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

# 150th Board Meeting

Date: Friday, September 25th, 2026, 9:00 AM to 4:00 PM

YouTube Live Stream Link

| Agenda | Speaker | Action | Time |
|---|---|---|---|
| **1. Call to Order** | Chair | Information | 1 min |
| **2. Opening Remarks**<br>2.1. Land Acknowledgement | Chair | Information | 5 mins |
| **3. Approval of Agenda** | Chair | Motion | 2 mins |
| **4. Conflict of Interest Declaration**<br>4.1. 2026 COI Declarations | Chair | Information | 2 mins |
| **5. Consent Agenda**<br>5.1. 149th Board Meeting Minutes<br>5.1.1. Appendix 1 – Status Updates on Board Action Items<br>5.2. Executive Committee<br>5.3. Discipline Committee<br>5.4. Fitness to Practice Committee<br>5.5. ICRC Committee<br>5.6. Patient Relations Committee<br>5.7. Quality Assurance Committee<br>5.8. Registration Committee<br>5.9. Recruitment Committee<br>5.10. By-Laws and Policy Review Committee | Chair | Motion | 5 mins |
| A consent agenda is a bundle of items that is voted on, without discussion, as a package. It differentiates between routine matters not needing explanation and more complex issues requiring further discussion. Any Director may request to the Chair that an item be removed for discussion. To test whether an item should be included in the consent agenda, ask:<br>1. Is this item self-explanatory and uncontroversial? Or does it contain an issue that warrants board discussion?<br>2. Is this item for information only? Or is it needed for another meeting agenda issue? | | | |
| **6. Governance**<br>6.1. Rise and Report September 24th<br>6.2. June 19th Board Meeting Evaluation<br>6.3. Committee Terms of Reference<br>6.3.1. Quality Assurance<br>6.3.2. Inquiries, Complaints and Reports Committee<br>6.3.3. Registration<br>6.3.4. Discipline<br>6.3.5. Patient Relations<br>6.4. Risk Management Framework | <br>Chair<br>Chair<br>Chair<br><br><br><br><br><br><br>L. Cheng | <br>Information<br>Discussion<br>Motion<br><br><br><br><br><br><br>Motion | <br>5 mins<br>5 mins<br>10 mins<br><br><br><br><br><br><br>15 mins |
| **7. Regulatory Programs**<br>7.1. CADTR Credential and Assessment Services<br>7.2. 2026-2027 Registration Renewals<br>7.3. Annual Registration Fee Payment Plan Policy<br>7.4. OFC Risk-Informed Compliance Framework<br>7.5. Using the Public Register | <br>S. Mohammed<br><br><br><br>J. Jayachandran | <br>Information<br>Information<br>Motion<br>Verbal<br>Presentation | <br>20 mins<br><br><br><br>5 mins |

| | | | |
|---|---|---|---|
| **10:15 AM Energy Break (15 minutes)** | | | |
| **8. In-Camera Session**<br>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. | Chair | Motion | 50 mins |
| **9. Registrar's Update**<br>9.1. Registrar's Report<br>9.2. CDTO Dashboard<br>9.3. Communications Dashboard | Registrar | Verbal | 10 mins |
| **10. Financial Matters**<br>10.1. 2025-2026 Financial Audit<br>10.2. Financial and Monitoring Reports<br>10.2.1. Operating<br>10.2.2. Strategic<br>10.2.3. Investments<br>10.2.4. Cash Flow<br>10.3. Strategic Initiatives Budget | <br>Kriens LaRose<br>Registrar<br><br><br><br><br>Registrar | <br>Information<br>Information<br><br><br><br><br>Motion | <br>20 mins<br>10 mins<br><br><br><br><br>15 mins |
| **12:15 PM Lunch Break (45 minutes)** | | | |
| **11. Board Education**<br>11.1. Dental Technology Program Intercultural Communication Course Overview<br>11.2. Lessons from Experience: Advancing Indigenous Relations | <br>B. Huen, GBP<br><br>S. St Louis | <br>Presentation<br><br>Information | <br>50 mins<br><br>10 mins |
| **12. Strategic Plan**<br>12.1. Strategic Dashboard<br>12.2. PE – Ethics and Standards Project | <br>R. Far<br>Cleverpoints | <br>Information<br>Presentation | <br>10 mins<br>15 mins |
| **2:25 PM Energy Break (15 minutes)** | | | |
| 12.3. PE – QAP Modernization<br>12.3.1. QAP and Selection Criteria Policy<br>12.3.2. Professional Development Profile Policy<br>12.3.3. Continuing Education and Professional Development Program<br>12.4. PE – Prior Learning Assessment Recognition<br>12.5. E – Communications Update<br>12.6. RE – EDI Data Collection Strategy | S. Lhakyi<br><br><br><br><br><br>J. Rigby<br>A. Patrick<br>A. Patrick | Presentation<br>Motion<br>Motion<br><br>Information<br><br>Information<br>Presentation<br>Presentation | 30 mins<br><br><br><br><br><br>15 mins<br>15 mins<br>15 mins |
| **13. Closing Remarks**<br>Next Meeting Dates:<br>December 11th – Board meeting | Chair | Information | 1 min |
| **14. 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.

# Commonly Used Acronyms

| | |
|---|---|
| **ADT** | Access to Dental Technology |
| **ADTO** | Association of Dental Technologists of Ontario |
| **CADTR** | Canadian Alliance of Dental Technology Regulators |
| **CAS** | Credential and Assessment Services |
| **CDHO** | College of Dental Hygienists of Ontario |
| **CDO** | College of Denturists of Ontario |
| **CDTO** | College of Dental Technologists of Ontario |
| **CPMF** | College Performance Measurement Framework |
| **EDI** | Equity, Diversity, and Inclusion |
| **ESDC** | Employment and Social Development Canada |
| **GBP** | George Brown Polytechnic |
| **MOH** | Ministry of Health |
| **PLAR** | Prior Learning Assessment and Recognition |
| **RCDSO** | Royal College of Dental Surgeons of Ontario |
| **RDT** | Registered Dental Technologist |
| **RHPA** | Regulated Health Professions Act, 1991 |

# Conflict of Interest Declarations

| Board Director | Declared Affiliations and Roles |
|---|---|
| Shanice Fontaine, RDT | None |
| James (Jamie) Matera, RDT | None |
| Tayla McGuckin, Public Director | None |
| Mark Peters, RDT | None |
| Nawaz Pirani, Public Director | None |
| Dr. Rehan Siddiqui, Public Director | None |
| Vernu Sivakkolundu, Public Director | None |
| Susan St Louis, Public Director | None |
| William (Bill) Van Evans, RDT | Member of the Board of Integrative Medicine |
| Clark Wilson, RDT | None |
| Adela Witko, RDT | None |
| Franz Yagin, RDT | None |

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.

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

Agenda Item 5.1

# 149th Board Meeting Minutes

Date: June 19, 2026, 9:02 AM – 3:19 PM (Virtual)

**Board of Directors**
James (Jamie) Matera, RDT, Chair
William (Bill) Van Evans, RDT, Vice-Chair
Shanice Fontaine, RDT
Mark Peters, RDT
Dr. Rehan Siddiqui, Public Director
Vernu Sivakkolundu, Public Director
Susan St Louis, Public Director
Clark Wilson, RDT
Adela Witko, RDT

**Regrets**
Franz Yagin, RDT

**Staff**
Judith Rigby, Registrar & CEO
Leanne Cheng, Governance and Regulatory Affairs
Rose Far, QA, Policy and Strategic Projects
Sonam Lhakyi, Conduct and Registrant Services
Safyia Mohammed, Registration and Administration
Ashney Patrick, Communications

**Guests**
Angie Brennand, College of Nurses of Ontario
Sandra Porteous, College of Nurses of Ontario

## 1. Call to Order

The Chair called the 149th Board meeting to order at 9:02 AM.

## 2. Opening Remarks

V. Sivakkolundu delivered the land acknowledgement, and the Chair took a moment to thank Staff on behalf of the Board for their continued work.

## 3. Approval of Agenda

**MOTION:** THAT the agenda be approved as presented.

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

## 4. Conflict of Interest Declaration

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

## 5. Consent Agenda

**MOTION:** THAT the consent agenda be approved as presented.

**MOVED BY:** R. Siddiqui and seconded by S. St Louis **CARRIED**

## 6. Governance

### 6.1 April 23, 2026 Board Workshop and April 24, 2026 Board Meeting Evaluation

The Board noted that the April 2026 Board and workshop evaluation results remained very strong, with both scoring above nine out of ten and all evaluation areas rated four or higher. Directors highlighted that agenda materials supported effective participation, discussions were inclusive and enabled meaningful contribution, and the Chair effectively

facilitated meetings and balanced decision-making. Workshop feedback reflected strong engagement on emerging topics, including artificial intelligence and sector risks, as well as positive interaction with students and future dental technologists. An opportunity was identified to provide alternative avenues for student participation to encourage broader engagement.

### 6.2 Third-Party Evaluation of the Board's Effectiveness

The Chair presented the third-party evaluator, Abena Buahene's, independent report, cited as a best practice of the College Performance Measurement Framework. The Board met 12 out of 13 criteria assessed, demonstrating the Board's effectiveness in fulfilling its fiduciary role and responsibilities in serving the public interest. The remaining metric will be prioritized as an area for improvement and relates to ensuring clarity for the public, registrants, and system partners regarding who the directors are and the backgrounds and experiences they bring to the governance of the College.

## 7. Financial Matters

### 7.1 Financial and Monitoring Reports

J. Rigby presented the financial monitoring reports, noting that registration revenue exceeded conservative budget projections due to stronger-than-expected applicant numbers and earlier registrations. The increased number of registrants from George Brown Polytechnic (GBP) graduates may be a positive outcome associated with the outreach initiatives led by a dedicated working group, members of which are CDTO, GBP and the Association of Dental Technologists of Ontario (ADTO).

A Director asked about the significant variance in the examinations budget. J. Rigby explained that examination and credentialing services are delivered through the Canadian Alliance of Dental Technology Regulators (CADTR) and a new Service Agreement fee was introduced to ensure the sustainability of these services, resulting in unbudgeted costs during the year.

### 7.2 2025-2026 Strategic Initiatives Budget

J. Rigby provided an overview of the College's Strategic Initiatives Budget (SIP), explaining that unlike the annual operating budget, SIP projects are multi-year initiatives funded through accumulated surpluses (unrestricted net assets) rather than registrant fees. She noted that requests for SIP funds require Board approval to be transferred from unrestricted net assets to internally restricted net assets.

J. Rigby emphasized that while unrestricted net assets currently exceed the Board's surplus retention target of six to twelve months of operating expenses, the funds provide important financial flexibility for future strategic initiatives, regulatory changes, governance modernization, technology upgrades, and other potential contingencies.

**MOTION:** THAT the Board approves:

1. The transfer of $25,000 from unrestricted net assets to internally restricted net assets for strategic projects; and
2. Allocating these funds to the Ethical Principles and Standards Project for $20,000 and the Governance By-Law and Policy Modernization Project for $5,000.

**MOVED BY:** A. Witko and seconded by M. Peters **CARRIED**

## 8. Regulatory Programs

### 8.1 CADTR Credential and Assessment Services (CAS)

S. Mohammed highlighted statistics showing strong demand for the June 2026 Knowledge-Based Assessment, with 48 candidates registered for the June sitting against a budgeted annual total of 60 candidates across two sittings. Updates were also provided on Performance-Based Assessments, including marker training, candidate supports, and planned single-discipline assessments for 2026.

During the discussions, a Director inquired about the source of the reported data and suggested identifying it in future reports.

| Action Item: Staff to specify data source(s) in future CAS Reports. |
|---|

### 8.2 Artificial Intelligence (AI) Registrant Survey

Since February 2026, CDTO has been attending education sessions and conducted an environmental scan among system partners on guidance provided to registrants, Board and staff. Surveys conducted in March 2026 to the Board and May 2026 to registered dental technologists (RDTs) established a baseline understanding of AI adoption, risks, and opportunities. Results showed that AI is most used in digital dental design (40.5%) and ChatGPT was identified as the most frequently used tool (67.5%).

While 41.6% of respondents reported using AI often, many rated their understanding of AI as average or below average, and 83.7% expected AI use to increase over the next year. CDTO will use the information gathered to ~~As next steps, CDTO will~~ develop AI guidance for RDTs, staff and the Board.

## 9. Registrar's Update

J. Rigby provided updates on the launch of the 2026-2027 registration renewal cycle, which opened earlier than in previous years to improve registrant access and reduce administrative burden. Ms. Rigby also reported that the College continues to be assessed as low risk by the Office of the Fairness Commissioner and remains actively engaged with system partners. Further updates were provided on CADTR initiatives, including the development of applicant remediation and self-directed learning resources, and efforts to strengthen credential recognition pathways and program sustainability.

Ms. Rigby highlighted opportunities for Board members to participate in national regulatory education events and discussed staff participation in a plain language

communications workshop to improve accessibility of College communications. She also reported on a temporary website outage caused by malicious internet traffic, noting that no privacy or security breach occurred and that additional cybersecurity protections are being implemented.

**10. In-Camera Session**

**MOTION:** THAT the Board move in-camera.

**MOVED BY:** S. St Louis and seconded by M. Peters **CARRIED**

**MOTION:** THAT the Board move out of the in-camera session.

**MOVED BY:** M. Peters and seconded by R. Siddiqui **CARRIED**

**11. Strategic Plan**

**11.1 Strategic Dashboard**

R. Far provided a high-level update on progress towards strategic initiatives since the April Board meeting, noting that these initiatives remain critical to advancing the College's mandate and strategic direction.

**11.2 Ethics and Standards Project**

R. Far noted that Phase 2 has been completed and that the project is transitioning from analysis and exploration to development and implementation. The presentation distinguished the roles of standards, competencies, and guidance, emphasizing that standards define minimum expectations and accountability requirements, competencies describe the knowledge and skills practitioners must possess, and guidance supports the application of standards in practice.

Next steps include development of draft standards by the consultant that are informed by subject matter experts and College data. The draft documents will be presented to the Quality Assurance Committee for review and recommendation to the Board to approve for consultation by December 2026. Final approval and publication of the Ethical Principles and Standards Framework with supporting implementation resources is targeted for completion by March 2027.

**11.3 Communications Update**

A. Patrick provided a communications update on the 2026 Oral Health Month campaign which resulted in 1,289 impressions and 168 engagements, while email communications generated 604 opens and 89 clicks. She also reported on outreach conducted at George Brown Polytechnic on April 23, 2026, which engaged 62 students. Feedback indicated that students valued hearing from practicing RDTs and learning about registration pathways and career opportunities.

A. Patrick also provided an update on the development of the CDTO mentorship program, which is intended to support learning, knowledge sharing, career development, and professional connections to aspiring RDTs. The mentorship framework consists of two

phases: an initial group mentorship model featuring orientation sessions, mentor presentations, and facilitated discussions, followed by optional one-on-one mentorship opportunities based on participant interest and mentor availability. The mentorship pilot remains on track for launch in late August or early September 2026.

**11.4 Unauthorized Practice**

L. Cheng presented on the College's role in protecting the public and outlined four pathways for addressing conduct concerns. Since 2015, addressing unauthorized practice has been a strategic priority, with more than $81,000 invested in process development, enforcement, education, and awareness initiatives. Since 2018, the College has resolved 11 matters at the initial assessment stage, issued seven cease-and-desist letters that resulted in compliance, and escalated four matters to formal external enforcement proceedings.

**11.5 Equity, Diversity and Inclusion (EDI) Education Modules**

A. Patrick provided an update on the development of five EDI education modules to support shared learning and a consistent understanding of EDI topics. The modules cover the College's commitment to EDI, unconscious bias, intersectionality and allyship, Truth and Reconciliation, and anti-racism in healthcare. The project has entered the quality assurance phase, with EDI consultants reviewing the modules and providing feedback.

**12. Equity Leadership and Strategy – Lessons Learned**

S. Porteous and A. Brennand shared the College of Nurses of Ontario's (CNO) approach to advancing equity, emphasizing the importance of organizational commitment, leadership support, education, and broad system partner engagement. Key initiatives include workforce census data collection, equity impact assessments to identify unintended barriers, and ongoing engagement with equity-deserving groups and Indigenous partners.

S. Porteous and A. Brennand highlighted that meaningful equity work can be scaled for organizations of any size and does not necessarily require significant funding. Success factors include identifying internal champions, gathering and acting on demographic data, building long-term community partnerships, and leveraging external expertise. The Board discussed challenges related to collecting registrant demographic data and developing meaningful partnerships with equity deserving groups.

**13. Closing Remarks**

The Chair thanked everyone for their time and contributions towards moving the College forward. He announced that the next Board meeting will be held on September 25, 2026 and wished everyone a wonderful summer.

**14. Meeting Adjournment**

**MOTION: THAT** the Board adjourns the 149th Board meeting at 3:19 PM.

**MOVED BY:** W. Van Evans and seconded by S. St Louis **CARRIED**

# Status Updates on Board Actions

| Meeting Date | Agenda Item | Action | Status |
|---|---|---|---|
| June 19, 2026 | CADTR Credential and Assessment Services | Staff to specify data source(s) in future CAS Reports. | Completed. Reports to the Board as of September 25, 2026, include this information. |

# EXECUTIVE COMMITTEE REPORT

**September 25, 2026**

**Committee Members**

James Matera, RDT (Chair)
William (Bill) Van Evans, RDT (Vice-Chair)
Dr. Rehan Siddiqui, Public
Clark Wilson, 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.

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**Meetings**
The Executive Committee met once on August 27, 2026, since the last report to the Board on June 19, 2026.

**For Action of the Board**

1. **Strategic Initiatives Budget**
   The Committee reviewed the request for additional funding to support the Ethical Principles and Standards Project, and System Partner Engagement and Collaboration. The Committee is recommending to the Board the transfer of $58,096 from unrestricted net assets to internally restricted net assets for strategic projects to be allocated to Ethical Principles and Standards project for $48,346 and the System Partner and Collaboration project for $9,750. See Agenda Item 9.3.

**For Information to the Board**

1. **Annual Auditor Assessment**
   The Executive Committee engaged in Step 1 of the 2025-2026 Annual Auditor Assessment. The annual assessment's purpose is to help the Committee identify areas for improvement for the audit firm, and not to decide if the external audit should be put out for tender. Step 1 involves reviewing the prior year's findings and determining whether any adjustments or shifts in focus are warranted for the current year's Evaluation.
2. **2025-2026 Financial Audit**
   The Committee received a presentation from Kriens LaRose LLP summarizing the audit approach for the audit of the financial statements of the College for the period ending

August 31, 2026. Information covered included materiality, significant risks, and areas of focus. The Committee also completed the Standard Audit Questions. See Agenda Item 9.1.

3. **Q4 Financial Monitoring Reports**
   The Committee reviewed the operating, strategic, investments, and cash flow monitoring reports. No concerns were identified.

# DISCIPLINE COMMITTEE REPORT

**September 25, 2026**

**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, RDT
Ovidiu Lauric, RDT

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**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.

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**Meetings and Hearings**

The Discipline Committee has not met since the last report to the Board on June 19, 2026.

**For Action of the Board**

None.

**For Information**

None.

# FITNESS TO PRACTICE COMMITTEE REPORT

**September 25, 2026**

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

**Committee Mandate**

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

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

**Meetings and Hearings**

The Fitness to Practice Committee has not met since the last report to the Board on June 19, 2026. To date, no hearings have been held by the Fitness to Practice Committee.

**For Action of the Board**

None.

**For Information**

None.

# INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT

**September 25, 2026**

**Committee Members**
Susan St Louis, Public
James Matera, RDT
Clark Wilson, RDT
Adela Witko, RDT
Manijeh Rezaeizadeh, RDT (non-Board Committee Member)

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**Committee Mandate**

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

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**Meetings**

The ICRC met once on July 24, 2026, since the last report to the Board on June 19, 2026.

**For Action of the Board**

None.

**For Information**

1. **Formal Complaints**
   During this reporting period, three new complaints were received, and one complaint was carried forward.

2. **Registrar's Reports**
   During this reporting period, one new Registrar's Reports was initiated. No Registrar's Reports were carried over.

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 25, 2026**

**Committee Members**

Tayla McGuckin, Public (Chair)
Clark Wilson, RDT
Rehan Siddiqui, Public

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**Committee Mandate**

The Patient Relations (PR) 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**

The Patient Relations Committee has not met since the last report to the Board on April 24, 2026. To date, no hearings have been held by the Fitness to Practice Committee.

**For Action of the Board**

None.

**For Information**

None.

# QUALITY ASSURANCE COMMITTEE REPORT

**September 25, 2026**

**Committee Members**
William (Bill) Van Evans, Professional Member (Chair)
Shanice Fontaine, Professional Member
Mark Peters, Professional Member
Ovidiu Lauric, Professional Member (non-Board)
Vernu Sivakkolundu, Public Member

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**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.

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**Meetings**

The QA Committee met on September 10, 2026, and reconvened on September 14, 2026, since the last report to the Board on June 19, 2026.

