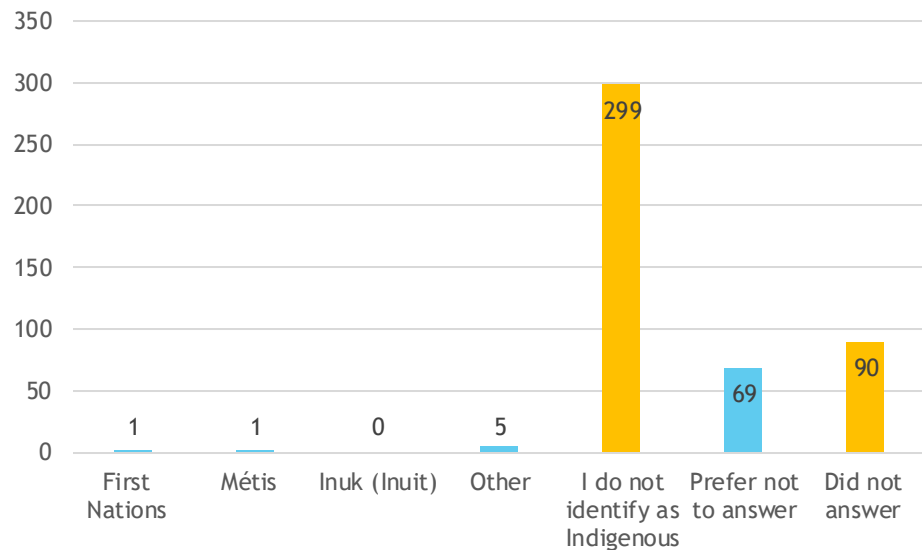


Gender



Q1: Gender*

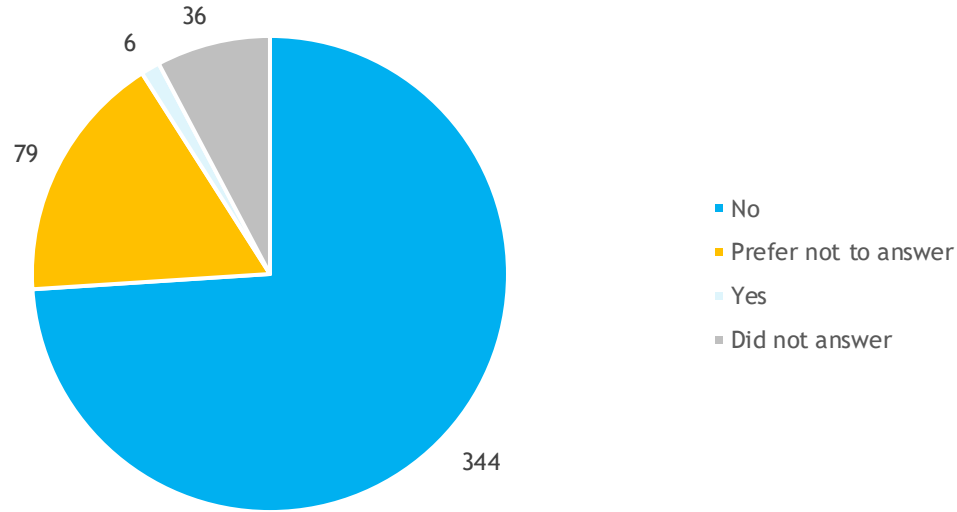
Indigenous Identity



Q2: Do you identify as an Indigenous person from one of the following.



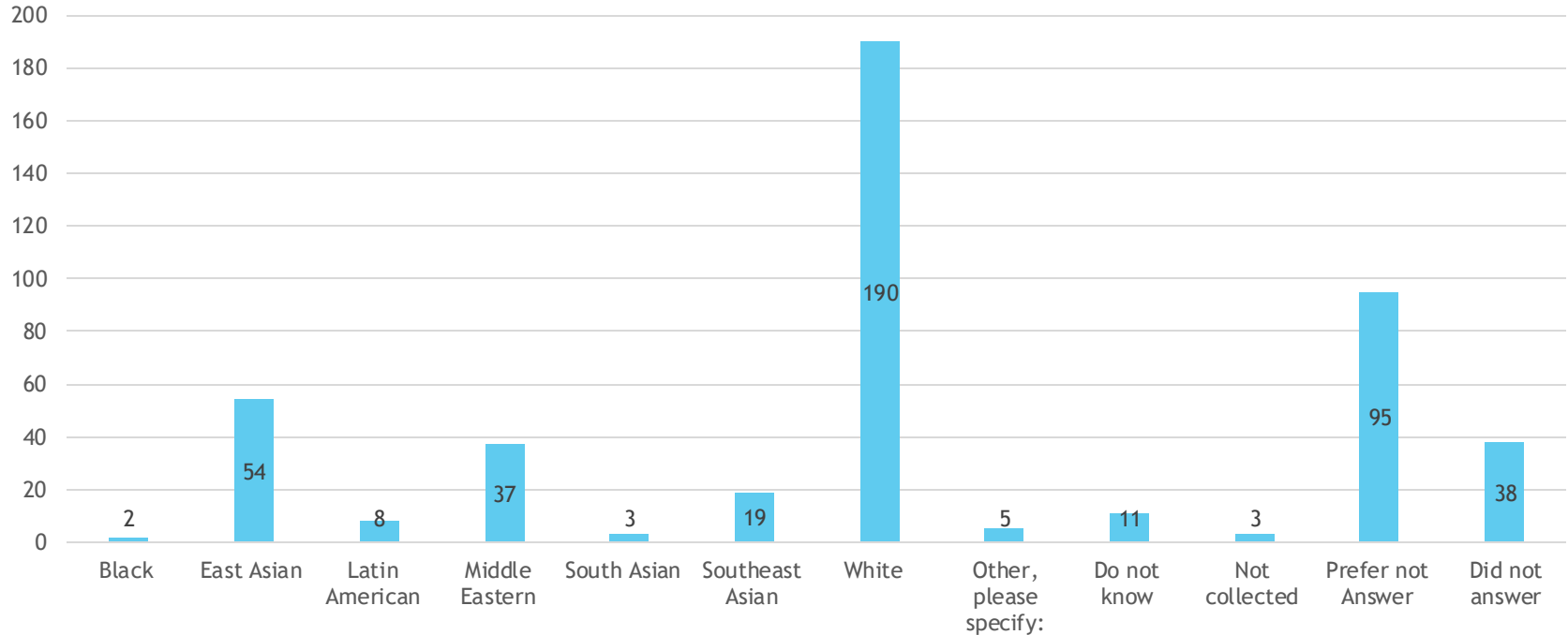
Sexual Orientation



Q3: Do you identify as a member of the 2SLGBTQI+ (Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and additional sexuality and gender diverse people) community?



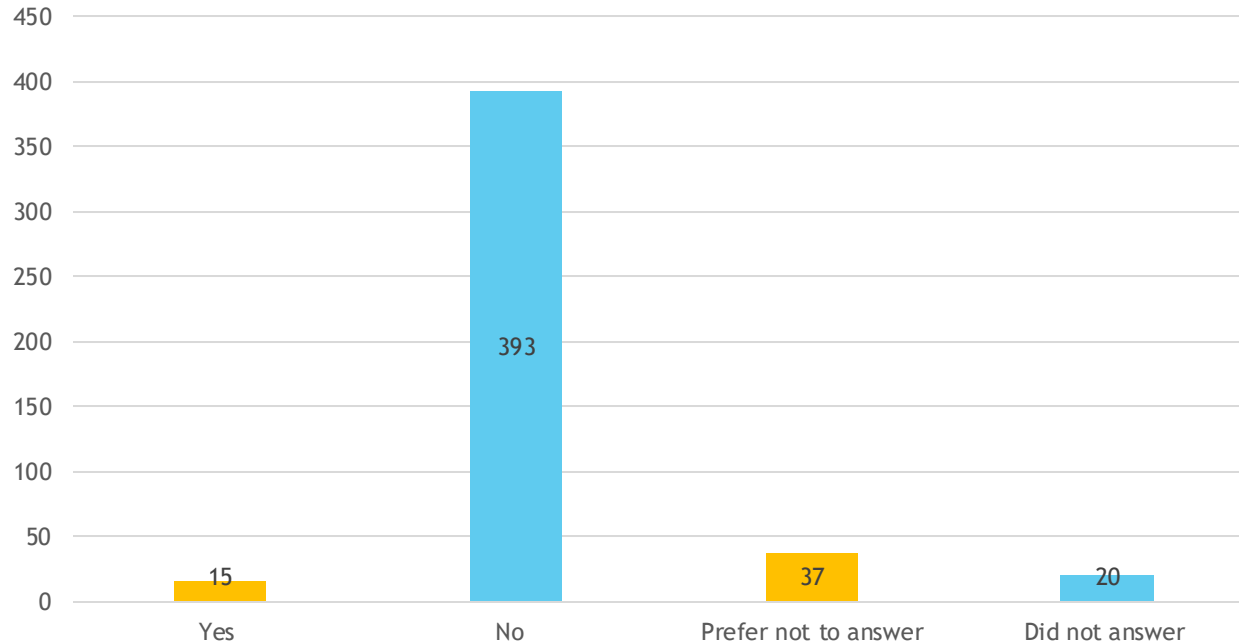
Racialized Groups



Q4: Which of the following best describes your racialized group? (check all that apply, for example, if you belong to multiple racialized groups).



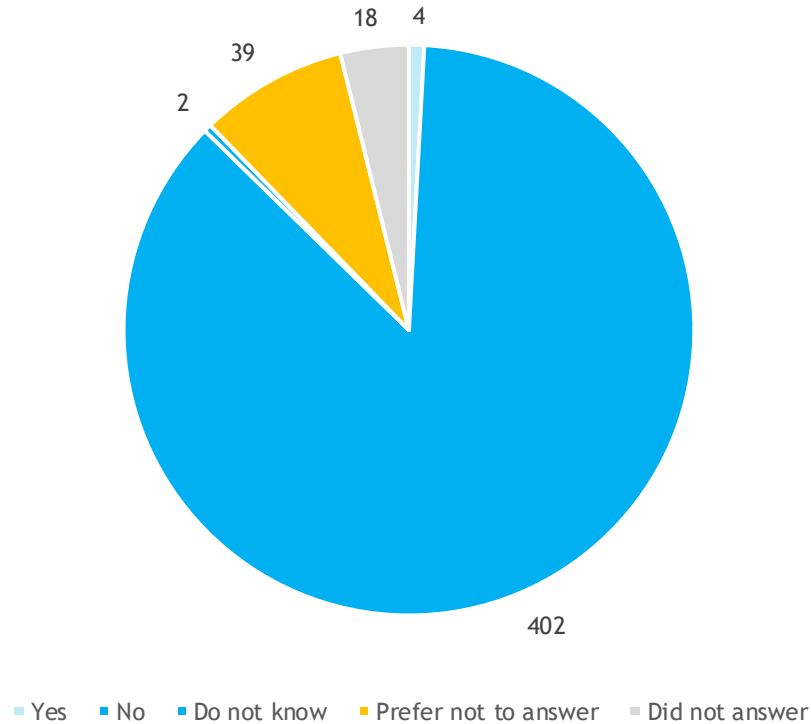
Newcomers to Canada



Q5: Are you a newcomer to Canada?



Person with Disabilities



Q6: Disability Question



Next Steps

- ▶ **Expand Communication** - Share findings broadly with registrants, government, and system partners.
- ▶ **Collaborate** - Work with educators, professional associations, Board, and the EDI Committee to track trends and promote diverse representation.
- ▶ **Analyze & Improve** - Conduct in-depth analysis of data and seek registrant feedback for continuous improvement.





Board Report

Date: September 26, 2025

SUBJECT: By-Laws and Policy Review – Section 3 and 4
INITIATED BY: By-Laws and Policy Review Committee

PURPOSE: The Board is asked to review and approve changes to By-laws sections 3 – Execution of Contracts and Other Documents, 4 Banking and Finance.

PUBLIC INTEREST RATIONALE: Good governance is dependent on the processes in place to support the Board's decision-making and ensure that they can be responsive to changing public expectations. Improving how the College is governed ultimately improves its ability to protect the public.

BACKGROUND

By-Laws Section 3 and 4

The By-Laws and Policy Review Committee was established to support the modernization of the College's by-laws and policies. As part of this work, the Committee has reviewed and is now proposing revisions to Section 3 – *Execution of Contracts and Other Documents*, and Section 4 – *Banking and Finance*.

These changes were first considered in August 2024, informed by an environmental scan and a review of practices among other regulators. They were revisited in September 2025 following the Executive Committee's approval of the Signing Authority Policy and further refined based on legal counsel's feedback. The proposed revisions focus on simplifying language and moving procedural details into policy, enabling the College to remain flexible and responsive to evolving needs.

DECISION(S) SOUGHT:

- 1) **THAT** the Board approves the proposed changes to Section 3, Execution of Contracts and Other Documents, and Section 4, Banking and Finance, and
- 2) **THAT** the changes take into effect immediately.



ATTACHMENTS:

1. Section 3: Execution of Contracts and Other Documents
2. Section 4: Banking and Finance
3. Proposed Full Version of the By-laws, pending approval to Section 3 and 4 changes

Section 3: Execution of Contracts and Other Documents

Current By-Law Provision	Proposed Changes	Rationale
3.01 – General Signing Authority The Board may appoint any one or more officers or other persons to sign contracts, documents and instruments in writing on behalf of the College, whether generally or in relation to specific contracts, documents or instruments in writing.	3.01 – General Signing Authority The Board may appoint any one or more officers or other persons to sign contracts, documents and instruments in writing on behalf of the College.	The phrase “whether generally or in relation to specific contracts, documents or instruments in writing” has been removed to simplify the language. Specific signing authorities will be outlined in the Signing Authority Policy.
3.02 – Definition of Contracts, etc. The term "contracts", "documents" or "instruments in writing" as used in these By-Laws is intended to include deeds, mortgages, hypothecs, charges, conveyances, transfers and assignments of property, real or personal, movable or immovable, powers of attorney, agreements, releases, receipts and discharges for the payment of money or other obligations, conveyances, transfers and assignments of shares, bonds, debentures or other securities and all paper writings.	Repeal.	This definition is not required in the By-laws and will instead be included in policy.
3.03 – Summonses Except where otherwise provided by law, the Registrar may sign summonses and notices on behalf of the College or any Committee.	Repeal.	The authority to issue notices and summonses is granted under other legislation, such as the Health Professions Procedural Code, SPPA, and the Public Inquiries Act, and is not required to be in CDTO’s By-laws.

Current By-Law Provision	Proposed Changes	Rationale
3.04 – Seal The seal depicted below is the seal of the College. 	No proposed changes.	
3.05 – Use of Seal The seal of the College shall be affixed to any document that requires the College seal by a person authorized to sign the document on behalf of the College.	Repeal.	The requirements for the use of the seal will be addressed in the proposed Signing Authority Policy.

Section 4: Banking and Finance

Current By-Law Provision	Proposed Changes	Rationale
4.01 – Fiscal Year The fiscal year of the College shall commence on the first day of September and conclude on the last day of August the following year.	No proposed changes.	
4.02 – Banking The Board shall appoint a Canadian chartered bank (which shall be a Schedule 1 or Schedule 2 bank under the Bank Act (Canada)) for the use of the College which shall be operated, managed and administered by the Registrar in such manner as the Board may from time to time direct and by such other persons who may be authorized by the Board. All money received shall be deposited in the account or accounts maintained by the College at such bank, without deduction for any purpose whatsoever. The College shall have a petty cash fund for expenditure items where payment by individual cheque is not practical, any such payment not to exceed \$200 and such petty cash fund to be operated on an "as needed" basis. Except for payments out of the petty cash fund, all payments by the College shall be made by cheque or by electronic payment drawn on the College's bank account.	4.02 – Banking The Board shall appoint, from time to time, one or more Canadian banks chartered under the Bank Act (Canada) for the use of the College.	Simplifying the language and removing petty cash and cheques as these processes are no longer in place.
4.03 – Authorized Signatories for Amounts Less Than \$10,000 Subject to article 3.02, all cheques, drafts, notes, or orders for payment of money and all notes and acceptances and bills of exchange in an amount less than \$10,000 may be signed by the Registrar alone.	4.03 – Signing Authority for Payments of Money Payments of money on behalf of the College for \$10,000 or less shall be signed by the Registrar alone. Amounts in excess of \$10,000 shall be signed by the Registrar and one of the Chair, Vice-Chair or such other person as the Board may designate.	Sections 4.03 and 4.04 are being combined to clarify signing authority based on the value of payments. A Payments of Money Policy will be developed to outline the specific signing authorities and related requirements.

Current By-Law Provision	Proposed Changes	Rationale
4.04 – Authorized Signatories for Amounts of \$10,000 or More Subject to article 3.02, all cheques, drafts, notes, or orders for payment of money and all notes and acceptances and bills of exchange in an amount of \$10,000 or more shall be signed by the Registrar and one of the Chair, Vice-Chair or such other person as the Board may designate.	Repeal.	See above.
4.05 – Avoidance The Registrar may not make any payment where amounts or orders have been split to avoid the limit on purchases or where due diligence has not been exercised with respect to potential or actual conflicts of interest.	Repeal.	These requirements will be addressed in the proposed Signing Authority Policy and will apply to all signing authorities.
4.06 – Borrowing and Giving of Security The Registrar, or any one or more officers or employees of the College as the Board determines, may, and with the approval by a two-thirds majority affirmative vote of the Directors present and voting: (i) Borrow money on the credit of the College; (ii) Limit or increase the amount or amounts that may be borrowed; (iii) Issue, sell or pledge debt obligations of the College, including, but not limited to, bonds, debentures, notes or other liabilities, whether secured or unsecured; and (iv) Charge, mortgage, hypothecate or pledge all or any of the real or personal property of the College, including book debts, rights, powers, franchises and undertakings,	4.06 – Borrowing and Giving of Security The Board may, by a two-thirds majority vote of the Directors present and voting: (i) borrow money on the credit of the College; (ii) limit or increase the amount of money the College may borrow; or (iii) pledge assets of the College.	The language in this section has been simplified while maintaining the requirement for a two-thirds majority vote of the Board.

Current By-Law Provision	Proposed Changes	Rationale
to secure any such securities or any money borrowed, or other debt, or any other obligation or liability of the College.		
4.07 – Budget The Board shall approve annually, (i) An operating budget for the College for each fiscal year; and (ii) A capital budget for the College for each fiscal year.	4.07 – Budget The Board shall approve annually, (i) An operating budget for the College for each fiscal year; and (ii) Where applicable, a capital and strategic initiatives budget for the College for each fiscal year.	The College does not currently approve a capital budget but does approve a strategic initiatives budget. The addition of “where applicable” provides the Board with discretion to approve these budgets as appropriate.
4.08 – Expenses The Chair, Vice-Chair and the Registrar may approve purchases or leasing of goods and acquisition of services in accordance with the following: (i) The Registrar may authorize expenses not exceeding \$25,000 if the expenditure has previously been approved as an item in the College budget; (ii) The Registrar and one of the Chair, or Vice-Chair may authorize expenses in excess of \$25,000 if the expenditure has previously been approved as an item in the College budget; (iii) The Registrar may authorize expenses not exceeding \$5,000 if the expenditure has not previously been approved as an item in the College budget if the Registrar believes that the expenditure is necessary for the operations of the College; and (iv) The Executive Committee shall review any proposed expense exceeding \$5,000 if the item is not an expenditure in the College budget and make recommendations to the Board for approval. If	Repeal.	This is addressed in the Signing Authority Policy which outlines who may authorize expenses, the approval thresholds, and required signatories based on the value and nature of the expenditure.

Current By-Law Provision	Proposed Changes	Rationale
immediate action is required, the Executive Committee may approve the expenditure.		
4.09 – Grants The Executive Committee may negotiate the obtaining of a grant on behalf of the College but such agreements shall be approved by the Board before they are finalized unless immediate action is required in which case the Board shall be notified of the grant by its next meeting.	4.09 – Grants Any grants obtained on behalf of the College shall be approved by the Board.	Specifying who is responsible for negotiations can restrict flexibility. The primary objective is to ensure that the Board retains the authority to provide final approval.
4.10 – Investments Any two of the Registrar, Chair and Vice-Chair may invest or re-invest the funds of the College which are not immediately required for the purposes of the College in such manner as the Board may, by resolution direct, and, in order to implement such investment or reinvestment, the Board may authorize by resolution an officer or officers of the College to carry out such direction. Without limiting the generality of the foregoing, the funds of the College to be invested as referred to above in this section may be invested in securities issued or guaranteed by: (i) The Government of Canada; (ii) The Province of Ontario; (iii) A corporate bond issued by a corporation with a rating of BBB or higher with the Dominion Bond Rating Service or a rating of four stars or higher with Morningstar Bond Ratings; or (iv) A Schedule 1 Canadian chartered bank.	4.10 – Investments Funds not immediately required by the College may be invested in accordance with the policies established by the Board.	The limitations and parameters for investment are outlined in the Investment Policy, which was last reviewed and approved by the Board on December 6, 2024.
4.11 – Custody of Securities All securities owned by the College shall be lodged, in the name of the College, with a Canadian chartered bank or a Canadian trust company, or in a safety deposit box, or held in accounts with such brokerage houses as may be authorized by the Board.	4.11 – Custody and Ownership of Securities All securities shall be entered into in the name of the College and lodged with a Canadian financial institution in accordance with the policies established by the Board.	Sections 4.11 and 4.12 have been combined and simplified. Procedural details have been removed and will be addressed through Board-approved policy.

Current By-Law Provision	Proposed Changes	Rationale
Any such securities and other documents shall be placed in, or removed from, the College's safety deposit box only by two of the Chair, the Vice-Chair, and the Registrar.		
4.12 – Ownership of Securities All share certificates, bonds, debentures, notes or obligations belonging to the College shall be issued in the name of the College.	Repeal.	See above.
4.13 – Indemnification Every Director, Committee member, officer, employee or appointee of the College, including assessors, investigators and inspectors, and each of their heirs, executors and administrators and estate, respectively, shall from time to time and at all times be indemnified and saved harmless out of the funds of the College from and against: (i) All costs, charges, expenses, awards and damages whatsoever that they sustain or incur in any action, suit or proceeding that is brought, commenced or prosecuted against them in respect of any act, deed, matter or thing whatsoever made, done or permitted by them in or about the execution of the duties of their office; and (ii) All other reasonable costs, charges, expenses, awards and damages that they sustain or incur in or about or in relation to the affairs of the College; except such costs, charges, expenses, awards and damages as are occasioned by their own wilful neglect or default. Where the person is a commercial service provider (e.g., a private investigator hired to conduct an investigation), the College has discretion as to whether or not to provide indemnity.	No proposed changes.	

Current By-Law Provision	Proposed Changes	Rationale
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.	4.14 – Appointment of Auditor The Board shall appoint a licensed public accountant to audit the accounts of the College and to prepare financial statements for each fiscal year.	The term “licensed public accountant” more accurately reflects the designation required to conduct audits and sign off on audited financial statements, in accordance with applicable legislation.
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.	Repeal.	This is addressed in the policy outlining the Registrar’s responsibilities.
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 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.	Repeal.	Placing this provision in policy allows greater flexibility to determine the appropriate process for reviewing the auditor’s reports, which may change over time based on governance structure or best practices.

Current By-Law Provision	Proposed Changes	Rationale
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.	Repeal.	The College is already required by law and through the auditor engagement letter to provide access to records and information.
4.19 – Attendance at Meetings 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.	Repeal.	The College is required to provide auditors with access to records and information, including through applicable legislation and the auditor engagement letter. Any additional requirements would be set out in policy.
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.	4.20 – Audited Financial Statements and Report The audited financial statements of the College and the independent Auditor's report shall be presented to the Board for approval.	Remove the requirement to provide the report to the "Minister of Health and Long-Term Care" as this obligation is set out in section 6 of Schedule 2 to the <i>Regulated Health Professions Act, 1991</i> .
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.	Repeal.	The timeline for the auditor's report is determined during the planning phase of the audit process, as part of the College's engagement with the auditor. Responsibility for setting this timeline may evolve over time in accordance with Board policies and delegated authority.



