CDHO

COLLEGE OF DENTAL
HYGIENISTS OF ONTARIO

Council Meeting Agenda

Friday, December 4, 2026
9:00 a.m. – 4:00 p.m.

Location: Hybrid Meeting

CDHO
COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Council Meeting Agenda — December 4, 2026

Hybrid Meeting

Time: 9:00 a.m. to 4:00 p.m.

Item	Topic	Action	Lead if not Chair	Est. Time
1.0	**CALL TO ORDER**			
1.1	Opening Remarks	Council is Addressed	M. Atkinson	9:00
1.2	Council Code of Conduct	For Information	M. Atkinson	9:00
2.0	**APPROVAL OF AGENDA**			
2.1	Review and Approval of Agenda	For Approval	M. Atkinson	9:05
3.0	**DECLARATIONS OF POTENTIAL CONFLICT OF INTEREST**			
3.1	Declarations of Conflict of Interest	Declare Conflicts	M. Atkinson	9:05
4.0	**APPROVAL OF MEETING MINUTES**			
4.1	Meeting Minutes – September 11, 2026	For Approval	M. Atkinson	9:05
5.0	**INFORMATION REQUESTED BY THE COUNCIL**			
5.1	**Statutory Committee Reports**			
5.1.1	Executive Committee	For Information	M. Atkinson	9:05
5.1.2	Discipline Committee	For Information	V. Pereira	9:05
5.1.3	Fitness to Practise Committee	For Information	TBD	9:05
5.1.4	Inquiries, Complaints and Reports Committee (ICRC)	For Information	M. Atkinson	9:05
5.1.5	Patient Relations Committee	For Information	C. Adebar	9:05
5.1.6	Quality Assurance Committee	For Information	B. Sohi	9:05
5.1.7	Registration Committee	For Information	A-M. Conaghan	9:05
5.2	**Incidental Briefing Reports**			
5.2.1	Council Chair’s Report	For Information	M. Atkinson	9:05
5.2.2	Registrar’s Administrative Report	For Information	Dr. G. Pettifer	9:05

6.0	**GOVERNANCE PROCESS ITEMS**			
6.1	2027 Budget *Council will be asked to approve the 2027 budget.*	For Approval	Dr. G. Pettifer, M. Atkinson	9:15
6.2	Council Appreciation	For Information	M. Atkinson	9:30
6.3	Enterprise Risk Register	For Information	Dr. G. Pettifer	9:35
6.4	By-Law Amendments Recommended by the ICRC Legal Audit	For Approval	M. Atkinson	9:50
6.5	Governance Committee Update	For Information	M. Atkinson	10:10
	BREAK			**10:30**
7.0	**COUNCIL EDUCATION**			
7.1	CNAR Report	For Information	M. Atkinson, V. Pereira	10:45
7.2	Voice of the Patient Report	For Information	D. Melhem & H. Ali, Pivotal Research	11:00
7.3	Patient Risk Register	For Information	D. Melhem, Pivotal Research	11:45
	LUNCH			**12:00**
8.0	**GOVERNANCE PROCESS ITEMS (continued)**			
8.1	Standard of Practice: Cultural Safety, Humility and Anti-Racism	For Information	P. Benbow, NVision Representatives	1:00
8.2	Policy Governance Modernization: Risk Management Policy	For Approval	P. Benbow	2:00
	BREAK			**2:30**
9.0	**SELF-EVALUATION OF GOVERNANCE PROCESS**			
9.1	Council Performance Evaluation	For Consideration	M. Atkinson	2:45
9.2	Council Evaluation Pulse Check	For Evaluation and Discussion	M. Atkinson	3:45
10.0	**NEXT MEETING DATE — January 22, 2027**			4:00
11.0	**ADJOURNMENT**			4:00

Code of Conduct

Excerpt from Policy Manual:

GP-8 CODE OF CONDUCT

Council Members shall conduct themselves in accordance with the bylaws.

Please refer to Bylaws section 3.7 for more details.

Suggested Motion – Friday, December 4, 2026

2.1 APPROVAL OF AGENDA

MOTION: **THAT** Council moves to approve the December 4, 2026, Council meeting agenda as presented.

Moved:
Seconded:

VOTE:

CDHO

Suggested Motion – Friday, December 4, 2026

4.1 APPROVAL OF MEETING MINUTES

MOTION: **THAT** Council moves to approve the September 11, 2026, Council meeting minutes as presented.

Moved:
Seconded:

VOTE:

Council Meeting Minutes

Virtual Zoom Meeting – Livestreamed to the CDHO YouTube Channel
Friday, September 11, 2026 – 9:00 a.m. to 2:00 p.m.

COUNCIL MEMBERS PRESENT

Professional Members: Michelle Atkinson (Chair), Carmen Adebar, Krystal Afzalzada, Anne-Marie Conaghan (Academic), Jennifer Cooper (Academic), Juli Kreutner, Kylie McElrea, Liisa Moore, Tiffany Murray, Vanessa Pereira, Balbir Sohi

Public Members: Erin Betts, Derek Gartshore, Jeny Jovanov, Amit Sethi, Margaret Wade

Regrets: Loree Beniuk, Nella Chiappetta, Pella Giabanis, Christina Lee-Rotstein

Administration: Dr. Glenn Pettifer (Registrar and CEO), Paula Benbow (Director, Policy and Strategic Initiatives), Amani Singhera (Communications Specialist)

Guests: Erica Richler (CDHO Legal Counsel, Steinecke Maciura LeBlanc)

1.0 CALL TO ORDER

1.1 Opening Remarks

The Chair, Michelle Atkinson, called the meeting to order at 9:00 a.m. She welcomed Council, staff, and guests to the September Council meeting. The following land acknowledgment was delivered:

The CDHO office and staff operate out of Toronto, Ontario, within the Dish with One Spoon Territory. The name Toronto originates from "Tkaronto", a Mohawk word meaning "the place in the water where the trees are standing". Toronto is the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples and is now the home to many diverse First Nations, Inuit, and Metis peoples. Toronto is also covered by Treaty 13 signed with the Mississaugas of the Credit, and the Williams Treaties signed with multiple Mississaugas and Chippewa bands. We wish to acknowledge this land on which CDHO operates and are thankful to be able to work and live in these territories.

The Chair reviewed the rules of order and procedure with respect to Council meetings. Council members were reminded and asked to:

- limit themselves to speaking only once on a particular agenda item until all other Council members who which to speak have done so;
- direct questions and comments to the Chair and not directly to each other;
- raise their hand if they wish to speak, and to refrain from speaking until they are recognized by the Chair; and,
- review the Council materials carefully, prepare their comments ahead of time, and organize their thoughts to succinctly and persuasively communicate their point within three (3) minutes.

1.2 Council Code of Conduct

Council was reminded of the Code of Conduct.

2.0 APPROVAL OF AGENDA

2.1 Review and Approval of Agenda

MOTION: **THAT** Council moves to approve the September 11, 2026, Council meeting agenda as presented.

MOVED: Vanessa Pereira
SECONDED: Krystal Afzalzada
VOTE: **CARRIED**

3.0 DECLARATIONS OF POTENTIAL CONFLICTS OF INTEREST

3.1 Declarations of Conflict of Interest

No conflicts of interest were declared.

4.0 MEETING MINUTES APPROVAL

4.1 Meeting Minutes – June 12, 2026

MOTION: **THAT** Council moves to approve the June 12, 2026, meeting minutes as presented.

MOVED: Erin Betts
SECONDED: Liisa Moore
VOTE: **CARRIED**

5.0 INFORMATION REQUESTED BY THE COUNCIL

5.1 Statutory Committee Reports

Dr. Glenn Pettifer reported that the ICRC will be considering the Legal Audit Report at their Plenary Meeting in October and report back to Council in December regarding these recommendations, particularly those which require amendments to CDHO's bylaws. It was noted that, with respect to Recommendation 5, the HPRO working group comparing risk tools used by various health regulatory colleges is still in progress and modifications to the risk tool have not yet been implemented.

5.2 Incidental Briefing Reports

The Chair updated Report 5.2.1 to add additional meeting dates: August 28th (Megan Callaway and Amani Singhera), September 8th (Vanessa Pereira), and September 10th (Dr. Glenn Pettifer).

Dr. Glenn Pettifer updated Council on the operations of the College.

6.0 COUNCIL EDUCATION

6.1 Conflict of Interest – Considerations and Case Discussions

Erica Richler, Steinecke Maciura LeBlanc, provided a presentation to Council on Conflict of Interest – Considerations and Case Discussions. She reviewed the main principles of conflict of interest, including safeguarding the public interest and the fiduciary duty to avoid conflicts, and highlighted section 3.7 of the Bylaws, the Council and non-Council Committee Member Code of Conduct, which includes the conflict-of-interest provisions and provides examples. Council discussed a variety of scenarios involving potential conflicts of interest and contemplated how Council members should respond in each scenario.

7.0 GOVERNANCE PROCESS ITEMS

7.1 Mentorship Reports

As part of the mentorship program, Council invites new members who have finished their mentorship to provide feedback on their experience. Program feedback was received from Krystal Afzalzada (mentored by Anne-Marie Conaghan), Kylie McElrea (mentored by Jennifer Cooper), and Derek Gartshore (mentored by Vanessa Pereira).

Krystal Afzalzada reported that she had a wonderful experience that made the transition onto Council an easy one, with an opportunity to ask questions in a one-on-one environment. She enjoyed learning about the practical aspects of being on Council and it was great way of understanding how to deal with expectations and how to participate within meetings. Anne-Marie Conaghan noted that the Mentorship Program Report Form (including checklist) is a helpful tool to keep the mentorship process on track.

Kylie McElrea reported that Jennifer Cooper was a helpful mentor and that the CDHO did a good job with onboarding. She appreciated the format of having multiple meetings throughout the year and having further clarification as questions arise. She also found the checklist to be helpful to make sure that all bases were covered. Jennifer Cooper noted that Kylie McElrea had a lot of great questions that also provided a learning opportunity for her and she echoed that the checklist was helpful as a guide.

Michelle Atkinson noted that prior to implementing the Mentorship Program Report Form, the program was more informal without paperwork. It was a recommendation of the third-party evaluation of Council to firm up the mentorship program and that's where the checklist originated from. With the checklist, it's become a more formal program that supports new Council members to feel ready to take on the role and responsibilities.

Derek Gartshore reported that he agrees with the feedback that other mentees have shared, and thanked Vanessa Pereira for her support as a mentor. He appreciated her sharing her knowledge as a Council member and her flexibility in scheduling meetings. Through this process, Mr. Gartshore feels like he's been brought up to speed on what his role is as a Council member and he understands the roles and processes of the CDHO. Vanessa Pereira noted that she also found the checklist to be helpful in guiding discussions.

Michelle Atkinson thanked Anne-Marie Conaghan, Jennifer Cooper, and Vanessa Pereira for their work as mentors, and noted that more volunteers may be needed in the new year if new Council members join.

7.2 Governance Committee Update

Michelle Atkinson advised that the Governance Committee met once since the last Council meeting in June, with Paula Benbow, to review the policies that are before Council today. The Committee is in the process of finding a consultant to assist with the evaluation of the CEO as per the CEO Performance Evaluation Policy. The Committee is on track to have the new policies completed by March of next year, and the Terms of Reference will be subsequently reviewed, and any changes will be brought to Council for approval. As per the Council Performance Evaluation Policy that was approved in March, Council will be participating in an annual self-evaluation that will be conducted at the end of the year. The Governance Committee determined that a third-party evaluation will be conducted following the transition

to the strategic plan. The Committee also reviewed the pulse-check notes from the June Council meeting and considered the comments that were provided.

7.3 Risk Register

Dr. Glenn Pettifer presented the CDHO Enterprise Risk Register for Q2 of 2026. The Dashboard contains metrics for the following Domains:

- Financial Procurement and Management
- Information and Asset Management
- Organizational Culture and Workplace Health and Safety
- Regulatory Compliance and Operations
- Reputation Management and Public Confidence
- Governance Effectiveness

These metrics are linked to existing Policies. As existing policies are retired and newer policies are introduced, the information in the Policy Number column will change.

For Q2 of 2026, all of the domains are assessed at low risk.

Following up on recommendations from Harry Cayton and Deanna Williams in their governance review, Dr. Pettifer reported that the College has partnered with Pivotal Research in the development of a Patient Risk Register and associated Dashboard tool. With information from the Citizen Advisory Group report, the Voice of the Patient surveys, Registrant Risk Working Group, our Complaints data, and Standards of Practice, preliminary analysis suggests six patient risk domains: Clinical Safety and Quality; Communication, Consent and Patient Agency; Cost Transparency and Billing Conduct; Equity, Cultural Safety and Non-Discrimination; Privacy, Records and Information; Professional Conduct and Regulatory Compliance. Using the information from these sources and subsequent focus group feedback, a proposed Patient Risk Framework will be drafted and brought to Council, likely in the near year.

7.4 Policy Governance Modernization

Paula Benbow, Director of Policy and Strategic Initiatives, presented a draft Strategic Direction Policy and a draft Governance Processes Policy to Council for approval as part of the ongoing modernization of the College's Governance Framework. The proposed policies presented today are two foundational policies that support Council's transition away from the Carver Policy Governance model toward a governance framework that more clearly distinguishes Council's responsibilities for strategic direction, oversight, and accountability from the operational responsibilities of the Registrar and CEO. The intent is to provide greater clarity with respect to Council's governance responsibilities using a principal-based approach, while keeping the public interest mandate central.

The proposed Strategic Direction Policy provides a framework for Council to articulate the College's priorities and desired direction while maintaining appropriate oversight of organizational performance. It establishes Council's role in setting the strategic direction of the College and overseeing the development, implementation, monitoring, and review of the College's Strategic Plan.

The policy recognizes that Council's primary responsibility is to govern the College in the public interest and establishes strategic planning as a key mechanism through which Council identifies priorities and provides direction to the organization. It distinguishes Council's strategic role from management's responsibility for operational implementation.

It was noted that the new policy template includes some placeholders for a new numbering system, and approval and next review dates. The template includes the headings: purpose, scope, definitions, policy, roles and responsibilities, and related documents and legislation.

The proposed Governance Processes Policy provides clarity and consistency regarding the processes Council uses to deliberate, make decisions, manage its meetings, and conduct its business. It is intended to support governance that is transparent, fair, respectful, efficient, and accountable, while allowing detailed procedural requirements to remain in the administrative procedures and Committee Terms of Reference where appropriate.

In summary, the Strategic Direction Policy addresses what Council is responsible for achieving and overseeing, while the proposed Governance Processes Policy speaks to how Council conducts its governance work.

The Governance Committee and CDHO Staff continue to prepare remaining policies to align with the new policy architecture and format according to the schedule below.

Existing Section Title	Transition Towards New Framework	Status
Ends Policies	Strategic Direction	Presented at September 2026 Council meeting
Global-Governance Processes	Governance Processes	Presented at September 2026 Council meeting
	Council Evaluation	Approved at March 2026 Council meeting
Executive Limitations Policies	Financial Stewardship	Approved at June 2026 Council meeting
	Risk Management	Will be prepared for December 2026
Council-Registrar/CEO Delegation	CEO Performance Evaluation	Approved at March 2026 Council meeting
	Administrative Policies: Expense / Stipend Policies Policy Review	Will be prepared for March 2027
Officially retire former Policy Manual. Finalize new numbering system, Table of Contents, and introduction.		

A question was raised regarding how the effectiveness of these policies will be measured over time, i.e. to ensure these policies are serving us in five or ten years. Michelle Atkinson advised that the Council Performance Evaluation Policy that was approved in March includes a third-party review or evaluation, which will take place when Council is further along in the implementation of the strategic plan. That evaluation will provide information, and Council will also be completing an annual self-evaluation. Dr. Glenn Pettifer noted that the Risk Register, external consultations such as the Voice of the Patient Survey and the Citizen's Advisory Group, and program-specific feedback surveys are also ways in which the College attends to the efficacy of the policies that are put in place.

The differences that a member of the public reviewing these changes would notice were also discussed. Paula Benbow advised that the public interest mandate is **placed** front and centre in the purpose of all policies, and she emphasized the use of plain language wherever possible.

Council approved the Strategic Direction and Governance Processes Policies.

7.4.1 Strategic Direction Policy

MOTION: **THAT** Council approves the Strategic Direction Policy as presented.

MOVED: Juli Kreutner
SECONDED: Balbir Sohi
VOTE: **CARRIED**

7.4.2 Governance Processes Policy

MOTION: **THAT** Council approves the and Governance Processes Policy as presented.

MOVED: Vanessa Pereira
SECONDED: Anne-Marie Conaghan
VOTE: **CARRIED**

7.5 Declaration on the Use of Artificial Intelligence (AI)

Paula Benbow reiterated Council's agreement from the March 2026 meeting that Council would not use artificial intelligence (AI) tools in connection with Council or Committee work until there was a declaration to be signed, and she presented a draft declaration.

Council supported the requirement that Council and non-Council Committee members sign the declaration.

Dr. Glenn Pettifer advised that a different policy exists for CDHO Staff, who are more inclined to use some elements of AI in their work; however, its use is significantly restricted.

MOTION: **THAT** Council approves the Declaration on the Use of Artificial Intelligence for Council and non-Council committee members as presented.

MOVED: Kylie McElrea
SECONDED: Jennifer Cooper
VOTE: **CARRIED**

7.6 2027 Council Meeting Dates

Michelle Atkinson presented the following 2027 Council workshop and meeting dates recommended by the Executive Committee. It was noted that while the June meeting had been conducted virtually in previous years, an in-person meeting is recommended, resulting in three in-person meetings and one virtual meeting proposed for 2027. In the event of a shorter agenda, it was noted that it may be possible to condense the workshop and meeting into a single day in some instances.

Date	Notes
January	
Friday, January 22, 2027	Council Workshop/Meeting (virtual)
March	
Thursday, March 11, 2027	Council Workshop (in-person)
Friday, March 12, 2027	Council Meeting (in-person)
June	
Thursday, June 3, 2027	Council Workshop (in-person)
Friday, June 4, 2027	Council Meeting (in-person)
September	
Friday, September 24, 2027	Council Meeting (online)

December	
Thursday, December 2, 2027	Council Workshop (in-person)
Friday, December 3, 2027	Council Meeting (in-person)

Council reviewed and approved the proposed dates.

MOTION: **THAT** Council approves the proposed 2027 meeting dates as presented.

MOVED: Amit Sethi
SECONDED: Tiffany Murray
VOTE: **CARRIED**

8.0 SELF-EVALUATION OF GOVERNANCE PROCESS

8.1 Council Evaluation Pulse Check

Council completed a post-meeting evaluation using the questions identified in the new Council Performance Evaluation Framework. They discussed and provided feedback on the following:

1. What worked well at today's meeting?
    - The learning session was great and the time in the breakout rooms was sufficient to facilitate fulsome discussions.
    - Everyone seemed well prepared, having reviewed the information provided in advance of the meeting and came ready with questions.
    - Because everyone was well prepared, the meeting was productive and efficient and the discussions were focussed, keeping the public interest mandate front and centre.

2. What was tricky?
    - Virtual/online meetings can be tricky generally. There was a snag with today's meeting link, and everyone's patience navigating that was appreciated.

3. Did everyone have an adequate opportunity to share their perspectives, and did we allow for diverse opinions?
    - Yes

4. Did we make decisions in alignment with our public protection mandate and role as CDHO's Council /Committee?
    - Yes

5. Were the meeting materials and any other provided information clear, comprehensive, and relevant?
    - Yes, and Dr. Pettifer was commended for getting his Registrar's Report in on time.

6. Is there anything we should do differently at our next meeting?
    - It was noted that there will be a transition period and learning curve as in-camera monitoring is no longer part of the agenda and meetings may be shorter as a result.

9.0 NEXT MEETING DATE

The next Council meeting will be held in-person on December 4, 2026.

10.0 ADJOURNMENT

MOTION: **THAT** the Council meeting be adjourned at 12:02 p.m.

MOVED: Margaret Wade
SECONDED: Liisa Moore
VOTE: **CARRIED**

Approved by:

_____ _____

Signature of Chair, Michelle Atkinson Date

Executive Committee Report

Committee Mandate: Except as provided by the Act, the Executive Committee may exercise all the powers and duties of the Council with respect to any matter that, in the opinion of the Executive Committee, requires attention between meetings of the Council.

Professional Members: Michelle Atkinson (Chair), Vanessa Pereira (Vice-Chair), Jennifer Cooper

Public Members: Jeny Jovanov, Amit Sethi

INTRODUCTION

Since its last report to Council, the Executive Committee met through videoconference on November 6, 2026.

Approved Executive Committee meeting minutes are available to Council via BoardEffect in the 'Library'.

ITEMS FOR INFORMATION

CDHO Governance

The Executive Committee planned the agenda for the December 4, 2026, Council meeting.

The Executive Committee reviewed the CDHO's Q3 Financial report and no issues were raised.

The Executive Committee completed a training session with Hilborn LLP to review the audit process.

Non-Council Committee Member Appointments

The Executive Committee re-appointed Christina Mitas and Wendy Wardlaw for their second three-year terms to the ICRC and Quality Assurance Committee respectively.

Discipline Committee Report

Committee Mandate: To hear and decide on allegations of professional misconduct and/or incompetence made against registrants of the CDHO.

Chair: V. Pereira, Professional Member

Vice-Chair: C. Adebar, Professional Member

Professional Members (Council): K. Afzalzada, M. Atkinson, A-M. Conaghan, J. Cooper, J. Kreutner, K. McElrea, L. Moore, T. Murray, B. Sohi

Public Members (Council): L. Beniuk, E. Betts, N. Chiappetta, D. Gartshore, P. Giabanis, J. Jovanov, C. Lee-Rotstein, A. Sethi, M. Wade

Professional Members (Non-Council): A. Acker, S. Brennan

INTRODUCTION

Since its last report to Council in September 2026 and as of the date of writing (November 3, 2026), the Discipline Committee has held no plenary meetings.

ITEMS FOR INFORMATION – RELATED TO MANDATE

The following matters are currently before the Discipline Committee. Notices of hearing are posted to the public register.

CDHO v. Ferdous Ebrahem Ahmed Al-Matary #1 (referred May 15, 2025)
CDHO v. Osama Ahmed Kaid Al-Saidi (referred May 15, 2025)
CDHO v. Fakhara Rabab (referred May 15, 2025)

- A joint motion was heard by a panel on October 2, 2026. The decision of the panel is pending.

CDHO v. Sahar Sultani (referred on December 5, 2025)

- The matter proceeded by way of uncontested hearing on July 16, 2026, with an agreed statement of facts and a joint submission on penalty. The panel's reasons for decision were released on August 31, 2026.

CDHO v. Ferdous Ebrahem Ahmed Al-Matary #2 (referred on March 25, 2026)

- The matter was referred by a panel of the Inquiries, Complaints and Reports Committee on March 25, 2026. A Notice of Hearing was issued on April 15, 2026. Counsel are working to schedule a pre-hearing conference.

CDHO v. Meryem Iftikhar (referred on April 29, 2026)

- The matter was referred by a panel of the Inquiries, Complaints and Reports Committee on April 29, 2026. A Notice of Hearing was issued on May 8, 2026. A pre-hearing conference was held on August 26, 2026. A second pre-hearing conference is scheduled for November 10, 2026.

CDHO v. Diljyot Singh #1 & #2 (referred on May 29, 2026)

- Two matters concerning the registrant were referred by a panel of the Inquiries, Complaints and Reports Committee on May 29, 2026. A Notice of Hearing was issued on June 17, 2026. Counsel are working to schedule a pre-hearing conference.

CDHO v. Tiffany Lynn Campbell (referred on May 29, 2026)

- The matter was referred by a panel of the Inquiries, Complaints and Reports Committee on May 29, 2026. A Notice of Hearing was issued on June 15, 2026. College counsel has requested a pre-hearing conference.

CDHO v. Ann-Marie Wellington (referred on May 29, 2026)

- The matter was referred by a panel of the Inquiries, Complaints and Reports Committee on May 29, 2026. A Notice of Hearing was issued on June 25, 2026. A pre-hearing conference was held on September 30, 2026. The matter is scheduled for a hearing on January 6 and 7, 2027.

CONCLUSION

The Discipline Committee is continuing to ensure that all matters referred to it are dealt with in a fair, consistent, and timely manner.

Fitness to Practise Committee Report

Committee Mandate: To hear and determine allegations of incapacity made against registrants of the CDHO.

Professional Members: Michelle Atkinson, Carmen Adebar, Krystal Afzalzada, Anne-Marie Conaghan, Jennifer Cooper, Juli Kreutner, Kylie McElrea, Liisa Moore, Tiffany Murray, Vanessa Pereira, Balbir Sohi

Public Members: Christina Lee-Rotstein (Chair), Loree Beniuk, Erin Betts, Nella Chiappetta, Derek Gartshore, Pella Giabanis, Jeny Jovanov, Amit Sethi, Margaret Wade

INTRODUCTION

The Fitness to Practise Committee conducts hearings to determine whether a Registrant is suffering from a health condition or disorder that is affecting or may affect their ability to practise safely and effectively. Given the personal health information that is often at issue in such hearings, they are closed to the public; however, any finding by the Fitness to Practise Committee will be summarized on the College's Public Register. In addition, the College's bylaws permit information about any allegations of incapacity at issue in a hearing to be published. Further, when a finding of the Fitness to Practise Committee is under appeal, it will be noted on the Public Register.

ITEMS FOR INFORMATION – RELATED TO MANDATE

The Fitness to Practise Committee has not met since the last report to Council in September 2026.

CONCLUSION

The Committee is continuing to ensure that all matters referred to it are dealt with in a fair, consistent, and timely manner.

Inquiries, Complaints and Reports Committee Report

Committee Mandate: The ICRC is a statutory Committee created under the *Regulated Health Professions Act, 1991*. Its mandate is to review all complaints, reports and inquiries in a fair and consistent manner to determine what action, if any, is appropriate in each case.

ICRC Chair: Michelle Atkinson

Panel A – Chair: Michelle Atkinson

Professional Members (Council): Michelle Atkinson, Liisa Moore
Public Members (Council): Loree Beniuk, Margaret Wade
Professional Members (Non-Council): Christina Mitas, Pooja Sarda

Panel B – Chair: Jennifer Cooper

Professional Members (Council): Krystal Afzalzada, Jennifer Cooper
Public Members (Council): Christina Lee-Rotstein, Amit Sethi
Professional Members (Non-Council): Roxane Hopton, Alicia Howery

INTRODUCTION

The Inquiries, Complaints and Reports Committee (ICRC) is divided into two main panels (A and B). A third supplementary panel (Panel C) may be established to accommodate the number of ongoing investigations and to avoid any potential conflicts of interest.

Since the last Report to Council on September 11, 2026 (which reported matters up until August 20, 2026), the panels of the ICRC met on the following dates by video conference:

Committee as a Whole	Panel A	Panel B	Panel C
October 16, 2026 – Plenary Session	September 4, 2026 November 20, 2026 (scheduled)	October 16, 2026 October 27, 2026	Did not meet

ITEMS FOR INFORMATION – RELATED TO MANDATE

The following tables summarize the activities of the ICRC since the last Report to Council (which reported information up to August 20, 2026).

Number of investigations carried over from previous period(s)[1]			
	Complaints	**Registrar Reports**	**QA Referrals**
Investigations started before August 20, 2026	**18**	**13**	**3**

Intake of new investigations			
	Complaints	**Registrar's Reports**	**QA Referrals**
August 20, 2026 to November 13, 2026	**11**	**2**	**1**

Decisions made and finalized by ICRC			
	Complaints Outcomes	**Reports Outcomes**	**QAC Outcomes**
August 20, 2026 to November 13, 2026	No Further Action: **4** Guidance and Recommendations: **2** Withdrawn: **1**	No Further Action: **1** Specified Continuing Education or Remediation Program (SCERP): **1**	**0**

[1] Carryover (carried over) refers to investigations that began before the last Council meeting which are still being investigated or have been completed.

At the time of writing (November 12, 2026), 2 complaint matters were deliberated by the ICRC, but the Decisions with Reasons have not been finalized. The outcomes and timelines will be reported on the next Report to Council.

Health Professions Appeal and Review Board Matters			
	Total Matters in progress (including where Decision pending)	**Matters heard, Decision pending**	**Decision(s) Received**
August 20, 2026 to November 13, 2026	**5**	**0**	**1 -** Due to the death of the Respondent, HPARB closed the file.

Incapacity

The ICRC is currently not dealing with any incapacity matters.

Timelines

The *Regulated Health Professions Act, 1991* states that complaints shall be disposed of within 150 days. However, if a complaint is not disposed of within 150 days, the ICRC does not lose jurisdiction to continue the investigation. A notice, however, must be provided to the complainant at 150 days and to all parties and the Health Professions Appeal and Review Board at 210 days. At 240 days and every thirty days thereafter, the College provides notice to the parties setting out the reason for the delay. Although these timelines only apply to complaints, the ICRC aims to dispose of all investigations using the same benchmarks of 150, 210 and 240 days. Reasons for a delay may be due to the complexity of the matter.

Number of days to disposition on completed matters from August 20, 2026, to November 13, 2026 (time of writing) were as follows:

Timeline	Complaints	Registrar's Reports	QA Referrals
150 days or less	4[2]	-	-
151 days to 210 days	2	-	-
211 days to 240 days	1	-	-
More than 240 days	-	2	-

[2] Includes 1 matter that was withdrawn.

CONCLUSION

The ICRC continues to review all complaints and reports in a fair and consistent manner.

Patient Relations Committee Report

Committee Mandate: As a statutory committee under the RHPA, the mandate of the Patient Relations Committee is to develop and implement a program that includes two distinct components: 1) measures for preventing or dealing with sexual abuse of patients; and 2) to inform the public about the importance of oral health and Dental Hygienists' responsibilities within health care.

Chair: Carmen Adebar

Professional Members (Council): Carmen Adebar, Juli Kreutner

Public Members (Council): Margaret Wade, Derek Gartshore, Amit Sethi

Professional Members (Non-Council): Devon Bedford

INTRODUCTION

The Patient Relations Committee has not met since the last Committee Meeting on March 4, 2026.

ITEMS FOR INFORMATION – RELATED TO MANDATE

No further information to report.

Quality Assurance Committee Report

Committee Mandate: To fulfill the CDHO's legislative obligation to the public of Ontario and the Ministry of Health and Long-Term Care by facilitating Dental Hygienists as they monitor and improve their level of competence in their dental hygiene practice and environment, for consistency with CDHO Standards of Practice, by-laws and regulations.

Chair: Balbir Sohi

Professional Members (Council): Balbir Sohi, Carmen Adebar, Tiffany Murray

Public Members (Council): Jeny Jovanov, Nella Chiappetta

Professional Members (Non-Council): Fatma Eldesouki, Wendy Wardlaw

INTRODUCTION

The Quality Assurance Committee met two times since the last Report to Council. The Committee met by video conference on September 9, 2026, and November 3, 2026.

ITEMS FOR INFORMATION – RELATED TO MANDATE

The following tables detail, in summary form, the activities of the QA Committee since the last Report to Council. The Committee reviewed 15 total matters since the September 11, 2026, report.

No Remediation has been directed since the last report to Council.

No QA Assessments or Practice Assessments have been reviewed since the last report to Council.

Other Matters Reviewed by the QA Committee		
Matter	**Outcome**	**Totals**
Review of completed SCERP		**0**
Extension / Deferral Requests		**10**
	Granted	*8*
	Not Granted	*2*

Re-registered / Reinstated	Submit for Assessment	**3**
Non-Compliance**		**2**
	Notice of Intention to Impose TCLs	*0*
	Direct Registrar to Impose TCLs	*2*
	Refer to ICRC	*0*
	No Action	*0*

** Non-compliance matters may result in more than one outcome per matter.

Welcome Emails

'Welcome to the Profession' notices are sent out by automated email at the time of registration. The notice is designed to promote quality practice and to increase awareness of the CDHO resources available, such as the CDHO Knowledge Network, the practice advisors, and the Quality Assurance Program Self-Assessment and educational tools. Since the last report to Council, 153 emails were sent out to those registered between August 20, 2026, and November 10, 2026.

Early Career Peer Circles

A new Peer Circle discussion group designed specifically for early career RDHs was piloted in October. This initiative will help ensure the QA Program continues to support the learning needs of registrants at different stages of their careers. About 60 RDHs participated in the pilot sessions. Feedback surveys have been sent out, and responses will be collected in December.

Quality Assurance Records Peer Review Statistics (as of November 2, 2026)

2026 Peer Assessment

701 quality assurance records requested[1]

472 have met the assessment guidelines[2]

202 are in the assessment process[3]

0 are participating in direct learning/remediation[4]

27 are on hold[5]

2026 Practice Assessment

0 on-site practice assessments requested[1]

2025 Peer Assessment

761 quality assurance records requested[1]

751 have met the assessment guidelines[2]

0 are in the assessment process[3]

0 are participating in direct learning/remediation[4]

10 are on hold[5]

2025 Practice Assessment

0 on-site practice assessments requested[1]

---

1 Includes Registrants who were selected by the Committee for not completing the Annual Self-Assessment and/or have been carried forward from a previous assessment period.
2 Includes Registrants who are A1 status (complete)
3 Includes Registrants who were carried forward from a previous assessment period and those placed into Path 3 for failure to submit QA records.
4 Includes Registrants who were granted an extension to submit, those awaiting Committee decision, and those required to participate in an onsite practice review as part of their assessment.
5 Includes Registrants who may have resigned or deferred to another assessment period, and those referred to the ICRC for noncompliance.

Registration Committee Report

Committee Mandate: The Registration Committee is a statutory Committee under the RHPA. It assesses an applicant's educational qualifications and suitability to practise dental hygiene in Ontario in an equitable and consistent manner. The Committee ensures that registrants meet the requirements as set out in the registration regulations.

Chair: Anne-Marie Conaghan

Professional Members (Council): Anne-Marie Conaghan, Kylie McElrea, Vanessa Pereira

Public Members (Council): Pella Giabanis, Loree Beniuk, Derek Gartshore, Christina Lee-Rotstein

Professional Members (Non-Council): Lisa Frisch

INTRODUCTION

This report summarizes the Registration Committee's activities from its last Report to Council on September 11, 2026, covering the period from August 15, 2026, to October 29, 2026.

The Registration Committee has not met since the last Report to Council.

ITEMS FOR INFORMATION – RELATED TO MANDATE

Registration Statistics

Since last reported to Council:

Certificate of Registration	Augst 14, 2026	October 29, 2026
General	15,714	15,830
Specialty	660	664
Non-Practising	830	784
Total Registrants	17,204	17,278

Applications for Registration

Since the last report to Council on September 11, 2026:

- the College has received 86 new registration applications.
- there was one referral to the Registrar
- there are four active 'as-of-right' applications.

Registration Committee Meeting

A panel of the Registration Committee is scheduled to meet on November 16, 2026, to review two draft policies and, one referral from the Registrar.

Changes to the Register

Since the last report to Council on September 11, 2026:

- 83 applicants were registered to practise
- 12 previous registrants of the College were re-registered
- 2 registrants reinstated
- 0 registrants were administratively suspended
- 0 registrant were suspended with cause
- 0 registrants were revoked for non-payment of fees
- 0 registrants were revoked with cause
- 11 registrants resigned
- 1 registrant resigned with cause

Council Chair's Report to Council

PUBLIC INTEREST RATIONALE

According to our bylaws, the Council Chair or the Chair means the Chair of the Council, and the Chair of the Executive Committee and shall be charged with the general supervision and leadership of the affairs and business of the Council and such other duties as may, from time to time, be assigned to them by the Council. This report provides transparency about the activities the Chair undertakes between Council meetings, expense approvals and Council member attendance at meetings. Council member attendance is of interest as it is a critical aspect of effective governance, ensuring that the CDHO fulfills its responsibility to the public of Ontario responsibly and transparently.

CHAIR'S ACTIVITIES

September 25, 2026 – ODHA-CDHO Joint Meeting

September 30, 2026 – Pre-Election Information Session

October 5-7, 2026 – CNAR Conference (Montréal, QC)

October 15, 2026 – Pre-Election Information Session

October 16, 2026 – ICRC Plenary Meeting

October 26, 2026 – Meeting with Dr. Glenn Pettifer

November 6, 2026 – Executive Committee Meeting

November 13, 2026 – Governance Committee Meeting

EXPENSE POLICY EXCEPTIONS

Subject to pre-approval by the Chair and under special circumstances, the Chair may use her discretion to approve costs for accommodation outside the policy allocation. In doing so, Council has requested that when discretion has been used, the Chair is to report to Council with the rationale for the decision.

The Chair approved the following expenses:

None

In an effort to increase the transparency of Council, the attendance record of Council members at meetings is included in this report. [Appendix 1]

COST OF GOOD GOVERNANCE

In an effort to increase the transparency of Council, the breakdown of honorariums and expenses per Council member has been provided. [Appendix 2]

APPENDIX 1

Name	New Member Orientation	January 9, 2026 Meeting	March 26, 2026 Workshop	March 27, 2026 Meeting	June 12, 2026 Meeting	September 11, 2026 Meeting	December 3, 2026 Workshop	December 4, 2026 Meeting
Professional Members								
Adebar, Carmen	N/A	✓	✓	✓	✓	✓		
Afzalzada, Krystal	✓	✓	✓	✓	✓	✓		
Atkinson, Michelle	N/A	✓	✓	✓	✓	✓		
Conaghan-Anne-Marie	N/A	✓	✓	✓	✓	✓		
Cooper, Jennifer	N/A	✓	✓	✓	✓	✓		
Kreutner, Juli	N/A	✓	✓	✓	✓	✓		
McElrea, Kylie	✓	✓	✓	✓	✓	✓		
Moore, Liisa	N/A	✓	✗	✓	✓	✓		
Murray, Tiffany	N/A	✓	✓	✓	✓	✓		
Pereira, Vanessa	N/A	✓	✓	✓	✓	✓		
Sohi, Balbir	N/A	✓	✓	✓	✓	✓		
Public Members								
Beniuk, Loree	N/A	✓	✓	✓	✓	✗		
Betts, Erin	N/A	✓	✓	✓	✓	✓		
Chiappetta, Nella	N/A	✓	✓	✗	✓	✗		
Gartshore, Derek	✓	✓	✗	✗	✓	✓		
Giabanis, Pella	N/A	✗	✗	✓	✗	✗		
Jovanov, Jeny	N/A	✓	✓	✗	✗	✓		
Lee-Rotstein, Christina	N/A	✓	✓	✓	✓	✗		
Sethi, Amit	N/A	✓	✓	✓	✓	✓		
Wade, Margaret	N/A	✓	✓	✓	✓	✓		

✓ *Attended*
✗ *Did not attend*

APPENDIX 2

Professional Council Members Honorarium and Expense Claim Submissions - Quarterly

For the Year ending December 31, 2026

	Q1 HONORARIUM	Q1 EXPENSES	Q2 HONORARIUM	Q2 EXPENSES	Q3 HONORARIUM	Q3 EXPENSES	Q4 HONORARIUM	Q4 EXPENSES	TOTAL
Michelle Atkinson (chair)	1,836.00	-	4,717.00	1,068.88	2,526.00	210.02			10,357.90
Vanessa Pereira (vice-chair)	1,010.00	-	2,580.00	29.42	1,295.00	500.23			5,414.65
Jennifer Cooper (executive)	530.00	-	2,675.00	891.94	1,125.00	-			5,221.94
Anne-Marie Conaghan	160.00	-	1,905.00	702.45	645.00	-			3,412.45
Tiffany Murray	345.00	-	1,235.00	-	950.00	-			2,530.00
Carmen Adebar	765.00	-	1,555.00	-	1,135.00	-			3,455.00
Liisa Moore	345.00	-	780.00	-	940.00	-			2,065.00
Balbir Sohi	635.00	-	2,223.85	-	965.00	-			3,823.85
Juli Kreutner	160.00	-	1,185.00	-	420.00	-			1,765.00
Krystal Afzalzada	320.00	-	1,925.00	431.34	580.00	-			3,256.34
Kylie Mcelrea	320.00	-	1,545.00	777.47	765.00	-			3,407.47
Non-Council Professional Members (combined)	1,345.00	-	4,750.00		1,840.00				7,935.00
TOTAL	7,771.00	0.00	27,075.85	3,901.50	13,186.00	710.25	0.00	0.00	52,644.60

Includes claims for:

council workshops/meetings
committee meetings
discipline hearings
ad-hoc committee work
training and conferences

March Council Meeting honorariums and expenses will be reflected in Q2 reporting, as they were paid out during Q2 through CDHO's payroll platform.

REGISTRAR'S ADMINISTRATIVE REPORT

Public Interest Rationale – The Registrar is responsible for working collaboratively with the CDHO Council to effectively position the College to achieve its mandate of holding the public interest at the forefront of its deliberations, decisions, and initiatives. This mandate includes ensuring that people who access care from Registered Dental Hygienists in Ontario receive safe, ethical, competent care and that the statutory obligations articulated in the *Regulated Health Professions Act, 1991*, the *Dental Hygiene Act, 1991* and other applicable legislation are met.

This report provides Council with a summary update on work that was completed between Council meetings and represents a report of this ongoing work since Council's last general meeting on September 11, 2026.

Council Election and Appointment Results

Cara Nicole Davoli was elected as Professional Member of Council from District 3. Balbir Sohi was elected as Professional Member of Council from District 2. Both Cara and Balbir will serve 3-year terms beginning in January 2027. Anne-Marie Conaghan and Scotia Milena Potter were selected to serve in academic positions on Council for three-year terms beginning in January 2027. Congratulations to all!

Scope of Practice Enhancements

On May 11, 2026, the Honourable Sylvia Jones, Deputy Premier and Minister of Health, announced that the Ontario Government is directing Ontario's regulatory colleges, including CDHO, to begin developing the regulatory framework for future changes to scopes of practice. These changes will permit RDHs to:

1. Order x-rays
2. Be designated Radiation Protection Officers
3. Prescribe and administer local anesthetic by injection in the orofacial complex for the purpose of providing analgesia/anesthesia.

Since that time CDHO has engaged in a review of the elements that would be required to see these changes realized. These elements include: establishing competency profiles for these scope components, establishing a training and credentialing process, and identifying which elements of the regulatory framework, including Regulations and Standards of Practice need revision or drafting, begun the work necessary to bring these elements into practice.

175 Bloor St E., Suite 601, North Tower
Toronto, ON M4W 3R8
416-961-6234
www.cdho.org

This work is carried out with the very welcomed assistance and advice of CDHO system partners including educators and program administrators, professional associations and members of the profession.

The Registrar will provide further updates related to this process at Council's December 4, 2026 meeting.

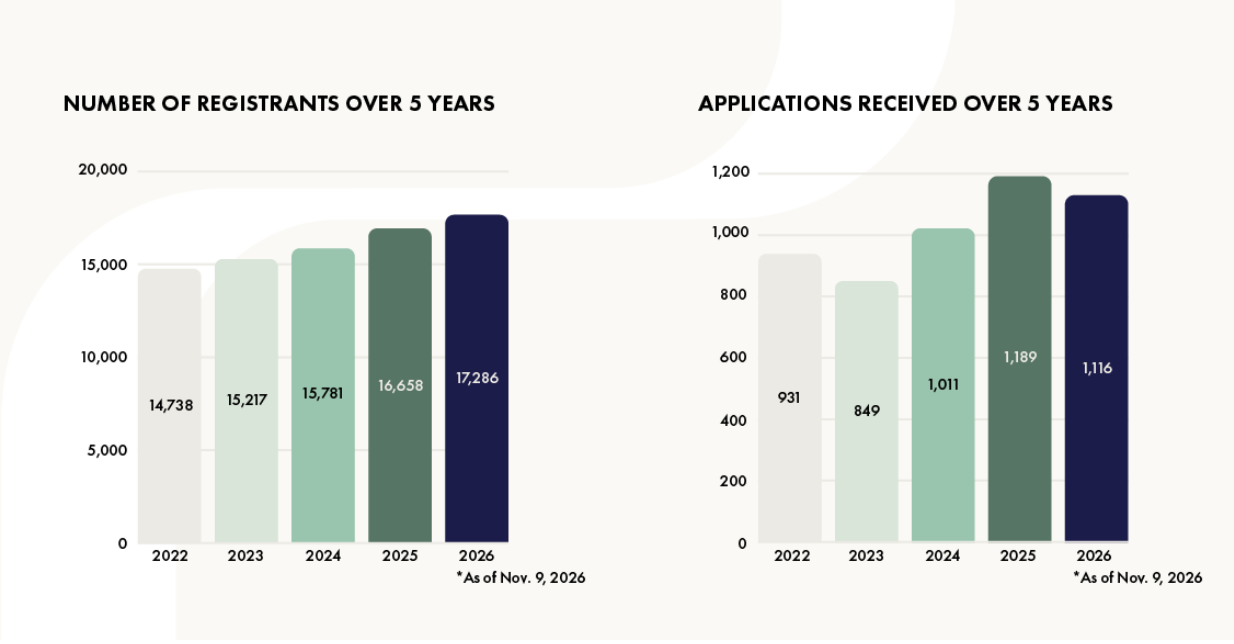
Registration

Annual Renewal

The annual renewal process launched successfully on October 15, 2026, and continues to run smoothly. We are pleased to have received positive feedback from registrants about their online experience, a strong start to this year's renewal period.

Number of Registrants (as of November 9, 2026): **17, 286** (15, 840 General, 664 Specialty, and 782 Non-Practising).

Applications received in 2026 (as of November 9, 2026): **1,116**



Program Elements

Equity, Diversity, and Inclusion

CDHO Staff and Council participated in an Indigenous In-person Blanket exercise to learn and reflect on the history and ongoing impacts of colonization. This experiential learning opportunity explored more than 500 years of history, including pre-contact Indigenous societies, treaties, colonization, residential schools, the Sixties Scoop, and contemporary realities. Council will participate in this exercise at its scheduled Workshop Day on December 3, 2026.

CDHO, in collaboration with NVision Insight Group Ltd. (an Indigenous Advisory Group) and a CDHO working group has developed a draft Standard of Practice for Cultural Safety, Humility and Anti-Racism. Consideration of this draft Standard of Practice is included in Council's December 4, 2026 Meeting Agenda. Following this, the draft Standard will be released for broader public consultation. Following the public consultation, the Indigenous Advisory Committee will review comments and make any necessary amendments to the proposed Standard.

CDHO continues to work collaboratively with Indspire, an Indigenous national charity, to help improve access to education for First Nations, Métis, and Inuit peoples. The CDHO Bursary for Indigenous Students in Dental Hygiene Programs promotes Truth and Reconciliation efforts for Indigenous students enrolled in accredited Dental Hygiene programs within post-secondary institutions in Ontario. Thanks to the CDHO's generous support to Indspire, eight Indigenous students were able to continue their post-secondary education last year. Thank-you letters have been shared with Council in the meeting package. The words of the recipients really speak to what this support has meant to them. For more information: https://indspirefunding.ca/cdho/

Professional Practice

For the **2026 QA assessment** cycle, **97.6%** of Path 1 and 2 assessments were complete after Peer Coaching, while **2.4%** required review by the QA Committee.

The **2026 fall Path 4 cohort** participated in Peer Circles beginning September 14 and coaching sessions run through November 21, 2026. Results are expected to be released in January.

Over **165 RDHs volunteered** to participate in the upcoming **2027 QA assessment**. In addition to the volunteers, **613 RDHs were randomly selected** from amongst those who have never previously been assessed, focusing on RDHs with greater number of years since graduation. Participants were asked to choose their Path option by November 30, 2026. Of the RDHs who have so far selected a Path for 2027, **8%** have selected Path 1, **28%** have selected Path 2, and **64%** have selected Path 4. Less than 1% selected Path 3.

