



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

# College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2024 – December 2024

Posted March 2025

Note: On December 16, 2022, CDTO's Board approved By-Laws to update its terminology to clarify the role of the regulator and its governance structure. Work on this change is underway but the previous terminology may still be seen. The terminology changes are listed below. Whenever there is a reference to any of these terms, they mean the same:

Previous Terminology	New Terminology
Council	Board of Directors
Council Member	Director
Elected Member	Elected Director
Public Member	Public Director
President	Chair
Vice-President	Vice-Chair
Member	Registrant

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# Introduction

## The College Performance Measurement Framework (CPMF)

The CPMF has been developed by the Ontario Ministry of Health (the ministry) in close collaboration with Ontario’s health regulatory Colleges (Colleges), subject matter experts and the public with the aim of answering the question “how well are Colleges executing their mandate to act in the public interest?” This information:

- 1. Strengthens accountability and oversight of Ontario’s health regulatory Colleges; and
- 2. Supports Colleges in improving their performance.

Each College reports on seven Domains with the support of six components, as illustrated in Table 1.

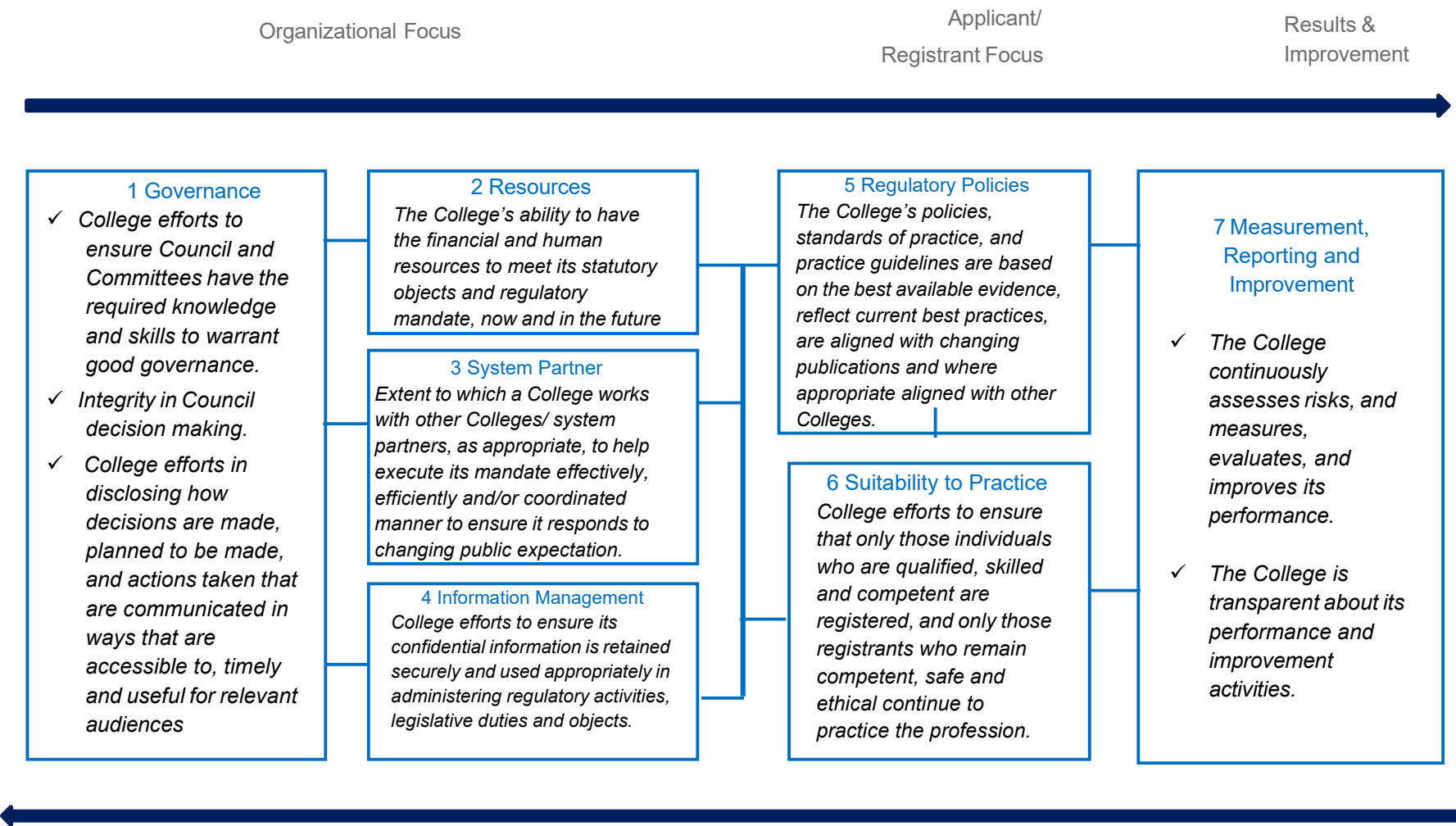
**Table 1:** CPMF Measurement Domains and Components

1	Measurement domains	→ Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	Standards	→ Performance-based activities that a College is expected to achieve and against which a College will be measured.
3	Measures	→ More specific requirements to demonstrate and enable the assessment of how a College achieves a Standard.
4	Evidence	→ Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College’s achievement of a standard.
5	Context measures	→ Statistical data Colleges report that will provide helpful context about a College’s performance related to a standard.
6	Planned improvement actions	→ Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

CPMF Model

The seven measurement domains shown in Figure 1 are critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to statutory obligations and organizational processes that enable a College to carry out its functions well. The seven domains are interdependent and together lead to outcomes that a College is expected to achieve as an excellent regulator. The fourteen Standards within the seven measurement domains are listed in Figure 2.

Figure 1: CPMF Model for Measuring Regulatory Excellence



**Figure 2:** CPMF Domains and Standards

Domains	Standards
Governance	1. Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.
	2. Council decisions are made in the public interest.
	3. The College acts to foster public trust through transparency about decisions made and actions taken.
Resources	4. The College is a responsible steward of its (financial and human) resources.
System Partner	5. The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.
	6. The College maintains cooperative and collaborative relationships responds in a timely and effective manner to changing public expectations.
Information Management	7. Information collected by the College is protected from unauthorized disclosure.
Regulatory Policies	8. Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.
Suitability to Practice	9. The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.
	10. The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.
	11. The complaints process is accessible and supportive.
	12. All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.
	13. The College complaints process is coordinated and integrated.
Measurement, Reporting and Improvement	14. The College monitors, reports on, and improves its performance.

## The CPMF Reporting Tool

The College Performance Measurement Framework (CPMF) remains a cornerstone of regulatory transparency and excellence in Ontario. Through this fifth iteration, the CPMF will continue to provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges during 2024.

The information gathered through the CPMF Reporting Tool is intended to spotlight areas for enhancement, prompting closer attention and potential follow-up actions. As in the past, the Ministry will not assess whether Colleges meet or do not meet the Standards in the CPMF. The outcomes of the reporting will continue to facilitate meaningful dialogue on performance improvement among College staff and Council members and between Colleges and their broader communities, including the public, the Ministry, members, and other stakeholders.

## Completing the CPMF Reporting Tool

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.

In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

There are eight pieces of Evidence highlighted within Part 1 of the Reporting Tool as ‘Benchmarked Evidence’. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is asked to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark.

Where a College fully met Evidence in 2023 and 2024, the College may opt to respond with ‘Met in 2023 and Continues to Meet in 2024’. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to or referencing College documents.

		Measure: 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	
DOMAIN 1:          GOVERNANCE	STANDARD 1	Required Evidence	
		a. Professional members are eligible to stand for election to Council only after:	
		i. meeting pre-defined competency and suitability criteria; and	
		Benchmarked Evidence	
		College Response	
		The College fulfills this requirement: Yes	
		<ul style="list-style-type: none"> <li><b>The competency and suitability criteria are public: Yes</b> <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> CDTO's By-Laws enforce the election eligibility requirements to meet pre-defined suitability criteria (e.g., profession standing, conflict of interest) and competencies. The suitability and competency criteria requirements are set out on page 14, Section 10.05 - Eligibility for Election of <a href="#">CDTO's By-Laws</a>. CDTO's Recruitment Committee assesses the competencies through a readiness assessment/interview. This interview is also an opportunity for candidates to learn more about their suitability for the role and the Committee learns how it can support the candidate's learning and engagement should they be elected. The competencies assessed are crucial to good governance and are Public Interest Mandate, Governance, Equity, Diversity and Inclusion, Speaking Up in Public, Speaking with One Voice, Confidentiality, Leadership and Time Commitment. Key behavioural competencies of Board Members are also outlined on page 5 of the <a href="#">Candidate Guide to Elections</a>.</li> </ul>	
		If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	



		<p>b. Statutory Committee candidates have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p>	Partially
			<ul style="list-style-type: none"><li>• <b>The competency and suitability criteria are public: Yes</b></li><li>• <b><i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i></b></li></ul> <p>CDTO has Terms of Reference for each of its Statutory Committees that are contained on page 6, Section 2 – Terms of Reference of <a href="#">CDTO's Governance Policy Manual</a>. Terms of Reference define the purpose and scope for each Committee and are used to identify competency and suitability criteria. On an annual basis, Board and non-Board members share information about their Committee preferences, education and experience. This information is assessed against the Terms of Reference, considering other factors such as continuity and competencies, when establishing a Committee Slate.</p> <p>In addition, all professional members, including non-Board Committee members, have met suitability criteria (e.g., professional standing, conflict of interest) established in page 14, Section 10.05 - Eligibility for Election, of <a href="#">CDTO's By-Laws</a>.</p>	
			<p><b><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></b></p> <p>CDTO developed a Committee Competency Framework which was approved for a pilot at the September 27, 2024 Open Executive Committee meeting (held in lieu of a Board meeting as the Board was not constituted). This Framework was developed and brought forward by the Recruitment Committee to meet this Benchmarked Evidence. It consists of two components:</p> <ol style="list-style-type: none"><li>1. Competency Criteria – committee specific competencies based on each Committee’s Terms of Reference. Individual Committee members are not required to have all the competencies but rather to possess one or more, ensuring that the Committee as a whole has all the necessary competencies.</li><li>2. Assessment Questionnaire – collects information on competencies and voluntary information on diversity attributes to support diversity on the Committees (e.g., composition, future recruitment).</li></ol> <p>The Framework will be used to establish the Committee Slate for 2025. More details about the framework and pilot can be found on page 93 of the <a href="#">September 27, 2024 Meeting Package</a>.</p>	

		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"><li>• <b>Duration of each Statutory Committee orientation training.</b></li><li>• <b>Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</b></li><li>• <b>Please insert a link and indicate the page number if training topics are public <i>OR</i> list orientation training topics for Statutory Committee.</b></li></ul> <p>Duration of each Statutory Committee orientation training is 1-2 hours. The orientation is held online at the first Committee meeting of the year. The Inquiries, Complaints and Reports Committee and the Discipline Committee receive training through legal counsel. All other Committees receive training from CDTO staff.</p> <ol style="list-style-type: none"><li>1. Relevant Legislation to the Committee – <i>Regulated Health Professions Act, 1991, Dental Technology Act, 1991</i>, CDTO’s By-Laws</li><li>2. Mandate of the Committee</li><li>3. Roles and Responsibilities of Committee Members and staff</li><li>4. Overview of the relevant programs (e.g., Quality Assurance, Patient Relations)</li><li>5. Committee Toolkits (e.g., legislation, handbook)</li></ol>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional):</i>	

		c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			<ul style="list-style-type: none"><li>• <b>Duration of orientation training.</b></li><li>• <b>Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</b></li><li>• <b>Please insert a link and indicate the page number if training topics are public <i>OR</i> list orientation training topics.</b></li></ul> <p>Duration of orientation training is 2-3 hours. The orientation is held online with the Registrar, Staff and an experienced member of the Board who supports the public appointment throughout their term. Public appointments learn about the regulatory framework at their own pace and on their own time through CDTO’s Governance Education Modules (discussed in 1.1.a.ii.). This orientation focuses on CDTO including its structure, strategic and operational priorities, risks, and collaborations with system partners.</p> <ol style="list-style-type: none"><li>1. Overall Structure – CDTO’s purpose, vision and mandate, Board composition and mandate, fiduciary responsibilities, descriptions of statutory and non-statutory Committees, staff structure</li><li>2. Roles and Responsibilities – collective and individual responsibilities of the Board, and responsibilities of the Chair and the Registrar</li><li>3. Legislation – <i>Regulated Health Professions Act, 1991, Dental Technology Act, 1991</i>, CDTO By-Laws</li><li>4. Strategic Direction – current strategic priorities and how strategic priorities are determined</li><li>5. Good Governance – its meaning and how it can be achieved</li></ol>	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional):	

Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.			
Required Evidence		College Response	
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:  i. Council meetings; and  ii. Council.		The College fulfills this requirement:	Met in 2023, continues to meet in 2024
		<ul style="list-style-type: none"><li>• <b>Please provide the year when Framework was developed OR last updated.</b></li><li>• <b>Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the Framework is found and was approved.</b></li><li>• <b>Evaluation and assessment results are discussed at public Council meeting: Yes</b></li><li>• <b><i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i></b></li></ul> <p>CDTO’s Board approved its evaluation framework on September 24, 2021 (see page 108 of the <a href="#">September 24, 2021 Board Package</a>). The evaluation framework includes:</p> <ul style="list-style-type: none"><li>• Board meeting evaluation and Board annual performance evaluation,</li><li>• Sharing the results of the evaluation through the Board meeting package and reviewing those results during the meeting,</li><li>• Criteria that focus on Good Governance Behaviours,</li><li>• Identifying continuous improvement priorities and looking for cross-cutting themes between Board and Committee evaluations,</li><li>• Mandatory completion of the evaluation and follow-up for comments where a multiple-choice response suggests improvements can be made.</li></ul> <p>A meeting evaluation was conducted for the Open Executive Committee meeting on September 27, 2024. All Board members who attended responded to the evaluation and the results were discussed at the December 6, 2024 Board meeting (see <a href="#">Page 2 of the Board Minutes</a>). The 2024 Board evaluation survey was circulated in December 2024 and the results were discussed at the January 31, 2025 Board meeting and can be viewed on Page 26 of the <a href="#">Board package</a>.</p>	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
		<i>Additional comments for clarification (optional)</i>	
		Choose an item.	