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

COLLEGE OF DENTAL TECHNOLOGISTS OF ONTARIO

BY-LAWS

APPROVED BY THE BOARD – September 25, 2015

AMENDED – September 26, 2025

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BY-LAWS OF THE COLLEGE OF DENTAL TECHNOLOGISTS OF ONTARIO

I. INTERPRETATION

I.01 – Definitions

In these By-Laws, unless otherwise defined or required by the context,

“Act” means the Dental Technology Act, 1991 and includes the regulations made under it;

“Auditor” means the accountant or firm of accountants duly licensed under the Public Accounting Act who have been appointed by the Board of Directors under article 4.14;

“Board of Directors” (sometimes referred to as the “Board”) means the Council of the College within the meaning of section 1(1) of the Code and section 5 of the Act;

“By-Law” or “By-Laws” means the By-Laws of the College;

“Chair” and “Vice-Chair” mean, respectively, the Chair and the Vice-Chair of the Board of Directors of the College;

“Code” means the Health Professions Procedural Code, which is Schedule 2 of the Regulated Health Professions Act, 1991;

“College” means the College of Dental Technologists of Ontario;

“Committee” means a Committee of the College and includes statutory Committees established under section 10 of the Code, standing Committees, planning groups, a Panel of a Committee and any other Committee established by the Board of Directors under these By-Laws;

“Director” means an individual elected or appointed to be a member of the Board of Directors;

“Elected Director” means a Registrant who has been elected to the Board of Directors in accordance with the By-Laws and includes a Registrant elected in a by-election or appointed to fill a vacancy;

“Panel” means a panel appointed under article 12.07 or a panel authorized under the Code;

“Professional Association” means an organized group of individuals who promote and advocate for the interests of the profession related to dental technology, dentistry, denturism or other dental profession, but does not include a school whose sole purpose is to educate;

“Public Director” means a person appointed by the Lieutenant Governor in Council as described in section 5(1)(b) of the Act;

“Register” means the Register required to be kept pursuant to the Code;

“Registrant” means a member of the College;

“Registrar” means the Registrar of the College; and

“RHPA” means the Regulated Health Professions Act, 1991 and includes the regulations made under it.

I.02 – Legislative References

Any reference in these By-Laws to a statute, a regulation or a section of a statute or regulation shall be deemed to apply to any re-enactment or amendment of that statute, regulation or section, as the case may be.

I.03 – Consistency with RHPA and Act

All provisions of these By-Laws shall be interpreted in a manner consistent with the RHPA and the Act and where any inconsistency is found to exist, the inconsistent provision shall, where practical, be severed from these By-Laws.

1.04 – Calculating Time

A reference in these and all By-Laws of the College to the number of days between two events means calendar days and excludes the day on which the first event happens and includes the day on which the second event happens.

1.05 – Holidays

A time limit in these and all By-Laws of the College that would otherwise expire on a holiday or a weekend is extended to include the next day that is not a holiday or a weekend.

2. GENERAL

2.01 – Forms

Certificates of registration and other documentation issued by the College shall be in such form as the Registrar shall provide.

3. EXECUTION OF CONTRACTS AND OTHER DOCUMENTS

3.01 – General Signing Authority

The Board may appoint any one or more officers or other persons to sign contracts, documents and instruments in writing on behalf of the College.

3.02 – Definition of Contracts, etc.

Repealed.

3.03 – Summonses

Repealed.

3.04 – Seal

The seal depicted below is the seal of the College.



3.05 – Use of Seal

Repealed.

4. BANKING AND FINANCE

4.01 – Fiscal Year

The fiscal year of the College shall commence on the first day of September and conclude on the last day of August the following year.

4.02 – Banking

The Board shall appoint, from time to time, one or more Canadian banks chartered under the Bank Act (Canada) for the use of the College.

4.03 – Signing Authority for Payments of Money

Payments of money on behalf of the College for \$10,000 or less shall be signed by the Registrar alone. Amounts in excess of \$10,000 shall be signed by the Registrar and one of the Chair, Vice-Chair or such other person as the Board may designate.

4.04 – Authorized Signatories for Amounts of \$10,000 or More

Repealed.

4.05 – Avoidance

Repealed.

4.06 – Borrowing and Giving of Security

The Board may, by a two-thirds majority vote of the Directors present and voting:

- (i) borrow money on the credit of the College;
- (ii) limit or increase the amount of money the College may borrow; or
- (iii) pledge assets of the College.

4.07 – Budget

The Board shall approve annually,

- (i) An operating budget for the College for each fiscal year; and
- (ii) Where applicable, a capital and strategic initiatives budget for the College for each fiscal year.

4.08 – Expenses

Repealed.

4.09 – Grants

Any grants obtained on behalf of the College shall be approved by the Board.

4.10 – Investments

Funds not immediately required by the College may be invested in accordance with the policies established by the Board.

4.11 – Custody and Ownership of Securities

All securities shall be entered into in the name of the College and lodged with a Canadian financial institution in accordance with the policies established by the Board.

4.12 – Ownership of Securities

Repealed.

4.13 – Indemnification

Every Director, Committee member, officer, employee or appointee of the College, including assessors, investigators and inspectors, and each of their heirs, executors and administrators and estate, respectively, shall from time to time and at all times be indemnified and saved harmless out of the funds of the College from and against:

- (i) All costs, charges, expenses, awards and damages whatsoever that they sustain or incur in any action, suit or proceeding that is brought, commenced or prosecuted against them in respect of any act, deed, matter or thing whatsoever made, done or permitted by them in or about the execution of the duties of their office; and
- (ii) All other reasonable costs, charges, expenses, awards and damages that they sustain or incur in or about or in relation to the affairs of the College;

except such costs, charges, expenses, awards and damages as are occasioned by their own wilful neglect or default. Where the person is a commercial service provider (e.g., a private investigator hired to conduct an investigation), the College has discretion as to whether or not to provide indemnity.

4.14 – Appointment of Auditor

The Board shall appoint a licensed public accountant to audit the accounts of the College and to prepare financial statements for each fiscal year.

4.15 – Term of Office

The Auditor shall remain in office until removed by the Board.

4.16 – Notice to Auditors

Repealed.

4.17 – Examinations by Auditors

Repealed.

4.18 – Access

Repealed.

4.19 – Attendance at Meetings

Repealed.

4.20 – Audited Financial Statements and Report

The audited financial statements of the College and the independent Auditor's report shall be presented to the Board for approval.

4.21 – Deadline for Report

Repealed.

5. OFFICERS, THE REGISTRAR AND OTHER REPRESENTATIVES – GENERAL

5.01 – Officers of the College

The officers of the College shall be the Chair, Vice-Chair and such other officers as the Board may determine.

5.02 – Term of Office

The term of office for each officer of the College shall commence immediately following their election as an officer and shall continue until the next election for officers, approximately one year later.

6. ELECTION OF OFFICERS AND EXECUTIVE COMMITTEE MEMBERS

6.01 – Eligibility for Nomination

Only a Director of the Board is eligible for nomination or election as an officer of the College and as a member of the Executive Committee.

6.02 - Election Procedure

At the first regular Board meeting after the elections for Elected Directors, the Board shall elect the officers of the College as set out in article 5.01 and members of the Executive Committee in accordance with the policies established by the Board.

6.03 – Removal of the Chair or Vice-Chair

The Chair, Vice-Chair and/or any other officer may be removed from office by a resolution adopted by not less than two-thirds of the Directors present in accordance with the policies established by the Board.

6.04 – Filling Vacancies (Chair)

If the Chair is removed from office, resigns or dies or the position of Chair becomes vacant for any reason, the Vice-Chair shall become the Chair for the remaining term of the office and the office of the Vice-Chair shall become vacant.

6.05 – Filling Vacancies (Vice-Chair and Other Officers)

If the Vice-Chair or any other officer is removed from office, resigns or dies or the position becomes vacant for any reason, the Board shall elect a new Vice-Chair and/or officer to hold office for the remainder of the term in accordance with the policies established by the Board.

7. DUTIES OF OFFICERS

7.01 – Duties of the Chair

The Chair shall:

- (i) If present, preside as Chair at all meetings of the Board unless the Chair designates another Director as alternate Chair for all or any portion of the meeting, but Board approval is required to designate a person not on the Board to act as a non-voting Chair;
- (ii) Serve as Chair of the Executive Committee;
- (iii) Perform those duties assigned to the Chair in these By-Laws; and
- (iv) Perform all duties and responsibilities pertaining to their office and such other duties and responsibilities as may be decided by the Board.

7.02 – Duties of the Vice-Chair

The Vice-Chair shall:

- (i) Perform the duties of the Chair in the event that the Chair is unable to perform those duties;
- (ii) Perform those duties assigned to the Vice-Chair in these By-Laws;
- (iii) Serve on the Executive Committee; and
- (iv) Perform all duties and responsibilities pertaining to their office and such other duties and responsibilities as may be decided by the Board.

7.03 – Duties of Other Officers

Any other officer of the College shall, unless the Board designates otherwise:

- (i) Serve on the Executive Committee; and
- (ii) Perform all duties and responsibilities as may be decided by the Board.

8. THE REGISTRAR

8.01 – Appointment of Registrar

The Registrar shall be appointed by the Board.

8.02 – Duties of the Registrar

The Registrar shall be the Chief Executive Officer of the College and shall have such duties and responsibilities as are conferred by the Act, the RHPA, these By-Laws and the policies of the College as well as such duties and responsibilities assigned to the position by the Board.

8.03 – Acting Registrar

Where the Registrar is absent and there is no Deputy Registrar available or where the office of the Registrar becomes vacant, the Executive Committee or the Board shall appoint an Acting Registrar until a Registrar is appointed.

9. BOARD AND INDEMNITY

9.01 – Authority of the Board

The Board shall perform the functions assigned to it under the Act and the Code.

9.02 – Honoraria and Expenses

The amount payable to Directors who are Registrants for attendance at, travel to and preparation for the transaction of College business, shall be the amounts set by the resolution of the Board. The College shall publish the amounts on the College's website.

9.03 – Composition of the Board

The Board shall be composed of seven Elected Directors and at least five and no more than six Public Directors.

10. ELECTION OF DIRECTORS

10.01 – Electoral Districts

The following electoral districts are established for the purposes of the election of Elected Directors (with necessary modifications by the Registrar to ensure that the entire province is covered and that there is no overlap of districts).

- (a) Electoral District 1, the Central District, being composed of Toronto and Peel;
- (b) Electoral District 2, the Western District, being composed of Bruce, Grey, Elgin, Essex, Huron, Chatham-Kent, Lambton, Middlesex, Oxford, Perth, Brant, Wellington, Dufferin, Haldimand, Norfolk, Hamilton, Halton, Niagara and Waterloo, and the Territorial Districts of Rainy River, Thunder Bay, Kenora, Algoma, Sudbury and Manitoulin; and
- (c) Electoral District 3, the Eastern District, being composed of York, Durham, Ottawa, Simcoe, Northumberland, Peterborough, Prince Edward, Kawartha Lakes, Haliburton, Stormont, Dundas

and Glengarry, Prescott and Russell, Renfrew, Hastings, Frontenac, Lennox and Addington, Lanark, and Leeds and Grenville and the Territorial Districts of Cochrane, Muskoka, Parry Sound, Nipissing and Timiskaming.

10.02 – Election Date and Term

Elections shall be held in November in the year before the year in which the term of office of the Elected Director of that electoral district expires.

10.03 – Term of Office

- (i) The term of office of an Elected Director is three years. The serving Elected Directors shall continue in office until their successors take office at the first regular meeting of the Board in the calendar year following the election or until they resign their office or are removed from the Board, or until such other time designated by the Board, whichever occurs first.
- (ii) A Director may be elected for more than one term but no Director who is elected to serve on the Board may be an Elected Director for more than nine consecutive years.
- (iii) An Elected Director who has served for nine consecutive years is not eligible for election for a period of 12 consecutive months from the termination of their office.

10.04 – Number of Directors Elected

For each electoral district referred to in column 1 of the following table, there shall be elected to the Board the number of Directors set out opposite in column 2.

Column 1	Column 2
Electoral District	Number of Directors
1 Central	3
2 Western	2
3 Eastern	2

10.05 – Eligibility for Election

A Registrant is eligible for election to the Board if the Registrant has been nominated in accordance with these By-Laws, has completed and returned the conflict of interest questionnaire and if, on the deadline for the receipt of nominations and up to and including the date of the election,

- (i) The Registrant resides in Ontario;
- (ii) The Registrant holds a certificate of registration in the General Class;
- (iii) The Registrant is engaged in the practice of dental technology in the electoral district in which they are nominated,
- (iv) Or if the Registrant is not engaged in the practice of dental technology, the district for which they are nominated is the location of the Registrant's principal residence;
- (v) The Registrant is not nominated in more than one district;
- (vi) The Registrant is not in default of payment of any fees to the College;

- (vii) The Registrant is not the subject of any disciplinary, incompetence or incapacity proceeding;
- (viii) The Registrant has not been the subject of any professional misconduct, incompetence or incapacity finding within the preceding three years;
- (ix) The Registrant's certificate of registration is not subject to a term, condition or limitation imposed by the College;
- (x) A period of six years has elapsed since the Registrant complied with all aspects of an order imposed by the Discipline or Fitness to Practice Committee;
- (xi) The Registrant's certificate of registration has not been revoked or suspended, other than for non-payment of fees, within the preceding six years;
- (xii) The Registrant has not been disqualified from the Board or a Committee within the preceding three years;
- (xiii) The Registrant has not held any position such as director, owner, board member, officer or employee with a Professional Association within the preceding year;
- (xiv) The Registrant is not a member of a council or board of any other College regulated under the RHPA;
- (xv) The Registrant is not currently and has not been for the previous year an employee of the College;
- (xvi) The Registrant does not have a conflict of interest to serve as a member of the Board or has agreed to remove any such conflict of interest before taking office;
- (xvii) The Registrant is not in any default of returning any required form or information to the College;
- (xviii) The Registrant meets the competencies required and has successfully completed any qualifying process established by the Board; and
- (xix) The Registrant has successfully completed the College's orientation program relating to the duties, obligations and expectations of Board and Committee members within the preceding six months.

10.06 – Eligibility to Vote

A Registrant is eligible to vote in an election for Directors to the Board if, on the day of the election, the Registrant

- (i) Holds a certificate of registration;
- (ii) 21 days prior to the election practices the profession in or, if the Registrant does not practice the profession, their principal place of residence is in, the electoral district for which an election is being held;
- (iv) Is not in default of any fees or other amounts owed to the College; and
- (v) Is not in default of returning any required form or information to the College.

10.07 – Disputes Decided by the Registrar

Any disputes regarding a Registrant's eligibility to vote in an election shall be decided by the Registrar.

10.08 – Notice of Election and Nominations

At least 60 days before the date of an election, the Registrar shall notify every Registrant of the date of the election and of the nomination procedure, including the deadline for submitting nominations to the College.

10.09 – Nomination Deadline

The nomination of a candidate for election as a Director to the Board shall be in writing and shall be received by the Registrar at least 40 days before the date of the election.

10.10 – Signed Nominations

The nomination shall be signed by the nominator. When the nomination is made by a Registrant other than the nominee, the nominee shall also sign the nomination as a signal of their consent to the nomination. A Registrant may only sign one nomination form.

10.11 – Confirmation of Eligibility

The Registrar shall request every nominee to confirm their eligibility for election to the Board in writing and any nominee who fails to provide such confirmation in the manner and by the deadline set by the Registrar shall not be eligible for election.

10.12 – Conflict of Interest Questionnaire

The Registrar shall request every nominee to complete and return a conflict of interest questionnaire and any nominee who fails to complete and return the questionnaire by the deadline set by the Registrar and in a form acceptable to the Registrar shall not be eligible for election.

10.13 – Personal Statement

The Registrar shall invite every nominee to provide a biography and personal statement by the deadline established by the Registrar, and any biography and personal statement that is not submitted by the deadline set by the Registrar and in the form acceptable to the Registrar, shall not be included with the materials sent to Registrants under article 10.18.

10.14 – Withdrawal of Nominations

A candidate may withdraw from an election by giving notice, in writing, to the Registrar. Upon receiving written notice of a candidate's withdrawal from the election, the Registrar shall make reasonable efforts to remove the name of the candidate from the ballot (or equivalent if voting is done electronically) and, if the Registrar is unable to remove the name of the candidate from the ballot (or equivalent if voting is done electronically) in a sufficiently timely manner, the Registrar shall make reasonable efforts to notify the Registrants eligible to vote that the candidate has withdrawn from the election.

10.15 – Acclamation

If, following the deadline for the return of the conflict of interest questionnaire and the written confirmation of eligibility, the Registrar determines that the number of eligible candidates nominated for an electoral district is less than or equal to the number of Directors to be elected in that district, the Registrar shall declare those candidates who are eligible for election to be elected by acclamation and shall notify the candidates and Registrants of this result in the manner the Registrar deems most expedient and practical.

10.16 – Insufficient Number of Candidates

If the number of eligible candidates is less than the number of Directors to be elected in that district, after declaring an acclamation pursuant to article 10.15, a vacancy (or vacancies) shall be deemed to exist and the Registrar shall hold a by-election in accordance with article 10.36 of these By-Laws.

10.17 – Registrar's Electoral Duties

The Registrar shall supervise and administer the election of candidates and, without limiting the generality of the above, the Registrar may, subject to these By-Laws,

- (i) Appoint returning officers and scrutineers;

- (ii) Establish procedures and any necessary deadlines including procedures and deadlines relating to the receipt of nominations, biographies and personal statements and ballots (or equivalent if voting is done electronically);
- (iii) Establish procedures for the opening and counting of ballots (or equivalent if voting is done electronically);
- (iv) Provide for the notification of the results of the election to all candidates and Registrants;
- (v) Provide for the destruction of ballots (or equivalent if voting is done electronically) following an election;
- (vi) In exceptional circumstances, modify any time period respecting elections as the Registrar considers necessary to compensate for the exceptional circumstances; and
- (vii) Do anything else that the Registrar deems necessary and appropriate to ensure that the election is fair and effective.

10.18 – Voting Process

No later than 30 days before the date of an election, the Registrar shall send every Registrant eligible to vote in the election a list of the eligible candidates, the biography and personal statement of every eligible candidate who has submitted one by the deadline established by the Registrar and in the form acceptable to the Registrar, a ballot (or equivalent if voting is done electronically) and an explanation of the voting process.

10.19 – Ballot Verification

Ballots (or equivalent if voting is done electronically) must be received in the manner specified at or before the date and time specified for the election in order to be counted in the vote.

10.20 – Number of Votes Cast

A Registrant may cast as many votes on a ballot (or equivalent if voting is done electronically) in an election as there are Directors to be elected from that electoral district, but shall not cast more than one vote for any candidate.

10.21 – Results

As soon as practicable after the ballots (or equivalent if voting is done electronically) have been counted, the Registrar shall advise Registrants of the results of the election and shall advise each eligible candidate of the results of the election, the number of votes they received and the candidate's right to request a recount in accordance with article 10.23.

10.22 – Tie Votes

In the event that a winner cannot be declared because two or more candidates have received the same number of votes, the Registrar shall break the tie by lot.

10.23 – Request for Recount

A candidate may require a recount by delivering a written request to the Registrar no more than seven days after the election date and paying the fee specified in these By-Laws.

10.24 – Manner of Recount

The Registrar shall hold a recount no more than 15 days after receiving a written request and the recount shall be conducted in as transparent a manner as the voting system reasonably permits.

10.25 – Change in Results

In the event that the recount changes the election outcome, the candidate requiring the recount is entitled to reimbursement of the fee described in article 10.23.

10.26 – Proxy Voting

A Registrant cannot vote in an election by means of a proxy.

10.27 – Referral of Disputes to Executive Committee

If the Executive Committee is of the opinion that there are reasonable grounds to doubt or dispute the validity of the election of any Director it shall initiate an inquiry.

10.28 – Report and Recommendation of Executive Committee

Where the Executive Committee initiates an inquiry under article 10.27, it shall hold an inquiry into the validity of the election of the Director in question and, following the inquiry, shall make a report and recommendation to the Board.

10.29 – Options Available to the Board

The Board may, after reviewing the report and recommendation of the Executive Committee and subject to article 10.24, do one of the following:

- (i) Declare the election result in question to be valid; or
- (ii) Declare the election result in question to be invalid; and either
 - (a) Declare another candidate to have been elected; or
 - (b) Direct that another election be held.

10.30 – Minor Irregularities Not Fatal

The Board shall not declare an election result to be invalid solely on the basis of a minor irregularity regarding the requirements of these By-Laws or a procedure established by the Registrar.

10.31 – Disqualification of Elected Directors

The Board shall disqualify an Elected Director, if the Director,

- (i) Resigns from the Board;
- (ii) Ceases to hold a certificate of registration in the General Class;
- (iii) Ceases to reside in Ontario;
- (iv) Is in default of payment of any fee prescribed by these By-Laws for a period of more than 60 days;
- (v) Is found to have committed professional misconduct or to be incompetent by a Panel of the Discipline Committee;
- (vi) Is found to be incapacitated by a Panel of the Fitness to Practice Committee;
- (vii) Retains or obtains a responsible position such as director, owner, board member or officer, or retains employment or becomes an employee of any Professional Association (however, for greater certainty, a Director shall not be disqualified by reason of serving on an association or organization to which they have been appointed by the Board as a representative of the College);

- (viii) Becomes a member of a council or board of any other College regulated under the RHPA;
- (ix) Fails, without reasonable cause, to attend two or more consecutive meetings of the Board;
- (x) Fails, without reasonable cause, to attend two or more consecutive meetings of a Committee;
- (xi) Fails, without reasonable cause, to attend a hearing or a review by a panel for which they have been selected;
- (xii) Is found guilty of a federal or provincial offence which, in the opinion of the Board, is of such a nature that it warrants disqualification;
- (xiii) Breaches section 36 of the RHPA which, in the opinion of the Board, is of such a nature that warrants disqualification;
- (xiv) Has breached the conflict of interest provisions of these By-Laws which, in the opinion of the Board, is of such a nature that warrants disqualification; or
- (xv) Fails, in the opinion of the Board, to discharge properly or honestly any office to which they have been elected or appointed.

10.32 – Request for Removal of a Public Director

The Board may request the removal of a Public Director by the Public Appointments Secretariat if the Public Director:

- (i) Resigns from the Board;
- (ii) Ceases to reside in Ontario;
- (iii) Retains or obtains a responsible position such as director, owner, board member or officer, or retains employment or becomes an employee of any Professional Association (however, for greater certainty, a Director shall not be disqualified by reason of serving on an association or organization to which they have been appointed by the Board as a representative of the College);
- (iv) Becomes a member of a council or board of any other College regulated under the RHPA;
- (v) Fails, without reasonable cause, to attend two or more consecutive meetings of the Board;
- (vi) Fails, without reasonable cause, to attend two or more consecutive meetings of a Committee;
- (vii) Fails, without reasonable cause, to attend a hearing or a review by a panel for which they have been selected;
- (viii) Is convicted of a federal or provincial offence which, in the opinion of the Board, is of such a nature that it warrants disqualification;
- (ix) Breaches section 36 of the RHPA which, in the opinion of the Board, is of such a nature that warrants disqualification;
- (x) Has breached the conflict of interest provisions of these By-Laws which, in the opinion of the Board, is of such a nature that warrants disqualification; or
- (xi) Fails, in the opinion of the Board, to discharge properly or honestly any office to which they have been elected or appointed.

10.33 – Registrar's Receipt of Information

If the Registrar receives information which suggests that an Elected Director meets one or more of the criteria for disqualification set out in article 10.31, other than paragraphs (i) and (ii) in which case the Board shall immediately

disqualify the Elected Director, the Registrar shall follow the procedure set out in article 15.02. Where the Registrar has reasonable and probable grounds to believe that a Director meets the criteria for disqualification and no one has made a complaint in writing, the Registrar shall make a complaint in writing.

10.34 – Effect of Disqualification

An Elected Director who is disqualified by the Board ceases to be a Director of the Board and ceases to be a member of any Committee.

10.35 – Filling of Vacancies

If the seat of an Elected Director becomes vacant less than 12 months before the expiry of the Director's term of office, the Board may,

- (i) Leave the seat vacant;
- (ii) Appoint a Registrant who meets the criteria for eligibility for election set out in article 10.05; or
- (iii) Direct the Registrar to hold a by-election in accordance with these By-Laws.