A **new Peer Circle discussion group** designed specifically for **early career RDHs** was piloted in October. This initiative will help ensure the QA Program continues to support the learning needs of registrants at different stages of their careers. About **60 RDHs** participated in the pilot sessions. The results of feedback surveys will be tabulated in December.

Our **Communities of Practice (CoPs)** continue to grow, with more than **6,477 RDHs** now connected. We currently host four CoPs: Contraindications and Dental Hygiene, Restorative, Orthodontic, and Public Health. Engagement has remained strong.

Over the last 90 days (August 1 – November 1, 2026):

- Contraindications and Dental Hygiene received **539 views**
- Orthodontic received **396 views**
- Restorative received **255 views**
- Public Health received **233 views**

Across all CoPs, the most frequently searched topics include medical clearance, electronic medical record software, IPAC, public health dental programs and integrating an RRDH into a dental practice.

The **new SMILE portal** launched in July. To date, more than 4,000 RDHs have logged into the new portal. Despite some (expected) implementation challenges, feedback has been overwhelmingly positive. Users describe a cleaner, faster, and more user-friendly experience.

Professional Conduct

The Complaint Process Experience Feedback Survey remains available. This survey tool, administered through Pivotal Research, is used to evaluate the experience of individuals who submit complaints to the CDHO and Registrant respondents at touch points along the Complaint management journey. Survey participation is voluntary and has no impact on how a complaint is handled. Of the 41 complaints received to in 2026, **16 Complainants** have

agreed to participate in the feedback program. No Registrants have consented to participate in the survey. The College is working with Pivotal research to determine ways to foster Registrant engagement in this survey. Pivotal research will provide a report on the 2026 Complaint Process Experience Feedback Survey early in 2027.

At the time of writing, there are currently **22 open complaint matters** (two of which are currently being managed in the Alternative Dispute Resolution process), and **14 open report matters** (four of which are referrals from the Quality Assurance Committee). There are currently five open matters before HPARB. Since the last report, HPARB closed one matter, because the Respondent passed away.

Staff continue to notice a slight increase in concerns from individuals using the Canada Dental Care Plan (CDCP). Namely, the concerns relate to individuals not fully understanding the level of coverage and being surprised when additional services or treatment are recommended or required.

A review of the complaints received since the last report to Council reveals that, similarly to the last report, complaints typically fall into one or more of the following domains:

- relational behaviours (interpersonal interactions),
- management and operations (billing, not discussing fees before treatment), and
- dissatisfaction with clinical care (not providing adequate treatment, pain, discomfort, oral tissue trauma).

There has been a slight increase in infection prevention and control lapses (IPAC) reported to the College from various Public Health Units. This appears to be consistent with other professions as well, as reported by an IPAC working group organized by the Ministry of Health. The IPAC working group is composed of provincial public health units and provincial health regulators and serves as means to share information amongst the public health units and the regulators. The College has two dental hygienist staff members who sit on this group. When Public Health Units report an IPAC lapse to the College, the College works with them to ensure that the IPAC lapses are corrected, and Registrants are aware of the resources available to support their practice.

Communications and System Partner Engagement

Website Stats (August 17 – October 31, 2026)

- 148,241 English Sessions; 2,523 French Sessions (Sessions = # of users who interacted with a page(s) and includes repeat views)

- 7,977 clicks to the Public Register
- Top visited pages (excluding the homepage)
    - Knowledge Network (landing page)
    - Hypertension Fact Sheet
    - Standards & Resources
    - Annual Renewal
    - Peer and Practice Assessment
- Top PDF downloads:
    - Dental Hygiene Standards of Practice
    - CDHO Clinical Information Practice Advisory
    - Code of Ethics
    - IPAC Guidelines
    - Registrants' Handbook

Social Media Stats (August 17 – October 31, 2026)

Facebook

- 47 new followers
- Content most engaged with (i.e., clicks, comments, shares): Kingston Peer Circle event; CPD Webinar on Intime Partner Violence; De-Brief article on the Registrar's message

Instagram

- 116 new followers
- Content most engaged with: Kingston Peer Circle event; Fact or Fiction quiz; Ontario Dental Hygiene Week posts, 2027 Self Assessment

LinkedIn

- 155 new followers
- Content most engaged with: Ontario Dental Hygiene Week, Kingston Peer Circle event, De-Brief article on Council Elections

2026 Public Awareness Campaign

Phase 3 of our public awareness campaign is live and ongoing. The campaign builds on the success of previous campaigns by highlighting CDHO's role, the importance of checking the Public Register for up-to-date information on RDHs, and what to expect during treatment.

Digital ads went live in mid-June on Facebook, Instagram, YouTube, Google, Reddit and Spotify. Ads are also running on Indigenous radio stations and in two northern newspapers.

Registrant Engagement

Practice Advisory Service

The Practice Advisory Service continues to be an accessible, valuable resource for Registered Dental Hygienists. Since the last report to Council, the Practice Advisory Service responded to **363 inquiries**.

	Calls	Emails	Total Inquiries	Top Topics
August 17–31, 2026	37	21	**58**	1. **Regulations** (Contraindications, Recordkeeping, Privacy, Consent, Advertising) 2. **Standards of Practice** (ADPIE, CPR & First Aid, Communication, Complaints, Vitals) 3. **Independent Practice** (Start-Up, Incorporation, Leasing Space, Mobile Practice, Billing) 4. **Scope of Practice** (Radiographs, Restorative, Orthodontics, Myofunctional Therapy) 5. **Infection Prevention and Control** (PPE, Procedures, Records, Testing, Breaches)
September 2026	83	65	**148**	
October 2026	81	76	**157**	

Approximately 38% of our inquiries included an element related to interprofessional collaboration. Interprofessional collaboration can involve collaboration or consultation with professional associations (42%), dentists, family physicians, or specialists (26%), and other regulators, public health units, and government agencies (32%).

HUB601

The HUB601 continues to be a very successful and welcomed initiative for the CDHO. The four participating organizations not only share the space but are also combining resources in the delivery of common (staff team) initiatives. In total, the financial contributions of our **HUB601** partners for 2025 result in approximately 25% of our lease expenses. We are in

the process of completing the space-sharing agreement renewals. To date, one of our HUB partners (College of Dieticians of Ontario) has renewed their agreement. The renewals for the College of Denturists of Ontario and the College of Audiologists and Speech Language Pathologists are pending.

System Partner Representation

Federation of Dental Hygiene Regulators of Canada

The FDHRC is currently undertaking a revision of the National Code of Ethics for Dental Hygienists and the implementation of the updated National Competency Profile for Dental Hygienists. A review of the current National Competency Profile through an indigenous lens has begun. Following the development of the National Code of Ethics, the development of a set of National Standards of Practice is anticipated. I represent the CDHO at the FDHRC table and am serving as Vice-Chair of the Federation for a one-year term. In this role, I sit on the Executive and Governance Committees.

Health Profession Regulators of Ontario

HPRO supports information sharing and collaborative initiatives among Ontario's Health Profession Regulators in Ontario. The group is comprised of the Registrars from each of Ontario's 26 health regulatory colleges that regulate 29 distinct health professions. HPRO supports collaborative initiatives to assist colleges in fulfilling their regulatory roles.

I have recently accepted an invitation to join the Canadian Network for Regulatory Performance Measurement which is made up of representatives of regulators from across Canada that was convened by the Ontario College of Pharmacists to engage in discussions around the advancement of regulatory performance measurement.

I have also recently joined the Ministry of Health IPAC Guidelines Working Group.

Ontario Oral Health Professions Registrars

The Registrars of the CDHO, CDO, RCDSO, and CDTO continue to meet bi-monthly to discuss areas of common interest.

CDHO

Memo

To: Council

From: Registrar

Date: December 4, 2026

Topic: Proposed 2027 Budget

The following comments apply to elements of the proposed 2027 Budget.

INCOME

Registration / Renewals / Incorporations – estimate of income from these sources is adjusted annually based on the rate of change over previous years. We are predicting a modest increase in income from these sources for the 2027 fiscal year.

HUB 601 – continues to be a significant source of income for the CDHO

Interest – income varies depending on the current investment interest rates.

EXPENSES

Communications – Includes Voice of Patient Surveys, Registrant Engagement Survey, Public Awareness Campaign, deBrief, E-learning module production, translation services, Website maintenance

Discipline – costs for 2026 to date are beyond those estimated at the time that the 2026 budget was approved. There is an element of unpredictability associated with predicting costs since the matters referred to Discipline have not always been identified at the time of budgeting. Costs beyond those budgeted can be covered from the Restricted for Complaints and Discipline Reserve Fund.

Quality Assurance – costs associated with program elements including consultant fees, Peer Coach Workshop and training, Path 1, 2 and 4 Costs, Focus Groups, Peer Circle Case Writing, Software upgrades, QA test maintenance, Portfolio software upgrade, Self-assessment tool revision, Optional Peer Circles, Early Career Peer Circles development and delivery, Hybrid Professional-Public Peer Circle development, and maintenance of the Knowledge Network.

EDI – includes program support elements focused on later stage development of Standard of Practice for Cultural Safety, Cultural Humility and Anti-Racism, consultation on the Standard, publication and introduction of the Standard, EDI- related staff and Council training, and costs for Registrants to complete the Council-mandated PATH course (Indigenous Culture and History)

Salaries/Benefits – very modest increase due to the anticipated addition of mid- and entry-level positions and a sector-consistent cost of living increase.

As with all organizations, salaries and benefits remain one of the larger expenses for the CDHO and to help ensure that we hire responsibly and use our workforce appropriately, I look for benchmark comparisons to other RHPA Regulators. One of the metrics I use is the % of staffing costs / total expenses. Across the RHPA Colleges there is quite a range (30% to 75%) but most Colleges sit around the average of 57.75%. The CDHO sits below this at 49.2%. Another metric of interest is the number of Registrants/Staff Member. The average ratio of Registrants/Staff Member = 162 (registrants)/1 staff member. For the CDHO, that ratio is 640(registrants)/1 staff member. This is one of the highest ratios of the Colleges that reported this data, second only to the College of Medical Laboratory Technologists of Ontario. There is an association between the ratio of Registrants/Staff Member and the number of Complaints / 1,000 Registrants (data from our 2023 Benchmarking Report). Recognizing that no causal relationship has been established, this data confirms the common-sense notion that Colleges that handle higher numbers of complaints on a per registrant basis, need more staff.

Scholarships/Bursaries

This line is dedicated to the funds that support the CDHO's provision of educational support bursaries through INDspire to Indigenous students enrolled in an Ontario Dental Hygiene Program.

Scope of Practice (NEW)

Funds to support scope of practice enhancement initiatives – largely related to content and training program development and administration

IT/CRM Migration/Development

Routine IT expenses have increased due to addition of Microsoft licensing costs. The CRM Migration program with Deloitte is concluding and we are currently closing out the aftercare contract with Deloitte (3 months remaining). Additional costs relate to enhanced IT security processes

Governance Costs

As presented.

CDHO 2027 BUDGET

		2026 BUDGETED	2026 YTD	2026 YTD %	2027 BUDGETED	2027 % OF TOTAL INCOME
INCOME			As of October 26, 2026	As of October 26, 2026		
Registration Income						
	Registration and Renewals	$7,157,930	$5,815,023.33	81.2%	$7,486,355	
	Incorporation	$64,500	$76,900.00	119.2%	$80,500	
	SUBTOTAL REGISTRATION	**$7,222,430**	**$5,891,923.33**	**81.6%**	**$7,566,855**	**93.0%**
Non-Registration Income						
	Legal Recovery	$0	$6,492.44	N/A	$0	
	Hub 601 (office leasing)	$132,000	$110,000.00	83.3%	$132,000	
	Interest - Investments (bank account & portfolio interest)	$460,000	$247,055.74	53.7%	$440,000	
	SUBTOTAL NON-REGISTRATION INCOME	**$592,000**	**$363,548.18**	**61.4%**	**$572,000**	**7.0%**
	TOTAL INCOME	**$7,814,430**	**$6,255,471.51**	**80.1%**	**$8,138,855**	
EXPENSES						
OPERATIONAL						
COMMUNICATIONS		$333,000	$197,955.88	59.4%	$387,000	
DISCIPLINE		$85,000	$115,948.79	136.4%	$85,000	
ICRC		$107,000	$43,721.94	40.9%	$100,000	
QUALITY ASSURANCE		$748,200	$329,883.98	44.1%	$530,650	
FUNDING - counselling & therapy support		$43,380	$0.00	0.0%	$43,380	
DRUG COURSE AND EXAM		$17,000	$15,729.60	92.5%	$24,000	
REGISTRATION		$62,000	$64,560.89	104.1%	$119,000	
CDAC - Academic Program Accreditation		$190,000	$177,851.87	93.6%	$205,000	
JURISPRUDENCE		$45,000	$27,289.50	60.6%	$35,000	
EQUITY, DIVERSITY, AND INCLUSION (EDI)		$90,000	$18,979.67	21.1%	$140,000	
SCHOLARSHIPS/BURSARIES		$103,600	$103,600.00	100.0%	$113,800	
SCOPE OF PRACTICE	*NEW**	$0	$0.00	N/A	$150,000	
NATIONAL PROJECTS		$50,000	$1,000.00	2.0%	$50,000	
CONSULTING/OPERATIONAL PROJECTS		$100,000	$110,304.95	110.3%	$200,000	
LEGAL - GENERAL		$20,000	$16,201.91	81.0%	$40,000	
MERCHANT SERVICES FEES		$175,000	$9,430.83	5.4%	$175,000	
INFORMATION TECHNOLOGY (IT)		$473,000	$287,273.28	60.7%	$525,000	
CRM DEVELOPMENT/MAINTENANCE		$350,000	$289,048.10	82.6%	$195,000	
RECORDS MANAGEMENT		$100,000	$64,071.00	64.1%	$40,000	
SALARIES / BENEFITS		$4,175,000	$3,023,697.08	72.4%	$4,300,000	
PROFESSIONAL DEVELOPMENT		$100,000	$64,499.53	64.5%	$100,000	
SUBSCRIPTIONS AND DUES		$60,000	$50,228.03	83.7%	$60,000	
RENT		$475,000	$376,395.22	79.2%	$500,000	
HUB 601 EXPENSES		$10,000	$7,691.43	76.9%	$10,000	
OFFICE ADMINISTRATION		$50,000	$21,185.80	42.4%	$50,000	
TELEPHONE/TELECONFERENCE		$30,000	$24,619.14	82.1%	$34,000	
LEASED EQUIPMENT		$12,000	$6,088.38	50.7%	$9,500	
POSTAGE / STATIONERY / PRINTING		$14,000	$9,394.35	67.1%	$17,500	
	SUBTOTAL - OPERATIONS	**$8,018,180**	**$5,456,651.15**	**68.1%**	**$8,238,830**	**101.2%**
GOVERNANCE						
CONSULTING (Governance)		$125,000	$47,758.50	38.2%	$75,000	
COUNCIL TRAINING		$40,000	$14,510.06	36.3%	$40,000	
COUNCIL MEETING HONORARIUM		$80,000	$42,426.85	53.0%	$70,000	
COUNCIL/COMMITTEE MEETINGS		$200,000	$170,685.76	85.3%	$245,000	
STRATEGIC PLANNING		$0	$0.00	N/A	$50,000	
AUDIT - FINANCIAL		$32,000	$31,809.50	99.4%	$38,000	
	SUBTOTAL - GOVERNANCE	**$477,000**	**$307,190.67**	**64.4%**	**$518,000**	**6.4%**
	TOTAL EXPENSES	**$8,495,180**	**$5,763,841.82**	**67.8%**	**$8,756,830**	**107.6%**
	NET (INCOME - EXPENSES)	**-$680,750**	**$491,629.69**	**7.9%**	**-$617,975**	**-7.6%**

Thank You!

building brighter futures
Bursaries and Scholarship Awards

Prepared for:

CDHO
COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Thank you!

Dear College of Dental Hygienists of Ontario,

I cannot put into words into how much I appreciate this bursary. I stared at the amount in my bank account for a few days, and my sister even thought it was scam at first

Going to college across the country was a sacrifice and a blessing, and this bursary will help my son and I get on our feet once I pass my boards. Once I received the email from Indspire, I felt proud of myself for the first time. When I open up about my story, people and family tell me I dealt with so much at a young age. To me, I am always needing to look on the brighter side and keep pushing to be better.

This win made me take the time to realize where I am today, compared to where I started, and to where I want to be. I felt an overwhelming amount of energy of joy in my chest. The negative experiences in my lifetime are what I did not deserve, but carrying myself in a good way and trusting in Creators plan has been good to me.

As my graduation is approaching, I cannot believe this win, that is not only mine, but my family's and community's. It all feels super surreal and I am only wanting more for my people. Dental hygiene will provide so much dental literacy for Indigenous people and improve oral health. I may not see a difference right away, but I am determined I will in the long run. This bursary also helps me pay for pre-dental courses in the fall.

From the bottom of my heart, thank you so much for this opportunity and this bursary.

Kinanâskomitin,

Thank you!

Dear College of Dental Hygienists of Ontario,

I am writing to sincerely thank you for selecting me as a recipient of the CDHO Bursary for Indigenous Students in Dental Hygiene Programs. Your generous support has been truly life changing.

I am currently pursuing my Honours Bachelor of Science in Dental Hygiene, and thanks to this award, I have been able to continue my studies while I stay home to raise my young son. This bursary has provided me with the financial stability and encouragement I needed to focus on my education during this important (and busy) time in my life. I am very excited to complete my program in April 2026 and look forward to continuing my career as an Indigenous dental hygiene professional, contributing to the oral health of my community and advancing in this rewarding field.

Additionally, as I reflect on Truth and Reconciliation Day, I recognize this award removes financial barriers for Indigenous students and contributes to narrowing the education and employment gap in Canada. As a regulated health professional in Ontario, the CDHO Bursary for Indigenous Students in Dental Hygiene Programs provides support for studies in oral public health and may aid efforts to address oral health disparities to improve overall health among Indigenous peoples.

Thank you for your generous support and for investing in my education and future. Your contribution not only impacts my life but also inspires me to continue striving toward excellence in my profession.

Chi Miigwech,

Thank you!

Dear College of Dental Hygienists of Ontario,

I want to sincerely thank you for awarding me with such a generous bursary for my final term of school. I am both shocked and extremely appreciative of this award. This support means so much to me and my family, as returning to school full time while raising two young kids has come with many challenges, especially the financial burden. Receiving this bursary will help ease that stress and allow me to focus more fully on my studies and my goal of becoming a registered dental hygienist.

It has been a wild journey so far. It has included many long nights and tears, but also more joy and progress. I keep reminding myself about how indescribable it will feel once I graduate and it will all be worth it. What makes this even more meaningful is that the award comes directly from the CDHO, the very college I will soon be registering with as a Registered Dental Hygienist. Being recognized and supported by the organization that upholds the standards of our profession makes this honour extra special.

This experience has also inspired me to continue my education beyond my Diploma as I am currently looking into applying to complete my Bachelor's Degree in Dental Hygiene. I have fallen in love with the learning process and want to expand my knowledge so I can work in clinical practice for some years but also be able to grow into something greater in the future.

I am truly grateful for your generosity and encouragement at this important stage in my journey.

Sincerely,

Thank You!

Dear College of Dental Hygienists of Ontario,

I am writing to sincerely thank you for your generous support. My name is , and I am currently studying at in the Dental Hygiene program. I am in my 3rd year of study, working toward my academic and personal goals.

This support has significantly impacted my life. Since personal experiences and challenges differ widely among individuals, having this help has alleviated financial pressure and enabled me to concentrate more on my studies and personal development. While this journey hasn't always been straightforward, it has fostered a deeper sense of purpose and direction within me. Throughout my upbringing, I have learned the importance of working hard for everything I desire in life. I have been working from a young age to save for various life necessities, including clothing, a vehicle, and my post-secondary education.

I have been a student at for three years now, relying on my savings from previous years and summer jobs between semesters. Being part of the Dental Hygiene program has posed considerable challenges. Living five hours away from my family and not being able to visit as often as I wish due to my busy schedule has made it difficult to find time for myself. Over the past few years, I have faced numerous mental and physical challenges, grappling with my own mental health issues while also trying to support my family during tough times back home whenever I can. I cannot express enough how much I value this bursary; it has made a profound impact on my life.

As I look to the future, I have already secured a position back home in dental hygienist, where I aim to continually develop and positively influence the community around me. Additionally, I am contemplating pursuing further education in restorative hygiene to enhance my understanding and broaden my career prospects. This bursary has significantly helped bring my dream of becoming a restorative hygienist closer to reality.

Thank you again for your generosity! I sincerely appreciate your kindness and your faith in students like me to create a positive impact in the world. Your support genuinely transforms my life in ways you may not fully realize!

Sincerely,

Thank you!

Dear College of Dental Hygienists of Ontario,

I would like to express my sincere gratitude for your generous support toward my education. I am currently studying Dental Hygiene at and am working toward completing my program in 2026.

Your support has made a significant difference in my academic journey. It has helped ease the financial burden associated with tuition, textbooks, and clinical requirements, allowing me to focus more fully on my studies and hands-on learning. Knowing that someone believes in my education and future has been both motivating and reassuring.

As I continue my studies, I aspire to begin my career as a dental hygienist, where I can promote oral health, educate patients, and make a positive impact in my community. I am passionate about preventative care and look forward to applying the knowledge and skills I am gaining throughout my program.

Thank you for your generous support. I am truly grateful for the opportunity you have helped provide and for your investment in my education.

Sincerely,

CDHO

Memo

To: Council

From: Dr. Glenn Pettifer, Registrar & CEO

Date: November 17, 2026

Topic: Enterprise Risk Register for Q3 FY 2026

Overall Enterprise Risk Profile: Low Risk

The Enterprise Risk Dashboard contains metrics for the following Domains:

- Financial Procurement and Management
- Information and Asset Management
- Organizational Culture and Workplace Health and Safety
- Regulatory Compliance and Operations
- Reputation Management and Public Confidence
- Governance Effectiveness

These metrics are linked to existing Policies. As existing policies are retired and newer policies introduced, the information in the Policy Number column will change.

For this quarter (Q3 FY 2026) all domains are assessed as Low Risk. There was a modest increase in Risk associated with Information and Asset Management with an increase from 3.5 to 4 (maximum score of 25). This was the result of an increase in the specific risk metric for Information Security and Confidentiality that moved from Low to Moderate Risk after the target for this metric of zero breaches per quarter was not met in Q1 FY 2026 and Q3 FY 2026. These breaches were minor in consequence. Regardless, any detected breach is documented and managed under the applicable privacy legislation and organizational internal response procedures.

The Enterprise Risk Dashboard compiled by Pivotal Research is located here:

Enterprise Risk Register Dashboard for Q3

You will note that there are metrics for which data was not collected in Q3 ("Did Not Collect Data"). The Risk Register prescribes Annual reporting of these metrics, rather than Quarterly. As noted above, there will be some revisions/variations in the dashboard metrics as the policy framework is upgraded.

Briefing Note

To: Council

From: Inquiries, Complaints and Reports Committee

Date: December 4, 2026

Topic: By-Law Amendments Recommended by the ICRC Legal Audit

Appendices: Draft Amended By-Laws (Excerpt)

References: CDHO Bylaws

Issue: Council is asked to approve amendments to CDHO Bylaws to achieve the following results:

1. To remove the one-year cooling off period for members of the Inquiries, Complaints and Reports Committee (ICRC), to allow members to serve consecutively for the duration of their term as a Council or Non-Council Committee Member.
2. To specify that committees of CDHO may approve motions and reasons for decision by unanimous written resolution, including via email.

Both recommended amendments arise from the 2025 legal audit of the ICRC conducted by external legal counsel. ICRC reviewed and approved these recommendations at its plenary meeting on October 16, 2026, and directed staff to bring them forward for Council's consideration.

Public protection rationale: The proposed amendments implement recommendations from an external legal audit of CDHO's ICRC processes. The first proposed amendment ensures that ICRC members can build expertise through serving on the ICRC for an uninterrupted period, subject to a maximum term limit. This serves to protect the public by supporting better decision making through experience.

The second proposed amendment clearly codifies ICRC's existing process for approving reasons for decision in the Bylaws. This amendment supports the efficient operation of ICRC processes and the timely resolution of case files.

Source of Authority: Subsection 94(1) of the Health Professions Procedural Code authorizes the Council to "make by-laws relating to the administrative and internal affairs of the College", including with respect to "providing for the composition of committees" and "providing for the execution of documents by the College." Establishing term limits for members of committees and permitting the electronic written approval of motions by committees fall within this scope of authority.

Background: CDHO conducts an external legal audit of its ICRC processes on a 5-year cycle. The last audit was conducted by Erica Richler of SML in 2025. Ms. Richler found that the ICRC has

"strong processes and is operating well." She made a series of recommendations "in the nature of quality improvement," including two recommendations that impact the Bylaws.

ICRC Term Limit – Cooling Off Period

Under the current Bylaw Article 5.3(1), individual members of the ICRC can serve for up to three consecutive years (i.e., a one-year term with the option to be "reappointed for a maximum of two more consecutive terms.") After a one-year cooling off period, the individual can serve for up to three additional consecutive years. This can be found in Article 5.3(2), which reads as follows:

> Subject to Article 5.3(1), a Committee Member who has served the maximum term of three consecutive years on any respective Committee, other than the Executive, Discipline and Fitness to Practise Committees, is deemed ineligible for re-appointment to that Committee for a period of at least 12 months following the expiry of their final term of office.

Notably, these restrictions do not apply to the Executive, Discipline, and Fitness to Practise Committees. Council and Non-Council Committee Members are also subject to overall maximum term limits (i.e., nine and six years, respectively.)

In the legal audit conducted by Ms. Julie Maciura in 2015 it was noted that the "three-year deadline for ICRC might be a bit short given how difficult the work of ICRC is." In the current audit report, Ms. Richler wrote that "The turnover at the expiration of a committee member's maximum three-year term causes a loss of institutional knowledge and requires the appointment of new committee members." While acknowledging the utility of term limits, Ms. Richler pointed out that "due to the steep learning curve for new committee members, it takes time for committee members to understand the decision-making process of the ICRC, which can lead to less focused meetings and more reliance on staff."

Ms. Richler's first recommendation was to "consider reviewing the maximum term limit for ICRC members (e.g., removing the 12-month waiting period and allowing a maximum of six one-year terms)."

The proposed amendments treat the ICRC in the same fashion as the Discipline and Fitness to Practise Committees, so that a member can serve for the full duration of their term as a Council or Non-Council Committee member without the need for a one-year cooling off period (i.e., nine and six years, respectively.)

ICRC Decision Approvals via Email

Under its current process, panels of the ICRC review case files during a meeting, decide the outcome of the file, and provide staff with instructions for drafting their reasons for decision. Draft reasons for decision are circulated to the panel by email following the meeting for review and approval. Panel members reply with any edits or modifications and provide their written sign off on the reasons for decision once finalized.

This process is used to ensure that reasons for decision can be drafted and approved in a timely manner. Panels generally only meet every 6 to 8 weeks. Permitting panels to approve written reasons for decision via email is more efficient for panel members, who can review the reasons when convenient for them, and it allows the approval to occur outside of the normal panel meeting schedule.

In her report, Ms. Richler noted that the Bylaws do not explicitly grant this authority to committees, although an equivalent authority is granted to Council to make unanimous written resolutions. Ms. Richler recommended amending the Bylaws to ensure that the authority of the ICRC to approve reasons for decision by email is explicit.

Accordingly, Ms. Richler recommended adding an article to the Bylaws, as follows:

> "A resolution signed by all Committee members or panel members, as the case may be, including a resolution where all or some of them have signed by email, is as valid as if made at a meeting of the Committee or panel held for that purpose."

Decision: THAT Council approve the amendments to the Bylaws, as drafted, recommended by the ICRC legal audit.

Excerpt of Bylaws with Proposed Amendments Highlighted:

5.3 TERM OF APPOINTMENT

(1) Except as otherwise provided in the bylaws, appointments to all Committees, other than Executive, Discipline, ~~or~~ Fitness to Practise, **and Inquiries, Complaints and Reports** ~~**(the latter two of which all members of Council are members)**~~, shall be for a one-year term and Committee Members may be reappointed for a maximum of two more consecutive terms. Subject to the other provisions of the bylaws relating to the Executive, Discipline ~~**and**~~ Fitness to Practise**, and Inquiries, Complaints and Reports** Committees, under special circumstances that Council identifies at the meeting and documents in the minutes of the meeting, a person may be reappointed to a Committee despite serving on that Committee for three consecutive years.

(a) In a manner consistent with Article 3.16, a Council Member may serve on the Executive Committee for more than three consecutive years including as Chair and Vice-Chair so long as the aggregate number of years as Chair is not more than three, the aggregate number of years as Vice-Chair is not more than three and the aggregate number of years serving as a member of the Executive Committee while not Chair or Vice-Chair is not more than three.

(2) Subject to Article 5.3(1), a Committee Member who has served the maximum term of three consecutive years on any respective Committee, other than the Executive, Discipline, ~~**and**~~ Fitness to Practise**, and Inquiries, Complaints and Reports** Committees, is deemed ineligible for re-appointment to that Committee for a period of at least 12 months following the expiry of their final term of office.

(3) Appointments to the Inquiries, Complaints and Reports Committee shall be for a one-year term and Committee Members may be reappointed subject to the maximum term limits for Council and Non-Council Committee Members.

5.9 PROCEDURES FOR MEETINGS OF COMMITTEES

[Subsections 1 through 5 not reproduced]

(6) A resolution signed by all Committee members or panel members, as the case may be, including a resolution where all or some of them have signed by email, is as valid as if made at a meeting of the Committee or panel held for that purpose.

CDHO

COLLEGE OF DENTAL
HYGIENISTS OF ONTARIO

Bylaws

Table of Contents

PREAMBLE **1**

ARTICLE 1: DEFINITIONS AND PRINCIPLES OF INTERPRETATION **2**

1.1 Definitions and Other Variations of the Word 2

1.2 Extended Meanings 4

1.3 Meaning of Words Used in Act 4

ARTICLE 2: REGISTRATION AND CODE OF ETHICS **5**

2.1 Code of Ethics 5

2.2 Privacy Policy 5

ARTICLE 3: THE COUNCIL AND ITS OFFICERS **6**

3.1 Eligibility Criteria for Council and Non-Council Committee Members 6

3.2 Nominations and Voting Procedures for Elected and Academic Members 7

3.3 Nomination Procedures for Non-Council Committee Members 9

3.4 Election and Selection Procedures for Elected and Academic Members to the Council 9

3.5 Eligibility For Re-Election, Re-Selection and/or Re-Appointment 10

3.6 Election or Selection Irregularities 11

3.7 Council and Non-Council Committee Member Code of Conduct 11

3.8 Disqualification of Council And Non-Council Committee Members 16

3.9 Disqualification Proceedings for Council and Non-Council Committee Members ..... 19~~18~~

3.10 Vacancies on Council and Non-Council Committee Member Positions ..... 21~~20~~

3.11 Election of the Chair ..... 22~~21~~

3.12 Election of the Vice-Chair ..... 22~~21~~

3.13 Election of the Executive Committee ..... 22~~21~~

3.14 Duties of the Chair 22

3.15 Duties Of the Vice-Chair 22

3.16 Terms of Office for Chair and Vice-Chair ..... 23~~22~~

3.17 Removal of the Chair or Vice-Chair ..... 23~~22~~

3.18 Vacancy of Chair and/or Vice-Chair Offices 23

ARTICLE 4: MEETINGS OF THE COUNCIL ..... **25~~24~~**

4.1 Location of Meetings ..... 25~~24~~

4.2 Number of Meetings 2524
4.3 Additional Meetings 2524
4.4 Special Meetings 2524
4.5 Business To Be Transacted at Meetings 2524
4.6 Agenda 2524
4.7 Quorum and Voting 2625
4.8 Chair of Council 2625
4.9 Alternate Chair 2625
4.10 Evidence of Meeting Proceedings 2725
4.11 Adjournments 2726
4.12 Other Meeting Procedures 2726
4.13 Meetings Held by Electronic Communication 2726
4.14 Written Resolution 2726

ARTICLE 5: COMMITTEES 2827

5.1 Duties of The Executive Committee 2827
5.2 Appointment of Council Members and Others to Committees 2827
5.3 Term of Appointment 2827
5.4 Adding and Removing Members 2927
5.5 Vacancy 2928
5.6 Appointment of Committee Chair 2928
5.7 Limitations on Powers 2928
5.8 Conduct Committee and Other Non-Statutory Committees 2928
5.9 Procedures for Meetings of Committees 3029
5.10 Committee Reports 3129
5.11 Composition of Statutory Committees 3129
5.12 Constitution of A Committee 3230
5.13 Composition of Panels 3230

ARTICLE 6: APPOINTMENT OF REGISTRAR AND OTHER REPRESENTATIVES 3331

6.1 Registrar 3331
6.2 Deputy Registrar 3331
6.3 Inspectors, Investigators, Evaluators and Assessors 3331
6.4 Removal of the Registrar 3331

ARTICLE 7: REMUNERATION AND PROTECTION OF COUNCIL MEMBERS, NON-COUNCIL COMMITTEE MEMBERS AND OTHERS **3432**

7.1 Remuneration of Council Members 3432

7.2 Indemnity of Council Members, Non-Council Committee Members and Others 3432

7.3 Liability Insurance of Registrants 3432

ARTICLE 8: BANKING AND INVESTMENTS **3533**

8.1 Banking 3533

8.2 Fidelity 3533

8.3 Investment 3533

8.4 Custody of Securities 3634

8.5 Ownership of Securities 3634

ARTICLE 9: BORROWING **3735**

9.1 Borrowing and Giving of Security 3735

ARTICLE 10: AUDITORS **3836**

10.1 Appointment of Auditors 3836

10.2 Notice to Auditors 3836

10.3 Examinations by Auditors 3836

10.4 Access 3836

10.5 Attendance at Meetings 3836

10.6 Limitation of Executive Committee Authority 3836

ARTICLE 11: SEAL **3937**

11.1 Seal 3937

11.2 Custody of Seal 3937

11.3 Logo and Name Mark 3937

ARTICLE 12: EXECUTION OF DOCUMENTS, ETC. **4038**

12.1 Bank Signing Authorities 4038

12.2 Execution of Other Documents 4038

12.3 Definition of Contracts, Etc. 4038

12.4 Summonses 4038

12.5 Affixation of Seal 4038

ARTICLE 13: ENACTMENT, AMENDMENT AND REPEAL OF BYLAWS **4139**

13.1 Enactment, Amendment and Repeal ..... 41~~39~~
13.2 Notice of Proposal ..... 41~~39~~
13.3 Numbering and Maintenance ..... 41~~39~~

ARTICLE 14: INFORMATION REQUIRED BY THE COLLEGE ..... 42~~40~~
14.1 Timing of Annual Renewal ..... 42~~40~~
14.2 Providing Information to the College ..... 42~~40~~
14.3 Notification of Changes of Information ..... 43~~41~~

ARTICLE 15: THE REGISTER ..... 44~~42~~
15.1 Maintaining the Register ..... 44~~42~~
15.2 Name in the Register ..... 44~~42~~
15.3 Change of Name ..... 44~~42~~
15.4 Primary Business Address ..... 44~~42~~
15.5 Primary Business Telephone Number ..... 44~~42~~
15.6 Other Information in the Register ..... 44~~42~~
15.7 Official Documentation ..... 47~~45~~
15.8 Information Affecting the Safety of an Individual ..... 47~~45~~

ARTICLE 16: FEES ..... 48~~46~~
16.1 Application Fees ..... 48~~46~~
16.2 Annual Fees ..... 48~~46~~
16.3 Change of Class ..... 48~~46~~
16.4 Evaluation Fees ..... 48~~46~~
16.5 Fees for Election Recount ..... 49~~47~~
16.6 Additional Fees ..... 49~~47~~
16.7 Obligations to Pay ..... 49~~47~~
16.8 Administrative Fee ..... 49~~47~~

ARTICLE 17: INTENTIONALLY LEFT BLANK ..... 50~~48~~

ARTICLE 18: FUNDING FOR THERAPY AND COUNSELLING ..... 51~~49~~
18.1 Requirements Under the Program ..... 51~~49~~

ARTICLE 19: PROFESSIONAL INCORPORATION ..... 52~~50~~
19.1 Certificate of Authorization Fee ..... 52~~50~~
19.2 Annual Renewal Fee ..... 52~~50~~

19.3 Renewal Date 5250
19.4 Failure to Renew 5250
19.5 Additional Certificate 5250
19.6 Information Required by the College 5250
19.7 Public Information 5351

ARTICLE 20: DECLARED EMERGENCIES 5452

SCHEDULE I — CODE OF ETHICS 5553

Principle I: Beneficence 5553
Principle II: Autonomy 5553
Principle III: Privacy and Confidentiality 5553
Principle IV: Accountability 5553
Principle V: Professionalism 5553

SCHEDULE II — ELECTION OF THE EXECUTIVE COMMITTEE 5755

SCHEDULE III — RULES OF ORDER OF COUNCIL 5856

Preamble to the Bylaws

The Council is authorized by the *Regulated Health Professions Act, 1991* (Ontario) to make bylaws relating to the administration and internal affairs of the College. The purpose of these bylaws is to transparently set out how the College will administer itself and to specify certain obligations of Registrants.

Bylaws

BE IT ENACTED that all previous bylaws of the College of Dental Hygienists of Ontario (the "College") be hereby revoked and the following are hereby enacted as the bylaws of the College of Dental Hygienists of Ontario:

ARTICLE 1: DEFINITIONS AND PRINCIPLES OF INTERPRETATION

1.1 DEFINITIONS AND OTHER VARIATIONS OF THE WORD

In these bylaws, unless otherwise defined or required by the context:

"**Academic Member**" means a member of Council who has been Selected from among registrants who are Faculty;

"**Act**" means the *Regulated Health Professions Act, 1991* and its related schedules, the *Dental Hygiene Act*, and the regulations made under them;

"**Appointed**" means one of the two following processes:

(a) Whereby a Public Member is chosen to serve on Council through an Order-in-Council by the Government of Ontario.

(b) Whereby a Council Member or a Non-Council Committee Member is designated to serve on one or more of the College's Committees;

"**Client**" means patient as the term is used in the Act;

"**Code**" means the Health Professions Procedural Code, being Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18;

"**College**" means the College of Dental Hygienists of Ontario (CDHO);

"**Committee**" means a Committee of the College, whether Statutory, standing or special Committee;

"**Council**" means the Council of the College;

"**Council Chair**" or "**Chair**" means the Chair of the Council;

"**Council Member**" means a member of Council duly Elected, Selected or Appointed to serve on Council;

"**Elected**" means one of the two following processes:

(a) A Registrant of the College who is democratically chosen to serve on Council; or

(b) A member of Council who is democratically chosen to serve on the College's Executive Committee;

"**Elected Member**" means a Registrant of the College who has been elected to serve on Council from an electoral district;

"**Ex-officio**" means "by virtue of the office" and, for greater certainty, unless otherwise specifically provided for, an ex-officio member of a Committee has all of the rights, responsibilities and powers of any other member of the Committee, including the right to vote and to be counted as part of quorum;

"**Faculty**" means registrants engaged in full-time instruction or administration in an accredited educational institution in Ontario that is authorized to grant diplomas or degrees in dental hygiene;

"**Federal Offence**" means an act that is made illegal by federal legislation including the *Criminal Code*, RSC 1985, c. C-46.

"**Fiscal Year**" means the fiscal year of the College which shall be the calendar year;

"**Non-Council Committee Member**" means a Registrant of the College or a member of the public who is not a member of the Council and who is appointed by Council to serve on one or more of the College's Committees;

"**Non-Statutory Committee**" means any Committee that supports the work of the College but is not required under the Act;

"**Professional Advocacy Association**" means an organization whose principal mandate is to represent the interests of and advocate on behalf of oral health practitioners, including dental hygienists, or a segment of them, including those registered in or practising in Canada;

"**Public Member**" means an individual who has been Appointed to serve on Council through an Order-in-Council by the Government of Ontario;

"**Registrant**" means a member of the College who holds a general, specialty or inactive certificate of registration;

"**Registrar**" means the Registrar or in the Registrar's absence, the Deputy Registrar of the College unless the context otherwise specifies or requires;

"**Selected**" means the process whereby a Registrant of the College has been elected to serve as an Academic Member on Council from among members who are Faculty;

"**Statutory Committee**" means any of the Committees that are required under section 10 of the Code. The statutory Committees include:

- Inquiries, Complaints and Reports Committee
- Discipline Committee
- Fitness to Practise Committee
- Registration Committee
- Quality Assurance Committee

- Patient Relations Committee
- Executive Committee;

"**Vice-Chair**" means the Vice-Chair of the Council.

1.2 EXTENDED MEANINGS

Words importing the singular number only are intended to include the plural and vice versa. Words importing a gender are intended to include the other and neuter genders. Words importing persons are intended to include corporations and other unincorporated entities as well as natural persons unless the context otherwise specifies or requires.

1.3 MEANING OF WORDS USED IN ACT

All words and terms appearing in these bylaws, which are defined in the Act, are intended to have the same meaning in these bylaws unless the context otherwise specifies or requires.

ARTICLE 2: REGISTRATION AND CODE OF ETHICS

2.1 CODE OF ETHICS

Council will, from time to time, adopt a Code of Ethics for Registrants. This Code of Ethics outlines the principles underlying the obligations and professional duties to be observed by each Registrant. Complying with the Code of Ethics will ensure that Registrants conduct themselves with integrity and dignity. Each Registrant is expected to adhere to the provisions of the Code of Ethics and also to the underlying spirit and precepts thereof. The current Code of Ethics is attached as Schedule I and forms part of these bylaws.

2.2 PRIVACY POLICY

Council shall have a privacy policy to guide the College's collection, use and disclosure of personal information which shall be posted on the College's website.

ARTICLE 3: THE COUNCIL AND ITS OFFICERS

3.1 ELIGIBILITY CRITERIA FOR COUNCIL AND NON-COUNCIL COMMITTEE MEMBERS

(1) A Registrant is eligible for election as an Elected Member, selection as an Academic Member or appointment as a Non-Council Committee Member if the following criteria are met:

(a) The Registrant holds a certificate of registration;

(b) For the purposes of election as an Elected Member, the Registrant is principally engaged in the practice of dental hygiene in the electoral district for which they have been nominated or, if the Registrant is not engaged in the practice of dental hygiene, the Registrant principally resides in the electoral district for which they have been nominated;

(c) For the purposes of selection as an Academic Member, the Registrant is Faculty;

(d) For the purposes of appointment as a Non-Council Committee Member, the Registrant is engaged in the practice of dental hygiene in Ontario or, if the Registrant is not engaged in the practice of dental hygiene, the Registrant resides in Ontario;

(e) The Registrant is not in default of any fees payable to the College;

(f) The Registrant is not in default of any requirement to provide information to the College;

(g) The Registrant is not the subject of any current disciplinary or incapacity proceeding;

(h) A period of at least six years has elapsed since the Registrant complied with all aspects of an order of the Discipline Committee;

(i) The Registrant's certificate of registration is currently not subject to a term, condition or limitation imposed by the Quality Assurance Committee or the Fitness to Practise Committee;

(j) The Registrant has not, within the last three years, been found guilty of an offence under the Criminal Code (Canada) or any other criminal offence in any jurisdiction, and a period of at least three years has elapsed since the Registrant fully complied with any penalty imposed as a result of a finding;

(k) A period of at least one year has passed since the Registrant has been an officer, director or employee of any Professional Advocacy Association, but nothing in this Article shall prevent a Registrant who serves on an organization to which they have been appointed by Council as a representative of the College, from running for election to Council;

(l) The Registrant is not an employee of the College and has not been an employee of the College for at least one year;

(m) Council has not disqualified the Registrant from sitting on Council or serving as a Non-Council Committee Member during the three years before the date of the election, selection or appointment;

(n) The Registrant is not a member of the Council of any other College created or governed under the Act;

(o) The Registrant is not a candidate for election in another electoral district;

(p) The Registrant has not initiated, joined, continued or materially contributed to a legal proceeding against the College or any Committee or representative of the College; and

(q) The Registrant does not have a conflict of interest to serve as a member of Council or has agreed to remove any such conflict of interest before taking office.

(2) An individual who is not a Registrant is eligible for appointment as a Non-Council Committee Member if the following criteria are met:

(a) The individual resides in Ontario;

(b) The individual is not currently the subject of a disciplinary or incapacity proceeding;

(c) At least six years have elapsed since the individual complied with all aspects of any disciplinary order;

(d) The individual has not, within the last three years, been found guilty of an offence under the Criminal Code (Canada) or any other criminal offence in any jurisdiction, and a period of at least three years has elapsed since the individual fully complied with any penalty imposed as a result of any such finding;

(e) A period of at least one year has passed since the individual has been an officer, director or employee of any Professional Advocacy Association but nothing in this Article shall prevent an individual who serves on an organization to which they have been appointed by Council as a representative of the College, from being eligible for appointment;

(f) The individual is not an employee of the College and has not been an employee of the College for at least one year;

(g) Council has not disqualified the individual from serving as a Non-Council Committee Member during the three years before the date of the appointment;

(h) The individual is not a member of the Council of any other College created or governed under the Act;

(i) The individual has not initiated, joined, continued or materially contributed to a legal proceeding against the College or any Committee or representative of the College;

(j) The individual does not have a conflict of interest to serve as a Non-Council Committee Member or has agreed to remove any such conflict of interest before taking office.

3.2 NOMINATIONS AND VOTING PROCEDURES FOR ELECTED AND ACADEMIC MEMBERS

(1) The Registrar shall supervise the nomination of candidates.

(2) No later than 60 days before the date of an election or selection, the Registrar shall notify every Registrant who is eligible to vote in the election or selection, of the date and time of the election or selection and the nomination procedures.

(3) The nomination of a candidate for election as an Elected Member or selection as an Academic Member shall be in writing and shall be given to the Registrar at least 30 days before the date of the election or selection.

(a) The nomination shall be signed by the candidate and by at least five Registrants who support the nomination and who are eligible to vote in the election or selection;

(b) A candidate for election or selection shall fully and accurately complete a conflict of interest questionnaire provided by the Registrar;

(c) A candidate for election or selection shall be permitted to submit a suitable personal statement that will be circulated by the Registrar along with the ballots;

(d) A candidate may withdraw their nomination for election or selection by advising the Registrar in writing not less than 24 days before the date of the election or selection;

(e) A candidate cannot, at the same time, be nominated for more than one position, whether Elected or Selected or both.

(4) Registrants who are not in default of paying any required fees or providing any required information to the College are eligible to nominate and vote for another eligible Registrant.

(5) For the purposes of an election, the electoral district in which a Registrant is eligible to vote is the district in which, 30 days before the date of an election, the Registrant principally practises or, if the Registrant is not engaged in the practice of dental hygiene, the Registrant principally resides.

(6) For the purposes of selection of an Academic Member, a Registrant who is Faculty is eligible to vote in the selection.

(7) If the number of candidates nominated for election or selection is less than, or equal to, the number of Registrants to be Elected or Selected, the Registrar shall declare the candidates to be Elected or Selected by acclamation.

(8) No later than 14 days before the date of an election or selection, the Registrar shall send to every Registrant eligible to vote, a list of the candidates, a ballot and an explanation of the voting procedures (or equivalent if ballots are supplied electronically).

(9) Voting for candidates for election or selection to the Council shall be by secret ballot using the ballot forms supplied by the Registrar (or equivalent if ballots are supplied electronically).

(10) Where there is an interruption of mail service (or equivalent if ballots are supplied electronically) during a nomination, election or selection, the Registrar may extend the nomination period, or the holding of the election or selection for such a period as the Registrar considers necessary to compensate for the interruption.