		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"><li>Has a third party been engaged by the College for evaluation of Council effectiveness? <b>Yes</b></li><li><i>If yes, how often do they occur?</i></li><li>Please indicate the year of last third-party evaluation.</li></ul> <p>CDTO’s Board approved a new evaluation framework on September 24, 2021 which can be found on page 108 of the <a href="#">September 24, 2021 Board Package</a>. This process was managed by a third-party assessor and conducted annually. They were responsible for administering the process, preparing analysis and reports, and identifying issues. As CDTO’s evaluation requires mandatory participation, the third-party assessor follows up with Board members for completion and requests additional information, when necessary, to ensure the responses contain sufficient information to be actioned. The third-party assessor was also available as a governance resource to Board and Committee members.</p> <p>The last third-party evaluation for the Board was conducted for the annual performance in calendar year 2022 and separately to evaluate the meeting and workshops held on September 21<sup>st</sup> and 22<sup>nd</sup> of 2023. In 2024, the annual performance and meeting evaluations were conducted by CDTO.</p> <p>CDTO committed to reviewing its Board and meeting evaluations under the 2024-2027 Strategic Plan, Strategic Pillar, Governance, with the goal to improve the Board’s evaluation process to ensure it remains effective and solicits feedback to identify improvement opportunities.</p>	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		c. Ongoing training provided to Council and Committee members has been informed by:  i. the outcome of relevant evaluation(s);  ii. the needs identified by Council and Committee members; and/or	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"><li>• <b>Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers.</b></li><li>• <b>Please insert a link to Council meeting materials and indicate the page number where this information is found <i>OR</i></b></li><li>• <b>Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>.</b></li></ul> <p>Ongoing training is informed by evaluations of the Board, its meetings and member self-evaluations, regulatory trends, and emerging issues. This evaluation framework is discussed in detail under Measure 1.2.a. CDTO continues to provide training for the real-time needs of the current landscape to enhance the Board’s knowledge and improve decision-making. The need for training was identified in the following areas:</p> <ul style="list-style-type: none"><li>• Opportunities for public members to learn about the profession</li><li>• Current challenges facing RDTs including the practice environment and technology</li><li>• Governance</li><li>• Equity, Diversity, Inclusion and Indigeneity</li></ul> <p>As a result, training was provided in 2024 in the areas listed below:</p> <ul style="list-style-type: none"><li>• Strategic planning and risk management</li><li>• Good Governance – Governance and Bias training, modernization of By-Laws and policies</li><li>• National Indigenous Day and Decolonizing Workplaces</li><li>• Laboratory and Class tour of the George Brown College Dental Technology Programs</li></ul> <p>More details about the training can be viewed in the next Measure 1.2.c.iii.</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional):</i>	

		<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• <b>Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers.</b></li> <li>• <b>Please insert a link to Council meeting materials and indicate the page number where this information is found <i>OR</i></b></li> <li>• <b>Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>.</b></li> </ul> <p>CDTO is proactive in understanding societal/public expectations by staying up to date with current events and regulatory trends (see Domain 3, System Partners). CDTO’s Risk Register is also reviewed as part of strategic planning (see more information under Measure 2.1.e). The evolving public expectations that were identified and subsequently in 2024 the Board received training on included:</p> <p><b>Good Governance</b> to ensure the organization adheres to these principles and effectively meets its mandate, to govern in the public interest.</p> <ul style="list-style-type: none"> <li>• Governance and Bias Training – foundational concepts including the self-regulation model, public interest and supporting legislation. Critical aspects of a Director’s duty to be conscious of bias, declare conflicts of interest and maintain confidentiality.</li> <li>• Financial Oversight – budget setting, monitoring and oversight role, training on selection, appointment and evaluation of an auditor, and establishing risk tolerance and setting investment policies to ensure the organization is financially sustainable.</li> <li>• Strategic Planning – workshop on developing key performance indicators to ensure that the Board can fulfill its oversight role.</li> <li>• By-laws and policies – how to modernize these key tools and ensure the Board can direct, protect and enable the organization.</li> </ul> <p><b>System Partnerships</b> to strengthen execution of our mandate, be responsive to changing public expectations and coordinate efforts towards achieving shared priorities.</p> <ul style="list-style-type: none"> <li>• The Board invited the following system partners to share information about their organization, recent initiatives, and opportunities to collaborate: <ul style="list-style-type: none"> <li>○ Association of Dental Technologists of Ontario – most registrants are a member of the ADTO.</li> <li>○ George Brown College – the approved dental technology program provider in Ontario.</li> <li>○ Health Profession Regulators of Ontario – membership of the 26 regulatory colleges that regulate 30 distinct professions and almost 400,000 healthcare professionals in Ontario.</li> </ul> </li> </ul> <p><b>Equity, Diversity and Inclusion and Indigeneity</b> enables the organization to better reflect and serve the diverse communities of Ontario, and foster better decision-making, representation, and responsiveness to their needs.</p> <ul style="list-style-type: none"> <li>• National Indigenous Peoples Day – to recognize and learn about the history, resilience and diversity of First Nations, Inuit and Métis.</li> <li>• Decolonizing Workplaces – to look at opportunities for decolonization across the “4 Ps”: professional practice, places, processes, and policies.</li> </ul>	<p>Yes</p>
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			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional):</i>	

DOMAIN 1:	STANDARD 2	Measure:	
		2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	
		Required Evidence	College Response
		<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is:</p> <p>i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.</p>	<p>The College fulfills this requirement:</p> <p>Yes</p>
			<ul style="list-style-type: none"> <li><b>Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated.</b></li> <li><b>Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review.</b></li> </ul> <p>The Board Code of Conduct and 'Conflict of Interest' Policy was:</p> <ul style="list-style-type: none"> <li>Enforced in 2015 through Section 16 - Conflict of Interest on page 28 and Schedule 3 - Code of Conduct for Board and Committee Members on page 24 of <a href="#">CDTO’s By-Laws</a></li> <li>Last reviewed June 23, 2023 through <a href="#">CDTO’s Governance Policy Manual</a>, Section 4.1 - Code of Conduct and Section 4.2 - Conflict of Interest (pages 35-38). The changes made to the policies can be viewed on Page 65-69 of the <a href="#">June 23, 2023 Board meeting package</a>. These changes were made to align with CDTO’s By-Laws that were revised on December 16, 2022 for governance modernization: <ul style="list-style-type: none"> <li>Terminology updates as indicated on Page 1 of this Report (e.g., Council to Board of Directors, President to Chair) were made to improve clarity to the public about the role of the health regulator and those who govern it.</li> <li>Inclusive language to recognize the feminine, masculine and those who identify with neutral, non-binary or other terms.</li> <li>Enforcing a cooling off period of one year for a registrant who has held a position of director, owner, board member, officer or employee with a Professional Association to meet CPMF’s expectations in Measure 2.1.b., cooling off periods.</li> </ul> </li> <li>Appendix A on page 75 of the <a href="#">Governance Policy Manual</a> sets out a Policy Review Schedule which is every three years for these policies.</li> </ul>
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>Choose an item.</p>
		Additional comments for clarification (optional)	

		ii. accessible to the public.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			<ul style="list-style-type: none"> <li><b>Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number.</b></li> </ul> <p>CDTO's Code of Conduct and 'Conflict of Interest' Policy can be found in:</p> <ul style="list-style-type: none"> <li>Section 16 - Conflict of Interest on page 28 and Schedule 3 - Code of Conduct for Board and Committee Members on page 45 of <a href="#">CDTO's By-Laws</a></li> <li>Section 4.1 - Code of Conduct and Section 4.2 - Conflict of Interest on page 35 of <a href="#">CDTO's Governance Policy Manual</a></li> </ul>	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>		
		b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods).  <u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			<ul style="list-style-type: none"> <li><b>Cooling off period is enforced through: Choose an item.</b></li> <li><b>Please provide the year that the cooling off period policy was developed OR last evaluated/updated.</b></li> <li><b>Please provide the length of the cooling off period.</b></li> <li><b>How does the College define the cooling off period?</b> <ul style="list-style-type: none"> <li>Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number;</li> <li>Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; OR</li> <li>Where not publicly available, please briefly describe the cooling off policy.</li> </ul> </li> </ul> <p>Section 10.05 - Eligibility for Election (pages 14) of <a href="#">CDTO's By-Laws</a>, developed in 2015 and last updated in 2022, stipulates cooling off periods:</p> <ul style="list-style-type: none"> <li>One year for previous employees,</li> <li>Three years for a registrant who was the subject of a professional misconduct, incompetence or incapacity finding,</li> <li>Six years after a registrant has complied with all aspects of an order imposed by the Discipline or Fitness to Practice Committee,</li> <li>Six years for a registrant whose certificate of registration has been revoked or suspended, other than for nonpayment of fees,</li> <li>Three years for a registrant who has been disqualified from the Board or a Committee, and</li> <li>One year for a registrant who has held a position of director, owner, board member, officer or employee with a Professional Association, newly enforced on December 16, 2022 with an update to CDTO's By-Laws.</li> </ul>	

			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally:</u>  i. the completed questionnaires are included as an appendix to each Council meeting package;  ii. questionnaires include definitions of conflict of interest;  iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and  iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u> .	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"><li>• <b>Please provide the year when conflict of interest the questionnaire was implemented <i>OR</i> last evaluated/updated.</b></li><li>• <b>Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: <b>Yes</b></b></li><li>• <b>Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number.</b></li></ul> <p>The Conflict-of-Interest questionnaire was implemented in 2015 and last updated in 2023. Public and professional members of the Board complete the questionnaire at the start of the calendar year. All completed questionnaires are attached to the Board package and reviewed as a standing item. All Board members will declare whether they have changes to the completed questionnaire or conflicts of interest with respect to the items being discussed on the agenda.</p> <p>Page 4 of the <a href="#">December 6, 2024 Board Package</a> contains the most recent meeting materials with the completed questionnaires.</p>	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			<ul style="list-style-type: none"><li>• <b>Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public.</b></li><li>• <b>Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number.</b></li></ul> <p>CDTO has dedicated a section at the beginning of each briefing note that explains the public interest (i.e., the mandate of CDTO) by explaining, for example, how the item:</p> <ul style="list-style-type: none"><li>• Aligns with the requirements of CDTO as set out in the <i>Regulated Health Professions Act, 1991</i>.</li><li>• Is relevant and current to the regulatory and/or practice environment.</li><li>• Meets public expectations (e.g., equity, diversity, inclusion, pandemic response).</li><li>• Improves upon an existing process.</li></ul> <p>Page 61 of the <a href="#">December 6, 2024 Board Package</a> contains a recent example of a public interest rationale.</p>	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

		<p>e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed as appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• <b>Please provide the year that the formal approach was last reviewed.</b></li> <li>• <b>Please insert a link to the internal and external risks identified by the College <i>OR</i> Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number.</b></li> </ul> <p>The College has and regularly reviews its internal and external risks, as well as the formal approach first created in 2022 to identify, assess, and manage these risks through a Risk Register. This approach is integrated into the College’s strategic planning and operations.</p> <p><b>2022, Development of the Risk Register:</b> The Board and Staff developed a Risk Register that identified and ranked a diverse range of potential internal and external risks, including key strategic risks currently faced by CDTO and anticipated challenges in the areas of the profession, the public, and CDTO as both an organization and a regulator. The identified risks were presented in the form of Risk Descriptions and Potential Impacts, as documented on page 2 of the <a href="#">June 24, 2022 Board Minutes</a> and page 37 of the <a href="#">June 24, 2022 Board Package</a>.</p> <p><b>2023, Integration into Strategic Planning:</b> The Risk Register was integrated into CDTO’s new strategic planning by serving as a foundation for meaningful consultations across a broad range of system partners, including the public and RDTs. The Board approved this integration in December 2023, refer to pages 99-107 of the <a href="#">December 15, 2023, Board Package</a>.</p> <p><b>2024, Review and Discussion:</b> The Board has continuous discussions about operational and strategic risks through strategic or operational projects. Additionally, on September 26, 2024, the Board held a workshop to discuss the risks CDTO is facing, refer to page 13 of the <a href="#">September 27, 2024 – Open Executive Committee Package</a>.</p> <p>To ensure continuous relevance and currency of the risk management strategy within the strategic plan, a review will be conducted annually. However, the risk assessment was a continuous Board discussion through CDTO strategic or operational projects in 2024:</p> <ul style="list-style-type: none"> <li>• <b>Investment Policy:</b> To ensure financial resources are managed with competency and with risk minimization practices, refer to page 39 of the <a href="#">April 26, 2024 Board Package</a>.</li> <li>• <b>By-Laws Modernization: Phase Two:</b> This plan took into consideration a risk assessment and the College’s resource capacity under the governance domain of our strategic plan. See page 51 of the <a href="#">June 21, 2024 Board Package</a>.</li> <li>• <b>RDT Stamp:</b> The recommendation of transitioning from college-issued stamps to mandatory RDT identifiers considered changes to the practice environment for digitization, appropriateness of the RDT Stamp as a regulatory tool, and risk assessments under the strategic domain of Dental Technology &amp; Unauthorized Practice Awareness. Refer to pages 15 and 37-44 of the <a href="#">June 21, 2024 Board Package</a> and pages 7-8 of the <a href="#">September 27, 2024 Open Executive Committee Package</a>.</li> </ul>	<p>Yes</p>
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			<ul style="list-style-type: none"><li>• <b>Unauthorized Practice:</b> The Board previously determined that a strategic priority was to increase education and awareness of the risks associated with unauthorized dental technology practice and create programs to act against unauthorized practitioners. Refer to pages 45-47 of the <a href="#">June 21, 2024 Board Package</a>.</li><li>• <b>Executive Committee Report about Risk Assessment:</b> The Committee engaged in a discussion about the risks CDTO may face due to a decline in registration, lower than expected number of dental technology graduates seeking licensure, changes to the database provider, and improvements required to the website’s hosting services all under current strategic plan. The risk assessment was discussed with the Board at its September workshop. Refer to page 13 of the <a href="#">September 27, 2024 Open Executive Committee Package</a>.<ul style="list-style-type: none"><li>▪ <b>Rise and Report – September Board Workshop:</b> The workshop involved discussions about the risks CDTO may be facing, a review of the Investment Policy, and completing the Health Profession Regulators of Ontario’s EDI Organizational Self-Assessment. Refer to the minutes on page 6 of the <a href="#">December 6th, 2024 Board Package</a>.</li><li>▪ <b>Continued Discussions:</b> The Committee recommended that the Board hold an in-person workshop in early 2025 to further discuss these risks and plan necessary actions to ensure CDTO’s sustainability. This meeting will be held in person to ensure effective and engaged discussions. Refer to page 12 of the <a href="#">December 6th, 2024 Board Package</a>.</li></ul></li></ul>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (if needed)</i>	

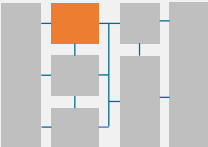
DOMAIN 1: GOVERNANCE	STANDARD 3	Measure:	
		3.1 Council decisions are transparent.	
		Required Evidence	College Response
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement: <span>Met in 2023, continues to meet in 2024</span>
			<ul style="list-style-type: none"><li>• Please insert a link to the webpage where Council minutes are posted.</li><li>• Please insert a link to where the status updates on implementation of Council decisions to date are posted <i>OR</i> where the process for requesting these materials is posted.</li></ul> <p>Posted to the <a href="#">Board webpage</a> are approved meeting minutes with an attachment identifying status updates on implementations. The latest Board minutes along with status updates for the December 6, 2024 Board meeting are posted to this webpage and can be found <a href="#">here</a>.</p>
			<div><div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div><div>Choose an item.</div></div>
		Additional comments for clarification (optional)	

		b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information). i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"><li>• <b>Please insert a link to the webpage where Executive Committee minutes/meeting information are posted.</b></li></ul> <p>An Executive Committee report is attached to every Board Package. The report includes Committee meeting dates, discussions and decisions made by the Executive Committee and if decisions will be ratified by the Board, and recommendations for Board approval. All Board packages can be found on our <a href="#">Board webpage</a> and the Executive Committee reports for 2024 found on:</p> <ul style="list-style-type: none"><li>• Page 17 of the <a href="#">January 26, 2024 Board Meeting Package</a></li><li>• Page 15 of the <a href="#">April 26, 2024 Board Meeting Package</a></li><li>• Page 14 of the <a href="#">June 21, 2024 Board Meeting Package</a></li><li>• Page 13 of the <a href="#">September 27, 2024 Open Executive Committee Meeting Package</a> (the Board was not constituted)</li><li>• Page 11 of the <a href="#">December 6, 2024 Board Meeting Package</a></li></ul>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