10.36 – By-Election

If the seat of an Elected Director becomes vacant more than 12 months before the expiry of the Director's term of office, the Board shall direct the Registrar to hold a by-election in accordance with these By-Laws.

10.37 – Manner of Holding By-Elections

A by-election shall be held in the same manner and shall be subject to the same criteria and processes as a regular election, subject to any necessary modifications.

10.38 – Term of Office for Registrants Filling Vacancies

The term of office of a person appointed or elected to fill a vacancy shall commence on the day of the appointment or election, as the case may be, and shall continue until the date that the former Elected Director's term would have expired.

11. BOARD MEETINGS

11.01 – Location and Frequency of Meetings

- (i) Meetings of the Board may be held at the College's offices or at any other place in Ontario as the Board or Registrar may determine.
- (ii) A Board meeting shall, wherever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Board to conduct its business but shall, in any event, occur at least three times per year.

11.02 – Notice of Meetings

The Registrar shall notify Directors of the meeting, setting out the date, time and place of the meeting and the general nature of the business to be transacted at least 14 days before the date of the meeting.

11.03 – Waiver of Notice

A Director may, at any time, waive the requirement for the giving of notice of a meeting.

11.04 – Business at Meetings

The Board may only consider or transact at a regular meeting:

- (i) Matters on the agenda;
- (ii) Matters brought by the Executive Committee or the Registrar;
- (iii) Recommendations and Reports by Committees;
- (iv) Matters for which notice was given by a Director at the preceding meeting or where written notice has been given at least 30 days in advance of the meeting; and
- (v) Such other matters, not included on the agenda, as the majority of Directors in attendance determine to be of an urgent nature.

11.05 – Chair

The Chair acts as Chair of the Board unless the Chair has designated another Director as an alternate Chair for all or any portion of the meeting; but Board approval is required to designate a person not on the Board to act as a non-voting Chair. In the event that the Chair is absent the Vice-Chair shall act as Chair and in the absence of both the Chair and the Vice-Chair, the Board shall elect, from amongst their number, a Director to serve as Chair at that meeting.

11.06 – Manner of Meeting

Any meeting of the Board, other than a hearing that must be held in person, may be conducted by means of teleconference or any other means that permits all persons participating in the meeting to communicate with each other simultaneously and instantaneously (including audio or video conferencing) and persons participating in the meeting by such means are deemed to be present at the meeting.

11.07 – Quorum

Unless specifically provided for otherwise under the Act, the RHPA or these By-Laws, a simple majority of the Directors shall constitute a quorum for the purpose of a meeting.

11.08 – Simple Majority

Unless specifically provided for otherwise under the Act, the RHPA, or these By-Laws, every motion which properly comes before the Board shall be decided by a simple majority of the votes cast at the meeting by the Directors present.

11.09 – Chair Vote

If the Chair is a member of the Board, they may vote.

11.10 – Tie Votes

In the event of a tie vote, the motion is defeated.

11.11 – Resolution

A resolution signed by all Directors, including a resolution where all or some of the Directors have signed by facsimile or email, is valid and effective as if passed at a meeting of the Board held for the purpose.

11.12 – Rules

Except where inconsistent with the RHPA, the Act, or these By-Laws, the rules of order for meetings of the Board are set out in Schedule 2.

11.13 – Minutes

The Registrar shall ensure that accurate minutes of all Board meetings are recorded, approved and maintained at the College office.

11.14 – Adjournments

Whether or not a quorum is present, the presiding Chair may, with the consent of the majority of the Directors present and voting, adjourn any properly called meeting to a fixed time and place, and any matter brought before the original meeting may be considered and transacted at a reconvened meeting provided that a quorum is present.

11.15 – Calling Special Meetings

The Chair or the majority of the Executive Committee shall call and convene a special meeting of the Board:

- (i) At their discretion;
- (ii) Upon receipt of the written request of any seven Directors of the Board; or
- (iii) If a request is received from the Executive Committee under article 15.02.

11.16 – Notice of Special Meetings

The Registrar shall notify Directors of the special meeting, setting out the date, time and place of the meeting and the general nature of the business to be transacted, at least five (5) days prior to the date of the meeting. The Board may only consider or transact at a special meeting those items of business contained in the notice.

12. COMMITTEES – GENERAL

12.01 – Duties and Responsibilities

The duties and responsibilities of each Committee shall be those set out in the RHPA, the Act, these By-Laws and the Terms of Reference for that Committee, as approved by the Board, where applicable.

12.02 – Creation of Additional Non-Statutory Committees

In addition to the statutory Committees required by the Code, the Board may establish and maintain any additional standing or special Committees, including sub-Committees, ad-hoc Committees, planning groups and Panels, deemed necessary for the effective and efficient function of the College.

12.03 – Composition of Committees

Unless stated otherwise in the Code or these By-Laws, every Committee of the College shall be composed of at least three persons and shall include at least one Elected Director and at least one Public Director. In appointing persons to a Non-Statutory Committee, the Board may appoint persons who are neither Directors nor Registrants unless the Code or these By-Laws provide otherwise.

12.04 – Filling Vacancies

Subject to articles 6.03 and 6.04, where a vacancy occurs in respect of the membership by a Director on a Statutory Committee, the Executive Committee shall, if necessary for a Committee to achieve its quorum or if necessary to give effect to the provisions of the Code, appoint Directors to fill any vacancies. Every Director of a Committee so

appointed shall continue to be a member of such Committee until confirmed or replaced, provided that any such appointment shall not extend beyond the then remaining term of the Director being replaced. Where a Director vacancy has occurred on any Committee, the Board shall, at its next meeting, fill such vacancy from among the remaining Directors or, if appropriate, confirm the replacement of the Director who was installed as a replacement by the Executive Committee as contemplated above.

12.05 – Vacancies

Despite anything in these By-Laws, a Committee is properly constituted despite any vacancy so long as there are sufficient members to form a quorum of the Committee or a Panel of the Committee.

12.06 – Quorum

The quorum of any Committee is three members unless otherwise provided in the Code or these By-Laws or unless the Committee is composed of only three members, in which case, the quorum for such a Committee shall be two members.

12.07 – Panels

A Committee may meet in Panels selected by the Chair of the Committee. In addition, the Board may establish and appoint standing Panels of a Committee.

12.08 – Honoraria and Expenses

The amount payable to non-Board members of Committees for attendance at, travel to and preparation for the transaction of College business, shall be the amounts set by the resolution of the Board. The College shall publish the amounts on the College's website.

13. SPECIFIC COMPOSITION AND SELECTION OF COMMITTEES

13.01 – Executive Committee

- (1) The Executive Committee shall be composed of:
 - (i) Three members who shall be Elected Directors; and
 - (ii) Two members who shall be Public Directors.
- (2) The Chair and Vice-Chair shall be members of the Executive Committee.

13.02 – Registration Committee

The Registration Committee shall be composed of:

- (i) At least two Elected Directors; and
- (ii) At least one Public Director.

13.03 – Inquiries, Complaints and Reports Committee

The Inquiries, Complaints and Reports Committee shall be composed of:

- (i) At least two Elected Directors;
- (ii) At least one Public Director; and
- (iii) At least one individual who is not a member of the Board.

13.04 – Discipline Committee

The Discipline Committee shall be composed of:

- (i) At least two Elected Directors;
- (ii) At least two Public Directors; and
- (iii) At least two individuals who are not members of the Board.

13.05 – Fitness to Practise Committee

The Fitness to Practise Committee shall be composed of:

- (i) At least two Elected Directors; and
- (ii) At least one Public Director.

13.06 – Quality Assurance Committee

The Quality Assurance Committee shall be composed of:

- (i) At least one Elected Director;
- (ii) At least one Public Director; and
- (iii) At least one individual who is not a member of the Board.

13.07 – Patient Relations Committee

The Patient Relations Committee shall be composed of:

- (i) At least one Elected Director; and
- (ii) At least two Public Directors.

13.08 – Appointment of Committee Members

Unless otherwise stated in these By-Laws, every Committee member shall be appointed by the Board, with the exception of the Executive Committee, whose members shall be elected.

13.09 – Appointment of Non-Board Individuals

Subject to any specific composition requirements in these By-Laws, the Board may, at its discretion, appoint individuals who are not Directors of the Board to any Committee.

13.10 – Term of Office of Committee Members

- (1) The term of office of a Committee member shall commence immediately after the appointment and shall continue for approximately one year. Where an appointment is made to fill a vacancy, the person appointed shall complete the term of the previous appointee.
- (2) A non-Board Committee member shall not serve for more than nine consecutive years. A non-Board Committee member who has served for more than nine consecutive years is not eligible for re-appointment until at least one year has passed since they last served as a non-Board Committee member.

13.11 – Chairs

Unless stated otherwise in these By-Laws, the Chair or Chairs of each Committee shall be a Director of the Board and shall be selected by the members of the Committee, failing which they may be appointed by the Board. The Board may, appoint or remove the Chair of a Committee by resolution. Appointed members of sub-Committees, ad-hoc Committees, planning groups who are not Directors may be appointed as Chairs of those Committees.

13.12 – Decisions Regarding Appointments

In making an appointment under article 13.08 or 13.09, the Board shall take into consideration the location of practice, if applicable, as well as the experience, expertise, availability and other qualifications and characteristics of the Registrant or other person, in order to complement the attributes of the other Committee members.

13.13 – Eligibility for Appointment

- (1) A Registrant is eligible for appointment to a Committee if, on the date of the appointment,
 - (i) The Registrant resides in Ontario;
 - (ii) The Registrant holds a certificate of registration in the General Class;
 - (iii) The Registrant is not in default of payment of any fees prescribed to the College;
 - (iv) The Registrant is not the subject of any disciplinary or incapacity proceeding;
 - (v) The Registrant has not been the subject of any professional misconduct, incompetence or incapacity finding within the preceding three years;
 - (vi) The Registrant's certificate of registration has not been revoked or suspended within the preceding three years for any reason;
 - (vii) The Registrant's certificate of registration is not subject to a term, condition, or limitation imposed by the Discipline Committee or the Fitness to Practice Committee;
 - (viii) The Registrant has not held any position such as director, owner, board member, officer or employee with a Professional Association within the preceding year;
 - (ix) The Registrant has not been disqualified from the Board or a Committee within the preceding three years;
 - (x) The Registrant is not a member of a council or board of any other College regulated under the RHPA;
 - (xi) The Registrant is not currently and has not been for the previous year an employee of the College;
 - (xii) The Registrant is not in any default of returning any required form or information to the College; and
 - (xiii) The Registrant does not have a conflict of interest to serve as a Committee member or has agreed to remove any such conflict of interest before sitting on the Committee or Panel;
 - (xiv) The Registrant meets the competencies required and has successfully completed any qualifying process established by the Board; and
 - (xv) The Registrant has successfully completed the College's orientation program relating to the duties, obligations and expectations of Committee members within the preceding six months.
- (2) An individual who is not a Registrant is eligible for appointment to a Committee if, on the date of the appointment,
 - (i) They reside in Ontario;
 - (ii) They have never been a Registrant;

- (iii) They are not the subject of any disciplinary or incapacity proceeding;
- (iv) They have not been the subject of any professional misconduct, incompetence or incapacity finding within the preceding three years;
- (v) They have not held any position such as director, owner, board member, officer or Employee with a Professional Association within the preceding year;
- (vi) They have not been disqualified from the Board or a Committee within the preceding three years;
- (vii) They are not a member of a council or board of any other College regulated under the RHPA;
- (viii) They are not currently and have not been for the previous year an employee of the College;
- (ix) They are not in any default of returning any required form or information to the College;
- (x) They do not have a conflict of interest to serve as a Committee member or have agreed to remove any such conflict of interest before sitting on the Committee or Panel;
- (xi) They meet the competencies required and have successfully completed any qualifying process established by the Board; and
- (xii) They have successfully completed the College's orientation program relating to the duties, obligations and expectations of Committee members within the preceding six months.

13.14 – Removal of Committee Members

Despite the other provisions of these By-Laws that permit the removal of a Committee member in specific circumstances, the Board may also remove a member of a Committee at its discretion, upon a resolution passed by a two-thirds majority affirmative vote of the Directors of the Board present and voting.

14. COMMITTEE MEETINGS

14.01 – Location and Frequency of Meetings

Committee meetings shall, wherever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Committee to conduct its business.

14.02 – Manner of Meeting

Any meeting of a Committee may be conducted by means of teleconference or any other means that permit all persons participating in the meeting to communicate with each other simultaneously and instantaneously (including audio or video conferencing) and persons participating in the meeting by such means are deemed to be present at the meeting.

14.03 – Chair

In the event that the Chair of the Committee is unable or unwilling to preside at the meeting, the Committee members shall select, from amongst their number, a Committee member to serve as Chair for the purposes of that meeting.

14.04 – Minutes

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

14.05 – Simple Majority

Unless specifically provided for otherwise under the Code or these By-Laws, every motion which properly comes before a Committee shall be decided by a simple majority of the votes cast at the meeting by the Committee members present.

14.06 – Chair Vote

If the Chair is a member of the Committee, they may vote.

14.07 – Tie Votes

In the event of a tie vote, the motion is defeated.

15. DUTIES OF BOARD AND COMMITTEE MEMBERS

15.01 – Expectations and Duties

Every Board and Committee member shall, in the performance of their duties:

- (i) Familiarize themselves with the Act, the RHPA, these By-Laws and any policies of the College;
- (ii) Familiarize themselves with any other records, documents and guidelines that may be necessary for the performance of their duties;
- (iii) Comply with the provisions of the Act, the RHPA, these By-Laws, any policies of the College and rules that are adopted by the Board;
- (iv) Regularly attend meetings on time and participate constructively in discussions;
- (v) Ensure that confidential matters coming to their attention as a Director of the Board or as a member of a Committee are not disclosed by them, except as required for the performance of their duties or as permitted by the RHPA;
- (vi) Conduct themselves in an appropriate manner with College staff, other Directors of the Board or members of the Committees, Registrants and members of the public;
- (vii) Comply with the College's Code of Conduct, which is attached as Schedule 3 to these By-Laws and forms part of these By-Laws;
- (viii) Avoid, or where that is not possible, declare all conflicts of interest in the manner set out in these By-Law;
- (ix) Step down from their positions on the Board and on Committees in the event that allegations regarding their conduct, competence or capacity are referred to the Discipline Committee or Fitness to Practice Committee until such time as the matter has been finally disposed of;
- (x) Publicly supports and does not speak against any decision of the Board or, if the matter is not going to be considered by the Board, any decision of College Committees; and
- (xi) Perform the duties associated with their position conscientiously and with due care and diligence in a manner that serves and protects the public interest.

15.02 – Removal of a Board or Committee Member

The following procedure shall be followed in the event that a Board or Committee member is alleged to have contravened the duties of a Board or Committee member or meets the criteria for disqualification set out in article 10.31 other than paragraphs (i) and (ii).

- (i) A written complaint shall be filed with the Registrar. A complaint can be made by a member of the public, a Board or Committee member or the Registrar. If a Board or a Committee member receives such a complaint, they shall immediately file it with the Registrar.
- (ii) The Registrar shall report the complaint to the Chair or the Vice-Chair who shall bring the complaint to the Executive Committee if they believe that the complaint may warrant formal action. If the Executive Committee is unable to address the complaint it may appoint another Committee to fulfill its duties under this article.
- (iii) If the Executive Committee or any Committee appointed by the Executive Committee, after any investigation it deems appropriate, believes that the complaint may warrant formal action, it shall call a meeting of the Board. The Board shall determine whether there has been a breach of duties or whether the criteria for disqualification have been met and, if so, impose the appropriate sanction. The appropriate sanction can include one or more of the following:
 - (a) Censure of the member verbally or in writing,
 - (b) Removal of the member from any Committee on which they serve,
 - (c) Disqualification of an Elected Director from the Board, or a report to the Public Appointments Secretariat requesting removal of the Public Director concerned from the Board.
- (iv) A decision finding that there has been a breach of duties or that a Director of the Board or Committee member meets the criteria for disqualification set out in article 10.31, and a decision to impose a particular sanction must be approved by a two-thirds majority affirmative vote of the Directors of the Board present and voting.
- (v) The Board or Committee member whose conduct is the subject of concern shall not take part in the deliberation or vote, however, they shall be given a reasonable opportunity to respond to the allegation

16. CONFLICTS OF INTEREST

16.01 – Duty to Avoid Conflicts of Interest

All Board and Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Board and Committee members 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.

16.02 – Recognition of Conflict

Board and Committee members recognize that a conflict of interest or an appearance of a conflict of interest by a Board or Committee member:

- (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.

16.03 – Conflicts Relating to Involvement with a Professional Association

A Board or a Committee member shall be perceived to have conflict of interest in a matter and should not serve on the Board or its Committees at all if they hold a responsible position such as director, owner, board member or officer in or is an employee of any Professional Association.

16.04 – Conflicts Relating to Position in Other Organizations

A Board or a Committee member would be perceived to have conflict of interest in a matter and should refrain from participating in any discussion or voting if they hold a responsible position such as director, owner, board member or officer in or is an employee of another organization where their duties may be seen by a reasonable person as influencing their judgment in the matter under consideration by the Board or its Committees.

16.05 – Declaration Forms

Upon appointment or election, and annually thereafter if requested, every Board and Committee member shall fully complete and deliver to the Registrar a form, available from the Registrar, declaring their current and recent affiliations with Professional Associations and other organizations to facilitate compliance with the above provisions.

16.06 – Interests of Related Persons

For the purposes of these By-Laws, the direct or indirect financial interest of a parent, spouse, child or sibling of a Board or Committee member are interpreted to be the interests of the Board or Committee member. In addition, each Board or Committee member shall declare any direct or indirect personal interest of a parent, spouse, child or sibling so that an informed and considered discussion can be held as to whether the personal interest constitutes a conflict of interest. Here, the term “spouse” includes a common-law spouse and a same-sex partner of the person.

16.07 – Where a Conflict May Exist

Where a Board or Committee member believes that they may have a conflict of interest in any matter which is the subject of deliberation or action by the Board or its Committees, they shall:

- (i) Consult, as needed, with the Chair, the Registrar and legal counsel and, if there is any doubt about whether they may have or be perceived to have a conflict, prior to any consideration of the matter, declare the potential conflict to the Board or the Committee and accept the Board or the Committee’s direction as to whether there is an appearance of a conflict;
- (ii) Where there appears to be a conflict of interest, not take part in the discussion of, or vote on, any question in respect of the matter;
- (iii) Where there appears to be a conflict of interest, absent themselves from the portion of any meeting relating to the matter; and
- (iv) Where there appears to be a conflict of interest, not attempt in any way to influence the voting or do anything that might be perceived as attempting to influence the decision of other members on the matter.

16.08 – Conflicts Recorded in Minutes

Every declaration of a conflict of interest shall be recorded in the minutes of the meeting together with a description of the nature of the conflict.

16.09 – Use of College Information or Property

A Board or a Committee member shall not use College property or information of any kind to advance their own interests, direct or indirect.

16.10 – Staff (Employee) Positions

A Board or a Committee member may not hold any other position, employment, contract or appointment with the College while serving as a Board or Committee member. There is a one-year waiting period before the individual may apply for a staff or consultant position with the College. This includes, but is not limited to, positions as peer assessor, investigator, inspector, examiner or other management or administrative staff.

17. CONFIDENTIALITY

17.01 – Duty of Confidentiality

Directors of the Board, Committee members, staff and persons retained or appointed by the College are required to maintain confidentiality of information that comes before them in the course of discharging their duties unless disclosure is authorized by the Board or is otherwise permitted under section 36(1) of the RHPA.

17.02 – Disclosure Under the RHPA

Subsection 36(1) of the RHPA permits disclosure in a number of specific circumstances. Directors of the Board, Committee members, staff and persons retained or appointed by the College are expected to understand when those exceptions apply and seek advice if they are in doubt.

17.03 – Confidentiality Agreement

Directors of the Board and Committee members, staff and persons retained or appointed by the College are required to sign, annually, the confidentiality agreement approved by the Board.

18. COMMUNICATIONS

18.01 – Media Contacts

All media contact shall be channelled and coordinated through the Registrar's office. Any Board or Committee member being asked by media representatives to provide interviews, respond to inquiries or to comment on issues concerning the regulation of the profession or the operation of the College shall not provide any such communication and shall instead refer them to the Registrar's office.

18.02 – College Communications

The Registrar, the Chair or, in the absence of the Chair, the Vice-Chair,

- (i) Are the authorized spokespersons of the College but either of them may request a Director of the Board, a College employee or a consultant to perform this function, as appropriate, under the circumstances; and
- (ii) May communicate with the media to provide interviews, respond to inquiries or comment on issues concerning regulation of the profession or the operation of the College. A Board or a Committee member shall not perform such communications unless authorized by the Registrar, the Chair or, in the absence of the Chair, the Vice-Chair.

18.03 – Consistent Messaging

All messages to the media and to the public must be consistent with the approved policies and positions of the College. Any Board or Committee member shall resign all positions with the Board and its Committees prior to expressing public disagreement with a decision, policy or position of the College or its Committees and, even then, shall only do so in a manner consistent with their ongoing fiduciary duties towards the College and under their Confidentiality Agreement.

18.04 – Invitations for Speaking Engagements

All requests inviting the Chair, the Registrar or a Board or Committee member to speak in their capacity as a representative of the College must be submitted, in writing, to the Registrar with details of the date, time and place of the speaking engagement as well as the topic and anticipated length of the presentation.

18.05 – Acceptance of Invitations for Speaking Engagements

The Registrar, in consultation with the Chair, where possible, shall review all requests inviting Board or Committee members to speak and shall determine whether to accept the invitation and the appropriate representative to address the topic. Other than as described above, no Board or Committee member shall accept any request to make representations or speak on behalf of the College or in their capacity as a representative of the College.

18.06 – Presentation Content

The content of every presentation must be consistent with the approved policies and positions of the College and shall be submitted, where feasible, at least five days before the date of the presentation to the Registrar or a person designated by the Registrar for approval.

18.07 – No Compensation

No person speaking in their capacity as a representative of the College shall receive any payment or benefit related to the presentation or, if the payment or gift cannot in the circumstances be gracefully declined, it shall immediately be turned over to the Registrar. However, mementoes of nominal value (\$50.00 or less) may be accepted and retained.

19. FEES

19.01 – Registration Year

The registration year for Registrants shall be from September 1st to August 31st.

19.02 – Renewal Process

The annual registration fee is due and payable on or before the day before each registration year. At least 45 days before the annual registration fees are due, the Registrar shall send to each Registrant a notice stating that the annual registration fees are due, setting out the amount of the annual registration fee for each category of registration and a request for information required under the regulations and these By-Laws. The obligation to pay the annual registration fee continues even if the Registrar fails to provide the notice or the Registrant fails to receive such notice.

19.03 – Fee Amounts

Schedule 5 sets out the applicable fees that a Registrant or person shall pay to the College.

19.04 – Payment of Fees Set by Registrar

A person shall pay the fees set by the Registrar for anything the Registrar is required or authorized to do.

19.05 – Fee Increases

(1) Each year each fee described in these By-Laws shall be increased by the percentage increase, if any, in the Consumer Price Index for goods and services in Canada as published by Statistics Canada or any successor organization, rounded up to the nearest dollar.

(2) This does not apply to the fee for an Inactive Certificate of Registration which shall be 50% of the fee for a General Certificate of Registration, rounded up to the nearest dollar.

20. PROFESSIONAL LIABILITY INSURANCE

20.01 – Requirement to Carry Insurance

(1) Every Registrant who holds a certificate of registration in the General Class shall maintain professional liability insurance to indemnify the Registrant for all errors and omissions that may occur while practicing dental technology provided through a policy of insurance with the following characteristics:

- (i) The Registrant is specifically named as an insured and for all settings in which the Registrant practices;
- (ii) The College is notified by the insurer if the policy is cancelled or the terms are amended before the expiration date;
- (iii) The insurer is licensed with the Financial Services Commission of Ontario;
- (iv) A minimum of \$1,000,000 per claim, occurrence or loss and an annual aggregate limit of not less than \$1,000,000;
- (v) There is no amount as a deductible; and,
- (vi) Where the insurance policy is of a “claims made” form, the coverage must include an extended reporting period of at least two (2) years after the termination of the insurance policy.