**For Action of the Board**

**QA Program Modernization and related policies**

The Committee received three policies for review and decision. The policies are the Quality Assurance Program and Selection Criteria Policy, Professional Development Profile (PDP) Policy, and Continuing Education and Professional Development (CEPD) Policy. All members of the Committee must vote for each policy separately by selecting one of 3 options:

- Approve with no revisions
- Approve with minor revisions
- Significant revisions

The Quality Assurance Program and Selection Criteria Policy and Professional Development Profile (PDP) Policy will be provided to the Board for review and approval. The CEPD policy will

be brought to the Board for information only. All policies will be reviewed by legal counsel in advance of the Board meeting. See agenda item 10.3.1 – 10.3.3.

**For Information**

**Ethical Principles and Standards Framework**

The Committee reviewed the latest draft of the Ethical Principles and Standards, prepared by its consultant, Cleverpoints, and informed by feedback from the Advisory Group and Ethical Principles and report from Phase 2 of Standard development. The Committee discussed the draft standards and provided further direction for refinement. The Committee will continue its review in September with the intention of finalizing the draft before the December Board meeting.

**Peer and Practise Assessment (PPA) Program Modernization**

The Committee's focus on the draft Ethical Principles and Standards Framework did not allow for the presentation on the PPA Program. However, the briefing note was received by the Committee in the meeting package. A presentation will be provided to the Board. See agenda item 10.3.

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

Agenda Item 5.8

# REGISTRATION COMMITTEE REPORT

**September 25, 2026**

**Committee Members**

Shanice Fontaine, RDT (Chair)
Rehan Siddiqui, Public
Susan St. Louis, Public
Adela Witko, RDT
Franz Yagin, RDT

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**Committee Mandate**

The Registration Committee is responsible for developing and implementing transparent, objective, impartial and fair registration policies and procedures. The Committee decides on the eligibility of applicants for registration referred 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.

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**Meetings**

The Registration Committee has twice since last report to the Board at its June 19, 2026, meeting on July 10 and August 14, 2026.

**For Action of the Board**

At its July 10, 2026, meeting, the Committee reviewed and revised their Terms of Reference (ToR), as well as two policies for Board approval. The ToR will be reviewed by the Committee with comments sent to the staff for revision as needed. The Annual Registration Payment Plan policy and the Language Proficiency policy. The Committee recommended for the Annual Registration Payment Plan policy that staff provide more information from other Colleges on payment plans via email for final approval at its August meeting. The Language Proficiency policy would have staff follow up with legal and full EIA review to be completed.

At its August 14, 2026, meeting, the RC approved the Terms of Reference via email medium. The Annual Registration Payment Plan will be brought to the Board for approval at its September 25, 2026, meeting. The Policy will take effect if final approval is granted during the 2027-2028 Annual Renewal period.

**For Information**

On July 10, 2026, the Committee discussed the JE exam and its movement to an online module for the QAP in future. The Committee received verbal updates that the College staff is looking for the veteran college who are also in the process of doing the same. The Committee received updates from CADTR on credentialing and assessments services, and updates on registration with CoCs to the College. The Committee also received updates on the Annual renewal of the College launched on June 1, 2026, earlier than last year. The Committee received reports that are filed for the MOH and OFC by registration; they were informed of the meeting with staff and the OFC on the next Risk Informed Compliance framework (RICF) rating due out in August.

On August 14, 2026, the Committee received verbal updates on the following; GPB outreach for September from the Chair, Annual Renewals updates for 2026-2027, CADTR updates. The Committee received education on the CDTO and CADTR registration routes.

On its August 14, 2026, the Committee decided that there will be a presentation for the Board on "Use of Public Register". This will be presented by the Chair of the Committee at the September Board meeting.

The next RC meeting will be held on November 20, 2026.

# RECRUITMENT COMMITTEE REPORT

**September 25, 2026**

**Committee Members**

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

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**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.

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**Meetings**

The Recruitment Committee has not met since the last report to the Board on June 19, 2026.

**For Action of the Board**

None.

**For Information**

None.

# BY-LAWS AND POLICY REVIEW COMMITTEE REPORT

**September 25, 2026**

**Committee Members:**
Nawaz Pirani, Public (Chair)
William (Bill) Van Evans, RDT
Franz Yagin, RDT

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**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.

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**Meetings**

The By-Laws and Policy Review Committee has not met since the last report to the Board on June 19, 2026.

**For Action of the Board**

None.

**For Information**

None.

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

Agenda Item 6.2

# Board Meeting Evaluation Summary – To June 19, 2026

## Score Distribution

| Metric | Jan 23, 2026 | Apr 24, 2026 | Jun 19, 2026 |
|---|---|---|---|
| The agenda items and materials were appropriate to the Board's role, and were sufficient to allow me to participate. | 4.44 | 4.89 | 4.50 |
| Time was used effectively and discussions were focused. | 4.56 | 4.33 | 4.17 |
| I was satisfied with the opportunities that all of us had to participate in and contribute to the discussion and debate. | 4.44 | 4.78 | 4.17 |
| The Chair was effective in guiding the meeting and allowing all sides to be heard, while bringing matters to decision. | 4.33 | 4.78 | 4.67 |
| The Board education/training was effective at improving my ability to perform my role as a Board Director. | 4.56 | 4.44 | 4.67 |

## Overall Score

| Date | Score out of Ten |
|---|---|
| April 23, 2026 Board Workshop | 9.09 |
| April 24, 2026 Board Meeting | 9.44 |
| June 19, 2026 Board Meeting | 8.83 |

# Feedback Summary

**Strengths**

- Appreciation for the new acronyms page found at the beginning of the meeting package.
- Strong engagement and thoughtful questions from Directors.
- The meeting package was comprehensive and informative.

**Areas for Improvement**

- Slide transitions could be smoother.
- As presentation materials were included in the meeting package in advance, some Directors noted that reviewing the slides in full during the meeting felt repetitive.

# 2.0 Terms of Reference

## Purpose

The Terms of Reference (ToR) define the purpose and scope of practice for each Committee and Officer of the CDTO. They describe the mandate that shall be carried out, the composition for each Committee, and the procedures on which evaluations of performance can then be based upon. The ToR can also be referred to in decision making, operational development, and impart a common understanding of each Committee's scope of practice among the College's Registrants and stakeholders.

## 2.1 Committee

Policy Section: Terms of Reference

## Introduction

The Code establishes seven (7) statutory Committees to support the Board in meeting its mandate and to help the College to carry out its regulatory functions. The Board may also establish and maintain any additional Non-Statutory Committees deemed necessary for the effective and efficient operation of the CDTO. Each Committee functions within the scope of the RHPA; the Act; the By-laws, policies, and standards of the College; and any other directives made by the Board. In general, Committees are responsible for making decisions and recommendations to the Board in relation to their respective roles within the College.

## Membership

Unless stated otherwise in the Code or College By-laws, every Committee member shall be appointed by Board and each Committee shall be composed of:

1. at least three (3) persons;
2. at least one (1) Elected Director; and
3. at least one (1) Public Director.

Subject to any specific composition requirements stated in the By-laws, the Board may, at its discretion, appoint persons who are neither Directors, members of any Committee, or Non-Statutory Committees. Further, unless stated otherwise in the Code or By-laws, the number of Committee members who are also Registrants shall, wherever possible, exceed the number of Committee members who are Public Directors.

## Committee Chairperson

After a Committee has been constituted at the first Board meeting of the Calendar year, each committee will select the Chair of the Committee as soon as possible. If more than one member of the Committee is nominated to be the Chair, then the Chair will be elected by the members of the Committee by a secret ballot that will be monitored by the Registrar.

## Panels

Panels are selected by the Chair of relevant Committees to further their respective mandates. In accordance with the Code, panels shall be composed of:

1. at least three (3) Committee members; and
2. at least one (1) of whom shall be a Public Director

Matters discussed in relation to a hearing or panel may not be discussed by panel members outside of the hearing or deliberation with a party or representative of a party unless the other party has been notified and given the opportunity to be present.

## Quorum

The quorum of any Committee is three (3) members unless stated otherwise in the Code or By-laws. If the Committee is composed of only three (3) members, the quorum shall be two (2) persons, in which at least one (1) is an Elected Director and one (1) is a Public Director.

In accordance with the Code, the quorum of any panel for a Committee is three (3) members, in which at least one (1) is a Public Director.

Despite any vacancy, a Committee is properly constituted so long as there are sufficient members to form a quorum of the Committee or a Panel of the Committee

## Terms of Appointment

With the exception of members of the Executive Committee, who shall be elected, Committee members shall be appointed annually by the Board. Subject to the By-laws of the College, the Board may appoint non-Board individuals to any Committee.

The term of office for Committee members shall begin immediately after their appointment. The term of Committee members who are also Directors shall continue for approximately one (1) year and the term of Committee members who are not Directors shall continue for approximately two (2) years.

## Committee Records

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

## Reporting

Committees must report to the Board of Directors at every Board meeting, or between Board meetings if there are issues of timely importance. Committees must also prepare and present to the Board of Directors an annual report of its activities at the end of each fiscal year.

## Frequency of Meetings

Each Committee shall hold at least one (1) meeting each year unless otherwise provided in the Committee Terms of Reference. Additional meetings of the Committee may be called by the Committee Chair as required.

## Evaluation

The Committee Chair will ensure a performance evaluation of the Committee is completed in the last quarter of each calendar year and the results of the evaluation are presented at the following Committee meeting for review and discussion. The Chair will also ensure each Committee member has completed the evaluation form and that recommendations proposed and are discussed as appropriate, should any be warranted (reference 7.3).

## Committee Member Responsibilities

All Committee members shall adhere to Schedule 2 of the College By-laws, ('Code of Conduct for Board and Committee Members'), and follow the responsibilities stipulated in Section 3.1 of the Governance Policy Manual.

## 2.1.7 Quality Assurance Committee

Policy Section: Terms of Reference

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### Introduction

The Quality Assurance Committee is responsible for developing a Quality Assurance Program designed to promote the continuing competence of skills, knowledge, and judgement of Registrants and assures quality of practice of the profession by implementing practice standards and guidelines.

### Mandate

The Quality Assurance Committee is responsible for:

1. developing and implementing an approved QA Program (QAP) that promotes continuing competence of dental technologists;
2. monitoring the participation and compliance of Registrants in the approved QAP;
3. implementing the process for non-compliant cases as outlined in the QAP;
4. continually evaluating the QAP which encourages the continuous quality improvement of Registrants;
~~4.~~5. identifying and monitoring risks within the Committee's scope and report them to the Board as appropriate; and
~~5.~~6. considering and making recommendations to the Board for changes to applicable legislation, regulations, By-laws, policies, programs, Rules of Procedure, standards, and guidelines that fall within the scope and purpose of the Committee.

### Membership

The Quality Assurance Committee shall be composed of:

1. at least one (1) Elected Director;
2. at least one (1) Public Director; and
3. at least one (1) Registrant who is not a Director.

## 2.1.5 Inquiries, Complaints, and Reports Committee

Policy Section: Terms of Reference

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### Introduction

The Inquiries, Complaints, and Reports Committee investigates complaints and considers reports about dental technologists.

### Mandate

The Inquiries, Complaints, and Reports Committee is responsible for:

1. Through panels selected by the Chair:
    a. investigating complaints, considering Registrar's Reports, and referrals from the Quality Assurance Committee;
    ~~a.~~b. conducting inquiries into alleged Registrant incapacity, professional misconduct, and incompetence;
    ~~b.~~c. requesting or approving the appointment of investigators;
    ~~c. considering reports of unauthorized practice by non-Registrants;~~
    d. making fair and reasonable dispositions of all matters brought before it.
2. considering resolutions of complaints that have been brought before it through an alternative dispute resolution process; ~~and~~
~~2.~~3. identifying and monitoring risks within the Committee's scope and report them to the Board as appropriate; and
~~3.~~4. considering and making recommendations to the Board for changes to applicable legislation, regulations, By-laws, policies, programs, Rules of Procedure, standards, and guidelines that fall within the scope and purpose of the Committee.

### Membership

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

1. at least two (2) Elected Directors;
2. at least one (1) Public Director; and
3. at least one (1) Registrant who is not a Director.

~~*__Note:__ *members of the Inquiries, Complaints, and Reports Committee shall not be members of the Discipline Committee*~~

## Panels

Panels may be selected by the Chair of the Inquiries, Complaints, and Reports Committee to investigate complaints, consider Registrar's Reports, and conduct inquiries into alleged Registrant incapacity, professional misconduct, and/or incompetence.

In accordance with the Code, panels shall be composed of at least three (3) Committee members, at least one (1) of whom shall be a Public Director.

## Reporting

Reports to the Board, provided at each Board meeting, must include the number of and types of matters dealt with, the general disposition of those matters, and activities relating to changes to applicable legislation and policy.

## Chair Role & Responsibilities

In addition to the role and responsibilities of a Committee Chairperson described in policy 3.2, the Chair of the Inquiries, Complaints, and Reports Committee shall:

1. at the beginning of each year, work with designated staff resource to appoint Committee members to a panel; and
2. review incoming complaints and inquiries with designated staff resource and assign matters to be investigated by panel.

## 2.1.9 Registration Committee

Policy Section: Terms of Reference

### Introduction

The Registration Committee is responsible for making decisions on registration matters as well as developing and maintaining registration processes.

### Mandate

The Registration Committee is responsible for:

1. the review and assessment of all applications for registration that are referred to it by the Registrar;
2. the review of all applications that are referred back to the Committee by the Health Professions Appeal and Review Board;
3. the review and assessment of all applications for variation under s.19 of the Code;
4. the review and assessment of all remediation and upgrading submissions received from candidates requesting an additional examination attempt under the College's Examination Regulation;
5. liaising with educational institutes, as needed; and
6. considering and making recommendations to Board for changes to applicable legislation, regulations, By-laws (including information in the public register), policies, programs, Rules of Procedure, standards, and guidelines that fall within the scope and purpose of the Committee.
7. **Identifying and monitoring risks within the Committee's scope and report them to the Board as appropriate.**

### Membership

The Registration Committee shall be composed of:

1. at least two (2) Elected Directors; and
2. at least one (1) Public Director.

### Panels

Panels may be established by the Chair of the Registration Committee to consider applications referred to the Committee and proposed limitations and conditions to certificates of registration.

## 2.1.2 Discipline Committee

Policy Section: Terms of Reference

---

### Introduction

The Discipline Committee holds hearings into allegations of professional misconduct and/or incompetence referred to from the Inquiries, Complaints, and Reports Committee (ICRC)

### Mandate

The Discipline Committee is responsible for:

1. conducting hearings in a fair and efficient manner and providing reasonable and fair dispositions of all matters before it;
2. identifying and monitoring risks within the Committee's scope and report them to the Board as appropriate; and
3. considering and making recommendations to the Board for changes to applicable legislation, regulations, By-laws, policies, programs, Rules of Procedure, standards, and guidelines that fall within the scope and purpose of the Committee.

### Membership

Every Director and at least two individuals who are not members of the Board shall be a member of the Discipline Committee.

### Panels

Panels may be selected by the Chair of the Discipline Committee and are responsible for hearing and determining allegations of professional misconduct or incompetence referred to it by the Inquiries, Complaints, and Reports Committee (ICRC), or by the Registrar. A Discipline Committee panel shall be constituted of 5 members. All Discipline Committee members shall be eligible to sit as a member of a Discipline Committee panel save and except for members of the ICRC who referred the matter to the Discipline Committee.

### Reporting

Reports to the Board, provided at each Board meeting, must include the number of and types of matters dealt with, the general disposition of those matters, and activities relating to changes to applicable legislation and policy.

## Chair Role & Responsibilities

In addition to the role and responsibilities of a Committee Chairperson described in policy 3.2, the Chair of the Discipline Committee shall:

1. assign a pre-hearing conference chair, specific to each pre-hearing conference; and
2. assign Discipline hearing panel members, specific to each Discipline hearing.

## 2.1.6 Patient Relations Committee

Policy Section: Terms of Reference

### Introduction

The Patient Relations Committee advises the Board on matters related to abuse prevention.

### Mandate

The Patient Relations Committee is responsible for:

1. advising Board with respect to the following:
    a. identifying and monitoring risks within the Committee's scope and report them to the Board as appropriate
    b. promotion and enhancement of relations between the College and the public.
    c. promotion and enhancement of relations between the College and its Registrants.
    d. promotion and enhancement of relations between the College and its future Registrants.
    e. promotion and enhancement relations between the College, its Registrants, other health profession colleges, key stakeholders, and the public.
2. developing and recommending to Board a Registrant Awareness program that includes:
    a. documentation regarding the regulatory requirements of the profession and how regulation contributes to public protection.
    b. standards and programs for Registrants that support changes in technology/ practice environment.
    c. measures to enhance relations with their patients/ public and information on what it means to be a professional.
    d. an awareness among Registrants of what constitutes both professional conduct and misconduct (e.g., standards of practice, consent, and confidentiality).
    e. measures for preventing and dealing with sexual abuse of patients by providing education and guidelines for Registrants aimed at increasing awareness of the boundaries that must exist between Registrants and patients (i.e., zero tolerance for sexual abuse).
3. developing and recommending to the Board a Public Awareness program that includes:
    a. activities that increase public awareness of the role of the regulatory College and how to participate in College processes and programs.
    b. information about the technical and regulatory requirements of the profession (e.g., Entry to Practice requirements, Quality Assurance program).

Formatte

   c. activities that raise the public's awareness of the process for complaints, discipline, and fitness to practise matters.
4. developing and recommending to the Board a Public Protection program that includes:
   a. measures for preventing and dealing with sexual abuse of patients through the provision of information to the public.
   b. developing a program to provide funding for therapy and counseling for persons who, while patients, were sexually abused by Registrants of the College. Once approved by the Board this program will, according to statute, be administered and evaluated by the Patient Relations Committee.
5. in discharging its public and Registrant Awareness responsibilities to:
   a. be responsible for reviewing the official publications of the College, the College web site, and other official publications the Board may decide to publish from time to time.
   b. be responsible for initiating and recommending to Board on matters relating to the promotion of the College's image, development of public education, and communications programs.
6. considering and making recommendations to the Board for changes to applicable legislation, regulations, By-laws, policies, programs, Rules of Procedure, standards, and guidelines that fall within the scope and purpose of the Committee.
7. review and monitor the implementation of the Strategic Plan for Equity, Diversity, and Inclusion on an on-going basis and provide direction on any matter arising from the implementation of the plan as considered appropriate.

## Membership

The Patient Relations Committee shall be composed of:

1. at least one (1) Elected Director; and
2. at least two (2) Public Directors.

# Board Report

Date: September 25, 2026

**SUBJECT**: Risk Management Framework
**INITIATED BY:** Leanne Cheng, Manager of Governance and Regulatory Affairs

**PURPOSE:**

The Board is asked to review and approve a Risk Management Framework.

**PUBLIC INTEREST RATIONALE:**

The College of Dental Technologists of Ontario (CDTO) regulates registered dental technologists in the public interest. With this mandate is CDTO's responsibility to effectively manage risks that may affect the organization, its registrants, and the public it serves. A risk management framework supports the consistent and organization-wide approach to identifying, assessing, managing, monitoring, and communicating risk.

**INFORMATION & CONSIDERATIONS:**

**BACKGROUND**

Risk management refers to the responsibilities and actions to support the College in identifying, assessing, managing and mitigating risks. These risks could harm the CDTO's ability to achieve its strategic goals or harm its reputation, finances, operations or the College's community.

There are 2 main players who oversee and manage risks:

- The Board of Directors, whose responsibilities include setting the organization's risk appetite and tolerance, ensuring clear roles and responsibilities, and monitoring emerging risks and critical areas; and
- The Chief Executive Officer, whose responsibilities include implementing the risk management framework, developing risk mitigation strategies and acting as a bridge between operational teams and the Board.

Since 2022, CDTO has engaged in the identification of internal and external risks, utilizing an impact and likelihood scale to conduct risk assessments and consider appropriate risk mitigation and monitoring strategies.

While risk management activities are currently undertaken across the organization, the Framework formalizes and documents the College's approach to enterprise risk management, including governance and accountability, risk assessment methodology, reporting practices, and risk oversight responsibilities.

The Framework is intended to support informed decision-making, strengthen organizational resilience, and enhance the Board's oversight of risks that may impact public protection, regulatory effectiveness, and organizational performance. A Board Risk Management Policy will be developed to articulate the Board's risk management philosophy, define oversight responsibilities, and establish review requirements for the Framework.

The College acknowledges the valuable expertise and guidance provided by Susan St. Louis, Board Director, in the development of this Framework. Her extensive experience in risk management helped inform the design of a practical framework that reflects the College's regulatory requirements and operational needs.

**DECISION(S) SOUGHT:**

1) **THAT** the Board approves and adopts the Risk Management Framework and directs its implementation across the College.

**ATTACHMENTS:**

1) Risk Management Framework

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

# Risk Management Framework

Approved [DATE]

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## 1. Introduction

The College of Dental Technologists of Ontario (CDTO) regulates registered dental technologists in the public interest. With this mandate is CDTO's responsibility to effectively manage risks that may affect the organization, its registrants, and the public it serves.