		Measure: 3.2 Information provided by the College is accessible and timely.		
		Required Evidence	College Response	
		a. With respect to Council meetings:  i. Notice of Council meeting and relevant materials are posted at least one week in advance; and  ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			<ul style="list-style-type: none"><li><b>Please insert a link to where past Council meeting materials can be accessed <i>OR</i> where the process for requesting these materials is clearly posted.</b></li></ul> Board meeting materials can be accessed on the <a href="#">Board webpage</a> and date back to 2017. Meeting packages can be accessed on this webpage one week in advance of an upcoming Board meeting and are circulated to system partners (e.g., registrants, students) through MailChimp.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			Choose an item.	
			<i>Additional comments for clarification (optional)</i>	
		b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			<ul style="list-style-type: none"><li><b>Please insert a link to the College’s Notice of Discipline Hearings.</b></li></ul> <a href="#">Notice of Discipline Hearings</a> are posted at least one month in advance and include a link to allegations posted on the Public Register.	
				<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>
Choose an item.				
<i>Additional comments for clarification (optional)</i>				

Measure:		
3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.		
Required Evidence	College Response	
a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none"><li><b>Please insert a link to the College’s DEI plan.</b></li><li><b>Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number.</b></li></ul> <p>A new Strategic Plan for 2024-2027 was approved in December 2023 and can be reviewed on page 107 of the <a href="#">December 13, 2023 Board Package</a>. EDI-I (Equity, Diversity, Inclusion, and Indigeneity) is a commitment across all strategic pillars: Professional Excellence, Engagement and Governance Excellence. Recognising that EDI must go beyond performative (tick box) to transformative, the Board approved placing the EDI-I domain under Regulatory Excellence, to ensure that acting in the best interests of the organization and its diverse community is at the core of all decisions. The Board approved a strategic initiatives budget (SIP) and management appointed an EDI lead to appropriately resource the EDI-I goals, actions and Key Performance Indicators (KPIs) developed by CDTO in August 2024, which include the College’s governance practices, equity impact assessments, and data collection of registrants. Progress against the KPIs are reported to the Board at every meeting and the most recent progress against the EDI-I Project Domain can be viewed on page 119 of <a href="#">December 6, 2024 Board Package</a>.</p> <p>Board materials and minutes where EDI was discussed and appropriate resources allocated:</p> <p><b>Strategic Planning:</b></p> <ul style="list-style-type: none"><li>Pages 99-107 of the <a href="#">December 15, 2023</a> Board package</li><li>Corresponding minutes on page 4 of the <a href="#">December 15, 2023</a> Board minutes</li></ul> <p><b>Strategic Initiatives Project Budget:</b></p> <ul style="list-style-type: none"><li>Pages 60-62 of the <a href="#">June 21, 2024</a> Board package</li><li>Corresponding minutes on page 4 of the <a href="#">June 21, 2024</a> Board minutes</li></ul>	
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

		<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.</p>	<p>The College fulfills this requirement:</p> <p>Yes</p>
		<p>• <b>Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number <i>OR</i> please briefly describe how the College conducts Equity Impact Assessments.</b></p> <p>• <b>If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted.</b></p> <p>CDTO actively supported the work of the Health Professions Regulators of Ontario (HPRO) to develop an Equity, Diversity and Inclusion (EDI) Organizational Self-Assessment and Action Guide, published in August 2023. This Guide, which includes Equity Impact Assessment (EIA) Tools, was assists Colleges to carry out their EDI and anti-racism self-assessments across all aspects of their work and functions. It also helps the Colleges with their continual EDI and anti-racism integration and improvements. In 2024 the College continued its participation on the HPRO EDI Network, embracing the power of collaborative partnerships and people.</p> <p>See the following links to access the tools and supporting resources: <a href="#">Organizational Self-Assessment and Action Guide</a>, <a href="#">Case Studies</a>, <a href="#">FAQs</a></p> <p>CDTO used the Guide and EIA Tools to conduct a self-assessment to understand the status of our practices related to EDI and anti-racism, what areas we can further advance in, and how to do so within our important areas of interest. In 2023, Staff identified CDTO as inactive, reactive, proactive, and progressive against CPMF’s 7 domains: (1) Governance Goals (2) Resource Goals (3) System Partner Goals (4) Information Management Goals (5) Regulatory Policies (6) Suitability to Practice (7) Measurement, Reporting, and Improvement. In 2024, the Board completed the self-assessment and reviewed the results, along with the results from Staff, at the September 27, 2024, Board workshop.</p> <p>CDTO used the results of the EDI organization self-assessment to prioritize three focus areas to ensure that decisions and regulatory tools are fair and not discriminatory: Governance, Equity Impact Assessment Decision Tree and tools, and Data Collection. CDTO is developing an Equity Impact Assessment to identify and ensure that strategies, policies, programs, services, and functions are evaluated for their potential impact on equity-deserving groups. This proactive approach ensures that our regulatory processes are inclusive and equitable, reflect EDI principles and values, while also mitigating potential adverse effects on marginalized communities. For more details, see pages 84-90 of the <a href="#">September 27, 2024 Open Executive Committee Package</a>.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	

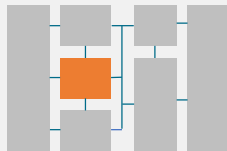
		Measure:																					
		4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.																					
DOMAIN 2: RESOURCES	STANDARD 4	Required Evidence	College Response																				
		a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.  Further clarification: A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	<table><tr><td>The College fulfills this requirement:</td><td>Yes</td></tr><tr><td colspan="2"><ul style="list-style-type: none"><li>• Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan <i>AND</i> a link to the most recent approved budget and indicate the page number.</li><li>• Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.</li></ul><p>CDTO’s Board participates in facilitated workshops where evidence and data are assessed to help identify CDTO’s strategic priorities. This includes registrant and system partner survey results, regulatory trends, risk assessments, environmental scans, public expectations through consultations, and system partner information. CDTO management then determines the projects and costs required to achieve these identified strategic priorities, for more details, refer to pages 99-107 of the <a href="#">December 15, 2023, Board Package</a>.</p><p>A new Strategic Plan for 2024-2027 was approved at the December 15, 2023 Board meeting. To monitor progress, ensure accountability, and facilitate informed decision-making, <a href="#">a business plan including Key Performance Indicators (KPIs)</a> was formally developed for the first time.</p><p>Discussions about activities/projects to support the new Strategic Plan (2024-2027) can be found on pages 65-80 of the <a href="#">June 21, 2024 Board Package</a>. The initial approved budget for the new strategic plan reflected on page 147 of the <a href="#">June 23, 2023 Board Package</a> and pages 60-62 of the <a href="#">June 21, 2024 Board Package</a> has the most recent approved budget.</p><p>CDTO’s surplus retention policy approved by the Board on December 10, 2021, has a provision for internally restricted net assets used to ensure that adequate financial resources are allocated from unrestricted net assets to the Strategic Initiatives Project (SIP) budget. The net assets internally restricted for SIP are funded by cumulative surplus, and do not impact annual registration fees. Strategic projects are typically multi-year, and the total cumulative resources required to successfully complete the project are approved by the Board.</p><p>The strategic projects, expenditures, and available funds are reviewed quarterly to ensure timely, evidence-based decisions are made by the Board. A recent report can be found on Page 65 of the <a href="#">December 6, 2024 Board Package</a>. The strategic plan is reviewed annually for updates, budgeting, risk identification, and necessary modifications. 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		The College fulfills this requirement:	Yes																				
		<ul style="list-style-type: none"><li>• Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan <i>AND</i> a link to the most recent approved budget and indicate the page number.</li><li>• Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.</li></ul> <p>CDTO’s Board participates in facilitated workshops where evidence and data are assessed to help identify CDTO’s strategic priorities. This includes registrant and system partner survey results, regulatory trends, risk assessments, environmental scans, public expectations through consultations, and system partner information. CDTO management then determines the projects and costs required to achieve these identified strategic priorities, for more details, refer to pages 99-107 of the <a href="#">December 15, 2023, Board Package</a>.</p> <p>A new Strategic Plan for 2024-2027 was approved at the December 15, 2023 Board meeting. To monitor progress, ensure accountability, and facilitate informed decision-making, <a href="#">a business plan including Key Performance Indicators (KPIs)</a> was formally developed for the first time.</p> <p>Discussions about activities/projects to support the new Strategic Plan (2024-2027) can be found on pages 65-80 of the <a href="#">June 21, 2024 Board Package</a>. The initial approved budget for the new strategic plan reflected on page 147 of the <a href="#">June 23, 2023 Board Package</a> and pages 60-62 of the <a href="#">June 21, 2024 Board Package</a> has the most recent approved budget.</p> <p>CDTO’s surplus retention policy approved by the Board on December 10, 2021, has a provision for internally restricted net assets used to ensure that adequate financial resources are allocated from unrestricted net assets to the Strategic Initiatives Project (SIP) budget. The net assets internally restricted for SIP are funded by cumulative surplus, and do not impact annual registration fees. Strategic projects are typically multi-year, and the total cumulative resources required to successfully complete the project are approved by the Board.</p> <p>The strategic projects, expenditures, and available funds are reviewed quarterly to ensure timely, evidence-based decisions are made by the Board. A recent report can be found on Page 65 of the <a href="#">December 6, 2024 Board Package</a>. The strategic plan is reviewed annually for updates, budgeting, risk identification, and necessary modifications. At the conclusion of a strategic initiative, ongoing expenditures are included in the Operating Budget to ensure sustainable outcomes.</p>																					
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.																				
		Additional comments for clarification (optional)																					

		<div>b. The College:<div><div>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</div><div>ii. possesses the level of reserve set out in its “financial reserve policy”.</div></div></div>	The College fulfills this requirement:		Met in 2023, continues to meet in 2024
			<div><div><div><div>• Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number.</div><div>• Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated.</div><div>• Has the financial reserve policy been validated by a financial auditor? Yes</div></div><div><div>CDTO's Surplus Retention Policy was developed with input from the external auditor and meets the requirements of CPMF's "financial reserve policy". The purpose of the surplus retention policy is to enable CDTO to withstand negative unexpected financial events and maintain financial stability. CDTO maintains the level of reserves set out in its policy and has a process for auditor verification and reporting on an annual basis.</div><div>The policy was approved at the December 10, 2021 Board meeting and can be viewed on page 89 of the <a href="#">Board Package</a>. CDTO plans to review this policy in 2025 with its By-Law and Policy Review Committee.</div></div></div></div>		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
			Additional comments for clarification (if needed)		

		<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• <b>Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs.</b></li> <li>• <b>Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number.</b></li> </ul> <p><b>Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</b></p> <p>The College adheres to a human resource (HR) governance model comprised of two components: formal governance and internal governance. Formal governance involves the Board of Directors and the Executive Committee that acts as a standing HR/Compensation Committee. Internal governance consists of the Registrar/CEO and senior management’s approach and strategy to HR management and program efficiency and effectiveness.</p> <p><u>Formal Governance</u></p> <p>The Board has a <a href="#">Governance Policy Manual</a> which clearly defines the roles and accountabilities between the Board, the Registrar/CEO and line management. The HR governance policies were approved in 2020 with a review cycle of every 3 years for currency, best practices, risk management considerations and legislated requirements. The Registrar/CEO recruitment, retention and succession planning, including in the event of an emergency, is formally embedded in its governance structure through the Executive Committee. Since 2020, the Board has improved its HR framework utilizing an external HR expert and governance consultant by:</p> <ul style="list-style-type: none"> <li>• Improving the CEO Performance Evaluation Criteria and approving it in September 2021,</li> <li>• Collaborating with nine other regulatory health colleges in Ontario to share in the costs and contribute to the development of a consolidated database of compensation elements for the Registrar and CEO position, and</li> <li>• Developing a CEO Compensation Policy and approving it in April 2022.</li> </ul> <p><u>Internal Governance</u></p> <p>Another important role for the Board is understanding the various HR risks facing the organization, and being satisfied that management priorities, policies, and practices effectively respond to strategic, regulatory, and operational needs. Successful execution requires effective risk management and performance measurement practices, combined with an effective dialogue with the CEO. The Board receives quarterly updates from the Executive Committee and the Registrar/CEO that demonstrate an effective internal HR governance framework and strategies that reflect relevant industry economics, desired culture, workforce dynamics, and leadership preferences are in place. Internal oversight and management of CDTO’s HR strategy, programs, practices, and outcomes is the responsibility of the Registrar/CEO and are clearly defined in the:</p> <ul style="list-style-type: none"> <li>• Detailed position description for each member of the senior leadership team (e.g., roles, responsibilities, and accountabilities).</li> <li>• Employee Policy Manual which contains policies and practices to support excellent performance by well-oriented and skilled</li> </ul>	<p>Yes</p>
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			<p>employees.</p> <ul style="list-style-type: none"><li>• HR budget which includes HR structure, total compensation, professional development, and succession planning.</li></ul> <p>Understanding the HR related risks of a small organization, the Board has approved an HR budget and structure that supports management’s priorities, policies, and practices to effectively respond to strategic, regulatory, and operational needs. CDTO also participates in the Canada Summer Jobs program, a federal government initiative to create quality work experiences for youth aged 15 to 30 years. Participation in this program aligns with responsible stewardship of financial resources and supports recruitment of talent. Youth support CDTO in fulfilling its mandate and have been retained in full-time positions.</p>
			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>

		<p>ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p>	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> <li><b>Please insert a link to the College’s data and technology plan which speaks to improving College processes <i>OR</i> please briefly describe the plan.</b></li> </ul> <p>The Board is alerted to any issues arising from the data and technology plans:</p> <p><u>Technology Plan</u></p> <p>CDTO sets out priorities for streamlining its processes and improving digital infrastructure to ensure the organization can operate efficiently and effectively. As of Sept 1 2023, CDTO transitioned to a fully Cloud based operation, see page 110 of the <a href="#">September 22, 2023 Board Package</a> for more details. Data is stored securely from threats, requires multi-factor authentication to access, backed up routinely, can be recovered and has comprehensive tracking of access and changes. The College sub-contracts an IT company to provide services including help desk support and computer maintenance.</p> <p>CDTO ensures that processes remain current, including annual renewal and new registrations through our Online Portal. CDTO also reviews the Public Register to ensure that the information it contains is current (e.g., new legislated requirements). CDTO is planning for an upgraded database which will offer features such as completion of professional development profiles online, online assessment for jurisprudence and ethics requirements, the ability to generate reports for data analysis, and options for providers to submit information about their professional development offerings. This planned database upgrade has been delayed until Spring 2026.</p> <p>The CDTO website serves as a critical hub for sharing information, resources, and updates with system partners. Planned enhancements aim to streamline navigation, improve mobile accessibility, and ensure that all visitors can easily access the information they need. These updates will also support more dynamic content delivery, allowing CDTO to share news, guidelines, and educational materials more effectively.</p> <p><u>Cybersecurity (Data Protection)</u></p> <p>CDTO receives a monthly report on potential risk exposures and carries cybersecurity insurance as a precautionary measure. The insurer proactively monitors to mitigate any potential risks to the College. Alerts are received whenever critical vulnerabilities are detected on our infrastructure along with recommendations to remediate the risk on all affected assets. The infrastructure vendors and hosts are notified to investigate and remediate the identified risk immediately to keep our risk profile as low as possible. CDTO’s database and website hosting provider also conduct regular data and security reviews and provide reports.</p> <p>CDTO’s Office Manager attends monthly meetings hosted by the Cybersecurity Unit of the Ontario government and staff are kept informed with monthly or as needed instructional videos or training on how to recognize and handle phishing or suspicious emails.</p>	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

DOMAIN 3: SYSTEM PARTNER		
STANDARD 5 and STANDARD 6		
Measure / Required evidence: N/A	College response	
	<p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>	
<p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p><b>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</b></p> <p><b>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</b></p> <ul style="list-style-type: none"><li><i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i></li></ul> <p>CDTO engages and collaborates with system partners on a national and provincial level to align oversight of the practice of the profession and support execution of our mandate. We engage in many ways such as:</p> <ul style="list-style-type: none"><li>Leading and participating in working groups, Boards and Committees where we collaborate on initiatives that advance and advocate our public interest mandate,</li><li>Participating in system partners consultations that advance our knowledge and allows us to provide input into strategic planning, and</li><li>Attending webinars, conferences, other College’s Council/Board meetings to advance our knowledge and consider and adopt best practices.</li></ul> <p>Some examples of system partners we regularly engage with are:</p>	

(1) National Level

- Public Health Agency of Canada, Chief Dental Officer of Canada, participates in and supports informed decision-making, including preventing disease and injuries, responding to public health threats, and promoting good physical and mental health.
- Canadian Alliance of Dental Technology Regulators (CADTR) which includes the provincial dental technology regulators for Alberta, British Columbia, New Brunswick, Nova Scotia and Quebec. CADTR works together at a national level on matters which support the regulatory mandate, to protect the public interest, of each provincial jurisdiction.