(2) An Inactive Registrant who has practised in Ontario within the previous two years must carry professional liability run off coverage (sometimes called enduring or tail coverage) for a minimum of two years since the Registrant last practised in Ontario provided by an insurer licensed with the Financial Services Commission of Ontario, the office of the Superintendent of Financial Institutions Canada or a body outside of Ontario that the Registrar considers substantially equivalent to the Financial Services Commission of Ontario.

20.02 – Proof of Insurance

A Registrant holding a general certificate of registration must, upon request, provide to the College proof of professional liability insurance in a form acceptable to the Registrar which must include the following information:

- (i) Policy number;
- (ii) Name of the insured that matches the name of the Registrant;
- (iii) Address of the insured;
- (iv) Policy period; and
- (v) Coverage details.

20.03 – Declaration of Eligibility for Insurance

An applicant for registration must provide a declaration that they are eligible for professional liability insurance coverage that complies with the requirements of these By-Laws including that they shall submit proof of insurance to the Registrar no less than 30 days after their registration is approved. The Registrar shall not issue the certificate of registration until actual proof of coverage is received.

20.04 – Relying on Employer’s Insurance Coverage

A Registrant may rely on the insurance coverage provided by their employer so long as the insurance coverage complies with the requirements of these By-Laws including the ability to provide proof of coverage of the Registrant by the Registrant’s name. If a Registrant is relying on insurance coverage provided by their employer, they must have insurance coverage that complies with the requirements of these By-Laws for all places of employment.

21. THE REGISTER

21.01 – Name in Register

Subject to article 21.02, a Registrant's name in the register shall be the full name indicated on the documents used to support the Registrant's initial registration with the College.

21.02 – Exception for Name Change

The Registrant may enter a name, other than the name referred to in section 21.01, in the register if the Registrar:

- (i) Has received a written request from the Registrant;
- (ii) Is satisfied that the Registrant has legally changed their name; and
- (iii) Is satisfied that the name change is not for any improper purpose.

21.03 – Exception for Alternate Name

In addition to the name entered under articles 21.01 and 21.02, the Registrar may enter in the register as an alternative name used by the Registrant any nicknames or abbreviations that the Registrant uses in any place of practice.

21.04 – Business Address

A Registrant's business address in the register shall be the address for receiving business communications designated by the Registrant, which address may be different than the Registrant's address for communications with the College. If the Registrant does not designate a business address the Registrar may assign any address for the Registrant known to the College as the business address. A Registrant's business address shall include the name of the business or entity that employs the Registrant or, if the Registrant is self-employed or is not practising, the Registrant's business address shall include a notation to that effect.

21.05 – Business Telephone Number

A Registrant's business telephone number shall be the telephone number for receiving business communications designated by the Registrant, which telephone number may be different than the Registrant's telephone number for communications with the College. If the Registrant does not designate a business telephone number the Registrar may assign any telephone number known to the College as the business telephone number.

21.06 – Register Information Required by the Code

Under subsection 23(2) of the Code and subject to certain exceptions contained in the Code, the following information must be contained in the College's register:

- (a) Each Registrant's name, business address and business telephone number, and, if applicable, the name of every health profession corporation of which the Registrant is a shareholder;
- (b) Where a Registrant is deceased, the name of the deceased Registrant and the date upon which the Registrant died, if known to the Registrar;
- (c) The name, business address and business telephone number of every health profession corporation;
- (d) The names of the shareholders of each health profession corporation who are Registrants of the College;
- (e) Each Registrant's class of registration and specialist status;
- (f) The terms, conditions and limitations that are in effect on each certificate of registration;

- (g) A notation of every caution that a Registrant has received from a panel of the Inquiries, Complaints and Reports Committee under paragraph 3 of subsection 26 (1) of the Code, and any specified continuing education or remedial programs required by a panel of the Inquiries, Complaints and Reports Committee using its powers under paragraph 4 of subsection 26 (1) of the Code;
- (h) A notation of every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the Code and has not been finally resolved, including the date of the referral and the status of the hearing before a panel of the Discipline Committee, until the matter has been resolved;
- (i) A copy of the specified allegations against a Registrant for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the Code and that has not been finally resolved;
- (j) Every result of a disciplinary or incapacity proceeding;
- (k) A notation and synopsis of any acknowledgements and undertakings in relation to matters involving allegations of professional misconduct or incompetence before the Inquiries, Complaints and Reports Committee or the Discipline Committee that a Registrant has entered into with the College and that are in effect;
- (l) A notation of every finding of professional negligence or malpractice, which may or may not relate to the Registrant's suitability to practise, made against the Registrant, unless the finding is reversed on appeal;
- (m) A notation of every revocation or suspension of a certificate of registration;
- (n) A notation of every revocation or suspension of a certificate of authorization;
- (o) Information that a panel of the Registration Committee, Discipline Committee or Fitness to Practise Committee specifies shall be included;
- (p) Where findings of the Discipline Committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of;
- (q) Where, during or as a result of a proceeding under section 25 of the Code, a Registrant has resigned and agreed never to practise again in Ontario, a notation of the resignation and agreement;
- (r) Where the College has an inspection program established under clause 95(1) (h) or (h.1) of the Code, the outcomes of inspections conducted by the College;
- (s) Information that is required to be kept in the register in accordance with regulations made pursuant to clause 43(1) (t) of the *Regulated Health Professions Act, 1991*; and
- (t) Information that is required to be kept in the register in accordance with these By-Laws.

21.07 – Additional Register Information

In accordance with the authorization provided by paragraph 20 of subsection 23(2) of the Code, the following additional information with respect to each Registrant shall be kept in the register of the College and is designated public pursuant to subsection 23(5) of the Code:

- (a) If there have been any changes to the Registrant's name since the date of the Registrant's initial application for registration, the former names of the Registrant;
- (b) The name, address and telephone number of every business entity that employs the Registrant as a practitioner of dental technology and, if the Registrant is self-employed as a practitioner of Dental Technology, the address and telephone number of the locations where the Registrant practises other than addresses of individual clients;

- (c) The Registrant's business email address;
- (d) The Registrant's registration number;
- (e) The date of the Registrant's initial registration with the College;
- (f) The date on which each class of registration that the Registrant holds or held was obtained and, if applicable, the date on which each terminated;
- (g) Where the College is aware that a Registrant is currently registered or licensed to practise a profession inside or outside of Ontario, a notation of that fact;
- (h) Where a Registrant is engaged in the practice of dental technology in Ontario, the address and telephone number of each location at which the Registrant regularly engages in that practice;
- (i) Where a Registrant is engaged in the practice of dental technology in Ontario, the name and address of the person or business for whom or through which the Registrant primarily engages in the practice of dental technology in Ontario;
- (j) If the Registrant ceased to be a Registrant, a notation specifying the reason for the termination of registration and the date upon which the Registrant ceased to be a Registrant;
- (k) A summary of any currently existing charges against a Registrant, of which the College is aware, in respect of a federal, provincial or other offence that the Registrar believes is relevant to the Registrant's suitability to practise;
- (l) A summary of any currently existing conditions, terms, orders, directions or agreements relating to the custody or release of the Registrant in respect of provincial or federal offence processes of which the College is aware and that the Registrar believes is relevant to the Registrant's suitability to practise;
- (m) A summary of any findings of guilt, of which the College is aware, made by a court against a Registrant in respect of a provincial, federal or other offence that the Registrar believes is relevant to the Registrant's suitability to practise;
- (n) Where, on or after December 31, 2015, a Registrant has received a caution from a panel of the Inquiries, Complaints or Reports Committee under paragraph 3 of subsection 26(1) of the Code:
 - i. A notation of the fact, including a summary of the caution;
 - ii. The date of the panel's decision; and
 - iii. If applicable, a notation that the panel's decision is subject to review and therefore is not yet final, which notation shall be removed once the review is finally disposed of;
- (o) Where, on or after December 31, 2015, a Registrant is required by a panel of the Inquiries, Complaints or Reports Committee to complete a specified continuing education or remediation program (SCERP) under paragraph 4 of subsection 26(1) of the Code:
 - i. A notation of the fact, including a summary of the SCERP;
 - ii. The date of the panel's decision; and
 - iii. If applicable, a notation that the panel's decision is subject to review and therefore is not yet final, which notation shall be removed once the review is finally disposed of;
- (p) Where applicable, a summary of any restriction on a Registrant's right to practise:
 - i. Resulting from an undertaking given by the Registrant to the College or an agreement entered into between the Registrant and the College; or

- ii. Of which the College is aware and which has been imposed by a court or other lawful authority, in which event the summary of the restriction shall also include the source of the restriction;
- (q) For every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the Code and has not been finally resolved, until the matter has been resolved,
 - i. The notice of hearing;
 - ii. The anticipated date of the hearing if the hearing date has been set or the next scheduled date for the continuation of the hearing if the hearing was adjourned to a specific date or if the hearing was adjourned without a specific date, a notation to that effect;
 - iii. If the hearing is awaiting scheduling, a statement of that fact; and
 - iv. If the hearing of evidence and arguments is completed and the parties are awaiting a decision of the Discipline Committee, a statement of that fact;
- (r) Where the College is aware that a pending allegation of professional misconduct or incompetence or a similar allegation has been referred to a discipline type of hearing against a Registrant registered or licensed to practise a profession inside or outside of Ontario,
 - i. A notation of that fact;
 - ii. The date of the referral if available;
 - iii. A brief summary of each allegation if available; and
 - iv. The notice of hearing if available;
- (s) A notation, including the date of the referral, for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Fitness to Practice Committee under section 61 of the Code and has not been finally resolved, until the matter has been resolved;
- (t) For every application to the Discipline Committee or Fitness to Practice Committee for reinstatement that has not been finally resolved, until that matter has been resolved,
 - i. A notation of that fact, including the date of the application;
 - ii. The anticipated date of the hearing, if the hearing date has been set or the next scheduled date for the continuation of the hearing if the hearing has commenced;
 - iii. If the hearing has been adjourned and no future date has been set, the fact of that adjournment, and
 - iv. If the decision is under reserve, that fact;
- (u) If an application to the Discipline Committee or Fitness to Practice Committee for reinstatement has been decided, the decision of the Committee;
- (v) Where a finding of professional negligence or malpractice is contained in the College's register, the following information;
 - i. The notice of and a description of the finding;
 - ii. The date the finding was made against the Registrant;
 - iii. The name and location of the court that made the finding against the Registrant; and

- iv. The status of any appeal respecting the finding made against the Registrant;
- (w) Any information jointly agreed to be placed on the register by the College and the Registrant;
- (x) Where the Registrant's certificate of registration is subject to any terms, conditions and limitations, the reason for them and the date they took effect and where applicable, the Committee responsible for the imposition of those terms, conditions and limitations;
- (y) Where the Registrant's certificate of registration is subject to an interim order, a notation of that fact, the nature of the order and the date that the order took effect;
- (z) Where the Registrant's certificate of registration is subject to a suspension for failure to pay a fee, the reason for the suspension and the date of the suspension in addition to the fact of the suspension;
- (aa) Where the College is aware that a finding of professional misconduct or incompetence or similar finding has been made against the Registrant by a body that governs a profession, inside or outside of Ontario, and that finding has not been reversed on appeal,
 - i. A notation of the finding;
 - ii. The name of the governing body that made the finding;
 - iii. A brief summary of the facts on which the finding was based;
 - iv. The penalty and any other orders made relative to the finding;
 - v. The date the finding was made; and
 - vi. Information regarding any appeals of the finding;
- (bb) Where the College is aware that a finding of incapacity or similar finding has been made against the Registrant by a body that governs a profession, inside or outside of Ontario, and that finding has not been reversed on appeal,
 - i. A notation of the finding;
 - ii. The name of the governing body that made the finding;
 - iii. The date the finding was made;
 - iv. A summary of any order made; and
 - v. Information regarding any appeals of the finding;

Unless the body that governs a profession making the finding has not made the finding public;

- (cc) Where a decision of the Discipline Committee has been published by the College with the Registrant's name or former name including,
 - i. A notation of that fact; and
 - ii. Identification of the specific publication of the College which contains the information;
- (dd) Where, during or as a result of a proceeding under section 25 of the Code a Registrant has resigned, a notation of that fact;
- (ee) Where, on or after December 31, 2015, the Registrar confirms whether the College is investigating a Registrant because there is a compelling public interest in disclosing this information pursuant to 36(1) (g) of the RHPA, the fact that the Registrant is under investigation;

- (ff) In addition to the name of every health profession corporation of which the Registrant is a shareholder, the business address, business telephone number, business e-mail address, if there is one, and any operating names of the health profession corporation; and
- (gg) Any of the information in respect of a former Registrant that was on the register just before the registration terminated, for a period of at least two years after the termination of registration, except for any information related to discipline proceedings in Ontario, in which case it shall be entered on the register for a period of at least fifty years after the termination of membership.

21.08 – Removal of Information

Notwithstanding paragraphs (n) and (o) of article 21.07 where, after a review, the Inquiries, Complaints and Reports Committee has been required to remove or vary the appearance for a caution or a SCERP, the original notation may be removed once the Committee makes its new decision. Where the original requirement to appear for a caution or to complete a SCERP has been varied, the Registrar may enter a summary of the process leading up to and the results of the variation.

21.09 – Information to be Withheld from Public

- (1) All of the information referred to in section 23 of the Code or as information recorded in the register in these By-Laws is information designated to be withheld from the public pursuant to subsection 23(6) of the Code such that the Registrar may refuse to disclose to an individual or post on the College's website any or all of that information if the Registrar has reasonable grounds to believe that disclosure of that information may jeopardize the safety of an individual.
- (2) Pursuant to subsection 23(11.1) of the Code, the Registrar shall refuse to disclose to an individual or to post on the College's website the result of a disciplinary or incapacity proceeding:
 - a. Where the result of a discipline proceeding was that no finding of professional misconduct or incompetence was made against the Registrant; and
 - b. More than 90 days have passed since the information was prepared or last updated, unless before the expiry of the 90 days the Registrant to whom the information relates specifically requests in writing that the Registrar continue to maintain public access to the information.

21.10 – Providing Information to the College

If requested, the Registrant shall immediately, and in any event no later than five days after receiving the request, provide the College with the following information, in the form requested by the College:

- (i) Information required to be maintained in the register in accordance with subsection 23(2) of the Code and these By-Laws;
- (ii) The address and telephone number of the Registrant's primary residence in Ontario and, if the Registrant does not reside in Ontario, the address and telephone number of the Registrant's primary residence;
- (iii) The Registrant's preferred e-mail address for communications from the College;
- (iv) The Registrant's professional activities including the Registrant's areas of practice;
- (v) Information regarding the Registrant's employment including:
 - (a) The Registrant's title and position; and
 - (b) A description of the Registrant's role, duties, and responsibilities;

- (vi) Information about the Registrant's registration with any other body that governs a profession, whether inside or outside of Ontario, including the name of the governing body, their registration or licence number and the date the Registrant first became registered;
- (vii) Information about the Registrant's participation in the quality assurance program;
- (viii) Information about the educational institution where the Registrant obtained any certificates, diplomas or degrees in dental technology, the type of certificates, diplomas or degrees obtained and the date each was issued; and
- (ix) Information for the purpose of compiling statistical data.

21.11 – Notification of College

The Registrant shall notify the College, in writing, of any changes to the following information within 30 days of the effective date of the change:

- (i) The Registrant's name;
- (ii) The address and telephone number of the Registrant's primary residence in Ontario and, if the Registrant does not reside in Ontario, the address and telephone number of the Registrant's primary residence;
- (iii) The Registrant's business address or business telephone number;
- (iv) The name, address or telephone number of any business or entity that employs the Registrant as a practitioner of dental technology, and, if the Registrant is self-employed as a practitioner of dental technology, any changes to the address or telephone number of the location where the Registrant practises other than addresses of individual clients; and
- (v) The Registrant's preferred email address for communications with the College.

22. PROFESSIONAL CORPORATIONS

22.01 - Duty to Provide Information

Every Registrant shall, for every professional corporation of which the Registrant is a shareholder, provide in writing the following information: (i) on the application and annual renewal forms for a certificate of authorization; (ii) upon the written request of the Registrar; or (iii) within 30 days and upon any change in the information within 30 days of the change:

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

23. FUNDING FOR THERAPY AND COUNSELLING FOR SEXUAL ABUSE

23.01 - Funding

The Patient Relations Committee may require therapists and counsellors who provide therapy or counselling funded through the program and persons who are receiving such therapy or counselling to provide a written statement, signed in each case by the therapist or counsellor and by the person which statement shall contain:

- (i) Details of the therapist or counsellor's training and experience;
- (ii) Confirmation that the therapy or counselling is being provided to the client;
- (iii) Confirmation that the funds received shall be devoted only to therapy or counselling that is related in whole or in part to the sexual abuse by the Registrant; and
- (iv) Any other information that the Patient Relations Committee determines demonstrates that the person satisfies the eligibility requirements.

24. CODE OF ETHICS

Schedule 4 of these By-Laws sets out the Code of Ethics for the profession.

25. BY-LAWS AND AMENDMENTS

25.01 – Effective Date

These By-Laws shall become effective as soon as they have been approved by the Board whereupon all previous By-Laws made by the Board are hereby repealed.

25.02 – Amendments

The By-Laws of the College or any section thereof may be enacted, amended, or revoked by a two thirds majority affirmative vote of the Board of Directors present and voting at a meeting of the Board called for that purpose.

25.03 – Repeal of Former By-laws

The repeal of any By-Law in whole or part shall not in any way affect the validity of any act done or right, privilege, obligation or liability acquired or incurred thereunder or the validity of any contract or agreement made pursuant to any such By-Law prior to such repeal. All Directors of the Board and other persons acting under any By-Law so repealed in whole or in part shall continue to act as if elected or appointed under the provisions of these By-Laws.

SCHEDULE I TO THE BY-LAWS

Process for Election of Officers – Repealed

SCHEDULE 2 TO THE BY-LAWS

Rules of Order of the Board of Directors

1. Each agenda topic shall be introduced briefly by the person or Committee representative raising it. Directors may ask questions of clarification, then a Director shall make a motion and another Director must second the motion before it can be debated.
2. When any Director wishes to speak, they shall so indicate by raising their hand and shall address the Chair and confine themselves to the matter under discussion.
3. Staff persons and consultants with expertise in a matter may be permitted by the Chair to answer specific questions about the matter.
4. Observers at a Board meeting are not allowed to speak to a matter that is under debate.
5. A Director may not speak again on the debate of a matter until every other Director who wishes to speak to it has been given an opportunity to do so. The only exception is that the person introducing the matter or a staff person may answer questions about the matter. Directors shall not speak to a matter more than twice without the permission of the Chair.
6. No Director may speak longer than five (5) minutes upon any motion except with the permission of the Board.
7. When a motion is under debate, no other motion can be made except to amend it, to postpone it, to put the motion to a vote, to adjourn the debate or the Board meeting or to refer the motion to a Committee.
8. A motion to amend the motion then under debate shall be disposed of first. Only one motion to amend the motion under debate can be made at a time.
9. When it appears to the Chair that the debate on a matter has concluded, when the Board has passed a motion to vote on the motion or when the time allocated to the debate on the matter has concluded, the Chair shall put the motion to a vote.
10. When a matter is being voted on, no Director shall enter or leave the room, and no further debate is permitted.
11. No Director is entitled to vote upon any motion in which they have a conflict of interest, and the vote of any Director so interested shall be disallowed.
12. Any motion decided by the Board shall not be re-introduced during the same meeting except by a two-thirds vote of the Directors then present.
13. Whenever the Chair is of the opinion that a motion offered to the Board is contrary to these rules or these By-Laws, they shall rule the motion out of order and give their reasons for doing so.
14. The Chair shall preserve order and decorum, and shall decide questions of order, subject to an appeal to the Board without debate.
15. The above rules may be relaxed by the Chair if it appears that greater informality is beneficial in the particular circumstances, unless the Board requires strict adherence.
16. Directors are not permitted to discuss a matter with observers while it is being debated including during any recess of the debate.

17. Directors shall turn off cell phones during all meetings and, except during a break, shall not use a cell phone, blackberry or other electronic device. Laptops shall only be used during Board meetings to review materials related to the matter under debate (e.g., electronic copies of background documents) and to make personal notes of the debate.
18. Directors shall be silent while others are speaking.
19. In all cases not provided for in these rules or by other rules of the Board, the current edition of "Robert's Rules of Order" shall be followed so far as they may be applicable.
20. These Rules shall apply, with necessary modifications, to meetings conducted by teleconference or any other electronic means permitted by these By-Laws, including audio or video conferencing.

SCHEDULE 3 TO THE BY-LAWS

Code of Conduct for Board and Committee Members

- (1) This Schedule applies to Directors of the Board and members of all Committees of the College.
- (2) Board and Committee members must, at all times, maintain high standards of integrity, honesty and loyalty when discharging their College duties. They must act in the best interest of the College. They shall:
 - (i) be familiar and comply with the provisions of the *RHPA* and its regulations, the Code, the Act, and these By-Laws and policies of the College;
 - (ii) be prepared to participate in Board meetings and Committee work including reading background materials and briefing documents;
 - (iii) diligently take part in Committee work and actively serve on Committees as appointed by the Board;
 - (iv) regularly attend meetings on time (including not missing two (2) or more consecutive meetings without reasonable cause) and participate constructively in discussions;
 - (v) offer opinions and express views on matters before the College, Board and Committees, when appropriate;
 - (vi) participate in all deliberations in a respectful and courteous manner, recognizing the diverse background, skills and experience of Board and Committee members;
 - (vii) uphold the decisions made by a majority of Board and Committee members, regardless of the level of prior individual disagreement;
 - (viii) avoid and, where that is not possible, declare any appearance of or actual conflicts of interest;
 - (ix) refrain from including or referencing Board or Committee titles or positions held at the College in any personal or business promotional materials, advertisements and business cards (although referencing one's titles or positions held at the College in one's curriculum vitae is acceptable so long as the curriculum vitae is not overtly used in a promotional manner);
 - (x) preserve confidentiality of all information before the Board or Committee unless disclosure has been authorized by the Board or is otherwise exempted under s. 36(1) of the *RHPA*;
 - (xi) refrain from attempting to influence a statutory decision unless one is a member of a Panel of the Committee or, where there is no Panel, of the Committee dealing with the matter;
 - (xii) respect the boundaries of staff whose role is not to report to or work for individual Board or Committee members including not contacting staff members directly, except on matters where the staff member has been assigned to provide administrative support to that Committee or the Board or where otherwise appropriate;
 - (xiii) be respectful of others and not engage in behaviour that might reasonably be perceived as verbal, physical or sexual abuse or harassment.

SCHEDULE 4 TO THE BY-LAWS

Code of Ethics for Dental Technologists

Note to Readers: In the event of any inconsistency between this document and the legislation that affects dental technology practice, the legislation governs.

College publications contain practice parameters and standards which should be considered by all Ontario dental technologists in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Preamble

The ethical foundation of the practice of dental technology consists of general principles of conduct which the profession has come to accept as prerequisites to maintain the dignity and integrity of the profession. This Code is intended to outline, in broad fashion, the duties and responsibilities to which Registrants of the College are expected to adhere in their relations with the public, their fellow practitioners and other health professionals.

General

Ethical dental technologists will:

1. Have as their consideration the adequate design, construction, repair or alteration of dental prosthetic, restorative and orthodontic devices;
2. Strive to improve the standards of dental technology services;
3. Uphold the honour and dignity of the profession by standards of integrity and behaviour;
4. Recognize their limitations;
5. Be responsible in setting a value on their services;
6. Abide by the laws of the jurisdiction in which they practise;
7. Inform the College when a physical or mental disease/condition has affected or may affect over time, their ability to practise safely or competently;
8. Inform the College, because of reasonable grounds obtained in the course of practising the profession, of conduct that may constitute sexual abuse or sexual harassment of another dental technologist or a registrant of another College.