A risk management framework supports the consistent and organization-wide approach to identifying, assessing, managing, monitoring, and communicating risk. It establishes clear roles and responsibilities, promotes accountability, and ensures that risk considerations inform decision-making and resource allocation.

This framework was developed with much guidance from the International Standards for Risk Management Guidelines and the College of Respiratory Therapists of Ontario's Risk Management Framework.

## 2. Definitions

The following terms and definitions are used throughout the risk management framework:

- **Control** is a measure that maintains and/or modifies risk.
- **Impact** is the magnitude of harm, loss/gain, or damage if a risk occurs. Types of impact could include financial loss/opportunity, injury, reputational damage or legal trouble.
- **Likelihood** is the probability of a risk occurring.
- **Risk** is an uncertain event that, if it occurs, has a positive or negative effect on an organization's mandate and strategic objectives. Risks could include technical risk, management risk, commercial risk, and/or external risk.
- **Risk management** is a systematic, integrated, cyclical, and proactive approach to managing an organization's risks and opportunities in relation to its mandate and strategic objectives.
- **Risk Appetite** is the amount of risk and type of risk an organization is willing to take to meet their mandate and strategic objectives.
- **System Partner** is a person, group of persons or organization that can affect, or be affected by risk or risk treatment actions.

## 3. Risk Management Process

The risk management process involves establishing the scope, context, and criteria, assessing risks through identification, analysis, and evaluation, and implementing appropriate risk treatment measures.

Throughout these stages, there is a continuous need for communication and consultation with system partners to support informed decision-making, as well as ongoing monitoring and reviewing to assess effectiveness and respond to changing circumstances.

Additionally, recording and reporting applies to all risk management activities, ensuring transparency, accountability, and continual improvement. The following diagram illustrates that risk management is an integrated and iterative process rather than a one-time activity.

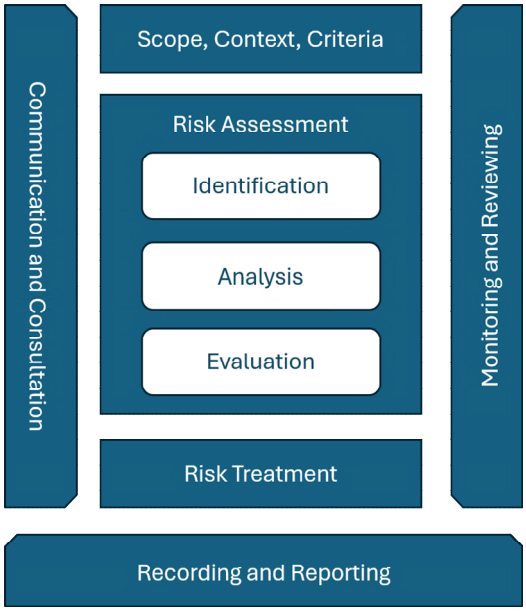


Figure 1. Risk management process adapted from ISO 31000:2018 Risk Management – Guidelines.

# 4. Scope, Context and Criteria

## Scope

This risk management framework applies to all levels of the organization, including the Board of Directors, Committees, and staff, and applies to all activities, decisions, and operations of CDTO. This includes:

- Strategic planning and governance
- Regulatory and compliance activities
- Operational processes and public service delivery
- Financial management and resource allocation
- System partner engagement and communications

## Context

Risk management is implemented with consideration of both internal and external factors that influence CDTO's ability to achieve its mandate and strategic objectives.

Internal factors shape how risk is understood and managed within CDTO and include:

- CDTO's vision, purpose, values, and strategic objectives

- Governance structure, including By-laws, Board and Committees, and policies
- Organizational resources, capabilities, processes, and culture

External factors reflect the broader environment in which CDTO operates and include:

- The regulatory framework of the Regulated Health Professions Act (RHPA)
- The oral healthcare sector, including emerging technologies and professional practices
- The surrounding legislative environment and government direction/priorities
- System partners and changing public expectations

### Criteria

CDTO's risk criteria are based on its mandate, strategic objectives, and operating environment and are used to evaluate the significance of identified risks. Risks are assessed according to their potential consequences for public protection, regulatory compliance, achievement of strategic objectives, operational effectiveness, financial stewardship, reputation and system partner confidence, governance responsibilities, and relationships within the broader oral healthcare and regulatory environment.

## 5. Risk Appetite

Risk appetite defines the amount and type of risk that the Board is willing to accept in pursuing its mandate and strategic objectives. These statements are used alongside risk ratings to determine whether a risk is acceptable or requires treatment, based on the level of risk the Board is prepared to accept in a particular area of the organization.

CDTO has a low appetite for risks that could result in:

- Harm to the public;
- Non-compliance with regulatory obligations;
- Loss of public confidence in the regulation of the profession;
- Impairment of its ability to fulfill its regulatory mandate; and
- Significant damage to its reputation or relationships with system partners.

CDTO has a moderate appetite for informed risk-taking in pursuit of opportunities that:

- Enhance the effectiveness, efficiency, and delivery of its mandate or strategic objectives;
- Support innovation, modernization, and continuous improvement;
- Adoption of emerging technologies, automation, data analytics, and digital solutions; and
- Strengthen organizational sustainability and resilience.

Due to its public protection mandate and statutory regulatory responsibilities, CDTO does not maintain a high appetite for risk in any of its operations.

# 6. Responsibilities

CDTO's key risk management responsibilities are assigned to the Board of Directors, the Registrar and CEO, and Departmental Managers. Their specific responsibilities are set out below.

## Board of Directors

The Board of Directors is ultimately responsible for the oversight of CDTO's risk management strategy and policy direction. Key responsibilities include:

- Approving the overall approach to risk management, ensuring that it aligns with the CDTO's mandate and strategic objectives
- Articulating the CDTO's risk appetite and tolerance
- Establishing a culture of risk awareness by setting standards for risk management and modelling risk-based decision making
- Monitoring CDTO's activities and maintaining oversight of risks that can impact the CDTO's mandate and strategic objectives

## Registrar and CEO

The Registrar is ultimately accountable for the operational leadership in the implementation of the risk management framework and processes across CDTO's departments and core functions. Key responsibilities include:

- Ensuring risks are identified, assessed, evaluated and documented through engagement with the Board, Committees, departmental managers and relevant system partners
- Overseeing the development of mitigation strategies and ensuring appropriate resources are allocated
- Maintaining the Risk Register, as a living document, and providing quarterly reports to the Board
- Ensuring that those with risk management responsibilities receive appropriate orientation and ongoing training and are assigned and supported in fulfilling those responsibilities
- Communicating risk information to system partners in a clear and transparent manner
- Periodically reviewing the risk management framework and recommending amendments to the Board as required

## Department Managers

Department Managers support the implementation of the risk management framework. Key responsibilities include:

- Maintain an understanding of the Risk Management Framework and ensure its requirements are integrated into departmental planning, decision-making, and operational activities.
- Develop, implement and monitor mitigation strategies for risks within their areas of responsibility.

- Escalate significant or emerging risks to the Registrar and CEO
- Providing quarterly reports to the Registrar on risk activities and emerging issues

## 7. Risk Assessment Process

Risk Assessment includes risk identification, analysis, and evaluation. CDTO will ensure that its risk assessment process is based on the most relevant information and is conducted in a systematic, ongoing, and collaborative approach. The risk assessment will inform the prioritization and treatment of risks and the allocation of resources.

### i. Risk Identification

Risk identification involves identifying and documenting risks that may affect the CDTO's ability to fulfil its mandate and achieve its strategic objectives. Risks should be identified with consideration of the CDTO's internal and external operating environment, including factors such as emerging technologies, regulatory developments, and changing public expectations. Risks may be identified through formal risk assessment activities or as part of ongoing monitoring and environmental scanning. The process should draw on relevant information from a variety of internal and external sources.

*Risk Categories*

To support analysis, reporting, and oversight, risks will be categorized into one of the following categories and subcategories that best reflect their primary source or impact:

| **Risk Category and Subcategory** | **Description/Examples** |
|---|---|
| **Regulatory** | **Risks arising from failures to meet legislative requirements and to deliver on the public interest mandate.** |
| Suitability to Practice | Processes to ensure that only those individuals who are qualified and competent are registered, and only those registrants who remain competent, safe and ethical continue to practice the profession. |
| Regulatory Policies | Standards of practice, practice guidelines, and policies that establish expectations for the practice of registrants. |
| Access to Care | The public's ability to access safe, competent, and appropriate dental technology services, including workforce, geographic, systemic, or regulatory factors. |
| Unauthorized Practice | Identification of individuals who are not authorized to practice and appropriate regulatory action to address unauthorized practice. |
| **Governance** | **Risks arising from the oversight, strategic direction, and accountability of the Board.** |
| Oversight | Effectiveness of Board and Committee oversight, decision-making, and governance practices. |
| Strategic Objectives | Achievement of the College's strategic priorities and long-term goals. |
| System Partners | Relationships and collaboration with system partners to support execution of the College's mandate and respond to public expectations. |

| | |
|---|---|
| Accountability | Compliance with reporting and performance measurement requirements established by regulatory authorities. |
| Reputation | Public confidence in the CDTO's ability to regulate the profession in the public interest. |
| **Operations** | **Risks arising from people, processes, technology, and resources.** |
| Resources | Availability and sustainability of financial and human resources required to fulfill the College's statutory objects and regulatory mandate. |
| Technology | Use, security, and reliability of technology systems and information assets that support the College's regulatory activities and legislative obligations. |
| Information Management | Retention, protection, security and use of confidential information In administering regulatory activities, legislative duties and statutory objects. |

## ii. Risk Analysis

Risk Analysis involves assigning a rating to the likelihood of a risk occurring and a rating to the potential impact the risk would have on CDTO's mandate and strategic objectives if it occurred. This involves assigning these two factors a score of one to five and multiplying them. Appendix A provides descriptive likelihood and impact scales to support consistent assessment and rating of risks across the organization.

Impact X Likelihood = Risk Rating

## iii. Risk Evaluation

*Risk Heat Map*

The Risk Rating is then mapped using a risk heat map, which illustrates the risk appetite of the Board of Directors. The heat map uses color coding to indicate the level of risk and helps decision-making in risk response. This approach ensures that higher-rated risks receive increased oversight, mitigation efforts, and reporting to support CDTO's strategic objectives.

| | | | Impact | | | | |
|---|---|---|---|---|---|---|---|
| | | | **1** | **2** | **3** | **4** | **5** |
| | | | **Negligible** | **Minor** | **Moderate** | **Major** | **Catastrophic** |
| **Likelihood** | **Almost Certain** | **5** | **5** | **10** | **15** | **20** | **25** |
| | **Likely** | **4** | **4** | **8** | **12** | **16** | **20** |
| | **Possible** | **3** | **3** | **6** | **9** | **12** | **15** |
| | **Unlikely** | **2** | **2** | **4** | **6** | **8** | **10** |
| | **Rare** | **1** | **1** | **2** | **3** | **4** | **5** |

*Risk Rating Table*

The Risk Rating Table defines CDTO's tolerance and the corresponding management actions required for each level of risk.

| Risk Rating | Risk Level | Action Plan |
|---|---|---|
| **1, 2, 3, 4** | **Very Low** | • Ongoing monitoring in case risk rating changes |
| **5, 6, 8, 9, 10** | **Low** | • Ongoing monitoring in case risk rating changes<br>• May require consideration of future changes in the identified area |
| **12, 15, 16** | **Medium** | • Prioritized by the Registrar and Department Managers<br>• Monitoring reports provided to the Board of Directors |
| **20, 25** | **High** | • Requires immediate action from the Registrar and Department Managers<br>• Monitoring reports provided to the Board of Directors |

## 8. Risk Treatment

Based on the results of the risk assessment, risk treatment involves selecting and implementing an appropriate response for risks that exceed, or are approaching, CDTO's risk appetite and tolerance.

Typical risk treatment options include one or more of the following:

- Avoid the risk by deciding not to start or continue with the activity that gives rise to the risk
- Taking or increasing the risk to pursue an opportunity
- Take action to change the likelihood of the risk
- Take action to change the impact of the risk
- Sharing the risk (e.g., contracts, insurance)

## 9. Risk Register

The Risk Register is a documented list of historical, current, and emerging risks that supports decision-making, prioritization of initiatives and effective allocation of resources. It serves as the primary repository of identified risks, risk assessments, treatments and action plans, assigned risk owners, and status updates. It also supports the tracking of risk treatment actions and their effectiveness, while providing a basis for the periodic review of CDTO's overall risk profile.

Appendix B and C provide example templates for maintaining a Risk Register and providing quarterly reports to the Board.

## 10. Recording and Reporting

CDTO will maintain documentation to support accountability, transparency, knowledge transfer, and an auditable record of risk management activities. This documentation will include records of key milestones, presentations and training delivered, and Board decisions.

## 11. Monitor and Review

CDTO will monitor and review risks on an ongoing basis to ensure that risk information remains current, emerging risks are identified, and risk treatments are implemented and effective. A comprehensive risk management framework may include conducting risk assessment processes, monitoring and reviewing at the following times:

- Comprehensive risk assessment process is conducted with the development or refresh of the Strategic Plan, or changes in the mandate
- Regular quarterly review of risks or more frequently in response to significant changes to the environment
- Reviewing the Risk Management Framework at least every three years, and following significant changes to the CDTO's regulatory environment, strategic objectives, or risk profile

## 12. Communication and Consultation

CDTO will communicate risk information with system partners, as appropriate, to support collaboration, transparency, and a shared understanding of risks that may affect CDTO, its mandate, or strategic objectives. Communication and consultation to system partners of risks can include:

- Consulting with system partners, Board members, Committee and Staff to identify risks and assess risks
- Informing system partners where risk treatments may affect them
- Engaging system partners on emerging issues, potential impacts, and mitigation strategies

## Appendix A – Descriptive Impact and Likelihood Scales

**Descriptive Impact Scale**

| Impact Level | Regulatory Impact | Strategic Impact | Operational Impact |
|---|---|---|---|
| 1. Negligible | • Minor administrative or procedural error with no regulatory consequence<br>• No patient, registrant, or public harm<br>• No impact on public confidence, fairness, or credibility of regulatory processes | • No impact on strategic priorities or objectives<br>• Routine adjustment to planned activities<br>• Localized system partner inquiry or concern | • Resolved through normal day-to-day activities<br>• No impact on service levels or statutory timelines<br>• No material financial variance |
| 2. Minor | • Technical or isolated breach of standards or process requirements<br>• Low risk of temporary patient, registrant, or public impact<br>• Isolated concerns regarding fairness, accessibility, or system partner experience | • Short-term delay to a strategic initiative or milestone<br>• Minor adjustment to planned outcomes or deliverables<br>• Minor registrant or system partner dissatisfaction | • Minor disruption within a specific function or department<br>• Temporary pressure on resources that can be managed through existing capacity<br>• Low financial variance |
| 3. Moderate | • Clear violation of standards, policies, or regulatory expectations requiring intervention<br>• Temporary, reversible patient, registrant, or public impact<br>• Localized erosion of confidence in regulatory decisions, fairness, or effectiveness | • Meaningful delay or disruption to one or more strategic objectives<br>• Resources must be redirected from planned strategic initiatives<br>• Negative attention from registrants or system partners | • Delays in meeting service commitments or statutory timelines<br>• Increased workload, staff burnout, or turnover affecting operations<br>• Budget variance requiring reallocation of resources or unplanned expenditures |
| 4. Major | • Significant regulatory failure, serious professional misconduct matter, or material non-compliance | • Multiple strategic objectives abandoned or cancelled<br>• Significant revision required to strategic | • Repeated failure to meet statutory obligations or service requirements<br>• Significant loss of critical expertise, capacity, systems, or operational effectiveness |

| | | | |
|---|---|---|---|
| | • Significant or lasting patient, registrant, or public harm<br>• Broad erosion of confidence in the College's ability to regulate fairly and effectively | priorities, timelines, or expected outcomes<br>• Significant concern from government, Ministry, or external oversight bodies | • Material budget deficit or financial impact requiring substantial corrective action |
| 5. Catastrophic | • Permanent injury, patient death, or severe public protection failure<br>• Serious regulatory breach that fundamentally compromises the College's mandate<br>• Widespread loss of public confidence in the profession's regulation | • Fundamental failure to fulfill the College's strategic plan<br>• Strategic plan requires fundamental redesign or replacement<br>• Ministry intervention, loss of regulatory authority, or externally imposed governance measures | • Complete operational shutdown or inability to deliver critical regulatory functions<br>• Total failure of essential systems, facilities, or business continuity capabilities<br>• Financial insolvency or severe financial distress threatening organizational viability |

**Descriptive Likelihood Scale**

| Likelihood Level | Description |
|---|---|
| 1. Rare | Has not occurred and would require exceptional circumstances to occur. No significant events are expected, any occurrence would likely be limited to isolated incidents. |
| 2. Unlikely | Could occur, but there is little indication it will occur within the next three years. Isolated incidents may occur, but a significant event would be unusual. |
| 3. Possible | Reasonable chance of occurrence within the next three years. Significant events may occur. |
| 4. Likely | More likely than not to occur within the next three years. Significant events are expected to occur. |
| 5. Almost Certain | Expected to occur in the near term, is already occurring, or would be surprising if it did not occur within the next three years. Significant events are expected to occur regularly. |

## Appendix B – Risk Register Template

| Id | Risk Description | Category/ Subcategory | Impact | Likelihood | Risk Rating | Treatment | Responsible Office |
|---|---|---|---|---|---|---|---|
| 1 | Unregulated Production & Outsourcing of Dental Appliances | Regulatory<br><br>Unauthorized Practice | 4 | 4 | High (16) | Medical Device Licensing<br>Practice Advisory<br><br>Awareness Modules | Standards and Professional Conduct |
| 2 | College long-term sustainability | Operational<br><br>Resources | 3 | 3 | Medium (9) | Shared services | Registrar's Office |
| 3 | Decline in CDTO Registrants | Regulatory<br><br>Access to Care | 4 | 4 | High (16) | Dental technology program outreach group<br><br>Mentorship program<br><br>Prorated fee | Registration and System Partnerships |

## Appendix C – Risk Register Summary Template

| Id | Risk Description | Category/ Subcategory | Risk Rating Current Quarter | Risk Rating Prior Quarter | Trend | Actions since last update |
|---|---|---|---|---|---|---|
| 1 | Unregulated Production & Outsourcing of Dental Appliances | Regulatory<br><br>Unauthorized Practice | High | High | Stable | Research conducted on medical device licensing requirement |
| 2 | College long-term sustainability | Operational<br><br>Resources | Medium | Low | Decreasing | Increase in registrant uptake exceeding budget expectation |
| 3 | Decline in CDTO Registrants | Regulatory<br><br>Access to Care | High | Medium | Decreasing | Mentorship program for prospective applicants in pilot |

CADTR ACORTD
Canadian Alliance of Dental Technology Regulators
Alliance canadienne des organismes de réglementation de la technique dentaire

# Credential and Assessment Services Report

## Summary

Since the launch of the CAS program and online applicant portal on February 1, 2021, five hundred and eighty-one (581) applicants have created profiles. Of these one hundred and ninety-nine (199) 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.