(2) Provincial Level

- Health Profession Regulators of Ontario (HPRO) comprised of the 26 regulatory health colleges in Ontario. CDTO participates on many of its working groups including the EDI Network and CPMF.
- Quality Assurance Working Group (QAWG) and Ontario Regulators for Access Consortium (ORAC) composed of various Ontario regulators to discuss our statutory programs, share information and resources, and engage in joint initiatives. Participation in these groups improves access to information and supports effective regulation.
- Oral Health Colleges (OHCs), composed of CDTO, College of Dental Hygienists of Ontario (CDHO), College of Denturists of Ontario (CDO), Royal College of Dental Surgeons of Ontario (RCDSO) for collaborative and unified approach to improving oral healthcare in Ontario.
- George Brown College, collaborating with dental technology educators through the Program Advisory Committee to improve patient safety and ensure that the curriculum for entry-level dental technologists is responsive to changing public/societal expectations.
- Association of Dental Technologists of Ontario (ADTO) to engage registered dental technologists and serve as a forum for sharing information in the public interest.

Some examples of initiatives from 2024 which aligned oversight of the practice of the profession and supported execution of our mandate:

**Initiative: Student Mentorship Program**

CDTO is a member of GBC’s Program Advisory Committee whose purpose is to ensure that student learning meets the most current needs and trends in their industry and that system partners help inform their programs. Members of the Program Advisory Committee provide advice on curriculum relevancy and accuracy, technological trends and changes, experiential and work-integrated learning opportunities, and employment prospects. This in turn improves patient safety by ensuring that entry-level dental technologists are appropriately prepared to practice the profession and are responsive to changing public/societal expectations and advances in technology.

Through this Committee, a new Mentorship Program was created in collaboration between GBC, CDTO and ADTO. It matches a student with an experienced RDT to learn more about the profession, ask questions or seek advice and volunteer time that could support them in finding future employment. We anticipate that the Program will strengthen transition into the profession, awareness of the realities of the practice, improve healthcare delivery and career prospects.

**Initiative: Student and Faculty Engagement Day**

On September 26, 2024, CDTO held an Engagement Day at GBC with over 110 students across the first, second and third year of the Dental Technology Program. Presentations were held to share information about the role and mandate of CDTO, how to become an RDT, and changes to reduce barriers to registration. Focus groups were held to understand students’ journey through the dental technology program, barriers to becoming licensed and availability of resources to support them. A student voluntary register was launched to provide students with updates and share answers to frequently asked questions. On Engagement Day, 53 students signed up for the register

On this day, CDTO’s Board also had an open discussion with Bethanie Huen, Associate Dean, School of Dental Health, about how we can further connect with students and alumni, reduce attrition rates in the dental technology program, increase the rate of graduates seeking licensure, and work together with all dental technology system partners to ensure dental technology professionals have a voice at the table. These discussions will continue to ensure that CDTO has its ear to the ground and can support future RDTs in meeting the best interests of the public.

**Initiative: RDT Identifiers**

On June 21, 2024, the Board of Directors passed a motion that it would no longer issue stamps to Registered Dental Technologists (RDTs). This decision was reached after consideration of the stamp’s role within the College regulatory environment, evaluation of alternative measures that would protect the public interest and consultation with system partners.

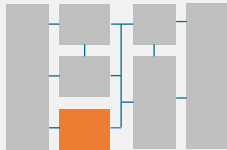
The stamp was issued on an annual basis and was applied on each invoice or other authorization for release of a dental prosthetic to signify the RDT taking responsibility for the case. Starting September 1, 2024, the RDT Stamp was replaced with RDT Identifiers which would continue to signify the RDT responsible. The Identifiers required the following information in place of the Stamp: full name and registration number as it appears on the Public Register, and the full text indicating their title as “Registered Dental Technologist”.

As dentists work closely with RDTs in prescribing dental devices, they recognize the College issued stamp to symbolize an authorized practice. CDTO and RCDSO collaborated to ensure that dentists were aware of these changes and to increase awareness and reliance on the Public Register as the most accurate method of verifying that an RDT is eligible to practise.

In July 2024, the following RCDSO Dispatch article was updated: [College draws clear distinction between supervision of an in-office laboratory and a commercial operation](#)

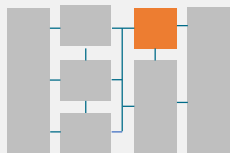
	<p>Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.</p> <p>The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner.</p> <ul style="list-style-type: none"> <li>• <i>Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.</i></li> </ul> <p><b><u>Initiative: Access to Dental Technology Phase II Project</u></b></p> <p>CDTO is collaborating with the Canadian Alliance of Dental Technology Regulators (CADTR) on the Access to Dental Technology (ADT) Phase II project, an extension of pan-Canadian solutions to align entry-to-practice requirements for the dental technology profession, reduce barriers to registration, strengthen labour mobility and enhance inclusive workforce development strategies that can adapt to the rapidly evolving labor market.</p> <p>The federal government’s commitment to investing in patients and the public through the foreign credential recognition program has been unwavering since 2015 and relies on the collaboration with provinces and territories. The CDTO on behalf of the CADTR has been awarded up to \$687,000 in funding through the federal government’s Foreign Credential Recognition Program. This funding is part of a broader government investment totaling \$86 million, aimed at increasing the capacity for foreign credential recognition of approximately 6,600 internationally educated health professionals. The Honourable Shaun Chen, Member of Parliament for Scarborough North, on behalf of the Honourable Randy Boissonnault, Minister of Employment, Workforce Development, and Official Languages, <a href="#">announced the funding</a> on March 1, 2024, which marked a significant milestone in the recognition of foreign credentials and the assimilation of internationally educated professionals into the Canadian healthcare system.</p> <p>The ADT Phase II project aims to revolutionize the education pathway for domestically and internationally educated and trained dental lab associates and assistants. By assessing individuals based on their informal learning and relevant experience, known prior learning recognition, they will be able to demonstrate knowledge and competence leading to a fulfilling career in Canada as a registered dental technologist or technician (RDT). Funding from the project is also being allocated to communications to create awareness and provide tools for applicants to access before leaving their home country as well as education upgrading resources.</p> <p><b><u>Initiative: Working While Black</u></b></p> <p>In August 2024, CDTO sent a letter to TAIBU Community Health Centre to explore a system partnership aimed at addressing systemic racism in healthcare. TAIBU Community Health Centre is a community-driven organization, located in Malvern, serving the Greater Toronto Area’s Black-identifying communities. They aim to improve, promote and protect the health and well-being for Black populations through quality healthcare and culturally designed primary health care services and strategies.</p> <p>The letter introduces CDTO and its mandate, and discusses opportunities for collaboration in fostering Equity, Diversity, and Inclusion (EDI) initiatives. CDTO</p>
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-	<p>sought to forge a connection with an equity-seeking group and drive impactful progress and contribute to a more equitable and inclusive healthcare system.</p> <p>In response, TAIBU Community Health Centre and the Royal College of Dental Surgeons of Ontario invited CDTO Staff to participate in an in-person screening and Q&amp;A session of the documentary Working While Black. The workshop educated attendees through lived experiences on the challenges Black identifying populations face in the workplace and consider how we as individuals and regulators can make positive changes.</p> <ul style="list-style-type: none"><li>• <b><i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).</i></b></li></ul> <p>CDTO identifies changing public/societal expectations by staying up to date with current events. These include being on mailing lists for legal counsels and Member of Parliament offices to identify regulatory trends, monitoring social media trends and reviewing news worldwide. For example, systemic racism is an issue that has drawn much attention worldwide. It was important for CDTO to reflect on how we could reduce barriers to ensure that not only do system partners have an opportunity to participate in the regulatory work of colleges, but patients also have access to equitable and quality healthcare services.</p> <p>CDTO also identifies changing public/societal expectations by leveraging system partnerships. CDTO maintains these relationships by attending regular meetings and participating in working groups. For example, HPRO established an EDI Network whose activities include environmental scans and knowledge sharing, outreach to system partners through HPRO (e.g., Office of the Fairness Commissioner), opportunities for sharing in a safe and inclusive space, and documents and tools that the Colleges can consider for possible implementation. Additionally, the Ministry of Health and regulatory health colleges are partners in exploring and identifying opportunities to improve and strengthen oversight of health professions in Ontario. CDTO also maintains a relationship with George Brown College, the approved program in Ontario for dental technology, through its Program Advisory Committee. This Committee is comprised of educators, industry leaders and regulated health professionals who not only identify changing public/societal expectations but are responsive by reflecting any findings in the curriculum for aspiring dental technologists.</p> <p>CDTO identifies relevant system partners through its strategic plan. The strategic plan identifies our priorities and the system partners we will need to engage with to further the strategic objectives. On December 15, 2023, the CDTO’s Board approved a new strategic plan for the next three years. We made dedicated efforts to collect feedback from equity-deserving groups, ensuring inclusivity and responsiveness to their unique needs, with the aim of promoting a more comprehensive and inclusive strategic plan. Our latest strategic plan prioritizes Truth, Reconciliation, Equity, Diversity, Inclusion, and Accessibility principles as both a commitment and enabler across all aspects of CDTO’s work. Additionally, CDTO may identify system partners through its networks. For example, CDTO became a partner to the Citizen’s Advisory Group (CAG) which supports many regulatory health colleges in bringing the patient voice and perspective to healthcare regulation in Ontario.</p>
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		Measure:			
		7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.			
DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	Required Evidence	College Response		
		<p>a. The College demonstrates how it:</p> <p>i. uses policies and processes to govern the disclosure of, and requests for information;</p>	<table><tr><td>The College fulfills this requirement:</td><td>Yes</td></tr><tr><td colspan="2"><ul style="list-style-type: none"><li><b>Please insert a link to policies and processes <i>OR</i> please briefly describe the respective policies and processes that addresses disclosure and requests for information.</b></li></ul><p>CDTO uses various external and internal policies (i.e., public facing and internal/operational), processes and alternative measures such as guidelines and frequently asked questions (FAQ’s) to govern and communicate disclosure of, and requests for information (RFI). CDTO requires RFI to be made in writing. The request is assessed against what is available to the public and, if applicable, we will communicate where they can find the information. Where the information is not public, CDTO will determine if the disclosure is permitted and in the public interest. CDTO’s assessment considers and is guided by the following regulatory policies:</p><ol style="list-style-type: none"><li>Section 36 - Confidentiality of the <a href="#">Regulated Health Professions Act, 1991</a> outlines the duty of confidentiality and disclosures of information in the administration of the RHPA.</li><li>Section 17 – Confidentiality (page 30) and Schedule 3 - Code of Conduct for Board and Committee Members (page 45) of <a href="#">CDTO's By-Laws</a> outlines the duties for confidentiality and disclosures of information for Board and Committee members, staff and persons retained or appointed by CDTO.</li><li>Section 23 of the <a href="#">Health Professions Procedural Code</a>, Schedule 2 to the RHPA, outlines information that is maintained on the Public Register or withheld from the public.</li><li>Section 4 – Conduct (page 35) of CDTO’s <a href="#">Governance Policy Manual</a> which sets out the expectations of Board and Committee members.</li><li><a href="#">Privacy and Terms of Use of CDTO’s website</a> are publicly posted. Applicant and registrant information is stored on CDTO’s database which is hosted on secure servers. CDTO uses administrator rights to ensure that only authorized individuals can access the information as required to fulfill their duties.</li><li>Remote Access Policy which defines standards for connecting to CDTO's remote network. It protects against unauthorized access which may cause the loss of confidential or internal data, and damage to critical computer networks and information systems.</li><li>Employee Policy Manual outlining expectations of individuals employed by CDTO.</li></ol></td></tr></table>	The College fulfills this requirement:	Yes
The College fulfills this requirement:	Yes				
<ul style="list-style-type: none"><li><b>Please insert a link to policies and processes <i>OR</i> please briefly describe the respective policies and processes that addresses disclosure and requests for information.</b></li></ul> <p>CDTO uses various external and internal policies (i.e., public facing and internal/operational), processes and alternative measures such as guidelines and frequently asked questions (FAQ’s) to govern and communicate disclosure of, and requests for information (RFI). CDTO requires RFI to be made in writing. The request is assessed against what is available to the public and, if applicable, we will communicate where they can find the information. Where the information is not public, CDTO will determine if the disclosure is permitted and in the public interest. CDTO’s assessment considers and is guided by the following regulatory policies:</p> <ol style="list-style-type: none"><li>Section 36 - Confidentiality of the <a href="#">Regulated Health Professions Act, 1991</a> outlines the duty of confidentiality and disclosures of information in the administration of the RHPA.</li><li>Section 17 – Confidentiality (page 30) and Schedule 3 - Code of Conduct for Board and Committee Members (page 45) of <a href="#">CDTO's By-Laws</a> outlines the duties for confidentiality and disclosures of information for Board and Committee members, staff and persons retained or appointed by CDTO.</li><li>Section 23 of the <a href="#">Health Professions Procedural Code</a>, Schedule 2 to the RHPA, outlines information that is maintained on the Public Register or withheld from the public.</li><li>Section 4 – Conduct (page 35) of CDTO’s <a href="#">Governance Policy Manual</a> which sets out the expectations of Board and Committee members.</li><li><a href="#">Privacy and Terms of Use of CDTO’s website</a> are publicly posted. Applicant and registrant information is stored on CDTO’s database which is hosted on secure servers. CDTO uses administrator rights to ensure that only authorized individuals can access the information as required to fulfill their duties.</li><li>Remote Access Policy which defines standards for connecting to CDTO's remote network. It protects against unauthorized access which may cause the loss of confidential or internal data, and damage to critical computer networks and information systems.</li><li>Employee Policy Manual outlining expectations of individuals employed by CDTO.</li></ol>					