(11) A Registrant who is eligible to vote may cast as many votes on a ballot as there are vacancies. A Registrant shall not cast more than one vote for any one candidate. If there is a tie in an election or selection of candidates to the Council, the Registrar shall break the tie by lot in the presence of at least one member of the Executive Committee.

(12) A candidate is entitled to request a recount by putting the request in writing to the Registrar no more than 15 days after the date of the election or selection and paying the fee required by Article 16.5 of these bylaws.

(13) The Registrar shall hold the recount no more than 15 days after receiving the request.

(14) If no eligible candidate is nominated in an election or selection, a vacancy shall be deemed to exist and the Council shall direct the Registrar to hold a by-election or by-selection in accordance with Article 3.10 of these bylaws.

3.3 NOMINATION PROCEDURES FOR NON-COUNCIL COMMITTEE MEMBERS

(1) The Council may appoint to a Committee a Registrant or a member of the public who is not a Council Member. These individuals shall be designated as Non-Council Committee Members.

(2) The Registrar shall solicit applications for Non-Council Committee Members in accordance with the policy approved by the Council.

(3) Non-Council Committee Members may serve on the College's Committees and while they shall have voting rights on such Committees, they may not serve as chair of a Committee.

(4) The term of office of a Non-Council Committee Member appointed by the Council is three years to a maximum term of service of six years.

(a) The term of office commences on January 1 in the calendar year following the appointment of the Non-Council Committee Member unless otherwise specified by the Council.

3.4 ELECTION AND SELECTION PROCEDURES FOR ELECTED AND ACADEMIC MEMBERS TO THE COUNCIL

(1) The Registrar shall supervise and administer the election and selection of candidates and, for the purpose of carrying out that duty, the Registrar may, subject to these bylaws:

(a) appoint returning officers and scrutineers;

(b) establish a deadline for the receiving of ballots;

(c) establish procedures for the counting of ballots;

(d) provide for the notification of all candidates and Registrants of the results of the election or selection; and

(e) provide for the destruction of ballots following an election or selection and any recounts.

(2) For the purposes of election to the Council as an Elected Member, the following electoral districts are established (with necessary modifications by the Registrar to ensure that the entire province is covered and that there is no overlap of districts):

(a) Electoral district 1, the southwestern district, composed of the counties of Bruce, Grey, Elgin, Essex, Huron, Kent, Lambton, Middlesex, Oxford and Perth;

(b) Electoral district 2, the central western (north) district, composed of the counties of Wellington, Simcoe, Dufferin and the regional municipalities of Halton and Peel;

(c) Electoral district 3, the central western (south) district, composed of the county of Brant and the regional municipalities of Haldimand-Norfolk, Hamilton-Wentworth, Niagara and Waterloo;

(d) Electoral district 4, the central district, composed of the regional municipalities of York and Metropolitan Toronto;

(e) Electoral district 5, the central eastern district, composed of the counties of Frontenac, Peterborough, Hastings, Lanark, Lennox and Addington, Prince Edward, Victoria, Haliburton, Northumberland, and the regional municipality of Durham;

(f) Electoral district 6, the eastern district, composed of the counties of Dundas, Glengarry, Leeds and Grenville, Prescott and Russell and United Counties, Renfrew and Stormont and The Regional Municipality of Ottawa-Carleton;

(g) Electoral district 7, the northeastern district, composed of the territorial districts of Algoma, Cochrane, Manitoulin, Muskoka, Nipissing, Parry Sound, Sudbury and Timiskaming;

(h) Electoral district 8, the northwestern district, composed of the territorial districts of Rainy River, Thunder Bay and Kenora.

(3) The number of Registrants to be Elected in district 4 is two. The number of Registrants to be Elected in districts 1, 2, 3, 5, 6, 7 and 8 is one.

(4) For the purposes of selection to the Council as an Academic Member, two Registrants from among members who are Faculty shall be Selected to serve on Council as outlined in section 7(1)(c) of the *Dental Hygiene Act*.

(5) Elections and selections shall be held in November in the year before the year in which the term of office of that electoral district's Elected Member(s) or the Academic Member's term of office expires.

(a) The election of Elected Members and/or selection of Academic Members shall be held on the third Wednesday in November, unless Council sets a different date.

(6) The term of office of a member Elected or Selected to serve on the Council in an election is three years commencing at the beginning of the first Council meeting after the election or selection where the election of the members of the Executive Committee is properly on the agenda. A member may be Elected or Selected for more than one term but no member who is Elected or Selected to serve on Council may be a member of Council for more than nine years.

(a) The Elected Members or Selected Academic Members of the Council shall continue in office until the commencement of their successors' term of office unless disqualified or otherwise removed from office under these bylaws.

3.5 ELIGIBILITY FOR RE-ELECTION, RE-SELECTION AND/OR RE-APPOINTMENT

A Registrant who has served in any combination as an Elected Member or Selected Academic Member for nine years is not eligible for re-election, re-selection or re-appointment to Council.

An individual who has served as a Non-Council Committee Member for six years is not eligible for re-appointment as a Non-Council Committee Member.

For greater certainty, an individual may serve for a maximum of six years as a Non-Council Committee Member in addition to serving for a maximum of nine years as a Council member.

3.6 ELECTION OR SELECTION IRREGULARITIES

If the Council is of the opinion that there is a reasonable ground for doubt or dispute as to the validity of the election or selection of any Council Member, the Council shall hold an inquiry and decide whether the election or selection of the member is valid and, if found to be invalid, the Council shall direct another election or selection to be held. Council shall not declare an election or selection result to be invalid solely on the basis of a minor irregularity regarding the requirements of these bylaws or a procedure established by the Registrar.

3.7 COUNCIL AND NON-COUNCIL COMMITTEE MEMBER CODE OF CONDUCT

(1) This entire Code of Conduct as set out in sections 3.7 to 3.9 applies to both Council Members and Non-Council Committee Members. Any reference to Council Members shall include Non-Council Committee Members, with such necessary modifications, except where specified otherwise.

Fiduciary Duties

(2) Council Members shall act in the best interests of the College and of the public of Ontario. They shall perform their duties in accordance with the Act, the bylaws and any policies of the College.

(3) Council Members shall conduct themselves in a manner which is ethical, business-like and lawful and upholds the reputation of the CDHO. This includes proper use of authority and appropriate decorum when acting as Council Members. Council Members shall treat one another and staff members with respect, co-operation and a willingness to deal openly on all matters.

(4) Council Members must have loyalty to the College that supersedes any loyalties to staff, other organizations or any personal interest as a consumer.

(5) Council Members are accountable to exercise the powers and discharge the duties of their office honestly and in good faith. Members shall exercise the degree of care, diligence and skill that a reasonably prudent person would exercise in comparable circumstances.

(6) Council Members will not attempt to exercise individual authority over the organization.

(7) When interacting with staff, Council Members must recognize that individual Council Members have no authority to instruct or evaluate employees, and no authority to insert themselves into employee operations.

(8) Council Members shall recognize that the Chair or designate is the only person authorized to speak to the media on behalf of the Council. Council Members shall not presume to speak for the Council when interacting with the public. Council Members shall only report actual Council policy decisions when interacting with the public.

(9) Council Members shall be familiar with the incorporating documents, relevant legislation and regulations, bylaws, and policies of the organization as well as the rules of procedure and proper conduct of a meeting so that any decision of the Council may be made in an efficient, knowledgeable and expeditious fashion.

(10) Council Members will be properly prepared for, and actively participate in Council deliberation.

(11) Council Members will support the legitimacy and authority of Council decisions, regardless of the member's personal position on the issue.

(12) Council Members shall regularly take part in educational activities that will assist them in carrying out their responsibilities.

(13) Council Members are expected to attend all meetings and to be punctual. All Council Members must remain engaged in Council meetings and not allow their personal electronic devices to interfere with their attention or the attention of others.

(14) Council Members who are unable to attend a meeting shall inform the Chair and the Registrar/CEO of their expected absence and the reason for it.

(15) Council Members shall be prepared **to serve on** committees and complete individual tasks as assigned by the Council from time to time.

Conflict of Interest

(16) The terms "conflict of interest" and "appearance of bias" are often used interchangeably. The term "conflict of interest" generally applies to policy or administrative decisions while the term "appearance of bias" generally applies to an adjudicative type of decision. For the purpose of these bylaws, they mean the same thing.

(17) Council Members must not carry out their duties when they are in a conflict of interest. A conflict of interest exists where a reasonable person could conclude that the personal interests of the individual or a related person or company could improperly influence the individual's judgment in performing their duties as a Council Member.

(18) There must be no self-dealing or any conduct of private business or personal services between any Council Member and the organization, except as procedurally controlled to assure openness, competitive opportunity, and equal access to otherwise "inside" information. Council Members will annually disclose their involvements with other organizations, with vendors, or any associations that might be or might reasonably be seen as being a conflict.

(19) (a) Council Members may not apply for an employment or administrative position with the College, including that of Registrar, until at least one year has passed since they last served as a Council Member.

(b) Non-Council Committee Members must resign their position on all Committees on which they serve prior to applying for an employment or administrative position with the College, including that of Registrar.

(20) Council Members will not use their position to obtain employment in the College for themselves, family members, or close associates. Family members are spouse, life partner, child, parent, in-law, live-in grandparent or sibling.

Examples of Conflicts of Interest

(21) Without limiting the usual and ordinary meaning of "conflict of interest" or "appearance of bias", some examples of activities or circumstances that would usually constitute a conflict of interest or an appearance of bias for a Council or Non-Council Committee Member include the following:

(a) Where the decision could confer a more than trivial financial or other benefit or burden to the Council Member or their close relative or friend or affiliated entity;

(b) Where the Council Member or their close relative or friend or affiliated entity seeks or accepts more than a nominal gift from a person or entity connected to or affected by the College or its mandate or a gift which could reasonably be viewed as influencing the Council or Committee Member;

(c) Where the Council Member or their close relative or friend or affiliated entity uses the Council Member's position with the College to advance their personal or financial interests;

(d) Where the Council Member takes action or counsels another to take action against the College, the reputation of the College or its staff;

(e) Where the Council Member is running for national or provincial public office and where the Council or Committee Member has not taken a leave of absence from all Council and committee positions at the College;

(f) Where the Council Member agrees to give or gives a presentation on an issue related to the College's role or activities without prior College approval;

(g) Where the Council Member agrees to participate or participates in a committee, working group, task force or other group related to the College's role or activities without prior College approval;

(h) Where the Council Member, who is not the official spokesperson for the College, is in communication with government officials, politicians or the media on any matter related to the College without prior College approval;

(i) Where the Council Member publishes, including a posting on social media, a statement that could impair the public's confidence in the College or compromise the policy or public image of the College or the Council Member's ability to make transparent, objective, impartial and fair decisions that are in the public interest;

(j) Where the Council Member appears to give preferential access to a person or entity that advances the interests of dental hygienists or that has policy-making responsibilities for dental hygienists or that oversees the regulation of dental hygienists without prior College approval;

(k) Where the Council Member advises or assists anyone in their dealings with the College, including acting as a peer mentor unless the Council Member has prior College approval;

(l) Where the Council Member demonstrates a closed mind on an issue that is coming up, or is likely to come up, before the College;

(m) Where the Council Member is the subject of an inquiry or investigation by the College, the police or another authority that impairs the ability of the Council Member to participate in a decision or to continue to serve in their position or has the potential to jeopardize public trust in the member, the Council, the Committee or the College;

(n) Where the Council Member has a connection with a person or issue to be determined that would reasonably be seen by those who know all of the circumstances as incompatible with their responsibilities as an impartial decision-maker; and

(o) Where the Council Member or their close relative or friend or affiliated entity uses materials developed for the College for commercial purposes without prior College approval.

Preventing and Addressing Conflicts of Interest

(22) Council Members shall avoid, where feasible, situations where they would have conflicting duties of confidentiality and disclosure between their role with the College and with another person or entity.

(23) Where a Council Member is in doubt as to whether they have a conflict of interest, the Council Member shall consult with an appropriate person such as the Chair of the affected committee, the Council Chair, the Registrar, or independent legal counsel in a hearing.

(24) If a Council Member believes that they have a conflict of interest in a particular matter, they shall,

(a) prior to any consideration of the matter, declare to the Council or the committee that they have a conflict of interest that prevents them from participating;

(b) not take part in the discussion of or vote on any question in respect of the matter;

(c) leave the room for the portion of the meeting relating to the matter even where the meeting is open to the public; and

(d) not attempt in any way to influence the voting or do anything which might be reasonably perceived as an attempt to influence other Council or Committee Members or the decision relating to that matter.

(25) Where a Council Member declares a conflict of interest, that fact shall be recorded in the minutes of that meeting of Council or the committee.

(26) Where a Council Member believes that another Council Member has a conflict of interest that has not been declared despite any appropriate informal communications with the other Council Member, the first Council Member shall advise an appropriate person such as the Chair of the affected committee, the Council Chair, the Registrar, or independent legal counsel in hearing matters. The person who is suggested as having a conflict of interest is entitled to address the matter before any decision is made regarding the issue under paragraph 28 of this Article.

(27) Where a Council Member believes that another Council or Committee Member has already acted in a conflict of interest or is in an ongoing conflict of interest, they shall advise in writing an appropriate

person such as the Chair of the affected committee, the Council Chair, the Registrar or independent legal counsel in hearing matters. The person who is suggested as having a conflict of interest is entitled to make submissions about the matter before any decision is made regarding the issue under paragraph 28 of this Article.

(28) Where the Council or a Committee concludes that one of its members has a conflict of interest that has not been declared, it can, after allowing the affected member to make submissions regarding the issue, direct that the Council or Committee Member not participate in the discussion or decision, leave the room for that portion of the meeting and not try to or otherwise exert influence in the matter.

Declaration of Conflict of Interest by Council and Non-Council Committee Members

(29) Every Council Member shall declare, verbally, and where the Council deems it appropriate, in writing, if they have an actual or perceived conflict of interest pertaining to their duties as a Council or Committee Member. This declaration will take place at the first Council or Committee meeting at which they become aware of an actual or perceived conflict of interest and subsequently at the first Council meeting of each year.

Confidentiality

(30) The purpose of this part of the bylaw is to provide helpful explanations as how to comply with the confidentiality provisions of the Code of Conduct. These provisions in no way limit the full extent of the duties set out in the Code of Conduct.

(31) Council Members shall treat all information learned in the course of their duties, whether or not the information is related to an individual, as confidential and shall not disclose it unless a clearly identified exception applies.

(32) Council Members shall review at least annually and when there are changes, the provisions in the *Regulated Health Professions Act* (especially section 36) and the Health Professions Procedural Code (especially sections 83 and 83.1), relating to confidentiality.

(33) Council Members shall generally leave to College staff the disclosure of information under the legal exceptions to the duty of confidentiality. However, in appropriate circumstances, Council Members may disclose information directly when performing their duties, such as in rendering a decision and reasons on behalf of a committee, when appropriately discussing information that is public under the legislation and when consulting with their own legal counsel.

(34) Even for communications within the College, Council Members shall only obtain or disclose information on a need-to-know basis.

(35) Council Members will not share or post information on social media that compromises the organization or the Council's policy or public image.

(36) Council Members shall take reasonable measures to safeguard College information including the safe management of paper documents and portable electronic devices and avoiding the use of unsecure electronic forms of communication or the use of social media for such communications.

(37) Where a Council Member believes that there has been a breach of confidentiality by a Council or Committee Member, whether intentional or unintentional, they shall immediately advise the Registrar in writing providing all of the details. The Registrar shall notify the Chair as soon as possible of any breach of confidentiality by a Council or Committee Member.

(38) Council Members will sign annually their agreement to abide by the Code of Conduct in its entirety.

3.8 DISQUALIFICATION OF COUNCIL AND NON-COUNCIL COMMITTEE MEMBERS

(1) The Council shall disqualify a Registrant from sitting on Council or a Committee or serving as a Non-Council Committee Member if the Registrant:

(a) is found by a panel of the Discipline Committee to have committed an act of professional misconduct or to be incompetent;

(b) is found by a panel of the Fitness to Practise Committee to be incapacitated;

(c) subject to the discretion of Council to excuse the absence, fails, without reasonable cause, to attend two consecutive meetings of the Council or fails, for any reason, to attend three consecutive meetings of the Council;

(d) subject to the discretion of Council to excuse the absence, fails to attend two consecutive meetings of a Committee without reasonable cause or fails, for any reason, to attend three consecutive meetings of a Committee of which they are a member;

(e) fails, without reasonable cause, to attend a hearing of a panel for which they have been selected;

(f) in the case of an Elected Member, ceases to qualify for election in the electoral district for which the Elected Member was Elected;

(g) in the case of an Academic Member, ceases to be Faculty;

(h) breaches section 36 of the Act which, in the opinion of Council, is of such a nature that warrants disqualification;

(i) ceases to be a Registrant;

(j) fails, in the opinion of the Council, to discharge properly or honestly any office to which they have been Elected, Selected or Appointed;

(k) has breached the Code of Conduct or conflict of interest provisions of these bylaws which, in the opinion of the Conduct Committee or its delegate, is of such a nature that warrants disqualification;

(l) becomes a member of a Council of any other College regulated under the Act;

(m) is found guilty of a criminal offence which, in the opinion of Council, is of such a nature that warrants disqualification;

(n) has not complied, within 30 days, or as otherwise specified, of being given notice of the failure, the College's requirements to pay fees, or the College's requirements for the provision of information;

(o) has a term, limit or condition imposed by the Quality Assurance Committee, the Discipline Committee or the Fitness to Practise Committee on their certificate of registration;

(p) is or becomes an officer, director or employee of a Professional Advocacy Association (however, a Council Member shall not be disqualified by reason of serving on an association or organization to which they have been appointed by the Council as a representative of the College);

(q) initiates, joins, continues or materially contributes to a legal proceeding against the College of any Committee or representatives of the College;

(r) has been directed by the Inquiries, Complaints and Reports Committee to complete a specified continuing education or remediation program and/or to appear before a panel of the Committee to be cautioned in the six years prior to the term of such Member, or during the term of such Member; or

(s) has given an undertaking to the College in response to a request by a panel of the Inquiries, Complaints and Reports Committee related to a complaint or for a matter in which an investigator is appointed under clause 75(1)(a) or clause 75(1)(b) of the Code, in the six years prior to the term of such Member, or during the term of such Member.

(2) Jurisdiction for disqualifying a Public Member falls to the Lieutenant Governor in Council. The Chair on behalf of Council shall report to the Public Appointments Secretariat if a Public Member:

(a) subject to the discretion of Council to excuse the absence, fails, without reasonable cause, to attend two consecutive regular meetings of the Council or fails, for any reason, to attend three consecutive meetings of the Council;

(b) subject to the discretion of Council to excuse the absence, fails, without reasonable cause, to attend two consecutive regular meetings of a Committee of which they are a member or fails, for any reason, to attend three consecutive meetings of a Committee of which they are a member;

(c) fails, without reasonable cause, to attend a hearing of a panel for which they have been selected;

(d) breaches section 36 of the Act which, in the opinion of Council, is of such a nature that warrants disqualification;

(e) has breached the Code of Conduct or conflict of interest provisions of these bylaws which, in the opinion of the Conduct Committee or its delegate, is of such a nature that warrants disqualification;

(f) ceases to be a resident of Ontario;

(g) fails, in the opinion of the Council, to discharge properly or honestly any office to which they have been appointed;

(h) becomes a member of a Council of any other College regulated under the Act;

(i) is found guilty of a criminal offence which, in the opinion of Council, is of such a nature that warrants disqualification;

(j) is or becomes an officer, director or employee of a Professional Advocacy Association (however, a Public Member shall not be reported to the Public Appointments Secretariat by reason of serving on an association or organization to which they have been appointed by the Council as a representative of the College); or

(k) initiates, joins, continues or materially contributes to a legal proceeding against the College or any Committee or representatives of the College.

(3) The Council shall disqualify an individual who is not a Registrant from serving as a Non-Council Committee Member if the individual:

(a) is found to have engaged in professional misconduct, to be incompetent, or to be incapacitated by a regulatory authority to which they are subject;

(b) subject to the discretion of Council to excuse the absence, fails to attend two consecutive meetings of a Committee without reasonable cause or fails, for any reason, to attend three consecutive meetings of a Committee of which they are a member;

(c) fails, without reasonable cause, to attend a hearing of a panel for which they have been selected;

(d) breaches section 36 of the Act which, in the opinion of Council, is of such a nature that warrants disqualification;

(e) fails, in the opinion of the Council, to discharge properly or honestly any office to which they have been appointed;

(f) has breached the Code of Conduct or conflict of interest provisions of these bylaws which, in the opinion of the Conduct Committee or its delegate, is of such a nature that warrants disqualification;

(g) ceases to be a resident of Ontario;

(h) becomes a member of a Council of any other College regulated under the Act;

(i) is found guilty of a criminal offence which, in the opinion of Council, is of such a nature that warrants disqualification;

(j) is or becomes an officer, director or employee of a Professional Advocacy Association;

(k) initiates, joins, continues or materially contributes to a legal proceeding against the College of any Committee or representatives of the College.

(4) A person who has served as a Council or Non-Council Committee Member may not become an employee of the College until one year has passed following the expiration of their term of office.

(5) A Council Member who has been disqualified from sitting on the Council ceases to be a member of the Council and ceases to be a member of any Committees, including any panel, to which they have been appointed.

(6) A Non-Council Committee Member who has been disqualified ceases to be a member of any Committee, including any panel, to which they had been appointed.

3.9 DISQUALIFICATION PROCEEDINGS FOR COUNCIL AND NON-COUNCIL COMMITTEE MEMBERS

(1) This Article does not apply to and shall not be interpreted as in any way limiting the ability of Council or the Executive Committee under Article 3.8 (with the exceptions of clauses 3.8(1)(k), 3.8(2)(e) and 3.8(3)(f))to remove or disqualify a Council or Non-Council Committee Member from a Committee or office. When removing or disqualifying under any provision of Article 3.8 (with the exceptions of clauses 3.8(1)(k), 3.8(2)(e) or 3.8(3)(f)) there is no requirement to follow the procedure set out below.

(2) **Wherever possible, unless it is inappropriate to do so, informal resolution between the person with the concern and the Council or Non-Council Committee Member about whom the person has the concern should be attempted before engaging the formal complaints process.** Nothing in this by-law prevents the informal resolution of Code of Conduct concerns including by providing feedback, guidance, reminders, advice or counselling or by negotiating agreements or undertakings.

(3) The following procedure shall be followed to address a complaint filed about a Code of Conduct concern **only if it has not been possible to reach an informal resolution before or during the process**.

(4) A written complaint shall be filed with both the Chair of the Conduct Committee and the Registrar. A complaint may be made by any person, including a member of the public, a Council or Committee Member or the Registrar. If the complaint is made to only one of the named persons then that person shall immediately file a copy of the complaint with the other person referenced in this article.

(5) If the Conduct Committee as a whole has a conflict of interest with respect to the complaint or if the Conduct Committee is otherwise unable to act on the complaint, it shall appoint an independent investigator from a list approved by the Council to investigate on its behalf under this Article and it shall appoint an independent commissioner from a list approved by the Council to make decisions on its behalf under this Article.

(6) The Conduct Committee or its delegate shall conduct any investigation it deems appropriate. If material facts are in dispute, the Conduct Committee or its delegate shall adopt a fair and reasonable process to determine those facts which may include the appointment of an independent investigator to investigate and provide a written report respecting those facts.

(7) After providing the Council or Non-Council Committee Member an opportunity to make written submissions to it, the Conduct Committee or its delegate shall determine whether there has been a breach of the Code of Conduct and, if so, whether the matter should be resolved informally or whether the matter should be resolved formally at a determination meeting pursuant to Article 3.9(10).

(8) Where the Conduct Committee or its delegate believes that the complaint does not warrant formal resolution, it shall provide a report to the Executive Committee or its delegate about the investigation and conclusion, with reasons for the conclusion. The Executive Committee or its delegate may accept

the report and resolve the matter informally or may return the matter to the Conduct Committee for additional investigation or other action.

(9) The Conduct Committee or its delegate may make an interim direction at any time to protect the integrity and reputation of the College including directing that the Council or Non-Council Committee Member be suspended from their positions or duties until the matter is finally resolved.

(10) The Conduct Committee, or its delegate, the complainant and the Council or Non-Council Committee Member whose conduct is the subject of concern shall be the parties at the determination meeting. The Council or Non-Council Committee Member whose conduct is the subject of concern shall be given reasonable notice of the complaint, the relevant supporting information gathered in relation to the complaint, and all parties shall be given the opportunity to make written and oral submissions at the determination meeting. The Conduct Committee or its delegate is not required to hold a hearing.

(11) An appropriate sanction imposed by the Conduct Committee may include one or more of the following:

(a) censure of the Council or Non-Council Committee Member verbally or in writing;

(b) removal of the Council or Non-Council Committee Member from any committee on which they serve;

(c) removal of a Council or Non-Council Committee Member as a Chair of any committee on which they serve;

(d) exclusion of the Council or Non-Council Committee Member from all or part of meetings of the Council or any committees;

(e) restricting access to confidential information by the Council or Non-Council Committee Member;

(f) disqualification of an elected Council Member;

(g) delivery of a report to the Public Appointments Secretariat requesting the removal of a Council Member who has been appointed by the Lieutenant Governor in Council; or

(h) any other sanction appropriate to the circumstances.

(12) Any sanction under Article 3.9 requires a majority vote of the members of the Conduct Committee or its delegate (if more than one), present at the meeting.

(13) If the sanction imposed by the Conduct Committee was either 3.9(11)(f) or (g), the Council or Non-Council Committee Member who is the subject of the complaint may appeal the decision of the Conduct Committee or its delegate to the Council. The Council is not required to hold a hearing and may establish its own procedures for determining the appeal. A written indication of intention to appeal shall be given within 14 days of the Conduct Committee decision, unless Council agrees to extend the time for appeal. The Council has all of the powers of the Conduct Committee or its delegate in making the determination. Council will be acting in an appellate capacity, and any decision to overturn a decision of the Conduct Committee requires a two-thirds majority of the votes cast at the meeting by those present. Failure to obtain a two-thirds majority vote of those Council

Members in attendance means that the Conduct Committee decision is upheld. The Council or Non-Council Committee Member whose conduct is in issue and the complainant, if a Council Member, shall not be entitled to vote at the Council meeting.

(14) The procedure set out in this Article is intended to be followed in a timely manner recognizing the risk of possible continuing conduct and that the reputation of individuals and the College is at stake while also recognizing the need to provide a fair process for all concerned.

(15) No Council Member shall take action, or permit any person to take action, against any person for making a complaint, or cooperating with the investigation of a complaint, under these bylaws.

(16) Legal costs are only payable by the College to the subject of the complaint if no breach of the Code of Conduct was found and Council votes, on a two-thirds majority, to reimburse some or all of their legal costs.

3.10 VACANCIES ON COUNCIL AND NON-COUNCIL COMMITTEE MEMBER POSITIONS

(1) The seat of a Council or Non-Council Committee Member shall be deemed to be vacant upon the death, resignation or disqualification of the member.

(2) If the seat of a Council Member becomes vacant not more than 12 months before the expiry of the member's term of office, the Council may:

(a) leave the seat vacant;

(b) direct the Registrar to hold an election or selection in accordance with these bylaws;

(c) direct the Registrar to appoint an individual who may fill the vacancy for a duration determined by Council, but not to exceed the duration of the term of the vacated position; or

(d) request that a Public Member of Council be appointed via the offices of the Public Appointments Secretariat of the Government of Ontario.

(3) If the seat of a Council Member becomes vacant more than 12 months before the expiry of the Council Member's term of office, the Council shall:

(a) direct the Registrar to hold an election or selection, in accordance with these bylaws (and Council may direct the Registrar to appoint an individual who may fill the vacancy until the election is completed where Council would not otherwise be properly constituted); or

(b) request that a member be appointed via the offices of the Public Appointments Secretariat of the Government of Ontario.

(4) If a Non-Council Committee Member's appointment becomes vacant before the expiry of the Non-Council Committee Member's term of office, the Council may:

(a) leave the position vacant; or

(b) appoint an individual to fill the vacancy for a duration determined by Council, but not to exceed the duration of the term of the vacated seat.

3.11 ELECTION OF THE CHAIR

(1) Any Council Member is eligible to stand for election to the office of Council Chair.

(2) Each year, at the first Council meeting after the election or selection where the election of the members of the Executive Committee is properly on the agenda, or as soon after that time as possible, the election of the Council Chair shall be conducted by the Registrar or their delegate as outlined in Schedule II, which forms part of these bylaws.

3.12 ELECTION OF THE VICE-CHAIR

(1) Any Council Member is eligible to stand for election to the office of Vice-Chair of Council.

(2) As soon as possible after the election of the Chair, the election of the Vice-Chair shall be conducted by the Registrar or their delegate as outlined in Schedule II, which forms part of these bylaws.

3.13 ELECTION OF THE EXECUTIVE COMMITTEE

(1) Any Council Member is eligible to stand for election to serve on the Executive Committee.

(2) As soon as possible after the election of the Chair and Vice-Chair, the election of the other members of the Executive Committee shall be conducted by the Registrar as outlined in Schedule II, which forms part of these bylaws.

3.14 DUTIES OF THE CHAIR

(1) Subject to Article 4.9, the Chair shall be the chair of the Council, and the chair of the Executive Committee and shall be charged with the general supervision and leadership of the affairs and business of the Council and such other duties as may, from time to time, be assigned to them by the Council, in accordance with the Act and the bylaws. The Chair shall also facilitate dialogue at meetings in a manner that welcomes all Council Members' perspectives on issues, encourages independent thinking, promotes alignment on decisions that are balanced and demonstrates good judgment for the successful fulfilment of the Council's purpose.

(2) The Chair shall have the right to attend all Committee meetings of the College as an observer/participant without voting privileges.

(3) During the absence or inability of the Chair, the Chair's duties, rights and powers shall be exercised by the Vice-Chair.

(4) During the absence or inability of both the Chair and Vice-Chair, the Chair's duties, rights and powers may be exercised by any Council Member as the Council may appoint for such purpose.

3.15 DUTIES OF THE VICE-CHAIR

(1) In addition to the duties set out in Article 3.14(3), the Vice-Chair shall have such other powers, rights and duties as may, from time to time be assigned to them by the Council.

(2) The Vice-Chair shall also be the vice-chair of the Council and the vice-chair of the Executive Committee.

3.16 TERMS OF OFFICE FOR CHAIR AND VICE-CHAIR

(1) The term of office for the Chair and Vice-Chair shall be one year, in accordance with the Act.

(2) The term of office for the Chair and Vice-Chair commences immediately following their election and expires upon the election of the new Chair and Vice-Chair at the first regular meeting of Council in the following year.

(3) No Council Member may serve as Chair for more than an aggregate of three years. No Council Member may serve as Vice-Chair for more than an aggregate of three years.

(4) Following the completion of three years of service as Chair, a Council Member is ineligible for re-election as Chair but may be eligible for election as Vice-Chair, provided that the Council Member has not already served for three years as Vice-Chair.

(5) Following the completion of three years of service as Vice-Chair, a Council Member is ineligible for re-election as Vice-Chair but may be eligible for election as Chair, provided that the Council Member has not already served for three years as Chair.

3.17 REMOVAL OF THE CHAIR OR VICE-CHAIR

The Chair and/or Vice-Chair may be removed from office by a resolution adopted by not less than two-thirds of Council Members present and voting subject to the following criteria:

(1) The Chair and/or Vice-Chair has been given advance notice of the resolution consistent with the notice period required for Council meetings;

(2) The resolution is presented at a Council meeting;

(3) The Registrar shall preside over the resolution and shall appoint, where possible, the Deputy Registrar as scrutineer for the vote;

(4) The vote regarding this resolution shall be taken by secret ballot;

(5) Following the tally of the vote and the report to Council, the Registrar shall ensure that the ballots are destroyed.

3.18 VACANCY OF CHAIR AND/OR VICE-CHAIR OFFICES

(1) Despite Article 3.16(3), if the office of Chair becomes vacant before the expiry of their term of office, the Vice-Chair shall assume the office of Chair for the remainder of the term.

(2) If the office of Vice-Chair becomes vacant before the expiry of their term of office, an election for Vice-Chair shall occur at the next regular meeting of the Council and the new Vice-Chair shall assume the office for the remainder of the term.

(3) If both the offices of Chair and Vice-Chair become vacant concurrently before the expiry of their respective terms of office, the Council shall appoint an interim Chair and Vice-Chair from among the remaining members of the Council to fill the positions of Chair and Vice-Chair and shall hold an election to fill any resultant vacant seats on Executive Committee in accordance with these bylaws.

ARTICLE 4: MEETINGS OF THE COUNCIL

4.1 LOCATION OF MEETINGS

Meetings of the Council may be held electronically or at the College offices or at any other place in Ontario as may be fixed by the Registrar or as the Council may determine.

4.2 NUMBER OF MEETINGS

The first meeting of the Council shall be held in the first quarter of the calendar year. The Council shall hold in each calendar year at least three Council meetings, called by the Council Chair. Notice of the time and place of Council meetings shall be given by the Registrar.

4.3 ADDITIONAL MEETINGS

In addition to the Council meetings contemplated in Articles 4.2 and 3.9(7) above, the Chair or the Council may determine to hold additional meetings.

4.4 SPECIAL MEETINGS

In addition to the Council meetings contemplated in Articles 4.2, 4.3 and 3.9(7), ten Council Members can request a meeting by filing a requisition with the Registrar, who shall schedule the meeting as soon as is reasonably feasible. The requisition shall set out the business that is to be transacted at the meeting.

4.5 BUSINESS TO BE TRANSACTED AT MEETINGS

Except as otherwise provided in the bylaws, the Council may only consider or transact at any Council meeting, other than a special meeting which may only consider the business specified in the requisition;

(a) matters brought forward by the Executive Committee for education, deliberation or ratification;

(b) recommendations and reports by Committees;

(c) matters of which notice was given to the Registrar by a Council Member at the preceding Council meeting or where written notice has been given 21 days in advance of the Council meeting;

(d) reports by the Registrar and the Council Chair; or

(e) such other matters, not included in the agenda for the Council meeting, as a majority of Council Members in attendance determine to be urgent in nature.

4.6 AGENDA

The Chair, in conjunction with the Registrar, shall establish, or cause to be established, the agenda for each Council meeting. The agenda for each Council meeting, other than a special meeting which may only consider the business specified in the requisition, shall include a reasonable period during which

any Council Member may raise for discussion topics relevant to the affairs of the College, whether or not otherwise part of the business to be transacted at the Council meeting. However, any motions made in respect of those items shall be made in accordance with Article 4.5(e).

4.7 QUORUM AND VOTING

(1) A majority of Council Members shall constitute a quorum for the transaction of business. Unless otherwise provided for, questions arising at any meeting of the Council shall be decided by a majority of votes of those present and voting. In the event that a vote is tied following deliberation of the question, the question shall be deemed to have been defeated.

(2) A vote at a Council meeting shall be by a show of hands. Any Council Member may request a roll call vote unless the Council Members have determined to vote by secret ballot or the bylaws require a secret ballot.

(3) In the event of a roll call vote, the Registrar shall request each Council Member in turn to record their vote and such vote shall be recorded in the minutes of the meeting relating to the motion or resolution under consideration.

(4) Despite Article 4.7(1), a question may be decided by consensus where no Council Member requires a vote.

(5) Proxy voting is prohibited.

(6) Voting via conference call or other electronic means is permitted during a Council meeting where a Council Member makes a request of the Council Chair for such an accommodation at least three business days in advance of the meeting. Such requests are considered unusual, and it is expected that the majority of Council Members will vote in person at a Council meeting unless the meeting is being held electronically or in a hybrid format.

4.8 CHAIR OF COUNCIL

(1) For the purposes of the conduct of its meetings, unless an alternate chair has been appointed as set out in Article 4.9, the Council Chair shall preside at all meetings. The Vice-Chair shall preside at all meetings where the Chair is absent and in the absence of both the Chair and the Vice-Chair, the meeting shall be chaired by another Council Member chosen by a majority of the Council Members present and voting at such meeting.

(2) If the Chair chooses to step down as chair during a Council meeting, the Vice-Chair shall assume the chair's role. If the Vice-Chair is unable to serve as chair, an alternate chair will be chosen from among the Council Members.

4.9 ALTERNATE CHAIR

For the purposes of the conduct of its meetings, the Council may appoint a non-voting chair who is not a Registrant of the College or a Council Member to preside at any or all meetings. Such a chair shall function solely as an arbiter of procedure in accordance with the procedures adopted in these

bylaws. Before assuming their duties, the appointed chair shall undertake to maintain confidentiality in accordance with the Act.

4.10 EVIDENCE OF MEETING PROCEEDINGS

(1) At any meeting, unless a poll is demanded, a declaration by the chair of the meeting that a resolution has been carried or carried unanimously or by a particular majority or lost or not carried by a particular majority shall be conclusive evidence of the fact without proof of the number or proportion of votes recorded in favour of, or against a matter.

(2) The Council shall cause minutes to be kept of its proceedings and meetings to form a record of all motions and decisions, which shall be kept at the College office unless the Council otherwise decides.

The written record of the proceedings of a Council meeting when confirmed at a subsequent Council meeting, subject to any corrections made at such subsequent meeting, is proof of the accuracy of the contents of every such record.

4.11 ADJOURNMENTS

Whether or not a quorum is present, the chair of a meeting may, with the consent of the Council Members present, adjourn the meeting. Notice of the time and place of the adjourned meeting shall be given to the Council Members and to the public. Any business which might have been brought before and dealt with at the original meeting may be brought before and dealt with at any adjourned meeting.

4.12 OTHER MEETING PROCEDURES

With respect to procedural matters relating to the conduct of a Council meeting and not otherwise provided for in these bylaws, all questions arising as to any such procedure shall be determined having regard to the procedures adopted by Council.

4.13 MEETINGS HELD BY ELECTRONIC COMMUNICATION

Meetings of Council may be held in any manner that allows all persons participating to communicate with each other simultaneously and instantaneously.

4.14 WRITTEN RESOLUTION

A resolution signed by all Council Members is as valid and effective as if passed at a meeting of the Council held for the purpose of the resolution.

ARTICLE 5: COMMITTEES

5.1 DUTIES OF THE EXECUTIVE COMMITTEE

(1) Between the meetings of the Council, the Executive Committee has all the powers of the Council with respect to any matter that, in the Committee's opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or bylaw in accordance with the Act.

(2) If the Executive Committee exercises a power of the Council under Article 5.1(1), it shall report on its actions to the Council at the Council's next meeting.

(3) The Executive Committee shall also be constituted as the Nominating Committee.

5.2 APPOINTMENT OF COUNCIL MEMBERS AND OTHERS TO COMMITTEES

The Executive Committee in its capacity as the Nominating Committee shall present to Council for approval a slate of candidates to all Committee appointments, including the appointment of Non-Council Committee Members. Council may propose additional suggestions or alternative Committee assignments.

5.3 TERM OF APPOINTMENT

(1) Except as otherwise provided in the bylaws, appointments to all Committees, other than Executive, Discipline ~~or~~, Fitness to Practise, and Inquiries, Complaints and Reports ~~(the latter two of which all members of Council are members)~~, shall be for a one-year term and Committee Members may be reappointed for a maximum of two more consecutive terms. Subject to the other provisions of the bylaws relating to the Executive, Discipline, ~~and~~ Fitness to Practise, and Inquiries, Complaints and Reports Committees, under special circumstances that Council identifies at the meeting and documents in the minutes of the meeting, a person may be reappointed to a Committee despite serving on that Committee for three consecutive years.

(a) In a manner consistent with Article 3.16, a Council Member may serve on the Executive Committee for more than three consecutive years including as Chair and Vice-Chair so long as the aggregate number of years as Chair is not more than three, the aggregate number of years as Vice-Chair is not more than three and the aggregate number of years serving as a member of the Executive Committee while not Chair or Vice-Chair is not more than three.

(2) Subject to Article 5.3(1), a Committee Member who has served the maximum term of three consecutive years on any respective Committee, other than the Executive, Discipline, ~~and~~ Fitness to Practise, and Inquiries, Complaints and Reports Committees, is deemed ineligible for re-appointment to that Committee for a period of at least 12 months following the expiry of their final term of office.

~~(2)~~(3) Appointments to the Inquiries, Complaints and Reports Committee shall be for a one-year term and Committee Members may be reappointed subject to the maximum term limits for Council and Non-Council Committee Members.

5.4 ADDING AND REMOVING MEMBERS

Council may add or remove members to a Committee as required for the efficient operation of the Committee. Where a Committee member is being removed for cause, however, the procedures in the bylaws on disqualification apply.

5.5 VACANCY

Subject to Article 3.18, where a vacancy occurs in respect of the membership by a Council Member on a Statutory Committee, the Executive Committee shall, if necessary for a Committee to achieve its quorum or if necessary to give effect to the provisions of the Act, appoint Council Members to fill any vacancies. Every Council Member of a Committee so appointed shall continue to be a member of such Committee until confirmed or replaced, provided that any such appointment shall not extend beyond the then remaining term of the Council Member being replaced. Where a Council Member vacancy has occurred on any Committee, the Council shall, at its next meeting, fill such vacancy from among the remaining Council Members or, if appropriate, confirm the replacement of the Council Member who was installed as a replacement by the Executive Committee as contemplated above.

5.6 APPOINTMENT OF COMMITTEE CHAIR

At the first meeting of a Committee after the first regular Council meeting in each year, the members of the Committee shall choose a chair from among their number, provided that the chair of each Statutory Committee is a Council Member.

5.7 LIMITATIONS ON POWERS

Where Council delegates to any Committee any power or authority not specifically provided to that Committee under the Act or the bylaws of the College, the exercise of such power or authority by such Committee is subject to review and approval by the Council.

5.8 CONDUCT COMMITTEE AND OTHER NON-STATUTORY COMMITTEES

(1) There shall be a Conduct Committee which shall be composed of between three and five Council Members from statutory regulators other than the College, at least one of whom shall be a Public Member. A quorum of the Conduct Committee shall be three members, at least one of whom shall be a Public Member.

(2) The members of the Conduct Committee shall be appointed by the Council at the first Council meeting of the year.

(3) A member of the Conduct Committee who ceases to be a Council member of a statutory regulator after a Code of Conduct matter has commenced under the College's Council Code of Conduct shall be deemed for the purpose of dealing with that matter, to remain a member of the Committee until the final disposition of the matter unless the Executive Committee determines otherwise.

(4) The Conduct Committee shall perform the duties assigned to it in these bylaws and any other duties assigned to it by Council in its terms of reference.

(5) The Council may, from time to time, create other Non-Statutory Committees to complete specific projects or tasks. The creation or dissolution of such a Committee requires a motion from Council.

(6) In the event of a vacancy on any Non-Statutory Committee, the provisions relating to filling a vacancy on a Statutory Committee shall apply.

(7) Committees are composed of a minimum of three persons.

(8) When required, Non-Statutory Committees may be supported by legal and/or technical consultants, and other resource persons as required.

(9) Non-Statutory Committees shall prepare and/or maintain:

(a) agendas and minutes for each meeting; and

(b) reports to Council for each Council meeting.

5.9 PROCEDURES FOR MEETINGS OF COMMITTEES

(1) Subject to the Act and unless otherwise required by law, each Committee shall meet from time to time at the direction of the Council or the Executive Committee or at the direction of the chair or a majority of the members of such Committee on a date and time designated. Meetings may be held by electronic means.

(2) A College staff person supporting the Committee's activities shall make reasonable efforts to notify all Committee members, via telephone, e-mail, written correspondence or some other mode of communication to arrange the meeting date and time for the convenience of the majority of the Committee members.

(3) The majority of members (at least one of whom is a Public Member) of any Committee shall constitute a quorum unless the Act provides otherwise.

(4) Every question that comes before a Committee shall be decided by a majority of those members present and voting. In the event that a vote is tied following deliberation of the question, the question shall be deemed to have been defeated.

(5) Except for hearings[1] held pursuant to the Act, each Committee shall cause minutes to be kept of its proceedings and meetings to form a record of all motions and decisions, which shall be kept at the College office unless the Council otherwise decides.

The written record of the proceedings of a Committee meeting when confirmed at a subsequent Committee meeting, subject to any corrections made at such subsequent meeting, is proof of the accuracy of the contents of every such record.

[1] Procedure for hearing panels are dealt with by the Health Professions Procedural Code, *Statutory Powers Procedure Act* and the Committee's rules of procedure.

(6) A resolution signed by all Committee members or panel members, as the case may be, including a resolution where all or some of them have signed by email, is as valid as if made at a meeting of the Committee or panel held for that purpose.

5.10 COMMITTEE REPORTS

The Registrar shall keep a written record of every Committee meeting.

5.11 COMPOSITION OF STATUTORY COMMITTEES

(1) The Executive Committee shall be composed of:

(a) three Council Members who are Registrants; and

(b) two Council Members who are Public Members.

(2) The Chair and Vice-Chair of the Council shall be Ex-officio members of the Executive Committee.

(3) The **Registration Committee** shall be composed of at least:

(a) three Council Members who are Registrants;
(b) two Council Members who are Public Members;
(c) one or more Non-Council Committee Members, as needed.

(4) The **Inquiries, Complaints and Reports Committee** shall be composed of at least:

(a) four Council Members who are Registrants;
(b) four Council Members who are Public Members; and
(c) one or more Non-Council Committee Members, as needed.

(5) The **Discipline Committee** shall be composed of:

(a) every Council Member; and
(b) one or more Non-Council Committee Members, as needed.

(6) The **Fitness to Practise Committee** shall be composed of:

(a) every Council Member; and
(b) one or more Non-Council Committee Members, as needed.

(7) The **Quality Assurance Committee** shall be composed of at least:

(a) three Council Members who are Registrants;
(b) two Council Members who are Public Members; and
(c) one or more Non-Council Committee Members, as needed.

(8) The **Patient Relations Committee** shall be composed of at least:

(a) two Council Members who are Registrants;
(b) three Council Members who are Public Members; and

(c) one or more Non-Council Committee Members, as needed.

5.12 CONSTITUTION OF A COMMITTEE

Despite this Article, a Committee is properly constituted, even with a vacancy, so long as a quorum of the Committee can be formed.

5.13 COMPOSITION OF PANELS

Panels shall be selected by the respective Committee chair and this selection will be documented in writing and filed.

ARTICLE 6: APPOINTMENT OF REGISTRAR AND OTHER REPRESENTATIVES

6.1 REGISTRAR

In accordance with the Act, Council shall appoint the Registrar who shall serve as the Chief Executive Officer of the College.

6.2 DEPUTY REGISTRAR

The Registrar shall appoint a Deputy Registrar who shall be the Acting Registrar and have all of the powers and duties of the Registrar should the Registrar be unable to act due to absence from the College or being unavailable or the position of the Registrar becoming vacant.

6.3 INSPECTORS, INVESTIGATORS, EVALUATORS AND ASSESSORS

(1) The Registrar may from time to time appoint persons to act in the capacity of inspector, investigator, evaluator or assessor on behalf of the College. Persons so appointed shall perform such duties as may be determined by the Registrar or a Committee of the College, as the case may be, in accordance with the powers granted under the Act.

(2) Each inspector, investigator, evaluator or assessor appointed shall make a written report to the Registrar or the appropriate Committee of every inquiry made.

6.4 REMOVAL OF THE REGISTRAR

Council shall have the authority to remove the Registrar from their position and/or terminate the Registrar's employment with the College for any lawful reason.

ARTICLE 7: REMUNERATION AND PROTECTION OF COUNCIL MEMBERS, NON-COUNCIL COMMITTEE MEMBERS AND OTHERS

7.1 REMUNERATION OF COUNCIL MEMBERS

(1) Any remuneration of Elected and Academic Members shall be set and reviewed at least once every three years by the Council.