*Reference source is CAS and CADTR database unless otherwise specified.*

## 1. Applications February 1, 2021, to August 31, 2026

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

| # Applicants | Route of Entry |
|---|---|
| 278 | Approved Programs (AP) |
| 225 | Dental Technology Education Evaluation (DTEE) |
| 6 | Referral Route (RR) |
| 44 | Letter of Credential and Assessment Standing (L-CAS) |
| 28 | Prior Learning Assessment and Recognition (PLAR) PILOT |
| 581 | Total Applications Initiated |

## 2. Certificates of Completion issued from February 1, 2021, to August 31, 2026

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.

| DTRs | Confirmed CoC's Registered * | CoC's Pending Registration* | CoC's Unknown Status | CoC's Expired | Total # of CoCs Issued | % |
|---|---|---|---|---|---|---|
| BCCOHP | 22 | | | | | |
| CDTA | 41 | | | | | |
| CDTO | 77 | 3 | | | | |
| NSDTA | 3 | | | | | |
| DTAS | 1 | | | | | |
| **Total** | **144** | **3** | **24** | **28** | **199**** | |
| **Approved Program** | | | | | **142** | **72%** |
| **LCAS** | | | | | **24** | **12%** |
| **DTEE** | | | | | **30**** | **15%** |
| **Referral** | | | | | **3** | **1%** |

***Reference source Provincial Dental Technology Regulators.**

****Two new CoCs were issued between June 1 and August 31, 2026.**

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# Credential and Assessment Services Report

**Approved Program Route by Educator and Graduation Year**

| **To Be Updated** | | | **N/A** | | | |
|---|---|---|---|---|---|---|
| **Graduating Class** | **2021** | **2022** | **2023** * | **2024** | **2025** | **2026** |
| **George Brown College** | | | | | | |
| Applications rec'd | 23 | 12 | | 7 | 15 | 14 |
| CoCs issued | 19 | 11 | | 2 | 10 | |
| **Northern Alberta Institute of Technology** | | | | | | |
| Applications rec'd | 16 | 12 | 12 | 14 | 13 | 14 |
| CoCs issued | 12 | 9 | 9 | 7 | 8 | |
| **Vancouver Community College** | | | | | | |
| Applications rec'd | 2 | 5 | 7 | 3 | 9 | 0 |
| CoCs issued | 2 | 5 | 4 | 2 | 4 | |
| **CDI** | | | | | | |
| Applications rec'd | | 1 | | | | |
| CoCs issued | | 1 | | | | |

**2026 Graduating class: GBP – 26, NAIT – 19, VCC-14**

**No graduating class in 2023 due to COVID-19, 2024 repeat GBC graduate.*

## 3. Credential Services Data for the period June 1, 2026 –August 31, 2026

| **Route of Entry** | **Applications** | **Credential** (may be from previous periods applications) |
|---|---|---|
| **Approved Program** | **11** | **8** |
| GBP<br>NAIT<br>VCC<br>Unknown | 6<br>2<br>0<br>3 | 6<br>2<br>0<br>0 |
| **DTEE** | **12** (Korea and Brazil) | **1** |
| Substantial Equivalent<br>Not Equivalent Minor Gaps<br>Not Equivalent Major Gaps | | 1<br>0<br>0 |
| **LCAS** | **4** | **4** |
| **Referral** | **2** | **1** |
| **Total** | **29** | **14** |

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# Credential and Assessment Services Report

PLAR Pilot- 28 applications (application fee waived); 6 eligibles withdrew application

- 22 applicants moved to the Portfolio Submission phase of which 15 portfolios were submitted for evaluation
- Full Discipline - total of 11 applicants' credential results are:
  - Substantial Equivalent: 5
  - Not Equivalent Minor Gaps: 5
  - Not Equivalent Major Gaps: 1
- Single Discipline from a total of 4 Applicants, Overall Results:
  - Substantial Equivalent: 0
  - Not Equivalent Minor Gaps: 3
  - Not Equivalent Major Gaps: 1

Results were sent out to the applicants on August 6, 2026. All applicants who are Substantially Equivalent have applied for the 2026 KBA and PBA (3 ON and 2 AB).

## Dental Technology Entry-to-Practice Assessment (DTETPA) – 2026

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

1. **Knowledge-Based Assessment (KBA)**
   Registration deadline is 10 days prior to the scheduled assessment date.
   - June 26, 2026. **Forty-eight (48)** candidates. Results were issued on July 31, 2026. Overall Results from the 3rd party Psychometrician:
     i. 33 PASS (24 AP; 13 GBP (10-2026, 3-2025) NAIT 11 (10-2026, 1-2025), 9-DTEE)
     ii. 15 FAIL (3 AP; 1 GBP 2026, 1 NAIT 2024, 1 VCC 2024), 11-DTEE, 1-LCAS
   - November 20, 2026. **Twelve (22)** candidates are registered.
2. **Performance-Based Assessment (PBA)**
   The registration deadline was August 31, 2026. The PBA will be conducted in two locations on the following dates:
   - **Alberta:** October 31, 2026- Full PBA-Sixteen (16) registered candidates.
   - **Alberta**: October 31, 2026. SD-PBA-Five (5) registered candidates.
   - **Ontario:** October 24, 2026. Thirty-Seven (37) registered candidates.

   **PBA Improvements:**
   - PBA Marker training – 3-5-hour virtual training with large and small groups (station specific) calibration. To be provided in October 2026.
   - Providing all candidates with "virtual tour" of labs and PBA Station Map (station numbers only).
   - No new station development for 2026 Full PBA.
   - Single Discipline PBAs will be piloted in Alberta with the Full PBA in October 2026. It will consist of 4 stations for each discipline that include IPC and QC.

## 2026-2027 Registration Renewals

| **Notice of Renewal (Sent in June) Launched *June 1st, 2026*** | **2026-2027** | **2025-2026** | **2024-2025** | **%Change** |
|---|---|---|---|---|
| General Class Renewal | 475 | 467 | 498 | |
| Inactive Class Renewal | 21 | 24 | 27 | |
| **Total Number of Renewal Notices** | **496** | **491** | **525** | **1%** |
| | | | | |
| **Renewals Received (Includes late renewals up to September 9,2026) *** | | | | |
| General Class | 449 | 435 | 448 | |
| Inactive Class | 14 | 11 | 14 | |
| | | | | |
| **Transfer of Registration Class** | | | | |
| General Class to Inactive Class | 7 | 9 | 8 | |
| Inactive Class to General Class | 4 | 7 | 1 | |
| **Retire/Resign** | | | | |
| General Class to Retire/Resign (includes registrants who received the Admin Sus Notices) | 12 | 7 | 19 | |
| Inactive Class to Retire/Resign | 1 | 3 | 3 | |
| | | | | |
| **Total Number of Renewal Completed *** | **487** | **472** | **493** | |
| **Percentage completed** | **98%** | **96%** | **94%** | **2%** |
| | | | | |
| **Notice of Intention to Suspend Notices (PENDING) *** | **11** | **26** | **32** | |
| *GC (8), IA (2)* | | | | |
| | | | | |
| **Reinstatement (Administrative Suspension in previous fiscal)** | | | | |
| *General To General Class* | 2 | 1 | 0 | |
| | | | | |
| **New Registrants 2026-2027 *** | **5** | 2 | 1 | |
| **Total Number of RDTs (Sept 9, 2026) *** | **490** | **484** | **504** | 1% |

*Final statistics will be retrieved on October 31, 2026, to capture all renewals and Administrative Suspensions registrants.

| ***Administrative Suspensions*** | ***October 2023*** | ***October 2024*** | ***October 2025*** | ***October 2026*** |
|---|---|---|---|---|
| *GC* | *3* | *8-1** | *10-2** | |
| *IA* | *3* | *6-1** | *1* | |
| *Total* | ***6*** | ***12*** | *9* | |
| *Revoked*[1] | | | ***6*** | ***12*** |

**Reinstatement/lifting of Suspension or retired/resigned after Administratively Suspended.*

*Note1: Automatic revocation takes place two years after Administrative Suspension*

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

**Board Report**

Date: September 25, 2026

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**SUBJECT**: Annual Registration Fee Payment Policy

**INITIATED BY:** S. Mohammed, Manager, Registration

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**PURPOSE**
The Board is asked to review and approve the Annual Registration Fee Payment Policy for implementation at the next registration renewal period. The Registration Committee reviewed and approved the policy at its most recent meeting.

**PUBLIC INTEREST RATIONALE**
The policy supports the public interest by promoting a fair, transparent, and consistent registration renewal process while ensuring the College can collect the fees necessary to fulfill its regulatory mandate. Payment plans should be available as a standard option for registrants who agree to all terms and conditions and pay the applicable administrative fee, while ensuring that payment arrangements are documented, time-limited, and subject to appropriate oversight.

**INFORMATION & CONSIDERATIONS**

**BACKGROUND**
Section 94(s) of Schedule 2 of the Regulated Health Professions Act, 1991 permits the College to make by-laws requiring registrants to pay annual fees. The annual registration fee is due in full on or before August 31, which is the day before the registration year begins. A payment plan allows registrants to satisfy their annual fee obligation through smaller, fixed instalments paid over a defined period, rather than through a single lump-sum payment.

Since 2022, the College has considered requests for payment plans on a case-by-case basis. This policy establishes a transparent and equitable framework by setting out the circumstances under which payment plans may be approved and the terms that will apply to such arrangements.

An environmental scan of 18 regulatory Colleges found that payment plans for annual renewal fees are not common practice. Only seven Colleges reported offering some form of payment plan with an administrative fee, with most arrangements handled on a case-by-case basis, often for exceptional or compassionate circumstances. Two Colleges reported having a formal policy or procedure in place, and two indicated that payment/instalment plan information is available on their websites. These findings support the development of a clear policy to promote consistency and transparency when payment plan requests are considered.

**POLICY**

To request a payment plan, a registrant must complete the College's Payment Plan Request Form and submit it by the prescribed deadline. The request process should rely on the least invasive information reasonably required, such as a registrant declaration or attestation. Supporting documentation should only be requested where necessary to clarify eligibility or administer the payment plan. The Registration Manager and the Registrar will assess each request based on the registrant's standing with the College and past compliance with payment plan requirements.

Payment plans should be available as a standard option to registrants seeking annual renewal, provided the registrant agrees to the payment arrangements, pays the applicable administrative fee, and complies with the terms of the approved payment plan. The limit of two payment plans within any five-year period used for 2026-2027 requests will be retained to address repeated defaults or exceptional administrative concerns. Where approved, the annual registration fee will be payable in four instalments due on dates established by the College, no later than the last day of August, September, October, and November. Registrants must adhere to all payment deadlines set out in the approved payment plan.

A registrant is in default if an instalment is not received by the due date or if a payment is returned, declined, dishonoured, or reversed. Default may result in the assessment of a late penalty fee, cancellation of the payment plan, the immediate payment of all outstanding amounts, administrative suspension of the registrant's certificate of registration for non-payment of fees, and forfeiture of any fees paid toward the payment plan.

**CONSIDERATIONS**

The Board should be aware of several key risk considerations in approving the implementation and administration of the Annual Registration Fee Payment Policy. There is a regulatory and procedural risk if payment plan requests are assessed inconsistently or if eligibility criteria are unclear. There is also a financial risk if instalment payments are missed or outstanding fees are not recovered.

In approving the policy, the Board should be satisfied that the request process, documentation requirements, deadlines, and communications will be accessible, clear, and administered in a manner consistent with the College's commitments to fairness, transparency, equity, diversity, inclusion, and accessibility.

**DECISION(S) SOUGHT**:

**THAT** the Board approves the Annual Registration Fee Payment Policy as presented for implementation at the next registration renewal period.

**Or**

**THAT** the Board directs staff to make non-substantive changes and approve the Annual Registration Fee Payment Policy for implementation at the next registration renewal period.

**ATTACHMENTS**

1. Annual Registration Fee Payment Policy Draft

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

# Annual Registration Fee Payment Policy

| | |
|---|---|
| Approved By: *Board of Directors* | Policy Type: Regulatory |
| Approval Date: *September 25, 2026* | Responsible Office: *Registration* |
| Effective Date: June 1, 2027 | Responsible Authority: *Manager of Registration* |
| Date of Most Recent Review: N/A | Responsible Committee: *Registration* |

## I. Purpose:

All applicants and registrants are required to pay application, registration, and other applicable fees in full at the time they are invoiced. The purpose of the annual registration fee payment policy is to provide alternatives for payment of the annual registration fee that are acceptable to the college.

## II. Definitions:

"***College***" or "***CDTO***" refers to the College of Dental Technologists of Ontario.

## III. Scope:

This policy applies to all registrants seeking annual renewal registration with CDTO. Approval of an annual renewal payment plan is limited to a maximum of two (2) plans within any five-year period, unless otherwise authorized by the Registrar.

## IV. Policy Requirements:

### a. Request for Payment Plan

i. Requests must:
- Be submitted using the Payment Plan Request Form
- Include the applicable administrative fee.
- Be submitted by the deadline established by the College.

- Be submitted within thirty (30) days of the official launch of Annual Renewals. Registrants are responsible for ensuring that they receive communications from the College, consistent with the College By-laws.

ii. Submission of a request does not guarantee approval.

### b. Approval of Request

All payment plan requests are reviewed by the Registrar. In assessing a request, the Registrar may consider:

- That the registrant is in good standing;
- Has paid any previous payment plan instalments on time; and
- Submit the Payment Plan Request Form and applicable administrative fee by the required deadline.

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**c. Approval and Payment Terms**

Where a payment plan is approved:

- The annual renewal fee will be divided into four instalments established by the College with specified due dates.
- The registrant must pay the applicable administrative fee; and
- The registrant must comply with all payment deadlines set out in the approved plan.

**d. Default of Payment Plan**

A registrant is considered in default where:

- A scheduled payment is not made by the applicable due date.
- A payment is returned, declined, dishonored, or reversed.

A default under section 4(d), Default of Payment Plan, may result in one of the following actions:

- Cancellation of the payment plan, at which time all outstanding amounts including any applicable late penalty fees become immediately due and payable to avoid disruption in licensure; or
- No refund of any fees already applied to the payment plan; and administrative suspension of the registrant's certificate of registration for non-payment of fees.

## V. Roles and Responsibilities

**a. The Registrar must:**

- Review all payment plan requests;
- Determine whether acceptable cases exist;
- Approve, deny, or revoke payment plans; in accordance with this policy;
- Ensure decisions are communicated to registrants within ten (10) business days of receiving a request; and
- Maintain records related to payment plan requests and decisions.

**b. Registrants Role**

A registrant requesting or participating in a payment plan must:

- Submit a complete Payment Plan Request Form by the deadline established by the College;
- Pay the applicable administrative fee;
- Provide complete and accurate information in support of the request if deemed necessary;
- Comply with all terms and conditions of an approved payment plan; and
- Make all payments on or before the dates specified in the approved payment plan failure to do so will be considered a default under section 4(d), Default of Payment Plan.

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## VI. Compliance

Failure to comply with this policy or the terms of an approved payment plan may result in revocation of the payment plan, suspension of registration, or other fee-related or registration-related actions permitted by the RHPA, applicable regulations, and College by-laws.

## VII. Confidentiality

Information provided by a registrant in connection with a payment plan request will be treated as confidential, except where disclosure is required or permitted.

## VIII. Legislative References, Associated Policies, and Procedures

a. Dental Technology Act, 1991
b. Regulated Health Professions Act, 1991
c. Health Professions Procedural Code (Schedule 2 to the RHPA)
d. O. Reg. 874/93 (Registration)
e. College By-laws respecting fees and registration renewal
f. Payment Plan Request Form

## IX. Review:

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

a. As determined by the Registrar/CEO
b. As determined by the Responsible Authority; or
c. In response to legislative changes.

DRAFT

FAIRNESS COMMISSIONER
COMMISSAIRE À L'ÉQUITÉ

OFFICE OF THE FAIRNESS COMMISSIONER
180 Dundas Street W., Suite 300, Toronto ON M7A 2S6

BUREAU DU COMMISSAIRE À L'ÉQUITÉ
180, rue Dundas O., Bureau 300, Toronto (Ontario) M7A 2S6

September 1, 2026

Dear Judy,

**RE: Risk Rating for the College of Dental Technologists of Ontario**

The purpose of this letter is to communicate the risk rating for the 2026/27 risk assessment cycle.

Background:

Under the Office of the Fairness Commissioner's (OFC's) Risk-Informed Compliance Framework (RICF), our agency assesses each regulator's operations against five risk factors that may impede the regulator's ability to apply fair registration practices for the licensure of domestic and internationally trained applicants.

Regulators will receive one of three risk ratings: low, moderately low, or moderate to high.

For the 2026/27 risk assessment cycle, the five risk factors are set out below:

1. Quality, consistency and timeliness of assessment practices
2. Oversight of third-party processes
3. Impact of major changes to assessment and registration practices
4. Ability to monitor and address compliance gaps and to comply with newly introduced legislative and/or regulatory obligations
5. Public policy considerations:
    i. Responsiveness to labour market needs and efficient processing of domestic labour mobility applicants
    ii. Ability to promote inclusion and address anti-racism concerns in registration practices.

Further detail on the indicators associated with these risk factors can be found in the OFC's Risk-informed Compliance Framework and Policy.

For each of the risks identified above, your compliance analyst, James Mendel assessed both the probability that the risk will occur and the significance of the consequences.

For quality assurance purposes, your risk analysis has been reviewed by OFC management.

Following completion of the risk review process, the OFC has determined that CDTO should be placed in the low-risk category for the period April 1, 2027, to March 31, 2030.

Congratulations on achieving this result. As a low-risk regulator, the OFC will arrange to meet with your organization on an annual basis and you will be required to submit an annual Fair Registration Practices Report. Your compliance analyst will be in touch to schedule this meeting.

We look forward to continuing to work with you to advance fair registration practices in the profession.

Sincerely,

Mariela Orellana
Director, Office of the Fairness Commissioner

cc: Irwin Glasberg, Fairness Commissioner of Ontario

cc: Tanya Chute-Molina, Manager of Business and Operational Planning, OFC

cc: James Mendel, Compliance Analyst, OFC

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

# Using the CDTO Public Register

## A quick guide to searching Registrants and the Place of Business Verified List

September 2026

# What Does the Public Register Include?

- The Registrant's name, and whether they are a current registrant, retired or former registrant of the College
- Lists all business addresses and business telephone numbers
- The class of registration in which the person is or was registered
- Any terms, conditions, or limitations on a registrant's practice
- A notation of each revocation or suspension of the person's license

# Searchable Online Public Register

**Search by Member: Registration Number or Name**

**Search by Practice or City: Lab Name or Location**

## Searchable Online Public Register

The searchable online public register allows you to verify the registration of a Dental Technologists in Ontario by any piece of public information. This includes Member Number, First Name, Last Name and Common Name. You may also search by Practice or City. Upon selecting a practice, all members at the selected practice will be shown.

◉ Search by Member ○ Search by Practice or City

Search by Member...

**The public register includes the following information:**

- The person's name, whether the person is a member or a former member of the College, and, if the person is a member, the person's business address and business telephone number;
- The Class of Registration in which the person is or was registered;
- If the person is a member, any Terms, Conditions or Limitations on his or her practice; and
- A notation of each revocation or suspension of the person's licence.

If you cannot find a record for the Dental Technologists you are looking for, please contact the College office at info@cdto.ca, Phone: (416) 438-5003 or 1-877-391-2386 (Ontario only).

# Search Results

**Results display the RDT#, Name, Practice Status & Registration Class at a glance**

Showing results 1-10 of 300 for: a

| Reg. # | Last Name | First Name | Common Name | Status | Registration Class | |
|---|---|---|---|---|---|---|
| 2009 | Abdelki | Malkan | N/A | Eligible to Practise | General | View |
| 1001 | Abels | Klaus | Klaus | Resigned | None | View |
| 1002 | Achmann | Albert | N/A | Retired | None | View |
| 1003 | Achmann | Ursula | N/A | Retired | None | View |
| 1456 | Achmann | Andrew | Andrew | Deceased | None | View |
| 1968 | Ahmadi | Arash | N/A | Eligible to Practise | General | View |
| 1996 | Al-Ogaidi | Lina | Lina | Eligible to Practise | General | View |
| 1675 | Al-Zu'bi | Mohammad | Mohammad | Eligible to Practise | General | View |
| 1953 | Alabdeh | Nouran | N/A | Eligible to Practise | General | View |
| 1557 | Albertyn | Meyer | N/A | Retired | None | View |

1-10 of 300 results

Search again

# Verified Place of Business

## Each business page lists the practice name, address, contact details, and current practice registrants.

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

‹ Back to results

Search again | Print

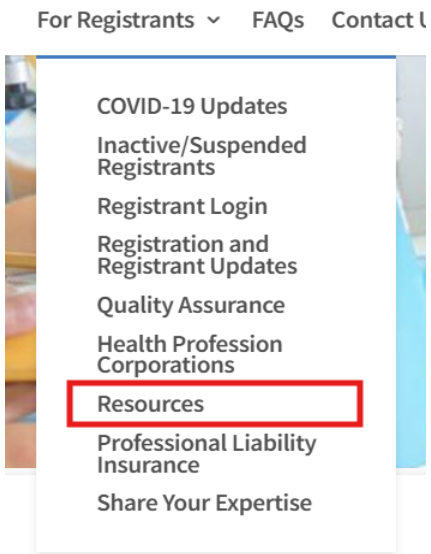
| | |
|---|---|
| Search Date: | 2026-09-10 02:27PM -0400 |
| Practice Name: | 1-Dent Group Dental Laboratories |
| Practice Address: | 2/F-388 Eglinton Ave W<br>Toronto, Ontario M5N 1A2<br>Telephone: 647-343-6168 |

Current practice members

| Registrant | |
|---|---|
| Mahmoud El-Sarout | View |

# Verified Place of Business

The Verified Place of Business List is updated quarterly and published under ***Resources for Registrants*** and ***Mandatory Reporting*** pages.



Dental technologists are also expected to check the verified list of laboratories to ensure they are working with, referring to, or otherwise engaging approved and properly recognized laboratories.

> For assistance or more information on Mandatory Reporting and Self-Reporting, email the College at complaints@cdto.ca or call 416 438-5003 ext. 229 (toll-free in Ontario 1 877 391-2386).