<div></div>	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
	<i>Additional comments for clarification (optional)</i>	

		<div>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</div> <div>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</div>	The College fulfills this requirement:	Yes
		<div>Benchmarked Evidence</div>	<div><ul style="list-style-type: none"><li><b>Please insert a link to policies and processes <i>OR</i> please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information.</b></li></ul><div><u>Cybersecurity Measures</u><p>CDTO carries cybersecurity insurance as a precautionary measure. The insurer conducts automated scanning and monitoring of CDTO SharePoint, database and website regularly. We receive alerts whenever critical vulnerabilities are detected on our infrastructure and recommendations to remediate the risk(s) on all affected assets. The infrastructure vendors and hosts are notified to investigate and remediate the identified risk(s) immediately to keep our risk profile as low as possible. Since 2021, CDTO initiated an Endpoint Detection &amp; Response (EDR) solution on its network, covering at least 95% of endpoints and all domain controllers. Additionally, the authentication password that prevents unauthorized access to the network and data is reset periodically to strengthen our security posture against hackers.</p></div><div><u>Accidental and Unauthorized Disclosure</u><p>CDTO manages accidental or unauthorized disclosure in two steps:</p><div><div>1. Preventative – processes in place to inform individuals about their responsibilities and define the processes that CDTO will take should disclosure occur:</div><div><div>i. All employees or persons retained by CDTO sign contracts that set out their responsibilities with respect to confidentiality, protection of information, and processes CDTO may take when there is a breach.</div><div>ii. CDTO requires all Board and Committee members, staff and persons retained or appointed by CDTO to sign confidentiality agreements annually.</div><div>iii. Identify rules around password setting and disconnecting access to CDTO files when individuals are no longer employed by CDTO.</div></div><div><div>2. Accidental/Unauthorized Disclosure – steps taken when disclosure has occurred:</div><div><div>i. Containment – identifying the source and rectifying (e.g., reset passwords).</div><div>ii. Seek advice of legal counsel who specializes in privacy and cybersecurity.</div><div>iii. Communication – determine if the issue is isolated (i.e., only those impacted need to be informed) or a wider public communication should be issued. Notify Executive Committee/Board of the issue.</div><div>iv. Review and determine corrective actions to prevent future events from occurring.</div></div></div></div></div></div>	
			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	

		<b>Measure:</b>  8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).			
DOMAIN 5: REGULATORY POLICIES	STANDARD 8	<b>Required Evidence</b>	<b>College Response</b>		
		<p>a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<table><tr><td>The College fulfills this requirement:</td><td>Met in 2023, continues to meet in 2024</td></tr><tr><td colspan="2"><ul style="list-style-type: none"><li><b>Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) OR please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved).</b></li></ul><p>CDTO prioritizes ‘Standards and Ethics’ based on risk, evidence, and best practices as part of the new strategic plan (2024-2027). A business plan, including Key Performance Indicators (KPIs), was developed to outline goals and actions within this domain, for more details refer to pages 71 and 73 of the <a href="#">June 21, 2024 Board Package</a>. In 2024, CDTO retained a third party, Pivotal Research, to support the development of the Standards Framework and professional and practice standards, see page 5 of the <a href="#">January 26, 2024, Board Package</a> and page 4 of the <a href="#">April 26, 2024 Board Minutes</a></p><p>CDTO evaluates its policies, standards of practice, and practice guidelines through a well-organized and thoughtful process:</p><ol style="list-style-type: none"><li><b>Data Collection and Analysis:</b> Data is collected and analyzed from various intake streams, including CDTO’s professional conduct cases, practice advisory inquiries, relevant system partners, and literature reviews.</li><li><b>Initial Consultation:</b> This stage involves conducting focus groups, internal reviews, targeted professional and public surveys, consultations with Subject Matter Experts (SMEs), and, if necessary, forming ad hoc taskforces based on the topic. These initial consultations help gather in-depth insights and perspectives on each topic that needs to be revised or developed, ensuring that the evaluation process is informed by expert knowledge and reflects the current practice environment.</li><li><b>Consultations with System Partners:</b> Consultations are conducted with system partners, including healthcare regulators (national and provincial) and relevant stakeholders such as the Canadian Alliance of Dental Technology Regulators (CADTR), Association of Dental Technologists of Ontario (ADTO), Health Profession Regulators of Ontario (HPRO) working groups (e.g., anti-racism), dental technology educators, George Brown College, other dental technology colleges in Canada, Public Health Ontario, Registered Dental Technologists (RDTs), equity-deserving groups, and other public health authorities.</li><li><b>Review Cycle:</b> Competencies, standards of practice, and practice guidelines are targeted for review every five years or more frequently as needed.</li></ol></td></tr></table>	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
The College fulfills this requirement:	Met in 2023, continues to meet in 2024				
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		<p>5. <b>Responsiveness to Emerging Issues:</b> The College remains responsive to emerging issues and current events (e.g., the COVID-19 pandemic) that impact the practice environment.</p> <p>These key documents, including policies, professional and practice standards, and practice guidelines, are developed or amended based on emerging needs, strategic priorities, or a review cycle.</p> <hr/> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>
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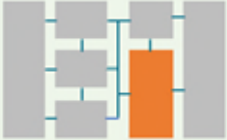
		<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <p>i. evidence and data;</p> <p>ii. the risk posed to patients / the public;</p> <p>iii. the current practice environment;</p> <p>iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap);</p> <p>v. expectations of the public; and</p> <p>vi. stakeholder views and feedback.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"><li>• <b>Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) OR please briefly describe the College’s development and amendment process.</b></li></ul> <p>CDTO’s processes for considering the following components are outlined below:</p> <p>i. Evidence and data</p> <ul style="list-style-type: none"><li>• Gathering targeted data from various intake streams, including CDTO’s discipline cases, ICRC, and practice advisory inquiries.</li><li>• Reflecting regulatory changes, Ministry of Health, or other health authorities’ directions into policies, standards, or practice guidelines.</li><li>• Conducting literature reviews, research, or evaluations to identify and incorporate best practices.</li><li>• Engaging in general and targeted consultations with relevant stakeholders including system partners, experts, registrants, and the public.</li></ul> <p>ii. The risk posed to patients/the public:</p> <ul style="list-style-type: none"><li>• Evaluating and determining the level of risk associated with specific issues.</li><li>• Identifying the impact on different segments of the public.</li><li>• Prioritizing action plans or strategic projects considering the risk posed to patients and the public.</li><li>• Applying the precautionary principle when evidence is absent or unclear, prioritizing safety.</li></ul> <p>iii. The current practice environment:</p> <ul style="list-style-type: none"><li>• Identifying emerging issues and trends through evidence and data (e.g., environmental scans, practice inquiries).</li><li>• Analyzing and prioritizing findings based on the level of risk.</li><li>• Remaining responsive to evolving practice environments, such as technology advancements.</li></ul> <p>iv. Alignment with other health regulatory Colleges, where appropriate (i.e., where practice matters overlap):</p> <p>CDTO has undertaken a great effort to collaborate with other health regulatory colleges at two levels:</p> <ul style="list-style-type: none"><li>• Provincial/Ontario (e.g., HPRO and Oral Health Colleges: RCDSO, CDHO, and CDO).</li><li>• Federal/other jurisdictions' regulatory bodies and colleges (e.g., Canadian Alliance of Dental Technology Regulators (CADTR), regulators of dental technologists/technicians in other jurisdictions).</li></ul> <p>System partner engagements support CDTO by:</p>	

		<ul style="list-style-type: none"><li>○ Understanding the current practice environment of dental technology.</li><li>○ Defining and identifying common areas and shared scope of practice.</li></ul> <p>v. Expectations of the public:</p> <p>CDTO is part of the Citizen Advisory Group (CAG) and aims to bring the patients/public voice and perspective by:</p> <ul style="list-style-type: none"><li>• Mitigating the risk posed to the patients/public (as described under section ii. the risk posed to patients/the public).</li><li>• Consulting with CAG for developing policies, standards of practice, and practice guidelines whenever applicable to bring public expectation to the table.</li><li>• Conducting consultation/surveys with the public.</li></ul> <p>vi. Stakeholder views and feedback:</p> <ul style="list-style-type: none"><li>• Identifying diverse and relevant stakeholder groups (e.g., best practice, shared scope of practice) as part of the environmental scan.</li><li>• Identifying stakeholder representatives.</li><li>• Establishing a systematic approach to solicit stakeholder views and feedback (e.g., through surveys, interviews, focus groups) to ensure meaningful engagement.</li><li>• Incorporating feedback appropriately and providing transparent reports back to stakeholders and the public.</li></ul> <p><b>Key Examples in 2024:</b></p> <p><b>1. Transitioning from CDTO issued RDT Stamp to Mandatory Identifiers</b></p> <ul style="list-style-type: none"><li>○ <b>Literature Review and Environmental Scan:</b> We conducted a literature review, environmental scan of regulatory health and non-health organizations and risk assessment, revealing differences in requirements for identification, authentication, and methods of application on documents. The findings, outlined on page 38 of the <a href="#">June 21, 2024 Board Package</a>.</li><li>○ <b>Risk assessment:</b> The risks associated with the CDTO issued RDT stamp were analyzed, using data gathered through the College’s regulatory functions, including inquiries, complaints, and consultations with RDTs and system partners such as other oral health professionals and regulators. The Executive Committee and the Board reviewed and assessed these risks based on the available evidence. They also explored the possibility of trademarking the College logo for use by RDTs on documents issued to clients that require the placement of Identifiers. For more details, see pages 38-40 of the <a href="#">June 21, 2024 Board Package</a> and pages 33-35 of the <a href="#">September 27, 2024 Open Executive Committee Package</a>.</li><li>○ <b>Oral Health Colleges Collaboration:</b> Recognizing the importance of collaboration with other oral health professionals for the success of this change, we informed and engaged with Ontario’s other oral health regulatory Colleges, representing dentists, denturists, and</li></ul>
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			<p>dental hygienists. For more details, see the <a href="#">“College has Discontinued the Issuance of Stamps”</a>. The Royal College of Dental Surgeons of Ontario (RCDSO) communicated the new requirements to dentists by updating their article and publishing it on their website. For more details, see the <a href="#">RCDSO’s article</a>.</p> <ul style="list-style-type: none"><li>○ <b>Communications:</b> Following Board approval and throughout the transition period, we kept our registrants well-informed through frequent email blasts. Additionally, multiple news posts were published on our website during this time. In addition, CDTO was an exhibitor with presentations at Spectrum Day in Toronto in October 2024 and one of the topics informed oral health professionals about new mandatory identifiers. For more details on these steps, pages 107-108 of the <a href="#">September 27, 2024 Open Executive Committee Package</a> and page 2 of the <a href="#">December 6, 2024 Board Minutes</a>.</li></ul> <p>2. <b>Resources developed for this change:</b> In response to this change, CDTO created various resources, including a video, comprehensive FAQs, and several news posts and identifiers examples, to clarify the new requirements for our registrants, other oral health professionals, and the public. For more details, please refer to the list of resources under <a href="#">Clarification on RDT Identifier Requirements</a>.</p>
			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>

		c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.	The College fulfills this requirement:	Partially
			<ul style="list-style-type: none"><li>• <b>Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion.</b></li><li>• <b>Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected.</b></li></ul> <p>In 2024, CDTO continues to advance Equity, Diversity, and Inclusion (EDI) by embedding these principles into its new Strategic Plan (2024-2027). EDI is integrated across all three pillars of the plan and reinforced by the commitment statement: “We are committed to adhering to the principles of truth, reconciliation, equity, diversity, inclusion, and accessibility in all we do.” This commitment directly informs CDTO’s approach to policies, guidelines, standards, and the Code of Ethics, striving to shape CDTO’s regulatory processes to reflect best practices in these aspects.</p> <p>To evaluate whether our policies, guidelines, standards, and Code of Ethics promote EDI, CDTO undertakes a thorough review process. This process begins with the integration of EDI principles across all aspects of our Strategic Plan, ensuring that these values are consistently reflected in our regulatory framework. We leverage the comprehensive set of materials developed by the Health Profession Regulators of Ontario (HPRO), including the EDI organizational self-assessment, to guide our efforts in promoting inclusivity and equity. These resources are invaluable in helping us adopt best practices and seamlessly integrate EDI considerations into our regulatory processes. By reviewing and updating our regulatory framework, CDTO remains dedicated to promoting inclusivity and equity in all its work. For more detailed information, refer to pages 20-21 of the <a href="#">June 21, 2024 Board Package</a> and pages 74-92 of the <a href="#">September 27, 2024 – Open Executive Committee Package</a>.</p> <p>We continue our journey to reflect EDI principles across our policies, guidelines, standards, and Code of Ethics. Some key examples:</p> <ul style="list-style-type: none"><li>• <b>Code of Ethics:</b> CDTO’s Code of Ethics explicitly expects RDTs to act in accordance with the <i>Canadian Human Rights Act, 1985</i>, and the <i>Human Rights Code, 1990</i>. This ensures that all professional conduct aligns with national standards for equity and human rights, promoting an inclusive and respectful practice environment. For more details, see page 41, Schedule 4 – Code of Ethics for Dental Technologists of <a href="#">CDTO's By-Laws</a>.</li><li>• <b>Develop an effective EDI Action Plan:</b> In 2024, CDTO prioritized 3 areas based on the EDI Organization Self-Assessment conducted in 2023 to evaluate and enhance its commitment to EDI. This assessment covered seven key domains, including regulatory policies, and identified actionable steps to improve inclusivity and equity within the College’s framework. The focus on Domain 5: Regulatory Policies has led to tangible improvements in policies, guidelines, standards, and the Code of Ethics, ensuring they align with EDI principles. For more details, see pages 84-90 of the <a href="#">September 27, 2024 Open Executive Committee Package</a>.</li><li>• <b>Draft Standards Framework:</b> As part of its ongoing commitment to EDI, CDTO is developing draft standards framework that integrates EDI principles into ethical and professional standards. This framework includes components such as Ethical Principles, Professional Standards, and Practice Standards, all of which are designed to guide RDTs in providing inclusive and equitable care. For more details, see page 4 of the <a href="#">April 26, 2024 – Board Meeting Minutes</a>, page 5 of the <a href="#">June 21, 2024 – Board Meeting Minutes</a> and pages 4-5 of the</li></ul>	