Services to the Public

Ethical dental technologists will:

1. Practise their profession with all the knowledge and ability of which they are capable;
2. Not practise under conditions which may adversely affect the quality of their services;
3. Continue their education to improve their standards of services;

4. Kindly but firmly insist upon doing only those things which their professional knowledge dictates to be in the best interest and welfare of the patients for whom dental technology services are requested;
5. Not abdicate their professional responsibilities to protect the health and well-being of their patients for whom dental technology services are requested;
6. Recognize that patients have the right to accept or reject any treatment plan recommended by a dental technologist and have the right to request opinions from other dental technologists;
7. Keep in confidence information derived from their patients or from colleagues regarding patients and divulge it only with the permission of the patients except when the law requires them to do otherwise, and in circumstances of inter-professional consultation;
8. Ensure that their conduct in the practice of their profession is above reproach and that they will not take, physical, emotional or financial advantage of patients referred to them;
9. Assist on patients' requests, by supplying them the information required to enable the patients to receive any benefits to which they may be entitled;
10. Not hold out to the public as exclusive agents of any method or technique unless they are qualified;
11. Cooperate with appropriate public officials;
12. Act in a manner consistent with the Canadian Human Rights Act and the Human Rights Code (Ontario);
13. Inform the College, because of reasonable grounds obtained in the course of practising the profession, of conduct constituting sexual abuse of a patient by a Registrant of the College, or, where such conduct is by a registrant of another College, inform the College of which the person who is a member.

Fellow/Prescribing Practitioners

Ethical dental technologists will:

1. Not pass judgement on the qualifications of or procedures rendered by fellow practitioners except as may be required in the interest of patients' oral health;
2. Render only such dental technology service as has been requested by the prescribing practitioner;
3. Not collaborate with prescribing and/or fellow practitioners in acts that may lead to fraudulent activities or contravention of the Act or the RHPA.

COLLEGE OF DENTAL TECHNOLOGISTS OF ONTARIO

SCHEDULE 5 TO THE BY-LAWS

Fees

Description	Fees 2025-2026
Registration Examinations	
Examination Application Processing Fee (non-refundable)	\$150
Jurisprudence and Ethics	\$150
Appeal of Examination Results	\$526
Registration	
New Applicants	
New Application Evaluation & Processing Fee (non-refundable)	\$150
General Certificate of Registration (September-November)	\$2,057
General Certificate of Registration (December-February)	\$1,543
General Certificate of Registration (March-May)	\$1,029
General Certificate of Registration (June-August)	\$515
Registrants	
Renewals	
General Certificate of Registration	\$2,057
Inactive Certificate of Registration	\$1,029
Request to Transfer Class of Registration	
Transfer Application Processing Fee (non-refundable)	\$326
General Certificate of Registration	\$2,057
Inactive Certificate of Registration	\$1,029
Health Profession Corporation	
New Application Evaluation & Processing Fee (non-refundable)	\$143
Certificate of Authorization - First Year and Renewals	\$1,561
Other Fees	
Late Payment Penalty for every month of delay in fee payment effective September 1	\$289
Lifting of Suspension	\$326
Reinstatement	\$326
Replacement Wall Certificate (Certificate of Registration)	\$130
Statutory Committee Ordered Assessment	\$766
Recount of Election Ballots	\$656
File or Information Search	\$66
Letter of Professional Standing	\$130
Service charge for declined payments	\$66
Re-direct Shipping & Handling	\$29
Administrative Fee for Notices (First Notice)	\$60
Administrative Fee for Notices (Subsequent Notices)	\$118
Notes to Schedule 5 to the By-Laws - Fees: College By-Laws, Section 19.05 – Fee Increases: Each year each fee described in these By-Laws shall be increased by the percentage increase, if any, in the Consumer Price Index for goods and services in Canada as published by Statistics Canada or any successor organization. Re-Direct Shipping & Handling: To recover the costs of retrieving returned items and re-directing them to an alternate shipping address. Administration Fees for Notices: Administration Fees for Notices shall be applied when a notice is sent to an RDT who has failed to comply with a regulatory requirement. For example: updating place(s) of business, updating professional liability insurance information or submitting their CPD credits by the specified deadline. <i>Approved by the Board on June 20, 2025</i>	



Board Report

Date: September 26, 2025

SUBJECT: Signing Authority and Investment Policy

PREPARED BY: Judith Rigby, Registrar & CEO

PURPOSE:

The Board is asked to:

1. Approve the revision to the Investment Policy.
2. Approve the Signing Authority Policy and Signing Authority Register.
3. Appoint the Chair and Vice Chair and Registrar as signing authorities for the College.

PUBLIC INTEREST RATIONALE:

As a health regulatory not-for-profit organization funded primarily by its registrants to carry out its public protection mandate, it is in the public interest to exercise prudent management of the resources for which the College is accountable. By setting clear objectives and guidelines and clarifying roles and responsibilities for safely managing and growing the College's excess funds, including who can authorize investments, expenditures and commit the College to contracts, the risk of fraud and unauthorized transactions is reduced. Together, these policies promote responsible financial governance, accountability, and transparency, supporting the College's purpose, strategic objectives and financial health.

BACKGROUND:

The Board's strategy to achieve regulatory excellence includes the modernization of the College's By-laws and policies to ensure timely response to emerging issues and changing public expectations while maintaining clear and transparent processes. The By-laws and Policy Review Committee was established on April 27, 2024, to lead this initiative. As part of its mandate, the Committee ensures that the bylaws provide the fundamental framework and overall direction for the College, outlining the general principles rather than specific, day-to-day actions, which are better handled in policies and procedures.



The Investment Policy, the Signing Authority Policy and its related document the Signing Authority Register articulate with several bylaws under Section 3 – Execution of Contracts and Other Documents and Section 4 – Banking and Finance and result in either repealing the subsection or revision.

INFORMATION & CONSIDERATIONS:

While drafting the Signing Authority policy, management reviewed the Bylaws and the Investment policy, approved by the Board on December 6, 2024, to ensure that streamlining the Bylaws did not result in gaps in oversight of the College's assets.

Sections 4.11 Custody of Securities states that all securities owned by the College shall be lodged with a Canadian chartered bank or a Canadian trust company, whereas section 4.02 Banking states that the College's banking will be with one or more Canadian banks chartered under the Bank Act (Canada). Wilson Lai, CDTO's Investment Advisor clarified the distinction between the banking and securities terminology:

- The Bank Act (Canada) regulates Schedule 1 Domestic banks ("Big 5 Banks" – BMO, RBC, CIBC, Scotia, TD), Schedule 2 Foreign banks with Canadian subsidiaries and Schedule 3 Federal Credit Unions. Canadian banks chartered under the Bank Act (Canada) limits the College to bank with Schedule 1 Domestic banks only.
- The use of "Canadian financial institutions" is more widely used for securities and includes federally and provincially regulated Schedule 1, 2, and 3 plus credit unions, trust companies and insurance companies, which provide services like deposits, lending, and investments and are governed by the Bank Act (Canada), Insurance Companies Act, Trust and Loan Companies Act, and the Cooperative Credit Associations Act.
- It is not necessary to align where the College's securities are held with its banking decision.

This clarification resulted in amalgamating Bylaw sections 4.11 and 4.12 to "Custody and Ownership of Assets - All securities shall be entered into in the name of the College and lodged with a Canadian financial institution in accordance with the policies established by the Board". Legal counsel did not consider defining financial institution necessary in the Bylaws. During the review it was agreed that enhancing the Investment Policy to expand the Investment advisor's responsibility to ensure proper segregation of the College's assets from the custodian's (Investment advisor) own assets, would reduce the risk of fraud and error. Management has revised the Investment Policy to reflect this change (Appendix 1).

Signing Authority Policy and Signing Authority Register

Revising Bylaw sections 3.01, 3.02, 3.05, 4.05 and 4.08 was predicated on a robust Signing Authority Policy and Signing Authority Register. Management conducted desktop research on best practices, reviewed similar policies from organizations in and outside of the health regulatory sector and consulted with the College's auditor and legal counsel. It was determined that fundamental restructuring and significant new content, going beyond minor revisions were needed, suggesting a complete rewrite and repeal of the existing policy. It is for this reason that the Board is asked to appoint the signing officers. The Signing Authority Register is a document related to the policy. Once approved by the Board, minor, non-substantive changes to wording may be made by the Registrar, between the Board's annual reviews.



The Signing Authority policy is crucial because it provides the College with a legal framework to ensure that only authorized individuals can bind the company to contracts and commitments, thereby reducing legal risks, preventing unauthorized financial or legal obligations, ensuring accountability, and streamlining operations. The critical elements addressed in the policy are:

- Designating the Board of Directors as the sole authority to appoint signing officers by resolution (simple majority) for different types of contracts and thresholds which are specified in the Signing Authority Register.
- Requiring substantive changes to the Signing Authority Register be approved by the Board, otherwise an annual review of the document will fulfill the Board's oversight responsibilities for non-substantive changes.
- To ensure business continuity in the event that a signing authority is unavailable, the individual assuming the role in an acting or interim capacity will also assume the corresponding signing authority for the duration of the absence. However, no individual may assume the signing authority of an Officer of the College unless formally appointed by the Board.
- Clearly defining the responsibilities of individuals who negotiate ("proponent"), approve, and sign ("delegates") contracts and other legally binding documents on behalf of the College.
- Acknowledging that contracts signed in accordance with this Policy are binding upon the College, including those signed electronically, physically, or by any other valid method of signature.
- Defining the term contracts, in plain language, as it pertains to corporations only (excludes powers of attorney).
- Defining contracts that require Board authorization due to the nature of the contract and the level of risk it poses to the College, financial and/or reputation.
- Setting the parameters for contract retention (records).

Two new provisions are highlighted through tracked changes, as they were added following the Executive Committee's review. These additions stem from the repeals recommended by the By-Laws and Policy Review Committee and should be incorporated into the policy. The provisions are as follows:

- Requiring all parties to exercise due diligence and ensuring that there is no deliberate attempt to circumvent signing authority limits through the splitting of contracts.
- Defining the process for the use of the College seal.

The Signing Authority policy does not:

- Apply to individual employment agreements or human resources documents except for the Registrars employment contract.
- Set out the parameters for Purchasing and Procurement.
- Set out the requirements for Payments of Money including procedures for EFT, one up approval for invoices, and signing authorities.

The risks associated with breaching this policy are addressed in the Non-Compliance section which are possible violations of applicable laws, regulations, or policies, potentially leading to reputational, financial, or other risks to the College. In such cases, the College may take disciplinary, legal, or other appropriate action, including but not limited to the termination of employment with the College.



One element for inclusion in the Signing Authority policy that the Board is asked to consider is the execution of an online contract through the use of a Delegate's electronic signature shall only be undertaken with the explicit consent and approval of the Delegate.

NEXT STEPS:

Management will draft the Procurement Policy and Payments of Money Policy/Procedures for review by the Executive Committee (November 2025).

DECISION(S) SOUGHT:

That the Board:

1. Approve the Investment Policy as revised.
2. Approve the Signing Authority Policy as amended.
3. Approve the Signing Authority Register.
4. Appoint James Matera, Chair, William Van Evans, Vice Chair and Judith Rigby, Registrar as the signing officers of the College.

ATTACHMENTS:

Appendix 1: Investment Policy

Appendix 2: Signing Authority Policy Draft

Appendix 3: Signing Authority Register Draft

Signing Authority Policy

Policy No. TBD

Policy Information	
Approved By: Board of Directors	Policy Type: Board
Approval Date:	Responsible Office: Finance
Effective Date:	Responsible Authority: Registrar
Date of Most Recent Review: June 23, 2023	Responsible Committee: Executive

I. Purpose

- I.1. The Board of Directors of the College of Dental Technologists of Ontario may, by duly authorized resolution, designate signing officers. This Policy repeals and replaces all policies and resolutions regarding signing authority previously passed by the Board.
- I.2. The purposes of this Policy are to specify the signing authorities required for different types of contracts, and to define the responsibilities of individuals who negotiate, approve, and sign contracts on behalf of the College. It also establishes that only those contracts signed in accordance with this Policy shall be binding upon the College.
- I.3. This Policy reflects the commitment of the College to the proper management of and accountability for the resources of the College.

2. Application and Scope

- 2.1. This Policy applies to all contractual arrangements that will bind the College, including those signed electronically, physically, or by any other valid method of signature.
- 2.2. This Policy applies to all persons responsible for authorizing, signing, and managing, without limitation, contractual arrangements that bind the College.
- 2.3. Notwithstanding the definition in Section 3 of “Contracts”, and other than as set out in Section 4.1, “Delegation of Signing Authority” and the Signing Authority Register referenced in Section 4.1, this Policy does not apply to individual employment agreements or human resources documents.

3. Definitions

“Board” refers to the Board of Directors of the College of Dental Technologists of Ontario.

“College” refers to the College of Dental Technologists of Ontario.

“Contracts” means any contract, document or instrument in writing and includes, but is

not limited to, any agreement, contract, subcontract, letter of intent, memorandum of understanding, memorandum of agreement, lease, deed, transfer, instrument, assignment, obligation, certificate or other document, the provisions of which may be binding upon the College.

“Delegates” are individuals granted authority to sign contracts that are binding upon the College.

“Officer” has the meaning given under CDTO Bylaw section 5.01, as it may be amended from time to time.

“Proponents” are individuals who negotiate contracts on behalf of the College.

4. Policy

4.1. Delegation of Signing Authority

The Board establishes a Signing Authority Register through which limited signing authority is delegated to those persons holding the positions listed in the Signing Authority Register for the agreement types specifically identified.

- 4.1.1. If any signing authority is not reasonably available, the individual assuming that signing authority’s role in an acting or interim capacity also assumes their signing authority for the duration of the absence. However, no individual may assume the signing authority of an Officer of the College unless duly appointed by the Board.
- 4.1.2. Amendments to the Signing Authority Register must be approved by the Board.
- 4.1.3. The Registrar may make minor editorial changes to the Signing Authority Register to reflect changes in the titles of positions or other terms, provided that the change is non-substantive and reflects a change in nomenclature only, rather than a change in the underlying role or function of a position or term.
- 4.1.4. All delegated authorities and editorial changes made to the Signing Authority Register under this Policy are subject to annual review by the Board.

4.2. Negotiating Contracts

Proponents who undertake contract negotiations on behalf of the College have the responsibility to:

- 4.2.1. Be aware of relevant College policies and any required authorizations or approvals before negotiations commence, including but not limited to the requirement to declare real or perceived conflicts of interest;
- 4.2.2. Ensure the negotiating process includes appropriate consultation regarding the College’s internal requirements, including other departments which may be significantly impacted, applicable legislative and regulatory requirements, and required insurance coverage;
- 4.2.3. Ensure there are sufficient human, physical, and financial resources to meet the College’s obligations under the contract;
- 4.2.4. Determine whether the contract is within normal operating expenditures and

approved budget provisions, otherwise prior authorization to negotiate from the Board is required;

4.2.5. Determine if any financial issues, such as payment methods, tax consequences, or acquisition methods, require review by internal Finance and the Registrar/CEO;

4.2.5.4.2.6. Ensure that there is no deliberate avoidance of signing authority limits through the splitting of contracts;

4.2.6.4.2.7. Carry out due diligence regarding the other contractual party (i.e., verify the legal entity, and its financial viability);

4.2.7.4.2.8. Determine whether legal support or advice is required and obtain such support as early as possible in the negotiation process;

4.2.8.4.2.9. Ensure contracts are entered into in the name of the “College of Dental Technologists of Ontario”;

4.2.9.4.2.10. Negotiate in the best interest of the College; and

4.2.10.4.2.11. Advise the other party that the contract is not considered final or binding until it has been signed in accordance with the College’s policies.

4.3. Contracts Requiring Authorization of the Board

Notwithstanding the Delegation of Signing Authority set out in Section 4.1, authorization from the Board (or such delegated Committee of the College) is required for the College to enter into contracts of the nature described below:

- 4.3.1. Contracts for the purchase, sale, or mortgage of land;
- 4.3.2. Licenses to use, leases and commitments of real property or facilities of the College for a term exceeding 5 years;
- 4.3.3. Contracts having an anticipated cost to the College of \$5,000 or more, with the exception of acquisitions that are within a budget approved by the Board;
- 4.3.4. Bonds, debentures and securities issued by the College or agreements; involving the borrowing of money, limiting or increasing the amount that may be borrowed, or the guaranteeing of obligations;
- 4.3.5. Contracts which have the potential to significantly impair the financial status of the College, contracts with the potential of material risk or onerous consequences, whether legal, financial, reputational or otherwise, or contracts that are precedent-setting or involve sensitive issues;
- 4.3.6. Charges, mortgages, hypothecs or pledges with respect to all or any of the real or personal property of the College, including book debts, rights, powers, franchises and undertakings, to secure any such securities or any money borrowed, or other debt, or any other obligation or liability of the College;
- 4.3.7. Contribution agreements where a government or organization provides funding for a specific project or program; and
- 4.3.8. Contracts reserved for the consideration of the Board under Board policy (e.g., memorandum of understanding, amalgamation agreements, grants) or as determined by the Board or the Registrar.

4.4. Signing Contracts

Delegates who sign contracts on behalf of the College have the responsibility, prior to signing, to:

- 4.4.1. Verify that the terms set out under Section 4.2, “Negotiating Contracts”, have been considered and that all appropriate reviews and approvals have been obtained;
- 4.4.2. Ensure that intellectual property interests, proprietary to the College, are appropriately protected in terms that conform with the College’s Policies and its existing legal obligations; and
- 4.4.3. Consult with the Registrar or Legal Counsel on contracts with an unusually high-risk factor, such as those that might bring the College’s activities under public scrutiny or involve any controversial matter.

4.5. Use of the Seal

4.5.1. The seal of the College shall be affixed to any contract that requires the College seal by the Registrar after it has been signed in accordance with this Policy.

4.5.4.6. Contract Retention

4.5.1.4.6.1. The delegate will ensure that the original contract or an accurate copy, along with supporting documents, is stored in a secure location in accordance with the specified retention periods and the confidentiality requirements outlined in College policies.

5. Non-Compliance

Non-compliance with this Policy may result in the violation of applicable laws, regulations, or policies, potentially leading to reputational, financial, or other risks to the College. In such cases, the College may take disciplinary, legal, or other appropriate action, including but not limited to the termination of employment with the College.

6. Review

The Policy shall be reviewed at minimum every three years, or earlier if substantive changes are made to the College’s By-laws regarding the Officers of the College or the execution of contracts.

7. Legislative Reference, Related Policies, Procedures and Documents

Legislative Reference:

CDTO By-laws Section 3, Execution of Contract and Other Documents

CDTO By-laws Section 4, Banking and Finance

Related Policies:

Capital Assets Policy

Honoraria and Reimbursement of Expenses Policy

Status: Draft

Version: 2

Insurance Policy
Investments Policy
Selection and Appointment of the Auditor Policy

Related Procedures:

None

Related Documents:

Signing Authority Register

SIGNING AUTHORITY REGISTER
APPROVED BY THE BOARD UNDER SECTION 4.1 OF THE SIGNING AUTHORITY POLICY

		Banking Agreement*	Borrowing and giving of security*	Registrar/CEO Employment Agreement*	Contribution Agreement*	Memorandum of Understanding*	Purchase, Sale, or Mortgage of Land*	Licenses, Leases and Commitments of real property or facilities, term exceed 5 years*	Licenses, Leases and Commitments of real property or facilities, term is less than or equal to 5 years	Contracts greater than \$25,000**	Contracts greater than \$5,000 and less than or equal to \$25,000**	Contracts less than or equal to \$5,000
SIGNING AUTHORITY	Chair			X								
	Registrar/ CEO AND One of Chair OR Vice Chair OR Officer	X	X				X	X		X		
	Registrar/ CEO				X	X			X		X	X

*requires Board authorization
**requires Board authorization, with the exception of acquisitions that are within a budget approved by the Board

Policy Information	
Approved By: Board of Directors	Policy Type: Board
Approval Date: December 6, 2024	Responsible Office: Finance
Effective Date: April 3, 2020	Responsible Authority: Registrar
Date of Most Recent Review: August 26, 2025	Responsible Committee: Executive

1. Purpose

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,

2. Responsibilities and Approvals

Each of the Board, Executive Committee, and Registrar participate in the oversight of the College's invested funds.

2.1 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:

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

2.2 Executive Committee

The Executive Committee will:

- Maintain an understanding of legal and regulatory requirements and constraints applicable to the portfolio and keep the Board fully apprised of these.
- 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.

2.3 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.

2.4 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, ensuring proper segregation of the College's assets from the custodian's own 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.

2.6 Approvals

All investing activities are to be approved by the Registrar.

3. 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.

4. 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 1 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 1 Canadian Chartered bank Principal at Risk Structured Notes.

5. 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

6. 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.

2025-2026 Annual Renewal Statistics, as of September 12, 2025.

Notice of Renewal for 2025-2026 Sent on June 27, 2025	
General Class Renewal	467
Inactive Class Renewal	24
Total Number of Renewal Notices	491
Renewals Received for 2025-2026	
General Class Renewals*	434
Inactive Renewals*	11
Transfer of Registration Class	
General Class to Inactive Class*	9
Inactive Class to General Class*	7
Former Members	
General Class to Retire/Resign	7
Inactive Class to Retire/Resign	3
Total Number of Renewals Completed *	471
Reinstatement (Administratively Suspended)	
<i>General Class to General Class*</i>	1
Notice of Intention to Suspend Notices Sent - Sept 10/25*	19
Newly Registered RDTs (from Sept 1/25) * 1-2020 and 1-2022 GBC Graduates through CADTR.	2
Applicants for a General Certificate of Registration (in progress) (1 CADTR–AP GBC 2024 and 1 LM)	2
Total Number of RDTs (includes*)	483
Percentage change from June 27, 2025 Annual Renewal Launch	-1.02%



April 30, 2025

Ms. Allison Henry, Director
Health Workforce Regulatory Oversight Branch
Ministry of Health
10th Floor, 438 University Ave
Toronto ON M7A 1N3

Transmitted by email: allison.henry@ontario.ca and online via
<https://www.ontariocanada.com/registry/mail.do?action=displayComment>

Re: CDTO Comments on MOH Regulatory Registry Proposal 25-HLTC005 – Reducing Barriers to Registration and Practise for Regulated Health Professionals Registered in other Jurisdictions

Dear Director Henry:

The College of Dental Technologists of Ontario (CDTO) is pleased to comment on the Ministry's regulatory registry proposal (25-HLTC005), Reducing Barriers to Registration and Practise for Regulated Health Professionals Registered in other Jurisdictions. Our experience regulating registered dental technologists (RDTs) in Ontario is enhanced by the work we do as a member of the Canadian Alliance of Dental Technology Regulators (CADTR) and the Health Profession Regulators of Ontario (HPRO). We know that many licensed practitioners rely on dental technology professionals to deliver on their commitment to the patient and we are vested in supporting our health professionals to deliver safe, quality care to the people of Ontario.

As a member of HPRO we are committed to patient safety, and we support the letter they have submitted on behalf of 26 Colleges who regulate 29 distinct professions. Our comments are relatable to the profession of dental technology.

What CDTO Does Well to Reduce Barriers to Registration

At the outset, we would like to share some information on the proactive measures CDTO has taken to improve our efficiency in registering all applicants.

As a member of CADTR our focus has been to identify and action initiatives that nationalise the common requirements across all provinces of Canada that register and license those in the profession of dental technology. By doing so registrants who qualify to practise in any of the eight provinces meet the non-exemptible credential, examination and professionalism requirements to expedite registration. Labour mobility to Ontario requires successful completion of the jurisprudence and ethics examination, letter of good standing, professional liability insurance (PLI), and fee payments to become licensed which present as barriers to automatic registration.

We know that in other countries such as the UK, New Zealand and South Africa that a national licensing model for health professionals works and we recognize that "As of Right" is a step in that direction.

Feedback to Proposals

We have taken careful consideration to provide feedback on all proposals (Appendix 1) and understand that the Ministry is only looking at physicians and nurses for proposals #3 (American licensed) and #4 (automatic recognition). Should these proposals expand to dental technologists, we will require further consideration and hope to have another opportunity to provide our feedback.

In summary, we would like to highlight these risks that may be present in the proposals and have provided opportunities to mitigate these risks in our full response.

- Having no regulatory oversight over health professionals practising in the province at any given time, makes it very difficult for patients to know how to submit a complaint, if needed, which is counter to the public interest.
- Being unable to investigate and resolve complaints from the public against out-of-province healthcare professionals.
- Healthcare professionals practising in Ontario without professional liability insurance.
- Healthcare professionals practising in Ontario without an adequate understanding of province-specific jurisprudence principles (i.e., how to practice the profession within the provincial legislated requirements and Standards of Practice).