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

# Dashboard – September 2025 – August 2026 (Fiscal Update)

## Professional Excellence

### Registration

**462** General Certificate (GC)

**23** Inactive Certificate (IA)

**21** Administrative Suspension

**5** New RDTs September 1, 2026

**511** Total RDTs

(includes administrative suspensions and 10 intention to suspend GC (9), IA (2) registrants)

### Practice Advisory

**41** Number of Inquires

| | |
|---|---|
| RDTs | 66.8% |
| Oral Health office | 12.2% |
| Patients | 4.9% |
| Other regulators/associations | 2.5% |

**Top 3 Topics**

1. Supervision – Commercial Dental Lab
2. Advertising
3. RDT's Identifiers/ Outsourcing

### Quality Assurance

**Professional Development 2026**

**7** Retire/ Resign RDTs

**154** On- time submission)

**173** TOTAL RDTs (Group C)

**12** Late submissions (Group C)

**Practice Assessment / full PDP**

**2-5%** Annual random selection will be approved by QAC for PPA and full PDP

### Conduct

**Open Cases**

- **1** Registrar Investigations
- **0** QA Referrals
- **4** Complaints

**Closed Cases**

- **0** Registrar Investigations
- **0** QA Referrals
- **0** Complaints

**Mandatory Reporting**

- **0** Received Mandatory Reports
- **0** Registrar Investigation
- **0** Open Mandatory Reports
- **0** Closed Mandatory Reports

**Discipline**

- **0** Referrals
- **0** Open Cases
- **0** Closed Cases

**Unauthorize Practice**

- **4** Unauthorized Practice Investigations

## Organizational Effectiveness

### Communications

Social Media
YouTube
Website Updates
Mailchimp

### People & Culture

| | |
|---|---|
| 0 | Resignation |
| 0 | New Hire |
| 2 | Canada Summer Job |

## Financial Health

**Operating Expenditures** **17.7%** Against Budget

**Investment Income** **31.5%** Against Budget

**Surplus Retention** **125%**
Unrestricted Net Assets 50% - 100% of OE

**Strategic Initiatives Projects** **100%**
Percentage of Committed Spending

**Financial Health**

★★★★☆

# College of Dental Technologists of Ontario

Ordre des Technologues Dentaires de l'Ontario

**Communications Dashboard | July 2026 - August 2026**

## Social Media Statistics

Vistors 51
New Followers 4
Engagement Rate 13.9%
Impressions 103

## Video Sharing Statistics

| | |
|---|---|
| Subscriptions | 82 |
| Videos | 1 |
| Views | 50 |

## E-Mail Statistics

| | |
|---|---|
| Emails | 27 |
| Opens | 2485 |
| Link Clicks | 170 |

## CDTO Website Statistics

**Visitors: 14000**

**Average View Time: 0M 14S**

### Top Countries

| | | |
|---|---|---|
| 1 | Singapore | 11,935 (83.28%) |
| 2 | Canada | 1,449 (10.11%) |
| 3 | Brazil | 1,287 (8.98%) |
| 4 | Seychelles | 502 (3.5%) |
| 5 | United States | 375 (2.62%) |
| 6 | Ukraine | 288 (2.01%) |
| 7 | Pakistan | 280 (1.95%) |
| 8 | Vietnam | 264 (1.84%) |
| 9 | Argentina | 226 (1.58%) |
| 10 | Bangladesh | 198 (1.38%) |

### Channel Group

| | | |
|---|---|---|
| 1 | Direct | 12,311 (77.56%) |
| 2 | Organic Search | 2,063 (13%) |
| 3 | Unassigned | 1,007 (6.34%) |
| 4 | Referral | 673 (4.24%) |
| 5 | AI Assistant | 67 (0.42%) |
| 6 | Organic Social | 4 (0.03%) |
| 7 | Organic Video | 1 (<0.01%) |

### Top Pages

| | | |
|---|---|---|
| 1 | My Calendar \| College of Dental Technologists of Ontario | 6,488 (33.02%) |
| 2 | College of Dental Technologists of Ontario \| Ensuring competency and accountability of dental technologists practicing in the province of Ontario. | 2,811 (14.31%) |
| 3 | Prochains Évènements – College of Dental Technologists of Ontario | 1,091 (5.55%) |
| 4 | 404 Not Found \| College of Dental Technologists of Ontario | 601 (3.06%) |
| 5 | trafficheap.cc | 502 (2.56%) |
| 6 | Registrant Login \| College of Dental Technologists of Ontario | 390 (1.99%) |
| 7 | Careers \| College of Dental Technologists of Ontario | 254 (1.29%) |
| 8 | Quality Assurance \| College of Dental Technologists of Ontario | 246 (1.25%) |
| 9 | Registration and Member Updates \| College of Dental Technologists of Ontario | 210 (1.07%) |
| 10 | Legislation, Regulations and By-Laws \| College of Dental Technologists of Ontario | 167 (0.85%) |

KRIENS~LAROSE, LLP
CHARTERED PROFESSIONAL
ACCOUNTANTS

# COLLEGE OF DENTAL TECHNOLOGISTS OF ONTARIO

## Audit Scope Letter

## AUGUST 31, 2026

KRIENS~LAROSE, LLP
CHARTERED PROFESSIONAL
ACCOUNTANTS

37 Main Street
Toronto, Ontario M4E 2V5

Tel. 416-690-6800
Fax. 416-690-9919

Web Page:
www.krienslarose.com

August 19, 2026

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, 2026. 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 2026 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**

# 2026 Audit Scope Letter

## 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.

| Consulting Partner | Engagement Partner | Senior Associate |
|---|---|---|
| **Thomas Kriens, CPA, CA** | **Renaldo Ferreira, CPA** | **Raymond Lee, CPA** |
| kriens@krienslarose.com | renaldo@krienslarose.com | raymond@krienslarose.com |
| 416-690-6800 x 224 | 416-690-6800 x 263 | 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, 2026, 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 organizations.

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.

## 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 $31,000 based on 3% of 2026 budgeted 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.

## 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**<br>*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.* | Inquiries of management and TCWG<br>Add element of unpredictability<br>Test the appropriateness of journal entries.<br>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 |
|---|---|
| **Registration fees and deferred revenue**<br>*Revenue recognition and completeness* | Analytical procedures<br>Substantive testing of revenues, including the consistent application of accounting policies<br>Review of cut-off procedures |
| **Investments**<br>*Existence and valuation* | Analytical procedures<br>Verify investment balances to broker statements<br>Assess compliance with investment policy |
| **Accounts payable and accrued liabilities**<br>*Completeness and accuracy* | Substantive analytical procedures<br>Assess reasonableness of complaints and discipline claims accrued<br>Search for unrecorded liabilities |

## Areas of Focus (continued…)

| Area of Focus | Audit Response |
|---|---|
| **Payroll and other expenses**<br>*Accuracy and existence* | Analytical procedures<br>Substantive test of details of payroll and other expenses, including the consistent application of accounting policies<br>Review of employment agreements<br>Review cut-off procedures |

## 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, 2026 financial statements. | Auditor's Report |
| 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 *RHPA* 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 12, 2026, 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.

## 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

### 2025-2026

| | Approved Budget | Actual | Projection* | Projection vs. Budget Variance | | Actuals 2024-2025 | Variance 25-26 vs 24-25 | |
|---|---|---|---|---|---|---|---|---|
| | $ | $ | $ | $ | % | $ | $ | % |
| Revenues | | | | | | | | |
| Registration N1 | $ 974,185 | 941,950 | 1,025,647 | 51,462 | 5.3% | 982,778 | 42,869 | 4.4% |
| Examination | $ 2,400 | 4,200 | 4,200 | 1,800 | 75.0% | 1,902 | 2,298 | 120.8% |
| Investment income N2 | $ 42,083 | 40,371 | 55,356 | 13,273 | 31.5% | 74,628 | -19,272 | -25.8% |
| **TOTAL REVENUE** | 1,018,668 | 986,521 | 1,085,203 | 66,535 | 6.5% | 1,059,308 | 25,895 | 2.4% |
| Expenses | | | | | | | | |
| Registration | $ 6,810 | 8,545 | 9,622 | -2,812 | -41.3% | 6,834 | -2,788 | -40.8% |
| Examination N3 | $ 15,671 | 25,998 | 26,119 | -10,448 | -66.7% | 15,599 | -10,520 | -67.4% |
| Quality Assurance N4 | $ 11,361 | 5,352 | 6,252 | 5,109 | 45.0% | 5,666 | -586 | -10.3% |
| Complaints, Discipline N5 | $ 48,580 | -16,341 | 19,059 | 29,521 | 60.8% | -5,850 | -24,909 | 425.8% |
| Unauthorized Practice N6 | $ 30,365 | 6,533 | 12,889 | 17,476 | 57.6% | 951 | -11,938 | -1255.3% |
| Patient Relations | $ 700 | 150 | 150 | 550 | 78.6% | 150 | 0 | 0.0% |
| Administration | $ 141,158 | 94,502 | 141,513 | -355 | -0.3% | 136,411 | -5,102 | -3.7% |
| Governance N7 | $ 62,637 | 31,130 | 47,451 | 15,186 | 24.2% | 35,023 | -12,428 | -35.5% |
| Human Resources N8 | $ 705,068 | 506,635 | 588,284 | 116,784 | 16.6% | 655,538 | 67,254 | 10.3% |
| Communications (Publications) | $ 7,984 | 4,576 | 4,794 | 3,189 | 39.9% | 6,765 | 1,971 | 29.1% |
| Legislation & Policies N9 | $ 11,150 | 985 | 985 | 10,165 | 91.2% | 7,255 | 6,270 | 86.4% |
| Total Expenses | 1,041,483 | 668,065 | 857,119 | 184,364 | 17.7% | 864,342 | 7,223 | 0.8% |
| **Surplus/ (Deficit) from Operations** | -22,815 | 318,456 | 228,085 | 250,900 | | 194,966 | 18,672 | 9.6% |

*** Projections are based on actual results to July 31, 2026**

**Variance Explanations:**

Revenues

**N1** Favourable variance in Registration revenue due to higher intake of new registrants earlier in the fiscal year (24 anticipated vs. 15 budgeted).

**N2** Investment income higher than anticipated due to surplus cash investments and overall market performance.

Expenses

**N3** Increase in Examination costs due CADTR CAS Service Agreement Fee (2025 and 2026)

**N4** No peer assessments conducted during the fiscal year. The College is currently modernizing the Quality Assurance Program. During the year, new peer assessors received training, and a Peer Assessor Team was established to review and enhance the peer assessment process. As part of this work, peer assessments were temporarily paused while the assessment process and checklists were reviewed and streamlined.

**N5** Prior year discipline case costs over-accrued. Currently 4 open cases at ICRC. Anticipated costs to close cases are included in projection per audit requirement.

**N6** Unauthorized Practice cases open, however current costs are lower than anticipated due to preliminary legal phase of each matter.

**N7** Governance variance is largely due Board education being offered by consultants as part of system partnerships, and cost savings due to virtual meetings.

**N8** Favourable variance due to leave of absence and unsuccessful 2026 Canada Summer Jobs application.

**N9** Favourable variance in the Legislation Budget reflects lower legal expenses than anticipated, as several planned initiatives, including the Ethical Principles and Standards review, bylaw modernization, and policy updates, did not progress to the stage requiring legal review during the current fiscal year.

## COLLEGE OF DENTAL TECHNOLOGISTS OF ONTARIO

## STRATEGIC INITIATIVES *

| | Unspent @ Aug 31/25 | 2025-2026 Ask | Actual to July 31 2026 | FCST August 2026 | FCST 2026-2027 | Balance | New Ask 2026-2027 |
|---|---|---|---|---|---|---|---|
| **Database Modules - Project Manager** N1 | $ 34,844 | $ - | $ - | $ - | $ 34,844 | $ - | $ - |
| **Regulations and associated policies** N2 | $ 7,809 | $ - | $ - | $ - | $ 7,809 | $ - | $ - |
| **Standards and Ethics** N3 | $ 41,542 | $ 20,000 | $ 41,179 | $ 14,690 | $ 5,673 | $ - | $ 48,346 |
| **Quality Assurance - QAP Review** N4 | $ 8,000 | $ - | $ 339 | $ - | $ 7,661 | $ - | $ - |
| **Regulatory Disruption** N5 | $ 8,389 | $ - | $ - | $ - | $ 8,389 | $ - | $ - |
| **Equity, Diversity, and Inclusion** N6 | $ 13,433 | $ - | $ - | $ - | $ 13,433 | $ - | $ - |
| **Governance** N7 | $ 2,735 | $ 5,000 | $ - | $ - | $ 7,735 | $ - | $ - |
| **System Partner Engagement** N8 | $ - | $ - | $ - | $ - | $ - | $ - | $ 9,750 |
| **Total*** | **$ 116,752** | **$ 25,000** | **$ 41,518** | **$ 14,690** | **$ 85,544** | **$ -** | **$ 58,096** |
| | | | 29% | 9% | 65% | | |

*** To be funded from Internally Restricted for Strategic Initiatives**

**Notes:**

**N1** To implement online QA, Complaints and revision to Registration modules, includes obtaining a Project Manager.

**N2** To implement PLAR regulation changes and develop an Ethics and Jurisprudence Module.

**N3** To complete Phase 2 -final draft of ethical principles and standards and Phase 3 - General Consultations of Ethical Principles and Standards project.

**N4** To review and revise the QA program's Self and Peer Assessments. QA portal will be followed after completion of updating QA program and the budget is in the database.

**N5** To develop awareness campaigns on unauthorized practice and the complaint processes which provides education modules and awareness resources.

**N6** To finalize the EDI learning modules which will be used by Board/Committee, registrants, and the public, and includes seeking a consultant to review.

**N7** Consultant and legal fees to conduct a comprehensive review that will develop and improve CDTO's governance and board policies, and make necessary changes to the By-laws.

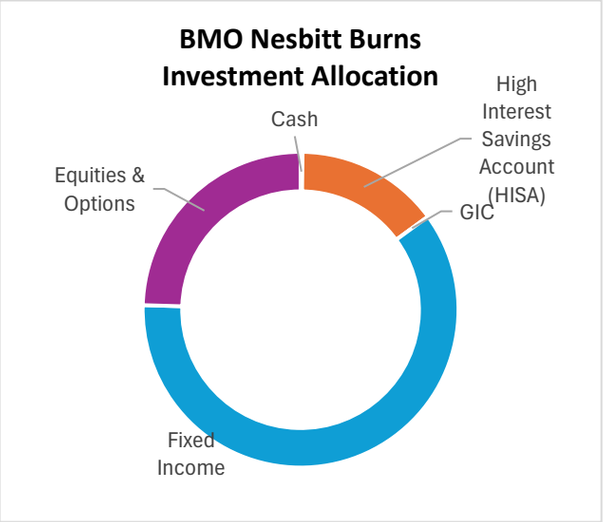
**N8** Plain language workshop to achieve sustainable communication.

**College of Dental Technologists of Ontario**
**Investment Monitoring**
**July 31, 2026**

General Assumptions: Funds invested as per the CDTO Investment Policy
Investments held at BMO Nesbitt Burns

| Cash | Cost | % of Total | Market Value | Unrealized Gain/Loss | Assumptions |
|---|---|---|---|---|---|
| Operating Account (cash) | 166,262 | 99.9% | 166,262 | - | Surplus cash transferred to BMO NB. |
| High Interest Savings Account (HISA) | 147 | 0.1% | 147 | - | |
| | **$ 166,409** | **100%** | **$ 166,409** | **$ -** | |

| Investments | Cost | % of Total | Market Value | Unrealized Gain/Loss |
|---|---|---|---|---|
| BMO Nesbitt Burns | | | | |
| Cash | 3,500 | 0.2% | 3,500 | - |
| High Interest Savings Account (HISA) | 253,059 | 15% | 253,059 | - |
| GIC | - | 0% | - | - |
| Fixed Income | 1,038,160 | 61% | 1,040,174 | 2,014 |
| Equities & Options | 421,000 | 25% | 430,701 | 9,701 |
| | **$ 1,715,719** | **100%** | **$ 1,727,434** | **$ 11,715** |



**The College of Dental Technologists of Ontario**
**Cash Flow**

| | Actual | | | | | | | | | | | Forecast |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **01-Sep-25** | **01-Oct-25** | **01-Nov-25** | **01-Dec-25** | **01-Jan-26** | **01-Feb-26** | **01-Mar-26** | **01-Apr-26** | **01-May-26** | **01-Jun-26** | **01-Jul-26** | **01-Aug-26** |
| **Incoming funds:** | | | | | | | | | | | | |
| Registration / Examinations | 183,630 | 18,393 | 5,291 | 14,810 | 12,677 | 9,590 | 7,953 | 11,623 | 4,900 | 11,190 | 94,217 | 896,978 |
| CADTR | 12,190 | | | 12,190 | | | | 12,190 | | | 13,478 | |
| ADT Phase II | | | 2,118 | | | | | 2,118 | | | 2,118 | |
| CSJ | 16,406 | | | | | | | | | | | |
| Admin | | | | | | | | | | | | |
| Total Incoming | 212,226 | 18,393 | 7,409 | 27,000 | 12,677 | 9,590 | 7,953 | 25,931 | 4,900 | 11,190 | 109,813 | 896,978 |
| **Outgoing funds:** | | | | | | | | | | | | |
| TD Merchant services | 16,622 | 970 | 173 | 167 | 330 | 212 | 254 | 209 | 308 | 132 | 279 | 157 |
| Operating expenses - HR | 48,575 | 47,024 | 50,169 | 56,995 | 57,630 | 48,970 | 44,789 | 44,982 | 66,682 | 57,393 | 30,872 | 79,325 |
| Operating expenses - Other | 8,541 | 15,939 | 10,555 | 24,459 | 28,095 | 14,105 | 17,976 | 49,648 | 15,068 | 51,579 | 9,073 | 35,238 |
| SIP | - | - | - | - | 11,573 | - | - | - | - | - | - | 9,396 |
| Total Outgoing | 73,738 | 63,934 | 60,898 | 81,621 | 97,628 | 63,287 | 63,019 | 94,839 | 82,057 | 109,104 | 40,224 | 124,116 |
| **Net Cash** | 138,488 | (45,541) | (53,489) | (54,622) | (84,951) | (53,697) | (55,066) | (68,908) | (77,157) | (97,914) | 69,589 | 772,862 |
| **Opening cash BMO** | 749,530 | 888,017 | 842,477 | 788,988 | 174,366 | 179,416 | 215,718 | 160,653 | 181,744 | 194,587 | 96,673 | 166,262 |
| **Restricted cash (short-term) - HISA or RSTIC or GIC** | | | | | | | | | | | | |
| **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 |
| **Transfer to NB Investment** | | | | -560,000 | 90,000 | 90,000 | 0 | 90,000 | 90,000 | | | -800,000 |
| **Transfer (To)/From HISA** | | | | | | | | | | | | |
| **Available Cash** | **$ 853,017** | **$ 807,477** | **$ 753,988** | **$ 139,366** | **$ 144,416** | **$ 180,718** | **$ 125,653** | **$ 146,744** | **$ 159,587** | **$ 61,673** | **$ 131,262** | **$ 104,124** |
| **Ending cash BMO** | 888,017 | 842,477 | 788,988 | 174,366 | 179,416 | 215,718 | 160,653 | 181,744 | 194,587 | 96,673 | 166,262 | 139,124 |

# Board Report

Date: September 25, 2026

**SUBJECT**: **Strategic Initiatives Projects Budget**
**PREPARED BY:** Judith Rigby, Registrar and CEO

**PURPOSE:**

The Executive Committee recommends that the Board approve additional funding for the Ethical Principles and Standards Project and for System Partner Engagement and Collaboration within the Strategic Initiatives Projects (SIP) budget.

**PUBLIC INTEREST RATIONALE:**

The Board's primary responsibility is to act in the public interest by ensuring the College will achieve its operational and strategic goals for good governance and delivery of modernized regulatory programs. Responsible stewardship of the College's financial resources includes prudent management of surplus funds for strategic priorities essential to achieving its mandate and objectives ethically and sustainably.

**BACKGROUND:**

In its oversight role of the organization, the Board sets the strategic direction, monitors organizational performance against financial and non-financial performance indicators, and oversees the financial affairs of the College using an annual work plan. This workplan includes allocating resources annually for ongoing regulatory programs (Operating budget) and strategic projects (SIP budget) as necessary.

The College's annual workplan and financial reporting cycle is the fiscal period from September 1 to August 31.

**INFORMATION & CONSIDERATIONS:**

The SIP budget is funded by reserves internally restricted to one-time special projects that support the Board's strategic direction. This budget is reviewed annually to determine the amount of funds necessary to support existing and new strategic projects where the spending will occur in the coming fiscal years. The SIP budget is also reviewed quarterly for changes, risks, accuracy, and sufficiency that may result in in-year funding requests. Once the project is completed and implemented, any costs to operate and manage it on an ongoing basis are included in the annual operating budget.

The Executive Committee supports the Board's oversight role by reviewing the quarterly monitoring reports and fiscal year SIP budgets, and making recommendations as needed.

***Strategic Initiative Project Budget***

Funding is being sought for two strategic projects that are in progress and will require spending in the 2026-2027 fiscal year:

1. **Ethical Principles and Standards Project (Strategic Pillar: Professional Excellence and Domain: Standard and Ethics)**

   The Ethical Principles and Standards will serve as the foundation for professional practice expectations for registrants, clients and patients, quality assurance activities, peer assessment, registrant guidance, and regulatory decision-making.
   As the project has progressed, it has become clear that additional resources are required to support consultation, validation, accessibility review, and implementation activities that were not fully anticipated in June 2026 when the Board approved an additional $20,000 in funding. The total amount committed to this project to date is $75,398.