			<a href="#">September 27, 2024 – Open Executive Committee Meeting Minutes.</a> <ul style="list-style-type: none"><li>• <b>New Strategic Plan (2024-2027):</b> The new strategic plan prioritizes Truth, Reconciliation, Equity, Diversity, Inclusion, and Accessibility principles across all aspects of CDTO’s work. This plan includes initiatives to enhance cultural competence among registrants, build trust through active listening, and establish an ‘EDI-I’ (Indigeneity) Project Domain. These efforts ensure that EDI principles are not only a commitment but also an enabler of CDTO’s regulatory processes. For more details, see <a href="#">Strategic Map (2024 – 2027)</a></li></ul>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> <p>CDTO will continue its efforts to review its policies to ensure they reflect all EDI principles. By continuously reviewing and updating our regulatory framework, CDTO remains dedicated to promoting EDI principles in all its work.</p> <p><b>Equity Impact Assessment:</b> The College is developing an Equity Impact Assessment to identify and address systemic barriers within our policies, guidelines, standards, and Code of Ethics. This proactive approach ensures that our regulatory processes are inclusive and equitable, reflecting EDI principles and values in the care provided by our registrants. For more details, see pages 84-90 of the <a href="#">September 27, 2024 Open Executive Committee Package</a>.</p> <p><b>Standards Framework:</b> Under our new strategic plan, CDTO will focus on re-evaluating our draft Standards Framework and aligning it with the results of the Equity Impact Assessment. Additionally, we aim to integrate the existing Code of Ethics into the developing Standards Framework to enhance resource accessibility for RDTs, pending the next phase of the By-Laws review page 4 of the <a href="#">April 26, 2024 – Board Meeting Minutes</a>, page 5 of the <a href="#">June 21, 2024 – Board Meeting Minutes</a> and pages 4-5 of the <a href="#">September 27, 2024 – Open Executive Committee Meeting Minutes</a>.</p>	Yes
			<i>Additional comments for clarification (optional)</i>	

		Measure: <b>9.1 Applicants meet all College requirements before they are able to practice.</b>	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	Required Evidence	College Response
		<p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)<sup>1</sup>.</p>	<div> <div>The College fulfills this requirement:</div> <div>Met in 2023, continues to meet in 2024</div> </div> <ul style="list-style-type: none"> <li>• <b>Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number <i>OR</i> please briefly describe in a few words the processes and checks that are carried out.</b></li> <li>• <b>Please insert a link and indicate the page number <i>OR</i> please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.).</b></li> </ul> <p>The requirements for registration are set out in <a href="#">CDTO's Registration Regulation</a> of the <i>Dental Technology Act, 1991</i>.</p> <ol style="list-style-type: none"> <li>1. Staff reviews each application using an Application Checklist to ensure that all requirements have been met.</li> <li>2. When staff have doubts that an applicant meets the registration requirements, those applications are escalated to the Registrar using a Decision Chart.</li> <li>3. The Registrar may decide to refer the application to the Registration Committee. In this case, referrals are made following the <i>Regulated Health Professions Act, 1991</i> process (e.g., notice, disclosure).</li> </ol> <p>To ensure documentation provided by candidates meets registration requirements (e.g., unaltered, accurate), CDTO:</p> <ul style="list-style-type: none"> <li>• Uses government issued photo identification which must resemble the passport photo, by matching legal name to documentation (e.g., driver's license, passport, employment eligibility status documents).</li> <li>• Requires that certain documents are submitted directly from the issuing organization. For example, letters of good standing from Canadian dental technology regulators, list successful candidates who have completed Credentialing and Competency Assessments from CADTR which is accompanied by a Certificate of Completion for each candidate.</li> </ul> <p>At the examinations level, staff will verify the identity of the candidate using government issued photo identification and comparing to photographs submitted in their application. See CDTO's registration process for <a href="#">full details</a>.</p>

<sup>1</sup> This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	
		b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> <li>• <b>Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers OR please briefly describe the process and checks that are carried out.</b></li> <li>• <b>Please provide the date when the criteria to assess registration requirements was last reviewed and updated.</b></li> </ul> <p>CDTO maintains relationships with system partners to identify best practices, and review and update our processes to assess whether an applicant meets registration requirements, some examples include:</p> <ul style="list-style-type: none"> <li>• <b>Ontario Regulators for Access Consortium (ORAC)</b> – an organization that helps Ontario regulatory bodies improve access by international candidates to self-regulated professions in Ontario while maintaining standards for public safety. This group meets regularly to discuss registration processes, address emerging issues, and share knowledge and best practices.</li> <li>• <b>Testing Accommodation Policies and Procedures (TAPP)</b> – an organization that helps regulatory and examining bodies improve the assessment and provision of testing accommodation. This group meets regularly to discuss testing accommodation considerations and current examination challenges (e.g., security of virtually proctored examinations).</li> <li>• <b>Office of the Fairness Commissioner (OFC)</b> – the oversight body that ensures regulated professions in Ontario have registration practices that are transparent, objective, impartial and fair. The OFC's Annual Report provides its findings from its assessment of the registration practices of regulatory health colleges. These findings bring insight to CDTO about best practices regarding registration.</li> <li>• <b>Canadian Network of Agencies of Regulation (CNAR)</b> – connects Canada's provincial and national regulators, licensing boards, accrediting agencies, examining bodies, and government officials at all levels to discuss challenges, share ideas and develop best practices related to a wide range of issues relevant to organizations engaged in the self-regulation of professions and occupations.</li> <li>• <b>Canadian Alliance of Dental Technology Regulators (CADTR)</b> – composed of six provincial dental technology regulators from across Canada who work collaboratively, demonstrating leadership and accountability on matters which support the regulatory mandate of each provincial jurisdiction to protect the public interest in a consistent national approach. CADTR requires applicants who have not completed a CADTR approved dental technology program to have their credentials authenticated by an Immigration Refugee Citizenship Canada agency. Approved program applicants must arrange for the issuing educational institute to provide a copy of their official transcript directly to CADTR.</li> </ul> <p>CDTO last reviewed its registration requirements in 2023, through environmental scans of fair registration practices and classes of registration in other provinces and health professions. This was part of the Registration Regulation (O. Reg 874/93) review to submit proposed amendments for an Emergency Class of Registration (ECR) as required by the Ministry of Health. Link to consultation for <a href="#">ECR and Proposed Amendments</a>.</p>	

		<p>On August 31, 2023, the <a href="#">ECR Provisions</a> came into effect, with the remaining non-emergency provisions proposed being tabled by the MOH. These proposed changes aim to reduce barriers and ensure currency, and include:</p> <ul style="list-style-type: none"><li>• Introduction of a Limited Class of Registration (LCR) for qualified individuals who have training in one or more disciplines but not all,</li><li>• Establishment of timelines for the successful completion of examinations required for registration and the jurisprudence program,</li><li>• Evidence of recent experiential hours in dental technology, and</li><li>• Recognition of prior formal or non-formal learning to expedite registration for ECR and the LCR for one or more dental technology disciplines.</li></ul> <p>On December 6, 2024, the Registration Committee recommended, and the Board approved, the Emergency Class Policy and the Supervision of Emergency Class Registrants Guidelines to ensure clarity, compliance, and effective implementation in emergency situations. The policy outlines the conditions under which the CDTO can issue Emergency Class certificates and expedite the registration process by allowing certain requirements to be waived. The guidelines provide clarity on the supervision expectations for Emergency Class Registrants (ECRs) and their supervisors. Link to December 6, 2024, <a href="#">Board Package</a> (Registration Committee Report, page 19, and Item #10.6 - Emergency Class Policy and Supervision Guidelines, pages 150-162).</p> <p>For information on previous reviews and changes made by the CDTO, please refer to our CPMF Reports from prior years, available on our <a href="#">Publications Webpage</a>. Notable changes include:</p> <ul style="list-style-type: none"><li>• A 1,300-hour currency requirement for national credentialing.</li><li>• Waiving application processing fees for first time applicants to the Jurisprudence &amp; Ethics examinations.</li><li>• Fee policy change for a quarterly proration of initial registration fees.</li></ul>
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
	<i>Additional comments for clarification (optional)</i>	

Measure: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
	c. A risk-based approach is used to ensure that currency <sup>2</sup> and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:
		Yes
		<ul style="list-style-type: none"> <li>• <b>Please briefly describe the currency and competency requirements registrants are required to meet.</b></li> <li>• <b>Please briefly describe how the College identified currency and competency requirements.</b></li> <li>• <b>Please provide the date when currency and competency requirements were last reviewed and updated.</b></li> <li>• <b>Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done.</b></li> </ul> <p>On an annual basis, CDTO requires General Class registrants to demonstrate their ability to practice dental technology in a safe and professional manner, with decency, integrity, honesty and in accordance with the law. Their credentials (e.g., employment authorization from Immigration Canada, Professional Liability Insurance) are confirmed at annual renewal to ensure that they are permitted to engage in the practice of dental technology. Registrants' declarations include findings of incompetence or guilt and participation in the Quality Assurance Program.</p> <p>Inactive registrants requesting to transfer back to the General Class, are required to complete a refresher course and examinations if they have been in the Inactive Class for more than three years. The refresher course and examinations are set or approved by the College and must be completed within the fifteen months prior to the application for reinstatement.</p> <p>As part of the Access to Dental Technology (ADT) Project I, two environmental scans were conducted to gather information on the state of the dental technology profession. This included an analysis of competencies, education, regulation of the profession, and examination practices across Canadian jurisdictions. The scans also identified problems, barriers, and gaps in current processes and tools used to assess both internationally and domestically educated candidates seeking licensure in Canada. Gaps were identified in the Competency Profile (2011) resulting in the development of a new National Essential Competencies for Dental Technology Practice in Canada (NEC). NEC is a comprehensive list of competencies and performance indicators including knowledge, skills, and abilities that may be expected of a registered dental technologist at the start and throughout their career to ensure public safety. All members of the Canadian Alliance of Dental Technology Regulators (CADTR), including CDTO, adopted the NEC in 2019.</p> <p>Competency and currency requirements were last reviewed and adopted in 2019. Experts / stakeholders who were consulted include the Registration Committee, Quality Assurance Committee, Board, Legal Counsel, Registrants of CDTO, Ministry of Health, CADTR. CDTO monitors these requirements through self-declaration (e.g., Quality Assurance Program, Annual Renewals) and collection of documentation (e.g., Professional Liability Insurance) on an annual basis.</p>
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p>Choose an item.</p>

		<i>Additional comments for clarification (optional)</i>
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<sup>2</sup> A ‘currency requirement’ is a requirement for recent experience that demonstrates that a member’s skills or related work experience is up to date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g., during renewal of a certificate of registration, or at any other time).

Measure:		
9.3 Registration practices are transparent, objective, impartial, and fair.		
	a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:
		Met in 2023, continues to meet in 2024
		<ul style="list-style-type: none"><li>• <b>Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report.</b></li><li>• <b>Where an action plan was issued, is it: No Action Plan Issued</b></li></ul> <p>In its most recent assessment report, the OFC, utilizing the second iteration of its new Risk-Informed Compliance Framework (RICF), determined that CDTO should be classified as a “low-risk” regulator for the period from April 1, 2024, to March 31, 2026. The RICF evaluates the regulator’s operations across five key risk factors that could potentially impede its ability to apply fair registration practices for both domestic and internationally trained applicants. This assessment was based on the responses from CDTO’s 2022 Fair Registration Practices Report, as well as the supplementary 2023 RICF questionnaire. Each of the five risks below were evaluated by likelihood of occurrence and the potential significance of the consequences:</p> <ol style="list-style-type: none"><li>1. Organizational Capacity</li><li>2. The Overall Control that a Regulator Exerts over its Assessment and Registration Processes, and its Relations with Third-party Service Providers</li><li>3. Impact of Major Changes to Registration Practices and Relations with Third-party Service Providers</li><li>4. Ability of the Regulator to Comply with Newly Introduced Legislative and / or Regulatory Obligations</li><li>5. Public Policy Considerations</li></ol> <p>The OFC then arrives at an aggregate risk rating that will fall into one of three categories: low, moderately low, and moderate to high. CDTO received the best possible rating, “low risk”, which entails an annual meeting with the OFC and the submission of the annual Fair Registration Practices Report. The <a href="#">OFC’s letter dated February 20, 2024</a>, outlines the results of the assessment, which are referenced in the April 26, 2024, <a href="#">Board Package</a> (Registration Committee Report, page 26, and Registrar’s Report, page 161).</p>
		<div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div> <div>Choose an item.</div>
		Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 10	Measure: 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	
		Required Evidence	College Response
		a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).	<div>The College fulfills this requirement:</div> <div>Met in 2023, continues to meet in 2024</div>
		<p><u>Further clarification:</u></p> <p>Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.</p>	<ul style="list-style-type: none"> <li> <b>Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:</b> <ul style="list-style-type: none"> <li> <b>Name of Standard:</b> <a href="#">Laboratory Supervision Standards</a> – Transitioning from RDT College Issued Stamp to Mandatory RDT Identifiers               <p>At the June 2024 Board meeting, the Board of Directors decided that the College will no longer issue stamps to RDTs. This decision was made after considering the stamp’s role within the College’s regulatory environment and evaluating alternative measures to protect the public interest. For more details, refer to pages 37-44 of the <a href="#">June 21, 2024 Board Package</a> and pages 7-8 of the <a href="#">September 27, 2024 Open Executive Committee Package</a>.</p> </li> <li> <b>Duration of period that support was provided:</b> Ongoing and continuous               <p>Following Board approval and throughout the transition period, we kept our registrants well-informed through frequent email blasts and multiple news posts on our website. Additionally, the CDTO was an exhibitor at Spectrum Day in Toronto in October 2024, where we informed oral health professionals about the new mandatory identifiers. We also provided ongoing and continuous support through practice advisory, addressing any inquiries or concerns in their practice. For more details on these steps, pages 107-108 of the <a href="#">September 27, 2024 – Open Executive Committee Package</a> and page 6 of <a href="#">Meeting Minutes</a> (page 6) of the December 15, 2024 Board Package.</p> </li> <li> <b>Activities undertaken to support registrants:</b> <p>Following the Board decision in June 2024, the CDTO kept all its registrants informed about the latest changes and information related to this transition to ensure safe dental technology practice by RDTs. To support this transition, the College implemented a comprehensive communication strategy. Here are the resources developed to assist RDTs, oral health professionals, and the public:</p> <ul style="list-style-type: none"> <li><b>News Post</b> on the CDTO website: <a href="#">link</a>.</li> <li><b>FAQs</b> addressing common questions about RDT identifiers: <a href="#">link</a>.</li> <li><b>Notifications</b> to oral health professionals with commercial dental labs via their regulatory Colleges.</li> <li><b>Communications</b> in CDTO Bridge: <a href="#">Summer</a> and <a href="#">Fall</a> editions</li> <li><b>Educational videos</b> outlining the changes and expectations: <a href="#">link</a>.</li> <li><b>Sample invoices</b> demonstrating correct use of RDT identifiers: sample <a href="#">1</a>, <a href="#">2</a>, and <a href="#">3</a>.</li> <li><b>One-page summary</b> of the changes: <a href="#">link</a>.</li> </ul> </li> </ul> </li> </ul>