(2) Any remuneration of Non-Council Committee Members and others shall be set by the Registrar.

(3) The information in Article 7.1(1)(2) shall be posted on the College's website.

7.2 INDEMNITY OF COUNCIL MEMBERS, NON-COUNCIL COMMITTEE MEMBERS AND OTHERS

Every Council Member, every other member of a Committee, and any inspector, investigator, evaluator or assessor appointed from time to time by the College and every employee of the College who, in respect of their duties has undertaken or is to undertake any liability on behalf of the College, and the heirs, executors, administrators and personal legal representatives shall be indemnified and saved harmless out of the funds of the College from and against all costs, charges and expenses whatsoever that such person sustains or incurs in or about any action, suit or proceeding that is brought, commenced or prosecuted against them in or about the execution or intended execution of the duties of their office or employment or in respect of any other liabilities, save and except such costs, charges or expenses as are occasioned by their own willful neglect or default.

7.3 LIABILITY INSURANCE OF REGISTRANTS

A Registrant, other than an Inactive Registrant who has purchased any run-off coverage (sometimes called enduring or tail coverage) contemplated by these bylaws, must carry professional liability insurance with the following characteristics:

(a) minimum of no less than $1,000,000 per occurrence;

(b) annual aggregate coverage of no less than $5,000,000;

(c) a deductible of no more than $4,000 per occurrence;

(d) run-off coverage (sometimes called enduring or tail coverage) for a minimum of two years;

(e) provided by an insurer licensed with the Financial Services Commission of Ontario or the office of the Superintendent of Financial Institutions Canada; and

(f) a sexual abuse therapy and counselling fund endorsement that,

  (i) provides coverage for therapy and counselling for every person eligible for funding under subsection 85.7(4) of the Code; and

  (ii) provides coverage, in respect of each such eligible person, for the maximum amount of funding that may be provided for the person under the Act, for therapy and counselling as a result of sexual abuse by the Registrant.

ARTICLE 8: BANKING AND INVESTMENTS

8.1 BANKING

(1) The Council shall appoint a Canadian chartered bank (which shall be a Schedule 1 or Schedule 2 bank under the *Bank Act* [Canada]) for the use of the College. All money received shall be deposited in the account or accounts maintained by the College at such bank, without deduction for any purpose whatsoever. The College shall have a petty cash fund for expenditure items where payment by individual cheque is not practical, any such payment not to exceed $200 and such petty cash fund to be operated on an "as needed" basis. Except for payments out of the petty cash fund as herein before contemplated, all payments by the College shall be made by cheque drawn on the College's bank account as contemplated above.

(2) All cheques or payments issued on behalf of the College in excess of $100,000.00 excluding salaries, or such other amount as may be determined by the Council from time to time, must be signed by both the Council Chair and Registrar.

(3) All cheques or payments issued on behalf of the College not in excess of $100,000.00 or such other amount as may be determined by the Council from time to time shall be signed by both the Registrar and the Deputy Registrar, the Director of Corporate Services or the Council Chair. However, the person to whom the cheque is made payable shall not sign it.

(4) The Registrar may not make any payment where amounts or orders have been split to avoid the limit on purchases or where due diligence has not been exercised with respect to potential or actual conflicts of interest.

(5) The Registrar may endorse any negotiable instrument for collection on account of the College through the College's bank or for deposit to the credit of the College with the College's bank. The College's rubber stamp may be used for such endorsement.

8.2 FIDELITY

The College shall, after consulting with an insurance broker regarding the College's requirements, obtain comprehensive insurance coverage for, among other things, directors' and officers' liability, fidelity, property damage and personal injury.

8.3 INVESTMENT

(1) The Registrar may invest or re-invest the funds of the College which are not immediately required for the purposes of the College in such manner as the Council, may from time to time, by resolution direct, and, in order to implement such investment or reinvestment, Council may authorize by resolution an officer or officers of the College to carry out such direction.

(2) The funds of the College to be invested as referred to above in this section may be invested only in securities issued or guaranteed by:

(a) the Government of Canada;

(b) the government of a province of Canada;

(c) a Schedule 1 Canadian chartered bank; or

(d) a corporate bond issued by a corporation with a rating of BBB or higher with the Dominion Bond Rating Service or a rating of four stars or higher with Morningstar Bond Ratings.

8.4 CUSTODY OF SECURITIES

All securities owned by the College from time to time shall be lodged, in the name of the College, with a Canadian chartered bank or a Canadian trust company, or in a safety deposit box, or held in accounts with such brokerage houses as may be authorized by the Council. Any such securities and other documents shall be placed in, or removed from, the College's safety deposit box only by two of the following: Registrar or Deputy Registrar and Council Chair or Vice-Chair.

8.5 OWNERSHIP OF SECURITIES

All share certificates, bonds, debentures, notes or obligations belonging to the College shall be issued in the name of the College.

ARTICLE 9: BORROWING

9.1 BORROWING AND GIVING OF SECURITY

The Registrar, or any one or more officers or employees of the College as the Council from time to time determines, may, from time to time and with the approval of Council:

(a) borrow money on the credit of the College;

(b) limit or increase the amount or amounts to be borrowed;

(c) issue, sell or pledge for such sums and such prices as may be deemed expedient, securities of the College; and

(d) charge, mortgage, hypothecate or pledge all or any of the real or personal property of the College, including book debts, rights, powers, franchises and undertakings, to secure any such securities or any money borrowed, or other debt, or any other obligation or liability of the College.

ARTICLE 10: AUDITORS

10.1 APPOINTMENT OF AUDITORS

Council shall, in each fiscal year, appoint an accountant or firm of accountants licensed under the *Public Accounting Act* to audit the accounts of the College. If an appointment is not so made, the auditors appointed in the immediate previous fiscal year shall continue, until a successor is appointed.

10.2 NOTICE TO AUDITORS

The Registrar shall give notice of every appointment and re-appointment of auditors to the auditors in writing promptly after the appointment or re-appointment is made, together with a copy of these bylaws.

10.3 EXAMINATIONS BY AUDITORS

The auditors shall make such examinations as will enable them to report to the Council as required by law and under these bylaws. Without limiting the generality of the foregoing, the auditors shall report to the Executive Committee at its last meeting before the Council meeting at which the financial statements of the College are to be submitted. The auditors of the College shall report in writing to the Council at the meeting at which the financial statements of the College are to be submitted and shall state in the report whether, in their opinion, the financial statements present fairly the financial position of the College and the results of its operations for the period under review in accordance with Canadian accounting standards for not-for- profit organizations.

10.4 ACCESS

The College's auditors shall be given a right of access at all reasonable times to all records, documents, books, accounts and vouchers of the College and shall be entitled to require from the Council Members and other officers and employees of the College such information as in their opinion, giving due weight to the principle of privacy of personal information, is necessary to enable them to report as required by law and under these bylaws.

10.5 ATTENDANCE AT MEETINGS

The College's auditors shall be entitled to attend any meeting of the Council and to be heard at any such meeting at which their representative is in attendance on any part of the business of the meeting that concerns the auditors or the financial statements of the College. The Registrar shall send a notice of every meeting of the Council to the College's auditors in sufficient time so as to allow the College's auditors to arrange for representation at such meeting.

10.6 LIMITATION OF EXECUTIVE COMMITTEE AUTHORITY

For greater certainty, notwithstanding the delegation of executive authority to the Executive Committee pursuant to the Act or Article 5.1, the Executive Committee shall not exercise the powers or duties of the Council under Article 10.

ARTICLE 11: SEAL

11.1 SEAL



The seal depicted on the right is the seal of the College.

11.2 CUSTODY OF SEAL

The seal shall be kept in the custody of the Registrar on behalf of the College.

11.3 LOGO AND NAME MARK

The logo and name mark depicted on the College website shall be the logo and name mark of the College as depicted below. The College asserts all intellectual property rights over the logo and name mark.

CDHO

COLLEGE OF DENTAL
HYGIENISTS OF ONTARIO

ARTICLE 12: EXECUTION OF DOCUMENTS, ETC.

12.1 BANK SIGNING AUTHORITIES

Subject to Article 8.1, all contracts, documents, cheques, or other instruments in writing pertaining to the College's banking business that require signatures shall be signed by the Registrar.

12.2 EXECUTION OF OTHER DOCUMENTS

All other contracts, documents or instruments in writing requiring the signature of the College may be signed by the Registrar, or by persons to whom the Registrar has delegated such authority, and all contracts, documents or instruments in writing so signed shall be binding upon the College without any further authorization or formality. The Council is also authorized, from time to time, to appoint any officer or officers or any other person or persons on behalf of the College either to sign contracts, documents or instruments in writing generally or to sign specific contracts, documents or instruments in writing as required.

12.3 DEFINITION OF CONTRACTS, ETC.

The term "contracts, documents or instruments in writing" as used in this section is intended to include deeds, mortgages, hypothecs, charges, conveyances, transfers and assignments of property, real or personal, movable or immovable, powers of attorney, agreements, releases, receipts and discharges for the payment of money or other obligations, conveyances, transfers and assignments of shares, bonds, debentures or other securities and all paper writings.

12.4 SUMMONSES

Except where otherwise provided by law, the Registrar may sign summonses, notices and orders on behalf of the College or any Committee.

12.5 AFFIXATION OF SEAL

The seal of the College shall, when required, be affixed to documents by anyone authorized to sign the document.

ARTICLE 13: ENACTMENT, AMENDMENT AND REPEAL OF BYLAWS

13.1 ENACTMENT, AMENDMENT AND REPEAL

A bylaw of the College may be made, amended and repealed by a vote of at least two-thirds of the Council Members present and voting at any Council meeting.

13.2 NOTICE OF PROPOSAL

Where obligated by the Act, proposed bylaws shall be circulated to every Registrant at least 60 days before Council approves them.

13.3 NUMBERING AND MAINTENANCE

Every bylaw and every amendment and repeal thereof shall be numbered according to the order in which it was passed, certified by the Council Chair or Vice-Chair and by the Registrar and sealed and maintained in a book in its numerical order.

ARTICLE 14: INFORMATION REQUIRED BY THE COLLEGE

14.1 TIMING OF ANNUAL RENEWAL

The Registrar shall, at least 45 days before the deadline for annual renewal of the current certificate of registration, send to every Registrant, at the address to which the Registrant wishes correspondence from the College to be sent shown in the register, a notice respecting the required payment of annual fees and the information that is required to be provided at the time of renewal.

14.2 PROVIDING INFORMATION TO THE COLLEGE

When requested, the Registrant shall immediately provide the College with the following information, in the form requested by the College:

(a) Information required to be maintained in the register in accordance with subsection 23(2) of the Code, Regulation 261/18 under the RHPA and Article 15 of these bylaws;

(b) Information required to be provided to the College pursuant to sections 85.6.1 through 85.6.4 of the Health Professions Procedural Code regarding offences (charges and findings), misconduct findings, membership in other regulatory bodies, and bail conditions, etc.;

(c) The address and telephone number of the Registrant's primary residence and a current e-mail address to which only the Registrant has access;

(d) Every business address and business telephone number, and, if available, business facsimile number and business email address;

(e) Proof of professional liability insurance in accordance with Article 7.3 of these bylaws;

(f) The Registrant's areas of practice and categories of Clients seen;

(g) Information regarding the Registrant's employment including:

  (i) the Registrant's title and position,
  (ii) a description of the Registrant's role, duties, and responsibilities, and
  (iii) the Registrant's employment category and status;

(h) If there have been any changes to the Registrant's name since the date of the Registrant's initial application for registration, and where requested by the College, documentation supporting the change;

(i) Any nicknames, short forms of given names, aliases or assumed names that the Registrant uses in any place of practice;

(j) Information about the Registrant's registration with any other body that governs a profession, whether inside or outside of Ontario, including the name of the governing body, the Registrant's registration or licence number and the date the Registrant first became registered and the expiry date of that registration or licence number;

(k) The name of the educational institution where the Registrant obtained a certificate, diploma or degree in dental hygiene, the type of certificate, diploma or degree obtained and the date each was issued;

(l) Information about any referral to a hearing or finding of professional misconduct or incompetence or similar referral to a hearing or finding that has been made against the Registrant by a body that governs a profession, inside or outside of Ontario, where that finding has not been reversed on appeal, including:

(i) the referral to a hearing or finding,
(ii) the name of the governing body that made the referral to a hearing or finding,
(iii) a brief summary of the facts on which the referral to a hearing or finding was based,
(iv) the penalty and any other orders made relative to the referral to a hearing or finding,
(v) the date the referral to a hearing or finding was made,
(vi) information regarding any appeals of the referral to a hearing or finding, and
(vii) the notice of hearing if available;

(m) Information about any finding of incapacity or similar finding that has been made against the Registrant by a body that governs a profession, inside or outside of Ontario, where that finding has not been reversed on appeal, including:

(i) the finding,
(ii) the name of the governing body that made the finding,
(iii) the date the finding was made,
(iv) a summary of any order made, and
(v) information regarding any appeals of the finding;

(n) Information about the Registrant's participation in the Quality Assurance Program;

(o) Information for the purpose of compiling statistical data;

(p) Information about any finding by a court made after June 3, 2009 of professional negligence or malpractice against the Registrant; and

(q) Information required by the Minister of Health and Long-Term Care.

14.3 NOTIFICATION OF CHANGES OF INFORMATION

The Registrant shall update their information on the College website or notify the College, in writing, of any changes to the information required to be provided to the College pursuant to article 14.2 within 14 days of the effective date of the change.

ARTICLE 15: THE REGISTER

15.1 MAINTAINING THE REGISTER

The Registrar shall maintain a register in accordance with section 23 of the Code.

15.2 NAME IN THE REGISTER

A Registrant's name in the register shall include their full legal name indicated on the documents used to support the Registrant's initial registration with the College and may also include an additional name pursuant to article 15.3.

15.3 CHANGE OF NAME

The Registrar may also enter a name other than the name referred to in Article 15.2, in the register if the Registrar:

(a) has received a written request from the Registrant;
(b) is satisfied that the Registrant has legally changed their name; and
(c) is satisfied that the name change is not for any improper purpose.

15.4 PRIMARY BUSINESS ADDRESS

A Registrant's primary business address in the register shall be the address of the location in Ontario where the Registrant is practising as a dental hygienist. In the event that the Registrant is practising as a dental hygienist in more than one location in Ontario, the Registrant's primary business address shall be the location where the Registrant currently works the most hours. All other business addresses will be listed as secondary business addresses in the register. In the event that the Registrant is not practising in Ontario as a dental hygienist, the Registrar shall enter as the Registrant's primary business address the location designated by the Registrant or any other location for the Registrant known by the College.

15.5 PRIMARY BUSINESS TELEPHONE NUMBER

A Registrant's primary business telephone number in the register shall be the telephone number of the location in Ontario where the Registrant is practising as a dental hygienist. In the event that the Registrant is employed or self-employed as a dental hygienist in more than one location in Ontario, the Registrant's primary business telephone number shall be the telephone number of the location where the Registrant currently works the most hours. In the event that the Registrant is not employed in Ontario as a dental hygienist, the register shall not contain a business telephone number for the Registrant.

15.6 OTHER INFORMATION IN THE REGISTER

In addition to the information set out in subsection 23(2) of the Code and Regulation 261/18 under the RHPA, the following is designated as public information:

(a) The Registrant's registration number;

(b) The dates on which each class of registration and specialist status that the Registrant holds was obtained and, if applicable, the dates on which each terminated;

(c) If the Registrant ceased to be a Registrant, a notation specifying the reason for the termination of registration and the date upon which the Registrant ceased to be a Registrant;

(d) Information relating to the Registrant's education in dental hygiene, including date of graduation and educational institution;

(e) Where, on or after December 31, 2015, for a complaint or for a matter in which an investigator is appointed under clause 75(1)(a) or clause 75(1)(b) of the Code, a panel of the Inquiries, Complaints and Reports Committee requires a Registrant to appear before a panel of the Committee to be cautioned a fulsome summary of the caution and such other relevant information that the Registrar believes is in the public interest to include;

(f) Where, on or after December 31, 2015, for a complaint or for a matter in which an investigator is appointed under clause 75(1)(a) or clause 75(1)(b) of the Code, a panel of the Inquiries, Complaints and Reports Committee takes other action requiring a Registrant to complete a specified continuing education or remediation program ("SCERP") a fulsome summary of the SCERP and such other relevant information that the Registrar believes is in the public interest to include;

(g) Where, on or after December 31, 2015, for a complaint or for a matter in which an investigator is appointed under clause 75(1)(a) or clause 75(1)(b) of the Code, a panel of the Inquiries, Complaints and Reports Committee obtains an undertaking from the Registrant, a fulsome summary of the undertaking and such other relevant information as the Registrar determines is in the public interest to include;

(h) Notwithstanding paragraphs "e", "f" and "g" where, after a review, the Inquiries, Complaints and Reports Committee has been required to remove or vary the order or undertaking, the notation may be removed once the Committee makes its new decision. Where the original order or requirement to complete an undertaking has been varied, the Registrar may enter a summary of the process leading up to and the results of the variation;

(i) Where, for a pending complaint or other type of investigation, the Registrar confirms that the College is investigating a Registrant because there is a compelling public interest in disclosing this information pursuant to clause 36(1)(g) of the Act, the fact that the Registrant is under investigation;

(j) Where an allegation of a Registrant's professional misconduct or incompetence has been referred to the Discipline Committee or where the Registrar has referred an application for reinstatement to the Discipline Committee under section 73 of the Code and the matter is outstanding, a fulsome summary of the matter and such other information that the Registrar believes is in the public interest to include;

(k) Where the results of a disciplinary proceeding are contained in the register, the date on which the panel of the Discipline Committee made the finding of professional misconduct or incompetence and the date on which the panel made an order;

(l) After December 31, 2015, a summary of any reprimand given publicly to a Registrant as part of the order of a panel of the Discipline Committee, unless the results of the proceeding before the Discipline Committee are not otherwise available to the public under the Code;

(m) A notation, including the date of the referral, for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Fitness to Practise Committee under section 61 of the Code and has not been finally resolved, until the matter has been resolved;

(n) Any information jointly agreed to be placed on the register by the College and the Registrant;

(o) Where the Registrant's certificate of registration is subject to an interim order, a notation of that fact, the nature of the order and the date that the order took effect;

(p) Where the Registrant's certificate of registration is subject to a suspension for failure to pay a fee, the reason for the suspension and the date of the suspension in addition to the fact of the suspension;

(q) Where the College is aware that a Registrant is currently registered or licensed to practise a profession inside or outside of Ontario, a notation of that fact;

(r) Where the College is aware that a pending allegation of professional misconduct or incompetence or a similar allegation has been referred to a discipline type of hearing against a Registrant registered or licensed to practise a profession inside or outside of Ontario, a fulsome summary of the matter and such other relevant information that the Registrar believes is in the public interest to include;

(s) Where the College is aware that a finding of professional misconduct or incompetence or a similar finding has been made against a Registrant registered or licensed to practise a profession inside or outside of Ontario and that finding has not been reversed on appeal, a fulsome summary of the matter and such other relevant information that the Registrar believes is in the public interest to include;

(t) Where the College is aware that a finding of incapacity or similar finding has been made against a Registrant registered or licensed to practise a profession inside or outside of Ontario, and that finding has not been reversed on appeal, a fulsome summary of the matter and such other relevant information that the Registrar believes is in the public interest to include;

(u) Where a decision of a panel of the Discipline Committee has been published by the College with the Registrant's or former Registrant's name included,

  (i) a notation of that fact, and

  (ii) identification of, a link to, or a copy of the specific publication containing that decision;

(v) Where, during or as a result of a proceeding under section 25 of the Code a Registrant has resigned, a notation of that fact and such other relevant information that the Registrar believes is in the public interest to include;

(w) A summary of any current charges against a Registrant, of which the College is aware, in respect of a federal, provincial or other offence;

(x) A summary of any current conditions, terms, orders, directions or agreements relating to the custody or release of the Registrant in respect of provincial, federal or other offence processes, of which the College is aware;

(y) A summary of any findings of guilt, of which the College is aware, made by a court after December 31, 2015, against a Registrant in respect of a provincial, federal or other offence;

(z) In addition to the name of every health profession corporation of which the Registrant is a shareholder, the business address, business telephone number, business e-mail address, if there is one, and any operating names of the health profession corporation;

(aa) Any terms, conditions and limitations imposed on the certificate of registration, as well as a notation when TCLs are successfully completed to the satisfaction of the Registrar and the date of such completion.

15.7 OFFICIAL DOCUMENTATION

Upon request, the Registrar shall issue a written document containing such information as requested from the public portion of the register.

15.8 INFORMATION AFFECTING THE SAFETY OF AN INDIVIDUAL

All of the information in the register is designated, under subsection 23(6) of the Code, as information that may be withheld from the public if the Registrar has reasonable grounds to believe that disclosure may jeopardize the safety of an individual.

ARTICLE 16: FEES

16.1 APPLICATION FEES

(1) A person who submits an application for a general or specialty certificate of registration for consideration by the Registrar pursuant to section 15 of the Code, shall pay an application fee of $50.

16.2 ANNUAL FEES

(1) The annual fee payable by a Registrant is:

(a) $415 for a Registrant who holds a general certificate;

(b) $415 for a Registrant who holds a specialty certificate; and

(c) $215 for a Registrant who holds an inactive certificate.

(d) If an applicant graduated from a program in dental hygiene within 12 months of applying for registration, the annual fee upon initial registration is one half of the annual fee payable by a Registrant who holds a general certificate.

(2) The annual fees are payable by a Registrant upon first becoming a Registrant and, thereafter, on December 1 of each year in the year preceding the year to which the Registration renewal applies.

(3) The penalty for late payment of a fee set out in Article 16.2 (1)(a)–16.2 (1)(c) is $100 and is payable on December 2nd.

16.3 CHANGE OF CLASS

A Registrant who applies, after January 1 of any year, for a certificate of registration of a different class than the one already held by the Registrant, shall pay the difference between the annual fee paid by the Registrant on January 1 and the annual fee payable for the certificate for which the Registrant applied if the latter fee is greater.

16.4 EVALUATION FEES

(1) The fee to take the clinical competency evaluation for entry to practice is $2650.

(2) The fee to take the provincial written assessment for entry to practice is $675.

(3) The fee to re-take the provincial written assessment for entry to practice is $575.

(4) The fee to take an entry-to-practice radiology evaluation is $650.

(5) The fee to take the professional competency assessment for re-entry to practice is $3225.

(6) The fee to take the professional competency assessment for a specialty certificate is $1500.

(7) A person who files an appeal with the Registrar shall pay a non-refundable fee of $350.

(8) The prior learning assessment fee for an applicant from a non-accredited program is $800.

16.5 FEES FOR ELECTION RECOUNT

(1) A candidate for election as an Elected Member or selection as an Academic Member to the Council shall pay a fee of $100 for a recount of the election or selection that the Registrar is required to hold in accordance with Article 3.2(14).

(2) The fee shall be refunded to the candidate if the outcome of the election or selection is changed in their favour as a result of the recount.

16.6 ADDITIONAL FEES

(1) A person who makes requests of the Registrar to do that which is required or authorized to do by statute or by regulation of the Registrar shall pay:

(a) if a fee for doing so is prescribed, the prescribed fee; or

(b) if a fee is not prescribed and a fee is set by the Registrar, the fee set by the Registrar.

16.7 OBLIGATIONS TO PAY

(1) The fee for reinstatement where the Registrant's certificate was suspended or revoked is $500.

(2) The fee for a:

(a) Replacement wall certificate is $20

(b) Replacement of a duplicate receipt is $10

(c) Certificate of professional conduct is $15.

(3) The obligation to pay the annual registration fee or renewal fee and to submit the annual information return continues, even if the Registrar fails to mail a notice, or the Registrant fails to receive such notice.

16.8 ADMINISTRATIVE FEE

After the first notice, a Registrant shall pay an administrative fee of $50 for each subsequent notice sent by the Registrar to a Registrant for failure of the Registrant to provide information or a form to the College or a Committee of the College within 30 days of being requested or required to do so. The fee is due within 30 days of the subsequent notice being sent, unless they have, in the opinion of the Registrar, a valid explanation for failing to submit the information requested within the 30-day period.

ARTICLE 17: INTENTIONALLY LEFT BLANK

ARTICLE 18: FUNDING FOR THERAPY AND COUNSELLING

18.1 REQUIREMENTS UNDER THE PROGRAM

The Patient Relations Committee may require therapists and counsellors, who are providing therapy or counselling that is funded through the program, to submit credentials attesting to their competency in providing sexual abuse therapy and counselling. Persons who are receiving such therapy or counselling shall provide, to the Patient Relations Committee, a written statement, signed in each case by the therapist or counsellor and by the person, containing details of the therapist's or counsellor's training and experience. Persons who are receiving therapy or counselling shall provide to the Patient Relations Committee a written statement that therapy or counselling is being provided and that the funds are being devoted only to that purpose.

ARTICLE 19: PROFESSIONAL INCORPORATION

19.1 CERTIFICATE OF AUTHORIZATION FEE

The fee for the issuance of a certificate of authorization, including any reinstatement of a certificate of authorization, for a professional corporation is $750.

19.2 ANNUAL RENEWAL FEE

The fee for the annual renewal of a certificate of authorization is $100.

19.3 RENEWAL DATE

The annual renewal date for a certificate of authorization is March 1st of each year.

19.4 FAILURE TO RENEW

After the first notice, a professional corporation or a Registrant listed in the College's records as a shareholder of a professional corporation shall pay an administrative fee of $50 for each subsequent notice sent by the Registrar to the corporation and/or Registrants affiliated with the corporation for failure of the corporation to renew its certificate of authorization on time. The fee is due within 30 days of the notice being sent unless they, in the opinion of the Registrar, have a valid explanation for failing to submit the information requested within the 30-day period.

19.5 ADDITIONAL CERTIFICATE

The fee for the issuing of a document or certificate respecting a professional corporation, other than the first certificate of authorization or one annual renewal of a certificate of authorization is $50.

19.6 INFORMATION REQUIRED BY THE COLLEGE

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

(a) the name of the professional corporation as registered with the Ontario Ministry of Government and Consumer Services;

(b) any practice names used by the professional corporation;

(c) the name, as set out in the register, and registration number of each shareholder of the professional corporation;

(d) the name, as set out in the register, of each officer and director of the professional corporation, and the title or office held by each officer and director;

(e) the principal practice address, telephone number, facsimile number and e-mail address of the professional corporation;

(f) the address and telephone number of all other locations, other than residences of Clients, at which the professional services offered by the professional corporation are provided; and

(g) a brief description of the professional activities carried out by the professional corporation.

19.7 PUBLIC INFORMATION

The information specified in Article 19.6 is designated as public for the purposes of subsection 23(5) of the Code.

ARTICLE 20: DECLARED EMERGENCIES

In the event of the declaration of a state emergency by the Government of Canada or by the government of any province or territory of Canada or for any other reason, the College may waive or extend any deadline under these bylaws or curtail any services of the College for the duration of length of the state of emergency. The College will communicate with Registrants where possible.

Schedule I

CODE OF ETHICS

The mission of the College of Dental Hygienists of Ontario is to regulate the practice of dental hygiene in the interest of the overall health and safety of the public of Ontario.

PRINCIPLE I: BENEFICENCE

- ***Involves caring about and promoting the good of another***

  Dental hygienists use their knowledge and skills to assist Clients to achieve and maintain optimal oral health and to promote fair and reasonable access to quality care.

PRINCIPLE II: AUTONOMY

- ***Pertains to the right to make one's own choices***

  By communicating relevant information openly and truthfully, dental hygienists assist Clients to make informed choices and to participate actively in achieving and maintaining optimal oral health.

PRINCIPLE III: PRIVACY AND CONFIDENTIALITY

- ***Privacy pertains to a person's right to control the collection, use and disclosure of personal information; the right to access and correct inaccurate information; and the right to expect that the information is kept secure.***
- ***Confidentiality is the duty to hold secret any information acquired in the professional relationship.***

  Dental hygienists respect the privacy of Clients and hold in confidence the information disclosed to them, subject to certain narrowly defined exceptions.

PRINCIPLE IV: ACCOUNTABILITY

- ***Pertains to the acceptance of responsibility for one's actions and omissions in light of relevant principles, standards, laws, regulations and the potential to self-evaluate and to be evaluated accordingly.***

  Dental hygienists practise competently in conformity with relevant principles, standards, laws, and the regulations under their enabling legislation and accept responsibility for their behaviour and decisions in the professional context.

PRINCIPLE V: PROFESSIONALISM

- ***Is the commitment to use and advance professional knowledge and skills to serve the Client and the public good.***

  Dental hygienists express their professional commitment individually in their practice and communally through the College and their participation in the College's Quality Assurance Program.

ETHICAL DECISION-MAKING MODEL

STEP 1	IDENTIFY THE PROBLEM	Identify, in a preliminary way, the nature of the challenge or problem.
STEP 2	**GATHER INFORMATION**	Become suitably informed and gather relevant information including: factual information; sequence of events; applicable policies, laws, and regulations; and the views of stakeholders.
STEP 3	**CLARIFY THE PROBLEM**	Clarify and elaborate the problem based on the additional information obtained. Identify the ethical principles at stake.
STEP 4	**IDENTIFY OPTIONS**	Identify the various options for action.
STEP 5	**ASSESS OPTIONS**	Assess the various options.
STEP 6	**CHOOSE A COURSE OF ACTION**	Decide on and justify/defend a course of action.
STEP 7	**IMPLEMENT THE ACTION**	Implement one's decision as thoughtfully and sensitively as possible.
STEP 8	**EVALUATE OUTCOMES**	Assess the consequence of your decision and evaluate the outcomes.

Schedule II

ELECTION OF THE EXECUTIVE COMMITTEE

(1) The elections shall be conducted by the Registrar or their delegate.

(2) No Council Member shall sit at the head table of the meeting until the elections have been finalized.

(3) Nominations to any position on the Executive Committee may be either by self or from any member of Council.

(4) The Registrar or their delegate shall call for nominations for the position of Council Chair.

- (a) Should only one Council Member be a candidate for the position of Council Chair, the Registrar or their delegate will thereupon declare said candidate Elected by acclamation.
- (b) Should there be more than one candidate for the position of Council Chair, an election by secret ballot shall be conducted.
  - (i) Each candidate shall be entitled to briefly address Council.
  - (ii) The Registrar or their delegate shall appoint two scrutineers to count the ballots and the results shall be reported to Council by the Registrar or their delegate with the number of votes for each candidate to remain confidential.

(5) When more than two candidates are nominated, the nominee who received the lowest number of votes in each election shall be deleted from the next ensuing election unless one nominee receives a majority
(50% +1) of the votes cast on the ballot, in which case that person is elected. This procedure shall be followed until one nominee receives a majority of the votes cast.

(6) In the event of a tie, a second election will take place. Candidates who are tied shall be entitled to briefly address Council. If the results are once again a tie, then a third election will take place, before which candidates who are tied shall be entitled to briefly address Council. If the results are once again a tie, the tie shall be broken by lot in the presence of the two scrutineers unless Council determines by ordinary resolution to proceed in another manner, which may include the holding of a new election.

(7) The election of the Vice-Chair shall be conducted on a basis identical to that of the procedure applicable to the election of the Chair.

(8) The election of the remaining members of the Executive Committee shall be conducted in a similar, but
not necessarily identical manner in a democratic fashion.

(9) The Registrar or their delegate shall call for a motion to destroy the ballots immediately following the election.

Schedule III

RULES OF ORDER OF COUNCIL

(1) In this Schedule, "Member" means a Member of the Council.

(2) Each agenda topic will be introduced briefly by the person or Committee representative raising it. Members may ask questions of clarification, then the person introducing the matter shall make a motion and another Member must second the motion before it can be debated.

(3) When any Member wishes to speak, they shall so indicate by raising their hand and shall address the presiding officer and confine themselves to the matter under discussion.

(4) Staff persons and consultants with expertise in a matter may be permitted by the presiding officer to answer specific questions about the matter.

(5) Observers at a Council meeting are not allowed to speak to a matter that is under debate.

(6) A Member may not speak again on the debate of a matter until every other Member who wishes to speak to it has been given an opportunity to do so. The only exception is that the person introducing the matter or a staff person may answer questions about the matter. Members will not speak to a matter more than twice without the permission of the presiding officer.

(7) A Member may speak up to three (3) minutes upon any motion; additional time may be allotted with the permission of Council.

(8) When a motion is under debate, no other motion can be made except to amend it, to postpone it, to put the motion to a vote, to adjourn the debate or the Council meeting or to refer the motion to a Committee.

(9) A motion to amend the motion then under debate shall be disposed of first. Only one motion to amend the motion under debate can be made at a time.

(10) When it appears to the presiding officer that the debate on a matter has concluded, when Council has passed a motion to vote on the motion, or when the time allocated to the debate on the matter has concluded, the presiding officer shall put the motion to a vote.

(11) When a matter is being voted on, no Member shall enter or leave the Council room, and no further debate is permitted.

(12) No Member is entitled to vote upon any motion in which they have a conflict of interest, and the vote of any Member so interested will be disallowed.

(13) Any motion decided by the Council shall not be re-introduced during the same meeting except by a two-thirds vote of the Members then present.

(14) Whenever the presiding officer is of the opinion that a motion offered to the Council is contrary to these rules or the bylaws, they shall rule the motion out of order and give their reasons for doing so.

(15) The presiding officer shall preserve order and decorum, and shall decide questions of order, subject to an appeal to the Council without debate.

(16) The above rules may be relaxed by the presiding officer if it appears that greater informality is beneficial in the particular circumstances, unless the Council requires strict adherence.

(17) Members are not permitted to discuss a matter with observers while it is being debated.

(18) Members must remain engaged in Council meetings and not allow their personal electronic devices to interfere with their attention or the attention of others. Laptops shall only be used during Council meetings to review materials related to Council business (e.g., electronic copies of background documents) and to make personal notes on the issue at hand.

(19) Members are to be silent while others are speaking.

(20) In all cases not provided for in these rules or by other rules of Council, the current edition of "Robert's Rules of Order" shall be followed so far as they may be applicable.

(21) These rules shall apply, with necessary modifications, to meetings conducted by teleconference or any other electronic means permitted by the bylaws, including audio or video conferencing.

Approved by Council September 25, 2015
Article 16.2(1) amended by Council March 4, 2016
Amended by Council June 3, 2016, to include Schedule III
Articles 1.1, 3.2, 3.3, 3.7, 3.9, 4.7, 4.10, 4.12, 4.14, 5.9, 12.1, 12.2, 14.2, 14.3, 15.4–15.6 16.1, 16.2, 16.4, amended by Council March 24, 2017
Articles 3.4(3), 5.8(3), 16.4(1, 2, 3, 5, 7) amended by Council March 22, 2019
Articles 3.7–3.17, 5.8, 19–21 amended by Council June 7, 2019
Articles 3.2(14), 3.15(1), 3.18(1), 4.3, 4.4, 4.12(1, 2, 3), 5.3(1)(a), 5.5, 7.1(1, 2, 3), 19.7 amended by Council September 18, 2020
Articles 1.1, 3.1(17), 3.3(1), 3.5, 3.8(3, 4), 3.9(11), 5.11(3, 4, 5, 6, 7, 8), 16.2(1, 2, 3), amended by Council June 10, 2022
Articles 3.7(13, 17, 19, 20, 21[m] [o], 23, 24, 24[a], 27, 29, 37), and Schedule III (3, 12, 14, 18), amended by Council December 2, 2022
Amended by Council June 7, 2024
Articles 3.7(1, 19, 20, 21), amended by Council March 28, 2025

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO: VOICE OF THE PATIENT 2026

Final Report

November 13, 2026

CDHO
COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

PIVOTAL RESEARCH Inc.™

TABLE OF CONTENTS

Summary of Findings 3

Research Background & Methodology 4-5

Respondent Profile 6-7

Recent Patient Experience 8-22

Non-Recent Patient Experience 23-28

General Perceptions 29-35

Perception of The Regulator 36-38

Key Considerations 39-40

SUMMARY OF FINDINGS



Overall satisfaction remains stable, but several parts of the journey have declined since 2022. More than three-quarters of recent patients (77%) were satisfied with their overall dental hygiene care, consistent with previous years. Since 2022, satisfaction has declined for cleanliness and infection control (83% to 75%), feelings of safety and comfort (80% to 73%), and access to urgent or emergency care (62% to 55%), now the lowest result in the journey.



Comfort and consent are the strongest drivers of satisfaction. Providing options to minimize pain and discomfort (67%) and asking for consent before treatment (66%) were among the strongest drivers of overall satisfaction, and both fell below the journey average. Focus group participants linked pain that was dismissed and treatment without agreement to their least positive experiences.



Cost transparency has improved, but cost concerns now center on consent. Satisfaction with payment reached 67%, its highest in five cycles. Still, 13% of recent patients were charged more than, or differently from, what they were told, and participants described optional services added without agreement.



Seven in ten feel protected from harm, but most concerns stay within the clinic. New in 2026, 70% of recent patients were confident they are protected from harm during dental hygiene care. Between 12% and 14% reported problems with access, unexpected charges, missed follow-up, or consent, and most who reported a concern told their dental hygienist or clinic, not the College.



One in five has not accessed care in the past year, and more say they do not need it. Among non-recent patients (21%), cost was the most common reason (48%) and the main reason for one-third (33%), followed by insufficient insurance (30%). The share naming "not needing care" as their main reason has risen to 21% from 15% in 2022, and only 39% of non-recent patients see regular visits as important.



The same groups trail on almost every measure. Younger respondents, students, those with lower incomes, respondents with a disability, and those who are new to Canada consistently reported lower satisfaction, patient agency, trust, and access. Respondents with a disability (32%) and those new to Canada (34%) were also more likely to be non-recent patients.



Awareness of CDHO remains limited. One in four respondents (26%) has heard of CDHO, while 43% are aware a regulator oversees dental hygienists. Among those who have heard of CDHO, 70% of recent patients said it is effective, but results declined across the mandate, and complaints handling is lowest (62%).

RESEARCH BACKGROUND AND METHODOLOGY

Background and Research Objectives

The College of Dental Hygienists of Ontario (CDHO or College) is the regulatory body for Registered Dental Hygienists in Ontario. It regulates the profession of dental hygiene in the interest of protecting the health and safety of the Ontario public and sets the requirements for registration as a dental hygienist. While CDHO does not train dental hygienists, it establishes practice standards for safe and ethical care.

The College commissioned Pivotal Research Inc. (Pivotal Research), an independent Canadian research and evaluation firm, to understand the perspectives of the general public in Ontario on their experiences with dental hygiene care, the profession's role in Ontario, and how the College regulates it.

Research Methodology

CDHO's Voice of the Patient research program is a multi-year evaluation that began in 2022. The methodology below describes the 2026 cycle, which followed sampling and data collection procedures similar to previous years. In 2022 and 2023, the program included the quantitative phase only.

Stage 1: Quantitative Phase

This stage used an online survey with a non-probability sample. Pivotal Research administered the survey through Cint, a global platform that connects researchers with large, diverse panels of individuals who have agreed in advance to take part in research. A screening question confirmed that participants resided in Ontario, were 18 years of age or older, and were not Registered Dental Hygienists. The survey included two groups of eligible respondents:

The survey included two groups of eligible respondents:

- **Recent patients** (n=1,538): Individuals who had accessed dental hygiene care within the past 12 months.
- **Non-recent patients** (n=413):Individuals who had never accessed dental hygiene care or had last done so more than 12 months ago

Eligible respondents were invited to complete a 10 to 15 minute survey. In total, 1,982 respondents completed the survey in English and 18 completed it in another language (11 in French and 7 in Mandarin). No respondents chose to complete it in Punjabi. A copy of the survey instrument is in the Appendix.

Stage 2: Qualitative Phase

The research also included a qualitative deep dive with 26 participants, made up of both recent and non-recent patients. Participants were drawn from the 2026 survey respondents and invited based on their survey responses. Copies of the focus group and interview guides are in the Appendix. Three groups were recruited:

- **Non-recent patients**: Nine one-on-one interviews with Ontario residents who said in the survey that they had not accessed dental hygiene care in the past 12 months.
- **Patients reporting lower satisfaction**: One focus group with three Ontario residents who were neutral or dissatisfied with their overall dental hygiene care.
- **Patients reporting higher satisfaction**: Two focus groups with 14 Ontario residents who were satisfied or extremely satisfied with their overall dental hygiene care.

Copies of the focus group and interview guides are in the Appendix.

RESEARCH BACKGROUND AND METHODOLOGY

Data Collection

A total of 2,000 Ontario residents aged 18 or older completed the survey between September 24 and October 13, 2026. Respondents provided demographic information and their geographic location, and the final sample included residents from communities across the province. To broaden access, the survey was available in English, French, Mandarin and Punjabi.

The study used a non-probability online sample. For comparison purposes, a probability sample of the same size would carry a margin of error of ±2.19 percentage points, 19 times out of 20.

The qualitative phase followed the survey. Interviews were conducted between October 19 and 30, 2026, and the three focus groups took place on October 21 and 22, 2026.

Focus group participants included 11 women and six men from a range of age groups. Five identified as a racial or ethnic minority, two as a person with a disability, and one as Indigenous. Interview participants included three women and six men aged 18 to 66 and older. Two identified as a racial or ethnic minority, one as Indigenous, and three as persons with a disability. Across both groups, participants came from communities throughout Ontario, including Toronto (Scarborough and Etobicoke), Ottawa, London, Kingston, Brantford, Burlington, Richmond Hill, Windsor, Cornwall, North Bay, and rural communities.

Survey Instrument

All respondents answered a core set of questions, and recent patients answered additional items about their recent care experience. This design allowed the survey to explore public perceptions broadly and gather detailed feedback on patient experience.

Recent Patients

- Dental hygiene patient journey and satisfaction
- Outcomes of most recent visit
- Insurance coverage
- Perceptions of risk in dental hygiene care, including confidence in protection from harm (new in 2026)
- Travel time to care (new in 2026)

Non-recent Patients

- Reasons for not visiting a dental hygienist in the past 12 months
- Timing of last visit

All Respondents

- Awareness of dental hygienist services (new in 2026)
- Overall health and value of oral health
- Perceptions of dental hygiene care, including access, quality, and discrimination
- Patient agency
- Perceptions of dental hygiene care regulation in Ontario
- Awareness and perceptions of CDHO
- CDHO's communication with the public
- Demographic Information

Statistical Testing

We used statistical testing at the 95% confidence level to assess how experiences varied across demographic groups. Some subgroups were too small to support reliable comparisons.

Asterisks (*) in the charts mark statistically significant differences between 2025 and 2026. Significant differences between demographic groups are noted in the narrative where relevant. Differences within smaller subgroups should be treated as directional.

RESPONDENT PROFILE

Respondents provided demographic information, including gender, age, region of residence, household income, and other identity factors.

Just over half of respondents (53%) identified as female and 45% as male. More than one-third (36%) resided in central Ontario, a quarter (25%) in Toronto, and one-fifth (20%) in western Ontario, with the remainder in eastern (15%) and northern (5%) Ontario. Respondents spanned all age groups, each making up between 13% and 19% of the sample, and a broad range of household incomes.

Gender

n=2,000



53% Female

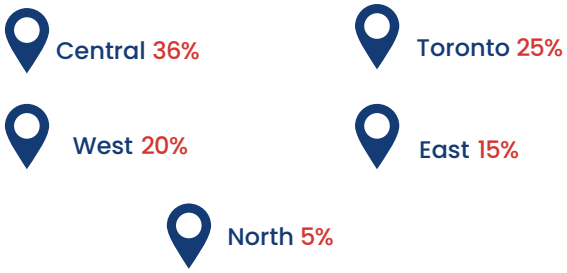
45% Male

2% Other

Note: Respondents could select more than one option. "Other" includes respondents who identified as transgender, non-binary/agender, or Two-Spirit.

Place of Residence by Region

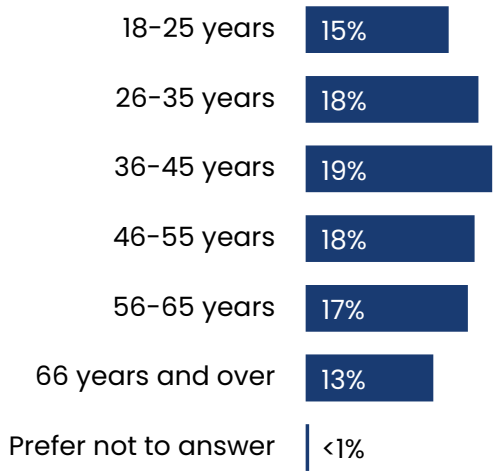
n=2,000



Note: Region was determined from the first three characters of each respondent's postal code.

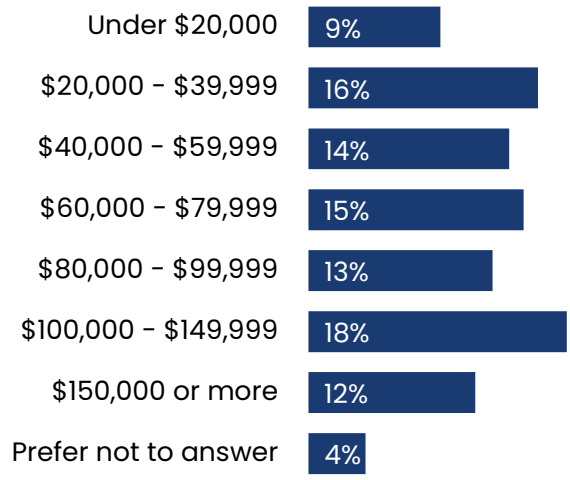
Age

n=2,000



Total Household Income

n=2,000

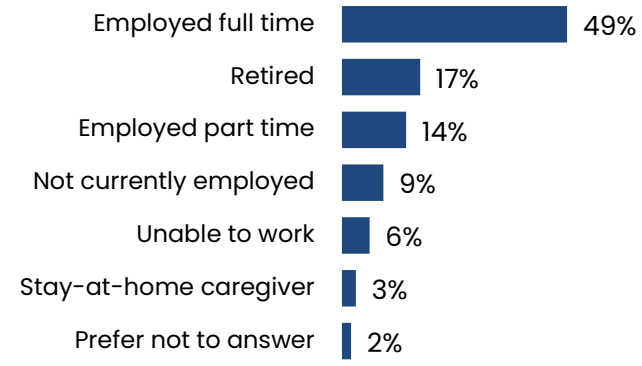


RESPONDENT PROFILE

Half of respondents (49%) were employed full time and 17% were retired. Three-quarters (76%) reported English as their first language. About one in five (21%) identified as a racial or ethnic minority and 17% as a person with a disability. Two-fifths (39%) held a university degree, and 12% were current students.