If the ultimate goal is automatic recognition, CDTO proposes:

- Approval of its Registration Regulation amendments submitted on May 1, 2023 to replace the Jurisprudence and Ethics examinations with a program that can be completed after licensure, and a Limited Class to support labour mobility for provinces that license single disciplines in dental technology.
- A professional liability insurance that applies to dental technology services delivered in Canada.
- Memorandum of Understanding (MOUs) with the provinces that regulate dental technology and Mutual Recognition Agreements (MRAs) with U.S. states whose scopes of practices, and practice and professional standards align with Ontario.

Closing Remarks

We hope that the government will consider the unintended consequences of the current proposals both to the regulator and the government in the eyes of the patient. Without mechanisms to ensure consistent oversight between jurisdictions, there is a risk that the public may perceive a weakening of safeguards meant to protect them. Ensuring transparency and consistency in regulatory oversight is essential to maintaining confidence and trust in the healthcare system.

Please do not hesitate to contact us should you have any questions. CDTO looks forward to our continued collaboration as a system partner to strengthen public trust in the regulation of health professionals.

Sincerely,



James Matera, RDT
Chair



Judith (Judy) Rigby, CPA, CGA
Registrar and CEO

On behalf of the Board of the College of Dental Technologists of Ontario

Enclosure: Appendix 1 – CDTO's Responses to the Ministry's Questions on Reducing Barriers to Practice and Enhancing Labour Mobility for Regulated Health Professionals Registered in other Jurisdictions

cc. Ministry of Health: ADM Dr. Karima Velji
CDTO's Board of Directors

Appendix 1 – CDTO’s Responses to the Ministry’s Questions on Reducing Barriers to Practice and Enhancing Labour Mobility for Regulated Health Professionals Registered in other Jurisdictions

1. What challenges currently exist with the registration process for health professionals regulated in another province or territory, and for U.S registered physicians and nurses?

Despite the efficiencies to labour mobility discussed in our letter, there remain some challenges and associated opportunities for improvement which are summarized below:

- The requirement to obtain a Letter of Good Standing from the applicant’s current province, which can be subject to delays. This creates an opportunity to mandate an online Public Register across all regulated provinces, allowing regulators to directly access the necessary information.
- The requirement for applicants to successfully complete the Jurisprudence and Ethics examination before they are eligible for registration. CDTO submitted proposed amendments to its Registration Regulation on May 1, 2023, to allow a jurisprudence program instead. If approved, this change would give CDTO the flexibility to register applicants first and permit them to complete the jurisprudence program within a designated time frame.
- The requirement to obtain professional liability insurance (PLI) from an insurer licensed by the Financial Services Commission of Ontario. This can be a burden for labour mobility applicants, who often pay an additional fee to become a member of the Association of Dental Technologists of Ontario (ADTO) to access cost-reduced insurance. An opportunity exists to develop a national PLI model that would allow RDTs to practice anywhere in Canada under a single insurance plan.
- Only one practising class of registration, the General Class, which requires applicants to be qualified in the full scope of dental technology practice. CDTO cannot register individuals who are licensed in specific disciplines (e.g., crown and bridge, dentures, or orthodontics). To address this, CDTO proposed regulatory changes on May 1, 2023, to introduce a Limited Class of Registration, which would enhance its ability to accommodate interprovincial applicants.
- Lack of MRAs with the United States, which hinders the ability to register U.S.-licensed dental technologists in Ontario. There is an opportunity to identify which U.S. states regulate dental technology and are aligned in scope of practice and professional and practice expectations to explore the development of MRAs with those jurisdictions.
- Absence of a national licensing model which would allow RDTs to practice across all regulated provinces using consistent professional standards. Establishing a national licensing framework, modeled after organizations like the Health Professionals Council of South Africa, the General Dental Council in the UK, or the Dental Council of New Zealand, would help standardize qualifications and promote labour mobility across Canada.

2. What are the positive impacts to patient safety or the quality of care provided to patients in Ontario with each of the four proposals?

1. Expanding the “As of Right” rules to include additional regulated health professions could have a positive impact on access to care, however, most dental technologists do not work in public hospitals and long-term care homes. They may collaborate with health professionals working in these settings.

2. Removing practice setting restrictions for all “As of Right” practitioners would enhance the effectiveness of these rules for RDTs who generally practice outside of hospitals and long-term care homes. This change would allow more qualified RDTs who meet national essential competencies and understand their professional obligations to contribute to Ontario’s healthcare system. In addition to increasing access to care, this could reduce the supervision ratio between RDTs and dental technology associates (bench workers) and potentially reduce the use of unauthorized or unregulated practitioners to fabricate dental devices.
 3. Expanding the “As of Right” rules to include U.S.-licensed physicians and nurses in settings that are ultimately accountable to Ontario Health and the government for the quality and efficacy of the care they provide can meet Ontario’s demand, ease staffing shortages, reduce burnout among current healthcare workers, improve the overall quality of care, and help preserve the integrity of the public healthcare system by reducing the need for privatized services.
 4. Automatically recognizing nursing or physician licences from other Canadian provinces or territories as valid in Ontario would have similar benefits. It would facilitate faster integration of qualified professionals into the healthcare system, easing workforce pressures, maintaining high standards of care, and helping to meet patient needs more effectively across the province.
- 3. Are there any risks to patient safety or the quality of care with each of the four proposals? How could these risks be mitigated?**
1. Expanding the “As of Right” rules to additional regulated health professions presents a risk if a patient wishes to file a complaint with an Ontario regulator before the professional is formally registered. This risk could be mitigated by allowing immediate registration based on an attestation of good standing from the applicant, rather than waiting for a letter of good standing. Another risk is that the Ontario regulator may be unaware of an employer’s concerns about conduct, incompetence or incapacity for the time an applicant is practicing under As of Right rules. This could be addressed by implementing mandatory reporting from employers to the relevant regulatory college.
 2. Removing current practice setting restrictions for “As of Right” practitioners carries a risk in extending the practice settings to independent practitioners where there is no employer or supervision oversight. It would be difficult for a patient or another licensed practitioner to determine if and in which province the practitioner is licensed, confirm that they have an open registration application or meet the As of Right rules. To mitigate this risk, such practitioners should be restricted from practising independently and required to work under supervision or an employer while their Ontario registration is pending.
 3. Expanding the “As of Right” rules to include American-licensed physicians and nurses raises. From the perspective of dental technology, CDTO would need to confirm which U.S. states regulate dental technology and whether their scopes of practice and standards align with those in Ontario. A mitigation strategy would be for Ontario regulators to establish MRAs with those U.S. states that align in these areas.
 4. Automatically recognizing another Canadian province or territory’s physician or nursing licence without having them to obtain a second certificate would mean that their information does not appear on the Ontario Public Register. The burden then shifts to the patient to determine where the professional is licensed, and which regulatory body can address their concerns. This risk could be mitigated by requiring practitioners to notify the Ontario regulator of their intention to practise under automatic recognition. While a voluntary registry could address this risk, it may impose an

administrative and financial burden on regulatory colleges as these individuals are not required to obtain a certificate of registration and pay licensing fees. A broader mitigation strategy would be to establish a national licensing model that ensures uniform standards and accountability across all jurisdictions as discussed in Question #1.

4. What are the benefits for patients and health professionals associated with each of the four proposals?

The benefits for patients are similar to the positive impacts for patient safety and quality of care mentioned in Question #2. In essence, increased access of care, shortened wait times, reduced potential for unauthorized practitioners, reduced burden on the public healthcare system and preventing privatization of care.

The benefits to health professionals include national recognition, and encouraging the national adoption of consistent expectations, standards, and regulatory programs.

5. Are there any additional risks with these proposals that you would like to highlight?

CDTO is seeking clarification on what appears to be two potentially conflicting statements under proposal #4. The risks associated with each statement are identified below.

- Statement #1 from the proposal description: *“This automatic recognition of another Canadian jurisdiction’s certificates of registration would allow professions to practise using their existing certificates **without the need to obtain a second certificate of registration** in Ontario and incur the administrative and financial burdens of applying and maintaining a second certificate of registration.”*
 - Under this model, the province would need to set rules to ensure protection of the patient (e.g., mandatory reporting mechanisms, complaint processes, Public Register). Otherwise, the administrative and financial burden transfers from the professional or regulator to the patient who has to determine where the professional is licensed and to which regulatory body to bring their concerns.
 - There is also a risk to the financial sustainability of the Ontario regulators. Particularly if they are responsible for the costs of investigating professionals they do not register. Another concern would be the jurisdiction of the Ontario regulators to deal with these matters given they are not a registrant of their College. This risk could be mitigated with memorandum of understandings between provincial and territorial regulators in how to share costs and responsibilities arising from these scenarios.
- Statement #2 from the proposal description: *“Automatic recognition would begin with physicians and nurses Ontario’s health regulatory colleges (e.g. CPSO and CNO) would automatically recognize the license of the individual and **register them**.”*
 - CDTO would prefer this model that requires registration with an Ontario regulator to provide oversight, regulatory programs to professionals and complaints processes for patients.
 - If the professional must register with the College, then a registration fee is submitted which supports the costs of the College, including investigations into conduct and providing quality assurance programs to ensure continued competency and quality improvement.

6. What implementation considerations or supports should the ministry be aware of for each of the four proposals?

In all proposals, information to Ontario's public, including patients, caregivers, insurance providers, employers, licensed health practitioners and regulators in and outside of Ontario, is a significant consideration. The Ontario government should clearly state the rules for each proposal and require certain disclosures from the health professional to the patient or another licensed practitioner. These include which rules the health professional is practicing under, which province they are licensed and where to bring their concerns. It may be quite concerning for a patient to receive health services, search the Public Register of the Ontario regulator and not find any information.

Additionally, the Ontario government should provide all regulators with sufficient time to update information on their website and circulate communications about As of Right rules or automatic recognition to raise awareness to system partners.

If the government is waiving the application fee and annual certificate of registration fee for applicants licensed in the same profession in another jurisdiction, it must clearly identify the rules. As a matter of fairness, applicants registered and licensed as non labour mobility may feel that waiving of fees for one registration type is unfair and that they alone bear the costs of the College's mandate. The government may want to reimburse the licensee directly with proof of maintaining a current licence in their province(s).

7. What supports would regulated health professionals from another province or territory or U.S registered physicians and nurses need to help with the transition to practising in Ontario?

Regulated health professionals from another province or territory or U.S registered physicians and nurses will need access to online information through the Government of Ontario, health profession regulators and employers to help with the transition to practicing in Ontario. They could also seek support from the regulators through practice advisory programs.

U.S registered physicians and nurses may need additional support in their transition, including:

- Information on immigration (e.g., employer sponsors, work visas)
- Orientation to Ontario's healthcare programs and structures (e.g., OHIP, funding programs, privacy laws).
- Integration programs (e.g., workplace orientation, bridging gaps, mentorships)



Board Report

Date: September 26, 2025

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

PURPOSE:

The purpose of this report is to provide the Board with an update on the Credentialing and Competency Assessment Services (CAS) provided to all applicants to meet the non-exemptible registration requirements for entry to practice.

PUBLIC INTEREST RATIONALE:

As prescribed by legislation, the College is required to develop, establish and maintain standards of qualification for individuals to be issued certificates of registration. These standards are administered through entry to practice and registration programs and processes. The College can make its own assessment of entry to practice qualifications or rely on third parties to assess qualifications in a way that is transparent, objective, impartial and fair. 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 entry to practice and registration decisions.

INFORMATION & CONSIDERATIONS:

Background

The College is a member of the Canadian Alliance Dental Technology Regulators (CADTR). CADTR members work collaboratively, demonstrating leadership and accountability on matters which support the regulatory mandate of each provincial jurisdiction to protect the public interest, using a consistent national approach.

On November 1, 2020, CDTO and CADTR signed a Memorandum of Understanding (MOU) that authorizes CADTR to develop, establish and maintain the entry to practice programs for all routes of entry, referred to as CAS, on behalf of CDTO.

The CAS include:

- an online applicant portal and support services
- 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) necessary for application for registration with a dental technology regulator.

The CDTO participates in the setting, ongoing review and approval of the criteria that 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 programs, policy and financial decisions related to the CAS. including amendments to the MOU. CDTO is responsible to report back to the Board through the Registration Committee.

CAS Updates:

Credentialing

1. Prior Learning Assessment Recognition Credential Pathway (ADT Phase II Project)

Since the presentation made to the Board on June 20, 2025, by Keith Johnson, PLAR Project Manager, the ADT II Steering Committee have met twice, received updates from consultants and made decisions on the PLAR eligibility requirements, PLAR Portfolio Evidence Grid, Education upgrading, Communications strategy and IT/Website solutions.

- As reported at the August 22, Registration Committee, thirty individuals have expressed interest in the PLAR pilot, three (3) are eligible for PSCE, twenty-one (21) have created an online profile and five (5) have submitted eligibility documents.
- Recruitment efforts for fifty (50) candidates have been extended into September 2025.
- Recruitment and support strategy pre and post August 31st includes:
 - o 30-30 Challenge Webinar for dental lab employers and RDTs to educate them on importance of the pilot (80 plus attendees attended on August 18, 2025)
 - o Webinar to support individuals in eligibility document collection and submission was held on August 26, 2025.
 - o Webinar for pilot participants on PLAR Evidence Grid and portfolio submission (September 2025).
 - o Canada-Wide Virtual Health Career Fair, September 19, 2025. S.U.C.C.E.S.S provides skilled immigrants who are Internationally Educated Health Professionals (IEHPs) advance their careers in Canada through innovative services that bridge them to subsidized Canadian work experience opportunities (short-term, on-the-job training periods of 12-16 weeks). This could serve as an incentive for willing dental labs to take on successful PLAR participants.
- Gap filling - Ardco provided a report on their meeting with Educators on July 28, 2025. Concerns raised about funding to provide upgrading opportunities and programs. Alternate routes for upgrading are being explored.



- Additional funding of \$77,000 granted by ESDC to:
 - o Upgrade the online portal for credentialing document collection, marker evaluation; results reporting to candidate.
 - o Upgrade website to meet accessibility requirements and create online library of upgrading resources.
 - o To extend the upgrading research to development and implementation.

Competency Assessments

1. Knowledge Based Assessment (KBA)

For Good Measure (FGM), DTETPA psychometric consultant, was invited to discuss AI generated item writing. Informal feedback received from RDTs, item writing subject matter experts, expressed concerns about attributing resources to items post item creation. FGM will provide all survey results and address these concerns in writing. They continue to advocate strongly for the use of AI.

A report on the June 27, 2025, KBA administration results was presented at the August 22, Registration Committee meeting.

2. Performance Based Assessment (PBA)

PBA Marker Training

CADTR has recently engaged Construct Measures to deliver PBA Marker training to the PBA Committee and RDT markers who will attend the October 2025 administration. The purpose of the training is to educate and conduct large (overall station marking grid components) and small (station specific) calibration to achieve consistent, and fair evaluation of entry-level competencies and key observable behaviours across all candidates. The scope of work includes:

1. Understanding the design, administration and scoring of the PBA to inform marker training needs.
2. Developing training content and materials specific to PBA and marker needs and evaluation surveys.
3. Implementing training by facilitating an online event with the markers no more than three days prior to the PBA examination.
4. Analyzing survey data to determine the effectiveness of the training and gather feedback to guide revisions and improvements for the next training session to be held in 2026.

This investment reflects CADTR's ongoing commitment to enhancing assessment quality and ensuring consistency in marking.

Single Discipline PBA College of Dental Technologists of Alberta (CDTA)

The CDTA, a CADTR member, will be overseeing the evaluation of the sole response to an RFP issued to retain a consultant to develop single discipline PBAs necessary to fulfill their regulatory obligation to license Registered Dental Technicians. The project will utilize CADTR's



current full-discipline Performance-Based Assessment (PBA) framework and related resources to develop of a psychometrically sound and legally defensible modular assessment model that:

- Aligns with CADTRs PBA Master Blueprint and National Essential Entry-to-Practice Competencies.
- Facilitates fair and accessible licensure pathways for applicants practicing in one or more disciplines.
- Supports progressive certification toward full RDT registration through a ladder approach.

Final approval of the modular, single-discipline PBA is held by CDTA with participation from CADTR.

George Brown College Certificates of Completion and Registration with CDTO

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 has seen an increase in the application rate from 21% to 38% for 2025.

	<u>2021</u>	<u>2022</u>	<u>2023*</u>	<u>2024</u>	<u>2025</u>
GBC Graduates	37	34		29	34
# applied to CADTR	23	13		6	13
<i>%age applied to CADTR</i>	62%	38%	#DIV/0!	21%	38%
# CoCs issued	19	11		2	1 *
<i>%age of applicants issued CoCs</i>	83%	92%	#DIV/0!	33%	
RDTs	14	4		2	1 *
<i>%age of GC's issued by CDTO</i>	74%	36%	#DIV/0!	100%	

*A 2024 graduate repeating KBA on June 27, 2025. CoC issued July 31, 2025.

ATTACHMENTS:

Appendix 1: CADTR CAS Credential and Assessment Statistics

Credential and Assessment Services Report

Overall Results February 1, 2021, to Sept 12, 2025

Since the launch of the CAS program and online applicant portal on February 1, 2021, four-hundred and eighty-nine (489) applicants have created profiles. Of these one hundred and fifty-two (152) candidates have met the credential and competency assessment requirements 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.

Applications February 1, 2021, to Sept 12, 2025

There are five routes of entry for applicants on the online portal, the breakdown is provided below.

# Applicants	Route of Entry
250	Approved Programs (AP)
177	Dental Technology Education Evaluation (DTEE)
5	Referral Route (RR)
33	Letter of Credential and Assessment Standing (L-CAS)
24	Prior Learning Assessment and Recognition (PLAR) PILOT
489	Total Applications Initiated

Certificates of Completion issued from February 1, 2021, to Sept 12, 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	46
CDTO	52	19	71
NSDTA	2	2	4
Total	112	40	152

Approved Program Route February 1, 2021, to Sept 12, 2025, by Class

			N/A		
Graduating Class	2021	2022	2023 *	2024	2025
George Brown College					

Credential and Assessment Services Report

Applications rec'd*	23	12		6	14
CoCs issued	19	11		2	1**
Northern Alberta Institute of Technology					
Applications rec'd	16	12	12	13	12
CoCs issued	12	9	9	7	
Vancouver Community College					
Applications rec'd	2	5	7	4	8
CoCs issued	2	5	4	2	
CDI					
Applications rec'd		1			
CoCs issued		1			

*No graduating class in 2023 due to COVID-19

** 2024 repeat GBC graduate.

Overall Results for the period September 1, 2024, to September 12, 2025

Applications - One hundred and twenty-two(122) applications initiated

- AP total number is forty-seven (47) from all graduating classes
 - 21 GBC (1-2020, 1-2021, 1-2009, 1- 2013, 1-2017, 2-2024,14-2025)
 - 12 NAIT
 - 8 VCC
 - 6 not completed
- RR is one (1) application not completed
- LCAS is five (5) applications completed
- DTEE - PSCE is forty-seven (47) from Algeria, Armenia, Brazil, Bulgaria, Columbia, Hungary, Iran, Italy, Mexico, Nigeria, Philippines, Poland, Republic of Korea, South Africa, Syria, Ukraine, and the US.
 - 15 applications complete
 - 32 not completed application
- DTEE - PLAR is twenty-four (24)
 - 1 DTEE-PSCE-Major Gaps to PLAR

DTEE – PSCE Credentialing from November 2024 to Sept 12, 2025 (reporting date is determined by the applicant's submission timeline for documentation through the DTEE-PSCE route)

Completed Credentialing Evaluation – **Thirty-two (32)**

- Equivalent – **25**
- Non-Equivalent- Minor Gaps – **7**
 - Supplemental documentation provided; reevaluated to Equivalent – 5

Credential and Assessment Services Report

- o Not Submitted to date - 2
- Non-Equivalent-Major gaps - 0

CoC's September 1, 2024, to Sept 12, 2025

- Twenty-four (24) CoC's issued: 20 AP, 2 DTEE, 1 L-CAS, and 1 RR
- The intended province of Practice of CoC issued: 3 BC, 4 ON, 13 AB and 3 AB, BC, ON or NS

Dental Technology Entry-to-Practice Assessment (DTETPA) – 2025

The DTETPA measures the competencies required for entry-to-practice in dental technology. It consists of two components:

1. Knowledge-Based Assessment (KBA)

- Forty-six (46) candidates challenged the June 27, 2025, administration, thirty-two (32) passed and fourteen were not successful. Pass mark was determined through standard setting. Results were released on July 31, 2025, meeting the 4-to-6-week deliverable.
- The next administration is scheduled for November 21, 2025. Eighteen (18) candidates have registered. The registration deadline is 10 days prior to the assessment date.

2. Performance-Based Assessment (PBA)

The registration deadline was August 31, 2025. The PBA will be conducted in two locations on the following dates:

- **Alberta:** October 18, 2025, registered numbers to date is 20.
- **Ontario:** October 25, 2025, registration numbers to date is 36.



Holding Our Ground: Indigenous Student Post-Secondary Persistence & Early Leaving

By Jaiden Herkimer
Mississaugas of the Credit First Nation

About Indspire

Indspire is an Indigenous national registered charity that invests in the education of Indigenous people for the long-term benefit of these individuals, their families and communities, and Canada. With the support of its funding partners, Indspire disburses financial awards, delivers programs, and shares resources with the goal of improving educational outcomes for First Nations, Inuit, and Métis students. Through Indspire's education offerings, we provide resources to students, educators, communities, and other stakeholders who are committed to improving success for Indigenous youth. In 2020-2021, Indspire awarded over \$20 million through 6,245 bursaries and scholarships to First Nations, Inuit, and Métis youth, making it the largest funder of Indigenous post-secondary education outside the federal government.

About Research Knowledge Nest

The Indspire *Research Knowledge Nest* is the first Indigenous research program of its kind in Canada. With data analysis skills rapidly becoming critical to economic success, the *Research Nest* is poised to seize this exciting opportunity to foster Indigenous engagement and leadership in quantitative research and data science roles. The program will be guided by an Advisory Committee of researchers, leaders, and key stakeholders who will provide direction and input on the development of this important initiative.

Founding Supporters

This project is funded in part by the
Government of Canada



SUNCOR
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Thanks to the Hodgson Family Foundation for supporting the *Holding Our Ground: Indigenous Student Post-Secondary Persistence & Early Leaving* report.

Introduction

Despite high aspirations of attainment,¹⁻² Indigenous students are more likely to leave post-secondary education prematurely than their non-Indigenous peers in Canada and around the world.¹⁻¹⁴ Higher education is becoming increasingly critical for obtaining employment and economic security, as employees often require some form of certification, credential, or license to be hired.^{7,11,14} Part of Indspire’s commitment to students is to help guide them through school and into their careers. Thus, the need to discover why this disparity exists is pressing. Additionally, having a better understanding of Indigenous early leavers could help improve the retention rates of students engaging in Indspire’s programs, inform policymakers and leaders within the educational field on how to create supports for their Indigenous students, and potentially break cycles of unemployment and poverty in Indigenous communities by increasing graduation rates. As such, this literature review* will examine what causes Indigenous students to leave before the completion of their programs, within a post-secondary context.

Background Information: What You Need to Know

As Bernardo et al.¹⁵ states, early leaving is a complex topic, and the literature has evolved greatly over the decades. For instance, researchers are now using the term “early leavers”, rather than “dropouts”, in attempt to shift away from solely blaming the student for their educational outcomes and to instead highlight the accumulated effects of their circumstances.⁹ These circumstances can include social, economic, environmental, and political influences which affect early leaving. In fact, an American study found that only 8% of Indigenous students leave post-secondary studies due to actual academic failure.¹⁰ This is an important statistic, as it suggests that the education system is failing to meet the needs of Indigenous students, not vice versa. For future exploration, research should determine if this also holds true within the Canadian context.