		<ul style="list-style-type: none"><li>• <b>Practice advisory</b> for additional guidance.</li><li>• <b>Informing Other Ontario Oral Health Regulatory Colleges:</b> Recognizing that successful implementation is only possible through collaboration within the dental team, we informed colleges representing dentists, denturists, and dental hygienists to disseminate this information. For more details, see the “<a href="#">College has Discontinued the Issuance of Stamps</a>” communication.</li><li>• <b>RCDSO Collaboration</b> – We engaged with the RCDSO, which communicated the new requirements to dentists by updating their article and publishing it on their website. For more details, see the <a href="#">RCDSO’s article</a>. Additional information can be found on page 110 of the <a href="#">September 27, 2024 – Open Executive Committee Package</a>.</li></ul>	
		<ul style="list-style-type: none"><li>– <b>% of registrants reached/participated by each activity:</b> All the activities are available to 100% of our registrants</li><li>– <b>Evaluation conducted on effectiveness of support provided:</b>  From June’s announcement to the September Board meeting, approximately fifteen registrants contacted the College with questions and feedback about this change. Their inquiries included clarification on the three identifiers, where to obtain a new physical stamp, and the permissible use of electronic stamps. In response, CDTO enhanced communication efforts to address these questions and concerns, ensuring the successful implementation of this change. For further details, see pages 107-108 of the <a href="#">September 27, 2024 – Open Executive Committee Package</a>. Additionally, after each activity, we encourage our registrants to reach out to us via email, web form, or phone call to provide feedback, improve our processes, and receive additional support if needed.</li><li>– <b>Does the College always provide this level of support: Yes</b>  <b><i>If not, please provide a brief explanation:</i></b>  CDTO aims to provide the same level of support for its registrants in the uptake of new or amended standards. However, if we have limited resources, the level of support provided will be prioritized and proportionate to the risk to patients and the public.</li></ul>	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	

Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation <sup>3</sup> .		
	a. The College has processes and policies in place outlining:  i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;	The College fulfills this requirement:
		Met in 2023, continues to meet in 2024
		<ul style="list-style-type: none"><li>• <b>Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified <i>OR</i> please insert a link to the website where this information can be found and indicate the page number.</b></li><li>• <b>Is the process taken above for identifying priority areas codified in a policy: <b>No</b></b></li><li>• <b><i>If yes, please insert link to the policy.</i></b></li></ul> <p>CDTO's priority areas of focus for its Quality Assurance Program are based on the Standards of Practice and Code of Ethics. The process for identifying these priority areas is outlined in detail under Measure 8.1. Annually, registrants are also required to maintain a Professional Development Profile, which collects information on their areas of practice and responsibilities (e.g., supervision). In addition, registrants must complete a self-assessment against CDTO's Standards of Practice to establish goals for professional development activities. These profiles are reviewed to ensure that registrants have met the requirement of completing 90 professional development credits over a three-year period, as outlined in the QA Guidelines. The Guidelines set out activity type and subject limits that encourage registrants to engage in a variety of activities.</p> <p>CDTO's practice assessment involves an in-person review that focuses on the Standards of Practice, including Partial Dentures, Full Dentures, Crown and Bridge, Implants, Orthodontics, Laboratory Supervision, and Infection Prevention and Control. Additional focus areas are determined based on professional conduct trends and the evolving regulatory environment. An example of the evolving regulatory environment is the evaluation of registrants during the pandemic against the COVID-19 Guidelines to ensure the safety of health services. This Guideline was rescinded as of July 19, 2023, and registrants are no longer assessed based on this criterion. However, registrants will continue to be evaluated against the Infection Prevention and Control Standard.</p>
		<div>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?<div>Choose an item.</div></div>
		Additional comments for clarification (optional)

<sup>3</sup> “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

		ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and	The College fulfills this requirement:	Partially
			<ul style="list-style-type: none"> <li>• <b>Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s).</b>  <b>OR please briefly describe right touch approach and evidence used.</b></li> <li>• <b>Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable).</b>  <b>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</b> <ul style="list-style-type: none"> <li>- <b>Public</b> Choose an item.</li> <li>- <b>Employers</b> Choose an item.</li> <li>- <b>Registrants</b> Choose an item.</li> <li>- <b>other stakeholders</b> Choose an item.</li> </ul> </li> </ul> <p>As outlined in the <a href="#">General Regulation</a> of the <i>Dental Technology Act, 1991</i>, every registrant is required to conduct an annual self-assessment. Additionally, 2-5% of registrants are randomly selected for a full professional development profile review. The Quality Assurance Committee has established the requirement that, at the end of their 3-year cycle, RDTs must submit a summary of their professional development profile demonstrating the completion of 90 credits. Those who fail to meet this requirement will be subject to a full professional development profile review and, where necessary, a practice assessment.</p> <p>In accordance with the <a href="#">General Regulation</a> of the <i>Dental Technology Act, 1991</i>, 2-5% of registrants are also randomly selected for a practice assessment. CDTO’s in-person assessment is conducted at the place of practice and includes an inspection of the work environment, observation of dental devices in progress, interviews with the registrant and relevant individuals, and a review of patient records. Any identified risks that negatively impact patient care are addressed through professional conduct programs and practice advisories, which inform the assessment approach.</p>	
			<b>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</b>  CDTO continues to modernize and enhance its Quality Assurance (QA) Program, focusing on right-touch regulation and managing risk effectively. A QA Portal is under development to enable registrants to track and complete their Professional Development Profile online, which will improve efficiency and support the update of CDTO’s Practice Assessment Program. The upgraded database will offer features such as online assessment for jurisprudence and ethics requirements, the ability to generate reports for data analysis, and options for providers to submit information about their professional development offerings. It will also incorporate changes to the self-assessment tool, approved by the QA Committee, to align with the new National Essential Competencies adopted by dental technology regulators across Canada. These competencies will serve as the foundation for the self-assessment tool in the Professional Development Program. Although the planned database upgrade, which will support Portal’s development, has been delayed until Spring 2026, CDTO is exploring alternative solutions to ensure continued progress. Interim measures will be implemented to enhance tracking and assessment of professional development to better support registrants in meeting QA Program requirements.	Yes

			Additional comments for clarification (optional)			
		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:		Met in 2023, continues to meet in 2024	
			<ul style="list-style-type: none"><li>• <b>Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number <i>OR</i> list criteria.</b></li></ul> <p>The Quality Assurance Committee assesses the risk level identified in the Assessment Report considering prior history, seriousness of the concerns, governability, if the concerns pose a risk to the public, whether the Committee requires confirmation that the deficiencies have been corrected and mitigating and aggravating factors. Decision tools for the <a href="#">Professional Development Profile Process</a> and the <a href="#">Practice Assessment Process</a> were approved on June 24, 2020, to ensure consistent decisions.</p>			
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.	
			Additional comments for clarification (optional)			
		<b>Measure:</b> <b>10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.</b>				
		a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.	The College fulfills this requirement:		Yes	
			<ul style="list-style-type: none"><li>• <b>Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities <i>OR</i> please briefly describe the process.</b></li><li>• <b>Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation <i>OR</i> please briefly describe the process.</b></li></ul> <p>Remediation activities directed by the Quality Assurance, Inquiries, Complaints and Reports, or Discipline Committee are tracked by CDTO staff using a spreadsheet which contains the activity information, expected completion dates and status updates. A Committee determines if a registrant has demonstrated the knowledge, skills, and judgement through:</p> <ul style="list-style-type: none"><li>• Certificate of completion for courses,</li><li>• Written report from the supervisor regarding the knowledge, skills and judgement,</li><li>• Submission from the registrant (e.g., written confirmation, reflective essay), and/or</li><li>• Re-assessment (not a stand-alone decision, ordered in addition to a Specified Continuing Education or Remediation Program or a term, condition or limitation).</li></ul>			
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.	
		Additional comments for clarification (if needed)				

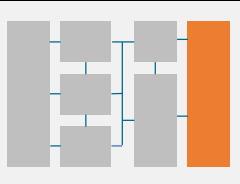
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 11	Measure 11.1		
		The College enables and supports anyone who raises a concern about a registrant.		
		Required Evidence	College Response	
		a. The different stages of the complaints process and all relevant supports available to complainants are:  i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up;  ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;	The College fulfills this requirement:	Partially
			<ul style="list-style-type: none"><li>• Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant.</li><li>• Please insert a link to the policies/procedures for ensuring all relevant information is received during intake <i>OR</i> please briefly describe the policies and procedures if the documents are not publicly accessible.</li></ul> <p><a href="#">Web page</a> for the complaints process.</p> <p><a href="#">Simple brochure</a> outlining the complaints process and important facts.</p> <p>Complaints are reviewed to determine whether all relevant information such as supporting documentation and witness contact information is included. The complainant is contacted by phone to discuss the complaint's process, provide an opportunity for questions, and clarify information on the complaint. These discussions are documented and kept on file. The complainant also receives a formal notice of receipt which includes relevant legislation and CDTO's Complaint's Brochure.</p>	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>CDTO will document our internal processes to ensure that all relevant information is received during intake into a formal policy. We are committed to making progress on this measure but may not be able to improve our performance in the next year.</p>	No		
	<i>Additional comments for clarification (optional)</i>			

		iii. evaluated by the College to ensure the information provided to complainants is clear and useful.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"><li><b>Please provide details of how the College evaluates whether the information provided to complainants is clear and useful.</b></li></ul> <p>CDTO reviews the documents it provides to the complainant on a regular basis to ensure that it is relevant and current to the legislation. Support staff also contact the complainant by phone after providing formal notice of receipt and resources about the complaints process. This becomes an opportunity for the complainant to ask questions about the process and for Staff to understand whether the information provided is clear and useful or how it may be improved.</p>	
		<hr/> <i>Benchmarked Evidence</i> <hr/>	<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	
		b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			<b>Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures).</b>	
			CDTO received four inquiries from the public relating to the complaints process. All inquiries were responded to within five days and provided with timelines for follow-up where necessary. Therefore, CDTO responds to public inquiries within five days 100% of the time.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

	c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:		Met in 2023, continues to meet in 2024
		<ul style="list-style-type: none"><li>• <b>Please list supports available for the public during the complaints process.</b></li><li>• <b>Please briefly describe at what points during the complaints process that complainants are made aware of supports available.</b></li></ul> <p>Complainants would be made aware of the supports at the start of the complaints process. CDTO also works closely with parties to a conduct matter to identify how it can provide additional supports to them (e.g., training on the use of technology for virtual hearings). Supports available to the public during the complaints process include:</p> <ul style="list-style-type: none"><li>• Direct support from CDTO staff.</li><li>• CDTO's Complaints Brochure and dedicated webpages for 'Concerns and Complaints' and 'Addressing Sexual Abuse' for accessible information on the process.</li><li>• Funding for therapy and counselling for patients who have been sexually abused by a registrant.</li><li>• Translation services.</li></ul>		
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
		Additional comments for clarification (optional)		
	Measure: 11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.			
	a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	The College fulfills this requirement:		Yes
		<ul style="list-style-type: none"><li>• <b>Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description.</b></li><li>• <b>Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description.</b></li></ul> <p>Upon receipt of the complaint, the complainant and the registrant receive the contact information of the Staff support who is dedicated and available throughout the process. Staff can be contacted by phone, email, or in-person at CDTO. Both parties are updated at various stages of the process (e.g., upcoming ICRC meetings, scheduling hearings). CDTO aims to provide an update at a minimum of every 30 days. Complainants are provided thorough information about the status of the case, notified of opportunities to participate, and are provided with new information in a timely manner to ensure that they are engaged throughout the process.</p>		
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.

			Additional comments for clarification (optional)
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	Measure: 12.1 The College addresses complaints in a right touch manner.	
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	<div>The College fulfills this requirement:</div> <div>Met in 2023, continues to meet in 2024</div> <div><ul style="list-style-type: none"><li>• Please insert a link to guidance document and indicate the page number <i>OR</i> please briefly describe the framework and how it is being applied.</li><li>• Please provide the year when it was implemented <i>OR</i> evaluated/updated (if applicable).</li></ul><p>Complaints and reports are reviewed by CDTO staff to assess risk (e.g., if the conduct exposes or is likely to expose patients to harm or injury) and identify any needs for immediate action (e.g., appointment of investigator). This risk assessment is used to prioritize Inquiries, Complaints and Reports Committee meetings, investigations and the drafting of Decisions and Reasons. The Inquiries, Complaints and Reports Committee utilizes a <a href="#">Risk Assessment Framework</a> to ensure that its decisions are consistent and fair. The Framework was approved in May 2017 and ensures that the Committee members have considered the conduct, prior history, and mitigating and aggravating factors in its decision.</p></div>
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
		Choose an item.	
		Additional comments for clarification (optional)	

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 13	Measure:		
		13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).		
		a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement:	Partially
			<ul style="list-style-type: none"><li>• Please insert a link to the policy and indicate page number <i>OR</i> please briefly describe the policy.</li><li>• Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’).</li></ul> <p>Information is shared between CDTO and other system partners on a case-by-case basis. Regulated health professionals in oral health work closely together in one place of practice or collaboratively for a patient. Concerns regarding other oral health professionals represent most of the information that is shared with other system partners.</p> <p>CDTO also considers sharing information, within the legal framework, with other system partners where there may be a risk to public safety (e.g., local health authorities and employers). Decisions of the Discipline and Inquiries, Complaints and Reports Committee (i.e., more serious than no further action and recommendations) are public information and can be viewed on the registrant's Public Register.</p> <p>Information shared over the past year was made in accordance with Section 36 (Confidentiality) of the <i>Regulated Health Professions Act, 1991</i> includes:</p> <ul style="list-style-type: none"><li>• Directing complainants to the appropriate oral health college for their concerns regarding a health professional.</li><li>• Information on unauthorized practitioners is shared using the public website and directly to other health regulators.</li><li>• Conduct information as requested for a Letter of Good Standing.</li></ul>	
			<b><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></b>	
CDTO participated in the Information Sharing Policy Working Group of the Health Professions Regulators of Ontario (HPRO). The goal of this group was to develop a consistent approach across all Colleges as it relates to proactive and reactive disclosure of specific information. A framework was drafted that sets out the system partners and guidelines for the information that would be shared. CDTO will build upon this work to develop its own policies. We are committed to making progress on this measure but may not be able to improve our performance in the next year.				
Additional comments for clarification (if needed)				

		<b>Measure:</b> <b>14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.</b>	
<b>DOMAIN 7: MEASUREMENT, REPORTING &amp; IMPROVEMENT</b>	<b>STANDARD 14</b>	<b>Required Evidence</b>	<b>College Response</b>
		a. Outline the College’s KPIs, including a clear rationale for why each is important.	<div>The College fulfills this requirement:</div> <div>Met in 2023, continues to meet in 2024</div> <ul style="list-style-type: none"><li><b>Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number <i>OR</i> list KPIs and rationale for selection.</b></li></ul> <p><b>Strategic KPIs</b></p> <p>For the first time, the College has meticulously developed strategic KPIs to support its new strategic plan (2024-2027). These KPIs were formulated through desktop research, a series of leadership team meetings and a Board workshop, focusing on identifying and establishing KPIs, goals, and actions for each domain under the strategic pillars. By setting clear KPIs aligned with these goals and actions, the College ensures accountability, continuous improvement, and effective fulfillment of its responsibilities.</p> <p>These strategic KPIs are outlined in a business plan document, which explains why each KPI has been selected, what the results indicate, and how they relate to the College's strategic goals, making them relevant to track. For additional details, please refer to pages 65-80 of the <a href="#">June 21, 2024 Board Package</a>.</p> <p>The College provides quarterly updates to the Board on KPIs through a KPI dashboard, see pages 55-68 of the <a href="#">September 27, 2024 – Open Executive Committee Package</a> and pages 109-122 of the <a href="#">December 6th, 2024 – 141st Board Package</a>. In addition, annual progress and accomplishments against strategic pillars or priorities are reported on the <a href="#">“Who We Are” webpage</a> under strategic plan and at <a href="#">Board meetings</a> and in the <a href="#">Annual Report</a>, along with metrics about registration, quality assurance, and professional conduct processes.</p> <p><b>Operational KPIs</b></p> <p>Operational KPIs monitor our performance in financial and human resource sustainability, program delivery, and address changes in the regulatory landscape for registrants while promoting public protection. These include:</p> <ul style="list-style-type: none"><li>Quarterly reports on operating and strategic budgets.</li><li>Attrition rates of approved program graduates to registration.</li></ul>