   An additional amount of $48,346 in SIP funding is being requested and will support the following activities:

   - Completion of the consultant's work and revisions arising from feedback received through the Citizen's Advisory Group (CAG), Quality Assurance Committee, public consultation, and Board review.
   - Consultation with CAG to obtain meaningful public input on the proposed Ethical Principles and Standards.
   - Conducting an Equity Impact Assessment and related consultation activities to identify and mitigate potential unintended impacts on equity-deserving communities and improve inclusivity and accessibility.
   - Conducting a plain language review to enhance clarity, readability, and accessibility while maintaining regulatory intent and ensuring the standards are understandable for registrants and the public.
   - Hosting townhalls for registrants and, where possible, other oral health professionals in Ontario to support awareness, understanding, and implementation of the new standards.

   Should the Board approve the new request, the total project expenses will be $123,744.

2. **System Partner Engagement and Collaboration**

   Approval is being requested for $9,750 in SIP funding for a customized plain language training that aligns with the Communications strategy to deliver clearer and more consistent messaging to registrants, applicants, the public and other constituents. Improving the readability and accessibility of College communications will help audiences more easily find, understand and act on regulatory information, while reducing the potential for confusion or misinterpretation.

The proposed two-day in-person training will be designed specifically for multiple regulators to:

- Strengthen internal staff capacity to communicate complex regulatory information clearly and in an accessible and easy to understand way, while maintaining the accuracy and integrity required of regulatory communications.
- Incorporate inclusive language and apply accessible design principles in communications.
- Build sustainable and transferable communication skills that can be applied across policies, standards, guidance materials, website content, correspondence and other College communications.

**DECISION(S) SOUGHT:**

The Board is asked to approve:

1. The transfer of $58,096 from unrestricted net assets to internally restricted net assets for strategic projects; and
2. To allocate these funds to the Ethical Principles and Standards project for $48,346 and the System Partner and Collaboration project for $9,750.

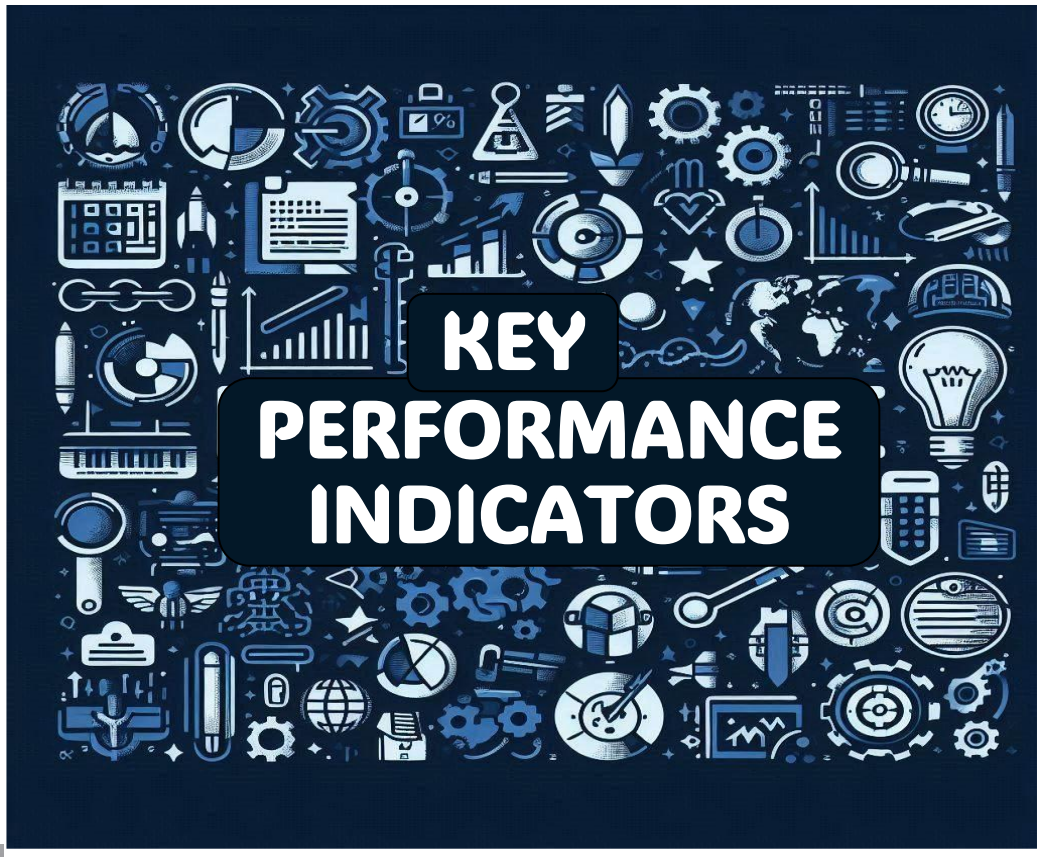
**ATTACHMENTS:**

None.

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

# Strategic Plan: KPIs

## Board Dashboard Report




SEPTEMBER 2026

# Strategic Projects - KPIs

## Overviews

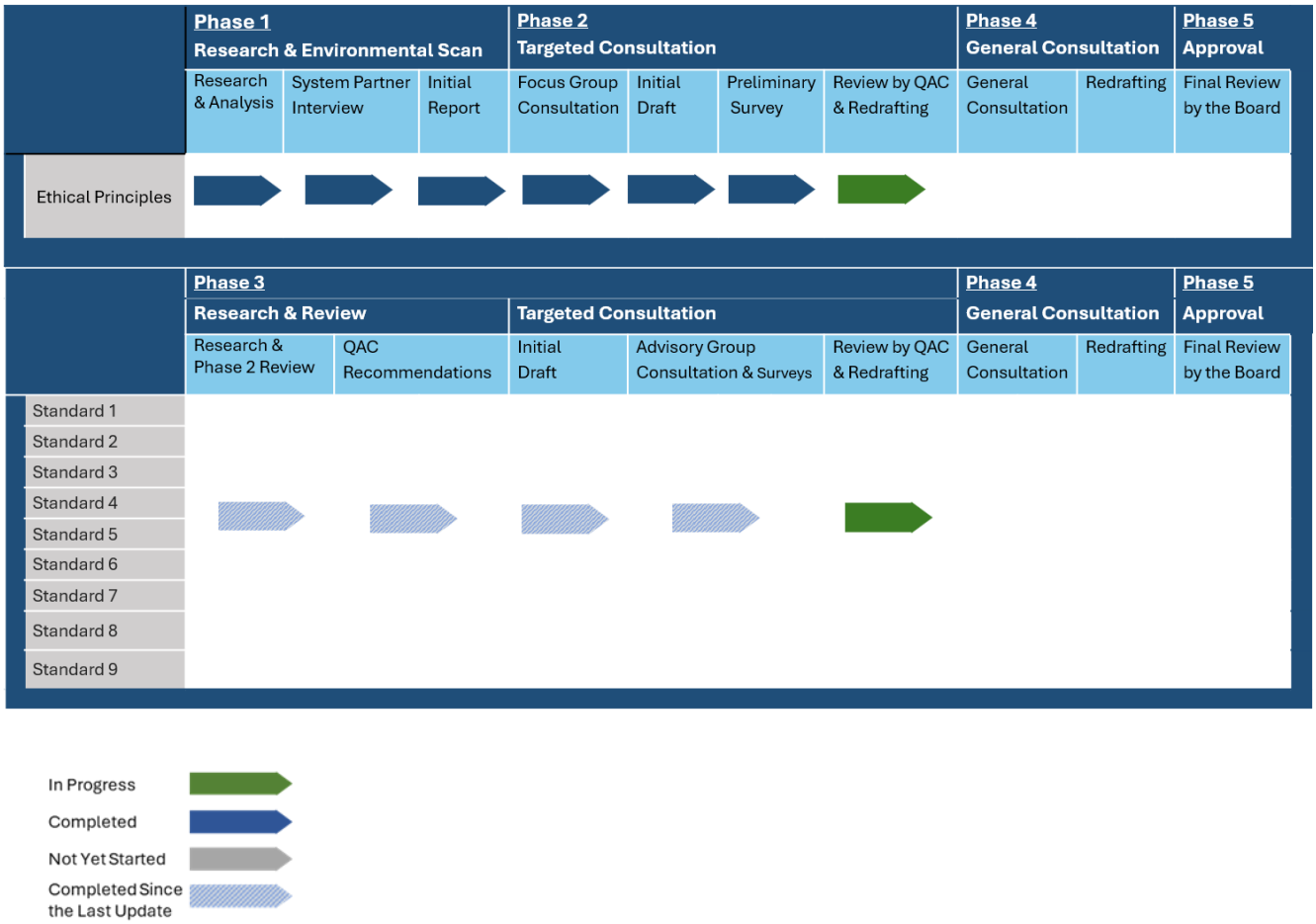
| | Domain | KPIs |
|---|---|---|
| Professional Excellence | **Standards and Ethics** | Progress report on Standards and Ethics as applicable<br>Completion rate for Standards in order of priority |
| | **Professional Development** | Progress report on QA Portal<br>Number of resources provided to registrants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




## Completion rate for Standards in order of priority

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

KPIs Report:

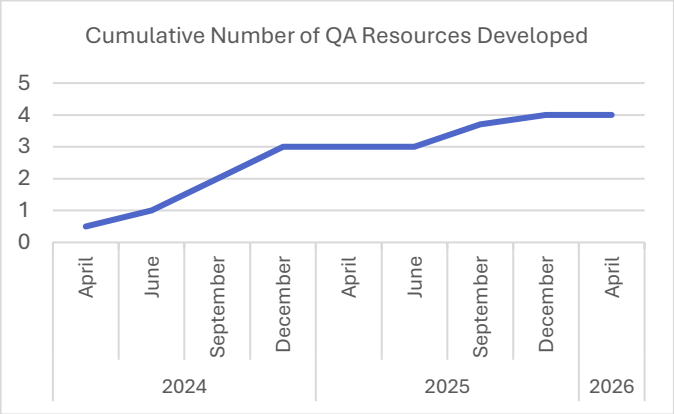
# Professional Development

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 | On Hold |
| 4) Database provider to create the QA Portal | On Hold |
| 5) Test and provide feedback on QA Portal | On Hold |
| 6) Pilot with select group | On Hold |
| 7) Communication prior to launch | On Hold |
| 8) Launch new QA Portal | On Hold |
| 9) Monitor and continued improvement | On Hold |

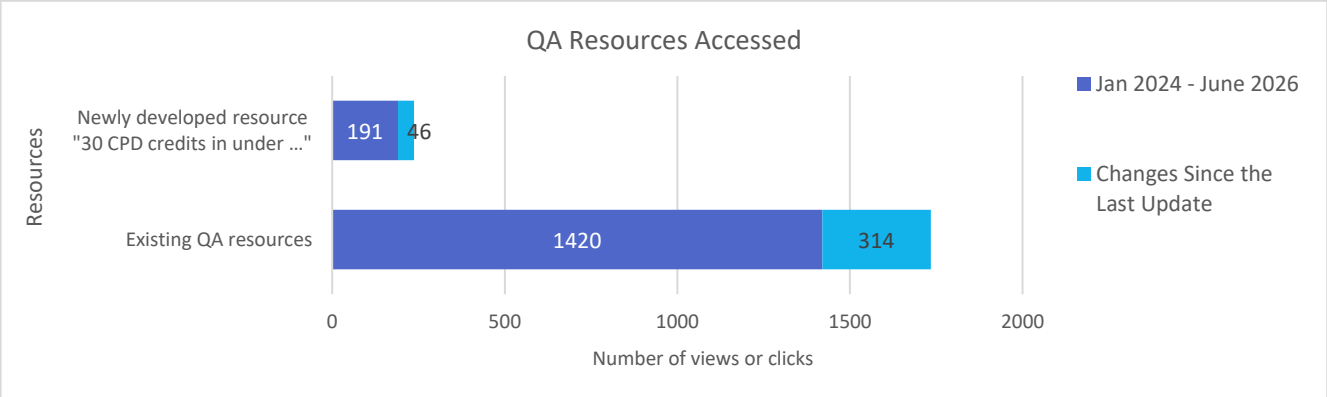
## Number of resources provided to registrants



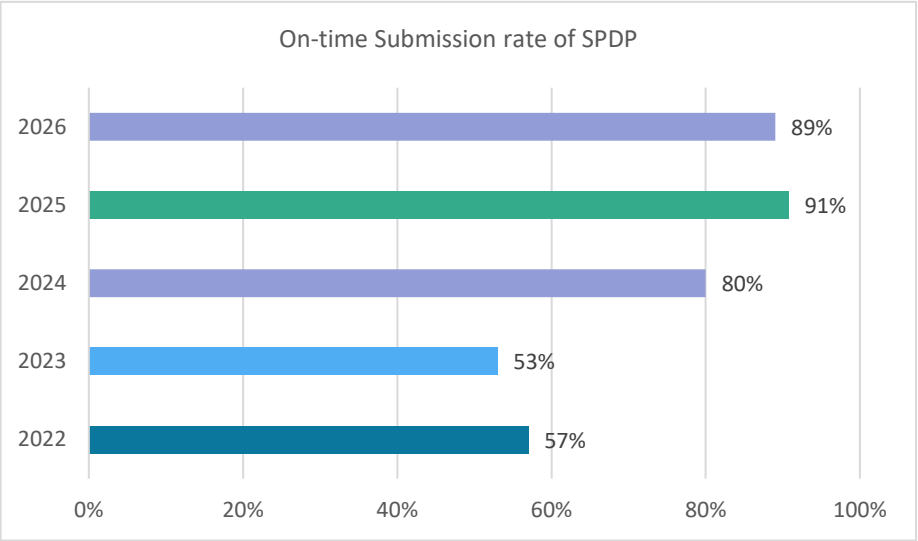

Resources Developed:

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. How to Earn 41 CE Credits by the end of 2025

## Utilization of resources and user satisfaction rate



## On-time submission rate of SPDP




## Progress report on Peer Practice Assessment

Research conducted on current framework to revise PPA evaluation grid.

## 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 external research on JP requirements | Completed |
| 2) Consult with Registration and QA Committees on requirements for pre and post registration. | Target: Jan 2027 |
| 3) Retain a consultant to develop e-learning modules and knowledge testing questions to be integrated as part of the e-learning module(s) and manage the project. | Target: June 2027 |
| 4) Conduct pilot with diverse group of registrants, revise and conduct quality assurance tests. | Target: Aug 2027 |
| 5) Develop and implement change management communication strategy | Target: Nov 2027 |
| 6) Launch new Jurisprudence Program for applicants | Target: Feb 2028 |
| 7) Monitor and gathered feedback for continued improvement | Target: June 2028 |
| **GBP Jurisprudence & Professionalism Course Equivalency** | |
| 1) Review GBP Jurisprudence & Professionalism Course (J&P) | Completed |
| 2) Determine equivalency of GBP J&P to CDTO Jurisprudence Program | Completed |
| 3) Consider exemption of CDTO's Jurisprudence Program registration requirement for those who have successfully completed GBP's J&P course (Exempted 2025 graduates for Jurisprudence and Ethics exam) | Completed |
| 4) Communication strategy for post-Board decision | Target: Sept 2026 |

## Progress report on ethics initiative

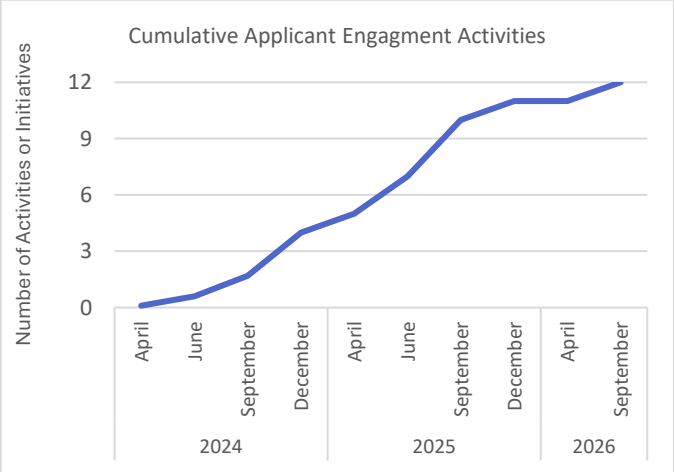
| Project Summary | Status |
|---|---|
| **Exploration of integrating CDTO's Ethics examination into CADTR KBA** | |
| 1) Environmental scan of Canadian Dental Technology Regulator ethics registration requirements | Not Feasible |
| 2) Consult with CADTR regarding implementation of ethics items into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

## 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 | Completed |
| e. Conduct 18-month pilot | Target: Dec 2026 |
| 4) Education Upgrade Tools for Applicants | |
| a. Retain Education and Upgrading Consultant | Completed |
| b. Develop and Launch Education Upgrade Tools | Completed |
| 5) Implement outreach strategy and gather feedback | |
| a. Retain a Communication Consultant | Completed |
| b. Develop and implement outreach strategy | Completed |
| 6) Finalize, Translate and launch French/English PLAR and scoring rubric | Target: March 2027 |

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




Engagement Activities:

1. Introduction to the College – GBP students
2. Focus Group – GBP students
3. Spectrum Day – interactions with students
4. Jurisprudence and ethics – GBP students
5. Technorama – promotion for PLAR pilot
6. Informational Session – GBP students
7. Outreach Taskforce – GBP academic team
8. PLAR Webinar – RDTs
9. PLAR Webinar – settlement and integration for newcomers to Canada (funded by IRCC)
10. Spectrum Day – interactions with students
11. GBP Student Outreach – with CDTO's Board
12. Pilot of mentorship to GBP students and outreach

## Applicant satisfaction rate

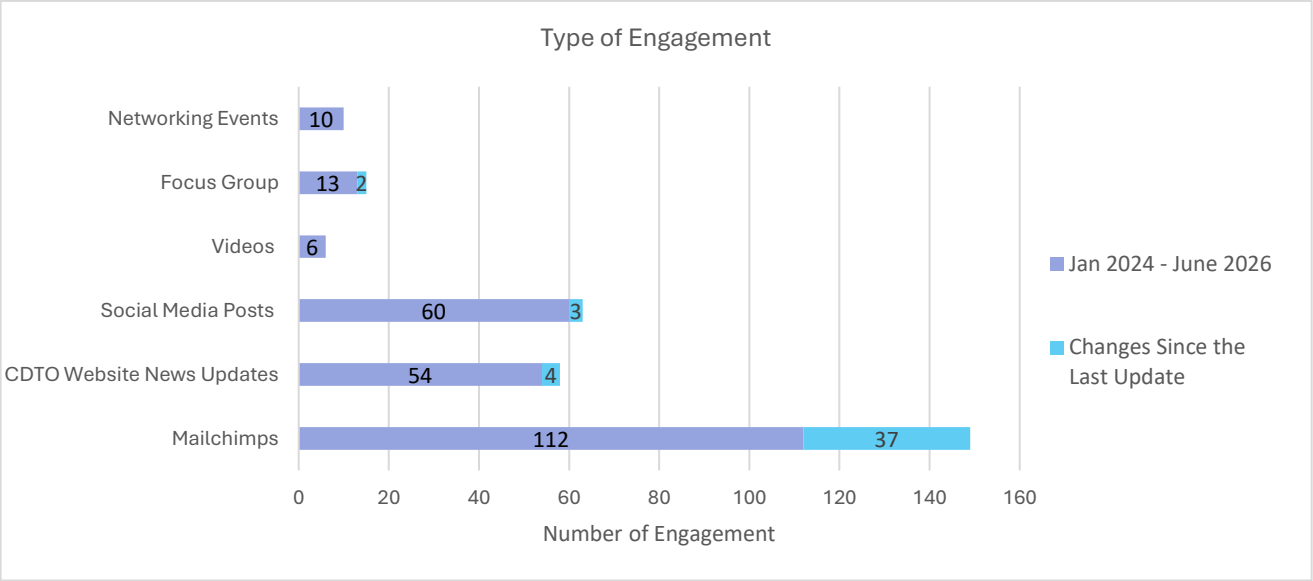
Not yet started - Survey for distribution to new RDTs under development.