While many theories have been proposed about early leavers, research looking specifically at Indigenous students is newer and less comprehensive. Past ideas have failed to account for their participation in and unique experiences at post-secondary institutions. Highly cited studies of persistence have even suggested students should assimilate entirely into the school environment,¹⁶ which disregards colonial history, the importance of home community, and a student’s ability to function in two cultures (Indigenous and Western) at once.¹⁷ However, some progress in knowledge has been made. Generally, there appears to be an “overlap effect”¹

* This literature review uses a combination of sources, but primarily references peer-reviewed journal articles from both the traditional and the Indigenous-specific educational literature. Additionally, while the findings apply predominantly to Indigenous students in Canada, studies within this review were conducted all around the world, including Canada, the United States, Australia, Peru, and Spain.

where many different factors (including social, cultural, and institutional determinants) accumulate and interact, pushing Indigenous students out of school.^{7,9,16}

Ultimately, three themes have emerged from the literature concerning why Indigenous students leave school early: (1) systemic influences; (2) sociocultural influences; and (3) individual influences.

The Elements of Early Leaving

Systemic Influences

Systemic influences on early leaving are those overarching, complex, and structure-level factors which impact how societies and groups of people function.¹⁸ Within this category, two subthemes have been identified: historical factors and institutional factors.

Historical

In the context of Indigenous students, retention must be viewed from not only a current perspective, but also from a historical one.¹⁴ Canada's long history of colonialism and assimilation has created a multitude of barriers for Indigenous students and is referenced frequently in the literature.^{5-11,13}

Education, through residential and boarding schools, was used against Indigenous Peoples as a means of genocide.^{7,10-11} As descendants of the survivors of this history, Indigenous students today experience the repercussions. This includes a loss of culture, disruption of family structure, intergenerational trauma, and social oppression, among other effects.^{7,10-11} As such, the research has indicated that a reason for the low retention and enrollment rates of Indigenous students in post-secondary is a strong distrust of Western educational systems and institutions.^{3,6,11}

This is consistent with past publications as well. The report of the Royal Commission on Aboriginal Peoples¹⁹ has documented the experiences of Indigenous Peoples in detail, recounting incidents of violence, discrimination, inequality, and betrayal by Canada. It recommended that to rebuild the trust between Indigenous Peoples and the Western world, there must be both an acknowledgement of the injustices that have occurred (in other words, truth telling) and a commitment to new relationships in the future. However, with similar recommendations still being made by more recent reports (for example, in the Truth and Reconciliation Commission of Canada's²⁰ 94 Calls to Action), limited progress has been made over the last few decades. Indeed, only 8 out of the 94 Calls to Action have been implemented as of December 2020, which is five years after the initial release of the TRC report.²¹ As such, many Indigenous students remain skeptical of Western academic institutions.

A specific consequence of colonization is that Western ways of knowing have predominated over Indigenous ways of knowing.^{7-8,11,13} Thus, these notions are also reflected within post-secondary education. For example, typical modes of assessment (e.g., essays and standardized tests) are not often relevant to Indigenous students. Indigenous cultures emphasize oral storytelling, sharing circles and hands-on learning, rather than formal writing and documentation.^{10-11,13} The concept of "Indigenizing" and reforming education can be done many ways, including increasing the number of Indigenous faculty and graduate students,

expanding on the number of courses that address Indigenous worldviews, and offering land-based learning activities.²² However, when the Western knowledge acquisition and translation framework is the only method used within schools, this can prevent Indigenous students from following through with their programs.

It is well documented that prior education and feeling unprepared for post-secondary can affect retention in higher education.^{2,16,23-24} Additionally, Indspire²⁵ found that feeling academically unprepared was a primary concern for Indigenous students. This may be due to several factors. First, it is likely that the placing of First Nations onto reserves and the limiting of all Indigenous Peoples' traditional ways of life has contributed to these feelings of unpreparedness for students. The legacy of residential schools in Canada has created intergenerational trauma for Indigenous Peoples.^{7,10-11,26} This means that the generations following the survivors (and the survivors themselves) are often left separated from cultural knowledge, community, family, and have difficulties coping as a result of colonial violence, mistreatment, and abuse.²⁶ While this can affect many social dimensions, it also has consequences for education. For instance, research has demonstrated that Indigenous students who have a parent who went to residential schools are more likely to struggle through their own education.²⁶ According to Cowan,²⁶ this is because the parent did not receive actual academic training while at these "schools," thus lowering their socioeconomic status and subsequent opportunities for their children to succeed in school. It also is a consequence of the cycle of violence, addiction, and mental health issues that colonialism imposed upon Indigenous families, leaving them with little resources or knowledge on how to resolve that trauma and progress towards the future.²⁶ As such, students may feel they are not prepared to pursue post-secondary studies because the only interaction their family has had with education is through residential schools.

Secondly, Indigenous students, from a young age, also endure racism, discrimination, stereotyping, and other negative messages because many Canadians still fail to acknowledge the disparities Indigenous communities face.^{7,9,11-14,21,26} This may create doubts for Indigenous students early on about their ability to succeed. Therefore, Indigenous students may feel unprepared to go to post-secondary because not only has history stacked the deck against them, but they are also forced to navigate two seemingly conflicting cultural worlds at once.^{6,8,10,12,19} Moreover, these realities would likely be exaggerated for students at post-secondary institutions, as academia primarily lives within the worlds of the Western, colonized, and privileged. Rather than celebrating the fact that Indigenous students have the ability to successfully manage both cultural environments, learners are left to feel deficient in academic landscapes and unable to recognize that it is possible for them to thrive in post-secondary education.^{1,3,7,10}

A final issue that is commonly brought up in this discussion of preparedness is that of on-reserve education funding. While there is not a consensus on whether elementary and high schools on reserves in Canada receive adequate federal funds,^{21,27-30} Bains²⁸ noted that

increasing funding does not necessarily produce higher graduation rates or greater education quality in preparation for post-secondary studies. However, funding is still extremely important for financing elementary and secondary school teachers' salaries, curriculum development, textbooks, labs, libraries, and gyms, to name a few examples.²⁷⁻²⁸ Additionally, some on-reserve schools have struggled with obtaining the necessary resources to return to school safely during the COVID-19 pandemic, with barriers including limited classroom space and inadequate ventilation systems.²¹ The Canadian Human Rights Tribunal³¹ outlines that inequitable access to programming, services, and supports for First Nations children often stems from discrimination, and thus can be generalized to educational circumstances such as this. The funding discrepancy between on- and off-reserve education for children is also included within Call to Action #8 of the TRC.²⁰ According to Jewell and Mosby,²¹ there has been progress made on this since 2015, but the Call to Action has not yet been fully met. As such, these funding issues could be the root of some First Nations students' feelings of unpreparedness for post-secondary education. However, in relation to funding, it is also important to note the differences between on-reserve and provincial schools in terms of curriculum, functioning, and reporting.^{21,28-29} For example, when First Nations students graduate high school, their diploma is not always recognized by post-secondary institutions because of variations in operating.²⁸ Furthermore, some communities do not even have their own elementary or secondary schools,²⁸ which may create barriers to basic education due to proximity and travel.^{1,3,8-9,11,13-14}

These points raise two primary concerns: a) students on and off reserves are receiving two separate standards or ideas of an education, which may leave students feeling unprepared for post-secondary studies; and b) a notion arises that Indigenous youth are undeserving of elementary and high school educations, which leaves them forgotten in pursuits of post-secondary education. This is not to say that on-reserve schooling should change to suit provincial schooling expectations, as neither is necessarily superior to the other. Rather, there is something to be said about how others, outside of First Nations communities, may devalue the possible traditional education that students are receiving on-reserve. Referring to the previous matter of Western vs. Indigenous ways of knowing,^{7-8,11,13} such teachings are not recognized by or reflected within provincial post-secondary institutions.²⁸ This widens the existing gap between on-reserve and provincial schooling,⁹ which could put First Nations students on-reserve at a greater risk for prematurely leaving post-secondary education. However, it should be noted that this topic of comparing on- and off-reserve education is extremely complex and should be investigated further to identify additional intricacies.

While it is important to note these direct influences of history on Indigenous education, many of the barriers for early leavers that will be discussed in this review can also be indirectly attributed to colonization.

Institutional

Universities and colleges are complex systems made up of various processes and structures.¹⁸ However, the climate of these systems and how they are organized often makes Indigenous students vulnerable to early leaving. Institutional factors that will be discussed include systemic racism, cultural awareness, curriculum content, Indigenous representation, false narratives, finances, and supports.

Many articles in this review mentioned racism and discrimination on campus as a factor that pushes students to leave school. In fact, Indspire's past research indicated this as well,³² and thus the *Rivers to Success: Indigenous Student Mentorship Program* (R2S) was created to address the effects of discrimination on students. Jewell & Mosby²¹ stated that structural anti-Indigenous racism was also one of the main barriers to implementing the Truth and Reconciliation Commission of Canada's²⁰ 94 Calls to Action. Although instances of overt racism have decreased,¹⁰ microaggressions, stereotyping, labelling, and resentment from other students, faculty, and teachers are still common.^{7,9,11-14} While one study found no reference to racism, the authors speculated that this was likely due to participants being enrolled in Indigenous-specific programs.¹ The resulting narrative is that many institutions exhibit low cultural intelligence and insensitivity,^{4,14} which contributes to a negative learning environment for Indigenous students.¹¹ This manifests on campus in the form of "Indian" mascots,⁷ in pan-Indigenous perspectives (e.g., not understanding how the Métis and Inuit differ from First Nations, or the diversity within each group),³² and in a lack of acknowledgement of the struggles and racism Indigenous Peoples face.^{10,12} There becomes a burdensome expectation that Indigenous students are responsible for educating and correcting their non-Indigenous teachers and peers on Indigenous topics, within and outside of class, which is an emotionally exhausting weight to carry.³² As such, institutional change, in the form of policies and practices, is needed to address issues of equity and accountability. This is supported by Jewell,³³ whose work states that many Indigenous reports over the last 30 years have echoed the same message: systemic bias can only be addressed by eliminating harmful colonial practices at a structural level. Specifically, they reference Call to Action #47 as one of these supporting recommendations,²⁰ as well as various Calls for Justice within the National Inquiry into Missing and Murdered Indigenous Women and Girls.³⁴

Relatedly, the curriculum in post-secondary institutions often portrays Indigenous Peoples in a historically inaccurate and ignorant way.^{2,7,9-11} For example, Indigenous cultures are represented as a thing of the past, thus rendering Indigenous students, their realities, their experiences, and their accomplishments, invisible.^{7,10-11} This depiction strongly relates to the notion of erasure politics, as to remove Indigenous Peoples and their perspectives from public awareness.³⁵ From a colonial perspective, the lack of acknowledgement within post-secondary institutions regarding Indigenous culture and students is part of a larger issue, which seeks to erase Indigenous Peoples from Canadian history.^{7,11,35} Overall, this sends the message to

Indigenous students that they are unimportant and insignificant within the institution and society, which harms mental health and persistence.⁷ The Truth and Reconciliation Commission of Canada²⁰ also recognizes that reforming curriculum to be culturally relevant and accurate to Indigenous Peoples can be a means of reconciliation within Canadian education systems, which demonstrates the importance of this matter. The concerns with curriculum highlight another issue: having few Indigenous faculty and staff is also related to early leaving, as there is no one to accurately teach curriculum or to act as role models for Indigenous students.^{4,9,10-11,13-14} Not only this, but students were more likely to approach staff if they were also Indigenous, which is important for building student-faculty relationships that help facilitate persistence.¹³ Fortunately, Indspire's *Teach for Tomorrow: Indigenous Educator Apprenticeship Program* is an initiative which is helping to address this underrepresentation of Indigenous teachers by providing opportunities for youth to become educators. However, the culturally neutral nature of post-secondary still continues to contribute to the low retention rates of Indigenous students by belittling their existence at an institutional level.

Furthermore, an Australian study found that Indigenous students were just as engaged in school as their non-Indigenous counterparts, despite lower retention rates.¹ This was especially true for first-generation students, who were excited to bring knowledge back to their communities. Even so, there still exists a false narrative at many post-secondary institutions that Indigenous students are inferior, unmotivated, and that leaving school early is entirely of their own accord.^{1,3,7,10} Climates like these create unsuitable learning environments, which is a major barrier to educational attainment.^{2,7}

Other prominent institutional barriers identified in the literature include financial issues and stress (e.g., inadequate Indigenous-specific financial aid, scholarship and bursary programs),^{1,3-4,9,11-15,25,32} a lack of flexibility and/or accommodations available,^{3,11,13} few transition programs for new Indigenous students (e.g., rites of passage ceremonies),^{4,14-15} and little support for non-traditional students and non-academic matters (i.e., mental health and personal growth).^{1-3,12-14} Indigenous students tend to share similar characteristics with other non-traditional students, in that they tend to be older, returners, and do not always start post-secondary studies immediately following high school.³

Socio-Cultural Influences

Within this next theme, social and cultural influences on early leaving will be examined. This encompasses topics that are of high value to Indigenous students, such as community, relationships, culturally-centered resources, and the self-in-relation to Indigeneity. As such, two subthemes have emerged: community and cultural connection, and identity.

Community and Cultural Connection

The relationships which students build during post-secondary education are extremely important for increasing retention because they establish an academic community and feelings of connectedness. Indspire's *Truth and Reconciliation in Post-Secondary Settings: Student Experience* report³² indicated that wanting a sense of community and support at school was a primary need for Indigenous students and significantly impacted their success. This was also what drove the development of Indspire's R2S mentorship program, since a goal of the program is to foster those positive feelings of connection for students. Additionally, some studies even noted that students start to refer to their post-secondary community as an extended family.^{8,12} For instance, getting to know faculty members and teachers (both Indigenous and non-Indigenous) on a more personal level is referenced frequently as a good indicator of student success.^{1,4,13-15,17} Student-faculty relationships were even helpful for pulling Indigenous students back into school after previously leaving early.¹³ Similarly, creating strong relationships with peers (both Indigenous and non-Indigenous) helps increase retention.^{1,4,12-15,17} Mentorship programs and having role models on campus (both peer and faculty) are also effective strategies for mitigating the number of Indigenous early leavers.^{2,4,10-12,14} Finally, it should be noted that Indigenous resource centers and lounges act as facilitators of these various types of social relationships and networks, which demonstrates the need for these supports on campuses.^{1,12-14}

While the post-secondary community is important, the ongoing relationships Indigenous students have within their home, away from school, are equally vital for success. Community is very important to Indigenous students for personal and cultural wellness, as it helps them deal with the struggles of university and college.¹⁷ The support and encouragement that family and community members provide towards a student's educational goals positively affects persistence.^{8,12} Thus, positive relations all around act as a protective factor against leaving early.

Finally, the presence of on-campus cultural initiatives and resources is a promoter of persistence. When schools embrace Indigenous ways of knowing and tradition, this actively combats the culturally neutral nature of institutions, as was previously discussed.^{6,13} A suggestion is to provide opportunities for ceremony and spirituality (for example, rites of passage, drumming, sweat lodges, or feasts).¹³⁻¹⁴ Visiting Elders can facilitate these activities and provide cultural and personal support to students.¹²⁻¹⁴ There is also a need for Indigenous counsellors at post-secondary institutions who can give culturally informed support.^{6,12,14} Additionally, the literature stresses the importance of Indigenous resource centers which act as a hub for community gatherings and cultural initiatives.^{1,12-14} Some articles also pointed out that language revitalization efforts on campus can be extremely helpful for keeping students culturally engaged.^{10,14} All in all, cultural supports are critical when discussing Indigenous early leavers.

While this section has highlighted factors which encourage staying in school, it should be noted that there is a major social barrier to attainment that has yet to be discussed: leaving community. Students may experience culture shock when entering the unfamiliar environment that is post-secondary education, especially if they live on reserve or are from remote or rural areas.^{2,12-13} Some schools encourage a “culture-free zone,” in which students are implicitly or explicitly receiving messages to not “act Native.”^{2,10} Another example is that Indigenous students and institutions may perceive success and failure differently, as they are not universal concepts; both are culturally defined.⁸ For instance, Indigenous success has been described as connection, culture, and community,⁸ which is not the prevailing definition in post-secondary or larger society. This discussion also intersects with motivation, which will be addressed later in this report. Ultimately, if Indigenous students are leaving their families and communities behind for a place where their values are not reflected in the social environment, it may push students to return home.

Identity

Interestingly, a strong sense of Indigenous identity has been identified as a protective factor against early leaving.^{5,7-8,10,12} Identity for Indigenous Peoples is an extremely complex topic, given a history that comprises a widespread loss of Indigenous cultures.⁵

Unfortunately, the literature indicates that it is common for Indigenous students to feel alienated and isolated on campus.^{6,12,14} A study by Huffman⁶ demonstrated that Indigenous students often encounter cultural conflict at school, which is in turn linked to low persistence. They stated that students often fall into one of two categories or “cultural masks”: 1) estranged (i.e., those who leave school early); and 2) transcultured (i.e., those who persist). However, these masks are characterized by differences in identity. Estranged students in the study had a sense of traditional culture, but also a strong mistrust of education systems; many of them believed their identity as an Indigenous person was at risk while pursuing post-secondary education. From the estranged student’s perspective, their only options were to assimilate or leave. On the other hand, transcultured students also had a sense of traditional culture and a rejection of assimilation, but they were confident that they would not lose their identities. Instead, they drew strength and emotional security from being Indigenous, which allowed them to operate in two cultural contexts simultaneously. Therefore, both students begin the same (feeling alienated), but the point at which they began to progress down a specific identity path (called the transculturation threshold) determined if they were more likely to leave school or to stay.

Joseph and Windchief⁸ suggest that for Indigenous students, going to post-secondary institutions involves a constant negotiation between the student’s at-home community (which provides primary cultural resources) and post-secondary community (which provides secondary cultural resources). This interaction causes questioning and identity work to occur.^{4,8} In order to promote student success, students need to feel empowered through their Indigenous identity.

It is also important to note that the definition of “self” is different for Indigenous students than those who are non-Indigenous, as there is more emphasis placed on community.⁸ Thus, both communities must facilitate this development and help students foster a sense of belonging to increase their persistence.^{2,4,12}

Self-discovery appears to be a common experience for Indigenous students during post-secondary studies, where students fluctuate on a continuum of identity from more immersed in Western culture to more immersed in Indigenous culture.⁸ Hallett et al.⁵ further support this idea that identity is not fixed; it is an ever-changing entity over the course of the human lifespan. In their study they found that Indigenous students fluctuate greatly in their Indigenous identity, and the nature of their identity was correlated to early leaving. Specifically, those who had always declared their Indigenous identity were more likely to leave early. Oppositely, students who previously did not declare Indigenous identity, but recently started to consistently identify as Indigenous, had the lowest rates of leaving. While the authors could not explain these results, most of the students who had always declared their Indigeneity were from reserves, whereas living off-reserve was strongly related to changing Indigenous identity at some point.

Thus, the way in which schools promote and encourage cultural identity is extremely important. This is also another reason to have culturally relevant content in school curricula, as students feel that some classes demean their identity as an Indigenous person.⁷ Additionally, finding a sense of academic identity as a student is also necessary for success.¹⁰ While more research needs to be conducted on the topic, the way in which students identify will likely affect their educational outcomes in some way. It is integral that Indigenous students foster a sense of confidence, pride, strength, and purpose in their identity, and that people do not underestimate their abilities to exist in two cultural worlds.^{6,8,10,12}

Individual Influences

Finally, there are some individual and person-level factors which may affect early leaving. However, it is important to note that the points mentioned below are often influenced by the external factors mentioned above and that blame should not be placed on the student. Early leaving is highly complex. Therefore, avoiding a deficit-focused perspective is necessary, as it has been traditionally applied to this topic¹⁶ and failed to explain the intricate nature of early leaving.¹⁷ This category also includes two subthemes: cognition and personal characteristics.

Cognition

When discussing individual thinking patterns, a primary topic in the literature is student motivation. Tinto¹⁶ theorized that the decision to leave school early is informed by a student's commitments to their goals and to the institution they attend—in other words, how much the student wants to achieve their qualification and how much they want to complete it at that specific school. Students weigh the pros and cons of being at post-secondary and are more likely to leave if the costs outweigh the benefits.¹⁶ However, Guiffrida¹⁷ argued that what classic explanations of early leaving fail to consider is how the source of motivation can differ between ethnic minority and majority students and subsequently affect their commitments. They propose that institutions are created with more individualistic and extrinsic values in mind (e.g., independence, competition, external validation, grades), even though Indigenous cultures tend to value collectivism and intrinsic needs (e.g., interdependence, harmony, attachment, personal validation and overall competency).^{4,8,17} Thus, Indigenous students' motivations may contradict the school's definitions of success and competency. When institutions are not oriented towards Indigenous students' motivational needs, this may put them at risk for early leaving.

A common collectivist-oriented motivation to stay in school for Indigenous students is the desire to give back to their community.^{1,8,12} For example, giving back can mean bringing home new knowledge or becoming role models for others in the community.^{2,12} Mentoring programs can help facilitate this development of leadership skills too.^{2,11} Overall, Joseph and Windchief⁸ explained the concept of Indigenous student motivation, stating that "... to do well in school is to respect one's Elders." ^{8(p85)}

Moreover, a second concept to consider regarding cognition is a student's perception(s) of themselves. Self-efficacy, or believing in one's own capabilities,⁴ is important for post-secondary retention. Students need to have positive beliefs about how they might perform in school and about what they may achieve.¹⁰ Relatedly, Walton et al.¹³ found that when students learned how to effectively study and work on their own, they were more likely to persist. Therefore, it is critical that students are given the information to develop independent learning and academic skills, as these can improve self-efficacy and retention.

Personal Characteristics

Specific demographic characteristics also make early leaving more likely for an individual. For instance, Indigenous students who are caregivers or parents (particularly those who are both single and female) have many more obstacles to face in their educational attainment.^{3,13} This is primarily due to institutions not providing students who are parents with adequate resources, such as childcare centres on campus, support groups, scheduling flexibility, or additional financial aid, to name a few.³ However, outside of having children, Walton et al.¹³ stated that gender did not significantly affect Indigenous persistence. The conversation surrounding dependents is especially relevant because the percentage of Indigenous post-secondary

students who have children is triple that of non-Indigenous students.³ Additionally, mature students also face unique barriers (e.g., more time spent outside of the school system following high school completion) and tend to have greater familial responsibilities than younger students.^{1,11,14} This is significant because Indigenous learners are enrolling at increasingly older ages.¹¹ Shankar and Khalema¹¹ defined a mature student as someone who is 25 years of age or older. Looking at Indspire's data (see Appendix A), 49% of funded students met this criterion.³⁶ Not only this, but 51% of these mature students had at least one dependent to care for, compared to 7% of non-mature Indigenous students.³⁶ This signifies that a high proportion of Indigenous students are likely experiencing the additional challenges that come along with being mature-aged and/or a caregiver while pursuing post-secondary.

Parental education has mixed outcomes as an indicator of persistence, as some studies found it correlated with early leaving but others did not.^{9,11,13} First-generation Indigenous post-secondary students were not found to be at any bigger risk; however, additional targeted supports did help to ensure their success.¹⁴ With this being said, having a disability,¹ not getting into one's first program of choice,¹⁵ and specific fields of study¹⁵ all had negative impacts on persistence. Speaking an Indigenous language is also associated with early leaving, which suggests that knowing a traditional language may come at the cost of not knowing the predominant language as proficiently (e.g., English).⁹ This ties back into systemic influences on early leaving, as there is a dissonance between Indigenous and Western ways of knowing and being. Speaking and saving their languages is one of the great strengths of Indigenous Peoples; it is not a weakness. However, this perspective is not reflected within institutions. Finally, geography was also a major indicator of education completion, as students from remote, rural, and on-reserve areas face more physical barriers to education because they usually live farther away from schools.^{1,3,8-9,11,13-14}

The last individual-related factor from the literature that affects early leaving is academic characteristics. Tinto¹⁶ cites that a student's intellectual development while pursuing post-secondary studies is related to retention. Intellectual development would be the intrinsic evaluation of learning, while grades or GPA would be the extrinsic evaluation of learning. While Tinto¹⁶ states that high grades mean high intellectual achievement, it is important to recall the previous conversations of motivation and needs of Indigenous students,^{1-2,4,8,12,16-17} as well as cultural incongruence of standard assessments.^{10-11,13} While grades during and prior to post-secondary education have been found as an adequate indicator of persistence,^{13,15-16} intellectual development should be considered in terms of Indigenous values and ways of learning and knowing. Additionally, a student's ability to organize for and navigate university (e.g., creating schedules, setting goals),⁴ their study habits and skills,^{1,15} and class attendance¹⁵ all impacted early leaving.