			<ul style="list-style-type: none"><li>• Time from processing completed applications to granting registration.</li><li>• Quality Assurance Program data on registrant engagement in continued competency and quality improvement.</li><li>• Enhanced HR structure with contract and government-funded programs.</li></ul>
			<div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div> <div>Choose an item.</div>
			Additional comments for clarification (if needed)
		b. The College regularly reports to Council on its performance and risk review against:	<div>The College fulfills this requirement:</div> <div>Met in 2023, continues to meet in 2024</div>
		i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan);	<ul style="list-style-type: none"><li>• <b>Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number.</b></li></ul> <p>CDTO provides quarterly updates on its performance and risk review findings related to the strategic plan and regulatory outcomes during its Board meetings. Each Board package contains reports for regulatory programs, financial and management reporting, and strategic plan updates. The latest update can be found in the <a href="#">December 6th, 2024 Board Package</a>:</p> <ul style="list-style-type: none"><li>• Pages 11-22, Committee Reports</li><li>• Pages 61-108, Financial and Management Report</li><li>• Pages 109-122, Strategic KPI’s dashboard</li><li>• Pages 123-142, Strategic Projects Update</li></ul>
		ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and	
		iii. its risk management approach.	<div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div> <div>Choose an item.</div>
			Additional comments for clarification (if needed)

Measure:		
14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
<div>a. Council uses performance and risk review findings to identify where improvement activities are needed.</div> <div><div></div><div>Benchmarked Evidence</div><div></div></div>	The College fulfills this requirement:	Yes
	<div><ul style="list-style-type: none"><li><b>Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number.</b></li></ul><p>CDTO reports on its performance and risk review findings against the new strategic plan (2024-2027) and regulatory outcomes based on its <a href="#">Strategic Key Performance Indicators (KPIs)</a> to monitor progress, ensure accountability, and facilitate informed decision-making on a quarterly basis.</p><p>Below are some examples where improvement activities were identified:</p><ul style="list-style-type: none"><li><b>By-Laws Modernization: Phase Two:</b> This plan was developed based on the Board's priorities following a risk assessment and modernization efforts under the governance domain of our strategic plan. See page 51 of the <a href="#">June 21, 2024 Board Package</a>.</li><li><b>RDT Identifiers:</b> CDTO transitioned from issuing stamps to mandatory RDT identifiers. The Board considered this recommendation a necessary change to mitigate its associated risks for the College, enhance practice safety, and prevent unauthorized practices. This decision was reached after evaluating the stamp’s role within the regulatory environment and considering alternative measures to protect the public interest. This transition also addresses environmental changes and ensures continuous improvement. Refer to pages 15 and 37-44 of the <a href="#">June 21, 2024 Board Package</a> and pages 7-8 of the <a href="#">September 27, 2024 Open Executive Committee Package</a>.</li><li><b>Unauthorized Practice:</b> The Board identified a strategic priority to increase education and awareness about the risks of unauthorized dental technology practice and to develop programs to address unauthorized dental technology practice and create programs to act against unauthorized practitioners. Refer to pages 45-47 of the <a href="#">June 21, 2024 Board Package</a>.</li></ul></div>	
	<div>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</div>	

Measure: 14.3 The College regularly reports publicly on its performance.		
	a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.	The College fulfills this requirement:
		Met in 2023, continues to meet in 2024
		<ul style="list-style-type: none"><li>• <b>Please insert a link to the College’s dashboard or relevant section of the College’s website.</b></li></ul> <p>CDTO reports on its performance related to our strategic goals and regulatory outcomes on a quarterly basis at its Board meetings. Each Board package contains reports for regulatory programs, financial and management reporting, strategic plan updates and strategic KPIs Dashboard.</p> <p>The latest updates can be found in the <a href="#">December 6th, 2024 Board Package</a> and in its corresponding <a href="#">minutes</a>.</p> <ul style="list-style-type: none"><li>• Pages 11-22, Committee Reports</li><li>• Pages 61-108, Financial and Management Report</li><li>• Pages 109-122, Strategic KPI’s dashboard</li><li>• Pages 123-142, Strategic Projects Update</li></ul> <p>Since September 2024 Board meeting, the College provides quarterly updates to the Board on KPIs through a KPI dashboard. For more details, please refer to pages 55-68 of the <a href="#">September 27, 2024 – Open Executive Committee Package</a> and pages 109-122 of the <a href="#">December 6th, 2024 – 141st Board Package</a>.</p> <p>In addition, CDTO also reports to the public through multiple accountability reports: (1) Annual Report (2) College Performance Measurement Framework (3) Fair Registration Practices Report which can be found on our <a href="#">Publications webpage</a>.</p>
		<div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?<div>Choose an item.</div></div>
		Additional comments for clarification (if needed)

## Part 2: Context Measures

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College’s performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are ‘good’ or ‘bad’ without having a more in-depth understanding of what specifically drives those results.

In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g., due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.


In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: ‘Nil’ and indicate any plans to collect the data in the future.

Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using a method other than the recommended method outlined in the following Technical Document, the College is asked to provide the method in order to understand how the information provided was calculated.

The ministry has also included hyperlinks of the definitions to a glossary of terms for easier navigation.

-

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College's own method: Recommended If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2024*		<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2024. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i></p>	
Type of QA/QI activity or assessment:	#		
i. Summary Professional Development Profile (SPDP)	158		
ii. Practice Assessment	10		
iii. <Insert QA activity or assessment>			
iv. <Insert QA activity or assessment>			
v. <Insert QA activity or assessment>			
vi. <Insert QA activity or assessment>			
vii. <Insert QA activity or assessment>			
viii. <Insert QA activity or assessment>			
ix. <Insert QA activity or assessment>			
x. <Insert QA activity or assessment>			

<p><i>* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College’s QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.</i></p> <p><a href="#"><u>NR</u></a></p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

Table 2 – Context Measures 2 and 3

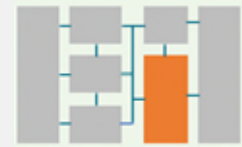
DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 10				
Statistical data collected in accordance with the recommended method or the College own method: Recommended				
If a College method is used, please specify the rationale for its use:				
Context Measure (CM)				
		#	%	What does this information tell us? If a registrant’s knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.  The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2024, understanding that some cases may carry over.
CM 2.	Total number of registrants who participated in the QA Program CY 2024	168	30%	
CM 3.	Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2024.	0	0	
<a href="#">NR</a>				
Additional comments for clarification (if needed)				

Table 3 – Context Measure 4

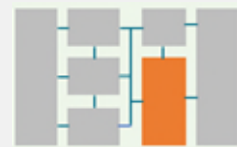
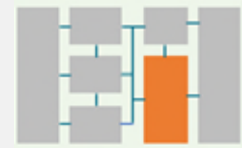
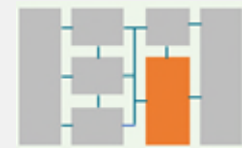
DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 10				
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d				
If a College method is used, please specify the rationale for its use:				
Context Measure (CM)				
CM 4. Outcome of remedial activities as at the end of CY 2024:**		#	%	What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*		N/A	N/A	
II. Registrants still undertaking remediation (i.e., remediation in progress)		N/A	N/A	
<a href="#">NR</a> * This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2024. **This measure may include any outcomes from the previous year that were carried over into CY 2024.				
<b>Additional comments for clarification (if needed)</b>  No registrants are undertaking remediation.  -				

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE					
STANDARD 12					
Statistical data is collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>					
Context Measure (CM)					
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2024		Formal Complaints received		Registrar Investigations initiated	
Themes:		#	%	#	%
I. Advertising		0	0	0	0
II. Billing and Fees		0	0	0	0
III. Communication		0	0	0	0
IV. Competence / Patient Care		0	0	0	0
V. Intent to Mislead including Fraud		0	0	0	0
VI. Professional Conduct & Behaviour		0	0	NR	NR
VII. Record keeping		0	0	0	0
VIII. Sexual Abuse		0	0	0	0
IX. Harassment / Boundary Violations		0	0	0	0
X. Unauthorized Practice		0	0	0	0
XI. Other <please specify>		0	0	0	0
Total number of formal complaints and Registrar’s Investigations**		0	100%	NR	100%
What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.					

<a href="#">Formal Complaints</a> <a href="#">NR</a> <a href="#">Registrar’s Investigation</a>  <i>**The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar’s Investigations.</i>	
<i>Additional comments for clarification (if needed)</i>	

Table 5 – Context Measures 6, 7, 8 and 9

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2024	0		
CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2024	3		
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2024	1		
CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2024**:	#	%	
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0	0	
II. Formal complaints that were resolved through ADR	0	0	
III. Formal complaints that were disposed of by ICRC	0	0	
IV. Formal complaints that proceeded to ICRC and are still pending	0	0	
V. Formal complaints withdrawn by Registrar at the request of a complainant	0	0	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0	
What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.			

VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	2	66%	
<a href="#">ADR</a> <a href="#">Disposal</a> <a href="#">Formal Complaints</a> <a href="#">Formal Complaints withdrawn by Registrar at the request of a complainant</a> <a href="#">NR</a> <a href="#">Registrar’s Investigation</a>  <i># May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.</i> <i>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</i>			
Additional comments for clarification (if needed)			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
STANDARD 12							
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended							
If a College method is used, please specify the rationale for its use:							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2024	4						
Distribution of ICRC decisions by theme in 2024*	# of ICRC Decisions++						
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	0	0	0	0	0	0	0
II. Billing and Fees	0	0	0	0	0	0	0
III. Communication	0	0	0	0	0	0	0
IV. Competence / Patient Care	0	0	0	0	0	0	0
V. Intent to Mislead Including Fraud	0	0	0	0	0	NR	0
VI. Professional Conduct & Behaviour	0	NR	0	0	0	NR	0
VII. Record Keeping	0	0	0	0	0	NR	0
VIII. Sexual Abuse	0	0	0	0	0	0	0
IX. Harassment / Boundary Violations	0	0	0	0	0	0	0

X.	Unauthorized Practice	0	NR	0	0	0	0
XI.	Other <please specify>	0	0	0	0	0	0
<div><ul style="list-style-type: none"><li>• Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2024.</li></ul><p>++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or decisions.</p><p><a href="#">NR</a></p></div>							
<p>What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.</p>							
<p>Additional comments for clarification (if needed)</p> <div>-</div>							

Table 7 – Context Measure 11

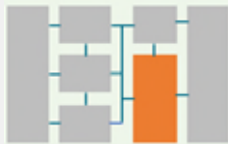
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
If College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 11. 90 <sup>th</sup> Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.	
I. A formal complaint in working days in CY 2024	705	The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.	
II. A Registrar’s investigation in working days in CY 2024	383		
<a href="#">Disposal</a>			
<b>Additional comments for clarification (if needed)</b>			
In 2024, CDTO disposed of one complaint and three Registrar’s Investigations. As a result, in both metrics, the 90th percentile was the longest disposal time. CDTO aims to dispose of matters as soon as possible, however, many factors can extend the length of time. For example, fairness in responding to any allegations or evidence including providing the complainant an opportunity to respond and granting reasonable extensions to registrants when requested.			

Table 8 – Context Measure 12


DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 12. 90th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.  The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.	
I. An uncontested discipline hearing in working days in CY 2024	N/A		
II. A contested discipline hearing in working days in CY 2024	N/A		
<a href="#">Disposal</a> <a href="#">Uncontested Discipline Hearing</a> <a href="#">Contested Discipline Hearing</a>			
Additional comments for clarification (if needed)			
CDTO did not hold any Discipline hearings in 2024.			
-			

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12

Statistical data collected in accordance with the recommended method or the College’s own method: Recommended

If College method is used, please specify the rationale for its use:


Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		<i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.</i>
Type	#	
I. Sexual abuse	0	
II. Incompetence	0	
III. Fail to maintain Standard	0	
IV. Improper use of a controlled act	0	
V. Conduct unbecoming	0	
VI. Dishonourable, disgraceful, unprofessional	0	
VII. Offence conviction	0	
VIII. Contravene certificate restrictions	0	
IX. Findings in another jurisdiction	0	
X. Breach of orders and/or undertaking	0	
XI. Falsifying records	0	
XII. False or misleading document	0	
XIII. Contravene relevant Acts	0	

*\* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.*

[NR](#)

*Additional comments for clarification (if needed)*

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 14. Distribution of Discipline orders by type*		What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.	
Type	#		
I. Revocation	0		
II. Suspension	0		
III. Terms, Conditions and Limitations on a Certificate of Registration	0		
IV. Reprimand	0		
V. Undertaking	0		
* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.			
<a href="#">Revocation</a>			
<a href="#">Suspension</a>			
<a href="#">Terms, Conditions and Limitations</a>			
<a href="#">Reprimand</a>			
<a href="#">Undertaking</a>			
<a href="#">NR</a> -			
Additional comments for clarification (if needed)			

## Glossary

**Alternative Dispute Resolution (ADR):** Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.

Return to: [Table 5](#)

**Contested Discipline Hearing:** In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.

Return to: [Table 8](#)

**Disposal:** The day upon which all relevant decisions were provided to the registrant by the College (i.e., the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).

Return to: [Table 5](#), [Table 7](#), [Table 8](#)

**Formal Complaint:** A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.

Return to: [Table 4](#), [Table 5](#)

**Formal Complaints withdrawn by Registrar at the request of a complainant:** Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.

Return to: [Table 5](#)

**NR:** Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases.

Return to: [Table 1](#), [Table 2](#), [Table 3](#), [Table 4](#), [Table 5](#), [Table 6](#), [Table 9](#), [Table 10](#)

**Registrar's Investigation:** Under s.75(1)(a) of the *Regulated Health Professions Act, 1991*, (RHPA) where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent, they can appoint an investigator which must be approved by the Inquiries, Complaints and Reports Committee (ICRC). Section 75(1)(b) of the RHPA, where the ICRC receives information about a member from the Quality Assurance Committee, it may request the Registrar to conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.

Return to: [Table 4](#), [Table 5](#)

**Revocation:** Of a member or registrant's Certificate of Registration occurs where the discipline or fitness to practice committee of a health regulatory College makes an order to "revoke" the certificate which terminates the registrant's registration with the College and therefore their ability to practice the profession.

Return to: [Table 10](#)

**Suspension:** A suspension of a registrant's Certificate of Registration occurs for a set period of time during which the registrant is not permitted to:

- Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g., doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

Return to: [Table 10](#)

**Reprimand:** A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with their practice.

Return to: [Table 10](#)

**Terms, Conditions and Limitations:** On a Certificate of Registration are restrictions placed on a registrant's practice and are part of the Public Register posted on a health regulatory College's website.

Return to: [Table 10](#)

**Uncontested Discipline Hearing:** In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.

Return to: [Table 8](#)

**Undertaking:** Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee.

Return to: [Table 10](#)