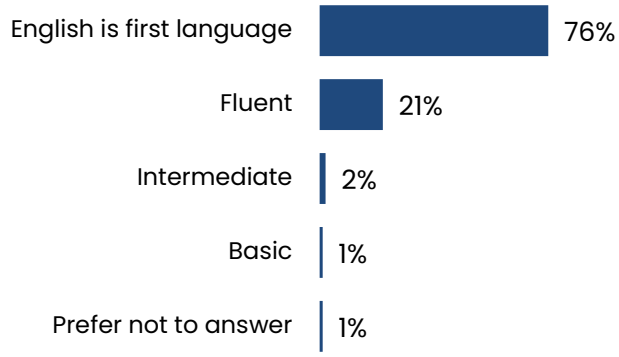
Employment Status

n=2,000



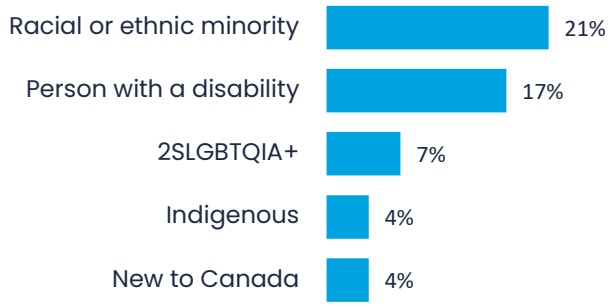
English Language Proficiency

n=2,000



Self-Identification

n=2,000

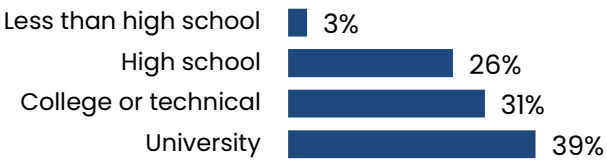


13% of Indigenous respondents (n=85) live on a reserve or a Métis or Inuit settlement

Education

n=2,000

Highest level completed



Current student status



22% Live alone

51% Live in two- or three-person households

37% Have dependants

English proficiency categories refer to ability to speak, read, and write in English. Education excludes "prefer not to answer" (1% for attainment, 3% for student status). University students combine full-time (5%) and part-time (3%) students.

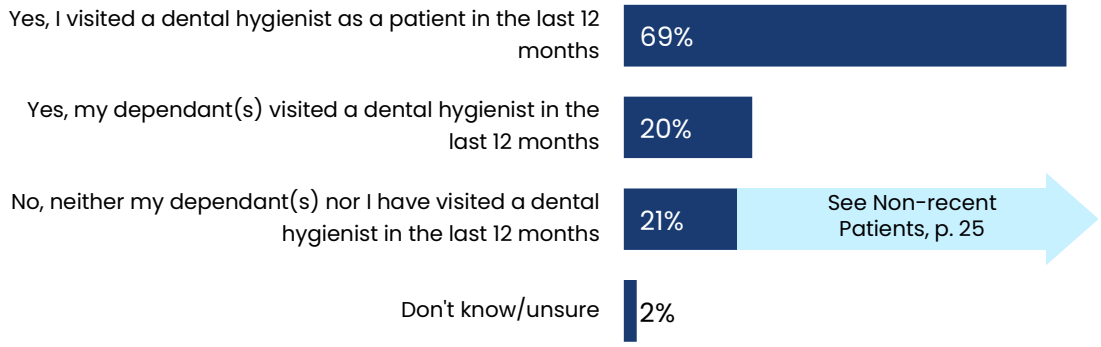
RECENT PATIENT EXPERIENCE

VISIT TO A DENTAL HYGIENIST

Survey respondents were asked whether they or their dependants had received dental hygiene care in the past 12 months. Most respondents (77%) reported at least one visit, either for themselves or with a dependant, and form the recent patient group. A further 21% reported no visit in that period and form the non-recent patient group. The remaining 2% were unsure and went directly to the questions for all respondents.

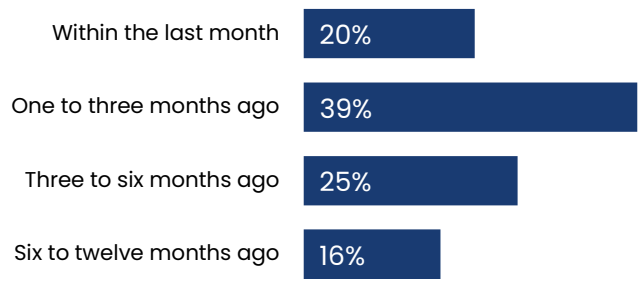
Recent patients were also asked about their role at their most recent visit. Nine in ten (89%) attended as the patient, 8% accompanied a minor, and 3% accompanied an adult.

Visits to a Dental Hygienist in the Past 12 Months
(Select all that apply)
n=2,000



Six in ten recent patients (59%) had visited a dental hygienist within the past three months, including 20% within the past month. The remaining 41% had last visited three to twelve months earlier.

Timing of Last Visit
n=1,538



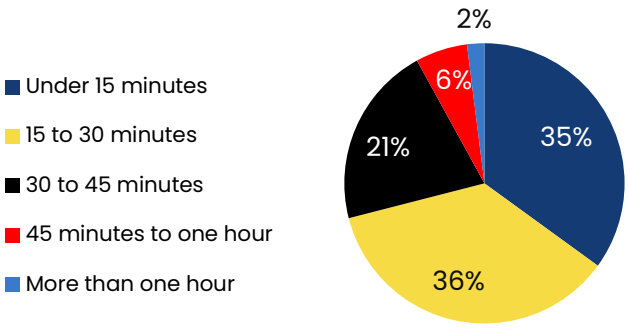
ACCESS TO DENTAL HYGIENE CARE

Travel Time to Care

Recent patients were asked how long it took them to travel to their most recent appointment, a question new in 2026. Most (71%) travelled less than 30 minutes, including 35% who travelled under 15 minutes and 36% who travelled 15 to 30 minutes. Travel times over one hour were uncommon (2%).

Travel Time to Most Recent Appointment

n=1,538



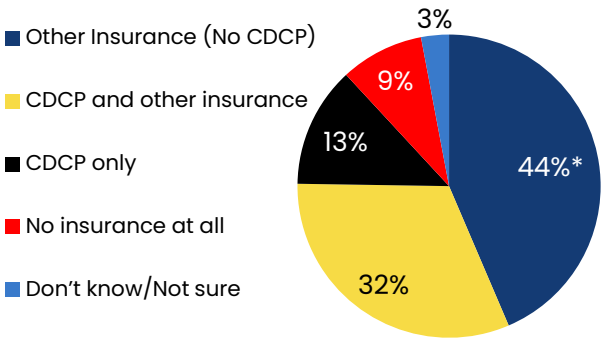
Dental Insurance Coverage

Just under half of recent patients (45%) used CDCP coverage, either alone (13%) or with another plan (32%). A further 44% used other insurance only, down from 49% in 2025, and 9% had no dental insurance at their most recent visit. Employer-sponsored plans (36%) and other government programs (24%) were the most common other sources of coverage.

Dental Insurance Coverage By Type

(Select all that apply)

n=1,538



Other Sources of Coverage (Select all that apply), n=1166	% of Recent Patients
Employer's health insurance plan	36%
Another government program	24%
Spouse's/Partner's health insurance plan	13%
Private health insurance plan I purchased	6%
Student health insurance plan	3%
First Nations health coverage	2%

Note: Excludes respondents without dental care insurance, those covered solely by CDCP, and unsure of their coverage.

DENTAL HYGIENE PATIENT JOURNEY

Recent patients were asked about their satisfaction with 16 aspects of their dental hygiene care, grouped into seven stages of the patient journey: the dental office or clinic, pre-treatment, the treatment or procedure, post-treatment, staff interaction and communication, payment, and consent. Each statement used a seven-point scale from extremely dissatisfied to extremely satisfied. Satisfaction scores in this section combine the top two points on the scale ("satisfied" and "extremely satisfied"). Respondents who answered "do not know" are included in the base.

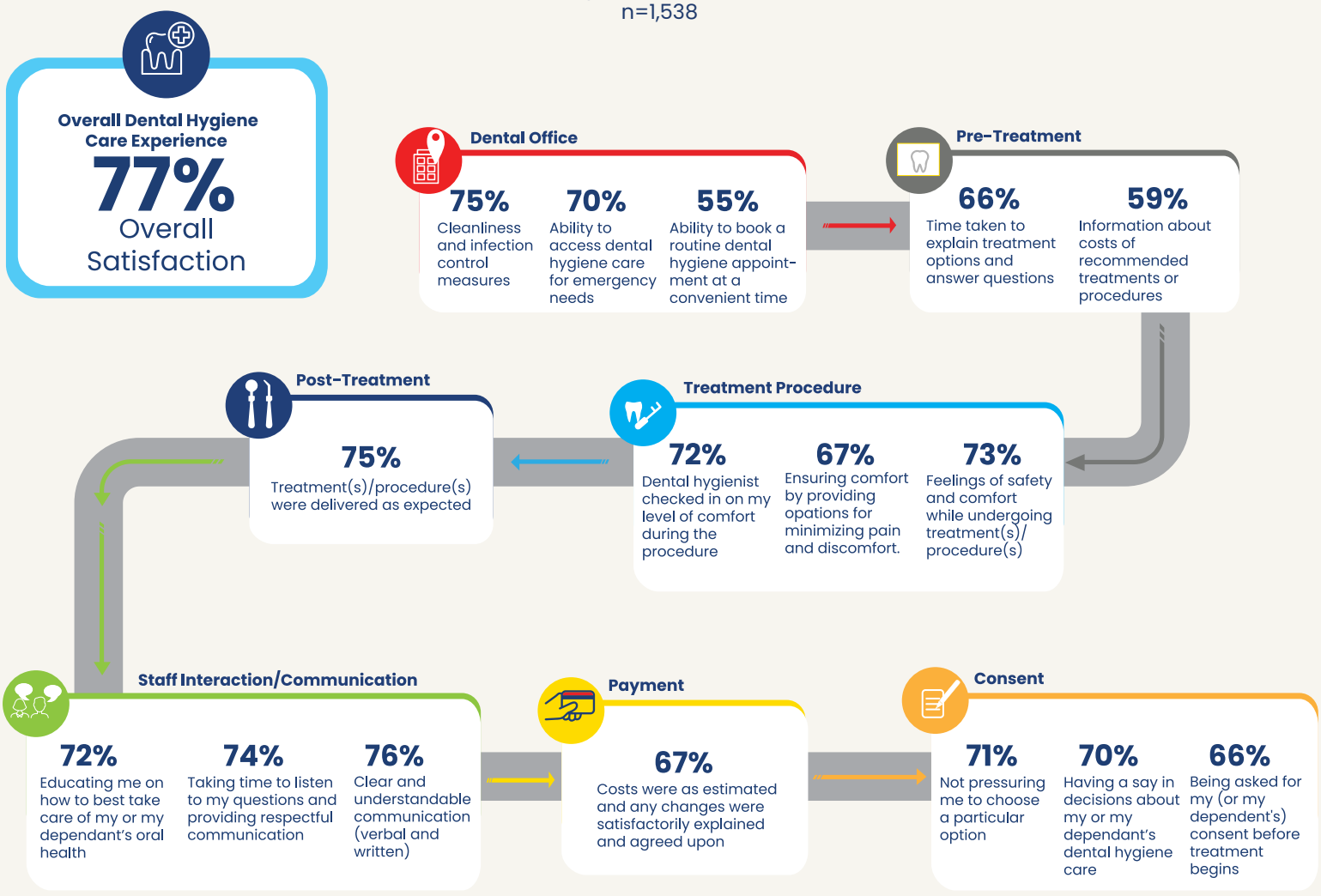
Results are tracked across five survey cycles, from the 2022 baseline to 2026. Sample sizes for recent patients were 1,458 in 2022, 1,437 in 2023, 1,495 in 2024, 1,490 in 2025, and 1,538 in 2026.

Satisfaction in the Patient Journey

Overall, 77% of recent patients were satisfied with their dental hygiene care experience in 2026. Satisfaction was highest among older respondents (85% of those aged 56 to 65 and 86% of those aged 66 and older), retirees (86%), and respondents with household incomes over $100,000 (83%). It was lowest among respondents aged 18 to 35 (69%), students (61%), and those with household incomes under $40,000 (71%). The same groups stand out at almost every stage of the journey.

Dental Hygiene Patient Journey

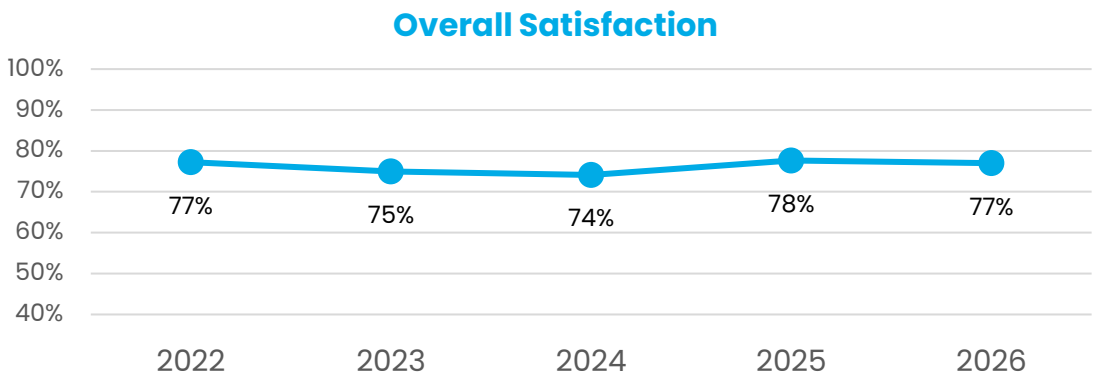
n=1,538



DENTAL HYGIENE PATIENT JOURNEY

Overall Satisfaction with Dental Hygiene Care Experience

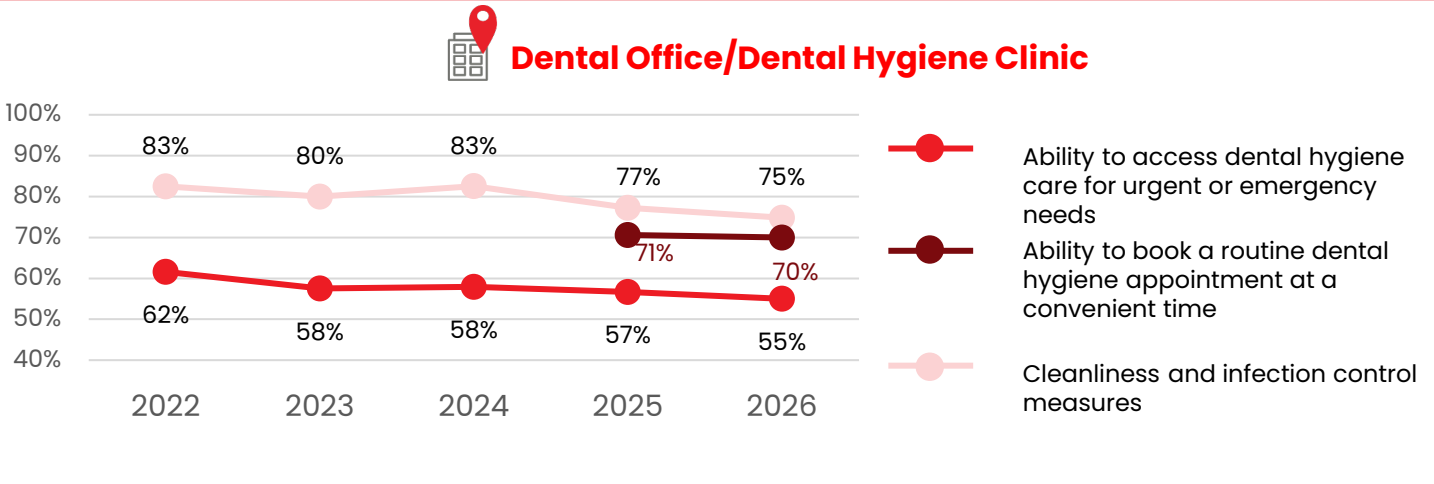
More than three-quarters of recent patients (77%) were satisfied or extremely satisfied with their own or their dependant's overall dental hygiene care experience. This result is consistent with 2025 (78%) and the 2022 baseline (77%).



Satisfaction with Dental Office/Dental Hygiene Clinic

Cleanliness and infection control measures continue to lead this stage, with 75% of recent patients satisfied in 2026, down from 83% in 2022, mostly since 2024. Satisfaction with access to urgent or emergency care has also declined, from 62% in 2022 to 55% in 2026, the lowest result of any attribute in the journey. Satisfaction with booking a routine appointment at a convenient time (70%) was consistent with 2025 (71%), the year this measure was introduced.

Respondents aged 56 and older were more satisfied with cleanliness (84%) and booking (81%) than the overall (75% and 70%). Respondents with household incomes over $100,000 also reported higher satisfaction with booking (81%) and emergency access (61%). Students reported lower satisfaction with booking (56%) and cleanliness (59%), as did racialized respondents with cleanliness (69%).

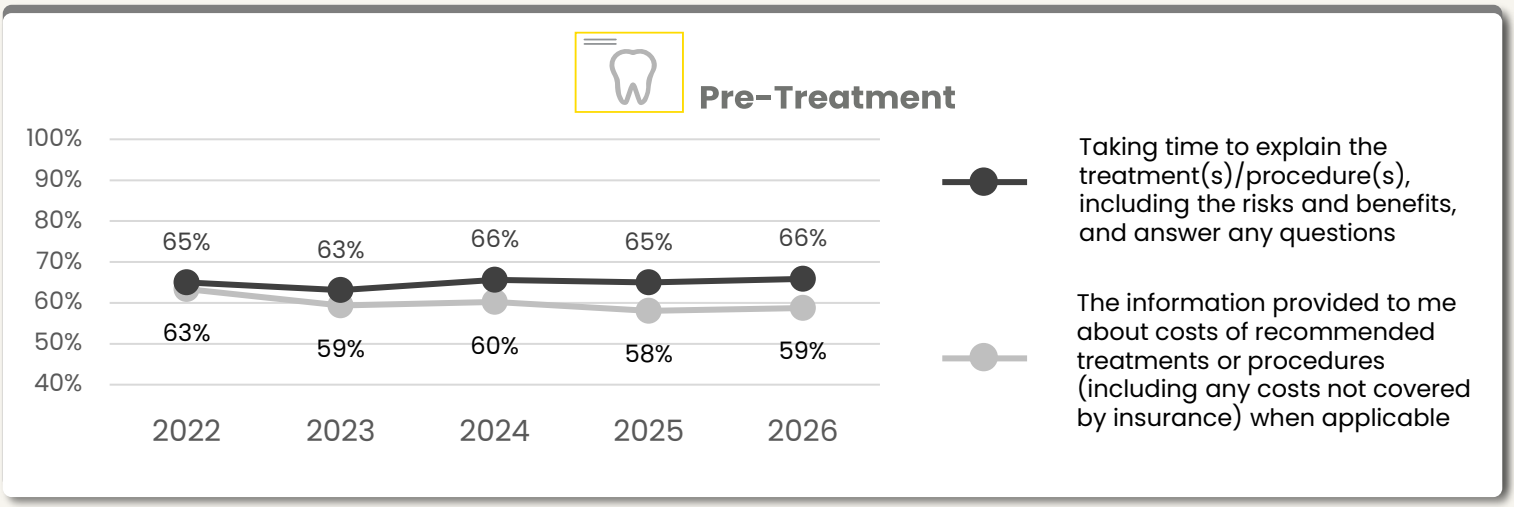


DENTAL HYGIENE PATIENT JOURNEY

Satisfaction with Pre-Treatment

Two-thirds of recent patients (66%) were satisfied with the time taken to explain treatments and answer questions, consistent with previous cycles. Three in five (59%) were satisfied with information about treatment costs, down four percentage points from 2022 (63%) and the second-lowest result in the journey overall.

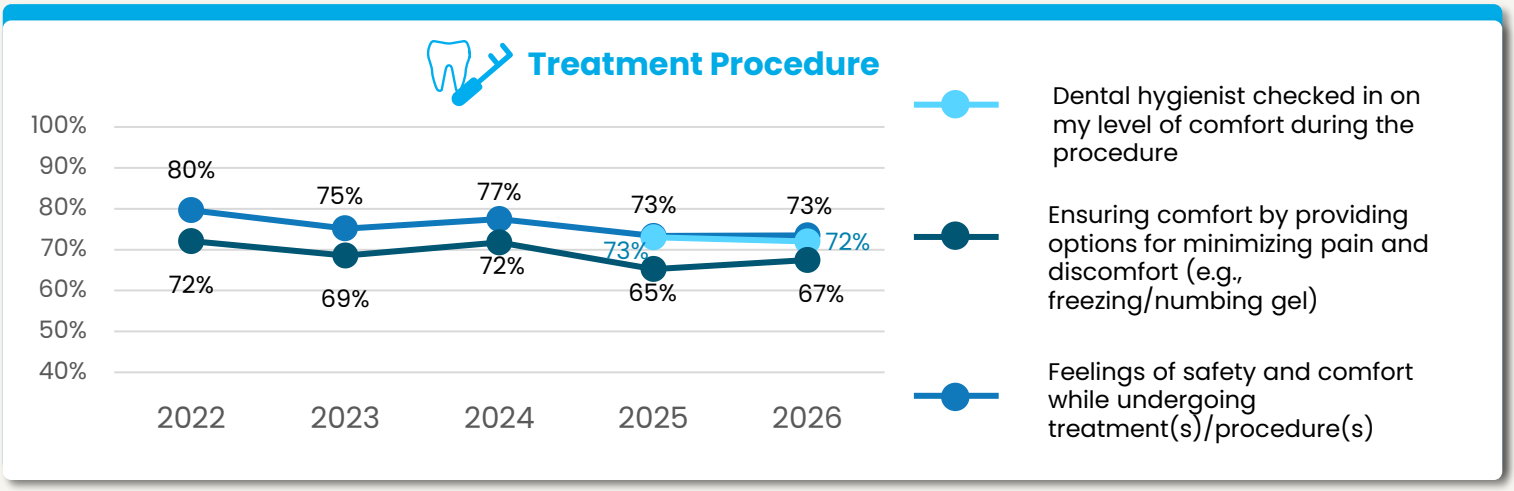
Respondents aged 66 and older and those with household incomes over $100,000 were more satisfied with explanations (73% each). Satisfaction with cost information was higher among higher-income respondents (65%) and lower among 2SLGBTQIA+ respondents (48%).



Satisfaction with Treatment or Procedure

Satisfaction with treatment was consistent with 2025 but has declined since 2022. Feelings of safety and comfort fell to 73% from 80% in 2022, and options to minimize pain and discomfort fell to 67% from 72%. Satisfaction with hygienists checking in on comfort was 72%, consistent with 2025 (73%), the year this measure was introduced.

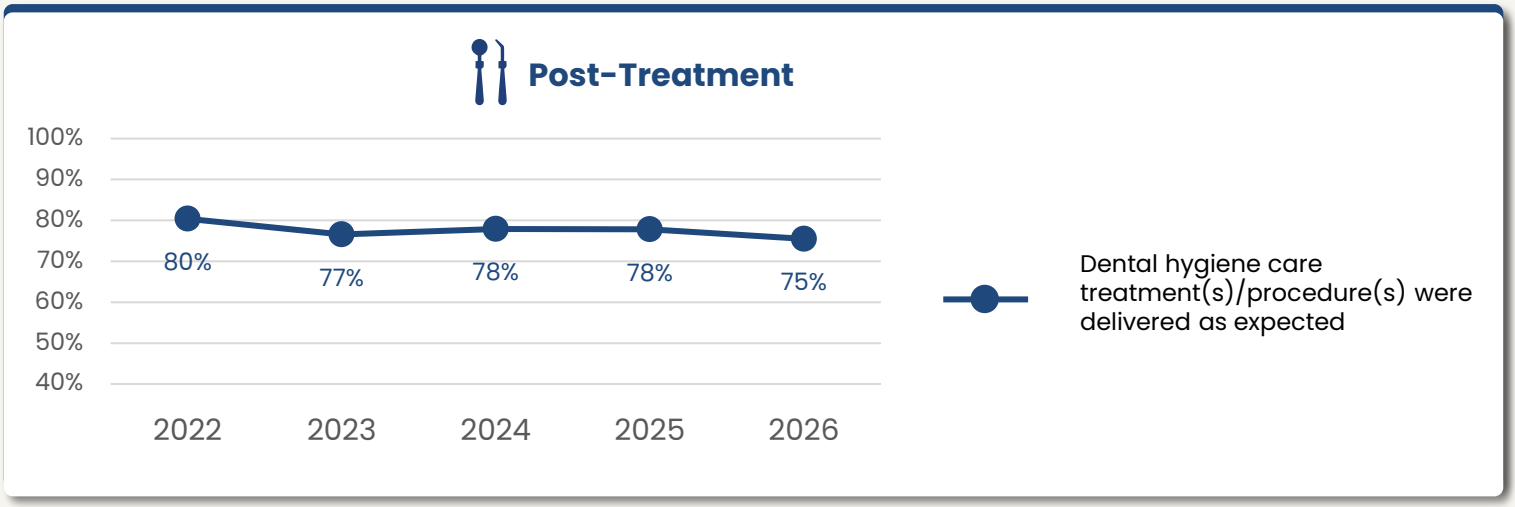
Satisfaction across all three measures was higher among respondents aged 66 and older (77% to 86%) and those with household incomes over $100,000 (73% to 80%). It was lower among racialized respondents for comfort options and check-ins (67% and 72%).



DENTAL HYGIENE PATIENT JOURNEY

Satisfaction with Post-Treatment

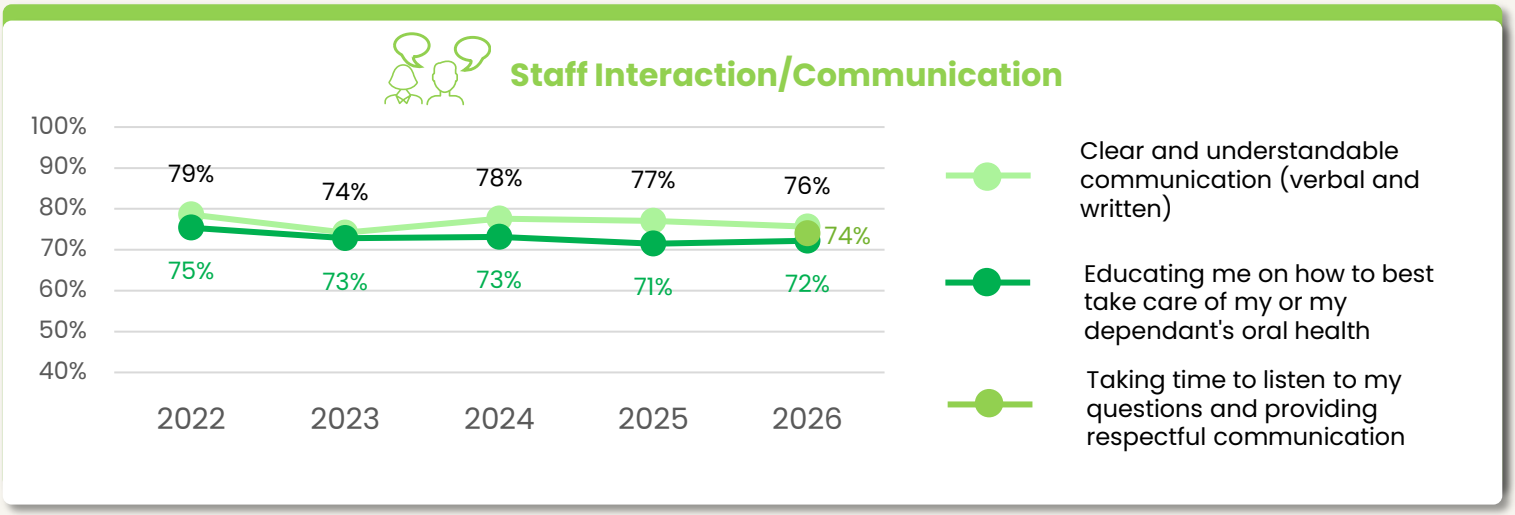
Post-treatment satisfaction is measured by a single attribute. Three-quarters of recent patients (75%) were satisfied that their treatment or procedure was delivered as expected, consistent with 2025 (78%) and five percentage points below 2022 (80%).



Satisfaction with Staff Interaction/Communication

Satisfaction with staff interaction and communication has remained stable since 2022. In 2026, three-quarters of recent patients (76%) were satisfied with clear and understandable communication, and 72% were satisfied with education on how to care for their own or their dependant's oral health. A new measure in 2026, taking time to listen to questions and providing respectful communication, reached 74% satisfaction.

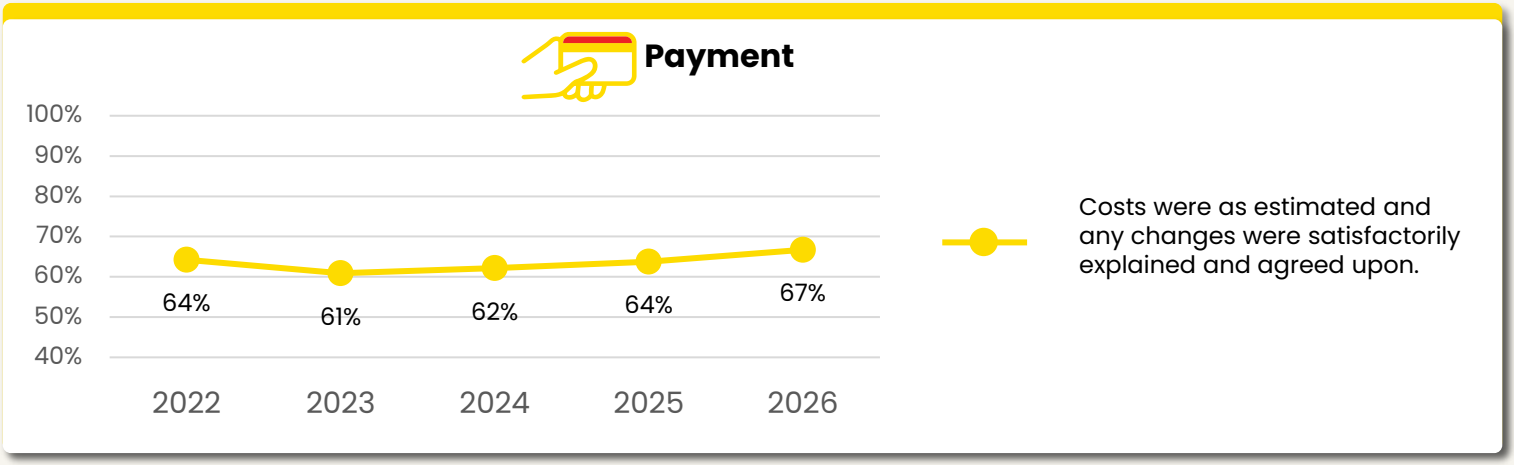
Across all three measures, satisfaction was higher among respondents aged 56 and older (81% to 88%) and those with household incomes over $100,000 (79% to 81%). Satisfaction was lower among students (56% to 57%), respondents aged 18 to 25 (63% to 66%), respondents not currently employed (62% to 66%), and those with household incomes under $40,000 (65% to 68%).



DENTAL HYGIENE PATIENT JOURNEY

Satisfaction with Payment

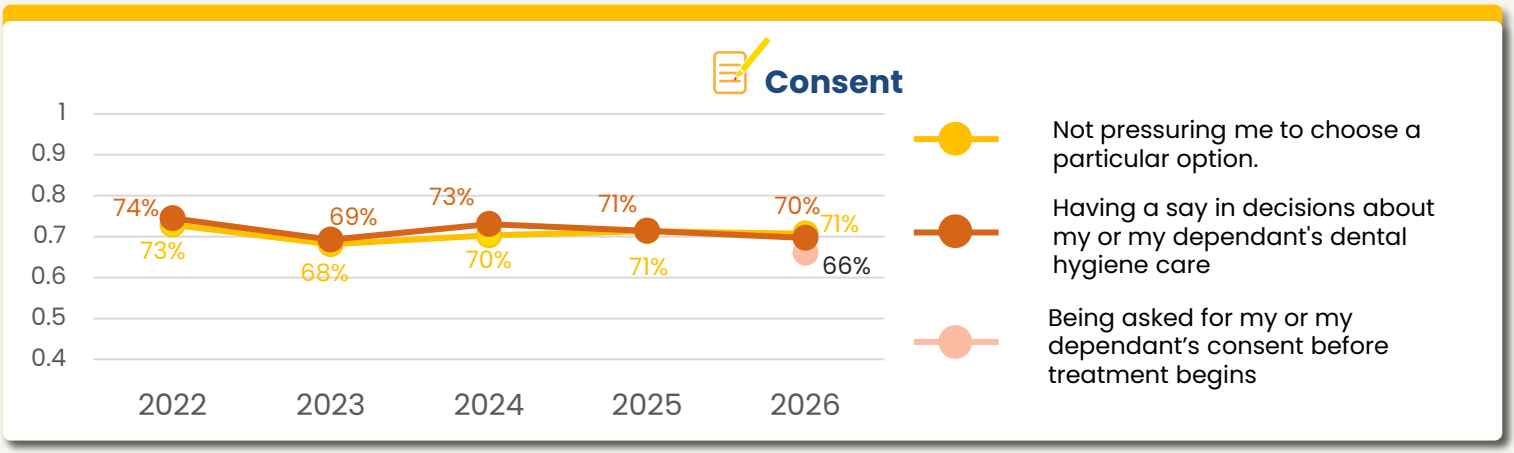
Two-thirds of recent patients (67%) were satisfied that costs were as estimated and any changes were explained and agreed upon, the highest result in five cycles (64% in both 2022 and 2025). Satisfaction was higher among respondents aged 66 and older (77%), retirees (75%), and those with household incomes over $100,000 (73%). It was lower among respondents aged 18 to 25 (55%), students (54%), racialized respondents (61%), respondents with a disability (59%), and 2SLGBTQIA+ respondents (57%).



Satisfaction with Consent

Satisfaction with consent was stable in 2026. Seven in ten recent patients were satisfied that they were not pressured to choose a particular option (71%) and with having a say in decisions about their care (70%), down four percentage points from 2022 (74%). A new measure in 2026, being asked for consent before treatment begins, reached 66%.

Satisfaction with not being pressured and having a say was higher among respondents aged 66 and older (82% and 79%) and those with household incomes over $100,000 (76% and 74%). Satisfaction with being asked for consent was higher among higher-income respondents (72%) and lower among students (57%). Respondents with a disability were less satisfied with not being pressured (64%).



DENTAL HYGIENE PATIENT JOURNEY

Drivers of Overall Satisfaction

A key driver analysis was conducted to identify which aspects of the patient journey have the greatest influence on overall satisfaction. This regression analysis assessed all 16 journey attributes against overall satisfaction.

Priority Areas for Improvement

The results point to comfort and informed consent as priorities for patients. The two attributes shown below combine high importance with satisfaction below the journey average (69%), and they offer the greatest opportunity to improve the overall patient experience.

Change from 2025

In 2025, cost-transparency was the strongest driver of overall satisfaction. Satisfaction with this attribute was stable in 2026, and it no longer ranks among the strongest drivers. The consent measure was added in 2026, which may account for part of this shift.



67%

Ensuring comfort by providing options for minimizing pain and discomfort

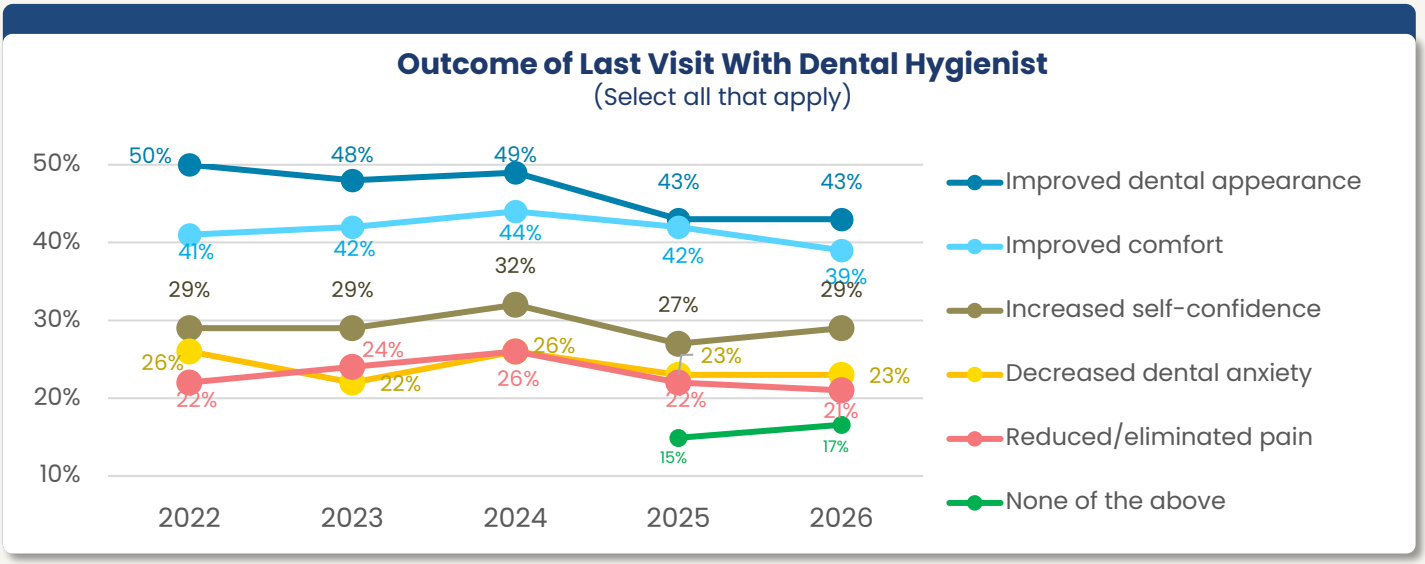


66%

Being asked for my or my dependant's consent before treatment begins.

Outcome of Last Experience with Dental Hygienist

Outcomes in 2026 were consistent with 2025. Improved dental appearance remained the most common outcome (43%), although it is down from 50% in 2022, followed by improved comfort (39%) and increased self-confidence (29%).



DENTAL HYGIENE PATIENT JOURNEY

Focus Group Perspectives on Dental Hygiene Experiences

Pivotal Research conducted three 90-minute focus groups online with 17 recent patients (14 satisfied and three less satisfied). Participant details are in the Research Methodology section.

Reading the Journey Map

Participants placed green dots where their experience was positive and red dots where it fell short. Light blue boxes show the less satisfied group and dark blue boxes the satisfied groups.

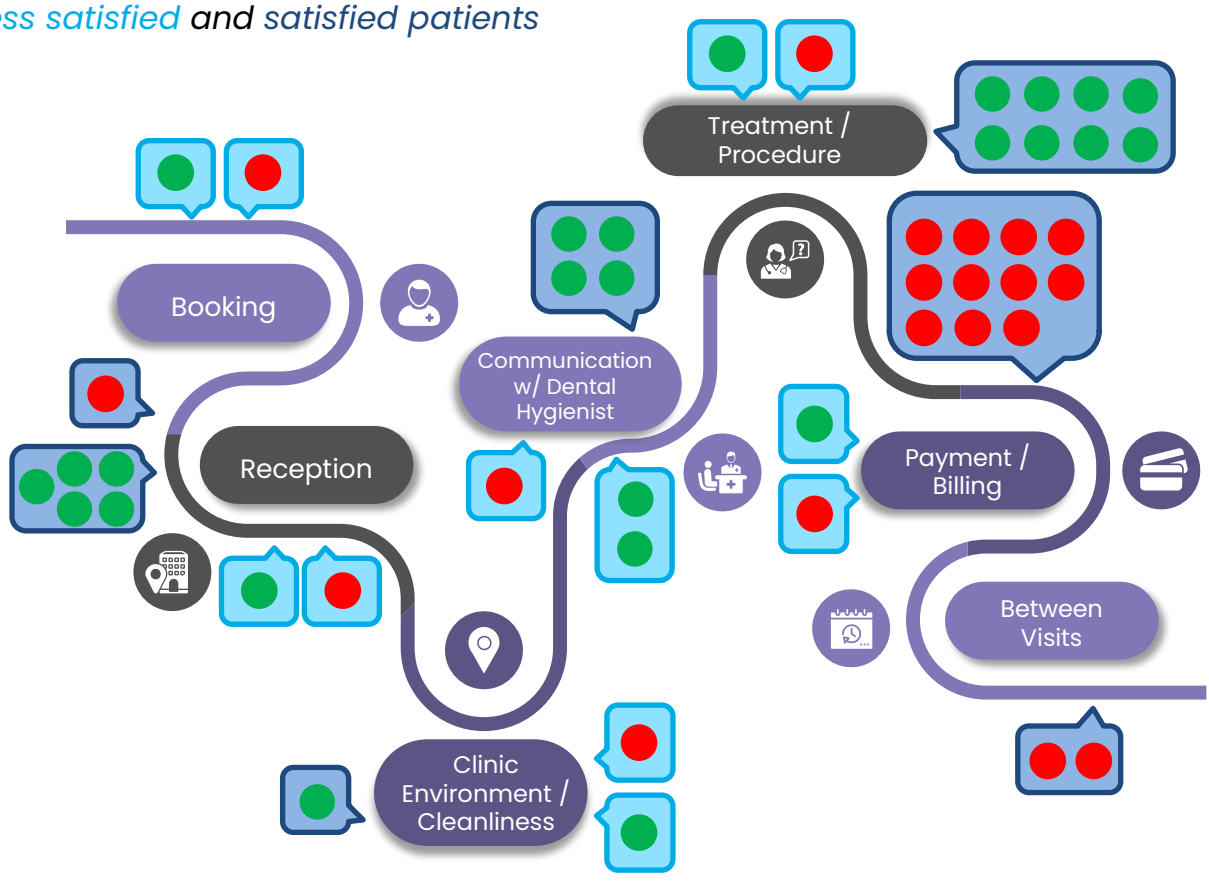
Key Patterns

Read alongside the survey results, the focus groups point to three patterns:

- **Treatment decides the experience:** It drew the most satisfaction points from satisfied participants and the strongest concerns from less satisfied ones, consistent with comfort as a key driver in the survey.
- **Even satisfied patients flag cost:** Payment satisfaction reached a five-year high in the survey (67%), yet payment was the main pain point for satisfied participants.
- **Communication sets satisfied patients apart:** Staff communication is among the strongest survey stages (72% to 76%), and satisfied and less satisfied participants credited their hygienist's communication most.

Dental Hygiene Patient Journey High and Low Points

Less satisfied and satisfied patients



Each participant in the less satisfied group placed two green and two red dots across the journey stages. Each participant in the satisfied groups placed one dot.

DENTAL HYGIENE PATIENT JOURNEY

Focus groups with recent patients identified themes that shape satisfaction across the dental hygiene care journey. The following pages present these themes by journey stage, comparing satisfied and less satisfied participants and sharing direct quotes from patients.



Booking & Reception

Satisfied patients: Participants described smooth booking and a well-run waiting room, where seeing other patients book follow-up visits signalled loyal, repeat patients.

Less satisfied patients: Some participants were frustrated by overbooked clinics. They described feeling rushed or squeezed into a tight slot, and a clinic left disorganized by a heavy schedule.

" I was put on a day when they were overbooked, because usually it's pretty good, but they had to serve so many customers that afternoon, so everything was rushed, and it wasn't 100% as before...I'd rather wait than going on a day when everything's rushed in." – less satisfied patient



Clinic Environment/ Cleanliness

Satisfied patients: Participants associated a clean, well-managed environment with visible infection control, such as sterilized tools and new instrument packets opened in view. Some also appreciated a calming atmosphere.

Less satisfied patients: Cluttered or unclean spaces made participants worry about infection and whether tools were properly cleaned.

"The room was very, very, very cluttered... the chair's not clean, the tools not clean, so I might get infection... because you never know what the previous patient had." – less satisfied patient

" I always know I'm getting good, safe care, because the place that I go is spotless. You can see where they have the sterilization trays for the utensils. Things are prepackaged... It's fresh, it's new, it's modern, and very, very clean." – satisfied patient



Communication with Dental hygienists

Satisfied patients: Participants credited their positive experience to clear communication. They described hygienists who remembered personal details, explained each step, and shared tips for oral health at home, which made them feel involved in their care and built trust.

Less satisfied patients: Poor communication defined these participants' experience, including concerns that were dismissed and care that went ahead without addressing them. All three said clearer communication would have helped, and these experiences led them to request specific hygienists or switch providers.

"I didn't feel safe with what she was doing and the lack of communication during my appointment, that I didn't want the rest of the procedure to continue." – less satisfied patient

DENTAL HYGIENE PATIENT JOURNEY

Treatment / Procedure

Satisfied patients: This stage drew the most satisfaction points. Participants valued gentle, careful treatment from hygienists who knew their needs, such as offering numbing or gentler tools for sensitivity, or reviewing past notes before starting.

Less satisfied patients: Participants described heavy-handed, rough treatment that caused pain. One participant's hygienist disregarded her known sensitivity and request for numbing gel, which led to severe pain afterwards and a decision to change providers.

"Sometimes a hygienist that's very heavy-handed… you can end up being in pain afterwards, where you… wouldn't have been if it was just somebody who was more light-handed." – less satisfied patient

"My mouth was so sore and red and inflamed after I left… that it actually deterred me away from going back to the dentist again." – less satisfied patient

Payment/ Billing

Satisfied patients: Payment was the main pain point for satisfied participants. They wanted clearer costs before treatment, even as an estimated range, and said insurance and CDCP help but remaining costs are still high.

Less satisfied patients: Participants linked billing to trust, describing hygienists who pushed paid treatments they saw as unnecessary, including fluoride applied after one participant declined it. They wanted upfront costs, confirmed coverage, and clear guidance on which treatments are optional.

"Sometimes they'll push you for more… I don't want the fluoride every time…I feel that it's a money thing." – less satisfied patient

"It would have been nice to know… this is normally a procedure that costs $800… they're doing something to your teeth…some sort of range would have been nice." – satisfied patient

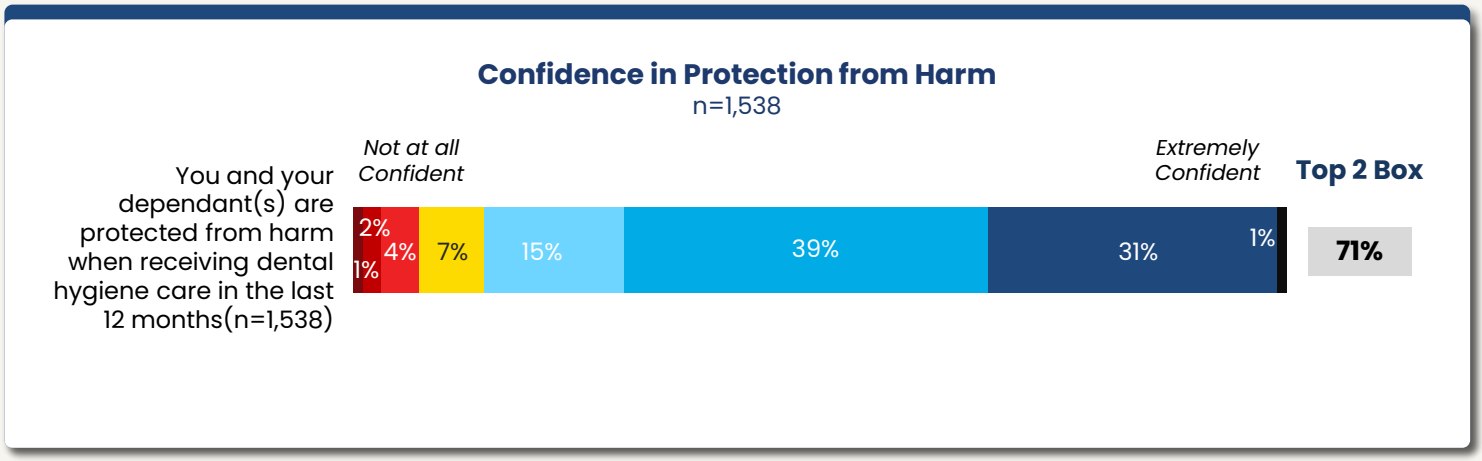
RISK PERCEPTIONS IN DENTAL HYGIENE CARE

New in 2026, this section explores how recent patients view the safety of their dental hygiene care. Respondents were asked how confident they are that they and their dependants are protected from harm, whether they had any of 11 experiences in the past 12 months that could put patients at risk, and whether they reported those experiences. The section closes with what focus group participants said about risk.