KPIs Report:

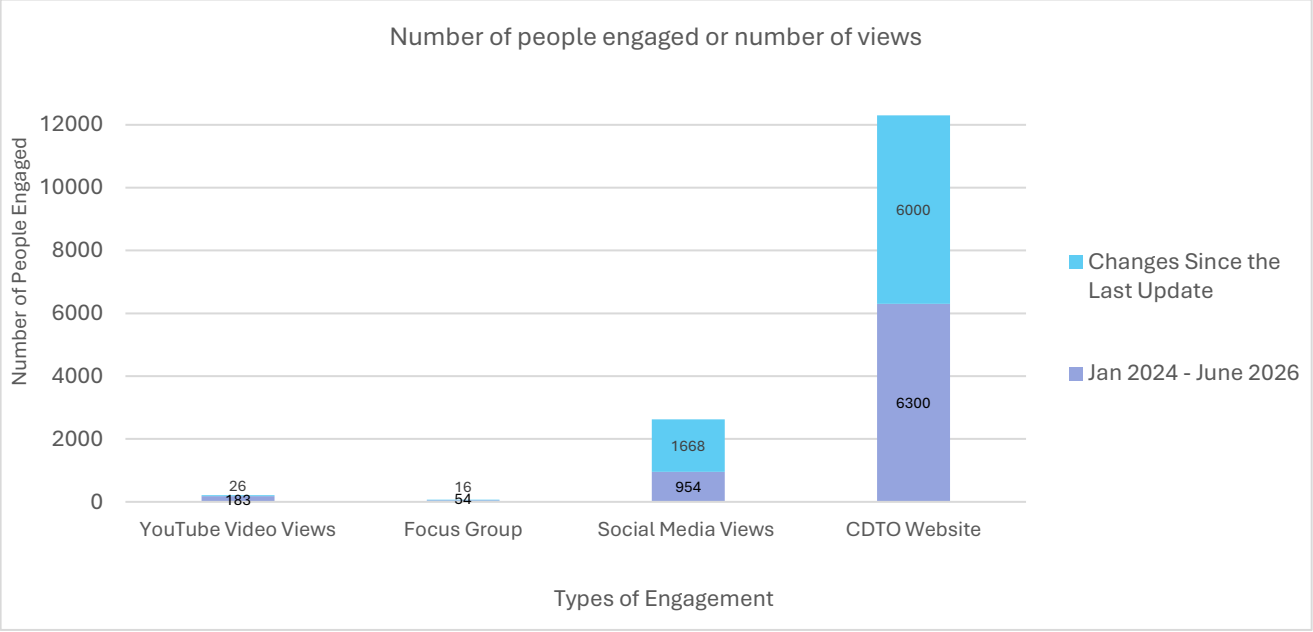
# System Partner Engagement & Collaboration

ENGAGEMENT

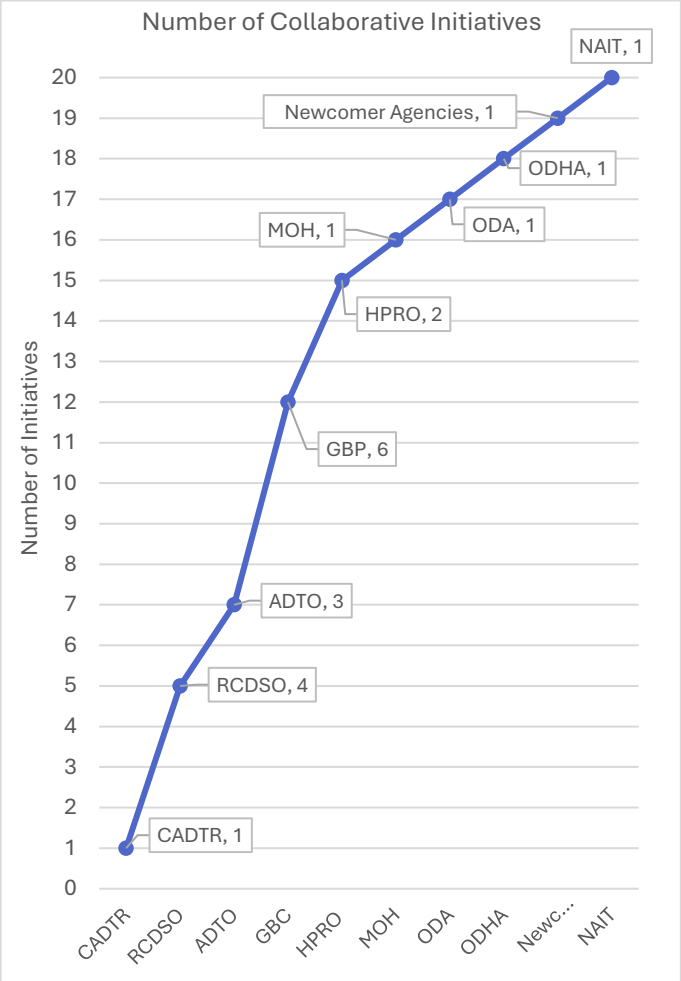
## Engagement Report




## Engagement Effectiveness



## Number of collaborative initiatives with system partners




Collaborative Initiatives:

- **CADTR**: Development of Prior Learning Assessment and Recognition (PLAR)
- **RCDSO**:
  - Workshop on TAIBU Screening
  - Communication: Updates to RDT identifiers
  - Education: Requirement for dentists to verify that dental laboratories have an RDT listed on CDTO's Public Register
  - Joint response to an unauthorized practice complaint and provided supervision requirement to dentist
- **ADTO**: Networking events, Technorama, and Peer Circles
- **GBP**:
  - PAC meetings
  - Outreach Taskforce – GBP academic team
  - Student Voluntary Registry, poster, and Q&A
  - Introduction to CDTO
  - Focus group on barriers to registration
  - Student outreach with Board
- **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 on unauthorized practices to hygienists
- **Newcomer Agencies:** Awareness of dental technology
- **NAIT:** Dental Super Program Advisory Committee

## Progress report on Communication Strategy

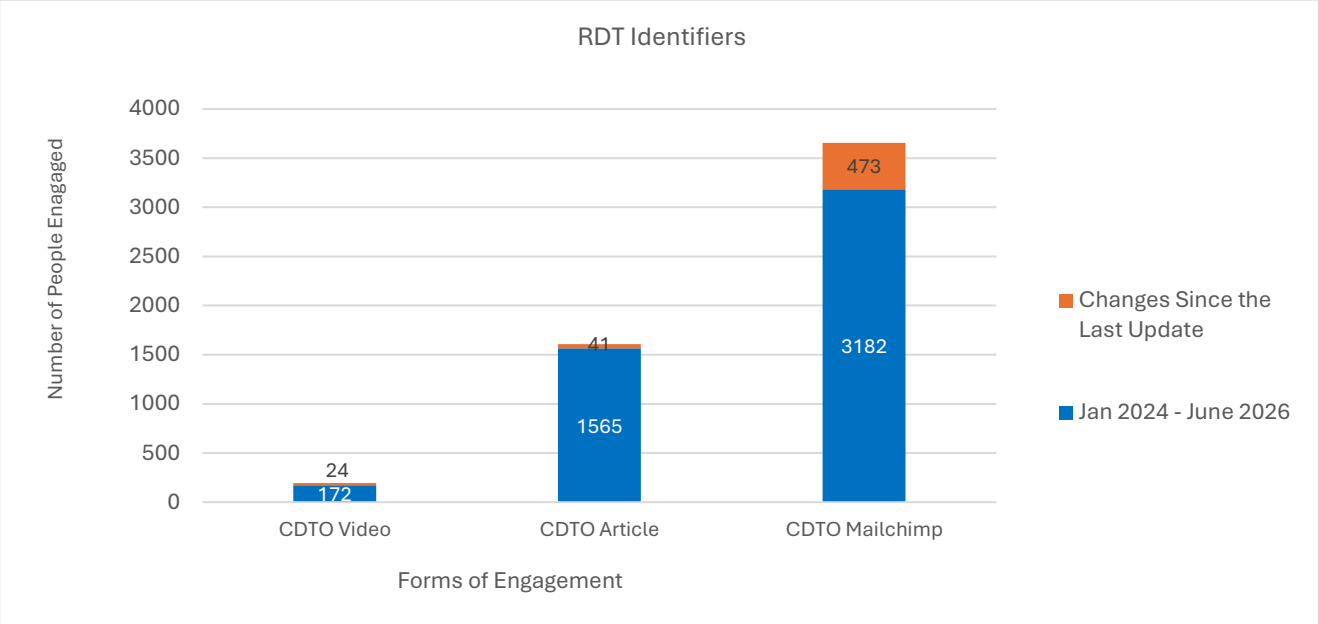
| Project Summary | Status |
|---|---|
| **Communication Strategy Review** | |
| 1) Establish Clear Objective and Scope | Completed |
| 2) Assessment of Communication Channels | Completed |
| 3) Updating Messaging Framework | Completed |
| 4) Draft of Communications Strategy | Completed |
| 5) Implementation of Feedback | Completed |
| 6) Board for Approval | Completed (Approved April 2026) |

KPIs Report:

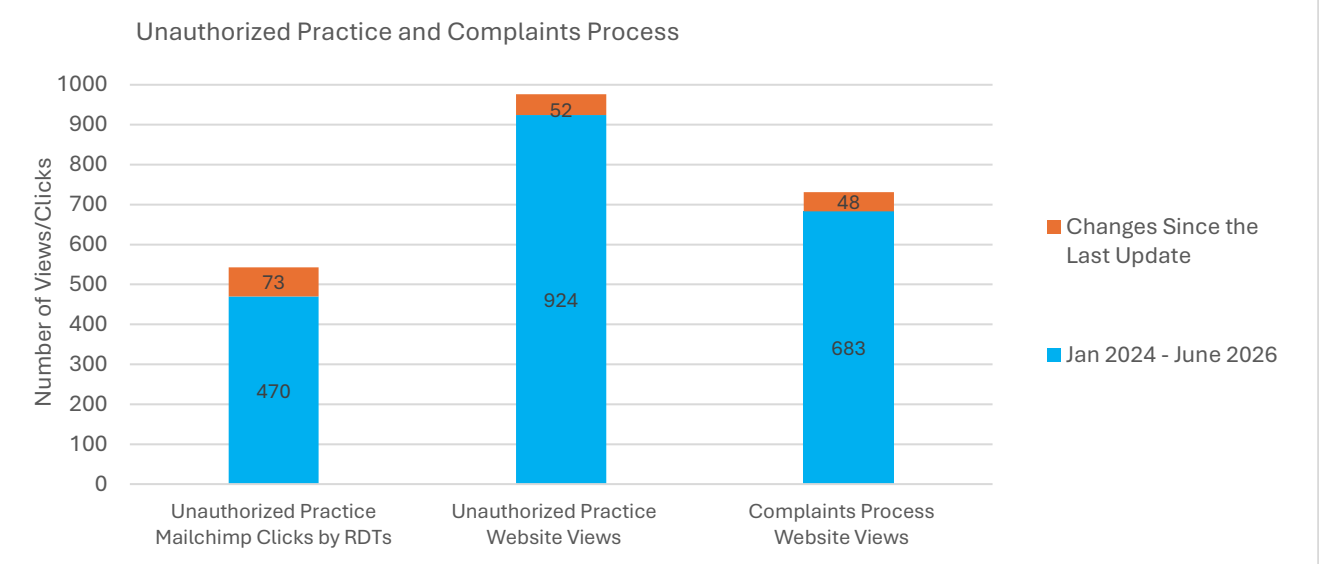
# Dental Technology & Unauthorized Practice Awareness

ENGAGEMENT

## Number of people for awareness campaigns conducted




## Awareness rate on unauthorized practice/complaint processes

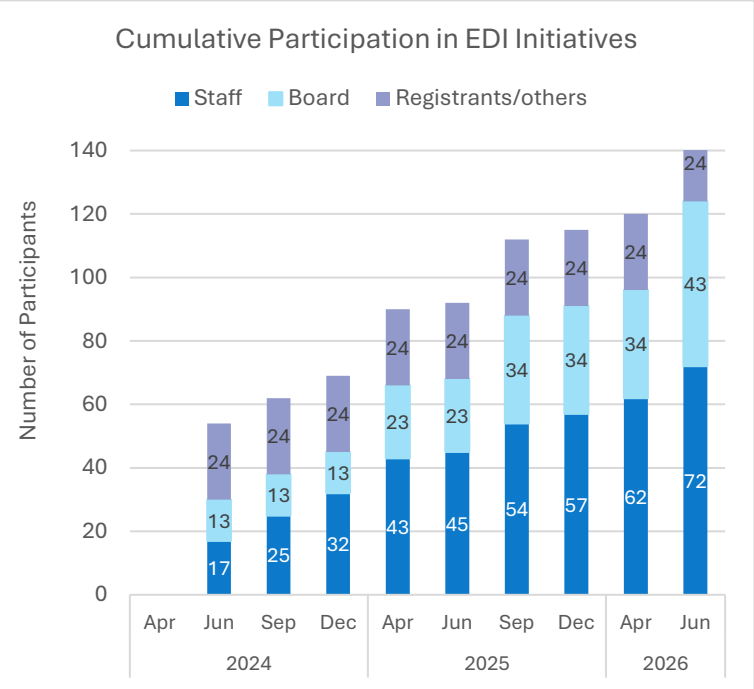


KPIs Report:

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

REGULATORY EXCELLENCE

## Number of participants who have attended EDI learning opportunities




EDI Initiatives:

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 & Inclusion (DEI) Working Group
9. Board and staff EDI workshop for Governance Domain
10. HPRO EDI Network Conference
11. Race-based Data Collection
12. GBP Indigenous Pedagogy
13. EDI Governance Evaluation Survey
14. Equity, Leadership and Strategy – Lessons learned

## 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 | Completed |
| 5) Organizational EDI Policy | Completed |
| 6) Include EDI within Board/Committee orientation training | Target: Dec 2026 |
| **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 | Target: Oct 2026 |
| **Priority Area 3 – Equity Impact Assessment** | |
| 1) Establish Team Lead | Completed |
| 2) Identify Equity Impact Assessment Strategy and Plan | Target: Jan 2027 |
| 3) Identify equity-seeking groups to be part of EIA for consultation | Target: March 2027 |
| 4) Develop Equity Impact Assessment Tool | Target: Jan 2027 |

KPIs Report:

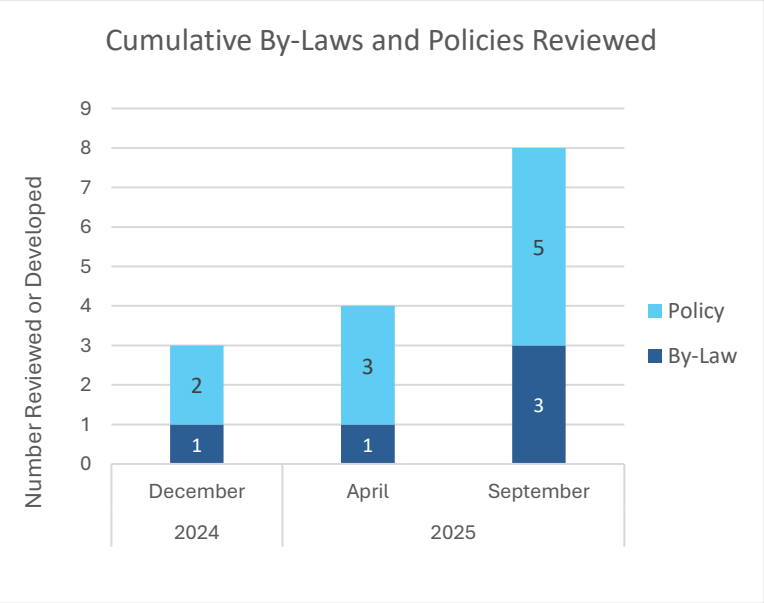
# Governance

REGULATORY EXCELLENCE

## Progress report on governance modernization.

| Project Summary | Status |
|---|---|
| **By-Laws and Policy Review – Governance Modernization** | |
| 1) Establish a By-Laws and Policy Review Committee | Completed |
| 2) Develop and revise policies to support the By-laws | Target: Sept 2026 |
| 3) Review all sections of the By-Laws | Target: Dec 2026 |
| 4) Board Approval (not required for consultation) | Target: Dec 2026 |
| 5) Board Approval (after consultation when needed) | Target: Apr 2027 |
| **Develop a 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 | Completed |
| 6) Board Approval of the Committee Competency Framework | Completed |
| **Review of Board Evaluation** | |
| 1) Collect Feedback on Current Evaluation Process | Completed |
| 2) Pilot Updated Evaluation Process | Completed |
| 3) Collect Feedback on Pilot Evaluation Process | Completed |
| 4) Implement Feedback and Updated Evaluation Process | Completed |
| **Succession Planning** | Target: Dec 2027 |
| **CEO Performance Evaluation** | Target: Dec 2026 |

### Statistics on By-Laws and Policy Review Project:

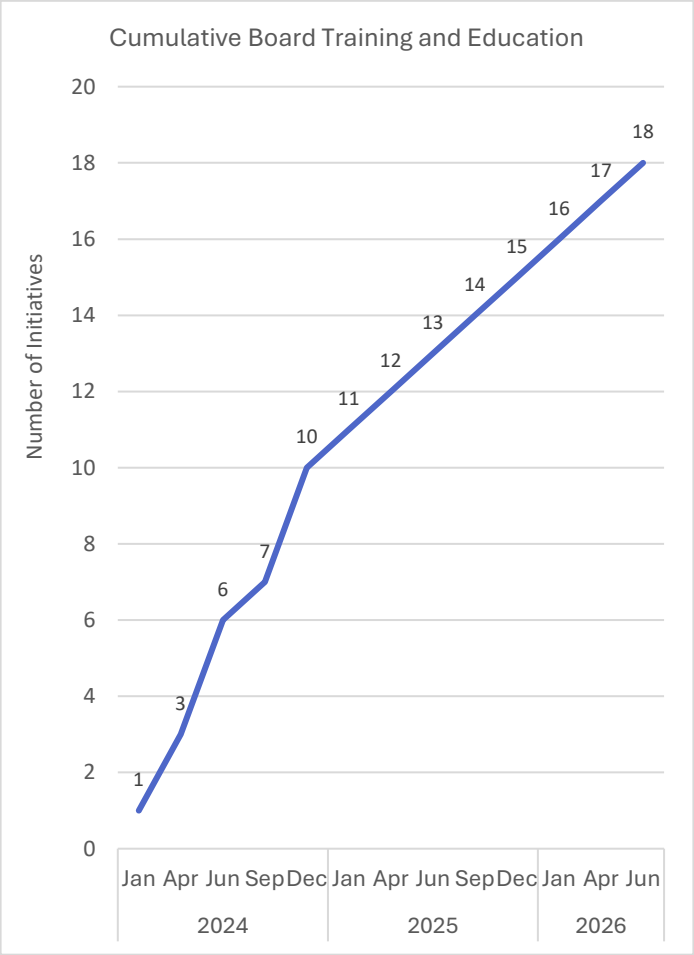



By-Laws and Policies Approved by the Appropriate Authority:

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
5. By-Law Section 3 – Execution of Contracts and Other Documents
6. By-Law Section 4 – Banking and Finance
7. Board Policy – Signing Authority and Signing Authority Register

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

### Training Initiatives Implemented:

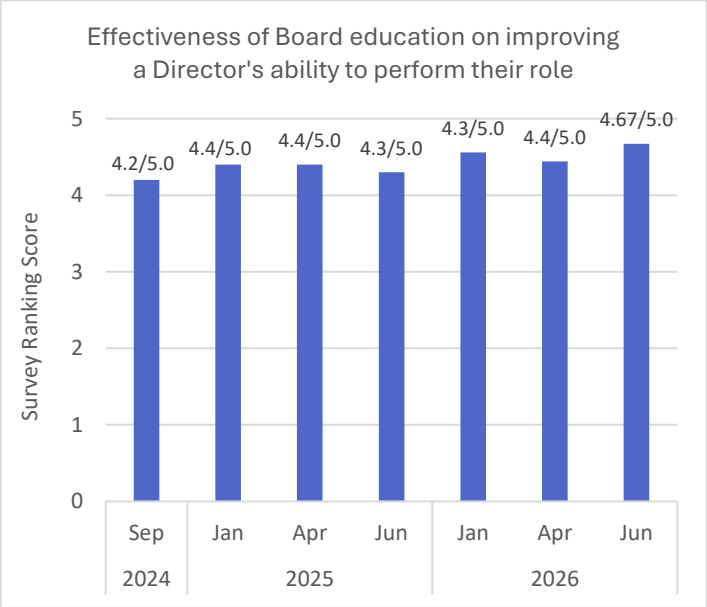



### Type of Board Training:

Training and Education:

1. Governance and Bias Training – Julie Maciura, SML
2. By-Laws, Governance, Board and Operational Policies – Judy Rigby, CDTO
3. Health Professions Regulators of Ontario – Beth Ann Kenny, HPRO
4. National Indigenous Peoples Day – Judy Rigby, CDTO
5. Decolonizing Workplace Practices – Inclusivity and Len Pierre Consulting
6. Finance and Audit Training – Judith Rigby, CDTO
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 & Bias Training – Emily Graham, SML
12. Finance Training – Judy Rigby, CDTO Registrar
13. Indigenous Initiatives – Jessica Rumboldt, GBP
14. GBP Indigenous Pedagogy – Judy Rigby, CDTO
15. Parallel Processing Plans – Irwin Glasberg, Office of the Fairness Commissioner
16. Right Touch Regulation – Alan Clamp, Professional Standards Authority
17. Finance Training for the Board – Judith Rigby, CDTO
18. Equity Leadership and Strategy – Angie Brennand and Sandra Porteous, CNO

### Board Education and Training Effectiveness:



KPI Report:

# Emerging Issues

REGULATORY EXCELLENCE

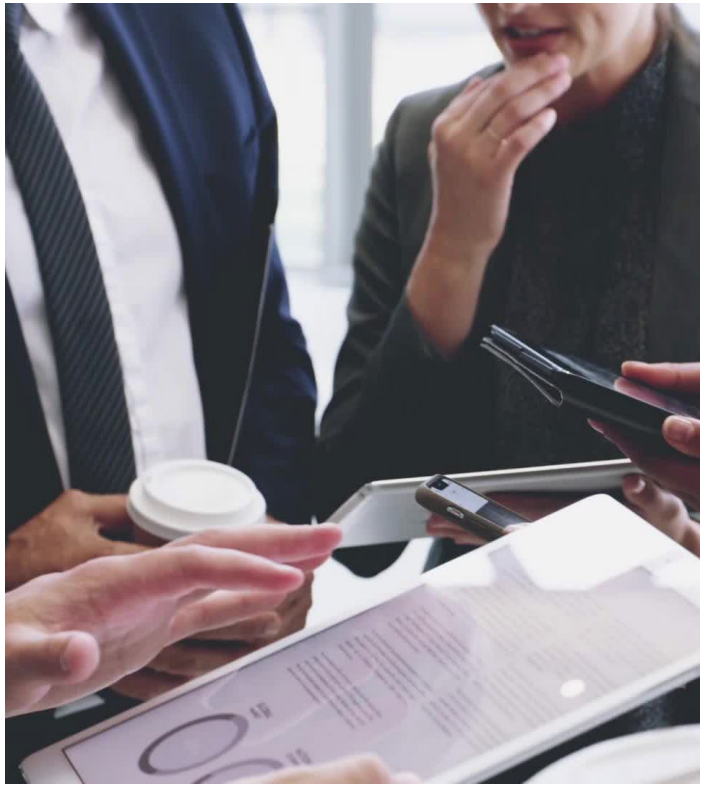
## Progress report on Emergency Class or Registration (ECR) readiness or implementation

| 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 |

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

# Quality Assurance Program (QAP) Modernization

# Topics



1. QAP Policies
2. Peer and Practice Assessment Update
3. Discussion and Decision

# QAP Policies

## Quality Assurance Committee (QAC) Decision

**May 15, 2026**

Rescinded the form and manner requirement to record and submit the Summary of Professional Development Profile, effective September 1, 2026.