Prevailing & Persisting: Looking Towards the Future

Overall, this literature review identified three themes related to Indigenous early leaving: (1) systemic influences; (2) sociocultural influences; (3) individual influences. While some factors may play a greater role in pushing Indigenous students to leave school than others do, an overlap of barriers in all three categories often has the biggest impact on retention. Persistence is not determined by one isolated experience or struggle. A positive Indigenous student experience is achieved through a well-rounded, holistic student life that promotes physical, mental, cultural and spiritual wellbeing.^{7-8,11,14,37} Therefore, early leaving should be viewed with this same holistic lens, to attain a comprehensive understanding of the topic. Even so, despite the challenges discussed within this review, Indigenous students are continuing to enroll and persist at greater numbers than has been observed in previous decades.³⁸ Looking towards the future, there is still much work that needs to be done. However, there are also many reasons to be optimistic about the continued pursuit of Indigenous post-secondary success.

Gaps and Limitations

While the literature provided useful insights on Indigenous early leavers, there are many gaps which need to be addressed:

1. There is little research on early school leavers who eventually return to school later. Post-secondary institutions tend to highlight enrollment and graduation rates, but not the data on attrition and retention. What makes students come back? How many come back? How long does it take them to return to school after leaving? These are all questions that need to be investigated.
2. The literature needs to expand on intersectionality and other aspects of the Indigenous student experience (e.g., sexuality, gender identity, being of mixed ethnicity, having a disability).
3. It could be helpful to conduct research on which post-secondary institutions in Canada have made commitments to the TRC²⁰ and have Indigenous achievement plans in place. This is important for measuring the “Indigenization” of academia and may assist students in choosing an institution that will best meet their needs and make success more likely.
4. There is a need for more research on Indigenous post-secondary leavers, as most of the literature reports on high school students.
5. Research should distinguish between types of early leaving (e.g., transfers, temporary leavers, returning leavers, first-year versus fourth-year leavers, etc.), older and younger cohorts, and specific field of study.
6. There needs to be more research on the educational outcomes related to the nature of self-identification and why it affects early leaving. For example, how does distinguishing between Indigenous group, tribe, band, and the use of different terminology (e.g., Aboriginal, Native, Indigenous, Indian) correlate to early leaving?
7. There needs to be more investigation on the long-term processes of early leaving (before and after post-secondary).
8. With COVID-19 resulting in increased online schooling, research should examine whether this change has affected Indigenous early leaving.
9. The review found that mentoring (whether formal or informal) is an under-researched topic, despite being integral to increasing Indigenous retention rates.⁴ Thus, further investigation is needed.

Future Directions and Implications

From this literature review, there are some future steps that can be taken by researchers, educators, institutions and Indspire as an organization. First, this review has provided valuable insights for Indspire's *Research and Impact Unit (RIU)*. As such, a critical next step for the RIU is to use these findings to undertake its own research project on early leavers. This way, we may be able to help students at Indspire better, particularly those who have or have considered leaving post-secondary studies early. The need for developing and hiring more Indigenous teachers and faculty at the post-secondary level also cannot be stressed enough.^{9,11,13-14}

Indspire's *Teach for Tomorrow: Indigenous Educator Apprenticeship Program* will be able to use these findings as evidence of the importance of the program and to guide their efforts in cultivating future generations of Indigenous teachers. Indspire's *Rivers to Success: Indigenous Student Mentorship Program* can also play a key role in providing role models and mentors for Indigenous learners, while educational institutions seek ways to increase the recruitment and retention of Indigenous staff. Finally, there is also a need for more Indigenous content, history, and ways of knowing to be incorporated within curriculum and learning spaces in order to encourage persistence (e.g., bringing in Indigenous guest lecturers, reading Indigenous-authored texts, etc.).^{7,9,11-12,14} However, even if none of these steps are taken, teachers, faculty, and students at post-secondary institutions need to be taught cultural intelligence, at the very least. This would hopefully mitigate the amount of racism and stereotypes Indigenous students experience on campus.^{7,10-11,13-14}

Furthermore, increased attention on fostering positive Indigenous student-faculty relationships^{2,4,15} and providing more non-academic supports^{1-3,6} will help students feel better adapted to the school environment. Improving financial assistance was also highly cited, indicating that more organizations and institutions should implement Indigenous-specific bursary and scholarship programs, as a start.^{1,3,11-12,13-14}

Indigenous students need to be encouraged to explore their culture, identity, and community while pursuing post-secondary studies.^{5-8,10} This can be done by implementing more cultural programming on campus and providing more accommodations for non-traditional students.^{2-3,10-14} As well, Indigenous-specific mentorship, role model, and leadership development programs^{2,4,11-15} would be beneficial for current students and aspiring youth. This has implications for Indspire's *Rivers to Success: Indigenous Student Mentorship Program*, as this report shows not only the need for Indigenous-specific mentorship, but also gives insight into what students are struggling with and may require mentorship advice on. Mentors can discuss these possible educational barriers with their mentees and hopefully help students overcome them. Finally, supports related to navigating self-efficacy,^{4,10,13} transculturation,^{2,4,6,8,10,12,17} motivations,^{1-2,4,8,12,16-17} and transitions,^{14-15,17} are also needed.

All in all, this review indicates that the future of education must make space for different worldviews and adjust according to student needs. Not everyone fits into one model of

learning, and post-secondary education comes with a variety of challenges that can be greatly affected by culture and ethnicity. Moving forward, a new direction might be to implement measures of student success that are not solely based on program completion. Since Indigenous students have unique motivations,^{1-2,4,8,12,16-17} needs,^{4,8,17} and perspectives on education, early leaving might not necessarily indicate failure in the post-secondary system. The Canadian Council on Learning³⁷ states that for Indigenous Peoples success exists in many forms, and learning is perceived as a lifelong journey. If Indigenous early leavers are able to fulfill some of their motivations for going to school in the time that they are there (e.g., giving back to community,^{1,8,12} increasing personal competency dimensions^{4,8,17}), then success may look different in their eyes than in that of the institution.

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Appendix A

Building Brighter Futures Demographic Information

Age	Number of Students	Percentage
Non-Mature (17-24 years)	3202	51%
Mature (25+ years)	3029	49%
Total	6231	100 %

Table A1. BBF Students by Age (Indspire, 2021). Please note that 9 BBF students did not specify their age and thus were not included within these calculations.

Age	Number of Students with Dependents	Percentage*
Non-Mature (17-24 years)	210	7%
Mature (25+ years)	1548	51%
Total	1758	28%

Table A2. BBF Students with Dependents by Age (Indspire, 2021). *Please note that percentage is calculated as the number of students with dependents divided by the total number of students in each age group (see Table A1).



COLLEGE OF DENTAL TECHNOLOGISTS OF ONTARIO

Audit Scope Letter

AUGUST 31, 2025

2025 Audit Scope – College of Dental Technologists of Ontario

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“At Kriens-LaRose, our mission is always to surpass your expectations through high-quality, affordable, and timely responses to your financial needs.”



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Agenda Item 9.1

August 18, 2025

The Executive Committee
College of Dental Technologists of Ontario
PO Box 4021 Scarborough RPO McCowan SQ
Scarborough, Ontario
M1H 0A4

Dear Members of the Executive Committee:

Re: Audit Planning and Scope of the Engagement

We have summarized our audit approach for the audit of the financial statements of the College of Dental Technologists of Ontario (the "College") for the period ending August 31, 2025. The purpose of this document is to ensure effective two-way communication between us in our role as auditors and yourselves in your role of overseeing the financial reporting process. We have outlined the scope and timing of our services, the team that will serve you, and what we see as the key considerations affecting the 2025 audit.

This letter is intended solely for the use of the Executive Committee in reviewing the scope of our audit services and our overall audit plan.

We appreciate that your College has selected Kriens~LaRose, LLP as their auditors and, as such, we are committed to completing an efficient audit that is responsive to your needs and timely with respect to your reporting requirements.

Yours very truly,

KRIENS~LAROSE, LLP
Chartered Professional Accountants
Licensed Public Accountants

Renaldo Ferreira

Renaldo Ferreira, CPA, LPA, Partner

2025 Audit Scope – College of Dental Technologists of Ontario

Your Audit Team

Kriens~LaRose serve you with our team of professionals who offer both not-for-profit industry expertise and a history of involvement with health colleges. Our enthusiasm and commitment ensure responsive, innovative and proactive service for the College.

Engagement Partner	Partner	Senior Associate
Thomas Kriens, CPA, CA kriens@krienslarose.com 416-690-6800 x 224	Renaldo Ferreira, CPA renaldo@krienslarose.com 416-690-6800 x 263	Raymond Lee, CPA raymond@krienslarose.com 416-690-6800 x 222

Independence

As auditors, we are required to comply with the fundamental principles of objectivity, integrity, audit quality and professional behaviour, including independence. We are not aware of any independence matters of which we need to make the College aware.

We confirm we are independent of the College.

Planned Scope of the Audit

We will perform an examination of the August 31, 2025, financial statements in accordance with Canadian Auditing Standards (CAS). The objective of our audit is to obtain reasonable (not absolute) assurance that the financial statements are free from material misstatement and prepared, in all material respects, in accordance with Canadian accounting standards for not-for-profit Colleges.



We will obtain a sufficient understanding of the business and the internal control structure of your College to develop our audit plan. A variety of factors are considered when establishing the audit scope including size, specific risks, the volumes and types of transactions processed, changes in the business environment, etc. Furthermore, we review management's assessment of:

- The risk that the financial statements may be materially misstated as a result of fraud and error; and,
- The internal controls adopted by management to address such risks.



2025 Audit Scope – College of Dental Technologists of Ontario

Auditor Responsibilities

The respective responsibilities of ourselves and of management in relation to the audit of financial statements are set out in the engagement letter provided to management and those charged with governance (“TCWG”).

Materiality

The auditor’s determination of materiality involves professional judgment and is influenced by the auditor’s understanding of the needs of financial statement users. Materiality represents the threshold at which misstatements could reasonably be expected to influence users’ decisions. Both quantitative and qualitative factors are considered in this assessment.

For the current year, we have determined preliminary overall materiality to be \$31,500 based on 3% of 2025 projected revenues. This amount will be used to plan and perform the audit and evaluate the effects of identified and uncorrected misstatements on the audit procedures performed as well as on the financial statements.

The materiality amount will be reviewed and reassessed on an ongoing basis throughout the audit and should circumstances warrant, materiality will be adjusted accordingly.

“Information is considered material if its omission or misstatement could influence the economic decisions of users taken based on the financial statements.”

Responsibility for the Prevention and Detection of Fraud

An auditor conducting an audit in accordance with CAS is responsible for obtaining reasonable assurance that the financial statements taken as a whole are free from material misstatement, whether caused by fraud or error. Owing to the inherent limitations of an audit, there is an unavoidable risk that some material misstatements of the financial statements may not be detected, even though the audit is properly planned and performed in accordance with CAS.

We will perform mandatory procedures to address the risk of management overriding controls, as noted in the significant risks section, regardless of whether specific fraud risks have been identified.



2025 Audit Scope – College of Dental Technologists of Ontario

Significant Risks

In planning our audit, we identify significant financial reporting risks that, by their nature, require special audit consideration. The significant risks we have identified, and our proposed audit response are outlined below:

Significant risks	Audit Response
Management override of controls <i>Given that management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. Although the level of risk of management override of controls will vary from entity to entity, the risk nevertheless is present in all entities.</i>	Inquiries of management and TCWG Add element of unpredictability Test the appropriateness of journal entries. Review of related-party transactions and management estimates

Areas of Focus

Our audit plan has been designed to focus on identified areas using a risk-based approach. Risk assessment in auditing identifies, measures, and prioritizes risks so that the focus is placed on the auditable areas of greatest significance.

The areas of focus for our audit are as follows:

Area of Focus	Audit Response
Investments <i>Existence and valuation</i>	Analytical procedures Verify investment balances to broker statements Assess compliance with investment policy



2025 Audit Scope – College of Dental Technologists of Ontario

Areas of Focus (continued...)

Area of Focus	Audit Response
Registration fees and deferred revenue <i>Revenue recognition and completeness</i>	Analytical procedures Substantive testing of revenues, including the consistent application of accounting policies Review of cut-off procedures
Accounts payable and accrued liabilities <i>Completeness</i>	Substantive analytical procedures Assess reasonableness of claims accrued Search for unrecorded liabilities
Payroll and other expenses <i>Accuracy and existence</i>	Analytical procedures Substantive test of details of payroll and other expenses, including the consistent application of accounting policies Review of employment agreements Review cut-off procedures

If there are specific areas that warrant our particular attention during the audit or where you would like us to undertake some additional procedures, please let us know.

Year-end Deliverables

During the course of the audit, we will bring to your attention any significant issues which may arise, and which may affect our proposed audit plan and our audit report. At the conclusion of our audit, we will report to you the results of our audit.

Deliverable	Description	Communication
Auditor's opinion	Express an opinion on the August 31, 2025 financial statements.	Auditor's Report



2025 Audit Scope – College of Dental Technologists of Ontario

Deliverable	Description	Communication
Audit findings	Issue a report to the Executive Committee outlining significant items arising from the audit discussed with management, qualitative aspects of the College's accounting practices, significant internal control deficiencies and any other matters of governance interest.	Executive Committee Report
Management Representation	Management representation on the financial statements and the audit process.	Representation Letter
Summary Financial Statements	Section 6(3) of the <i>RHPA</i> requires the College to include the summary audited financial statements as part of its annual report.	Summary Financial Statements

Audit Schedule

Our audit fieldwork is tentatively scheduled to start the week of October 6, 2025, and we expect to have draft financial statements completed within two weeks from the date we complete our fieldwork, provided there are no significant delays. If any substantial delays arise during the audit process, the timeline will be adjusted accordingly.



2025 Audit Scope – College of Dental Technologists of Ontario

Audit Quality at Kriens-LaRose

Audit quality refers to the commitment to uphold the highest standards of accuracy, transparency, and integrity in the audit process. It is our responsibility to ensure that our work consistently meets these standards, providing trust and confidence for stakeholders. We achieve audit quality at the firm through the following practices:



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	831,601	985,213	-32,728	-3.2%	1,016,689	-31,476	-3.1%
Examination	\$ 8,242	1,902	6,657	-1,585	-19.2%	7,392	-735	-9.9%
Investment income	\$ 42,161	12,585	56,419	14,258	33.8%	39,969	16,450	41.2%
TOTAL REVENUE	1,068,344	846,088	1,048,289	-20,055	-1.9%	1,064,050	-15,761	-1.5%
Expenses								
Registration	\$ 7,605	8,242	11,037	-3,433	-45.1%	2,490	-8,547	-343.3%
Examination	\$ 13,064	15,441	15,620	-2,556	-19.6%	5,075	-10,545	-207.8%
Quality Assurance	\$ 10,110	2,790	4,240	5,870	58.1%	4,294	54	1.3%
Complaints, Discipline ^{N2}	\$ 50,276	-7,665	9,538	40,738	81.0%	101,649	92,111	90.6%
Unauthorized Practice ^{N3}	\$ 30,405	841	1,102	29,302	96.4%	211	-891	-422.4%
Patient Relations	\$ 1,050	300	300	750	71.4%	300	0	0.0%
Administration	\$ 142,475	84,901	145,756	-3,281	-2.3%	175,162	29,406	16.8%
Governance ^{N4}	\$ 59,090	26,295	35,739	23,351	39.5%	0	-35,739	0.0%
Human Resources ^{N5}	\$ 734,886	521,039	669,844	65,042	8.9%	645,773	-24,071	-3.7%
Communications (Publications)	\$ 8,234	5,495	5,939	2,295	27.9%	3,929	-2,010	-51.1%
Legislation & Policies	\$ 11,150	4,266	9,050	2,100	18.8%	1,537	-7,513	-488.8%
Total Expenses	1,068,344	661,945	908,166	160,178	15.0%	940,420	32,254	3.4%
Surplus/ (Deficit) from Operations	0	184,144	140,124	140,123		123,630	-48,015	-38.8%

* Projections are based on actual results to June 30, 2025

Variance Explanations:

Revenues

N1 Unfavourable variance in Registration revenue due to a significant increase in administrative suspensions and significant decrease in the number of new registrant applications. Annual renewal fees received are distributed over 12 months as per revenue recognition policy. 15 new administrative suspensions in 2024-2025.

Expenses

N2 Favourable variance. Caseload lower than anticipated. Case expenses offset by cost recovery from penalties, not budgeted.

N3 Favourable variance in Unauthorized Practice in spite of increase in number of reports due to positive response to cease & desist letters Court fees avoided.

N4 Favourable variance due to savings from unspent budgeted consulting fees for strategic planning.

N5 Favourable variance due to position vacancy and changes to Employee Benefit plan and provider.

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-June)	FCST Jul -Aug 2025	FCST 2025- 2026	Balance
Database Modules - Project Manager	\$ 272,947	\$ 34,844	\$ -	\$ 34,844	\$ -	\$ -	\$ 34,844	\$ (0)
Regulations and associated policies	\$ 32,488	\$ 13,365	\$ -	\$ 13,365	\$ 5,556	\$ 2,000	\$ 5,809	\$ (0)
Standards and Ethics	\$ 85,933	\$ 55,398	\$ 13,856	\$ 41,542	\$ -	\$ -	\$ 41,542	\$ 0
Quality Assurance - QAP Review	\$ 8,000	\$ 8,000	\$ -	\$ 8,000	\$ -	\$ -	\$ 8,000	\$ -
Regulatory Disruption	\$ 81,851	\$ 15,806	\$ 7,417	\$ 8,389	\$ -	\$ 2,000	\$ 6,389	\$ 0
Equity, Diversity, and Inclusion	\$ 41,808	\$ 31,315	\$ -	\$ 31,315	\$ 11,244	\$ 6,639	\$ 13,433	\$ -
Governance	\$ 16,100	\$ 2,735	\$ -	\$ 2,735	\$ -	\$ -	\$ 2,735	\$ 0
Total*	\$ 736,018	\$ 161,464	\$ 21,273	\$ 140,191	\$ 16,800	\$ 10,639	\$ 112,752	\$ 1

3%

2%

1%

15%

* 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 by the end of May - Balance goes to Standards and Ethics -Phase 2
4. Regulatory disruption focus is developing and piloting a strategy for Unauthorized Practice. Remaining funds will be used to conclude current court case. An operating budet has been approved for 2023 - 2024.
5. Projects are complete. The Board approved a transfer \$7,148 from the Regulatory Disruption project to cover underfunding and close out these projects.
6. Equity, Diversity and Inclusion is a Board approved strategic project funded in June 2023.

Note 1

Note 2

Note 3

Note 3

Note 4

Note 6

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

College of Dental Technologists of Ontario
Investment Monitoring
June 30, 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 2024-August 2025		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%			\$ 160,711	\$ -	\$ -	\$ -	\$ 160,711	Operating cash balance
High Interest Savings Account (HISA)	current	2.35%	26-Feb-24		\$ 145	\$ 1,512	\$ 3	\$ -	\$ 145	Interest rate decrease. Cash transferred to BMO NB
Short Term GIC	current	4.95%	02-Aug-24	27-Jul-25	\$ 307,525	\$ -	\$ 14,997	\$ 322,522	\$ -	Transfer to BMO Nesbitt Burns once matured (Jul 2025)
1-year Redeemable Short-Term Investment	current	4.40%	29-Jul-24	28-Jul-25	\$ 842,173	\$ -	\$ 36,911	\$ 879,084	\$ -	Transfer to BMO Nesbitt Burns once matured (Jul 2025)
BMO Nesbitt Burns	current				\$ 255,117	\$ 3,057	\$ -	\$ 255,117	\$ -	Invested March 2025
					\$ 1,565,671	\$ 4,569	\$ 51,910	\$ 1,456,722	\$ 160,856	

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	2,553	2,980	2,140	13,113	111,568	762,074
CADTR		11,858						23,715		12,079		
ADT Phase II		1,641			1,641			425		2,118	309	
CSJ		26,314										
Admin		294			9,035							
Total Incoming	159,307	61,962	2,274	(22)	14,500	4,630	2,553	27,120	2,140	27,310	111,877	762,074
Outgoing funds:												
TD Merchant services	15,359	909	446	76	64	136	133	99	109	96	358	55
Operating expenses - HR	56,110	59,076	59,011	76,596	60,120	63,373	72,687	55,353	54,059	52,982	68,467	59,625
Operating expenses - Other	8,871	19,335	14,226	24,766	18,333	24,147	29,868	31,306	18,717	12,283	18,652	24,434
SIP	-	-	-	2,392	-	-	-	-	5,650	-	8,758	12,108
Total Outgoing	80,341	79,319	73,683	103,830	78,518	87,657	102,688	86,758	78,535	65,362	96,235	96,222
Net Cash	78,966	(17,358)	(71,409)	(103,852)	(64,018)	(83,027)	(100,135)	(59,638)	(76,395)	(38,052)	15,642	665,852
Opening cash BMO	675,628	754,594	737,236	665,828	561,975	667,957	584,930	334,796	275,158	198,763	160,711	177,959
Restricted cash (short-term) - HISA or RSTIC or GIC					170,000		(150,000)				1,605	
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	\$ 299,796	\$ 240,158	\$ 163,763	\$ 125,711	\$ 142,959	\$ 808,810



Dashboard – September 2024 – August 2025 (Fiscal Update)

Professional Excellence



Registration

Sept 2025

453 General Certificate (GC)
29 Inactive Certificate (IA)
1 Reinstatements (GC)
2 New RDTs (GC)
20 Non-Renewals (17 GC, 3 IA)

505 Total RDTs (includes suspensions)

1 Discipline Suspension
20 Administrative Suspension

10 Retire/Resign



Quality Assurance

Professional Development 2025

106 Tenured RDTs
24 New RDTs (1st submission)
130 TOTAL RDTs (Group A)
12 Late submissions (Group A)

Practice Assessment / full PDP

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



Conduct

Open Cases

0 Registrar Investigations
0 QA Referrals
0 Complaints

Closed Cases

0 Registrar Investigations
0 QA Referrals
0 Complaints

Mandatory Reporting

2 Received Mandatory Reports
0 Registrar Investigation
1 Open Mandatory Reports
1 Closed Mandatory Reports

Discipline

1 Referrals
1 Open Cases
2 Closed Cases

Unauthorize Practice

5 Unauthorized Practice Investigations



Practice Advisory

77 Number of Inquires

RDTs	58.4%
Dentist office	14.3%
Other regulators/associations	6.5%
Patients	3.9%

Top 3 Topics

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

Organizational Effectiveness



Communications

Social Media
YouTube
Website Updates
Mailchimp



People & Culture

0 Resignation
0 New Hire
3 Canada Summer Job

Financial Health

Operating Expenditures **15%**
Against Budget

Investment Income **33.8%**
Against Budget

Surplus Retention **99.7%**
Unrestricted Net Assets 50% - 100% of OE

Strategic Initiatives Projects **20.6%**
Percentage of Committed Spending



Financial Health





College of Dental Technologists of Ontario

Ordre des Technologues Dentaires de l'Ontario

Communications Dashboard | April - August 2025

Agenda Item 12.3

Social Media Statistics



Visitors 184
New Followers 5
Engagement Rate 7.8%
Impressions 1030

Video Sharing Statistics



Subscriptions 73
Videos 2
Views 215

E-Mail Statistics



Emails 13
Opens 478
Link Clicks 65

CDTO Website Statistics

Visitors: 1700

Average View Time: 1M 10S

Top Countries

Top 10 Countries		
1.	Canada	1,515
2.	United States	78
3.	Philippines	21
4.	Germany	13
5.	United Kingdom	11
6.	South Korea	10
7.	Japan	7
8.	Nigeria	4
9.	India	3
10.	Algeria	2

Referrals

Top 10 Referrals			
1.		statics.teams.cdn.office.net	28
2.		ontariocolleges.ca	21
3.		georgebrown.ca	17
4.		cac-word-edit.officeapps.live.corr	16
5.		regulatedhealthprofessions.on.ca	15
6.		chatgpt.com	9
7.		search.media-joy.co	5
8.		t.co	4
9.		healthforceontario.ca	2
10.		google.com	1

Top Pages

Top Posts/Pages			
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