Confidence in Protection from Harm During Dental Hygiene Care

Seven in ten recent patients (71%) were confident or extremely confident that they and their dependants were protected from harm when receiving dental hygiene care in the past 12 months. Confidence varied across groups:

- **Higher confidence**: Respondents aged 56 to 65 (78%), 66 and older (86%), retirees (84%), and those with household incomes of $100,000 or more (78%).
- **Lower confidence**: Students (52%) and respondents who identified as 2SLGBTQIA+ (62%). Indigenous respondents also reported lower confidence (57%).

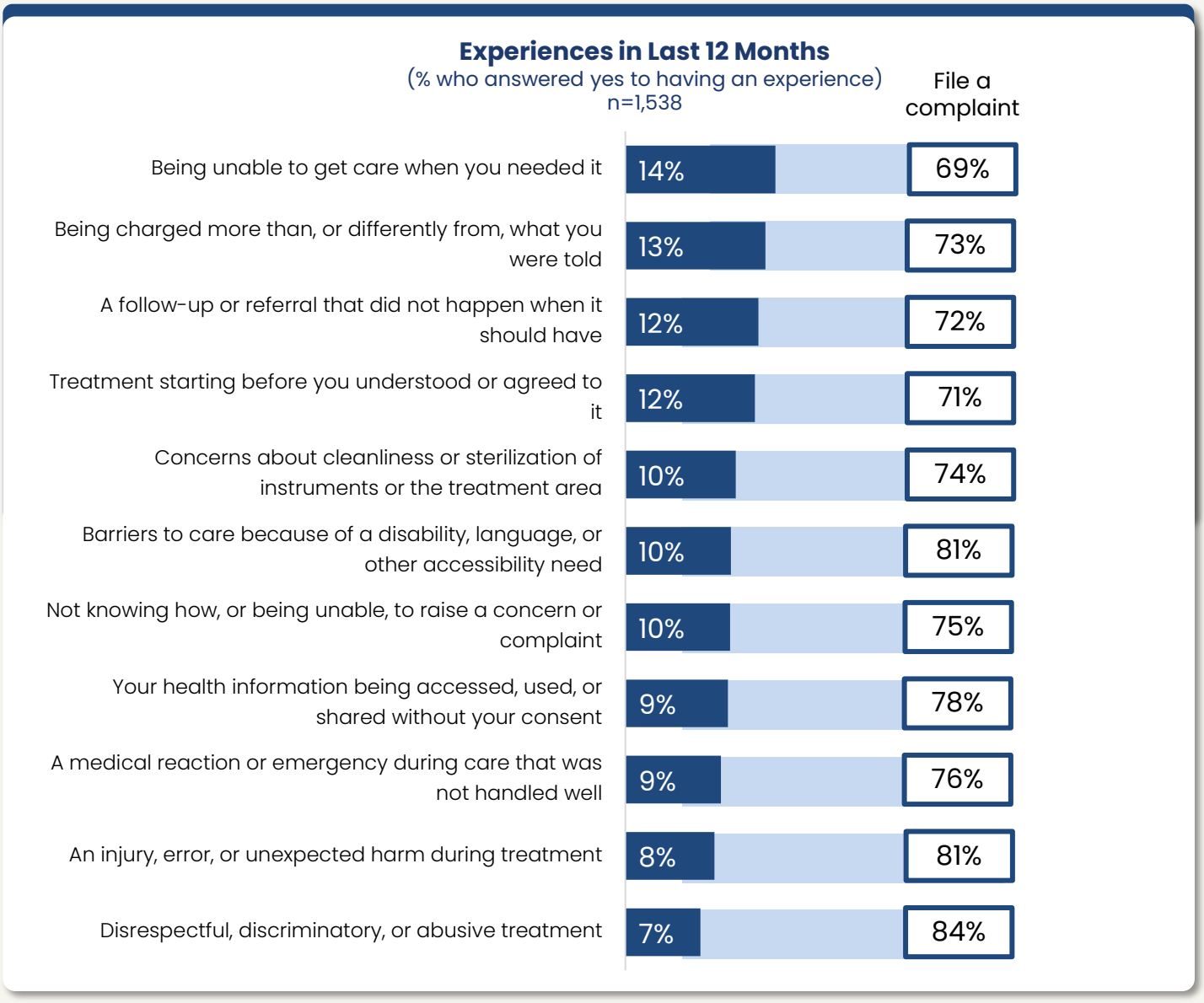


RISK PERCEPTIONS IN DENTAL HYGIENE CARE

Experiences in the Last 12 Months

Respondents were asked whether they or their dependants had experienced each of 11 situations in the past 12 months (results for those who had experiences are shown in the chart below). The most common were being unable to get care when needed (14%), being charged more than, or differently from, what they were told (13%), a missed follow-up or referral (12%), and treatment starting before they understood or agreed to it (12%).

Most respondents who had an experience reported it to someone, ranging from 69% of those unable to get care when needed to 84% of those who experienced disrespectful, discriminatory, or abusive treatment. Reports most often went to the dental hygienist or clinic. Among respondents who experienced disrespectful, discriminatory, or abusive treatment, for example, (37%) reported it to the clinic and (29%) to an association or regulatory body. Because the survey combined associations and regulatory bodies in one option, reports in that category may include organizations other than CDHO.



RISK PERCEPTIONS IN DENTAL HYGIENE CARE

Risk Signals Patients Watch For

Focus group participants judged risk by what they could see and how they were treated. The panel below sets each theme beside the related survey result, showing what built participants' confidence and what raised concern.

Theme	Builds confidence	Raises concern	Survey result
Pace of care	Smooth booking, an orderly waiting room, and unhurried appointments	Overbooked clinics, and rushed or rough treatment leading to pain or injury	**8%** injury, error, or unexpected harm
Visible cleanliness	Wrapped tools opened in view, tidy rooms, and handwashing	Clutter, and cleaning that looks rushed between patients	**10%** concerns about cleanliness or sterilization
Communication and consent	Hygienists who listen, explain each step, check in, and review health history	Concerns ignored, and treatment going ahead without agreement	**12%** Treatment began before they understood or agreed
Professional Conduct	Visible credentials and consistent, respectful care	Unprofessional attire, such as open-toed shoes	**7%** 7% disrespectful, discriminatory, or abusive treatment
Costs	Estimates and coverage confirmed before treatment	Treatments added without agreement, such as fluoride	**13%** charged more than, or differently from, what they were told

Survey results show the percentage of recent patients who reported each experience in the past 12 months (n=1,538). Focus group themes are drawn from three focus groups with 17 recent patients.

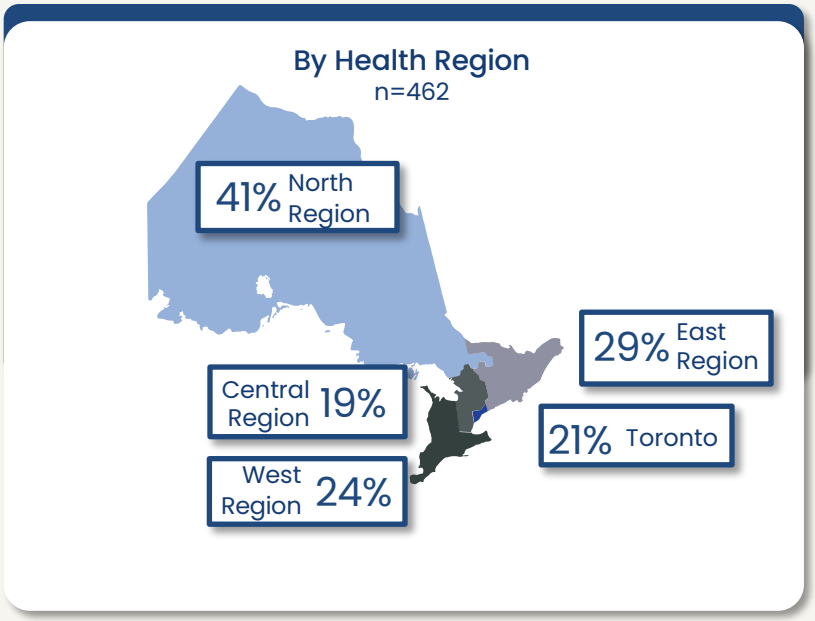
NON-RECENT PATIENT EXPERIENCE

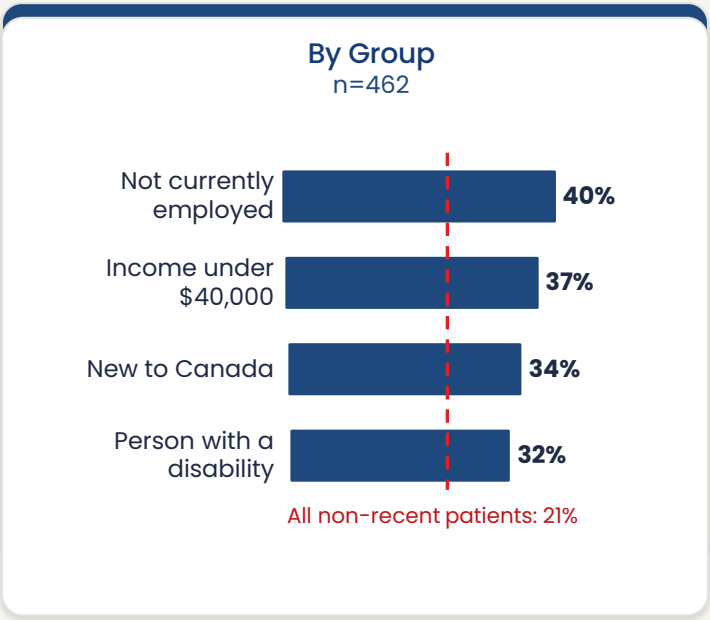
PROFILE OF NON-RECENT PATIENTS

One in five respondents (21%) reported that neither they nor their dependants had received dental hygiene care in the past 12 months. Looking at who these non-recent patients are helps identify where barriers to access may exist.

Who Is Less Likely to Have Accessed Care

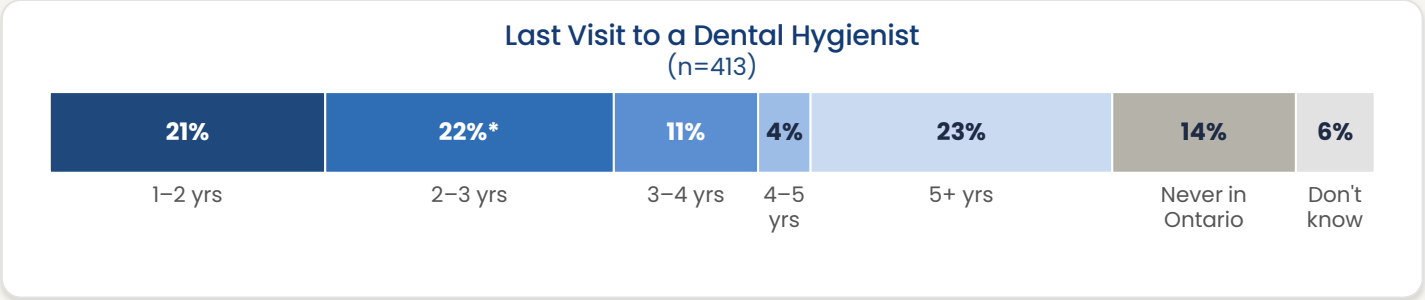
- **Region**: Northern Ontario had the highest share of residents without recent care, with 41% not having seen a dental hygienist in the past year, followed by the East region (29%), compared with 21% overall.
- **Financial circumstances**: Respondents not currently employed (40%) and those with household incomes under $40,000 (37%).
- **Other groups**: Respondents new to Canada (34%) and respondents with a disability (32%).





Last Visit to a Dental Hygienist

Many non-recent patients have gone well beyond a year without care: 23% last visited more than five years ago, and 14% had never visited a dental hygienist in Ontario, a group that may include newcomers or provincial movers who received care elsewhere. The share who last visited two to three years ago rose to 22% from 16% in 2025.



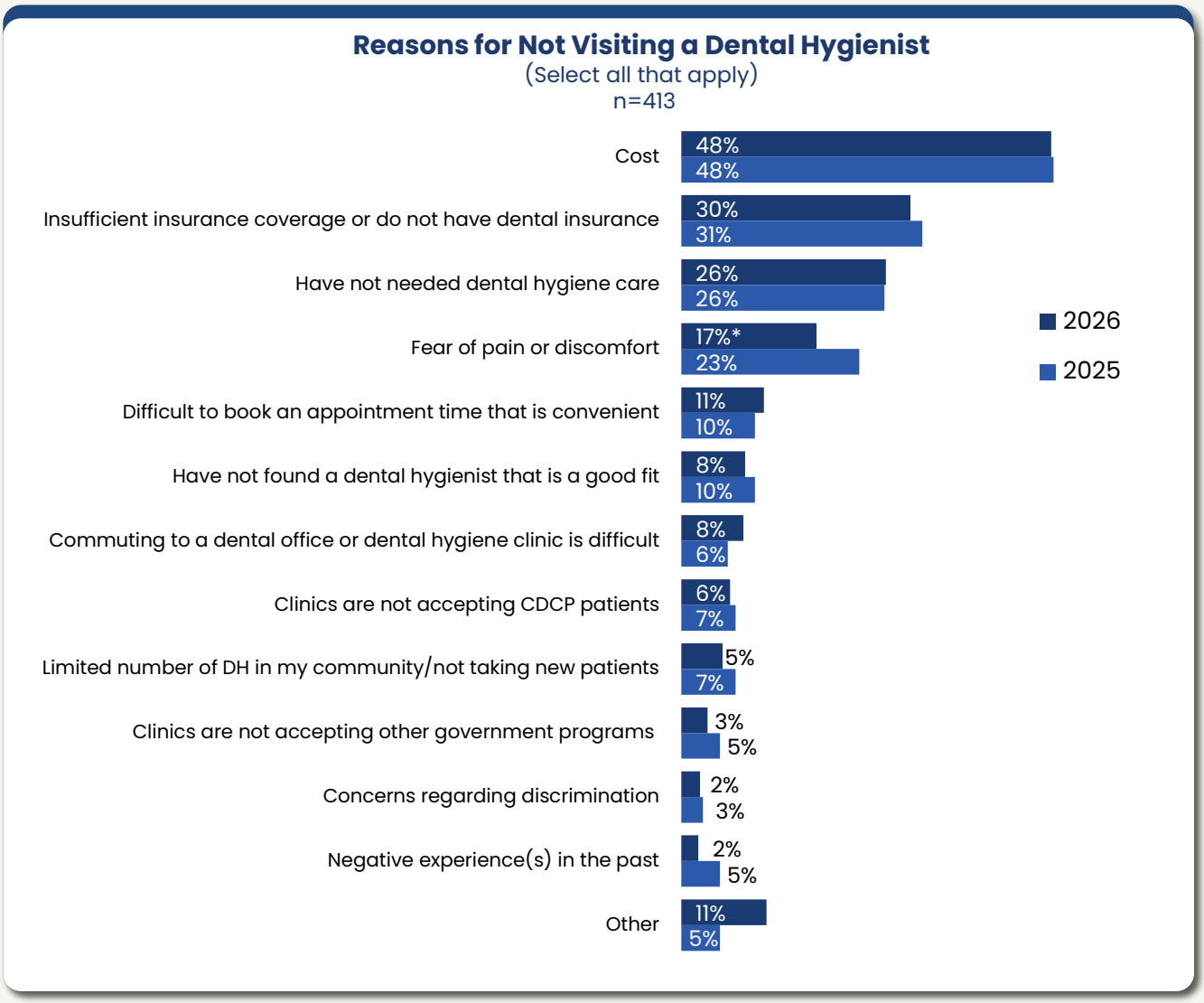
BARRIERS TO ACCESSING CARE

Non-recent patients were asked why they had not visited a dental hygienist in the past 12 months and which reason mattered most.

Reasons for Not Visiting

Cost remains the leading reason. Nearly half of non-recent patients (48%) cited it, consistent with 2025 and down from 57% in 2022, and one-third (33%) named it as their main reason. Other reasons included:

- **Insurance and need**: 30% cited insufficient or no dental insurance, and 26% said they had not needed care. Not needing care was the second most common main reason (21%, up from 15% in 2022).
- **Fear of pain or discomfort**: 17%, a significant decrease from 23% in 2025.
- **Booking and fit**: 11% cited difficulty booking a convenient appointment and 8% had not found a dental hygienist who was a good fit.



BARRIERS TO ACCESSING CARE

In-Depth Interview Perspectives from Non-Recent Patients

Pivotal Research conducted nine 30-minute interviews with Ontario residents who had not accessed dental hygiene care in the past 12 months. The barriers they described closely match the survey findings and are presented in the same order. Solutions participants suggested are summarized in the table that follows.

Theme 1: Cost of Care and Financial Barriers

Cost was the most frequently cited barrier. Retirees, new parents, and participants without insurance said dental hygiene care fell behind other priorities when money was tight. Not knowing the full cost upfront, and charges for services they did not realize were excluded from coverage, added to the barrier.

"Right now, the money is in other places. And so, me and my husband haven't went to the dentist."

"So it's a kind of an unfamiliar billing structure…they say we need these x-rays, and oh now it's like a thousand dollars. "

Theme 2: Insurance and Benefits Gap

Several participants had limited or no dental insurance, and those with public benefits described significant gaps. While CDCP helped, the remaining 30% to 40% of costs was still unaffordable. Several said nearby clinics, particularly private ones, do not accept CDCP or ODSP, and one felt clinics distrust the benefit, which discouraged him from seeking care.

"It's mainly access… and limited choices out there now… Not all dentists… qualify for ODSP, because sometimes they just say, 'ODSP doesn't cover [it]..."

"The Canadian Benefit insurance covers, I think it's 60 or 70%… So, depending on what you're getting, it's still pretty hefty."

Theme 3: Lack of Perceived Need

A few participants saw regular dental hygiene care as optional. One described it as a luxury, and another felt there was no need to visit as often as recommended. These views were closely tied to cost: participants placed dental hygiene care behind other expenses while still recognizing its value.

"For me, a dentist is like a car, unless something's broken, don't go fix it… I could clean my own teeth."

"I haven't seen a need to. A lot of it has been cost…I don't think I need to see a hygienist as often as every year, or even every six months."

BARRIERS TO ACCESSING CARE

Theme 4: Fear and Negative Past Experiences

Several participants described past experiences or fears that made them hesitant to return. One had treatment done after asking the hygienist not to and received uncomfortable comments during treatment. She remained confident in the quality of care but had not found the right provider, and her fear was eroding her motivation. Another described painful treatment, a language barrier that left him unable to communicate his pain, and care that felt rushed. Others described a general fear of pain without a specific negative experience.

"There's pain, there's drilling, there's oh my god what are they going to do kind of fear. So, you can always try to avoid that as much as you can."

"It was basically a language barrier and also care concerns… they started trying to clean my teeth… and I was in a lot of pain. My gums were in a lot of pain afterwards."

Theme 5: Availability and Life Demands

Many participants found it difficult to fit dental hygiene care into their lives. Long work hours and daytime clinic hours meant they needed after-hours or weekend appointments, which are in high demand and must be booked far in advance. Caregiving, relying on a partner for transportation, and other health appointments made booking ahead difficult. One participant who had moved often had to restart care with each new provider, including repeat X-rays at significant cost.

" I don't drive, so it's hard because my husband finishes at five… by [the] time he gets home… I never usually make it for myself… I have two children… So right now, it's kind of hard for me to go."

"If I leave [work], then I'm going to have to make up the time… Most of them are just like eight until six and that basically covers my entire day. "

Theme 6: Accessibility and Equity

One participant with a disability described limited choice of clinics that can meet their needs. They said some providers are less sensitive when giving care, some areas have no clinics where people with disabilities feel comfortable, and multiple appointments were discouraging.

" It would be the atmosphere… because people would be more accepting of us as a person."

" Since I have ADHD… everything has to get done in one swoop… there are dentists that don't get everything done in one day and say we need multiple appointments… it's an inconvenience. "

BARRIERS TO ACCESSING CARE

Barriers to Care and What Would Help

The table sets each interview theme beside the related survey result for non-recent patients, the solutions participants suggested, and where CDHO can act on each barrier.

Practice standards **Public awareness** **System partners** *Where CDHO can act*

Barrier	Survey (non-recent patients)	What would help	CDHO role
Cost	48% cited cost; 33% named it the main reason	Clear upfront fees, and à la carte care where hygienists recommend extra services without requiring them	System partners
Insurance and benefits	30% cited insufficient or no insurance; 6% said clinics do not accept CDCP	Clinics listing accepted plans, higher coverage, and wider acceptance of public benefits	System partners
Perceived need	26% had not needed care; 21% named it the main reason (15% in 2022)	No specific solution suggested by participants	Public awareness
Fear and past experience	17% cited fear of pain (23% in 2025); 2% cited a negative past experience	Respecting patients' wishes, checking in on comfort, and inviting patients to voice pain	Practice standards
Availability	11% cited difficulty booking a convenient time; 8% cited commuting	More after-hours and weekend appointments, and flexible booking	System partners
Accessibility	32% of respondents with a disability are non-recent patients (21% overall)	Providers experienced with disabilities and neurodivergence, and care in one appointment	Practice standards

Survey results are based on non-recent patients (n=413) unless noted. Solutions reflect suggestions from nine interview participants.

28

GENERAL PERCEPTIONS

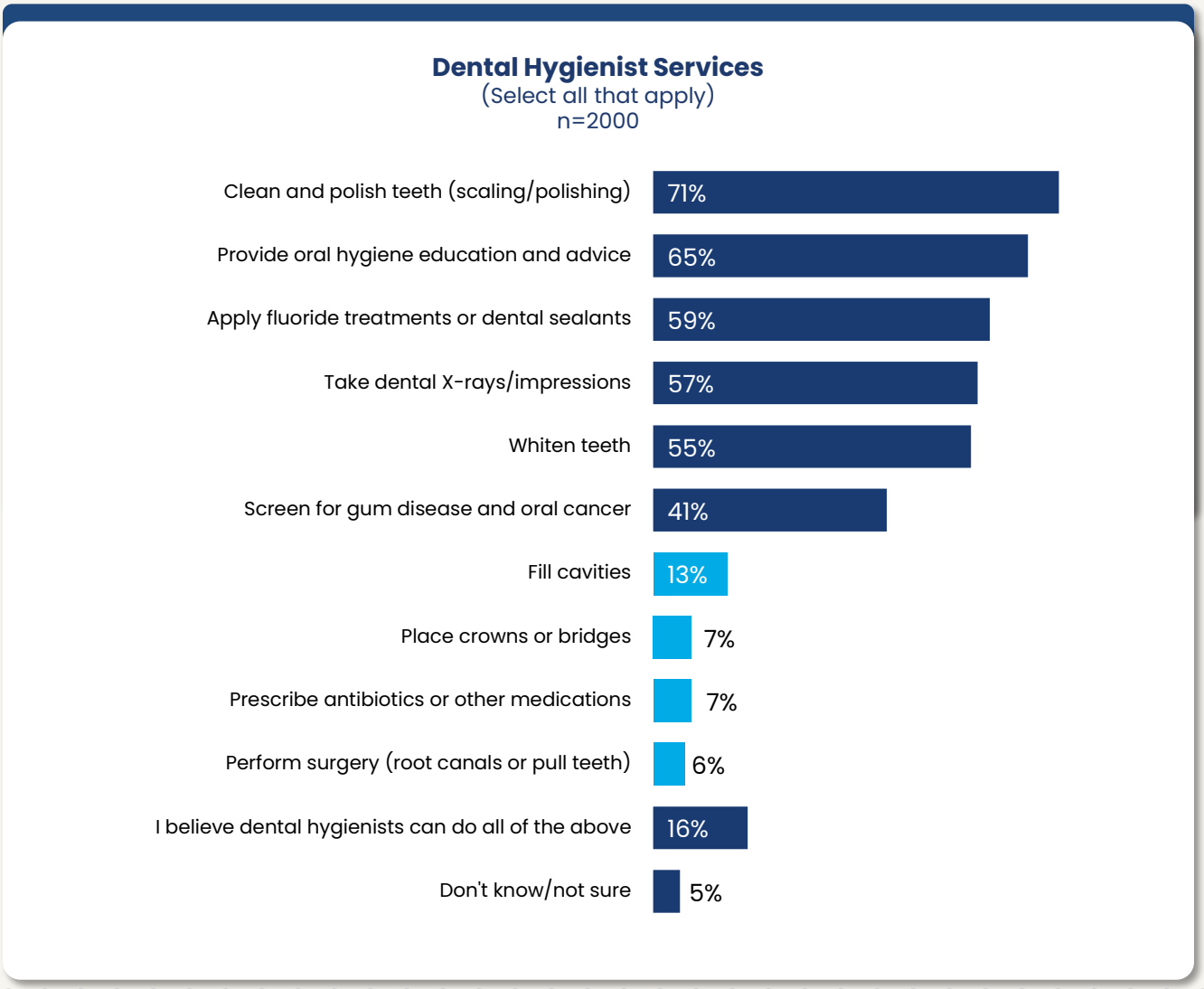
AWARENESS AND IMPORTANCE OF DENTAL HYGIENIST ROLE

Awareness of Dental Hygienist Role

New in 2026, all respondents were asked which services they believe a dental hygienist can provide in Ontario. Most identified core dental hygiene services:

- **Cleaning and polishing teeth**: 71%
- **Oral hygiene education and advice**: 65%
- **Fluoride treatments or sealants**: 59%
- **X-rays and impressions**: 57%
- **Whitening**: 55%
- **Screening for gum disease and oral cancer**: 41%

Some respondents overestimated the role. Between 6% and 13% selected services provided by dentists, such as filling cavities or prescribing medication, and 16% believed dental hygienists can provide every service listed. Five percent were unsure.



AWARENESS AND IMPORTANCE OF DENTAL HYGIENIST ROLE

Importance of Oral Health

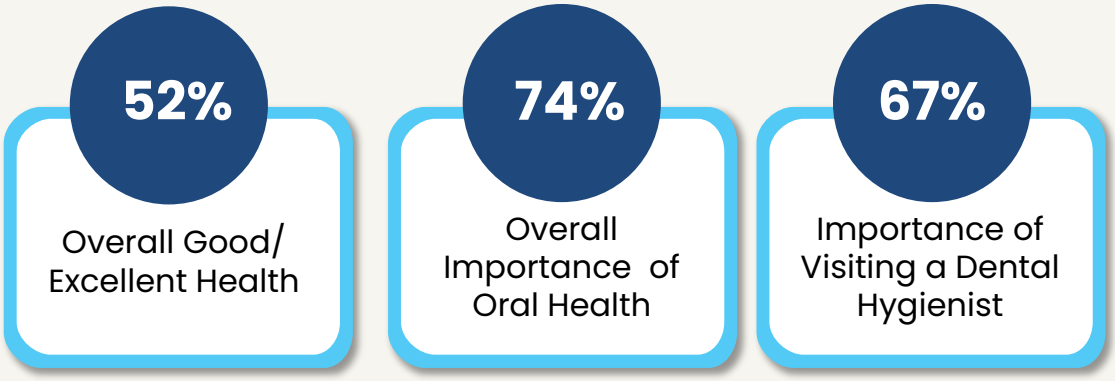
All respondents were asked about their overall health and the importance of oral health. Results in 2026 were similar to 2025:

- **Overall health**: Just over half (52%) rated their overall health as good or excellent.
- **Importance of oral health**: Three-quarters (74%) said oral health is important or very important to their overall health and well-being, up eight percentage points from 2022 (66%).
- **Regular visits**: Two-thirds (67%) said visiting a dental hygienist regularly is important or very important.

Recent patients were more likely than non-recent patients to rate their health as good or excellent (55% vs. 40%), to see oral health as important (78% vs. 59%), and to see regular visits as important (75% vs. 39%).



Overall Health and Importance of Oral Health
n=2,000



PERCEPTIONS OF DENTAL HYGIENE CARE IN ONTARIO

The following pages report agreement with statements about patient agency, access and quality, and discrimination. Each statement used a seven-point scale from strongly disagree to strongly agree. Agreement scores combine "agree" and "strongly agree."

Results are tracked across five survey cycles, from the 2022 baseline to 2026. Sample sizes are:

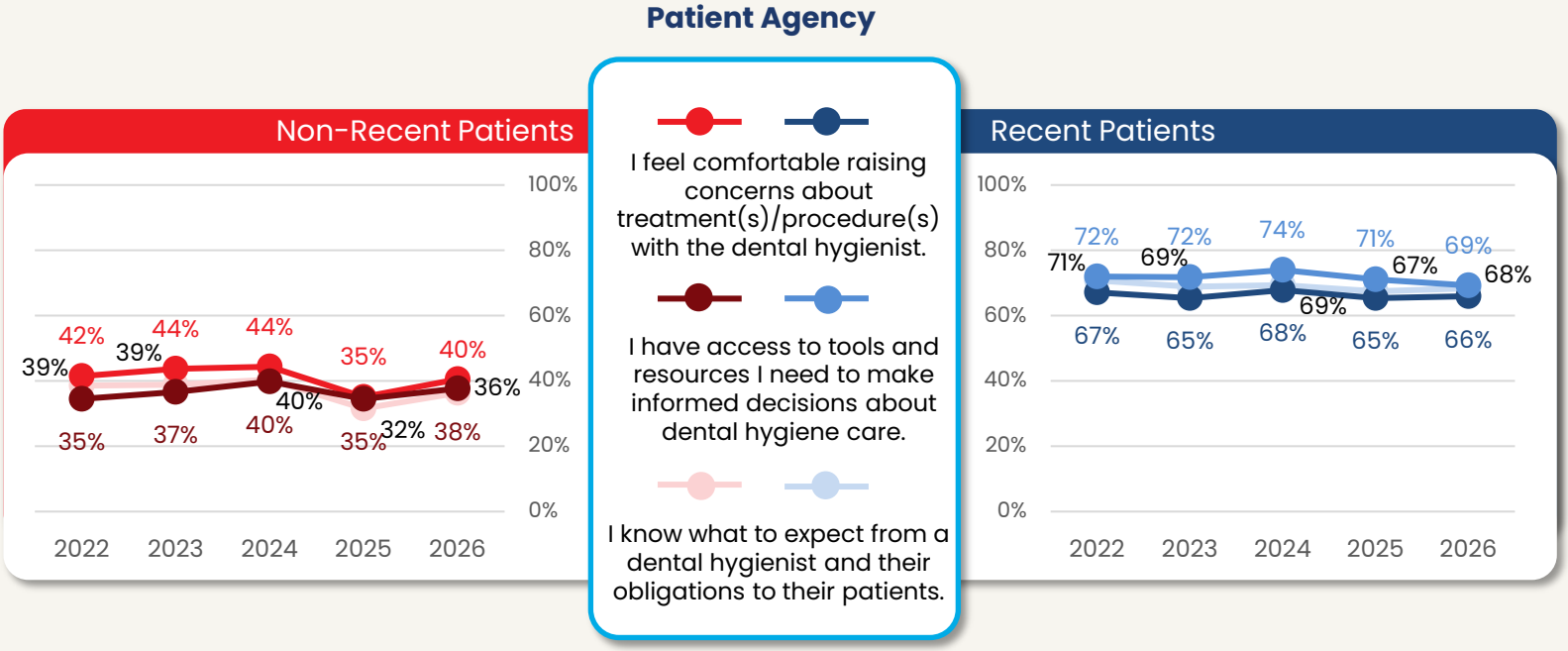
- Recent patients – 1,458 in 2022, 1,437 in 2023, 1,495 in 2024, 1,490 in 2025, and 1,538 in 2026
- Non-recent patients - 542 in 2022, 563 in 2023, 505 in 2024, 510 in 2025, and 462 in 2026

Patient Agency

Respondents indicated their agreement with statements about their ability to ask questions and make informed decisions about their own or their dependant's care. Results have remained stable over time, with a wide gap between recent and non-recent patients:

- **Recent patients**: 69% have access to the information and resources they need to make informed decisions, 68% know what to expect from a dental hygienist, and 66% feel comfortable raising concerns.
- **Non-recent patients**: 40% feel comfortable raising concerns, 38% have access to information and resources, and 36% know what to expect.

Respondents new to Canada (49%), Indigenous respondents (48%), and 2SLGBTQIA+ respondents (51%) were less likely to know what to expect from a dental hygienist. Agreement across all statements was higher among respondents aged 66 and older (73% to 78%), household incomes over $100,000 (69% to 71%), and those who speak English as a first language or fluently (60% to 67%).



PERCEPTIONS OF DENTAL HYGIENE CARE IN ONTARIO

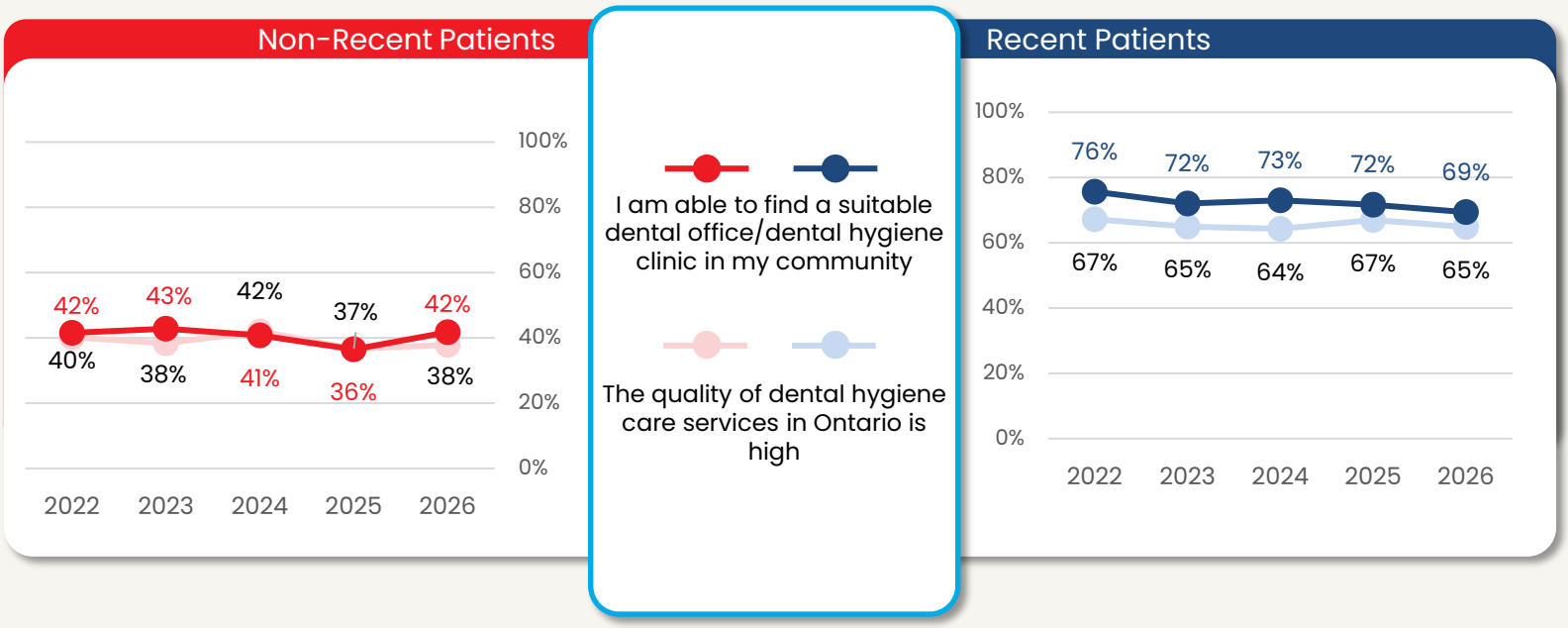
Perceptions of Access to and Quality of Care

Recent patients continue to view access and quality more positively than non-recent patients:

- **Access**: 69% of recent patients agreed they can find suitable care in their community, compared with 42% of non-recent patients. Among recent patients, agreement is down seven percentage points from 2022 (76%).
- **Quality**: 65% of recent patients agreed that the quality of dental hygiene care in Ontario is high, compared with 38% of non-recent patients.

Agreement with both statements was higher among respondents aged 66 and older (access 78%, quality 70%) and those with household incomes over $100,000 (72% and 67%). It was lower among respondents aged 18 to 25 (51% and 49%), students (50% and 45%), Indigenous respondents (40% and 38%, small group, directional), and those with household incomes under $40,000 (53% and 49%).

Access and Perception of Dental Hygiene Care in Ontario



PERCEPTIONS OF DENTAL HYGIENE CARE IN ONTARIO

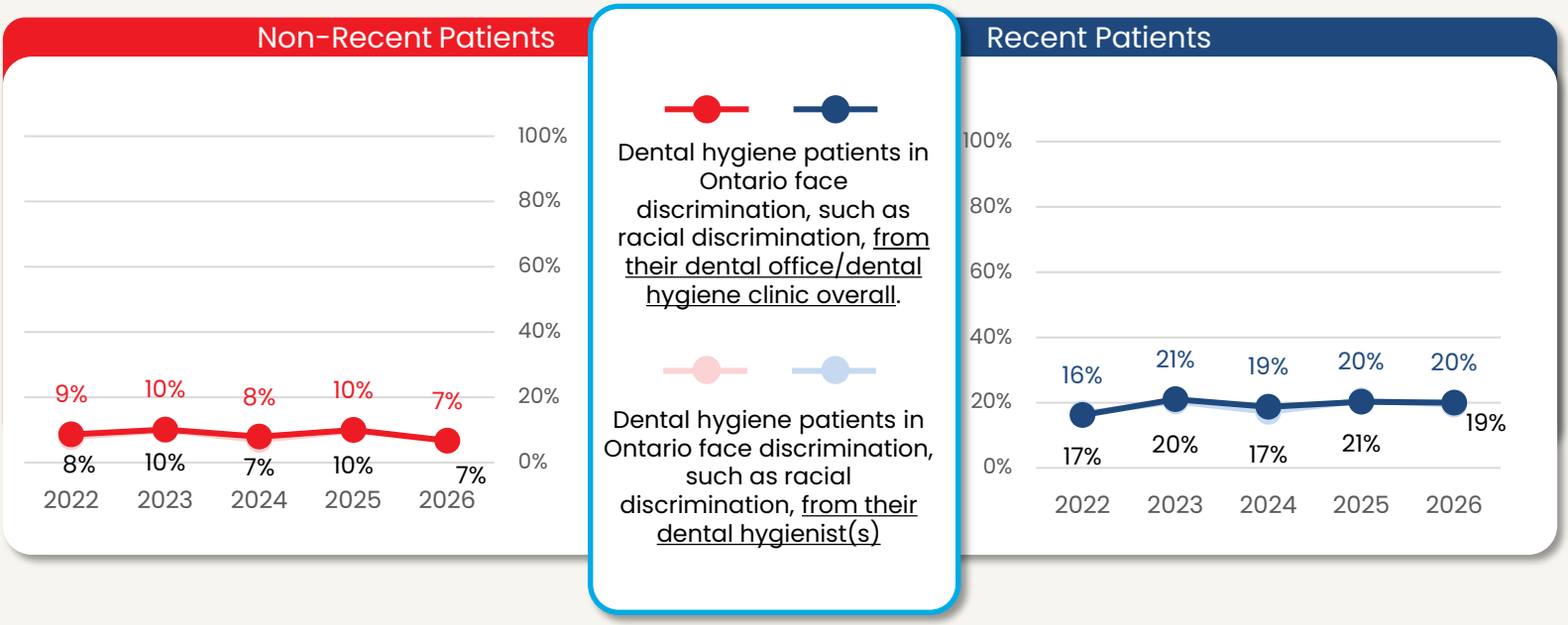
Perceptions of Discrimination

Respondents were asked whether they agree that dental hygiene patients in Ontario face discrimination, such as racial discrimination, from their dental office or clinic overall, and from their dental hygienist. These statements measure perceptions of discrimination toward patients in general.

- **Recent patients**: 20% agreed that patients face discrimination from their dental office or clinic, up from 16% in 2022, and 19% from their dental hygienist.
- **Non-recent patients**: 7% agreed for each statement, about one-third the level among recent patients, and stable over time.

Overall, approximately 17% of respondents agreed with each statement. Agreement was higher among students (27% and 26%), respondents aged 26 to 35 (23% to 24%), men (20% for both), and respondents with dependants (21% for both). Respondents aged 18 to 25 were more likely to agree that patients face discrimination from their dental office or clinic (23%).

Perceptions of Discrimination in Dental Hygiene Care in Ontario

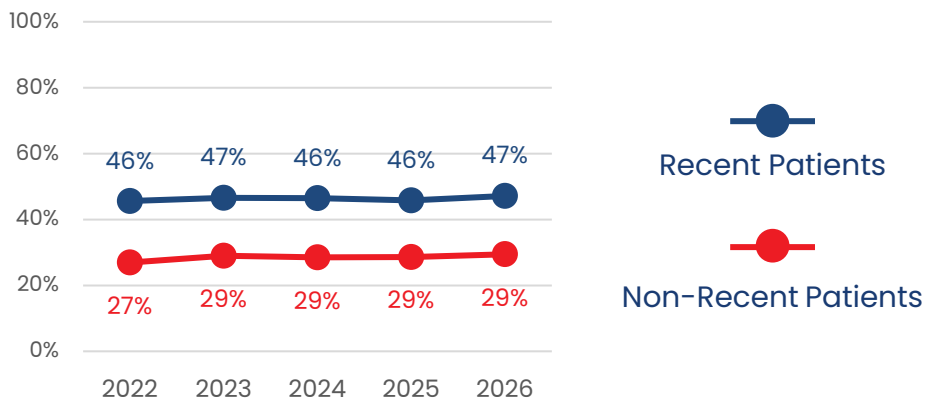


PERCEPTIONS OF THE REGULATOR

This section looks at awareness of regulation and of CDHO, trust in the regulator, and views on CDHO's effectiveness.

Awareness of Regulator

All respondents were asked whether they were aware that a regulatory body oversees dental hygienists in Ontario. Overall, 43% were aware, including 47% of recent patients and 29% of non-recent patients, consistent with 2025.

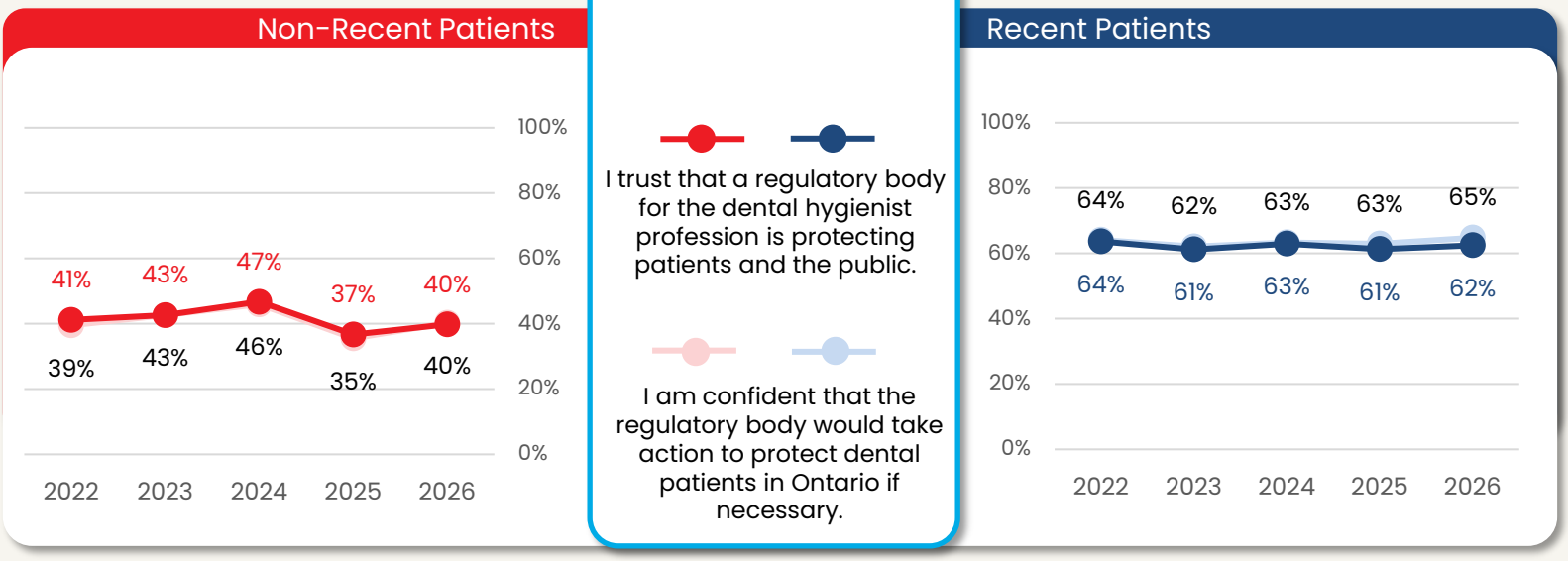


Trust in the Regulator

Recent patients were more likely than non-recent patients to trust that the regulatory body is protecting patients and the public (62% vs. 40%) and to be confident it would take action to protect patients if necessary (65% vs. 40%). Trust and confidence varied across groups:

- **Higher**: Respondents aged 66 and older (72% and 71%), retirees (70% and 68%), and those with household incomes over $100,000 (69% and 64%).
- **Lower**: Indigenous respondents (40% and 44%) and respondents with a disability (51%).

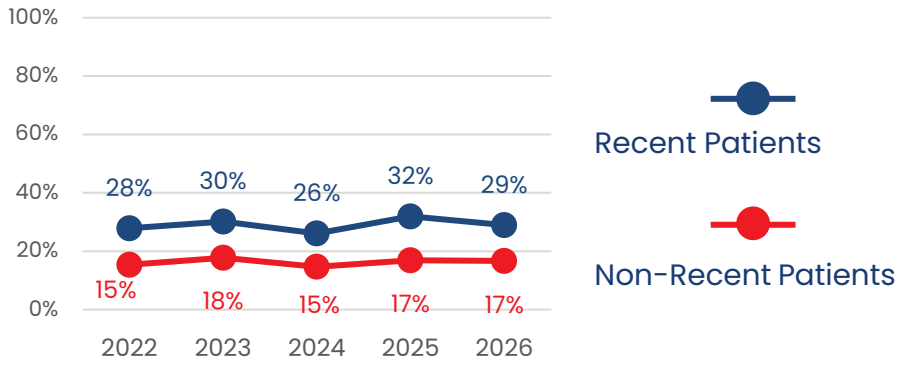
Trust of Regulator Functions



PERCEPTIONS OF THE REGULATOR

Awareness of CDHO

After a short description of the College, all respondents were asked whether they had heard of CDHO. Overall, 26% had heard of CDHO, including 29% of recent patients and 17% of non-recent patients, consistent with previous years.