Implement a Continuing Quality Improvement (CQI) declaration by the registrant attesting to completion of a minimum of 30 CQI credits annually at time of annual renewal.

Staff to develop a policy

## Policy Development

Researched requirements under the Dental Technology Act, 1991 General O.Reg. 604/98 – Part I Quality Assurance

Conducted an environmental scan and review of comparable health regulatory colleges QAP and policies (examples: CDHO, CDO, CNO, COTO, CPBAO and CMLTO).

Developed three policies for CDTO: Quality Assurance Program and Selection Criteria Policy, Professional Development Profile (PDP) Policy and the CQI Policy.

## QAC Decision

**September 2026**

QAC reviewed the draft policies and recommends them to the Board for consideration and approval – September 25, 2026.

# Background

## Legislative Requirement

- The QAP consists of two components: PDP and Continuing Education Professional Development (CEPD) and Peer and Practice Assessment.
- College publishes eligible CEPD activities and CQI credits for each activity
- CEPD is designed to:

1. Promote continuing competence and CQI
2. Adress changes in practice environment
3. Incorporate standards, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Board.

## Registrant Requirement

- Registrants must participate in the QAP when holding a General Certificate of Registration
- Registrants must complete 90 CQI credits over a three-year cycle
- 2-5% of registrants must be selected for PDP Audit and PPA

## Current QAP

- Published CEPD
- Collecting CEPD and CQI through SPDP submission
- SPDP duplicates PDP and is a manual submission not incorporated with the registrant database
- 2 % random selection for PDP and PPA

## Proposed Changes

- Stratified random selection for PDP Audit and PPA
- Form and manner for reporting CEPD activities and CQI credits.
- Minimum of 30 CQI credits annually up to a maximum of 90 CQI credits in a three-year cycle
- Create policies set by leadership to manage risk and direct behaviour to ensure compliance

# Key Components of the Proposed Policies

| Quality Assurance Program (QAP) and Selection Criteria | Professional Development Profile (PDP) Policy | Continuing Education Professional Development (CEPD) Policy |
|---|---|---|
| QAP Registrant Requirements<br>• PDP<br>• CEPD<br>• PPA<br>Annual participation for all GC registrants | Registrant Profile Requirements<br>• Align with registrant database profile information<br>• Demographics<br>• Practice information | CEPD activities<br>• Establish mandatory activities such as Jurisprudence and Ethics, EDI and Indigenous awareness or changes in regulation |
| QAP Declaration<br>• Compliance with Ethics and Standards and CQI credits<br>• Competent and capable to practice<br>• QAP participation is mandatory to meet their professional obligations. | Self-Assessment<br>• Initial registration or Transfer date to GC<br>• Update within the first three months of each annual renewal year. | CEPD cycle and CQI credits<br>• 30 CQI credits annually up to a cumulative maximum of 90 CQI credits in three years |
| PDP Audit and PPA Criteria<br>• Identifies criteria for **Stratified** Random Selection based on at risk populations. | Learning Goals and CEPD<br>• Addressing the gaps and other learning needs | CQI Declaration and CEPD Documentation |
| Non-Compliance<br>Policy review | Record Retention<br>Non-Compliance<br>Policy review | Record Retention<br>Non-Compliance<br>Policy review (to be added) |

# PDP Audit and PPA Selection Criteria

Risk-based and stratified selection criteria:

- New GC registrants within the first two years of registration with CDTO.
- GC registrants who held an Inactive Certificate of Registration for more than two years prior to transferring to GC;
- GC registrants who held a registration status of Administrative Suspension or Suspension due to discipline or incapacity;
- GC registrants in diverse geographical regions across Ontario or specialized practice settings;
- Where the QA Committee determines that a PDP submission or PPA would support the GC registrants continued competence.

# Implementation Considerations

- Online technology for PDP components: self-assessment, learning goals, CEPD activities, CQI credit assignment and documentation collection and retention (eliminates manual record keeping and submission).
- Registrant readiness for new requirements (workshops, learning modules, FAQs)
- Development of mandatory learning topics (e.g., Ethics, EDI and Indigenous Awareness, high-risk areas in dental technology practice environment)
- Resource requirements for increased number of PDP audits and PPA assessments.

# Update on PPA Modernization

## Peer and Practice Assessments

Annual Assessment of GC Registrants

2-5% random selection

## Current PPA process

Outdated checklists

Manual checklists for Assessors and Registrants

## Peer Assessor (PA) Team

Assessors (4)

Lead Assessor (1)

Terms of Reference

# PPA Workshop

## PPA Workshop

- June 06, 2026
- Assessment process currency
- On-site mock assessment
- Bias-Awareness and Training

## Discussions

- Reviewed current assessment tools and processess
- Discussed emerging risks and practice trends
- Identifying opportunities for improvement
- Explore future directions for PPA

## Workshop Outcome

- Modernization of Assessment Tools
- Risk-based assessment approach
- Digital practice
- Assessor safety
- Process improvement and digital integration
- Regulatory oversight
- Assessor training and professional standards

Questions

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# Quality Assurance Program and Selection Criteria

| Policy Information | |
|---|---|
| Approved By: *[e.g., Board of Directors]* | Policy Type: Governance |
| Approval Date: *[Insert Date]* | Responsible Office: Quality Assurance |
| Effective Date: *[Insert Date]* | Responsible Authority: Registrar |
| Date of Most Recent Review: | Responsible Committee: Quality Assurance Committee |

## 1. Purpose

The Quality Assurance (QA) Committee uses defined criteria to administer the Quality Assurance Program (QAP), ensuring transparency, fairness, consistency and objectivity in the administration of the program. These criteria are intended to support Registrants in maintaining continuing competence and meeting the standards of professional practice established by the College. (vetted by legal counsel)

## 2. Scope

The policy outlines the defined criteria for Professional Development Portfolio (PDP)[1] and Peer and Practice Assessment. This policy applies to all Registrants holding a General Certificate of Registration (GC).

## 3. Quality Assurance Program Requirements

The Quality Assurance Program (QAP) requirements are established under Ontario Regulation 35/13 under the Dental Technology Act, 1991. The QAP consists of two components:

a. Professional Development Portfolio (PDP), including Continuing Education and Professional Development (CEPD)
b. Peer and Practice Assessment (PPA)

Additionally, all GC registrants must self-report compliance with a series of Quality Assurance declarations annually during the Registration renewal process and may be selected to submit their PDP form for review or undergo a Peer and Practice Assessment.

### 3.1. Quality Assurance Declarations

The QAP runs on an annual cycle from September 1st to August 31st. All registrants that hold a GC prior to annual renewal must review and self-report compliance with five Quality Assurance (QA) declarations during the annual renewal process. The declarations are:

Note 1. For the purpose of the Quality Assurance Program the College may use Professional Development Portfolio in place of Professional Development Profile cited in O.Reg 35/13 under the Dental Technology Act, 1991.



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- I complied with the CDTO Standards of Practice and Code of Ethics
- I am competent and capable to practice dental technology
- I understand that it is mandatory for General Certificate registrants to participate in the College's Quality Assurance Program.
- I understand it is my professional obligation to maintain an up-to-date Professional Development Portfolio.
- I understand that I must obtain a minimum of thirty (30) Continuing Quality Improvement credits annually, up to a cumulative maximum of ninety (90) credits in the three-year period.
- I obtained a minimum of thirty (30) Continuing Quality Improvement credits annually, up to a cumulative maximum of ninety (90) credits in the three-year period (does not apply to registrants whose initial registration or transfer to GC occurred after April 30th).

### 3.2. PDP and PPA Selection Criteria

The QA Committee will randomly select between two percent (2%) to five percent (5%) of GC registrants annually to submit their PDP form. Additionally, the QA Committee will randomly select between two percent (2%) to five percent (5%) of GC registrants annually to undergo a PPA. GC registrants may be selected based on the following criteria:

- New GC registrants within the first two years of registration with CDTO.
- GC registrants who held an Inactive Certificate of Registration for more than two years prior to transferring to GC;
- GC registrants who held a registration status of Administrative Suspension or Suspension due to discipline or incapacity;
- GC registrants in diverse geographical regions across Ontario or specialized practice settings;
- Where the QA Committee determines that a PDP submission or PPA would support the GC registrants' continued competence.

## 4. Non-Compliance

Failure to comply with any of the QAP and selection criteria may result in referral to the QA Committee.

## 5. Review

This policy shall be reviewed every three years, as directed by Board or the QA Committee or earlier where legislative, regulatory, or Quality Assurance Program changes necessitate a review.

## 6. Legislative References

- Regulated Health Professions Act, 1991.
- Health Professions Procedural Code, Schedule 2 to the Regulated Health Professions Act, 1991.
- Quality Assurance Regulation (O. Reg. 35/13).



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## 8. Associated Policies and Procedures

- Continuing Education and Professional Development Policy
- Professional Development Portfolio Policy

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# Professional Development Portfolio[1] (PDP)

| Policy Information | |
|---|---|
| Approved By: *[e.g., Board of Directors]* | Policy Type: Board |
| Approval Date: *[Insert Date]* | Responsible Office: Quality Assurance |
| Effective Date: *[Insert Date]* | Responsible Authority: Registrar |
| Date of Most Recent Review: | Responsible Committee: Quality Assurance Committee |

## 1. Purpose

The purpose of this policy is to describe the requirements for maintaining a Professional Development Portolio[1] (PDP) and participation in the College's Quality Assurance Program.

The PDP promotes and supports ongoing competence and quality improvement in the professional practice of Registered Dental Technologists (RDTs) through continuous self-reflection, self-assessment, goal setting, and targeted professional development.

It is mandatory that each registrant who holds a General Certificate of Registration (GC) of the College of Dental Technologists of Ontario (CDTO) maintain a PDP annually.

## 2. Scope

This policy outlines the requirements of the PDP component of the College's Quality Assurance Program.

## 3. Professional Development Portfolio[1] (PDP) Requirements

The PDP runs on an annual cycle from September 1st to August 31st.

The PDP form, approved by the Quality Assurance (QA) Committee, supports GC registrants to reflect on their practice, identify learning needs, establish professional development goals, record continuing quality improvement activities, and evaluate the impact of learning on professional practice.

The PDP consists of the following components:

### 3.1. Registrant Profile

The Registrant Profile section records information relevant to the GC registrant and their practice, including:

- Full name and RDT number
- Home and Primary place of business addresses
- Communications address

Note 1. For the purpose of the Quality Assurance Program the College may use Professional Development Portfolio in place of Professional Development Profile cited in O.Reg 35/13 under the Dental Technology Act, 1991.



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- Registration status
- Primary employment role(s)
- Practice settings
- Dental technology services
- Dental technology discipline(s)
- Technologies used
- Other information required by the QA Committee.

Every GC registrant must complete their Registrant Profile annually and ensure that it is current.

### 3.2. Self-Assessment

RDTs are required to determine the level at which they are demonstrating the National Essential Competencies for Dental Technology Practice in Canada, Code of Ethics and Standards of Practice to ensure quality of care to patients is not compromised. The Self-Assessment tool will help the RDT identify strengths and areas for improvement that may be addressed through a learning plan, professional development goals and continuing education and development.

All GC registrants must update their self-assessment within the first three months of each annual renewal year.

New registrants or registrants transferring to GC must complete their initial self-assessment within three months of the initial registration date or transfer date.

### 3.3. Learning Plan and Professional Development (PD) Goals

Immediately following completion of the self-assessment or reassessment, GC registrants must establish a learning plan that identifies learning needs and PD goals to address areas of improvement and future needs.

### 3.4. Continuing Education and Professional Development (CEPD)

GC registrants are required to participate in CEPD to meet their PD goals, address areas of improvement and their future practice needs. The College publishes the CEPD activities approved by the QA Committee, that lists the categories of continuing education and professional development activities and the number of CQI credits assigned to each category of activity. For more information see the CQI Policy.

## 4. Record Retention

RDTs shall retain their PDP form and supporting documentation, including certificates of attendance and evidence of completed professional development activities, for a minimum of six (6) years from the date of the most recent activity recorded in the PDP. Upon request, GC registrants

shall submit the PDP and supporting documentation to the QA Committee within 15 days of the request.

## 5. Non- Compliance

Failure to comply with any of the PDP requirements may result in referral to the QA Committee.

## 6. Review

This policy shall be reviewed every three years, as directed by Board or the QA Committee or earlier where legislative, regulatory, or Quality Assurance Program changes necessitate a review.

## 7. Legislative References

- Regulated Health Professions Act, 1991.
- Health Professions Procedural Code, Schedule 2 to the Regulated Health Professions Act, 1991.
- Quality Assurance Regulation (O. Reg. 35/13).

## 8. Associated Policies and Procedures

- Continuing Education and Professional Development Policy
- Quality Assurance Program and Selection Criteria Policy

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# Continuing Education and Professional Development Program

| Policy Information | |
|---|---|
| Approved By: *[e.g., Board of Directors]* | Policy Type: Operational |
| Approval Date: *[Insert Date]* | Responsible Office: Quality Assurance |
| Effective Date: *[Insert Date]* | Responsible Authority: Registrar |
| Date of Most Recent Review: | Responsible Committee: Quality Assurance Committee |

## 1. Purpose

The purpose of this policy is to establish the requirements for the Continuing Education and Professional Development (CEPD) program that supports the Professional Development Portfolio (PDP) component of the College's Quality Assurance Program (QAP).

## 2. Scope

This policy applies to all registrants holding a General Certificate (GC) of Registration.

## 3. Continuing Education and Professional Development

GC registrants are required to participate in the CEPD to support the achievement of the professional development goals identified in their PDP. CEPD activities should address areas of improvement, future practice needs and advance professional knowledge, skills and/or judgement.

The College publishes a list of CEPD activities approved by the QA Committee that lists the categories and activities for Continuing Quality Improvement (CQI) and the number of credits assigned to each type of activity. CQI activities support continuous professional growth by addressing areas for improvement identified through a Registrant's self-assessment and Learning Plan and by advancing the achievement of their Professional Development (PD) goals. The QAC may establish mandatory CQI activities that all GC registrants must complete to address regulatory requirements, public protection, and emerging practice risks.

### 3.1. CQI Cycle

The CQI cycle is a three (3) year period that starts on September 1 and ends on August 31. All GC registrants are assigned to a cycle that determines the year the period starts and the year that it ends.

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### 3.2. CQI Credits

GC registrants must obtain a minimum of thirty (30) CQI credits during each annual renewal year and up to a maximum cumulative total of ninety (90) CQI credits in each three-year cycle. The exceptions are:

1. New registrants are not required to participate in the CEPD program in their first year of registration.
2. Registrants who transfer to GC from another class of registration after April 30th of the annual renewal period are not required to participate in the CEPD program in the year of transfer.
3. Registrants who transfer to GC from another class of registration before May 1st are required to participate in the CEPD program in the year of transfer.

### 3.3. CQI Documentation and Declaration

Registered Dental Technologists (RDTs) must maintain accurate records and evidence to support completed CQI activities in the PDP form. Additionally, during the annual renewal, all RDTs are required to complete a declaration attesting to the fact that they:

- understand the requirement to obtain a minimum of thirty (30) CQI credits annually, up to a cumulative maximum of ninety (90) credits during a three-year period; and
- have obtained a minimum of thirty (30) CQI credits annually, up to a cumulative maximum of ninety (90) credits in the three-year period (does not apply to new registrants or registrants who transfer to GC after April 30th).

## 4. Record Retention

Documentation requirements are outlined in the Professional Development Portfolio Policy.

## 5. Non-Compliance

Failure to comply with any of the CEPD requirements may result in referral to the QA Committee.

## 6. Legislative References

- Regulated Health Professions Act, 1991.
- Health Professions Procedural Code, Schedule 2 to the Regulated Health Professions Act, 1991.
- Quality Assurance Regulation (O. Reg. 35/13).

## 7. Associated Policies and Procedures

- QA Audit Criteria Policy
- PDP Policy
- Continuing Professional Development Guideline



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# Communications Update

September 25, 2026

# Strategic plan connection

## Engagement in action

- Builds earlier contact with future registrants
- Strengthens a key dental health program partnership
- Creates direct feedback loops through student questions
- Connects outreach, mentorship and professional development

## Board lens

**Communications is being used as an implementation tool — not a separate initiative.**

The pilot provides an evidence-informed way to refine outreach before broader rollout.

# GBP outreach: one morning, two tailored sessions

**The format matched students' stage of learning.**

## 8:00–10:00 a.m.

**2nd & 3rd year students**

- Mentorship orientation
- Career Readiness topic
- Open Q&A with Outreach Committee

## 10:00 a.m.–12:00 p.m.

**1st year students**

- Introductory profession presentation
- Inspirational RDT stories
- Different backgrounds and pathways

# Why stage-specific outreach matters

**A lighter, audience-specific approach supports stronger engagement.**

## Later-year students are closer to graduation and need practical transition support.

- Career readiness and expectations
- Registration pathway and next steps
- Opportunity to ask real-time questions

- First-year students benefit from early awareness
- RDT stories make pathways visible
- Early contact helps build professional identity

# Pilot #1: mentorship orientation

**The approved orientation deck moved from committee review into live use.**

### Approved

Orientation slide deck approved by Outreach Committee

### Introduced

Purpose, group model and expectations shared

### Tested

Live pilot with 2nd and 3rd year students

### Refine

Feedback informs the next session

## Status: Pilot phase

The mentorship program is now being tested in practice, not only prepared in planning documents.

# What the pilot is testing

**The pilot is testing the structure before broader rollout.**

- Does the orientation create clear shared expectations?
- Do mentor and committee insights add value?
- Does open discussion encourage useful participation?
- Is Career Readiness the right first topic?
- What should be refined before the next pilot?

# Career Readiness: first discussion topic

## What changed in the room

- Students raised practical questions about the profession
- Outreach Committee members responded in real time
- Discussion focused on readiness, expectations and next steps
- The format created a stronger two-way feedback loop

## Pilot value

**CDTO tested what students want from mentorship before expanding the model.**

# Early observations from the pilot

**The first pilot is already showing what works.**

## Four early learnings

- Stage-specific engagement works
- Group format lowers barriers
- Committee participation strengthens two-way communication
- RDT stories make career pathways visible

**Learning theme**

**The pilot is strongest when students can hear real experiences and shape the conversation.**

# First-year outreach: inspiration and early connection

**Students heard inspirational stories from RDTs with different backgrounds, lived experiences and career pathways.**

- Introduced the profession early in the program
- Showed multiple ways to build a meaningful career
- Helped students see themselves in dental technology

# Communications impact

The outreach supports relationship-building, clarity and future participation.

- Builds earlier contact with students and program partners
- Improves awareness of the profession and pathway to registration
- Uses student questions to guide future mentorship content
- Gives the Board evidence that the program is being tested and refined

# Next steps

**The next phase will refine the pilot and prepare for reporting back.**

| | | |
|---|---|---|
| 1 | **Incorporate feedback** | Use input from the GBP pilot to refine content and delivery. |
| 2 | **Prepare Pilot #2** | Confirm Spectrum Day meet-and-greet logistics and materials. |
| 3 | **Test interests** | Use the second pilot to identify questions and future topic areas. |
| 4 | **Evaluate model** | Assess group mentorship and optional one-on-one next steps. |