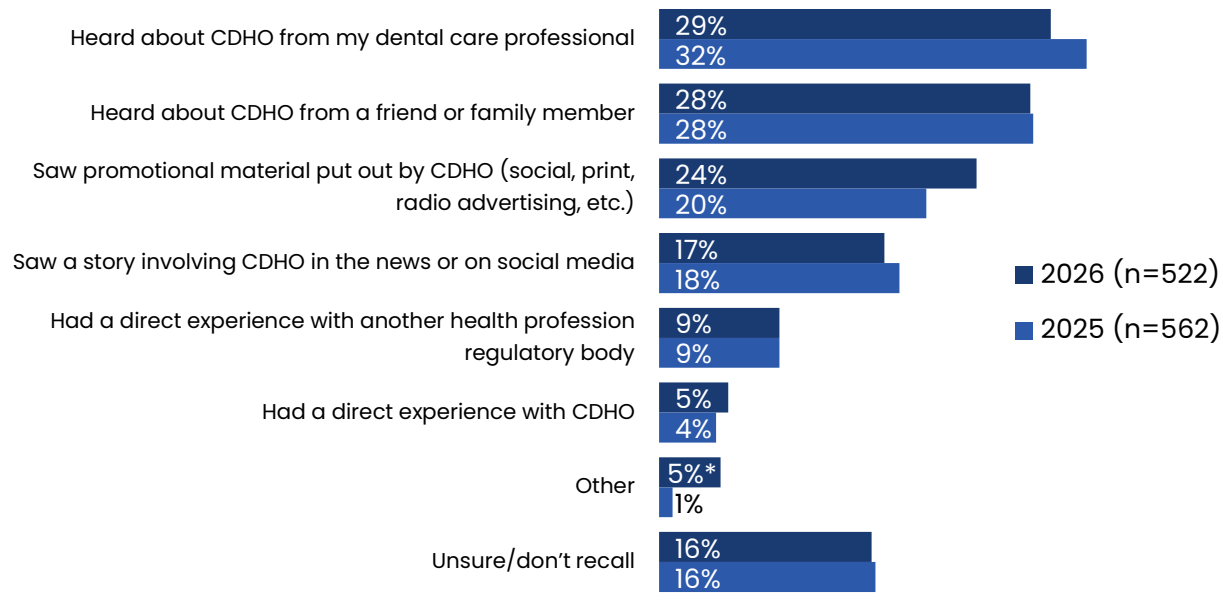


How Respondents Learned About CDHO

Among those who had heard of CDHO (n=522), the most common sources were their dental care professional (29%), a friend or family member (28%), and CDHO promotional materials (24%), consistent with 2025. Five percent had direct experience with CDHO, most often contacting the College with a question or concern.

Sources of Initial Awareness of CDHO

(Select all that apply)

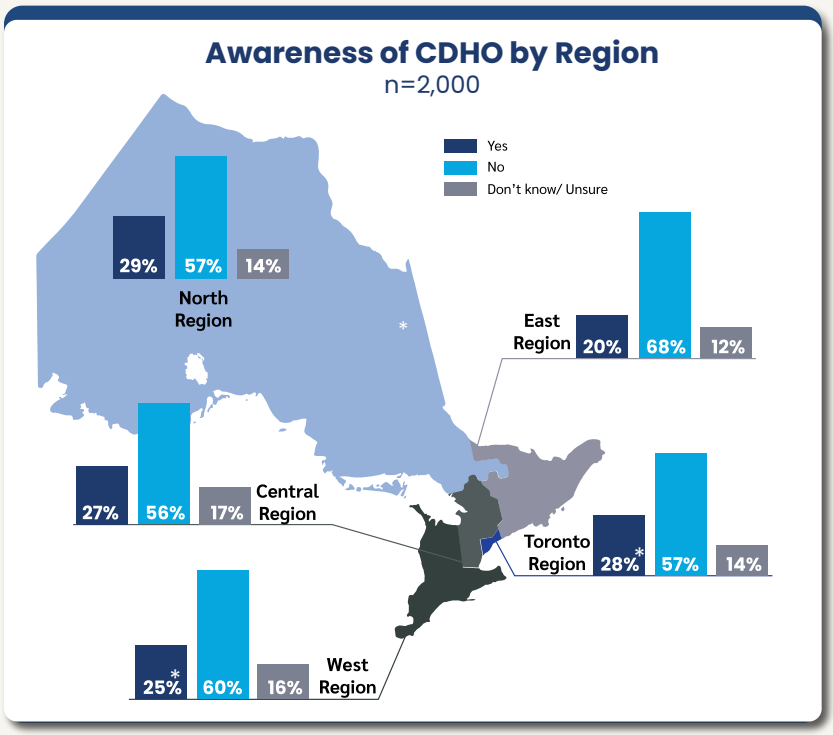


PERCEPTIONS OF THE REGULATOR

Awareness of CDHO by Region

Awareness of CDHO ranged from 20% to 29% across regions in 2026. Northern Ontario reported the highest awareness (29%), followed by Toronto (28%) and central Ontario (27%). Eastern Ontario reported the lowest awareness (20%) among the province and is down six percentage points from 2025.

In 2025, Toronto (32%) and western Ontario (31%) reported the highest awareness.

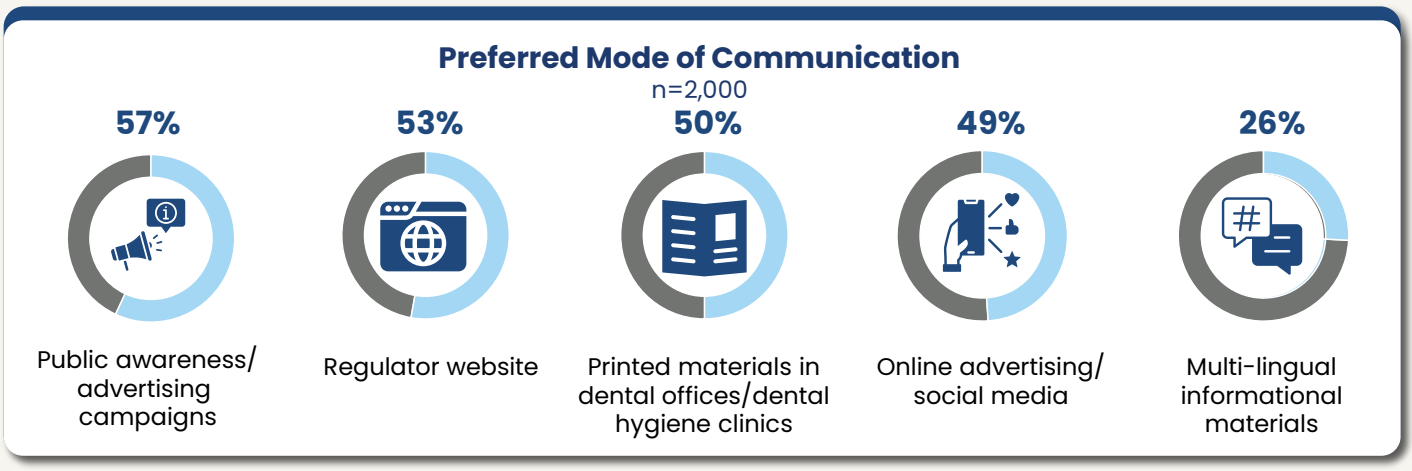


Communication with the Public

All respondents were asked how CDHO should communicate with the public. The most popular channels were:

- **Public awareness and advertising campaigns**: 57%, consistent with previous years
- **The regulator's website**: 53%
- **Printed materials in dental offices and clinics**: 50%
- **Online advertising and social media**: 49%

One in four (26%) selected multilingual materials. When asked which language they would prefer, most (89%) named English, followed by French (6%). This suggests many respondents value clear, accessible information as much as translation.

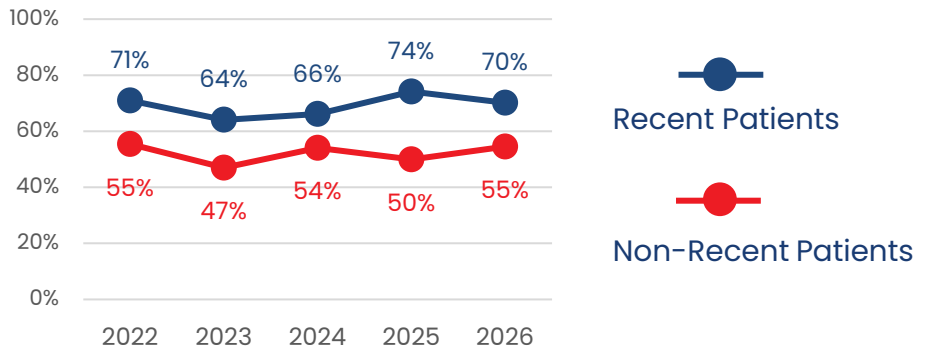


PERCEPTIONS OF THE REGULATOR

The following questions were asked to those who heard of CDHO (n=522 in 2026) Results are tracked across five survey cycles, from the 2022 baseline to 2026. Sample sizes for recent patients were 406 in 2022, 434 in 2023, 390 in 2024, 476 in 2025, and 445 in 2026. For non-recent patients, sample sizes were 83 in 2022, 100 in 2023, 74 in 2024, 86 in 2025, and 77 in 2026.

Views on CDHO's Effectiveness

Respondents who had heard of CDHO (n=522) were asked how effective the College is in carrying out its public protection mandate. Seven in ten recent patients (70%) said CDHO is effective or extremely effective, consistent with previous years, compared with 55% of non-recent patients.



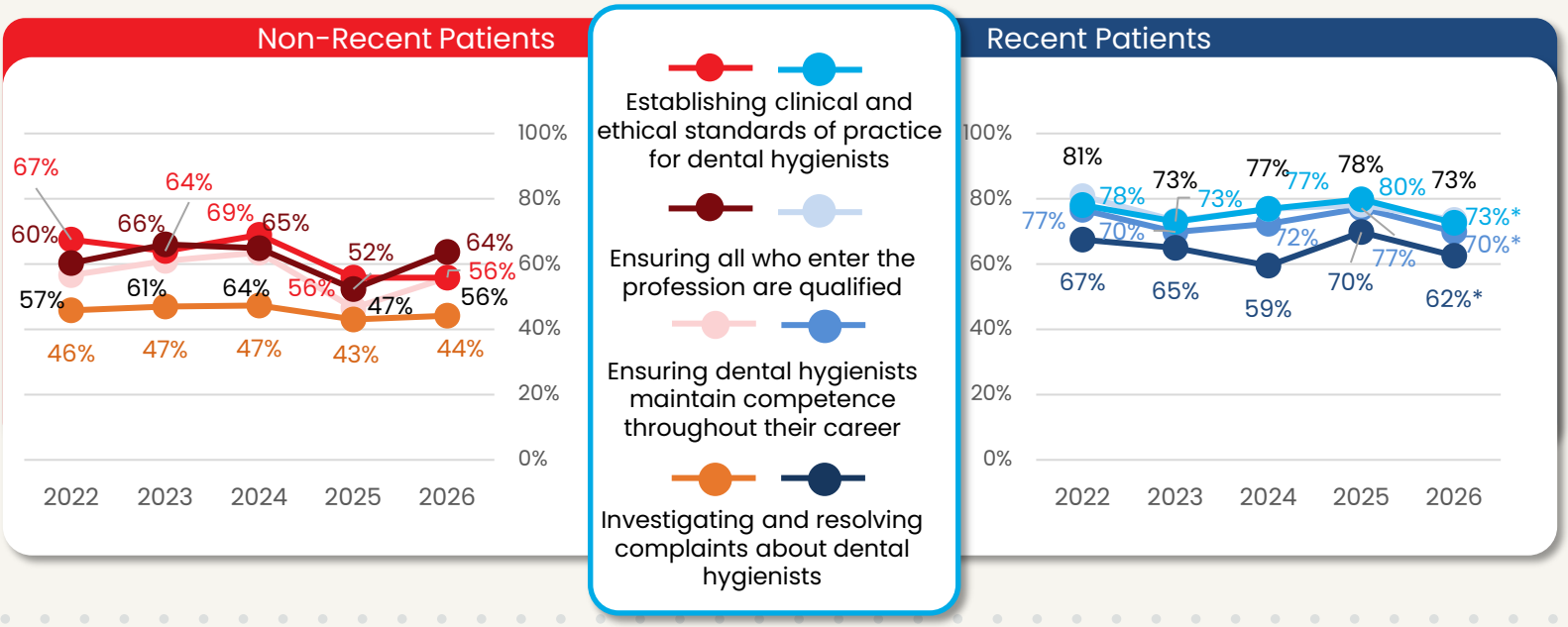
Effectiveness Across the Mandate

A majority of recent patients agreed CDHO is effective in each of four areas, although results declined in several:

- **Establishing clinical and ethical standards of practice**: 73%, down seven percentage points from 2025.
- **Ensuring all who enter the profession are qualified**: 73%, down eight percentage points from 2022.
- **Ensuring dental hygienists maintain competence**: 70%, down seven percentage points from 2025.
- **Investigating and resolving complaints**: 62%, down eight percentage points from 2025, and the lowest of the four areas.

Among non-recent patients, agreement was highest for ensuring entrants are qualified (64%) and lowest for investigating and resolving complaints (44%).

Perceptions of Effectiveness of CDHO



KEY CONSIDERATIONS

KEY CONSIDERATIONS

Pivotal Research has identified the following considerations for the College as it continues to strengthen public confidence and trust in the dental hygiene profession. Where relevant, they build on considerations identified in 2025.

1

Treat Comfort and Consent as One Standard of Care

Comfort and consent emerged in 2026 as two of the strongest drivers of overall satisfaction, and both fell below the journey average. Participants described them as linked: pain that was dismissed and treatment that continued without agreement were the experiences most likely to drive patients away.

CDHO may wish to frame comfort and consent as one expectation in its standards and guidance: checking in throughout treatment, offering pain management options, and confirming the patient's right to pause or decline at any point.

2

Extend Informed Consent to Costs and Optional Services

Building on 2025, satisfaction with payment has improved to a five-year high (67%). The remaining cost concerns centre on consent: 13% of recent patients were charged more than, or differently from, what they were told, and participants described optional services, such as fluoride, added without agreement.

CDHO may wish to clarify that informed consent includes cost, so patients agree to optional services and their costs before treatment begins.

3

Strengthen the Path from Patient Concern to the College

Most respondents who had a concerning experience reported it to their dental hygienist or clinic, while one in four respondents (26%) has heard of CDHO and complaints handling is the lowest area of CDHO's mandate for effectiveness (62%). Many concerns are likely to stay within the clinic and never reach the College.

Registrants are the most common way the public learns about CDHO. The College may consider setting expectations for how registrants respond to patient concerns and tell patients how to contact CDHO. The 2026 risk measures could also serve as a baseline for public-reported risk in the Patient Risk Register, alongside complaints and quality assurance data.

4

Reach Patients Drifting Away from Care

Building on 2025, the same groups trail on almost every measure: younger respondents, students, those with lower incomes, respondents with a disability or new to Canada, and Indigenous respondents (directional). Among non-recent patients, the share who name "not needing care" as their main reason has risen to 21% from 15% in 2022, and nearly one in four (23%) last visited more than five years ago.

CDHO may consider public messaging on the value of preventive care aimed at lapsed patients, and expectations for welcoming, accessible care for those returning after a long absence. Tracking these groups as standing indicators in future cycles would show whether gaps are closing.

PIVOTAL RESEARCH Inc.™

Edmonton:
Suite 1708, College Plaza
8215 – 112 Street NW
Edmonton, AB T6G 2C8

Toronto:
Suite 212, 180 John Street
Toronto, ON, M5T 1X5

780.421.1199

Toll Free 1.855.421.1199

Pivotalresearch .ca

Pivotal Research respectfully acknowledges that our office is headquartered on the traditional and ancestral land of the Nêhiyawak, Anishinaabe, Niitsitapi, Métis, Dene and Iyãhé Nakoda in Treaty 6 Territory and Métis Region 4.

Voice of the Patient Appendix

CDHO
COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

PIVOTAL RESEARCH Inc.™

Appendix A:
Final Survey Instrument

CDHO
COLLEGE OF DENTAL
HYGIENISTS OF ONTARIO

PIVOTAL RESEARCH Inc.™

CDHO

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO



CDHO Voice of the Patient Survey Instrument 2026

September 23, 2026



Prepared by

PIVOTAL RESEARCH Inc.™

CDHO Voice of the Patient Survey Instrument 2026

Screening Information

1. *This survey is offered in multiple languages.*

Please select your language preference to complete this survey [drop down: English, French, Mandarin, Punjabi]

2. **In what age category do you fall?**
    - Less than 18 years of age **[Terminate]**
    - 18-25 years
    - 26-35 years
    - 36-45 years
    - 46-55 years
    - 56-65 years
    - 66 years and over
    - Prefer not to answer

3. **Are you a Registered Dental Hygienist?**
    - Yes **[Terminate]**
    - No
4. **Where do you reside? [Drop down list of provinces][Anything other than ON Terminate]**
5. **What are the first three digits of your Postal Code?__ __ __**
6. **Based on your knowledge, which of the following services can a dental hygienist provide in Ontario? [Select all that apply] [randomize]**
    - Clean and polish teeth (scaling/polishing)
    - Take dental X-rays and impressions
    - Apply fluoride treatments or dental sealants
    - Screen for gum disease and oral cancer
    - Whiten teeth
    - Provide oral hygiene education and advice
    - Fill cavities
    - Perform surgery (root canals or pull teeth)
    - Prescribe antibiotics or other medications
    - Place crowns or bridges
    - I believe dental hygienists can do all of the above [exclusive]
    - Don't know/not sure [exclusive]

7. **In the past 12 months, have you or your dependant(s)* accessed the services of a dental hygienist in Ontario? [Select all that apply]**

   **A dependant is a family member who relies on you for financial support.*

   - Yes, I visited a dental hygienist as a patient in the last 12 months [Go to Recent Patient Section: Q11]
   - Yes, my dependant(s) visited a dental hygienist in the last 12 months [Go to Recent Patient Section: Q11]
   - No, neither my dependant(s) nor I have visited a dental hygienist in the last 12 months [Go to Non-Recent Patient Section: Q8] [exclusive]
   - Don't know/unsure [Go to All Respondents Section: Q26] [exclusive]

Introduction

You are invited to participate in a survey to share your perspectives on dental hygiene care in Ontario. The survey will take you approximately 10 to 12 minutes to complete.

Your responses are anonymous and only group data will be reported. If you have any questions about the collection and use of this information or encounter any difficulties, please contact us at feedback@pivotalresearch.ca or toll free at 1-877-421-1199.

If you have any questions about the validity of this research, please search Project 20260915-PI494 on the Canadian Research Insights Council (CRIC) website.

The collection of information through this survey is authorized under Section 33 (c) of the Freedom of Information and Protection of Privacy Act (Ontario). Pivotal Research adheres strictly to all relevant privacy and data security legislation to ensure the highest standards of data protection and confidentiality. If you have any questions about how your information is being collected, used, or protected, please contact the Privacy Officer at feedback@pivotalresearch.ca or toll free at 1-877-421-1199.

Non-recent patients [If Q7=3]

8. **You indicated that you and/or your dependant(s) have not visited a dental hygienist in the last 12 months. Which of the following describe(s) the reasons for that? [Select all that apply]** [Randomize options]
   - Cost
   - Insufficient insurance coverage or do not have dental insurance
   - Dental offices/dental hygiene clinics are not accepting Canadian Dental Care Plan (CDCP) patients
   - Dental offices/dental hygiene clinics are not accepting other government programs (e.g. Healthy Smiles Ontario (HSO), Non-Insured Health Benefits (NIHB) for First Nations and Inuit peoples, etc.)
   - Fear of pain or discomfort
   - Limited number of dental hygienists in my community or clinics are not taking new patients
   - Commuting to a dental office or dental hygiene clinic is difficult
   - Difficult to book an appointment time that is convenient with my schedule
   - Have not found a dental hygienist that is a good fit
   - Cannot find a dental hygienist that speaks my native language

- Concerns regarding discrimination
- Concern about the safety of the care. Please specify _____
- Concern about unprofessional conduct or treatment. Please specify _____
- Have not needed dental hygiene care
- Negative experience(s) in the past: Please share with us the nature of your experience:_____
- Other: Please specify _____

9. [If selected more than one reason in Q8] **Of the reasons you selected above, which reason impacts your decision the most?** [Select one answer] [Display options selected in Q8]
10. **When was the last time you or your dependant(s) visited a dental hygienist in Ontario?**
    - 1 to 2 years ago
    - 2 to 3 years ago
    - 3 to 4 years ago
    - 4 to 5 years ago
    - More than 5 years ago
    - Neither my dependant(s) nor I have ever visited a dental hygienist in Ontario
    - Do not know

[Skip All Respondents Section]

Recent Patients [If Q7 =1 or 2]

When answering the questions below, please think about when you most recently accessed the services of a dental hygienist, whether it was your dependant(s) who visited a dental hygienist or whether you were the patient.

11. **During your last visit with a dental hygienist, were you.....**

    - The patient
    - Accompanying a minor (under the age of 18)
    - Accompanying an adult

12. **When did you most recently access the services of a dental hygienist in Ontario?**
    - Within the last month
    - One to three months ago
    - Three to six months ago
    - Six to twelve months ago

Q12_NEW) How long does it take you to travel to the dental hygienist or clinic where you last received care?

- under 15 minutes
- 15 to 30 minutes
- More than half an hour to 45
- More than 45 minutes to one hour
- more than one hour

13. **Did you have coverage through the Canadian Dental Care Plan (CDCP) when you accessed the services of a dental hygienist?**
    - Yes
    - No
    - Don't know / Not sure

14. **Did you have dental care insurance through any of the following sources when you accessed the services of a dental hygienist? [Select all that apply]**

a. Yes, through another government program (e.g., Social Services, Ontario Works, Ontario Disability Support Plan [ODSP], Healthy Smiles Ontario, Non-Insured Health Benefits [NIHB] for Indigenous Peoples)
b. Yes, through First Nations health coverage
c. Yes, through my employer's health insurance plan
d. Yes, through my spouse's/partner's health insurance plan
e. Yes, through private health insurance plan I purchased
f. Yes, through a student health insurance plan
g. No, I did not have other dental care insurance [exclusive] [only show to Q13=yes]
h. No, I did not have <u>any</u> dental care insurance [exclusive] [hide if Q13=yes]
i. Don't know/Not sure [exclusive]

Dental Hygiene Patient Journey

Thinking of when you most recently accessed the services of a dental hygienist in Ontario, please use the following scale to rate your level of satisfaction with the following aspects. [Each item will be presented in a grid as shown below] [Randomize items]

	Extremely dissatisfied 1	Dissatisfied 2	Somewhat Dissatisfied 3	Neither satisfied nor dissatisfied 4	Somewhat satisfied 5	Satisfied 6	Extremely satisfied 7	Do not know 8
a. Item A	O	O	O	O	O	O	O	O
b. Item B…	O	O	O	O	O	O	O	O

14. **Dental Office/Dental Hygiene Clinic**

Ability to book a routine dental hygiene appointment at a convenient time.
Ability to access dental hygiene care for urgent or emergency needs.
Cleanliness and infection control measures.

15. **Pre-treatment**

a. Taking time to explain the treatment(s)/procedure(s), including the risks and benefits, and answer any questions.

b. The information provided to me about costs of recommended treatments or procedures (including any costs not covered by insurance) when applicable.

16. Treatment/Procedure

a. Feelings of safety and comfort while undergoing treatment(s)/procedure(s).
b. Ensuring comfort by providing options for minimizing pain and discomfort (e.g., freezing/numbing gel).
c. Dental hygienist checked in on my level of comfort during the procedure.

17. Post-treatment

a. Dental hygiene care treatment(s)/procedure(s) were delivered as expected.

18. Staff interaction/communication

a. Clear and understandable communication (verbal and written).
b. Educating me on how to best take care of my/my dependant's oral health.
c. Taking time to listen to my questions and providing respectful communication

19. Payment

a. Costs were as estimated, and any changes were satisfactorily explained and agreed upon.

20. Consent

a. Being asked for my (or my dependant's) consent (i.e., agreement to treatment) before treatment begins.
b. Having a say in decisions about my (or my dependant's) dental hygiene care.
c. Not pressuring me to choose a particular option.

21. When considering the <u>dental hygiene care you/your dependant(s) receive overall</u>, indicate your level of satisfaction.

Extremely dissatisfied 1	Dissatisfied 2	Somewhat Dissatisfied 3	Neither satisfied nor dissatisfied 4	Somewhat satisfied 5	Satisfied 6	Extremely satisfied 7	Do not know 8
O	O	O	O	O	O	O	O

22. What was/were the outcome(s) of your/your dependant's last experience with a dental hygienist? [Select all that apply] [randomize items]

- O Increased self-confidence
- O Decreased dental anxiety
- O Improved comfort
- O Reduced/eliminated pain
- O Improved dental appearance
- O Other: Please specify:_____

○ None of the above [exclusive]

Perceptions of Risk in Dental Hygiene Care

When answering the questions below, please think about your dental hygiene care experience in the last 12 months.

23. Thinking about the dental hygiene care you or your dependant(s) have received in the past 12 months, have you experienced any of the following? [Each item will be presented in a grid as shown below] [Randomize items]

	Yes	No	Do not know	
a. An injury, error, or unexpected harm during treatment	O	O	O	
b. Concerns about cleanliness or sterilization of instruments or the treatment area	O	O	O	
c. A medical reaction or emergency during care that was not handled well	O	O	O	
d. A follow-up or referral that did not happen when it should have	O	O	O	
e. Your health information being accessed, used, or shared without your consent	O	O	O	
f. Being unable to get care when you needed it	O	O	O	
g. Barriers to care because of a disability, language, or other accessibility need	O	O	O	
h. Being charged more than, or differently from, what you were told	O	O	O	
i. Treatment starting before you understood or agreed to it	O	O	O	
j. Not knowing how, or being unable, to raise a concern or complaint	O	O	O	
k. Disrespectful, discriminatory, or abusive treatment	O	O	O	

Q23_A) [Show If any Yes in Q23] Which of these had the greatest effect on you or your dependant(s)? [Select one] [Display items marked Yes in Q23]

24. Did you report this to anyone? [Display items selected in Q23]

	The dental hygienist or dental office/clinic	Association/ regulatory body	Someone else (please specify): _____	Did not report it
Item 1				
Item 2				
.....				

25. Overall, how confident are you that you and your dependant(s) are protected from harm when receiving dental hygiene care in the last 12 months?

- ○ Not at all confident (1)
- ○ Unconfident (2)
- ○ Somewhat unconfident (3)
- ○ Neither confident nor unconfident (4)
- ○ Somewhat confident (5)
- ○ Confident (6)
- ○ Extremely confident (7)
- ○ Do not know (8)

All Respondents

Value of Oral Health

26. In general, how would you rate your overall health?

- ○ Very poor
- ○ Poor
- ○ Somewhat poor
- ○ Neither good nor poor
- ○ Somewhat good
- ○ Good
- ○ Excellent

27. When considering your overall health and well-being, how important is your oral health?

- ○ Not at all important
- ○ Unimportant
- ○ Somewhat unimportant
- ○ Neither important nor unimportant
- ○ Somewhat important
- ○ Important
- ○ Very important

28. How important is visiting a dental hygienist regularly to your oral health?

- ○ Not at all important
- ○ Unimportant
- ○ Somewhat unimportant
- ○ Neither important nor unimportant
- ○ Somewhat important
- ○ Important
- ○ Very important

Perceptions of Dental Hygiene Care

The following set of questions will ask you about your perceptions of dental hygiene care services in Ontario as a whole.

29. Indicate your level of agreement with the following statements about <u>dental hygiene care services generally</u>. [Each item will be presented in a grid as shown below using the following scale] [Randomize items]

	Strongly disagree 1	Disagree 2	Somewhat disagree 3	Neither disagree nor agree 4	Somewhat agree 5	Agree 6	Strongly agree 7	Do not know 8
a. Item A	O	O	O	O	O	O	O	O
b. Item B…	O	O	O	O	O	O	O	O

<u>Access and Perceptions of Care</u>

a. I can find suitable dental hygiene care either in dental hygiene clinic or dental office in my community.
b. The quality of dental hygiene care services in Ontario is high.

<u>Discrimination</u>

a. Dental hygiene patients in Ontario face discrimination, such as racial discrimination, **from their dental hygienist(s).**
b. Dental hygiene patients in Ontario face discrimination, such as racial discrimination, **from their dental office/dental hygiene clinic overall.**

Patient Agency

30. Indicate your level of agreement with the following statements about your <u>ability to ask questions and be informed about your/your dependant's dental hygiene care</u>. [Each item will be presented in a grid using an agreement scale] [Randomize items]

Strongly disagree 1	Disagree 2	Somewhat disagree 3	Neither disagree nor agree 4	Somewhat agree 5	Agree 6	Strongly agree 7	Do not know 8

a. I feel comfortable raising concerns about treatment(s)/procedure(s) with the dental hygienist.
b. I have access to information and resources I need to make informed decisions about dental hygiene care.
c. I know what to expect from a dental hygienist and their obligations to their patients.

Regulation

31. Are you aware that there is a regulatory body that oversees dental hygienists in Ontario?

- Yes
- No
- Unsure

32. Indicate your level of agreement with the following statements about <u>the regulation of dental hygienists in Ontario</u>. [Each item will be presented in a grid using an agreement scale] [Randomize items]

Strongly disagree 1	Disagree 2	Somewhat disagree 3	Neither disagree nor agree 4	Somewhat agree 5	Agree 6	Strongly agree 7	Do not know 8

a. I trust that a regulatory body for the dental hygienist profession is protecting patients and the public.
b. I am confident that the regulatory body would take action to protect patients in Ontario if necessary.

33. The College of Dental Hygienists of Ontario (CDHO) is the regulatory body for over 17,000 Registered Dental Hygienists in Ontario. CDHO regulates the profession of dental hygiene in the interest of the overall health and safety of the public of Ontario and sets the requirements for registration as a dental hygienist. While CDHO does not train dental hygienists, it establishes practice standards for safe and ethical care.

Have you heard of CDHO?

- Yes
- No [Skip to Q38]
- Unsure [Skip to Q38]

34. How did you first become aware of CDHO? [Randomize items] [Select all that apply]

- Had a direct experience with CDHO
- Had a direct experience with another health profession regulatory body
- Saw a story involving CDHO in the news or on social media
- Saw promotional material put out by CDHO (social, print, radio advertising, etc.)
- Heard about CDHO from a friend or family member
- Heard about CDHO from my dental care professional
- Other: Please specify_____
- Unsure/don't recall [exclusive]

35. Which of the following reflects your experience with CDHO? [Select all that apply] [show if Q34 = Had a direct experience with CDHO]

- Submitted a complaint
- Contacted with a question or concern
- Accessed the website
- Searched for or looked up the qualifications of a dental hygienist
- Researched dental hygiene care policies in Ontario
- Other. Please specify: _____
- None of the above
- Not sure/can't remember [exclusive]

36. To what extent do you believe CDHO is effective in performing the following aspects of its public protection mandate? [Randomize items]

	Extremely ineffective 1	Not effective 2	Somewhat ineffective 3	Neither effective nor ineffective 4	Somewhat effective 5	Effective 6	Extremely effective 7	Do not know 8
a. Ensuring all who enter the profession are qualified	O	O	O	O	O	O	O	O
b. Establishing clinical and ethical standards of practice for dental hygienists	O	O	O	O	O	O	O	O
c. Ensuring dental hygienists maintain competence throughout their career	O	O	O	O	O	O	O	O
d. Investigating and resolving complaints about dental hygienists	O	O	O	O	O	O	O	O

37. To what extent do you believe that CDHO is effective in carrying out its public protection mandate?

- Extremely ineffective
- Not effective
- Somewhat ineffective

- Neither effective nor ineffective
- Somewhat effective
- Effective
- Extremely effective
- Do not know

38. **Which of the following media should CDHO use to communicate with the public? [Select all that apply] [Randomize items]**
    - Regulator website
    - Printed materials in dental offices/dental hygiene clinics
    - Online advertising/social media
    - Public awareness advertising campaigns (e.g., television, radio)
    - Multi-lingual information materials. Please provide the language you would like to receive materials in: _____ [program as follow-up]
    - Other: _____

Additional Demographics

To ensure we hear from individuals with diverse experiences and perspectives, we are asking a few demographic questions. Ultimately, this information will be used to enhance efforts to promote equitable healthcare experiences. You may select "Prefer not to answer" to any of the following questions.

39. **Which of the following describe(s) you/your identity? [Select all that apply]**
    - Female
    - Male
    - Transgender
    - Non-binary/agender
    - Two-spirit
    - None of the above [exclusive]
    - Prefer not to answer
40. **Which of the following represents your total household income per year before taxes?**
    - Under $20,000
    - $20,000 to under $39,999
    - $40,000 to under $59,999
    - $60,000 to under $79,999
    - $80,000 to under $99,999
    - $100,000 to under $149,999
    - $150,000 or more
    - Prefer not to answer
41. **Which of the following best describes your employment status?**
    - Employed full-time, including self-employment (30 hours or more per week)
    - Employed part-time, including self-employment (less than 30 hours per week)
    - Not currently employed
    - Unable to work
    - Stay at home parent / caregiver
    - Retired

- Prefer not to answer

42. Are you currently attending school?

- Not currently a student
- Yes, high school student
- Yes, full-time university student
- Yes, part-time university student
- Yes, enrolled in a vocational/technical program
- Prefer not to answer

43. What is the highest level of education that you have achieved?

- Less than high school
- Graduated high school
- Graduated college, technical or vocational school
- Graduated university
- Prefer not to answer

44. Including yourself, how many people live in your household?

[Drop down menu including numbers through 1 to 10, more than 10, and prefer not to answer]

45. Do you have dependants?

- Yes
- No
- Prefer not to answer

46. *Ontarians receive care in many languages. The next two questions help us understand whether language affects how easily people access and understand their dental hygiene care.*

Which language(s) do you speak well enough to have a conversation with a health care provider?
[Select all that apply]

- English
- French
- Mandarin
- Cantonese
- Punjabi
- Spanish
- Arabic
- Tagalog
- Italian
- Urdu
- Other, please specify: _____

- Prefer not to answer [Exclusive]

47. How would you describe your English language skills?

- English is my **first language**
- **Fluent** ability to speak, read, and write in English
- **Intermediate** ability to speak, read, and write in English
- **Basic** ability to speak, read, and write in English
- Prefer not to answer

48. Do you identify as any of the following? [Select all that apply]

- Racial or ethnic minority
- Person with a disability (visible and/or invisible disability)
- Indigenous (as defined in Canada as First Nations, Métis or Inuit)
- New to Canada (less than 5 years)
- 2SLGBTQIA+
- None of the above [exclusive]
- Prefer not to answer [exclusive]

49. [Show if Q48 = Indigenous] **Do you currently live on a First Nations Reserve or Metis or Inuit Settlement?** [Show if Q48 = Indigenous]

- Yes
- No
- Prefer not to answer

Qualitative Recruitment [only show to Q21= 1 - 7]

[Show if Q21 = <5] Pivotal Research, an independent research company based in Canada, is hosting focus groups on behalf of the College of Dental Hygienists of Ontario with dental hygiene patients and non-patients to further understand their experiences and learn more about sources of frustration and areas in need of improvement.

[Show if Q21 = 6-7] Pivotal Research, an independent research company based in Canada, is hosting focus groups on behalf of the College of Dental Hygienists of Ontario with dental hygiene patients to further understand their experiences and learn more about the different point in their patient journey.

We are seeking participants for a virtual 90-minute focus group during **October 21-22**. As a thank-you for your participation, **you will be compensated with $100 CAD** if you are selected to attend. Please note that focus group sizes are limited, so not everyone will be able to participate. We will strive to accommodate everyone who wants to participate but interest in this research may exceed the number of spaces.

QR1. Are you interested in participating in this *optional* research?

O Yes
O No [Skip to end of survey]

QR2. If you are interested in participating, we invite you to please provide your contact information by

filling out the forms below. If you are selected, a member of the Pivotal Research team will get in touch with you to make arrangements.

First and last name:
Email address:
Phone number:

Your personal information will only be used to contact you about a focus group and will not be shared or used for any other purposes. The identities of those who participate will not be disclosed to the study's sponsor, CDHO. All personal information collected will be securely destroyed at the end of the study.

QR3. Please select the dates that align with your availability (select all that apply) [List out focus group dates – TBD – tentative dates below]

- Wednesday October 21, 5:30 PM – 7:00 PM [ET] [less satisfied patients]
- Wednesday October 21, 7:30 PM – 9:00 PM [ET] [less satisfied patients]
- Thursday October 22, 5:30 PM – 7:00 PM [ET] [satisfied patients]
- Thursday October 22, 7:30 PM – 9:00 PM [ET] [satisfied patients]
- None of the above

Qualitative Recruitment [only show to Q7="no"]

Pivotal Research, a market research company based in Edmonton, is conducting virtual interviews on behalf of the College of Dental Hygienists of Ontario to further understand your experiences and learn more about sources of frustration and areas in need of improvement.

We are seeking participants for a 30-minute virtual/telephone one-on-one interview that will take place October 13 -23. As a thank-you for your participation **you will be compensated with $50 CAD** if you are selected to attend. Please note that space in interviews is limited, so not everyone will be able to participate. We will strive to accommodate everyone who wants to participate but interest in this research may exceed the number of spaces.

QR4. Are you interested in participating in this *optional* research?

O Yes
O No

QR5. If you are interested in participating, we invite you to please provide your contact information by filling out the forms below. If you are selected a member of the Pivotal Research team may get in touch with you to make arrangements.

First and last name:
Email address:
Phone number:

Your personal information will only be used to contact you about an interview and will not be shared or used for any other purposes. The identities of those who participate will not be disclosed to the study's sponsor, CDHO. All personal information collected will be securely destroyed at the end of the study.

Thank you for providing your feedback.
Please press the submit button below to complete the survey.

PIVOTAL RESEARCH Inc.™

Edmonton
Suite 1708, College Plaza
8215 – 112 Street NW
Edmonton, AB T6G 2C8
780.421.1199

Toronto
Suite 212, 180 John St
Toronto, ON M5T 1X5

Toll Free 1.855.421.1199

Pivotalresearch .ca



Pivotal Research is headquartered on the ancestral land of the Nêhiyawak (Cree), Anishinaabe (Saulteaux), Niitsitapi (Blackfoot), Métis, Dene and Iyãhé Nakoda (Nakoda Sioux) in Treaty 6 Territory and Métis Region 4

Appendix B:
CDHO VOP Guides 2026

CDHO
COLLEGE OF DENTAL
HYGIENISTS OF ONTARIO

PIVOTAL RESEARCH Inc.™

Draft Focus Group Moderator Guide – Less Satisfied, Dental Hygiene Experiences in Ontario

Objective: To explore dissatisfaction in dental hygiene care as experienced by participants, focusing on specific points in the patient journey (e.g., booking, receptionist, treatment/procedure, payment, communication, consent, comfort, and safety).

Participants: 6-8 individuals with low satisfaction scores from the 2026 VoP survey.

Introduction (5 minutes)

Hi everyone, and thank you for joining us today. My name is [Moderator Name], and I'll be guiding this conversation. We're conducting this focus group on behalf of the College of Dental Hygienists of Ontario (CDHO), and we're here to understand your experiences with dental hygiene care. In a recent survey, you shared that you weren't fully satisfied with your care, and today we'd like to learn more about that to help improve dental hygiene services across Ontario.

Everything you share will be kept confidential, and your participation is completely voluntary. We're aiming to create a safe space where you can openly share your thoughts and experiences. There are no right or wrong answers—your perspective is what matters most.

We'll spend about 90 minutes together, and I'll ask a few questions to guide our discussion. If everyone's ready, let's start with a brief introduction.

Participant Introductions (5 minutes)

Let's go around the room. Please introduce yourself by sharing your name, where you're from, or anything else you're comfortable sharing.

Ideal Visit (5 minutes)

To start, let's do a quick exercise. Think about your ideal visit to a dental hygienist. What are three words you'd use to describe that ideal visit?

[The moderator will capture words in the chat or aloud and come back to themes throughout the discussion.]

Moments that Matter (15 minutes)

1. Now, think back to your most recent visit to a dental hygienist. Looking at this journey [JOURNEY MAP SHOWN ON SCREEN], which moments that had the biggest impact on your

overall experience. [GREEN DOT = biggest positive impact; RED DOT = biggest negative impact]

a. [Moderator will listen for place of negative experience (dental hygiene clinic or dental clinic) and areas of dissatisfaction in the journey and place dots:
   i. Booking and check-in
   ii. Interaction with the receptionist or other clinic staff
   iii. Communication with the dental hygienist
   iv. The treatment or procedure itself (e.g., comfort, expectations, pain)
   v. Payment and any surprises around costs
   vi. The clinic environment or cleanliness

b. **Follow-Up Probes:**
   i. Where and when did this visit take place?
   ii. What happened?
   iii. How did it affect your confidence in the care you received? (addresses "risk")
   iv. Did it affect your overall satisfaction? Would your rating have changed if that moment had gone differently?

2. ***[For communication issues]*** For those of you who mentioned there were communication issues during your visit, what was unclear or missing for you?
   a. **Follow-Up Probes:**
      i. What specific points during your visit you felt you didn't receive enough information?
      ii. Was there anything about risks, options, or the process that you wanted more clarity on?

3. ***[For treatment or procedure issues]*** For those of you who mentioned concerns about the treatment or procedure from the dental hygienist, what didn't meet your expectations?
   a. **Follow-Up Probes:**
      i. How was the treatment or procedure explained to you before the dental hygienist started?
      ii. Were there any points during the treatment when you felt unsafe, unsure, or uncomfortable?

4. Thinking about that visit, what were the 2 or 3 things that had the biggest impact on your overall satisfaction? [MOD listen for safety, cleanliness, consent, privacy, mistakes, communication about risks]

Perceptions of Risk (10 minutes)

5. Thinking back to that visit, were there any moments where you felt especially confident or less confident about the care you were receiving?

- **a. Follow-up probes [start with CONFIDENT, then LESS CONFIDENT]:**
  - i. What was happening at that moment?
  - ii. What made you feel that way?
  - iii. How did it affect your overall experience, if at all?
  - iv. How did it affect your overall trust in the hygienist or clinic, if at all?

[IF CONCERNS EMERGE]

  - v. Was this something that actually happened, or something you worried might happen?
  - vi. How serious did it feel to you at the time?
  - vii. Was the concern addressed? (Key for mapping to the survey's yes/no list)

[MOD listens for cleanliness, consent, communication ,pricing, privacy/confidentiality, access barriers, injury/error, referrals/follow-up, discrimination/respect]

- b. [This may come up naturally in Q4; If time permits – follow-up] In the last 12 months, has anything like this happened at other dental hygiene visits, or to someone you look after? It can be something that happened, or something you worried about.
  - i. What happened, or what were you worried about?
  - ii. Was that for you, or for someone else?
  - iii. Did it actually happen, or was it a worry?

What confidence means to them (7 min)

6. Thinking about that visit, how sure did you feel that you were being kept safe?

- a. [moderator presents scale] Scale: 1 (Not sure at all) to 5 (Very sure)

7. What would make you feel *more* sure next time? What would make you feel *less* sure?

- **a. Probes:**
  - i. Who could do that (you, the hygienist, the front desk, the clinic)?
  - ii. What would it look like?
  - iii. Did you see anything like that in your visit?

Exploring How Experiences Could Have Been Improved (20 minutes)

8. Reflecting on that visit, what specific changes or improvements would have made your experience more positive?

- a. **Follow-Up Probes:**
  - i. What could have been done to make you feel more comfortable during your visit?

ii. How could the treatment or procedure have been explained differently to help you feel more confident or informed?

9. Let's do a quick show of hands—how many of you feel that clearer communication would have improved your experience?

[The moderator will use this exercise to generate interaction and discussion about communication gaps and encourage participants to build on each other's comments and share how communication issues affected their experience.]

a. **Follow-Up Probe:**

i. What kind of communication would have made the experience clearer or easier for you to understand?

Actions Taken After Negative Experiences (10 minutes)

10. After your visit, did you take any steps to address your concerns? For example, did you speak to the clinic or leave feedback?

a. **Follow-Up Probes:**

i. If you took action, what response did you receive?

ii. If you didn't take action, can you share why?

Awareness of Regulator and Future Intentions Regarding Dental Hygiene Care (15 minutes)

11. Did you know that dental hygienists are regulated by the College of Dental Hygienists of Ontario, and that you can file a complaint if you have concerns about the care or service you received?

a. **Follow-Up Probe:** Would knowing more about this have changed how you handled your experience? Why or why not?

12. How has your recent experience affected your feelings about seeking dental hygiene care again in the future?

a. **Follow-Up Probe:** What would need to change for you to feel more confident about returning?

Final Thoughts and Closing Remarks (5 minutes)

13. Is there anything else you'd like to share that we haven't discussed today?

Thank you all so much for your time and insights. Your feedback is incredibly valuable, and we'll be using this information to help improve dental hygiene care in Ontario.

Draft Focus Group Moderator Guide – Positive Dental Hygiene Experiences in Ontario

Objective: To explore satisfaction in dental hygiene care as experienced by participants, focusing on specific points in the patient journey (e.g., booking, receptionist, treatment/procedure, payment, communication, consent, comfort, and safety).

Participants: 6-8 individuals with high satisfaction scores from the 2026 VoP survey.

Introduction (5 minutes)

Hi everyone, and thank you for joining us today. My name is [Moderator Name], and I'll be guiding this conversation. We're conducting this focus group on behalf of the College of Dental Hygienists of Ontario (CDHO), and we're here to understand your experiences with dental hygiene care. In a recent survey, you shared that you were satisfied with your care, and today we'd like to learn more about your experiences with dental hygiene services across Ontario.

Everything you share will be kept confidential, and your participation is completely voluntary. We're aiming to create a safe space where you can openly share your thoughts and experiences. There are no right or wrong answers—your perspective is what matters most.

We'll spend about 90 minutes together, and I'll ask a few questions to guide our discussion. If everyone's ready, let's start with a brief introduction.

Participant Introductions (5 minutes)

Let's go around the room. Please introduce yourself by sharing your name, where you're from, or anything else you're comfortable sharing.

Ideal Visit (5 minutes)

To start, let's do a quick exercise. Think about your ideal visit to a dental hygienist. What are three words you'd use to describe that ideal visit?

[The moderator will capture words in the chat or aloud and come back to themes throughout the discussion.]

Discussion of Recent Dental Hygiene Experience (20 minutes)

2. Now, think back to your most recent visit to a dental hygienist. Looking at this journey [JOURNEY MAP SHOWN ON SCREEN], place a dot beside the one or two moments that had the

biggest impact on your overall experience. GREEN DOT = biggest positive impact; RED DOT = biggest negative impact

a. [Moderator will listen for place of positive experience (dental hygiene clinic or dental clinic) and areas of satisfaction in the journey and place dots]:

i. Booking and check-in

ii. Interaction with the receptionist or other clinic staff

iii. Communication with the dental hygienist

iv. The treatment or procedure itself (e.g., comfort, expectations, pain)

v. Payment and any surprises around costs

vi. The clinic environment or cleanliness]

b. Follow-Up Probes:

i. Where and when did this visit take place?

ii. What happened?

iii. How did it affect your confidence in the care you received?

iv. Did it affect your overall satisfaction?

3. ***[For communication satisfaction]*** For those of you who mentioned that you were satisfied with the communication during your visit, can you walk me through what you were specifically satisfied with?

a. **Follow-Up Probes:**

i. What specific points during your visit you felt you received enough information?

ii. Was there anything about the risks, options, or process that felt especially clear or helpful to you?

3. ***[For treatment or procedure satisfaction]*** For those of you who were satisfied with the treatment or procedure from the dental hygienist, could you describe what did specifically meet your expectations and make your experience more positive?

a. **Follow-Up Probes:**

i. How was the treatment or procedure explained to you before the dental hygienist started?

ii. At what points during the treatment did you feel safe, comfortable, informed, or content? How did the dental hygienist reinforce this?

iii. Was there anything about how the treatment or procedure was explained that helped you feel confident or well-informed?

Perceptions of Risk (5 minutes)

4. Thinking back on your most recent visit, what helped you feel confident that you were receiving good care?
    a. **Probes:**
        i. What did the dental hygienist do?
        ii. What did the clinic do?
        iii. How did that affect your overall satisfaction?
        iv. Did it increase your trust, or not really?

Exploring The Influence of Clear Communication (15 minutes)

5. Reflecting on that visit, what specific changes or improvements would have made your experience even more positive?
    a. **Follow-Up Probes:**
        i. What could have been done to make you feel even more comfortable during your visit?
        ii. How could the treatment or procedure have been explained differently to help you feel even more confident or informed?
6. Let's do a quick show of hands—how many of you feel that you had a clear communication in the dental hygienist's office?

[The moderator will use this exercise to generate interaction and discussion about the benefits of good communication and encourage participants to build on each other's comments and share how a good communication affected their experience.]

7. Can anyone share any specific improvements that can be made to the communications you received?

Actions Taken After Positive Experiences (10 minutes)

8. After your visit, did you speak to the clinic staff, leave positive feedback online, or recommend the clinic to others?

Awareness of Regulator and Future Intentions Regarding Dental Hygiene Care (15 minutes)

9. Did you know that dental hygienists are regulated by the College of Dental Hygienists of Ontario, and that you can use our "Find a Registered Dental Hygienist" feature to locate an RDH in your area?

Final Thoughts and Closing Remarks (5 minutes)

10. Is there anything else you'd like to share that we haven't discussed today?

Thank you all so much for your time and insights. Your feedback is incredibly valuable, and we'll be using this information to help improve dental hygiene care in Ontario.

Non-Patients: Draft Interview Guide

Objective - To understand the reasons why participants have not accessed dental hygiene care in the last 12 months, explore their perceptions of dental hygiene care services, and identify barriers and solutions to improve access.

Sample - 15 one-on-one interviews with participants recruited through the 2026 VoP survey, where they indicated they had not accessed dental hygiene care in the last 12 months.

Introduction and Who You Are (5 minutes)

Hi [Participant Name], thank you for joining us today. My name is [Interviewer Name], and I'm conducting this interview on behalf of the College of Dental Hygienists of Ontario (CDHO). We're interested in understanding why some people haven't visited a dental hygienist recently and how we can improve access to dental hygiene care.

Your responses will be kept confidential, and this conversation will last around 30 minutes. There are no right or wrong answers—your insights are very valuable. We'd like to record this meeting for note taking purposes – do I have your consent to record?

1. To start, could you tell me a little bit about yourself—such as your age, where you live, what you do, or anything else you'd like to share?"

Last Visit to a Dental Hygienist (10 minutes)

2. When was the last time you or your dependant visited a dental hygienist, if at all? Was this visit in Ontario or somewhere else?
3. Can you tell me more about why you haven't visited a dental hygienist in [add timeframe based on response in survey]?
    a. **Listen for and record reasons:**
        i. Cost
        ii. Lack of insurance
        iii. CDCP not accepted
        iv. Lack of access (geographic / commute)
        v. Fear of discomfort
        vi. Negative past experiences
        vii. Difficulty with scheduling
        viii. Feeling it wasn't necessary
        ix. Other

Perceptions of Dental Hygiene Care (7 minutes)

4. What do you think about dental hygiene care services in Ontario? Why do you feel that way?
    a. **Listen for and record perceptions:**
        i. Quality of care
        ii. Communication
        iii. Comfort
        iv. Respect
        v. Risks related to safety
        vi. Patient involvement in decision-making
        vii. Overall trust in dental hygiene services
        viii. Other

Challenges in Accessing Dental Hygiene Services (10 minutes)

5. What has stopped you from visiting a dental hygienist in your community in Ontario? Why is that?
    a. **Listen for and record barriers and reasons:**
        i. Cost
        ii. Insurance coverage
        iii. Location
        iv. Availability
        v. Language
        vi. Transportation
        vii. Accessibility issues
        viii. Other
6. ***For location/proximity barriers***: How easy or difficult is it to find a dental hygienist or dental office near your home or work?
7. ***For appointment availability barriers:*** Have you found it hard to book an appointment at a time that works for you? Why is that?
8. ***For cost/insurance coverage barriers***: How has the cost of dental hygiene care been a factor in your decision not to visit? Does having or not having insurance affect your decision to seek care?

9. ***For lack of acceptance of CDCP***: How has the lack of all dental hygienist clinics/dental offices accepting CDCP been a factor in your decision not to visit? How does this make you feel?
10. ***For language barriers if applicable:*** How important is it for you to have a dental hygienist who speaks your native language?
    a. If the dental hygienist only speaks English, do you rely on family members or friends for translation?"

Solution Generation: Improving Access (7 minutes)

11. What would make it easier or more appealing for you to visit a dental hygienist in Ontario in the future? Why?

Closing and Final Thoughts (3 minutes)

12. That brings us to the end of our conversation. Thank you so much for sharing your thoughts today. Is there anything else you'd like to add or any thoughts we haven't covered?

Thank you again for your time. Your insights will help us understand how to improve access to dental hygiene care in Ontario.

PIVOTAL RESEARCH Inc.™

Edmonton:
Suite 1708, College Plaza
8215 – 112 Street NW
Edmonton, AB T6G 2C8

Toronto:
Suite 212, 180 John Street
Toronto, ON, M5T 1X5

780.421.1199

Toll Free 1.855.421.1199

Pivotalresearch .ca

Pivotal Research respectfully acknowledges that our office is headquartered on the traditional and ancestral land of the Nêhiyawak, Anishinaabe, Niitsitapi, Métis, Dene and Iyãhé Nakoda in Treaty 6 Territory and Métis Region 4.

Briefing Note

To: CDHO Council

From: Paula Benbow, Director, Professional Practice

Date: December 4, 2026

Topic: Public Consultation: 60-day Period for Standard of Practice

Attachment: Draft Standard of Practice: Cultural Safety, Humility, and Anti-Racism

---

Purpose: To present to Council an overview of development process for the S*tandard of Practice: Cultural Safety, Humility, and Anti-Racism* in advance of the 60-day public consultation period.

Public Protection Rationale: The draft Standard of Practice supports the College's public interest mandate by setting clear expectations for Registered Dental Hygienists to provide culturally respectful, safe, and anti-racist oral healthcare. It addresses the ways in which racism, power imbalances and unaddressed bias can affect clients' access to care, trust in the profession and health outcomes. It also supports public confidence in the regulation of dental hygiene.

The Standard of Practice is organized into six interconnected domains: *Self-Reflective Practice; Education and Training; Anti-Racist Practice; Creating Safe Oral Healthcare Experiences*; *Relational, Person-Centred Care; and Strengths-Based and Trauma-Informed Practice*. The 60-day public consultation phase provides members of the public, the profession, and system partners to share their feedback with CDHO to help inform the final version and identify any resources that would assist with its implementation.

Source of Authority: Council's authority to establish and maintain standards of practice is derived from the *Regulated Health Professions Act, 1991* (including the Health Professions Procedural Code), the *Dental Hygiene Act, 1991*, and the CDHO By-laws. The Practice Standard complements, and is intended to be read together with, these instruments and the College's existing Standards of Practice. It does not replace or diminish existing requirements. It clarifies how they apply in the delivery of culturally safe and anti-racist care grounded in cultural humility.

Background: The draft Standard of Practice was developed through collaboration with an Indigenous Consulting Group (NVision), an Indigenous Advisory Group, and a CDHO working group. The development process meaningfully and intentionally incorporated Indigenous voices. For each domain, the draft sets out a standard and performance indicators describing how a Registered Dental Hygienist demonstrates a commitment to culturally safe and anti-racist practice.

Next Steps:

- Council to authorize a 60-day public consultation of the draft Standard of Practice.
- CDHO Staff to facilitate a meeting with the Indigenous Advisory Committee early spring, following the public consultation phase, to review the feedback and provide insights through an Indigenous lens.
- Council will review the revised Standard of Practice for consideration and approval.

Standard of Practice:
Cultural Safety, Humility, and Anti-Racism

INTRODUCTION

The Standard of Practice for Cultural Safety, Humility, and Anti-Racism sets out expectations for Registered Dental Hygienists to provide respectful, inclusive, and person-centred oral healthcare. It combines self-reflection, continuous learning, and anti-racist action to support care that honours clients' values, experiences, choices and self-determined health goals. Its six interconnected domains reinforce one another, guiding Registered Dental Hygienists to establish trust, address power imbalances and integrate culturally responsive, strengths-based and trauma-informed approaches into their practice.

This Standard of Practice complements, and should be read together with, existing Standards of Practice, applicable legislation and regulations (including the *Regulated Health Professions Act, 1991* and the *Dental Hygiene Act, 1991*), By-laws and other guidance resources and policies that govern the practice of Dental Hygiene in Ontario. This Standard of Practice complements these regulatory elements and clarifies how they apply in the delivery of culturally safe, humble and anti-racist care.

This Standard of Practice is organized into six interconnected and mutually reinforcing domains:

- Self-reflective Practice
- Education & Training
- Anti-racist Practice
- Creating Safe Healthcare Experiences
- Relational & Person-centred Care
- Strengths-based & Trauma-informed Practice

<< Page intentionally left blank for a graphic >>

DOMAIN #1:	Self-Reflective Practice

Cultural humility begins with a reflection on one's values, beliefs, assumptions and privileges. Registered Dental Hygienists must consider how these may impact the care they deliver and the therapeutic relationship with clients and others within the circle of care. Cultural humility fosters relationships grounded in respect, open and reciprocal dialogue, and collaborative decision-making.

STANDARD:	Registered Dental Hygienists consistently and critically examine their values, beliefs, assumptions, and privileges as they apply in their professional activities.
PERFORMANCE INDICATORS:	A Registered Dental Hygienist demonstrates a commitment to self-reflective practice by: • reflecting on their personal values, beliefs, assumptions and privilege. • critically examining themselves and how they can influence therapeutic and interprofessional relationships. • considering power dynamics arising from their privilege and oppression as they relate to therapeutic and professional relationships. • recognizing how uncontrolled and implicit biases impact therapeutic and professional relationships. • using this self-reflective knowledge to reduce, mitigate and manage biases.

STANDARD OF PRACTICE: CULTURAL SAFETY. HUMILITY. ANTI-RACISM

DOMAIN #2:	Education and Training

Education and training grounded in cultural safety are essential for continuous learning and supporting client safety.

STANDARD:	Registered Dental Hygienists continuously seek to learn about factors that contribute to health and oral health inequities, meet educational requirements set by the regulator, and apply this knowledge in ways that support culturally safe and anti-racist practice.
PERFORMANCE INDICATORS:	A Registered Dental Hygienist demonstrates a commitment to education and training by: • engaging in career-span learning that fosters professional development and reflective practice. • reflecting on the Truth and Reconciliation Commission of Canada's Calls to Action, the Principles of United Nations Declaration on the Rights of Indigenous Peoples, and Calls for Justice from the Missing and Murdered Indigenous Women and Girls Inquiry, and on their relationship to Dental Hygiene practice. • recognizing the historical and ongoing impacts of colonization on First Nations, Inuit and Métis peoples, including inequities created in privilege, opportunity, socio-political-economic status, and social determinants of health. • recognizing racism and inequities in oral healthcare. • identifying how the social determinants of health directly and disproportionately impact underserved communities. • exploring local and community-based learning, through Elders/Knowledge Keepers, Indigenous organizations and individuals.

STANDARD OF PRACTICE: CULTURAL SAFETY. HUMILITY. ANTI-RACISM

DOMAIN #3:	Anti-Racist Practice

Anti-racist practice is the intentional and ongoing commitment to identify, challenge, prevent, and eliminate racism at individual, inter-personal, institutional, and systemic levels.

STANDARD:	Registered Dental Hygienists take steps to identify, address, prevent and strive to eliminate racism in the provision of oral healthcare.
PERFORMANCE INDICATORS:	A Registered Dental Hygienist demonstrates a commitment to anti-racist practice by: • acknowledging that racism exists at all levels of the health and oral health systems. • identifying power differentials within the oral healthcare experience and their impact on health outcomes. • taking professional and appropriate action to prevent racism. • advocating for safe, compassionate, and ethical care for all individuals and communities. • supporting and advocating for policies, programs, and initiatives that reduce oral health inequities and improve access to care.

STANDARD OF PRACTICE: CULTURAL SAFETY. HUMILITY. ANTI-RACISM

DOMAIN #4:	Creating Safe Oral Healthcare Experiences

Creating safe oral healthcare experiences involves inclusive, holistic, and culturally responsive care that respects clients' identities, values, and choices.

STANDARD:	Registered Dental Hygienists facilitate safe oral healthcare experiences where physical, mental/emotional, spiritual, and cultural needs can be met.
PERFORMANCE INDICATORS:	A Registered Dental Hygienist demonstrates a commitment to creating safe oral healthcare experiences by: • providing holistic care that consider physical, mental/emotional, spiritual, and cultural needs. • facilitating the involvement of family and community as needed. • respecting opinions, beliefs, cultural worldviews, and values that differ from one's own. • recognizing that while cultural groups may share aspects of beliefs, values, and similarities, a vast diversity exists among and within individuals and communities. • co-creating safe spaces through cultural humility, compassion, respectful conversations, validation and welcoming environments. • accepting responsibility for therapeutic repair when harm occurs, ensuring that appropriate education, self-reflection and behaviour correction are undertaken to prevent further harm. • remaining aware of appropriate cultural resources and services and using these referral pathways when needed.

STANDARD OF PRACTICE: CULTURAL SAFETY. HUMILITY. ANTI-RACISM

DOMAIN #5:	**Relational, Person-Centred Care**

Relational, person-centred care in Dental Hygiene is grounded in respectful, trust-based partnerships that honour individual identities, lived experiences, and self-determined health goals. It emphasizes shared power, collaboration with individuals and their identified supports, and culturally responsive care across the circle of care.

STANDARD:	Registered Dental Hygienists create, support and engage in inclusive, person-centred practice environments.
PERFORMANCE INDICATORS:	A Registered Dental Hygienist demonstrate a commitment to providing relational, person-centred care by: • addressing individuals by their preferred name, title and pronouns. • assessing and striving to meet language, cultural and communication needs. • seeking to understand the personal experiences and needs of individuals in a non-judgmental manner, without placing an undue expectation for personal sharing. • engaging with individuals and their identified supports to identify, understand, and address the client's health and wellness goals. • promoting individual and community autonomy and self-determination. • supporting clients' determination of what degree, if at all, they wish to include specific cultural knowledges, ceremonies and practices within their Dental Hygiene care. • blending Indigenous knowledge with Western techniques, where appropriate. • developing relationships based on mutual trust, compassion, and respect. • striving to reduce and mitigate power imbalances within the therapeutic relationship and interprofessional team.

STANDARD OF PRACTICE: CULTURAL SAFETY. HUMILITY. ANTI-RACISM

DOMAIN #6	Strengths-Based and Trauma-informed Practice

Registered Dental Hygienists have knowledge about trauma and its potential impact on clients. This knowledge informs their approach to the creation of psychologically safe care.

STANDARD:	Registered Dental Hygienists apply principles of trauma-informed care, promote psychological safety, and focus on resilience and strength that brings clients to the healthcare encounter.
PERFORMANCE INDICATORS:	A Registered Dental Hygienist demonstrates a commitment to strengths-based and trauma-informed practice by: • recognizing the different types of trauma, their associated impact, and how historical, intergenerational, and colonial trauma affects people during healthcare experiences. • acknowledging the resilience and strength that clients bring to the oral healthcare experience. • placing priority on client safety, choice, control and ongoing consent. • incorporating clients' personal strengths within care planning that will support the achievement of their health and wellness goals. • recognizing the potential for trauma within the oral healthcare interaction and adapting approach appropriately.

GLOSSARY

Anti-racism: The active process of identifying and eliminating racism by changing systems, organizational structures, policies, practices and attitudes so that power is redistributed and shared equitably.[1]

Bias: The conscious or unconscious opinion, preference, prejudice, or inclination formed without reasonable justification that prevents a balanced or even-handed judgement.[2]

Colonialism: A practice or policy of control by one people or power over other people or areas, often by establishing colonies and generally with the aim of economic dominance. In the process of colonization, colonizers may impose their religion, language, economics, and other cultural practices.[3]

Cultural humility: A process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust.[4] Humility is foundational for practicing and achieving a culturally safe environment.

Cultural safety: An outcome determined by the recipient of care. It requires healthcare providers to reflect on their own cultural background and the nature of power relations in the provision of services to a minority culture by a dominant culture, so that providers can work to dismantle the inherent hierarchy. Cultural safety requires providers to challenge their own stereotyped views of another culture. It promotes positive recognition of diversity.[5]

Privilege: Unearned power, benefits, advantages, access, and opportunities that exist for members of the dominant group in society. Can also refer to relative privilege of one group compared to another.[6]

Reconciliation: Ongoing, collective efforts of all Canadians to revitalize the relationship between Indigenous peoples and Canadian society. It involves “repairing damaged trust by making apologies, providing individual and collective reparations, and following through with concrete actions that demonstrate real societal change”[7].

Strengths based approach: An approach that focuses on one’s individual and community strengths and resilience to positively adapt despite significant hardships or trauma, rather than concentrating solely on remedying the historical, social, health, and health care disparities faced by individuals and communities.

Trauma-informed practice: Understanding the impact of all types of trauma and integrating this knowledge into policies, processes, interactions, and systems

---

[1] Government of Canada. Anti-Racism Lexicon.
[2] Canadian Centre for Diversity and Inclusion, Glossary of Terms.
[3] Kohn & Reddy, 2023.
[4] First Nations Health Authority, 2020.
[5] Gray, Hughes & Klein, 2003.
[6] McIntosh, 1990.
[7] Truth and Reconciliation Commission of Canada, 2015, p.16.

Briefing Note

To: CDHO Council

From: Paula Benbow, Director, Professional Practice

Date: December 4, 2026

Topic: Risk Management: Transitioning to the New Governance Framework

Attachment: Risk Management Policy

Purpose: To present a Risk Management Policy for Council's consideration that sets out Council's oversight responsibilities for identifying, assessing, managing, and monitoring significant risks, some of which are included in the current policy framework. This new, draft policy supports the College's transition from the Carver Policy Governance™ framework to a modernized governance framework and policy architecture.

Public Protection Rationale: The policy supports the College's public interest mandate by setting clear expectations for Council's oversight of risks to the College's ability to fulfil its statutory mandate, protect the public, and maintain public confidence in dental hygiene regulation. The policy requires regular reporting on significant and residual risks, integrates risk into strategic planning, decision-making, and resource allocation, and provides for escalation of significant or emerging risks, including between meetings.

The policy is consistent with the Ministry of Health's College Performance Measurement Framework, which identifies effective governance, including risk assessment and mitigation, as essential to meeting a College's public interest mandate.

Source of Authority: Council's authority to govern in the public interest derives from the Regulated Health Professions Act, 1991 (including the Health Professions Procedural Code), the Dental Hygiene Act, 1991, and the CDHO By-laws. The policy aligns with, and operates alongside, these instruments.

Background: Council has initiated a governance modernization process to strengthen oversight, risk assessment, and collaboration with the Registrar/CEO and staff. Following the Cayton report (A Report and Recommendations on Improving Governance, 2024), Council is moving away from rigid

application of Carver Policy Governance™ toward a more collaborative approach. The Risk Management Policy is next in the policy development schedule.

Council currently receives quarterly updates through the enterprise risk register, which tracks six risk domains. The Q2 FY2026 update reported an overall risk profile within the Low-Risk range, and a Regulatory Risk Register is in development. The Council quarterly survey and former monitoring reports have been discontinued, and Council has been invited to consider what should replace them. The policy sets out Council's governance and oversight role, not operational procedures, and will replace the risk-related expectations in the Executive Limitations policies when Council decides to retire them.

Suggested Motion:

MOTION: THAT Council approves the Risk Management Policy as presented as part of the College's updated governance policy framework.

Policy – Risk Management [Policy #_]

Policy Section:	Governance Policies
Approved By:	Council
Approval Date:	YYYY-MM-DD
Next Review Date:	YYYY

1. PURPOSE

This policy establishes the Council's oversight responsibilities for the identification, assessment, management, and monitoring of significant risks that may affect the College's ability to fulfil its statutory mandate, protect the public, achieve its strategic priorities, and maintain public confidence in the regulation of the dental hygiene profession.

2. SCOPE

This policy applies to Council, its committees, the Registrar/CEO, and staff.

3. DEFINITIONS

Risk: Uncertainty related to the College's ability to achieve its objectives or fulfil its statutory responsibilities.

Risk assessment: The systematic identification, analysis, and evaluation of risks, taking into consideration their likelihood of occurrence and magnitude of impact.

Risk mitigation: Actions or controls implemented to reduce the likelihood and/or impact of a risk.

Residual risk: The level of risk remaining after existing controls and mitigation measures have been considered.

4. POLICY

4.1 Council oversees the College's approach to risk management to ensure that significant risks to the College's statutory mandate, public interest mandate, and organizational sustainability are identified, assessed, and appropriately managed.

4.2 The College maintains Regulatory and Enterprise Risk Registers to ensure a systematic and proportionate approach to risk management that supports evidence-informed decision-making, effective allocation of resources, and timely responses to emerging risks. Domains include but are not limited to risks to the public and public confidence, risks to organizational culture and workplace health, financial, information, and asset management, and governance effectiveness.

4.3 Risk management shall be integrated into strategic planning, organizational decision-making, resource allocation, and the evaluation of significant initiatives.

4.4 Council receives regular reports on significant risks, including changes in risk exposure, mitigation measures, and residual risks requiring governance attention.

4.5 The College maintains appropriate processes for escalating significant or emerging risks to Council, including circumstances requiring timely governance attention between scheduled Council meetings.

4.6 The College undertakes a thorough review of the risk management processes annually to identify priorities and process changes and periodically undertakes a review of the risk management framework to maintain its relevance and effectiveness.

5. ROLES AND RESPONSIBILITIES

5.1 Council

- Establishes and oversees the College's risk-management strategy and its alignment with the College's statutory mandate and strategic priorities;
- reviews and assess the College's significant risks and the adequacy of management's responses;
- considers risks when making governance decisions, approving strategic priorities, and allocating resources;
- seeks assurance that appropriate processes to identify, assess, mitigate, monitor, and report significant risks are in place;
- provides direction where material risks require governance decisions, additional resources, or changes in strategic priorities; and
- monitors significant residual risks and ensure that risks requiring Council action are addressed.

5.2 Registrar/CEO

- implements appropriate controls, mitigation plans, monitoring, data collection, and reporting on residual risks and the effectiveness of responses;
- identifies risks, perform assessments which include a systematic process for identifying and evaluating risks based on their likelihood, impact, and implications for public protection, statutory compliance, and organizational resilience; and
- provides information or reports on risks and actions taken to aid Council in its risk management oversight responsibilities.

5.3 Staff

- identify and report risks and risk-related data that are relevant to their es;
- implement approved risk controls and mitigation measures in accordance with established procedures; and
- support the implementation of the risk management strategy.

6. RELATED DOCUMENTS & LEGISLATION

- *Regulated Health Professions Act, 1991 and the Health Professions Procedural Code*
- *Dental Hygiene Act, 1991*
- CDHO By-laws and applicable policies

Revision History

December XX, 2026	This policy has been prepared to reflect the new governance framework

CDHO

Memo

To: Council

From: Michelle Atkinson, Council Chair

Date: December 4, 2026

Topic: Council Performance Evaluation

Appendices: Council Performance Evaluation (Draft)

References: Briefing Note: Council Performance Evaluation Framework (Regulator's Practice)

This draft Council Performance Evaluation is presented to Council on the recommendation of the Governance Committee. The evaluation content is drawn from the February 2026 Briefing Note: Council Performance Evaluation Framework prepared by the Regulator's Practice. The intent is to provide the draft for Council's consideration and discussion at its December 4, 2026, meeting. Council will be divided into small discussion groups followed by a plenary discussion.

1. Does this draft Evaluation framework cover the elements that are essential to Council's governance functions as presented in the Briefing Note: Council Performance Evaluation Framework? Is anything missing?

2. Is the Evaluation Scale appropriate?

3. Are there format modifications that would assist Council in completing this evaluation?

CDHO
COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Council Performance Evaluation

The Council Performance Evaluation supports Council's accountability for advancing the organization's public-interest mandate by:

- Strengthening governance quality and effectiveness
- Supporting continuous improvement

These elements are supported by:

- Mandate-aligned governance
- Effective and accountable governance
- Evidence-informed governance insight
- Culture of continuous improvement

PRINCIPLES GUIDING COUNCIL'S EVALUATION

Collective – the evaluation focuses on Council's performance as a governing body, reinforcing shared responsibility and collective accountability

Role-appropriate – evaluation focuses on governance effectiveness and oversight – not operational management or staff performance

Meaningful - Council approaches the evaluation with the intention to ensure that the evaluation generates insight and value, rather than an "exercise"

Respectful – evaluation is conducted in a psychologically safe manner at the same time as supporting respectful candour, encourages honest reflection and protects confidentiality

Growth oriented – the results of the evaluation are used to support and continuous improvement – with a focus on strengthening future governance effectiveness and maturity

EVALUATION SCALE

STONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE

DOMAIN: ROLE CLARITY

- Council members consistently demonstrate an understanding of the CDHO's public interest mandate.
- Council members act in the best interests of the public.
- Council members' conduct is ethical, business-like, lawful, and upholds the reputation of the CDHO.
- Council members understand the distinction between regulating the profession in the public interest and advocating for the professional or economic interests of registrants.
- Council members do not engage in organizational operational details.
- Council members receive an effective orientation to the College's mandate, legislation, governance model, and regulatory responsibilities.
- Council members demonstrate familiarity with applicable legislation, bylaws, and governance policies.
- Council members demonstrate awareness of the external factors influencing CDHO, the regulated profession, and the public it serves.

DOMAIN: PEOPLE, CULTURE, AND RELATIONSHIPS

- Council effectively manages the need for a diverse, comprehensive competency profile.
- Council collectively possesses an appropriate range of skills, experience, and perspectives to discharge its governance responsibilities.
- Council members treat one another and staff members with respect.
- Council members welcome and facilitate inclusion of diverse perspectives.
- Council members demonstrate openness to engage in difficult conversations.
- Council members effectively resolve conflicts as they arise.
- Council members regularly attend meetings or inform appropriate parties of their absence in advance.
- Council members demonstrate preparedness for meetings.
- Council members actively participate in deliberations and decision-making.
- Council members take part in educational activities that support them in their Council role.

DOMAIN: CHAIRSHIP

- Council Chair facilitates a healthy Council culture.
- Council Chair maintains the focus and order of Council deliberations.
- Council Chair maintains a constructive relationship with the Registrar/CEO.

What are 2-3 strengths of the Council Chair?

What are some opportunities for the Council Chair to strengthen their role?

DOMAIN: DECISION-MAKING AND MEETING EFFECTIVENESS

- Council members openly declare and manage conflicts of interest.
- Council members support the legitimacy and authority of Council decisions regardless of personal position.
- Council consistently places public interest at the centre of its deliberations and decisions.
- Council members respect meeting procedures/rules of order.
- Council members maintain the confidentiality of the information learned in the course of their duties.
- Council members prioritize the public's interests in decision-making.
- Council members ensure appropriate public groups have been consulted on decisions that may impact them.
- Council members align decision-making with organizational context, priorities, and values.
- Council members ensure a proportionate decision-making process to support the type of decision being made.
- Council members are adequately supported by decision-making materials provided by staff.
- Council members base decisions on evidence rather than personal experience or opinions.
- Council spends the most amount of time on the most important issues.
- Council decisions and supporting rationale are clearly reported.

What aspects of Council's decision-making processes work well?

What aspects of Council's decision-making processes do not support effective decision-making?

What could be done differently (by Council or otherwise) to support focused, public interest decision-making?

DOMAIN: OVERSIGHT RESPONSIBILITIES

- I am confident in Council's oversight of the organization's progress toward strategic objectives.
- I am confident in Council's line of sight into how enterprise/organizational risks identified, assessed, and managed.
- I am confident in Council's line of sight into the outputs, outcomes, and impacts of regulatory programs in managing public risks.
- I am confident in Council's oversight of the organization's external partnerships.
- I am confident in Council's oversight of the organization's financial status.
- I am confident in Council's line of sight into the management and health of the organization's human resources and leadership.
- I am confident in the Council's approach to reconciliation, diversity, equity, and inclusion as a board, within the organization, and within the regulated profession.
- Council members demonstrate continuous improvement of governance practice.

What are 2-3 key areas of strength or growth in governance practice over the last year?

What aspects of Council's role and responsibilities have been tricky?

What could be done differently to improve Council's governance practice in the future?

Briefing Note: Council Performance Evaluation Framework

Background

This policy establishes a clear and consistent framework for evaluating Council performance as a collective governing body. Its purpose is to strengthen governance effectiveness by supporting Council's accountability for fulfilling its public-interest mandate, reinforcing shared responsibility, and embedding regular reflection on how Council governs, makes decisions, and exercises oversight.

Methods

Development of the policy was informed by a focused environmental scan of publicly available Council evaluation frameworks used by professional regulators across Canada. Building on this foundation, the policy incorporates elements of The Regulator's Practice governance evaluation framework, which has been applied with several Canadian regulators and demonstrated to be both effective and meaningful in practice. The policy was further shaped by relevant accountability requirements, including Ontario's College Performance Measurement Framework, as well as CDHO's bylaws, policies, and internal governance processes, to ensure alignment with CDHO's established structures and practices.

Policy Development Principles

The policy is designed to be public interest-focused, clear and usable, explicit about roles and accountability, transparent and defensible, and capable of evolving over time.

Key Policy Features

- **Standards-aligned** yet individualized, ensuring coherence with Ontario CPMF requirements and existing CDHO governance policies.
- **Outcomes-focused and principle-based**, supporting meaningful reflection on governance effectiveness rather than procedural compliance
- **Flexible**, not prescriptive, by providing a framework that can be operationalized internally and/or by third-parties according to the needs and capacity of the CDHO.

Council Input

When reviewing, Council is asked to consider:

- Does the framework adequately reflect Council's governance role and responsibilities?
- Is the balance between structure and flexibility appropriate?
- Are roles, responsibilities, and the evaluation cycle clear and workable?

Relationship with Existing Policies

The Council evaluation policy is designed to meet and exceed the requirements of College Performance Measurement Framework (CPMF) Measure 1.2, which requires Council to regularly assess its effectiveness and address identified opportunities for improvement through ongoing education. The policy establishes a structured framework for evaluating Council and meeting effectiveness, includes a requirement for a third-party assessment at least once every three years, and evaluates performance against responsibilities set out in bylaws and governance policies, ensuring continuity with existing governance expectations. **Table 1** shows where the evaluation domains cover existing policies.

Table 1: Alignment between Council performance evaluation domains and policies

Evaluation Domain	Alignment with Existing Policies
Role Clarity	GP-1 Governing Style; GP-6 Council Committee Principles; Terms of Reference; GP-8 Code of Conduct (refers to Bylaw 3.7 - Council and Non-Council Committee member Code of Conduct); GP-11 Council Linkage with Owners
People, Culture, Relationships	GP-4 Council Chair's Role GP-6 Council Committee Principles; Terms of Reference; GP-8 Code of Conduct (refers to Bylaw 3.7 - Council and Non-Council Committee member Code of Conduct); GP-9 Investment in Governance
Decision-Making and Meeting Effectiveness	GP-3 Council Planning Cycle and Agenda Control GP-11 Council Linkage with Owners GP-12 Special Rules of Order
Oversight Responsibilities	GP-2 Council Job Contributions; GP-9 Investment in Governance; Other governance policies

In addition to ensuring alignment of the framework with CDHO's existing policies, the proposed Council self-evaluation questions presented in Appendix A were crafted to directly align with the responsibilities and language of key policy documents, including *the Council and Non-Council Committee member Code of Conduct, Council Chair's Role, Governing Style*, and more.

Building on this foundation, the policy focuses on key governance outputs that signal effective governance, rather than solely on compliance with roles and processes, facilitating CDHO's move away from the Carver governance model. This approach supports meaningful reflection, targeted development, and continuous improvement, strengthening Council effectiveness and accountability over time.

Policy vs. Process

This policy establishes *what* is to be evaluated, while the evaluation process determines *how* that evaluation is carried out. Council retains discretion to select an approach that reflects its needs

and capacity, including conducting an internal self-assessment or engaging a third party to administer the evaluation and facilitate deeper discussion of more complex or sensitive issues. At least once every three years, third-party involvement strengthens objectivity and provides additional assurance, which may include focused activities such as policy review or meeting observation. Where a third party uses its own self-assessment tool, Council may choose to use that tool for that year in place of its usual annual assessment. This approach balances flexibility with rigour and supports credible, continuous improvement over time.

Policy: Council Performance Evaluation

Purpose & Outcomes

The purpose of this framework is to establish a clear and consistent approach to evaluating Council's performance. The evaluation supports Council's accountability for advancing the organization's public-interest mandate by strengthening governance quality, effectiveness, and continuous improvement by achieving the following outcomes:

- **Mandate-Aligned Governance**: Council decisions, behaviours, and practices consistently reflect and advance the organization's public-interest mandate.
- **Effective and Accountable Governance**: Council demonstrates clarity of roles, collective responsibility, and effective oversight in fulfilling its governance responsibilities through consistent enactment of the expectations set out in the *Council and Non-Council Committee Member Code of Conduct*.
- **Evidence-Informed Governance Insight**: Council has access to balanced, evidence-informed insight into its performance, enabling identification of strengths, risks, and opportunities for improvement.
- **Culture of Continuous Improvement**: Council sustains a culture that values reflection, learning, and improvement, supported by the identification and addressing of structural, behavioural, or cultural factors that influence governance effectiveness.

1. Evaluation Principles

The following principles guide how Council undertakes the Council Performance Evaluation process and are intended to support achievement of the desired evaluation outcomes. Council applies these principles in conducting the evaluation:

- **Collective**: The evaluation focuses on Council's performance as a governing body, reinforcing shared responsibility and collective accountability.
- **Role-Appropriate**: The evaluation focuses on governance effectiveness and oversight, and does not extend into operational management or staff performance.
- **Meaningful**: Council approaches the evaluation with intention and care to ensure it generates insight and value, rather than becoming a procedural or checkbox exercise.
- **Respectful**: The evaluation is conducted in a psychologically safe manner that supports respectful candour, encourages honest reflection, and protects confidentiality.
- **Growth-Oriented**: The evaluation is used to support learning and continuous improvement, with a focus on strengthening future governance effectiveness and maturity.

2. Roles & Responsibilities

The Council performance evaluation is a Council responsibility. Council retains overall accountability for the evaluation and delegates leadership of the process to the Governance Committee. Council members participate collectively in the evaluation process, while third-party support may be used to support objectivity, confidentiality, and effective process management.

- Council is accountable for the integrity of the evaluation, completes assessment activities, reviews findings, and approves the evaluation framework, inputs, and outcomes. Council assesses the results of the evaluation annually during a debrief session to identify strengths, areas requiring growth, and identify priorities for change.

- Governance Committee leads and coordinates the evaluation on Council's behalf, including selection of tools, management of timelines, facilitates the synthesis of inputs, and brings forward findings and recommended areas for improvement to Council. Shares accountability for follow-up actions with the Council and Vice-Chair.
- Council and Vice-Chair lead quarterly check-ins and share accountability for follow-up actions with the Governance Committee.
- Registrar/CEO participates in, but does not lead, the assessment activities and provides any necessary information required to support the evaluation process. Participates in the annual debrief session with Council and collaborates on applicable follow-up actions as needed.
- Senior staff and other contributors such as external system partners provide input into the Council's performance assessment in support of the evaluation.
- Third-Party Support may be engaged, where appropriate, to support independence, objectivity, and credibility, and is selected by and reports to the Governance Committee and Council, as appropriate. The third-party works with Council to define the evaluation process and associated tools, collects and synthesizes information, reports results to the Governance Committee and Council, facilitates the annual debrief session, and serves as a resource to the Council and Vice-Chair to understand and incorporate results into development plans.

3. Evaluation Framework

This section sets out the key aspects of Council's performance that are considered in the Council performance evaluation, organized under the core areas of mandate alignment and governance effectiveness. It also identifies a range of possible inputs that may be used to inform the evaluation.

Council retains discretion to apply this framework in a manner that is reasonable and appropriate to the organization's context, risks, priorities, and circumstances in a given year, including adapting the timing, scope, or inputs of the evaluation where warranted.

Evaluation Domain	Dimensions	Description	Potential Evaluation Inputs
Role Clarity	• Mandate Clarity • Council Role Clarity • Staff Role Clarity • Committee Role Clarity	Council, committee members, and staff consistently demonstrate a shared understanding of the regulator's public interest mandate and their respective roles, resulting in effective decision-making and oversight.	• Council self-assessment or reflection • Committee self-assessment • Registrar/CEO and senior staff assessment of Council • Review of governance documents (mandate, bylaws, policies) • Observation of Council and committee meetings (internal or third party) • Third-party evaluation

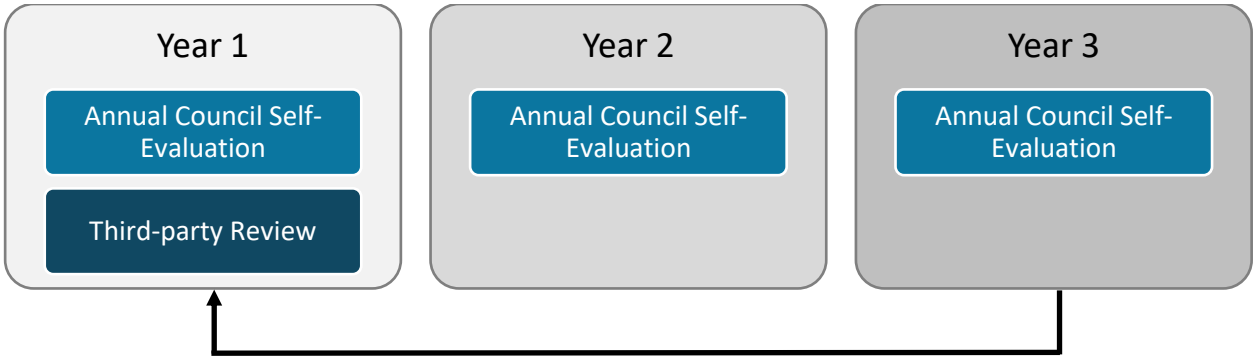
Evaluation Domain	Dimensions	Description	Potential Evaluation Inputs
People, Culture, Relationships	• Council and Committee Composition • Council and Committee Culture • Relationship with Staff • Chairship	Council and committees are composed of the right mix of skills and perspectives, operate within a respectful, trusting culture that enables robust dialogue, and maintain strong, role-appropriate relationships between Council, committees, and staff.	• Council self-assessment or reflection • Committee self-assessment • Registrar/CEO and senior staff assessment of Council • Staff feedback on governance culture and relationships • Review of governance documents (bylaws, policies, role descriptions) • Observation of Council and committee meetings (internal or third party) • Third-party evaluation
Decision-Making and Meeting Effectiveness	• Materials / Tools • Agendas / Strategic Use of Time • Transparent Decision-Making • Focused Public Interest Decision-Making	Council and committees are well prepared and supported by meaningful information and tools, to hold productive meetings and make and communicate sound public interest-focused decisions.	• Council self-assessment or reflection • Committee self-assessment • Registrar/CEO and senior staff assessment of Council • Review of governance documents (agendas, briefing materials, and decision records) • Observation of Council and committee meetings (internal or third party) • Third-party evaluation
Oversight Responsibilities	• Financial Oversight • Enterprise Risk Oversight • Regulatory Program Oversight • External Partner Oversight • Strategy Oversight • CEO, Organizational Culture, HR Oversight	Council has the governance structures, resources, and practices needed to provide effective oversight, ensure sustainability, manage risk, and support the organization's ability to fulfill its mandate and priorities.	• Council self-assessment or reflection • Committee self-assessment • Registrar/CEO and senior staff assessment of Council • Review of governance documents (dashboards, monitoring reports, etc.) • Observation of Council and committee meetings (internal or third party) • Review of prior evaluation follow-up actions • Third-party governance or oversight review

Evaluation Domain	Dimensions	Description	Potential Evaluation Inputs
	• Reconciliation, Diversity, Equity, and Inclusion Oversight • Governance Oversight		

4. Evaluation Cycle

The Council performance evaluation follows a three-year cycle. A formal evaluation occurs annually, with an independent third-party evaluation conducted every three years to provide deeper, external perspective. Quarterly Chair-led check-ins support ongoing reflection and continuity between formal evaluation points.

Visual Representation of the Evaluation Cycle



Written Description of the Evaluation Cycle

Cycle Year	Evaluation	Purpose	Potential Evaluation Inputs
Year 1	Annual Council Self-Evaluation + Third-Party Review	Establish a comprehensive baseline and provide independent insight into Council performance	• Council self-assessment • Council and senior staff interviews • Third-party governance evaluation or facilitated assessment • Council and committee meeting observation • Review of governance practices, structures, and decision-making • Insights from Chair-led quarterly check-ins
Year 2	Annual Council Self-Evaluation	Track progress, trends, and governance development	• Council self-assessment • Review of follow-up actions and governance learning from prior evaluation • Optional targeted review of selected governance domains or priorities • Insights from Chair-led quarterly check-ins
Year 3	Annual Council Self-Evaluation	Continue tracking progress and prepare for the next independent review cycle	• Same as above

5. Documentation & Transparency

Council recognizes that a credible and effective Council performance evaluation process depends on transparency, accountability, and responsible documentation, while allowing for candid internal reflection where appropriate.

- **Open debrief**: Council discussion of the Council performance evaluation will normally occur in open session. In-camera discussion may be used where necessary to support candid reflection or to address sensitive governance matters. This debrief may be supported by a Third-Party as applicable.
- **Records and documentation**: Evaluation materials including surveys, summaries of input, and any third-party reports will be maintained as part of the Council record in accordance with applicable legislation, bylaws, and records-management requirements.
- **Minutes and documentation of outcomes**: Council and committee minutes will document that the evaluation was considered and discussed and will record key outcomes and follow-up actions in accordance with applicable accountability frameworks.

6. Review of Policy

Council will review this policy every three years or as needed to ensure it remains current, effective, and aligned with legislative requirements, bylaws, and governance best practices.

This framework is intended to operate alongside Council's broader governance policies and tools.

Procedure: Council Performance Evaluation

This procedure outlines an annual schedule to support timely completion of the Council Performance Evaluation process. It is intended to guide planning and coordination and is not binding; timing may be adjusted by Council as appropriate.

Annual Evaluation Workplan

Quarter	Key Activities
Q4: October – December	**Council:** confirms evaluation focus areas, domains, and inputs for the upcoming cycle (normally in open session, with in-camera discussion if required). **Governance Committee:** confirms whether the upcoming year is a third-party evaluation year (Year 1 of the three-year cycle) and the overall evaluation approach. **Governance Committee:** requests administrative support to identify potential third-party providers (where applicable). **Administrative Support (at Governance Committee request):** gathers information on potential third-party providers for Committee consideration. *Note: Council may choose to retain a third party on a multi-year basis to reduce repetition of this step.*
Q1: January – March	**Governance Committee:** selects and retains third-party support (where applicable) and/or confirms evaluation tools (e.g., Council self-assessment questionnaire).
Q2: April – June	**Council:** completes the Council self-assessment. **Governance Committee or Third-Party:** conducts evaluation activities (e.g., observations, surveys, interviews), compiles and synthesizes evaluation inputs, identifies key themes and performance trends, and prepares materials for Council consideration.
Q3: July – September	**Chair and Vice-Chair or Third Party:** facilitates a debrief session with all of Council in open session. **Council:** discusses evaluation results at a Council meeting in open session (where appropriate), including key findings, areas of strength, and agreed governance improvement priorities or follow-up actions. **Governance Committee:** incorporates Council discussion into documented outcomes and confirms follow-up actions and any implications for future evaluation focus areas.
Ongoing (All Quarters)	**Chair and Vice-Chair:** conducts informal check-ins ("pulse checks") with Council (e.g., through agenda debriefs or reflective check-ins) to support continuous reflection between formal evaluation points. **Chair and Vice-Chair and Governance Committee:** monitors progress on agreed follow-up actions and integrates learning into governance planning, agendas, and development activities.

Appendix A: Annual Council Self- Evaluation

Survey Questions

Rating Scale

All of the evaluation questions use one of the two rating scales below.

- Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree
- All of the time, Most of the time, Some of the time, None of the time

Role Clarity:

1. Council members act in the best interests of the public.
2. Council members' conduct is ethical, business-like, lawful, and upholds the reputation of the CDHO.
3. Council members do not engage in organizational operational details.
4. Council members are adequately prepared for their role following orientation.
5. Council members demonstrate familiarity with applicable legislation, bylaws, and governance policies.
6. Council members demonstrate awareness of the external factors influencing CDHO, the regulated profession, and the public it serves.

People, Culture, Relationships

7. Council members treat one another and staff members with respect.
8. Council members demonstrate inclusion of diverse perspectives.
9. Council members demonstrate openness to engage in difficult conversations.
10. Council members effectively resolve conflicts as they arise.
11. Council members regularly attend meetings or inform appropriate parties of their absence in advance.
12. Council members demonstrate preparedness for meetings.
13. Council members actively participate in deliberations and decision-making.
14. Council members take part in educational activities that support them in their Council role.

Chairship

15. Council Chair facilitates a healthy Council culture.
16. Council Chair maintains the focus and order of Council deliberations.
17. Council Chair maintains a constructive relationship with the Registrar/CEO.

Open-ended

18. What are 2-3 strengths of the Council Chair?
19. What are ways the Council Chair could improve in their role?

Decision-Making and Meeting Effectiveness

20. Council members openly declare and manage conflicts of interest.
21. Council members support the legitimacy and authority of Council decisions regardless of personal position.
22. Council members respect meeting procedures/rules of order.
23. Council members maintain the confidentiality of the information learned in the course of their duties.

24. Council members prioritize the publics' interests in decision-making.
25. Council members ensure appropriate public groups have been consulted on decisions that may impact them.
26. Council members align decision-making with organizational context, priorities, and values.
27. Council members ensure a proportionate decision-making process to support the type of decision being made.
28. Council members are adequately supported by decision-making materials provided by staff.
29. Council members base decisions on evidence rather than personal experience or opinions.
30. Council spends the most amount of time on the most important issues.
31. Council decisions and supporting rationale are clearly reported.

Open-ended

32. What aspects of the Council 's decision-making processes work well?
33. What aspects of Council's decision-making processes are tricky?
34. What could be done differently to support focused public interest decision-making?

Oversight Responsibilities

35. I am confident in Council's oversight of the organization's progress toward strategic objectives.
36. I am confident in Council's line of sight into how enterprise/organizational risks identified, assessed, and managed.
37. I am confident in Council's line of sight into the outputs, outcomes, and impacts of regulatory programs in managing public risks.
38. I am confident in Council's oversight of the organization's external partnerships.
39. I am confident in Council's oversight of the organization's financial status.
40. I am confident in Council's line of sight into the management and health of the organization's human resources and leadership.
41. I am confident in the Council's approach to reconciliation, diversity, equity, and inclusion as a board, within the organization, and within the regulated profession.
42. Council members demonstrate continuous improvement of governance practice.

Open-ended

43. What are 2-3 key areas of strength or growth in governance practice over the last year?
44. What aspects of Council's role and responsibilities have been tricky?
45. What could be done differently to improve Council's governance practice in the future?

Appendix B: Post-Meeting Evaluation

Pulse Check Questions:

1. What worked well at today's meeting?
2. What was tricky?
3. Did everyone have an adequate opportunity to share their perspectives, and did we allow for diverse opinions?
4. Did we make decisions in alignment with our public protection mandate and role as CDHO's Council /Committee?
5. Were the meeting materials and any other provided information clear, comprehensive, and relevant?
6. Is there anything we need to do differently at our next meeting?

Suggested Motion – Friday, December 4, 2026

11.0 ADJOURNMENT

MOTION: **THAT** the Council meeting be adjourned at __:__ p.m.

Moved:

Seconded:

VOTE: