CDHO

COLLEGE OF DENTAL
HYGIENISTS OF ONTARIO

Council Meeting Agenda

Friday, June 12, 2026
9:00 a.m. – 4:30 p.m.

Location: Virtual Meeting

CDHO
COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Council Meeting Agenda — June 12, 2026

Virtual Meeting

Time: 9:00 a.m. to 4:30 p.m.

Item	Topic	Action	Lead if not Chair	Est. Time
1.0	**CALL TO ORDER**			9:00
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**			9:05
2.1	Review and Approval of Agenda	For Approval	M. Atkinson	9:05
3.0	**DECLARATIONS OF POTENTIAL CONFLICT OF INTEREST**			9:05
3.1	Declarations of Conflict of Interest	Declare Conflicts	M. Atkinson	9:05
4.0	**MEETING MINUTES APPROVAL**			9:05
4.1	Meeting Minutes – March 27, 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	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	TBD	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	**COUNCIL EDUCATION**			
6.1	Decisive and Defensible Decisions	For Information	J. Maciura, SML	9:15
7.0	**GOVERNANCE PROCESS ITEMS**			9:45
7.1	2025 Draft Audited Financial Statements *Hilborn LLP will present the 2025 financial statements to the Council. Council will be asked to review and approve the statements.*	For Approval	Hilborn LLP	9:45
7.2	Auditor Assessment Tool	For Approval	M. Atkinson	10:15
7.3	Appointment of Auditor for 2026 *Council will be asked to review the auditor assessment tool and appoint an auditor for 2026.*	For Approval	M. Atkinson	10:25
	BREAK			**10:30**
7.4	Governance Committee Update	For Information	M. Atkinson	10:45
7.5	Risk Register	For Information	Dr. G. Pettifer	11:00
7.6	CAG Report	For Information	Dr. G. Pettifer	11:20
7.7	Scope of Practice Enhancement	For Information	Dr. G. Pettifer and P. Benbow	11:40
	LUNCH			**12:00**
8.0	**COUNCIL EDUCATION CONTINUED**			1:00
8.1	Registrant Engagement Survey	For Information	Doha Melhem, Pivotal Research	1:00
9.0	**GOVERNANCE PROCESS ITEMS CONTINUED**			1:30
9.1	Draft Financial Management Policies	For Approval	Paula Benbow	1:30
9.2	Bylaw Amendment	For Approval	M. Atkinson	1:45
9.3	Policy Content Review: GP-11 Council Linkage with Owners	For Consideration	M. Atkinson	2:20
10.0	**MONITORING COUNCIL PERFORMANCE**			2:30
10.1	GP-11 Council Linkage with Owners	For Approval	M. Atkinson	2:30
11.0	**ENDS ITEMS FOR CONSIDERATION**			2:40
11.1	Policy Content Review: Global End	For Consideration	M. Atkinson	2:40
11.2	Policy Content Review: E-1	For Consideration	M. Atkinson	2:40

11.3	Policy Content Review: E-2	For Consideration	M. Atkinson	2:45
11.4	Policy Content Review: E-3	For Consideration	M. Atkinson	2:45
11.5	Policy Content Review: E-4	For Consideration	M. Atkinson	2:50
—	**COUNCIL MOVES IN CAMERA (ITEM 12.1-12.5)** To discuss personnel matters. Monitoring Reports on Ends and Executive Limitations form part of the Registrar's Performance Evaluation			
12.0	**MONITORING CEO PERFORMANCE**			3:00
12.1	Internal Monitoring: EL-3, EL-3(1), 3(2)	For Approval	G. Pettifer	3:00
12.2	Internal Monitoring: EL-4	For Approval	G. Pettifer	3:10
12.3	Internal Monitoring: EL-6	For Approval	G. Pettifer	3:20
12.4	Internal Monitoring: EL-9	For Approval	G. Pettifer	3:30
12.5	Registrar's Performance Evaluation	For Approval	M. Atkinson	4:00
—	**COUNCIL MOVES OUT OF CAMERA**			
13.0	**SELF-EVALUATION OF GOVERNANCE PROCESS**			4:20
13.1	Council Evaluation Pulse Check	For Evaluation and Discussion	M. Atkinson	4:20
14.0	**NEXT MEETING DATE — September 11, 2026**			4:20
15.0	**ADJOURNMENT**			4:30

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.

CDHO

Suggested Motion – Friday, June 12, 2026

2.1 ADOPTION OF AGENDA

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

Moved:

Seconded:

VOTE:

CDHO

Conflict of Interest Declarations- 2026

Council Member	Conflict(s) of Interest Declared
Michelle Atkinson Professional Member- District 6- Chair	• Program Coordinator- Algonquin College • Clinical Rater- CPEDH
Tiffany Murray Professional Member- District 8	None declared
Carmen Adebar Professional Member- District 4	• RDH educator/Oxford College 2008-2022/ Aplus Institute 2023-present
Juli Kreutner Professional Member- District 3	None declared
Vanessa Pereira Professional Member- District 4- Vice-Chair	None declared
Balbir Sohi Professional Member- District 2	• CADH teacher
Krystal Afzalzada Professional Member- District 5	• RDHU- Continuing Education Geriatric Care • George Brown College- Educator- Pre-Clinical • Durham College- Educator-Theory and Rad Lab
Kylie McElrea Professional Member- District 1	• Fanshawe College- Professor of Dental Hygiene
Liisa Moore Professional Member- District 7	• Teaching orthodontic continuing education programs for RDHU
Anne-Marie Conaghan Professional Member- Academic	• Program Coordinator at Georgian College •
Jennifer Cooper Professional Member- Academic	• Fanshawe College Faculty • CDAC Site Surveyor • CDAC Dental Assisting Review Committee Member • NDAEB CPE Evaluator
Loree Beniuk Public Member	None declared
Erin Betts Public Member	None declared

Pella Giabanis Public Member	None declared
Derek Gartshore Public Member	None declared
Nella Chiappetta Public Member	None declared
Jeny Jovanov Public Member	None declared
Christina Lee-Rotstein Public Member	None declared
Amit Sethi Public Member	None declared
Margaret Wade Public Member	None declared

CDHO

Suggested Motion – Friday, June 12, 2026

4.0 MEETING MINUTES APPROVAL

MOTION: **THAT** Council moves to approve the March 27, 2026 meeting minutes as presented.

Moved:

Seconded:

VOTE:

Council Meeting Minutes

Hybrid Zoom Meeting – Livestreamed to the CDHO YouTube Channel
Friday, March 27, 2026 – 9:30 a.m. to 4:30 p.m.

COUNCIL MEMBERS PRESENT

Professional Members: Carmen Adebar, Michelle Atkinson (Chair), Anne-Marie Conaghan (Academic), Jennifer Cooper (Academic), Juli Kreutner, Liisa Moore (9:00a.m.-12:00p.m.), Tiffany Murray, Vanessa Pereira, Balbir Sohi, Krystal Afzalfada, Kylie McElrea

Public Members: Amit Sethi, Margaret Wade, Loree Beniuk; Christina Lee-Rotstein (9:00a.m.-12:00p.m., 2:45p.m.-3:53p.m.), Erin Betts (9:00a.m.-12:00p.m.), Pella Giabanis (9:00a.m.-12:00p.m., 1:45p.m.-2:30p.m.)

Regrets: Derek Gartshore, Nella Chiappetta, Jeny Jovanov

Administration: Dr. Glenn Pettifer (Registrar and CEO), Eric Bruce (Deputy Registrar/Director of Registration & Professional Conduct), Anita Arzoomanian (Director, Professional Practice), Paula Benbow (Director, Policy and Strategic Initiatives), Keisha Simpson (Manager, Registration), Jon Oliva (Manager, Information Technology Initiatives and Infrastructure), Veronica Douglas (Executive Administrator)

Guests: Julie Maciura, SML, CDHO Legal Counsel, Kevin McCarthy, The Regulator's Practice, Natalie Thiessen, The Regulator's Practice, Irwin Glasberg, Fairness Commissioner

1.0 CALL TO ORDER

1.1 Opening Remarks

The Chair, Michelle Atkinson, called the meeting to order at 9:09 a.m. She welcomed Council, staff, and guests to the March Council meeting. The following land acknowledgment was made:

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.

1.2 Council Code of Conduct

Council was reminded of the Code of Conduct.

1.3 Council Policy Manual Update

Council was reminded of the Code of Conduct. The following policy was updated at the December Council meeting:

- GP-7 Council and Committee Stipend and Expenses

2.0 APPROVAL OF AGENDA

2.1 Review and Approval of Agenda

Council amended the order of the agenda. Amit Sethi's presentation was moved to 10:30 a.m. and the governance and strategic planning items were moved to 2:00 p.m.

MOTION: **THAT** Council moves to approve the modified March 27, 2026 Council meeting agenda as presented.

MOVED: Balbir Sohi
SECONDED: Jennifer Cooper
VOTE: **CARRIED**

3.0 DECLARATIONS OF POTENTIAL CONFLICTS OF INTEREST

3.1 Declarations of Conflict of Interest

No conflicts were declared.

4.0 MEETING MINUTES APPROVAL

MOTION: **THAT** Council moves to approve the December 12, 2025 and January 9, 2026 meeting minutes as presented.

MOVED: Kylie McElrea
SECONDED: Liisa Moore
VOTE: **CARRIED**

5.0 INFORMATION REQUESTED BY THE BOARD

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

The Chair updated their report to add additional meeting dates: March 13th (Veronica Douglas and Dr. Glenn Pettifer), March 17th (Vanessa Pereira), March 24th (Dr. Glenn Pettifer), and March 24th (Vanessa Pereira).

6.0 GOVERNANCE PROCESS ITEMS

6.1 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 Nella Chiappetta (mentored by Vanessa Pereira), Carmen Adebar (mentored by Anne-Marie Conaghan), and Jeny Jovanov (mentored by Terri Strawn).

Carmen Adebar reported that the program was very helpful and expressed appreciation for the guidance provided by her mentor. Vanessa Pereira provided feedback on behalf of Nella Chiappetta, who was not in attendance, noting that her mentee found the program straightforward and positive. Jeny Jovanov submitted her feedback to the Chair prior to the meeting. She indicated that her time with her mentor was limited due to scheduling challenges and expressed that she would have preferred to be paired with a public member.

6.2 Governance Committee Update

Michelle Atkinson advised that the Governance Committee met once since the last Council meeting on February 24th, with Dr. Glenn Pettifer, Paula Benbow, Director of Policy and Strategic Initiatives, and consultants Natalie Thiessen and Kevin McCarthy from the Regulator's Practice. During that meeting, the consultants presented two draft policies (Council Performance Evaluation Framework and the Registrar/CEO Performance Evaluation Policy) for discussion and feedback. These policies have been brought forward to Council for further discussion today and will be presented to Council for approval this afternoon.

The Governance Committee also reviewed how the strategic plan will influence the Policy Manual. Paula Benbow, Director of Policy and Strategic Initiatives, will be conducting a review of the manual and will provide an update to Council later today.

The Chair also advised that approval of the CPMF is not included on this year's agenda, as the report was not required this year as the Ministry is currently revising the requirements for regulators.

6.3 Strategic Planning

Dr. Glenn Pettifer and Paula Benbow, Director of Policy and Strategic Initiatives, provided Council with an update on the CDHO's Strategic Plan. The Communications Team is currently working on the Annual Report which will be brought to Council in June.

1. Enhance Collaboration with the Public, Profession & System Partners

CDHO has been engaging with the Public/Ontarians Accessing Oral Health Care, Prospective Registrants/Applicants, Registrants, and System Partners through:

- Voice of the Patient Survey
- Citizen's Advisory Group
- Public Awareness Campaign
- Presentations to students
- Facilitating "*As of Right*" legislation
- The De-Brief
- Practice advice for registrants
- QA webinar
- Registrant Engagement Survey

CDHO regularly collaborates with:

- Associations/Societies
- Other Regulators in Ontario
- Federation of Dental Hygiene Regulators of Canada
- Educators
- Accreditation Body (CDAC)
- Government
- The Office of the Fairness Commissioner (OFC)

2. Support Professionalism, Quality Care & Continuous Learning

- CDHO has published new learning modules on Professionalism, Communication & Boundaries and another on Record Keeping. Both are available in English and French.
- CDHO has published a Practice Guideline and Checklist on AI use in dental hygiene practices that highlights professional obligations for RDHs, identifies potential risks, and provides risk mitigation strategies to protect the public interest.
- Changes to CPD requirements were sent out to registrants regarding the Quality Assurance program
- CDHO has prepared a Practice Guideline & Video on Informed Consent that will be rolled out in April

3. **Advance Commitments to Equity & Inclusion**
    - Communication has been sent out to registrants regarding the requirement of completion of The Path course by December 31, 2027
    - Practice Standard on Cultural Safety, Humility and Anti-Racism is in development
    - Demographic data collection continues in order to better understand the registrant composition and to address equity and inclusion issues
    - CDHO continues to support access to education for Indigenous students through the Indspire bursary

6.4 Council Performance Evaluation Framework (CPEF)

Kevin McCarthy and Natalie Thiessen from The Regulator's Practice joined Council to discuss the Council Performance Evaluation Framework (CPEF) and the Registrar/CEO Performance Evaluation policy. These policies support modernizing CDHO's governance practices that directly align with CDHO's strategic plan.

The CPEF 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.

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.

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.

They also discussed a new Council Performance Evaluation policy. 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.

Council discussed and provided the following feedback:

- One member submitted comments concerning the language surrounding the Governance Committee responsibilities on overseeing fairness, noting that good governance involves consideration of opposing viewpoints
- Council discussed and agreed the existing "Respectful" principle within the policy sufficiently addresses concerns about fair and respectful interactions.
- The Governance Committee will look at expanding their Terms of Reference to include language around fairness and respect.
- It was noted that Council may revise the policy at any time
- The current evaluation applies to general Council meetings and follows a three-year cycle. This serves as a baseline, with opportunities to incorporate additional elements—such as evaluations of committees, individual members, or Chair/Vice-Chair roles—at the end of the cycle.
- The Governance Committee will discuss committee or staff evaluations

Council decided to approve the policy as presented.

MOTION: **THAT** Council approves the Council Performance Evaluation Framework as presented.

MOVED: Jennifer Cooper
SECONDED: Anne-Marie Conaghan
VOTE: **CARRIED**

6.5 CEO/Registrar Performance Evaluation Policy

The Registrar/CEO Evaluation policy was developed to strengthen CDHO Council's governance practice by establishing a clear, consistent, and evidence-informed approach to evaluating Registrar/CEO performance. It is intended to support Council's oversight role, reinforce alignment with the organization's public-interest mandate, and promote meaningful growth and accountability.

The policy was informed by a focused environmental scan and targeted research. An initial review of comparator frameworks among professional regulators revealed limited availability and wide variation in practice, prompting broader research across the not-for-profit and corporate governance sectors. This approach ensured the policy reflects evidence-informed governance practice rather than simply replicating existing models.

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

- **Outcomes-focused and principle-based**, facilitating an effective and meaningful evaluation process
- **Evidence-informed,** drawing on relevant research and comparative insight
- **Adaptable and fit for purpose,** allowing Council to exercise judgment and tailor inputs to context, risk, and capacity
- **Cyclical and predictable**, with an annual evaluation supported by a three-year rolling cycle and periodic deeper review

- **Clear and descriptive,** supporting practical and consistent application

Council had a fulsome discussion regarding the use of a third-party. It was discussed that using a third-party upholds principles of fairness and maintains the objectivity of the process while maintaining Council accountability. The policy is meant as a high- level framework that sets out the evaluation process. This framework would work whether Council decides to use a third-party evaluator or to conduct the review themselves.

Concerns were raised around the policy being too vague and lacking a CEO job description and that more detail was needed. It was discussed that job descriptions focus on compliance and could make the policy too prescriptive, whereas Council is moving from a compliance framework to a new evaluation framework where the Registrar/CEO role is viewed more as a leadership role that supports initiatives and relationships that aren't captured in a traditional job description. Additional concerns were raised about how risk is mitigated if a wrong hiring decision was made without a job description to reference. Council and the consultants discussed and agreed that detailed inputs—such as job description elements—should be addressed during implementation rather than embedded in the policy. The policy is meant to be flexible and too much detail in the policy would make it too restrictive.

Council discussed the possibility of keeping the policy and adapting it when they need to hire a new Registrar. It was noted that the policy is meant as a framework that could apply to any Registrar/CEO of a regulatory body. In the event of a new Registrar/CEO, Council retains the ability to calibrate the evaluation to whatever is needed at that time. Council agreed that the policy should remain agile and that more detailed tools could be developed by the Executive Committee as needed.

Council discussed whether the questions in Section 4 should be reframed as statements. While some members felt the questions lacked specificity, others supported the question-based approach as a more reflective and adaptable model that moved away from the statements in the policy governance framework. Council also explored the potential development of a separate risk register to mitigate risks if someone new comes in to the role. It was noted that though a risk register would be a separate framework, changing the questions to statements would mitigate that risk. The Chair sought input on whether to maintain the current question format or to convert them to statements. Council decided to amend the policy to change the questions to statements.

Christina Lee-Rotstein put forward a motion to table the vote until the policy is amended.

MOTION: **THAT** Council table the discussion pending Executive review with Natalie Thiessen.

MOVED: Christina Lee-Rotstein
SECONDED: Vanessa Pereira
VOTE: **FAILED**

There were 14 Council members present for the vote. 6 Council members supported the motion. The motion failed.

Christina Lee-Rotstein put forward a motion for a recorded vote for the previous motion.

MOTION: **THAT** Council perform a documented roll call.

MOVED: Christina Lee-Rotstein
SECONDED: Kylie McElrea
VOTE: **FAILED**

There were 14 members present. 6 Council members supported the motion. The motion failed.

MOTION: **THAT** Council approves the Registrar/CEO Performance Evaluation Policy as amended (the questions in the table on page 120 and 121 will be changed to statements).

MOVED: Anne-Marie Conaghan
SECONDED: Juli Kreutner
VOTE: **CARRIED**

Christina Lee-Rotstein abstained from voting.

6.6 Policy Framework Revisions

Paula Benbow, Director of Policy and Strategic Initiatives, provided Council with an initial Policy Manual review that included some enhancements for consideration given the transition from policy governance to a strategic plan. Some suggested changes include restructuring the sections within the policy manual, using a consistent template for policies including a new numbering system, considering policy vs. procedure, replacing language that no longer aligns with the new governance framework, using cycles rather than exact dates within the body of the policy, and referencing sources of authority and ensuring alignment with the strategic plan.

Next steps include creating a refined policy framework and a transition plan to migrate from the current Policy Manual to the new policy framework.

7.0 BOARD EDUCATION

7.1 Office of the Fairness Commissioner (OFC)

Fairness Commissioner Irwin Glaberg discussed the evolution of fair access legislation in Ontario and the role of the Office of the Fairness Commissioner (OFC) in ensuring fair registration practices in regulated health and non-health professions. He discussed the OFC's current initiatives, including working with higher risk regulators on their compliance action plans, running four regulator-focused webinars in 2026, and marking the 20th anniversary of its legislation. The OFC has also adopted a risk-informed compliance framework that enables regulators to comply with their legal obligations more effectively and to reduce unnecessary burdens on high-performing regulators and better allocate OFC resources. CDHO has received a low-risk rating, the best classification possible, in the first two assessment cycles.

Commissioner Glasberg also congratulated the CDHO on the results of the 2025 Registrant Experience Survey indicating that registrants were very satisfied with CDHO's registration practices, on their upgraded data management system and registrant portals, on their work with Accessing Centre for Expertise (ACE) on the analysis of the dental hygiene workforce in Ontario, and as host of HUB 601, which continues to form an integral part of an innovating collaborative initiative with other health regulators.

7.2 Upskilling AI

Amit Sethi provided an overview on artificial intelligence (AI) technologies, including foundational concepts in AI, Generative AI (Gen AI), and Agentic AI. He provided an overview of Large Language Models (LLMs) and highlighted key ethical considerations of using AI. He emphasized the importance of establishing organizational guardrails prior to implementing AI tools. These guardrails are necessary to protect public trust, safeguard sensitive data, minimize errors, and ensure responsible use. Council was advised to pause AI use until a formal policy is developed. Ethical considerations surrounding the use of AI technologies were

discussed include data privacy challenges, bias in AI systems, transparency and accountability, and societal impact and regulation.

Council members discussed the importance of having guidelines in place prior to using AI for Council and committee work. They had concerns regarding how information is retained in AI systems, use of personal devices (such as cell phones) during Council and committee meetings, and the risks associated with entering private information into AI tools. A Guideline on Artificial Intelligence in Dental Hygiene Practice has already been provided for registrants. Until a similar guideline is in place for Council members, Council should not use AI tools for any Council or committee related work.

8.0 EXECUTIVE LIMITATIONS ITEMS FOR CONSIDERATION

8.1 EL General Executive Constraint

Council reviewed the EL General Executive Constraint policy and no changes were made.

8.2 EL-2 Treatment of Staff

Council reviewed the EL-2 Treatment of Staff policy and no changes were made.

8.3 EL-3 Planning

Council reviewed the EL-3 Planning policy and no changes were made.

8.4 EL-7 Compensation and Benefits

Council reviewed the EL-7 Compensation and Benefits policy and no changes were made.

8.5 EL-8 Communication and Support to Council

Council reviewed the EL-8 Communication and Support to the Board policy and no changes were made.

MOTION TO MOVE IN CAMERA

MOTION: **THAT** Council move in Camera as per RHPA, *Schedule 2, Section 7(2)(d)* at 11:33 a.m., for agenda items 9.1–9.7.

MOVED: Loree Beniuk
SECONDED: Juli Kreutner
VOTE: **CARRIED**

9.0 MONITORING CEO PERFORMANCE

9.1 Global End

MOTION: **THAT** Council has assessed the monitoring report for the Global End policy and determined there is sufficient, verifiable evidence of a reasonable interpretation.

MOVED: Krystal Afzalfada
SECONDED: Tiffany Murray
VOTE: **CARRIED**

9.2 **E-1**

MOTION: **THAT** Council has assessed the monitoring report for End 1 and determined there is sufficient, verifiable evidence of a reasonable interpretation.

MOVED: Balbir Sohi
SECONDED: Jennifer Cooper
VOTE: **CARRIED**

9.3 **E-2**

MOTION: **THAT** Council has assessed the monitoring report for End 2 and determined there is sufficient, verifiable evidence of a reasonable interpretation.

MOVED: Loree Beniuk
SECONDED: Kylie McELrea
VOTE: **CARRIED**

9.4 **E-3**

MOTION: **THAT** Council has assessed the monitoring report for End 3 and determined there is sufficient, verifiable evidence of a reasonable interpretation.

MOVED: Amit Sethi
SECONDED: Erin Betts
VOTE: **CARRIED**

9.5 **E-4**

MOTION: **THAT** Council has assessed the monitoring report for End 4 and determined there is sufficient, verifiable evidence of a reasonable interpretation.

MOVED: Jennifer Cooper
SECONDED: Carmen Adebar
VOTE: **CARRIED**

9.6 **EL-4(1)**

MOTION: **THAT** Council has assessed the monitoring report for the EL 4(1) policy and determined there is sufficient, verifiable evidence of a reasonable interpretation.

MOVED: Tiffany Murray
SECONDED: Loree Beniuk
VOTE: **CARRIED**

9.7 **EL-7**

MOTION: **THAT** Council has assessed the monitoring report for the EL-7 policy and determined there is sufficient, verifiable evidence of a reasonable interpretation.

MOVED: Erin Betts
SECONDED: Carmen Adebar
VOTE: **CARRIED**

MOTION TO MOVE OUT OF CAMERA

MOTION: **THAT** Council move out of Camera as per RHPA, *Schedule 2, Section 7(2)(d)* at 12:04 p.m.

MOVED: Margaret Wade
SECONDED: Jennifer Cooper
VOTE: **CARRIED**

10.0 SELF-EVALUATION OF GOVERNANCE PROCESS

10.1 Council Meeting Evaluation

The Council Feedback Survey was sent to Council members to be completed electronically.

11.0 NEXT MEETING DATE

The next Council meeting is June 12, 2026

12.0 ADJOURNMENT

MOTION: **THAT** the Council meeting be adjourned at 3:53 p.m.

MOVED: Carmen Adebar
SECONDED: Krystal Afzalfada
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 May 12, 2026. The Executive Committee also met with the ODHA Executive Director and officers on April 24th, 2026 and with Hilborn LLP for a post-audit meeting on May 22, 2026.

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

ITEMS FOR INFORMATION

CDHO Governance

The Executive planned the agenda for the June 12, 2026 meeting.

The Executive Committee reviewed the CDHO's Q1 Financial report and no issues were raised.

Public Member Appointments

The Executive Committee is pleased to announce that Nella Chiappetta has been reappointed for a term of three years.

Auditor Assessment

The Executive held a virtual meeting with Blair MacKenzie and Usman Paracha from Hilborn LLP on May 22, 2026 for a post-audit discussion. The post-audit report will be presented to Council at the June Council meeting.

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 March 2026, the Discipline Committee has not held any plenary meetings or hearings.

Individualized orientation sessions were held for four new committee members (K. Afzalzada; N. Chiappetta; D. Gartshore; K. McElrea).

The live discipline training sessions normally offered by the Health Professions Regulators of Ontario (HPRO) were not offered this spring due to low enrollment.

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. Sahar Sultani (referred on December 5, 2025)
    - The matter was referred by a panel of the Inquiries, Complaints and Reports Committee on December 5, 2025. A Notice of Hearing was issued on January 5, 2026. A pre-hearing conference was held on April 10, 2026. The matter is currently being scheduled for a hearing (tentatively in July 2026.)

- CDHO v. Ferdous Ebrahem Ahmed Al-Matary #1 (referred May 15, 2025)
  - A pre-hearing conference was held on February 5, 2026. A second joint pre-hearing conference (Al-Matary #1, Al-Saidi, Rabab) was held on May 7, 2026. Counsel for CDHO and the registrant are working to schedule a joint pre-hearing motion in the coming months.
- CDHO v. Osama Ahmed Kaid Al-Saidi (referred May 15, 2025)
  - A pre-hearing conference was held on February 11, 2026. A second joint pre-hearing conference (Al-Matary #1, Al-Saidi, Rabab) was held on May 7, 2026. Counsel for CDHO and the registrant are working to schedule a joint pre-hearing motion in the coming months.
- CDHO v. Fakhara Rabab (referred May 15, 2025)
  - A pre-hearing conference was held on December 9, 2025. A second joint pre-hearing conference (Al-Matary #1, Al-Saidi, Rabab) was held on May 7, 2026. Counsel for CDHO and the registrant are working to schedule a joint pre-hearing motion in the coming months.
- 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.
- 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.

CONCLUSION

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

CDHO

Fitness to Practise Committee Report

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

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

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

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 March 2026.

CONCLUSION

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

CDHO

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 March 27, 2026 (which reported matters up until March 5, 2026) the panels of the ICRC met on the following dates by video conference:

Committee as a Whole	Panel A	Panel B	Panel C
Did not meet	March 25, 2026 May 29, 2026 (scheduled)	April 28, 2026	April 29, 2026

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 March 5, 2026).

Number of investigations carried over from previous period(s)[1]			
	Complaints	**Registrar Reports**	**QA Referrals**
Investigations started before March 5, 2026	**24**	**15**	**4**

Intake of new investigations			
	Complaints	**Registrar's Reports**	**QA Referrals**
March 5, 2026 to May 21, 2026	**8**	**3**	**1**

Decisions made and finalized by ICRC			
	Complaints Outcomes	**Reports Outcomes**	**QAC Outcomes**
March 5, 2026 to May 21, 2026	No Further Action: **2** No Further Action, Undertaking Signed: **1** Guidance and Recommendations: **2**	Referral of Specified Allegations to Discipline: **2**	Oral Caution: **1**

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

	Specified Continuing Education or Remediation Program (SCERP) + Oral Caution: **1** Alternative Dispute Resolution (ADR) Decision Ratified: **1** Withdrawn: **1**		

At the time of writing (May 21, 2026), 5 complaint matters and 2 report 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**
March 5, 2026 to May 21, 2026	**6**	**0**	**2 -** Decision and Reasons upheld by HPARB

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 March 5, 2026, to May 21, 2026 (time of writing) were as follows:

Timeline	Complaints	Registrar's Reports	QA Referrals
150 days or less	1[2]	-	-
151 days to 210 days	-	-	-
211 days to 240 days	-	-	-
More than 240 days	6	1	2

CONCLUSION

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

[2] Includes 1 matter that was resolved via ADR

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 three times since the last Report to Council. The Committee met by video conference on March 17, 2026, April 20, 2026, and May 14, 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 25 total matters since the March 27, 2026, report.

Remediation Directed by Assessment Type		
Type of Assessment	**Number Reviewed**	**Remediation Directed**
Paths 1, 2, 3	3	1
Onsite Practice Visit	0	0
Chart Audit	2	1
Clinical Competency Evaluation	1	0

Areas of Concern Identified During Assessment	
Assessment Tool	**Totals**
Learning Portfolio	1
QA Test (Unsuccessful)	0
Practice Assessment*	
Infection Prevention and Control	1
Emergencies / Oxygen / CPR	1
Process of Care	4
Record Keeping	2

*Includes: Practice Profile, Onsite Practice Review, Chart Audit, and Clinical Competency Evaluation; may include concerns in multiple areas per assessment.

Other Matters Reviewed by the QA Committee		
Matter	**Outcome**	**Totals**
Review of completed SCERP		**1**
Extension / Deferral Requests		**6**
	Granted	*5*
	Not Granted	*1*
Re-registered / Reinstated	Submit for Assessment	**7**
Non-Compliance**		**5**
	Notice of Intention to Impose TCLs	*1*
	Direct Registrar to Impose TCLs	*1*
	Refer to ICRC	*4*
	No Action	*1*

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

2026 Self-Assessment Compliance

In addition to the above matters, the Committee also reviewed a list of 14 Registrants who failed to submit the 2026 Self-Assessment. These Registrants are being asked to submit their Quality Assurance records under the 2027 QA assessment.

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, 331 emails were sent out to those registered between March 5, 2026, and May 19, 2026.

Path 4 and Peer Circle Updates

The spring cohort for Path 4 completed activities on May 16, 2026. Reports are being collected from Peer Facilitators and reviewed throughout June. Of the 374 Path 4 participants, 216 participated in the spring cohort. The remaining RDHs are being scheduled to participate in Path 4 this fall.

Fifteen optional Peer Circles are planned to take place in 2026. Ten will be held online, and five will be held in person across the province. So far, two in person Peer Circles have taken place, the first on April 21, in St. Catharines and in Thunder Bay on May 20. The first online Peer Circle took place on May 13.

2027 Selection Criteria

In its May 14, 2026, meeting, the Quality Assurance Committee ratified the decision to base the 2027 Quality Assurance Assessments on a combination of volunteers and stratified random selection, applying variable percentages with more focus on RDHs with greater number of years since graduation. The 2027 QA assessment selection will include up to 300 volunteers and stratified random selection of at least 500 RDHs.

Quality Assurance Records Peer Review Statistics (as of May 13, 2026)

2026 Peer Assessment

742 quality assurance records requested[1]

65 have met the assessment guidelines[2]

629 are in the assessment process[3]

0 are participating in direct learning/remediation[4]

48 are on hold[5]

2026 Practice Assessment

0 on-site practice assessments requested[1]

2025 Peer Assessment

764 quality assurance records requested[1]

745 have met the assessment guidelines[2]

7 are in the assessment process[3]

3 are participating in direct learning/remediation[4]

9 are on hold[5]

2025 Practice Assessment

0 on-site practice assessments requested[1]

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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: TBD

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

Public Members (Council): Pella Giabanis, Loree Beniuk

Professional Members (Non-Council): Lisa Frisch

INTRODUCTION

This report summarizes the Registration Committee's activities from its last Report to Council on March 27, 2026, covering the period from March 1, 2026, 2026, to May 19, 2026.

The Registration Committee has met three times since the last Report to Council.

ITEMS FOR INFORMATION – RELATED TO MANDATE

Registration Statistics

Since last reported to Council:

Certificate of Registration	February 28, 2026	May 19, 2026
General	14,894	15,272
Specialty	637	652
Non-Practising	882	853
Total Registrants	16,413	16,777

Applications for Registration

Since the last report to Council, the College has received 260 new registration applications. There were nine referrals to the Registrar during this period.

Registration Committee Meeting

Since the last report to Council, a panel of the Registration Committee met on May 4, 2026, to review two referrals from the Registrar.

A panel of the Registration Committee also convened on March 20, 2026, and March 24, 2026, for an orientation session. A call for nominations of a committee Chair was made, and Anne-Marie Conaghan was acclaimed as the committee Chair.

Changes to the Register

Since the last report to Council on March 27, 2026:

- 362 applicants were registered to practise
- 7 previous registrants of the College were re-registered
- 6 registrants reinstated
- 0 registrant was administratively suspended
- 0 registrants were suspended with cause
- 0 registrants were revoked for non-payment of fees
- 0 registrants were revoked with cause
- 4 registrants resigned
- 0 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

April 24 – Executive & ODHA Joint Meeting

May 5 – Met with Vanessa Pereira

May 12 – Pre-Audit Meeting with Hilborn LLP

May 12 – Executive Meeting

May 22 – Post-Audit Meeting with Hilborn LLP

May 22 – Executive Meeting

May 26- Met with Vanessa Pereira

May 27 – Met with Glenn Pettifer

May 29 – Met with Veronica Douglas

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	✓	✓	☒				
Giabanis, Pella	N/A	☒	☒	✓				
Jovanov, Jeny	N/A	✓	✓	☒				
Lee-Rotstein, Christina	N/A	✓	✓	✓				
Sethi, Amit	N/A	✓	✓	✓				
Wade, Margaret	N/A	✓	✓	✓				
Gartshore, Derek	✓	✓	☒	☒				

✓ *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	-							1,836.00
Vanessa Pereira (vice-chair)	1,010.00	-							1,010.00
Jennifer Cooper (executive)	530.00	-							530.00
Anne-Marie Conaghan	160.00	-							160.00
Tiffany Murray	345.00	-							345.00
Carmen Adebar	765.00	-							765.00
Liisa Moore	345.00	-							345.00
Balbir Sohi	635.00	-							635.00
Juli Kreutner	160.00	-							160.00
Krystal Afzalzada	320.00	-							320.00
Kylie Mcelrea	320.00	-							320.00
Non-Council Professional Members (combined)	1,345.00	-							1,345.00
TOTAL	7,771.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,771.00

Includes claims for:

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

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 done in between Council meetings and represents a report of this ongoing work since Council's last general meeting on March 27, 2026.

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.

With this directive, CDHO has begun the work necessary to bring these elements into practice. This includes updating the existing regulatory framework, developing new Standards of Practice, identifying the competency profiles for these elements, and establishing a credentialing process.

Some of this work is already in progress. The Deputy Registrar and I are meeting with Senior MOH policy staff this week to discuss the regulatory modifications that will see the realization of these scope of practice enhancements. We commit to keeping Council, Registrants and our System Partners updated on our progress as we develop these elements.

CDHO is pleased to engage in the work that will realize these changes, increasing the public's access to safe, competent and comprehensive oral health care.

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Registration

Annual Registration Renewal

The CDHO completed the annual renewal process on January 10, 2026. A total of 118 registrants were administratively suspended for failing to pay the annual fee. The CDHO also revoked the certificates of 69 registrants whose certificates had been suspended for over two years.

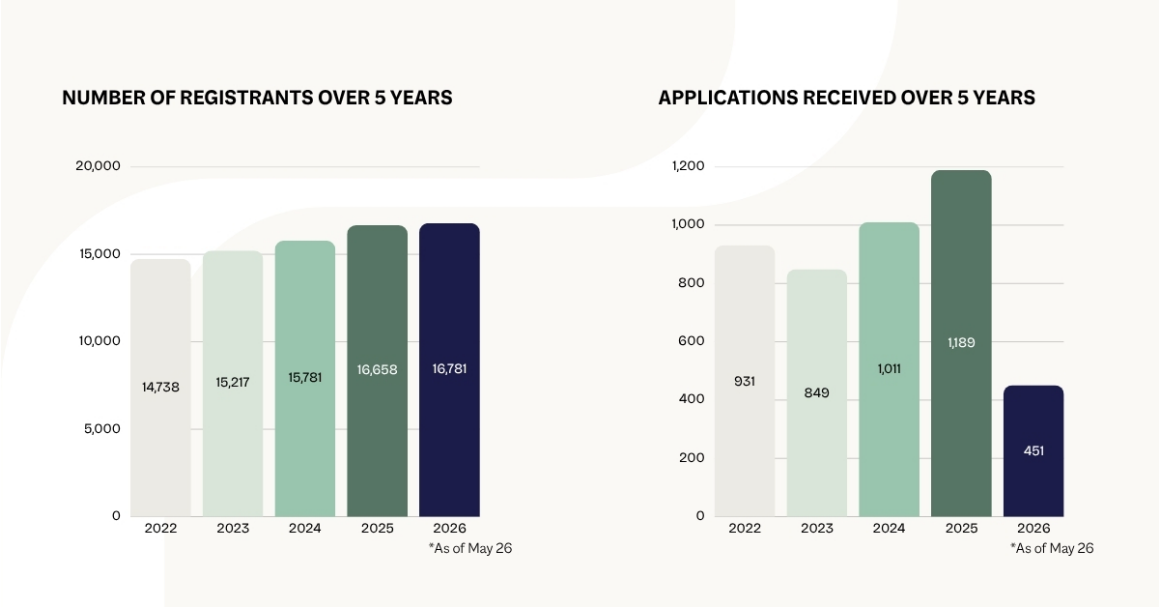
The Office of the Fairness Commissioner requires regulators to submit yearly reports about their registration practices and their compliance with the requirements of the *Fair Access to Regulated Professions Act, 2006* and/or the *Regulated Health Professions Act, 1991*. A copy of the 2025 FRP report is available for viewing on the CDHO website

As part of the CDHO's responsibility to ensure that RDHs maintain valid Professional Liability Insurance, the CDHO randomly selects 5% of RDHs to participate in an insurance audit. The 2026 Audit ran from April 15, 2026, to May 15, 2026. To date, 99% of those audited have complied with the audit requirements. The certificates of registration for the remaining 1% will be administratively suspended due to non-compliance with the audit requirements.

In response to recent amendments to the General Regulation under the *Dental Hygiene Act*, 1991, the CDHO has completed the renaming of the "Inactive" registration class to "Non-Practising" in its database.

As of May 26, 2026, the CDHO has 16,781 Registrants (15,278 General, 652 Specialty, and 851 Non-Practising).

Applications received in 2026 (as of May 26, 2026): 451



Legislative/Regulatory Updates – As of Right Legislation -

In 2025, the Ontario Government introduced legislation, "As of Right", allowing regulated health professionals, including Dental Hygienists from other Canadian jurisdictions, to practice in Ontario for up to six months while their registration application is processed. Applicants must be registered in good standing, have no professional conduct issues, hold liability insurance, and sign a declaration. These changes took effect on January 1, 2026. Since last reporting to Council, there have been no new "As of Right" applications received.

Program Elements

Equity, Diversity, and Inclusion

A calendar of events has been developed to highlight dates of significance for recognition (internally and externally). It provides a structured timeline to raise awareness, promote cultural celebrations, and promote educational opportunities that foster inclusion and belonging.

CDHO is enhancing the Inclusion, Diversity, Equity, and Accessibility (IDEA) section of its website to include more up-to-date resources, initiatives, and accomplishments. Website edits are expected to be completed in July 2026 with ongoing edits as required.

CDHO is working with an Indigenous consulting group to prepare an engagement plan and document review as part of the Standard of Practice for Cultural Safety, Humility and Anti-Racism project. This work will inform the community engagement portion of the project to ensure Indigenous voices are meaningfully and intentionally shaping the Standard.

CDHO continues to engage with the EDI-HPRO working group to share knowledge, resources, and best practices to further advance EDI efforts. Recent discussions included Indigenous cultural competencies, equity assessment tools, and demographic data collection.

Quality Assurance Program

For the **2026 QA assessment**: **12.5%** of RDHs have selected **Path 1**, **32%** have selected **Path 2**, and **55.5%** have chosen **Path 4**.

RDHs who chose Paths 1 or 2 are due to submit by the end of June, with coaching conversations to take place over July. The spring cohort for Path 4 wrapped up at the end of May and results are expected to go out by the end of June. The fall cohort will run from mid-September through late November.

In late 2025 and early 2026, refinements were made to the educational and reflective components of Path 4, including updates to the Peer Circle discussion cases and written reflection prompts to strengthen risk-informed discussion, deeper reflection, and connections to participants' individual practices and professional development. During this period, Peer Circle Facilitators also completed additional training to support facilitation of the updated risk-informed cases, enhanced written reflection expectations, and incorporation of risk-informed approaches into one-on-one coaching conversations to support meaningful goal setting and action planning.

This summer, we will also be developing a new Peer Circle experience designed specifically for early career RDHs, with a planned launch for fall 2026. Based on the existing optional Peer Circle model, the new stream will support registrants in the early stages of practice through guided discussion, reflection, and peer learning focused on common practice challenges and risks. This initiative is intended to help ensure the QA Program continues to meet the learning needs of registrants at different stages of practice.

A short **video clip** demonstrating elements of an **Informed Consent** conversation between an RDH and their client will be released this month. This resource will assist RDHs in recognizing some of the important elements in an informed consent conversation.

Our **Communities of Practice (CoPs)** continue to grow, with more than **6,136 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:

- *Contraindications and Dental Hygiene* received **460 views**
- *Orthodontic* received **258 views**
- *Restorative* received **154 views**
- *Public Health* received **282 views**

Across all CoPs, the most frequently searched topics include IPAC, CPR, and Guidelines for Continuing Competency.

To further support these communities, we continue to host quarterly meetings with CoP leaders to share ideas, explore ways to increase engagement, and strengthen connections. We've also begun highlighting CoP content in the De-Brief and on social media to help more RDHs discover and benefit from these shared learning spaces. A call out for additional Community Leaders also went out in April.

Professional Conduct

The Complaint Process Experience Feedback Survey is available on the CDHO website. This survey tool is used to evaluate both the experience of individuals who submit complaints to the CDHO and Registrant respondents at touch points along the Complaint management journey. This is the third year of the feedback program. Of individuals eligible to participate in this feedback process, approximately 41% engage in the initial phases of the complaint journey. While the participation is modest, we have observed an increase in engagement over the last three years. Of the complainants who responded to the survey, 78% report their experience with CDHO as positive or very positive.

There are currently 25 open complaint matters (two of which are currently being managed in the Alternative Dispute Resolution process), and 18 open report matters (three of which are referrals from the Quality Assurance Committee). There are currently six open matters before HPARB. Since the last report, HPARB confirmed the ICRC's decision in two matters.

A review of the complaints received since the last report to Council reveals that those complaints fall in the following domains:

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

Communications and System Partner Engagement

Website Stats (November 25, 2025 - May 15, 2026)

- 305,156 English Sessions; 9,197 French Sessions (Sessions = # of users who interacted with a page(s) and includes repeat views)
- 21,422 clicks to the Public Register
- Top visited pages (excluding the homepage)
    - Knowledge Network (landing page)
    - Hypertension Fact Sheet
    - Standards & Resources
    - Quality Assurance (landing page)
    - Annual Renewal

- **Top PDF downloads:**
    - Dental Hygiene Standards of Practice
    - Clinical Information Practice Standard
    - Registrants' Handbook
    - Code of Ethics
    - IPAC Guidelines

Social Media Stats (November 25, 2025 - May 15, 2026)

Facebook

- 227 new followers
- Content most engaged with (i.e., clicks, comments, shares): May 2026 update on Scope of Practice; CPD hour change reminder; Happy National RDH Week

Instagram

- 245 new followers
- Content most engaged with: Happy National RDH Week; May 2026 update on Scope of Practice; CPD hour change reminder

LinkedIn

- 201 new followers
- Content most engaged with: St. Catharine's Peer Circle thank you; Professional Practice Lead job posting; Professional Programs Coordinator job posting

2026 Public Awareness Campaign

Phase 3 of the Public Awareness Campaign will begin this month. The campaign will build on the success of the previous iterations 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. Ads will once again be featured on YouTube, Facebook, Meta and Google. Radio and newspaper advertising will also be used to reach remote and underserved communities.

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 470 inquiries.

	Calls	Email	Total Inquiries	Top Topics
March 2026	105	71	176	4. Regulations (Contraindications, Records) 5. Standards of Practice (Process of Care, CPR and First Aid) 6. Independent Practice (Start Up Information, Requirements) 7. Scope (Orthodontics, Sedation, Local Anesthesia, Radiographs)
April 2026	96	76	172	
May 1-22, 2026	65	57	122	

In the area of Interprofessional collaboration, approximately 18% of our inquiries will have an element related to interprofessional collaboration in the question. Of those, approximately 36% will involve interprofessional collaboration with associations; 25% with dentists, family physicians, or specialists; and 44% with other regulators.

In the area of Intra-professional collaboration, approximately 17% of our inquiries will have an element related to intra-professional collaboration in the question, handled with advice and referring to dental hygiene associations.

HUB 601

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. While financial gains are important, perhaps one of the greater benefits in sharing space with other health profession regulators is that this space sharing establishes the framework for the exchange of information and ideas between individuals and organizations that have the common mandate of health profession regulation. We are at, or approaching, renewals for the space-sharing agreements we have with our HUB partners. 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.

Operations

Staff continue to work largely remotely with individuals attending the office when the work process requires in-office attendance or meetings are required. We continue with 2 monthly "anchor" days where all staff attend in-office for team meetings, staff meetings and workshops. We continue to look for opportunities to foster engagement of team members and harness the collaborative energy of in-person meetings within the context of our new hybrid work model. The small-group, Staff Triads of 3 individuals (from different Departments) who meet on a regular basis to discuss a wide variety of work-related and non-work related topics continues to be one of those collaborative initiatives.

System Partner Representation

Federation of Dental Hygiene Regulators of Canada

This national federation 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. Following the development of a 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. I have recently retired as the FDHRC Director of the Commission on Dental Accreditation of Canada.

Health Profession Regulators of Ontario

HPRO supports information sharing and some 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.

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 2025 Annual Report

Attached to this administrative report is the CDHO 2025 Annual Report. This report will be provided to the Minister of Health, posted on the CDHO website and made available through some of our social media channels. The content of this report highlights the outstanding work of a dedicated, insightful Council, committed Committee members, exceptional CDHO Staff and members of the Profession and the general public who have supported our mandate in a significant, meaningful way. Congratulations to everyone!



CDHO

COLLEGE OF DENTAL
HYGIENISTS OF ONTARIO

Annual Report 2025

Who We Are

The College of Dental Hygienists of Ontario (CDHO) is the regulatory body for Registered Dental Hygienists (RDHs) in Ontario.

We set **requirements** for becoming an RDH so only qualified individuals can practise.

We set **standards** to ensure RDHs provide safe, ethical care.

We keep a **Public Register** so you can verify if your RDH is registered and in good standing.

We have a **Quality Assurance Program**, which supports continuous professional development.

We **investigate complaints** and **take action** when standards aren't met.



Message from our Chair



I’m delighted to share my first message as Council Chair and to present our 2025 Annual Report.

This past year marked an important milestone for CDHO with Council’s approval of a Strategic Plan for 2025–2027. Thanks to months of thoughtful dialogue, listening and collaboration, we have clear direction that will allow us to improve our effectiveness in a rapidly evolving environment. The Strategic Plan outlines four goals:

1. Enhance collaboration with the public, profession and system partners
2. Support professionalism, quality care and continuous learning
3. Advance commitments to equity and inclusion
4. Modernize governance practices

These goals reflect the insights, experiences and aspirations shared with us throughout the planning process. I appreciate everyone who provided input so that we could develop a plan that is forward-looking, responsive and grounded in the needs of Dental Hygiene clients.

I’d also like to thank my fellow Council members for their support as I stepped into this role for the first time, and for their continued dedication to our public interest mandate. I’m grateful to Dr. Glenn Pettifer, our Registrar/CEO, for his leadership and strategic insight, and the entire CDHO staff, whose commitment to excellence ensures we fulfill our mandate with integrity.

This has been a rewarding first year as Chair, and I look forward to the work ahead.

Michelle Atkinson, RDH, BA

Message from our Registrar



This past year was a milestone year for setting CDHO's strategic direction and for continued improvement in how we support the continuing competence of Registered Dental Hygienists in their delivery of care to the people they serve.

I'd like to thank Council for their commitment to developing and adopting a Strategic Plan to guide the College's work from 2025 – 2027. The plan articulates a clear organizational direction and is another way for the public, Registered Dental Hygienists, and our system partners to understand and measure how we're protecting the public's interest in accessing safe, competent oral hygiene care. We've already made great strides in achieving our strategic objectives, and CDHO staff and I look forward to working with Council to build on this progress in the coming year.

Supporting Registered Dental Hygienists continued to be a priority in 2025. This was the first year Peer Circles were offered as a Path option for those participating in the Quality Assurance Assessment. An impressive 552 RDHs participated in this assessment through Peer Circles. It has been a remarkable journey to develop and launch this initiative. I would like to sincerely thank everyone involved. The level of interest and support from the profession in the development and delivery of Peer Circles – whether through an optional event or through the assessment process – speaks volumes to how engaged the profession is and how willing RDHs are to reflect on and improve their practice. We look forward to our continued strong collaboration with RDHs in supporting the high quality of care they provide.

In 2025, CDHO formed a policy Working Group that has started the journey of developing a Standard of Practice for Cultural Safety, Humility and Anti-Racism. We look forward to this continued work in 2026. Additionally, through a Bursary program administered by Indspire, Council committed to continued support of Indigenous students registered in Dental Hygiene educational programs in Ontario.

This year, College staff and Council were pleased to support the Ontario government's consultation on proposed scope of practice enhancements for Registered Dental Hygienists that would permit RDHs to prescribe X-rays, be designated Radiation Protection Officers, and prescribe and administer local anaesthetic by injection in the orofacial complex. CDHO is pleased to support these efforts that improve access to oral health care for Ontarians and allow RDHs to practise more fully within their Scope of Practice and expertise.

There are many reasons to be thankful and optimistic as we close another successful year. I'd like to thank Council for their continued vision and the entire CDHO team for their commitment and tireless efforts! It is a continuing honour for me to work with all members of the Dental Hygiene profession, and I look forward to what the future holds!

Dr. Glenn Pettifer
Registrar/CEO

The Year in Review



Strategic Plan Approved

In March 2025, CDHO's Council approved a Strategic Plan for 2025–2027. The plan highlights our dedication to continuous improvement, evidence-based decision-making and system collaboration. It builds on CDHO's successes and regulatory leadership, emphasizing engagement with RDHs and partners to address the changing needs of Dental Hygiene clients.

Over several months, Council engaged in a comprehensive process of reflection, discussion and active listening. This involved assessing CDHO's achievements and leadership role, considering the evolving regulatory landscape, and gathering feedback from the public, partners and the profession.

ENHANCE Collaboration with the Public, the Profession and System Partners

Enhance awareness of the role of the College of Dental Hygienists of Ontario, the practice of Dental Hygiene, and support integrated care solutions that improve patient outcomes and experience.

SUPPORT Professionalism, Quality Care and Continuous Learning

Support a culture of professionalism and continuing competence that ensures adherence to standards of practice and the delivery of safe, ethical and evidence-based care.

ADVANCE Commitments to Equity and Inclusion

Advance equity and inclusion by embedding principles into organizational and regulatory policy development and implementation, standards, practice support, and decision-making. Initiatives promote cultural safety, trauma-informed care, and accessible care for diverse communities.

MODERNIZE Governance Practices

Modernize governance to improve transparency, accountability, and strategic and operational oversight. This includes ensuring alignment with good governance practices, risk mitigation and decision-making in the public interest.

New Self-Service Portal and Public Register

In 2024 we began upgrading our registrant database, which powers the Self-Service Portal and Public Register. We launched the new system in March 2025, with improved functionality, security, and ease of use for the public and RDHs. The Self-Service Portal and Public Register were re-designed with a modern, streamlined look, and the way RDHs log in to the Portal changed. View the Public Register.

Peer Circles, Second Volunteer QA Assessment and a Risk-Based Approach to QA

2025 was the first year we offered Peer Circles as a Path option for those participating in the QA Assessment. In 2024 we asked for volunteers to be assessed in 2025 and 552 RDHs chose Peer Circles as their preferred assessment Path. We continued offering optional Peer Circles, with more than 300 RDHs participating in an in-person or online session. The feedback from those who were assessed and those who participated in the optional sessions was overwhelmingly positive.

In July 2025, we informed RDHs of the selection criteria for the 2026 Quality Assurance Assessment. We randomly selected 500 RDHs for assessment and created space for 300 volunteers. RDHs once again stepped up and the response exceeded our expectations, with 228 volunteering for assessment.

Recognizing that modern regulation focuses on reducing the risk of harm to clients, we conducted several focus groups with RDHs to better understand risks to continued competence and risks in Dental Hygiene practice. Learnings from these focus groups helped us incorporate discussions of risk into Path 4 to ensure we're capturing what matters most in our conversations during the Peer Circle and coaching conversations. In early 2026 we will engage with Dental Hygiene clients to hear their perspectives. This data will help us ensure that the QA Program evolves to focus on high-risk areas, so that we can improve client safety and reduce the risk of harm.



Proposed Enhancements to the Scope of Practice and Changes to Regulations

In September the Ontario Government announced that it was seeking feedback on proposed enhancements to the Scope of Practice for RDHs. The **proposed changes to Scope would permit RDHs** to:

- Order X-rays,
- Be designated Radiation Protection Officers (RPO) under the *Healing Arts Radiation Protection Act*, which would allow independent RDHs to own and operate dental x-ray machines, and
- Prescribe and administer local anaesthetic by injection in the orofacial complex.

The feedback period closed in November. There are no changes to Scope currently and we are waiting to hear next steps from the Ontario Government. Learn more about the proposed enhancements.

The Ontario Government approved changes to CDHO's **Registration Regulation**. We submitted proposed changes related to registration and examination matters to bring certain provisions in line with modern regulatory practices. Learn more about the changes.

The Ontario Government also introduced legislation that, if approved, would permit several regulated health professionals from other Canadian jurisdictions to practise in Ontario for up to six months while their application for registration is being processed by their regulatory college. We were pleased to learn that RDHs were included in these **"As of Right" rules**, which are expected to come into effect in January 2026. Learn more about "As of Right".

Development of a Cultural Safety, Humility and Anti-Racism Practice Standard

In 2025 we established a working group to support the development of a practice standard on cultural safety, humility and anti-racism. The group includes RDHs who have extensive personal and professional experiences in this work.

In November 2025, we hosted the working group to begin drafting this practice standard. They engaged in rich discussions around minimal expectations for culturally safe Dental Hygiene care and reconciliation efforts in regulation. The new standard will specify the requirements for RDHs to provide culturally safe care to persons and communities and help address Indigenous-specific racism in service delivery. We are grateful to the working group members for their participation:

- Carrie Banning
- Linda Douglas
- Trish Goulet
- Jen Kulik
- Joan Pelletier
- Lisa Rogers
- Ashley White
- Myrtle Wong



Development of Guidance on Artificial Intelligence

Artificial Intelligence (AI) is changing the way healthcare is delivered, and that includes Dental Hygiene practice. In 2025 we began developing a new practice guideline and checklist on the use of AI. These resources:

- highlight existing professional obligations for RDHs,
- identify potential risks associated with AI use, and
- provide risk mitigation strategies to protect the public's interest.

The practice guideline and checklist are expected to be published in January 2026.

Raising Awareness of CDHO

CDHO began an Ontario-wide public awareness campaign in 2024, which continued until the end of 2025. The campaign was developed in response to low awareness reported by patients in the annual Voice of the Patient Survey.

The campaign featured ads on Google, YouTube, Facebook, Instagram and Reddit. To reach Indigenous, rural and traditionally under-served communities, digital ads were accompanied by radio and newspaper advertising in select communities. The campaign garnered over 166,000 clicks to www.cdho.org. We will analyze this data to inform future campaigns.





Practice Advice Stats

1,087 Calls

804 Emails

1,891
Total Enquiries

Top 5 topics

1. **Regulations** (Record keeping, contraindications)
2. **Standards of Practice** (Process of care)
3. **Infection, prevention and control** (Monitoring, PPE)
4. **Scope of Practice** (Use of lasers, restorative procedures)
5. **Independent practice** (Start-up information)



Registration

Registration Process

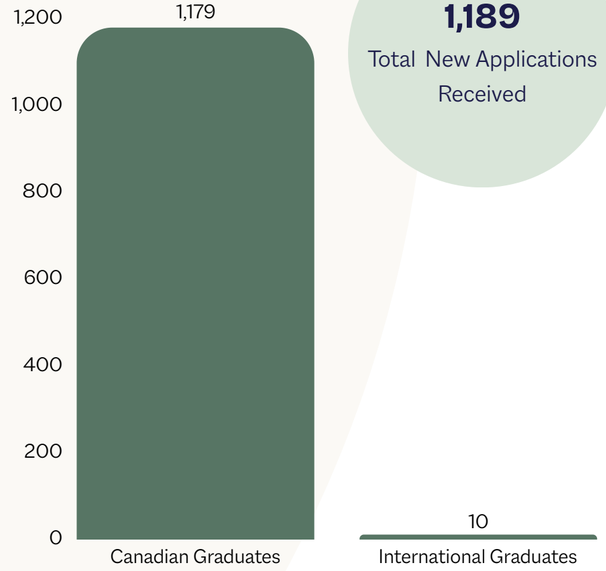
CDHO aims to process and approve completed applications within 10 business days of receipt. In 2025, **99%** of completed applications were approved within that timeframe.

Registrar-reviewed Applications

In 2025, the Registrar reviewed 14 applications, and four applications were referred to the Registration Committee for review. Reasons for referral can include a positive result on a criminal record check and academic misconduct.

Registrant Experience Survey Results

We are committed to improving our application and registration processes. All recent applicants are sent a voluntary survey so they can provide feedback on the application process and identify any areas for improvement. Applicants' overall satisfaction with the registration process increased from 90% in 2024 to 93% in 2025. These results are published in the Registration Experience Dashboard.

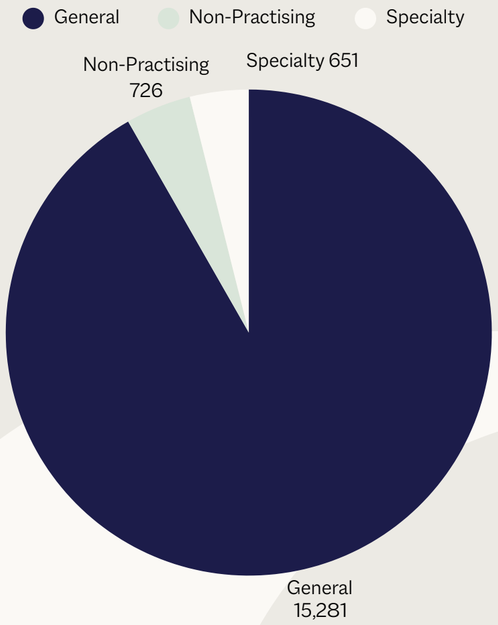


1,189
Total New Applications Received

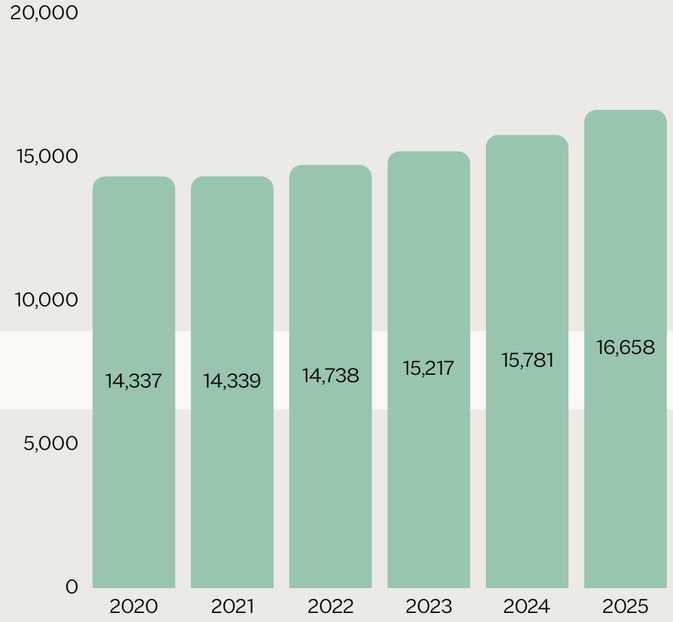
Snapshot of the Profession

16,658
Total Number of RDHS

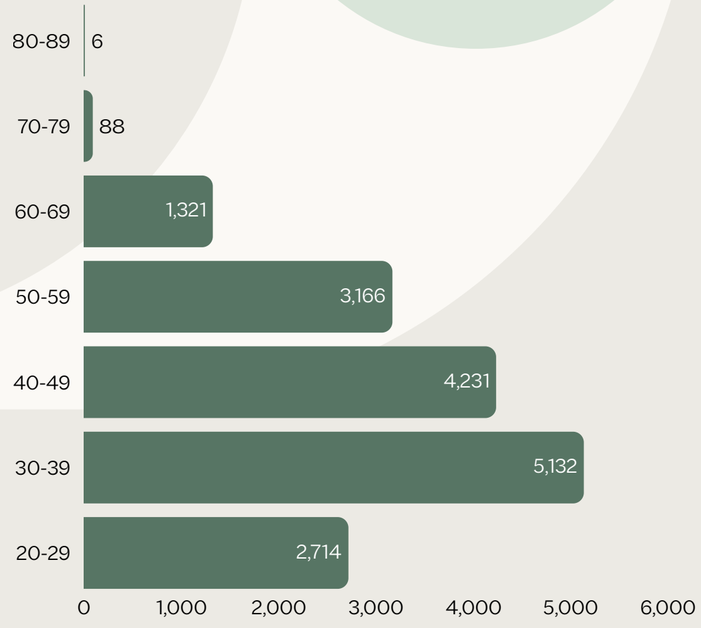
Total Number of RDHs



Registration Growth from 2020-2025



Age



Top 5 Countries of Initial Education

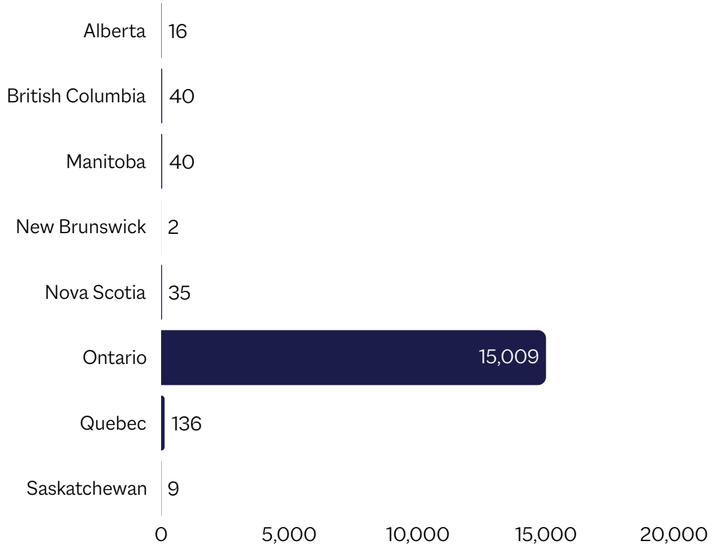
- Canada
- United States of America
- United Kingdom
- Colombia
- Israel



Top 5 Languages of Service

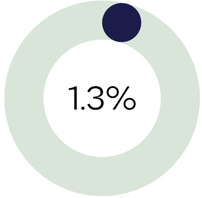
1. **English**
2. **French**
3. **Hindi**
4. **Punjabi**
5. **Urdu**

Initial Education in Dental Hygiene by Province

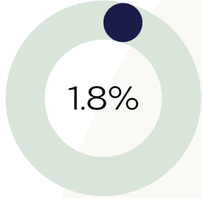


Demographics

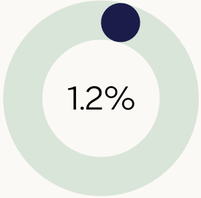
*Individuals can self-identify in multiple categories.



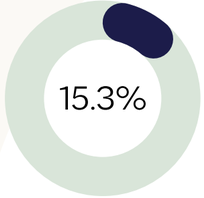
Identify as LGBTQ2+



Identify as Indigenous



Identify as having a disability



Identify as a visible minority

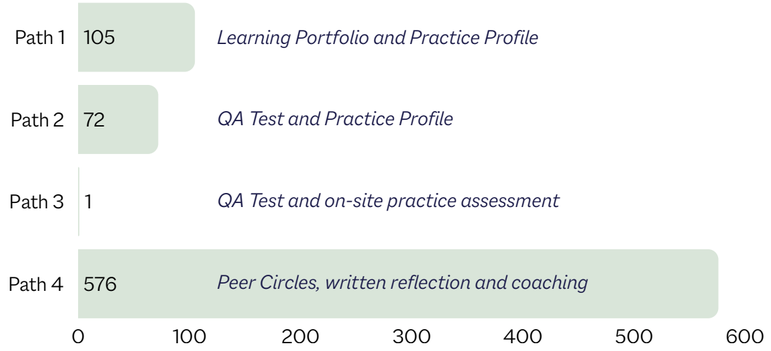


Quality Assurance

CDHO's Quality Assurance (QA) Program helps RDHs maintain their knowledge and skills so that they can provide safe and ethical care.

Annual QA Assessment

In 2025, 729 RDHs volunteered to participate in the QA Assessment process and another 25 RDHs were required to participate. When participating in an assessment, RDHs can choose one of four possible paths, or the Quality Assurance Committee can assign a path.



As of December 31, 2025, 88% of the 754 QA assessments met the assessment guidelines. The remaining RDHs are participating in activities to help enhance knowledge and skills, or the review is still in progress.

Committee-directed Assessments

Depending on the results of an assessment, the Quality Assurance Committee may direct an additional practice assessment to address areas of concern. In 2025, the Committee directed nine additional assessments. These may include an on-site practice review, chart audit or a clinical competency evaluation. As of December 31, 2025, four of the directed practice assessments met the assessment guidelines, while the remaining five were participating in activities to help enhance knowledge and skills.

Continued Development of Peer Circles

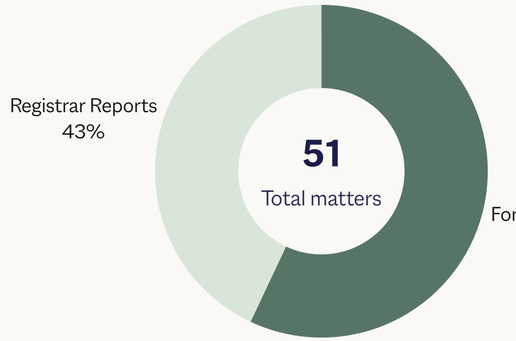
In strong collaboration with RDHs, CDHO continued developing Peer Circles and Path 4. Path 4 launched in spring 2025 and includes participation in two Peer Circles, followed by a written reflection and one-on-one coaching conversation after each session.

Additional work was undertaken to improve the educational and reflective components of Path 4. Two case writing sessions were held to update the Peer Circle case template, which now includes a dedicated section for identifying and discussing risk. The written reflection was enhanced with additional prompts and guidance to support deeper reflection on the risks discussed during Peer Circles and to help RDHs connect these discussions to their own practice and professional development.

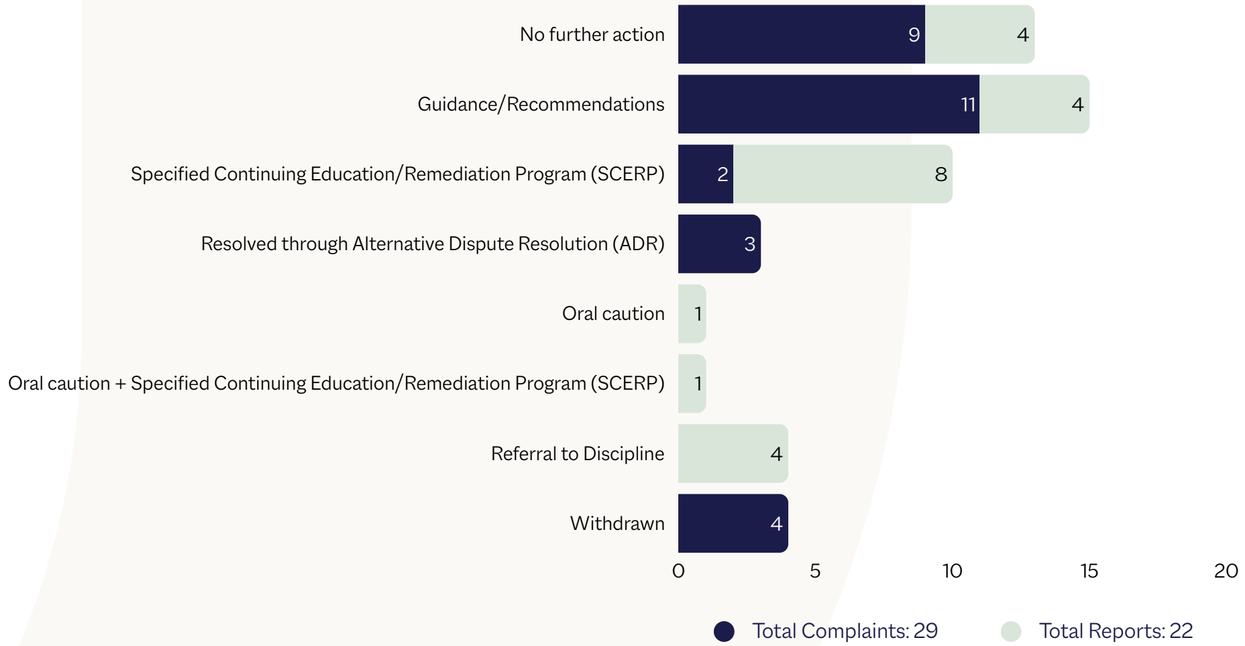
Facilitators will receive additional training focused on the updated cases, enhanced written reflection expectations and approaches to supporting risk-informed discussion during Peer Circles. The training will also address how these elements can be integrated into one-on-one coaching conversations with participants, particularly in supporting meaningful goal setting and action planning.

Inquiries, Complaints & Reports

In 2025, the Inquiries, Complaints and Reports Committee (ICRC) reviewed 78 matters. Of the 78 matters, 57 were new and 21 were carried forward from 2024. The ICRC completed its investigation into 51 matters, and 27 matters will be carried into 2026.



Decisions and Outcomes of Completed Matters



Top 5 Concerns Raised by Complainants

- **Communication** (e.g., rude behaviour, insensitive or inappropriate comments)
- **Failure to provide adequate treatment** (e.g., unsuccessful treatment, damage caused to teeth/gums and/or surrounding tissues, painful treatment)
- **Inappropriate billing** (e.g., charging excessive fees for services provided)
- **Ethical concerns** (e.g., offensive or discriminatory conduct, dishonesty)
- **Boundary violations** (e.g., conflicts of interest, breach of professional relationship)

Timelines

All Colleges are required to complete complaint matters within 150 days. If the investigation exceeds that time and at the 150-day mark, a letter is sent to both parties explaining that the ICRC will not meet the deadline. At 210 days, CDHO must notify the parties and the Health Professions Appeal and Review Board (HPARB) of the delay, and the reasons for the delay. After 210 days, either party can apply to HPARB seeking relief for the delay. In the interest of fairness and safety, CDHO aims to complete all matters, not just complaints, within 150 days.

Matters	Completed in 150 days or less	Completed in more than 150 days, but 210 days or less	Completed in more than 210 days
Formal complaints	17*	9	3
Registrar Reports	2	6	14

*Includes 4 matters that were withdrawn and 3 matters resolved through ADR.

HPARB Reviews

Both the complainant and the RDH who was the subject of the complaint may request a review of the ICRC's decision by HPARB. Decisions to refer specified allegations to the Discipline Committee or referrals for incapacity inquiries cannot be appealed to HPARB.

- Matters appealed in 2025: 6
- Decisions in 2025 from 2025 appeals: 0
- Pending decisions from 2025 referrals: 6
- Pending decisions from 2024 referrals: 1
- Decisions in 2025 from previous year referrals: 0

Discipline & Fitness to Practice

The **Discipline Committee** holds hearings to determine whether an RDH has committed an act of professional misconduct or is incompetent. It also holds reinstatement hearings to determine whether a former registrant whose Certificate of Registration was revoked should be re-admitted to the profession. There were no hearings before the Discipline Committee in 2025. Four matters referred to the Discipline Committee in 2025 remained open as of December 31, 2025 and will be scheduled in future.

The **Fitness to Practise Committee** holds hearings and makes decisions about allegations of incapacity against an RDH. There were no referrals to the Fitness to Practise Committee in 2025.





Patient Relations

CDHO is required by law to have a Patient Relations Program. The program incorporates measures for preventing and dealing with sexual abuse of patients, including:

- educational requirements for RDHs on sexual abuse and boundary issues;
- guidelines for the conduct of RDHs with their clients aimed at preventing and dealing with sexual abuse, such as the Guideline — Prevention of Sexual Abuse and Maintenance of Professional Boundaries;
- training for CDHO's staff; and
- providing information to the public.

The program is overseen by the Patient Relations Committee, which also oversees the program to provide funding for therapy and counselling for people alleging sexual abuse by an RDH. In 2025, no applications for funding for therapy were received.

College Council

Registered Dental Hygienists

Michelle Atkinson **Chair**

Terri Strawn **Vice-Chair**

Carmen Adebar

Anne-Marie Conaghan *(Academic member)*

Jennifer Cooper *(Academic member)*

Krista Dufour

Juli Kreutner

Liisa Moore

Tiffany Murray

Vanessa Pereira

Balbir Sohi

Public Appointees

Loree Beniuk

Erin Betts

Nella Chiappetta *(term began in June 2025)*

Derek Gartshore *(term began in October 2025)*

Pella Giabanis

Candace Herod *(resigned in January 2025)*

Jeny Jovanov *(term began in January 2025)*

Christina Lee-Rotstein

Amit Sethi

Margaret Wade



College Committees

CDHO's work is not possible without the hard work and dedication of our committee members. Thank you for your contributions!



Executive

Michelle Atkinson **Chair**
Terri Strawn **Vice-Chair**

Erin Betts
Vanessa Pereira
Amit Sethi

Inquiries, Complaints and Reports

Michelle Atkinson **Chair**

Anne-Marie Conaghan
Jennifer Cooper
Pella Giabanis
Jeny Jovanov
Liisa Moore
Christina Lee-Rotstein
Amit Sethi

Non-Council Members
Roxane Hopton
Alicia Howery
Christina Mitas
Pooja Sarda

Patient Relations

Jeny Jovanov **Chair**

Carmen Adebar
Loree Beniuk
Juli Kreutner
Amit Sethi

Non-Council Member
Devon Bedford

Quality Assurance

Terri Strawn **Chair**

Pella Giabanis
Vanessa Pereira
Balbir Sohi
Margaret Wade

Non-Council Members
Fatma Eldesouki
Wendy Wardlaw

Registration

Terri Strawn **Chair**

Erin Betts
Anne-Marie Conaghan
Tiffany Murray
Christina Lee-Rotstein

Non-Council Member
Lisa Frisch

Discipline

Erin Betts **Chair**
Amanda Acker (Non-Council) **Vice-Chair**

All Council Members

Non-Council Members
Siobhan Brennen
Rowena Javier

Fitness to Practise

Christina Lee-Rotstein **Chair**

All Council Members

Ownership Linkage

(Committee dissolved in June 2025)

Krista Dufour **Chair**

Jeny Jovanov
Vanessa Pereira
Margaret Wade

Governance

Michelle Atkinson **Chair**

Erin Betts
Terri Strawn

Financial Statements

View the summary financial statements

CDHO

COLLEGE OF DENTAL
HYGIENISTS OF ONTARIO

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Toronto, Ontario M4W 3R8
T: 416-961-6234 **TF:** 1-800-268-2346
www.cdho.org

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

FINANCIAL STATEMENTS

DECEMBER 31, 2025

Draft Statement Subject to Revision

HILBORN LLP

HILBORN LLP

Independent Auditor's Report

To the Council of the College of Dental Hygienists of Ontario

Opinion

We have audited the financial statements of the College of Dental Hygienists of Ontario (the "College"), which comprise the statement of financial position as at December 31, 2025, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at December 31, 2025, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

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

Other Information

Management is responsible for the other information. The other information comprises the information, other than the financial statements and our auditor's report thereon, in the annual report.

Our opinion on the financial statements does not cover the other information and we will not express any form of assurance conclusion thereon.

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

We obtained the annual report prior to the date of our auditor's report. If, based on the work we have performed on this other information, we conclude that there is a material misstatement of this other information, we are required to report that fact in our auditor's report. We have nothing to report in this regard.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the ability of the College to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the financial reporting process of the College.

Draft Statement Subject to Review

Independent Auditor's Report (continued)

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal control of the College.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the ability of the College to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

Draft Statement Subject to Revision

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

Toronto, Ontario
TBD

Chartered Professional Accountants
Licensed Public Accountants

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Statement of Financial Position

December 31	2025 $	2024 $
ASSETS		
Current assets		
Cash	**6,141,393**	6,392,720
Investments (note 3)	**2,229,844**	2,208,964
Prepaid expenses	**34,346**	22,465
	8,405,583	8,624,149
Discipline cost recoverable (note 10)	**12,000**	12,000
Investments (note 3)	**8,953,143**	8,709,996
Capital assets (note 4)	**717,618**	962,067
	9,682,761	9,684,063
	18,088,344	18,308,212
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities (note 6)	**331,626**	270,194
Deferred registration fees	**6,560,755**	6,246,930
	6,892,381	6,517,124
Deferred lease incentives (note 7)	**70,686**	93,009
	6,963,067	6,610,133
NET ASSETS		
Invested in capital assets	**646,932**	869,058
Internally restricted for complaints and discipline (note 8)	**2,000,000**	2,000,000
Internally restricted for strategic initiatives (note 9)	**1,250,000**	750,000
Unrestricted	**7,228,345**	8,079,021
	11,125,277	11,698,079
	18,088,344	18,308,212

Draft Statement Subject to Revision

The accompanying notes are an integral part of these financial statements

Approved on behalf of the Council:

President

Vice-President

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Statement of Operations

Year ended December 31	2025 $	2024 $
Revenues		
Registration fees	**6,800,620**	6,455,983
Investment income	**442,254**	520,635
	7,242,874	6,976,618
Expenses		
Salaries and benefits	**3,620,704**	3,416,951
Information technology (note 5)	**1,237,561**	1,733,413
Quality assurance	**628,124**	702,081
Council (note 11)	**477,288**	528,350
Premises rent (notes 7 and 11)	**301,271**	303,974
Public and registrant engagement	**263,912**	199,634
Amortization - capital assets	**244,449**	257,543
General and administrative	**226,928**	220,461
Complaints and discipline (note 10)	**223,535**	121,068
Professional fees	**176,586**	191,298
Commission on dental accreditation	**167,944**	160,042
Merchant banking fees	**150,662**	141,968
Telephone, website and internet	**55,523**	53,212
Consulting	**41,189**	36,527
	7,815,676	8,066,522
Excess of expenses over revenues for year	**(572,802)**	(1,089,904)

The accompanying notes are an integral part of these financial statements

Draft Statement Subject to Revision

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Statement of Changes in Net Assets

Year ended December 31

	Invested in capital assets $	Internally restricted for complaints and discipline $	Internally restricted for strategic initiatives $	Unrestricted $	2025 Total $
Balance, beginning of year	869,058	2,000,000	750,000	8,079,021	**11,698,079**
Excess of revenues over expenses (expenses over revenues) for year	-	-	(721,920)	149,118	**(572,802)**
Amortization of capital assets	(244,449)	-	-	244,449	**-**
Amortization of deferred lease incentives	22,323	-	-	(22,323)	**-**
Internal restriction (note 9)	-	-	1,221,920	(1,221,920)	**-**
Balance, end of year	646,932	2,000,000	1,250,000	7,228,345	**11,125,277**

	Invested in capital assets $	Internally restricted for complaints and discipline $	Internally restricted for strategic initiatives $	Unrestricted $	2024 Total $
Balance, beginning of year	1,092,371	2,000,000	2,000,000	7,695,612	12,787,983
Excess of revenues over expenses (expenses over revenues) for year	-	-	(1,645,573)	555,669	(1,089,904)
Purchase of capital assets	11,908	-	-	(11,908)	-
Amortization of capital assets	(257,543)	-	-	257,543	-
Amortization of deferred lease incentives	22,322	-	-	(22,322)	-
Internal restriction (note 9)	-	-	395,573	(395,573)	-
Balance, end of year	869,058	2,000,000	750,000	8,079,021	11,698,079

Draft Statement Subject to Revision

The accompanying notes are an integral part of these financial statements

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Statement of Cash Flows

Year ended December 31	2025 $	2024 $
Cash flows from operating activities		
Excess of expenses over revenues for year	**(572,802)**	(1,089,904)
Adjustments to determine net cash provided by (used in) operating activities		
Amortization - capital assets	**244,449**	257,543
Interest received on investments capitalized in prior years	**111,161**	93,239
Interest capitalized on investments	**(129,088)**	(111,161)
Amortization of deferred lease incentives	**(22,323)**	(22,322)
	(368,603)	(872,605)
Change in non-cash working capital items		
Decrease (increase) in prepaid expenses	**(11,881)**	4,154
Increase in accounts payable and accrued liabilities	**61,432**	38,563
Increase in deferred registration fees	**313,825**	265,335
	(5,227)	(564,553)
Cash flows from investing activities		
Purchase of investments	**(2,446,416)**	(2,496,816)
Proceeds from sale of investments	**2,200,316**	2,147,000
Purchase of capital assets	**-**	(11,908)
	(246,100)	(361,724)
Net change in cash	**(251,327)**	(926,277)
Cash, beginning of year	**6,392,720**	7,318,997
Cash, end of year	**6,141,393**	6,392,720

The accompanying notes are an integral part of these financial statements

Draft Statement Subject to Revision

December 31, 2025

Nature and description of the organization

The College of Dental Hygienists of Ontario (the "College") was incorporated as a non-share capital corporation under the Regulated Health Professions Act, 1991 ("RHPA"). As the regulator and governing body of the dental hygiene profession in Ontario, the major function of the College is to administer the Dental Hygiene Act, 1991 in the public interest.

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

1. **Significant accounting policies**

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations and include the following significant accounting policies:

(a) **Revenue recognition**

Registration fees are recognized as revenue in the fiscal year to which they relate. The registration year of the College coincides with that of the fiscal year of the College, being January 1 to December 31. Registration fees received in advance of the fiscal year to which they relate are recorded as deferred registration fees.

Investment income comprises interest from cash and investments and realized gains and losses on the sale of investments. Interest on investments is recognized over the terms of the investments using the effective interest method.

(b) **Investments**

Investments consist of Canadian fixed income investments with maturity dates greater than twelve months from date of acquisition. Investments that mature within twelve months from the year-end date are classified as current.

(c) **Net assets invested in capital assets**

Net assets invested in capital assets comprises the net book value of capital assets less the unamortized balance of deferred tenant inducements used to purchase the capital assets.

Draft Statement Subject to Revision

December 31, 2025

1. **Significant accounting policies (continued)**

(d) **Capital assets**

The costs of capital assets are capitalized upon meeting the criteria for recognition as a capital asset, otherwise, costs are expensed as incurred. The cost of a capital asset comprises its purchase price and any directly attributable cost of preparing the asset for its intended use.

Capital assets are measured at cost less accumulated amortization and accumulated impairment losses.

Amortization is provided for, upon commencement of the utilization of the assets, on a straight line basis at rates designed to amortize the cost of the capital assets over their estimated useful lives. The annual amortization rates are as follows:

Equipment	10 years
Furniture	10 years
Computer equipment	3 years
Leasehold improvements	10 years

A capital asset is tested for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. If any potential impairment is identified, the amount of the impairment is quantified by comparing the carrying value of the capital asset to its fair value. Any impairment of the capital asset is recognized in income in the year in which the impairment occurs.

An impairment loss is not reversed if the fair value of the capital asset subsequently increases.

(e) **Deferred lease incentives**

Lease incentives consist of tenant inducements received in cash used to purchase capital assets.

Lease incentives received in connection with original leases are amortized to income on a straight-line basis over the terms of the original leases. Lease incentives received in connection with re-negotiated leases are amortized to income on a straight-line basis over the period from the expiration date of the respective original lease to the expiration date of the re-negotiated lease.

(f) **Cloud computing arrangements**

The College has elected to apply the simplification approach for cloud computing arrangements under which the expenditures incurred on implementation activities are expensed when the College receives the services.

Draft Statement Subject to Revision

December 31, 2025

1. **Significant accounting policies (continued)**

(g) **Financial instruments**

Measurement of financial assets and liabilities

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

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

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

Financial assets measured at amortized cost include cash, investments and discipline cost recoverable.

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

Impairment

At the end of each year, the College assesses whether there are any indications that a financial asset measured at amortized cost may be impaired. Objective evidence of impairment includes observable data that comes to the attention of the College, including but not limited to the following events: significant financial difficulty of the issuer; a breach of contract, such as a default or delinquency in interest or principal payments; and bankruptcy or other financial reorganization proceedings.

When there is an indication of impairment, the College determines whether a significant adverse change has occurred during the year in the expected timing or amount of future cash flows from the financial asset.

When the College identifies a significant adverse change in the expected timing or amount of future cash flows from a financial asset, it reduces the carrying amount of the financial asset to the greater of the following:

- the present value of the cash flows expected to be generated by holding the financial asset discounted using a current market rate of interest appropriate to the financial asset; and

- the amount that could be realized by selling the financial asset at the statement of financial position date.

Draft Statement Subject to Revision

1. **Significant accounting policies (continued)**

(g) **Financial instruments (continued)**

Impairment (continued)

Any impairment of the financial asset is recognized in income in the year in which the impairment occurs.

When the extent of impairment of a previously written-down financial asset decreases and the decrease can be related to an event occurring after the impairment was recognized, the previously recognized impairment loss is reversed to the extent of the improvement, but not in excess of the impairment loss. The amount of the reversal is recognized in income in the year the reversal occurs.

(h) **Management estimates**

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make judgments, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the current year. Actual results may differ from these estimates, the impact of which would be recorded in future years.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognized in the year in which the estimates are revised and in any future years affected.

Draft Statement Subject to Revision

December 31, 2025

2. Financial instrument risk management

The College is exposed to various risks through its financial instruments. The following analysis provides a measure of the College's risk exposure and concentrations.

The financial instruments of the College and the nature of the risks to which those instruments may be subject, are as follows:

	Risks				
			Market risk		
Financial instrument	Credit	Liquidity	Currency	Interest rate	Other price
Cash	X			X	
Investments	X			X	
Discipline cost recoverable	X				
Accounts payable and accrued liabilities		X			

Credit risk

The College is exposed to credit risk resulting from the possibility that parties may default on their financial obligations, or if there is a concentration of transactions carried out with the same party, or if there is a concentration of financial obligations which have similar economic characteristics that could be similarly affected by changes in economic conditions, such that the College could incur a financial loss.

The maximum exposure of the College to credit risk is as follows:

	2025 $	2024 $
Cash	6,141,393	6,392,720
Investments	11,182,987	10,918,960
Discipline cost recoverable	12,000	12,000
	17,336,380	17,323,680

The College reduces its exposure to the credit risk of cash by maintaining balances with a Canadian financial institution.

The College manages its exposure to the credit risk of investments through an investment policy which restricts the types of eligible investments.

The College reduces its exposure to the credit risk of discipline cost recoverable by maintaining liens on properties of registrants or ex-registrants of the College.

Liquidity risk

Liquidity risk is the risk that the College will not be able to meet a demand for cash or fund its obligations as they come due.

The liquidity of the College is monitored by management to ensure sufficient cash is available to meet liabilities as they come due.

Draft Statement Subject to Revision

2. **Financial instrument risk management (continued)**

Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk is comprised of currency risk, interest rate risk and other price risk.

Currency risk

Currency risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in foreign exchange rates.

The College is not exposed to currency risk.

Interest rate risk

Interest rate risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in market interest rates.

The College manages the interest rate risk exposure of its investments by using a laddered portfolio with varying terms to maturity. The laddered structure of maturities helps to enhance the average portfolio yield while reducing the sensitivity of the portfolio to the impact of interest rate fluctuations.

Other price risk

Other price risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate because of changes in market prices (other than those arising from currency risk or interest rate risk), whether those changes are caused by factors specific to the individual instrument or its issuer or factors affecting all similar instruments traded in the market.

The College is not exposed to other price risk.

Changes in risk

There have been no significant changes in the risk profile of the financial instruments of the College from that of the prior year.

Draft Statement Subject to Revision

3. Investments

	2025 $	2024 $
Current	2,229,844	2,208,964
Long-term	8,953,143	8,709,996
	11,182,987	10,918,960

Investments have effective interest rates ranging from 1.32% to 5.00% (2024 - 0.95% to 5.00%), and maturity dates ranging from May 2026 to December 2030 (2024 - June 2025 to December 2029).

4. Capital assets

	Cost $	Accumulated Amortization $	2025 Net $
Equipment	160,413	103,437	56,976
Furniture	345,231	241,662	103,569
Computer equipment	368,362	364,393	3,969
Leasehold improvements	1,843,679	1,290,575	553,104
	2,717,685	2,000,067	717,618

	Cost $	Accumulated Amortization $	2024 Net $
Equipment	160,413	87,396	73,017
Furniture	345,231	207,139	138,092
Computer equipment	368,362	354,876	13,486
Leasehold improvements	1,843,679	1,106,207	737,472
	2,717,685	1,755,618	962,067

Draft Statement Subject to Revision

5. Cloud computing arrangements

In 2023, the College entered into an agreement for the implementation of a cloud-based business management solution system. Current year implementation expenses in the amount of $451,714 (2024 - $1,386,566) have been charged to information technology in the statement of operations.

The College completed the implementation of the cloud-based business management solution system in fiscal 2025.

The College has an agreement for support services for a period of two years, commencing March 17, 2025. The approximate annual commitment for the services is as follows:

	$
2026	229,760
2027	37,200
	266,960

6. Accounts payable and accrued liabilities

	2025 $	2024 $
Trade payables and accrued liabilities	201,626	200,194
Accrued liabilities - complaints and discipline	130,000	70,000
	331,626	270,194

7. Deferred lease incentives

	Cost $	Accumulated Amortization $	2025 Net $
	223,220	152,534	70,686

	Cost $	Accumulated Amortization $	2024 Net $
	223,220	130,211	93,009

Amortization of lease incentives in the amount of $22,323 (2024 - $22,322) was credited to premises rent in the statement of operations.

Draft Statement Subject to Revision

8. **Net assets internally restricted for complaints and discipline**

The College makes best efforts to anticipate the costs associated with complaints and discipline matters based on past experience and current caseload. However, in the event that the College incurs costs beyond the normal scope of such matters, the Council of the College has internally restricted net assets to fund expenditures related to those matters.

The internal restriction is subject to the direction of the Council upon the recommendation of the Executive Committee.

9. **Net assets internally restricted for strategic initiatives**

The Council of the College has internally restricted net assets to support strategic initiatives.

In the current year, subject to the direction of the Council, upon the recommendation of the Executive Committee, $1,221,920 (2024 - $395,573) was transferred from unrestricted net assets to net assets internally restricted for strategic initiatives.

The internal restriction is subject to the direction of the Council upon the recommendation of the Executive Committee.

10. **Complaints and discipline**

	2025 $	2024 $
Complaints and discipline	233,775	130,458
Cost recoveries	(10,240)	(9,390)
	223,535	121,068

The College, pursuant to the awards of costs as a result of discipline orders, has liens in the amount of $12,000 (2024 - $12,000), on properties of registrants or ex-registrants of the College.

Draft Statement Subject to Revision

11. **Commitment**

The College is committed to lease its office premises until February 28, 2029. The future annual lease payments, including an estimate of premises common area expenses, are as follows:

	$
2026	603,539
2027	614,286
2028	621,425
2029	104,626
	1,943,876

Of the rent paid during the year in the amount of $572,453 (2024 - $568,585) , $138,798 (2024 - $137,533) is included in council and $433,655 (2024 - $431,052) is recorded in premises rent in the statement of operations.

Pursuant to agreements commencing April 1, 2023 and January 1, 2024, the College has made arrangements to share a portion of its office premises with three third parties. The agreements expire December 31, 2027, March 31, 2028 and February 28, 2029.

The future annual rent recoveries are as follows:

	$
2026	132,000
2027	132,000
2028	48,750
2009	7,500
	320,250

During the current year, the rent recovery from these arrangements in the amount of $132,384 (2024 - $127,078) was credited to premises rent in the statement of operations.

Draft Statement Subject to Revision

HILBORN

LISTENERS. THINKERS. DOERS.

375 University Avenue · Suite 301 · Toronto · ON · CA · M5G 2J5 · P416-364-1359 · F416-364-9503 · hilbornca.com

Memo

To: CDHO Council

From: Dr. Glenn Pettifer, Registrar & CEO

Date: June 12, 2026

Topic: Allocations of Unrestricted Funds to Funds Reserved for Strategic Initiatives

Members of Council;

With the potential for enhancements to the Dental Hygiene Scope of Practice, the following associated elements and their roughly estimated costs are set out below. This information is provided to Council, not as request for budgetary approval, but to provide information that supports the relocation of funds from the Unrestricted Reserve Fund to the Reserved for Strategic Initiatives Fund.

Regulatory Revision Consultation and Drafting	$175,000.00
Standards of Practice Working Groups, Consultation, Drafting and Communication Strategy	$175,000.00
Competency Profile Working Group, Drafting and Communication to Educators and Registrants	$150,000.00
Development of Curriculum for Short Courses	$225,000.00
Modifications to the CDHO Register to Indicate Micro-credentials related to the elements included in scope of practice enhancement	$175,000.00

Working Group and Assessment Consultant - Certification/Credentialing Examination Structure and Content	$225,000.00
Communications Strategy	$125,000.00
Total	$1,250,000.00

CDHO

Briefing Note

To: Council

From: Chair

Date: June 12, 2026

Topic: 2025 Draft Audited Financial Statements

Recommended Motions:

MOTION: THAT Council approves the transfer of $1,221,920 from unrestricted net assets to net assets internally restricted for strategic initiatives.

MOVED:
SECONDED:
VOTE:

MOTION: THAT Council moves to accept the 2025 draft audited financial statements as presented by Hilborn LLP.

MOVED:
SECONDED:
VOTE:

Annual Assessment of the External Auditor by the Executive Committee

June 2026

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TEMPLATE: ANNUAL ASSESSMENT REPORT TO COUNCIL 13

Introduction

A key oversight activity of the Executive Committee is annually assessing the effectiveness of the external auditor. This annual assessment assists the Executive Committee to meet their responsibility to make an informed recommendation to Council on whether the external audit firm should be put forward for reappointment. The Executive Committee conducts a Comprehensive Audit Assessment in place of an Annual Assessment every five years. Assessments are conducted to align with best practices as laid out under the Enhanced Audit Quality Initiative put forward by the Chartered Professional Accountants of Canada.

The purpose of the Annual Assessment is to assist the Executive Committee to better understand the purpose of an audit, to frame out expectations in terms of service delivery, identify suggestions for the audit firm, if any, and to assist with the decision of whether the external auditor should be put forward for reappointment or the audit should be put forward for tender. In the event that the Executive Committee finds real concerns, they could choose to recommend tender early, but normally this would be a decision made at the time of the Comprehensive Assessment.

Key Factors of Audit Quality

There are three key factors of audit quality for the Executive Committee to consider and assess:

1. **Independence, objectivity and professional skepticism** – Do the external auditors approach their work with objectivity to ensure they appropriately question and challenge management's assertions in preparing the financial statements?
2. **Quality of the audit team / service** – Does the audit firm put forward team members with the appropriate industry and technical skills to carry out an effective audit?
3. **Quality of communications and interactions with the external auditor** – Are the communications with the external auditor (written and oral) clear? Is the external auditor open and frank, particularly in areas of significant judgments and estimates or when initial views differ from management?

Within each of these factors, a number of sub-questions are listed as possible indicators of audit quality. The Executive Committee should determine which of these indicators are most relevant in their circumstances and what information is available to assist them in their assessment.

Annual Assessment Process

1. Determine the Scope, Timing and Process

Points to Consider	Observation
Have there been significant changes that require changes to the assessment process this year?	No significant changes have been made to the assessment process from the 2024 audit.
What is the appropriate timing of the annual assessment in relation to the planned meeting agendas of the Executive Committee?	The Executive Committee schedules the pre-audit meeting annually in February and the post-audit meeting in May, prior to the June council meeting. The annual assessment is completed after the audit meetings.
Do the results of the prior year assessments indicate areas that should be given particular focus this year?	No areas were identified from last year that required particular focus for the 2025 audit.
What additional information from the College is needed to help the Executive Committee conduct the assessment?	Quarterly financial statements are provided to Executive and Council in accordance with Canadian Accounting Standards for a not-for-profit organization. The staff portion of this assessment is completed by Suzanne Fox. No other additional information has been identified at this time.
What information, if any, from the external auditor is needed to help the Executive Committee conduct the assessment?	The auditor provided the Executive Committee with an engagement letter, and at a virtual meeting, a summary of the audit approach, materiality, and timelines.
What changes need to be made to other sections of this tool to reflect the approach to this year's annual assessment?	No changes need to be made.

2. Obtain Input from College Personnel

Points to Consider	Observation
Re: independence, objectivity and professional skepticism	
How does the external auditor demonstrate integrity, objectivity and professional skepticism (e.g. by maintaining a respectful but questioning approach throughout the audit)?	The auditor communicates regularly with management and is comfortable asking thoughtful, sometimes challenging questions. This is expected and encouraged, as it demonstrates due diligence and a strong commitment to accountability when working with staff.
How does the external auditor demonstrate independence (e.g. by proactively discussing independence matters and reporting exceptions to its compliance with independence requirements)?	A discussion with the Executive prior to the commencement of fieldwork is held to address the topic of auditor independence.
How did the external auditor adjust the audit plan to respond to changing risks and circumstances?	As in previous years, the auditor understands that, as a small organization, some responsibilities naturally overlap. They have been supportive of offering best practices tailored to our structure.
How were significant differences in views, if any, between management and the external auditor resolved?	There were no significant differences in perspectives. We appreciate the auditors' recommendations and value their suggestions for best practices.
How forthright is the external auditor in dealing with difficult situations (e.g. by proactively identifying, communicating and resolving technical issues)?	The auditor is very straightforward and has a strong working relationship with internal staff. Interactions are respectful, clear, and focused, which helps keep communication productive and effective.
To what extent do you have concerns about the relationship between the external auditor and College personnel that might affect the external auditor's independence, objectivity or professional skepticism?	No concerns.

Re: quality of the audit team / service	
How would you assess the technical competence and ability of the external auditor to translate knowledge into practice (e.g. by using technical knowledge and independent judgment to provide realistic analysis of issues and by providing appropriate levels of competence across the team)?	The lead auditor we work with each year has a strong understanding of our organization and our needs. He is knowledgeable and thorough in his approach. He has a solid understanding of the complexities of our database, which adds value to the audit process.
How would you assess the external auditor's understanding of our business and industry (e.g. by demonstrating an understanding of our specific business risks, processes, systems and operations)?	We've had the same lead auditor for the past 11+ years, and he possesses an exceptional depth of knowledge across all areas of our business and regulatory environment.
The external auditor should have performed risk assessment at the outset of the audit, including assessment of fraud risk. Conclude if this process was followed.	This process was followed.
How sufficient are resources assigned by the external auditor to complete work in a timely manner (e.g. by providing access to specialized expertise during the audit and assigning additional resources to the audit as necessary to complete work in a timely manner)?	Our annual audit requirements are consistent from year to year. The Director, Corporate Services, shares audit requirements with departments well in advance, giving managers time to gather the necessary information. Internal timelines are set, and all documentation is uploaded to a shared drive before fieldwork begins, which helps keep the process running smoothly. Management is committed to providing information in a timely and organized way. We work with the same lead auditor each year, supported by two additional team members. This year's supporting team was very capable.
To what extent is the external auditor effective in completing the audit on a timely basis?	Many of the audit requests were received during the scheduled fieldwork week, which worked well for management and contributed to a more streamlined process. That said, it would be helpful in future years if information gathering could be more consolidated. I will say this year was better than previous years

To what extent does the external auditor keep management informed about the progress of the audit and difficulties encountered?	The lead auditor and the Director of Corporate Services maintain a strong and collaborative working relationship. As flagged from previous years: Many update requests tend to originate from CDHO. It would be beneficial if the auditors adopted a more proactive approach, such as providing a workback schedule or timeline for completion. This would help set clearer expectations and support a more efficient and predictable workflow.
To what extent has the external auditor maintained a respectful and professional attitude during the audit?	The audit team is always respectful. This has never been a concern.
To what extent is the external auditor proactive in identifying information requirements and timely in requesting information from management?	The level of communication demonstrated by the two individuals who supported the 2025 audit was very impressive. Their engagement with CDHO's management team was excellent and contributed to a very positive overall audit experience.
Re: communication and interaction with the external auditor	
How candid and complete was the dialogue between the external auditor and management? How well did the external auditor explain accounting and auditing issues?	The discussion was candid and comprehensive. The auditor provided clear and concise explanations of accounting and audit-related matters.
How effectively does the external auditor provide timely and informative communication about accounting and other relevant developments?	The auditor was responsive and communicated clearly and in a timely manner via email. CDHO management generally initiates follow-up requests for updates.
Provide your overall views on how your relationship with the external auditor contributed to your ability to produce reliable financial reporting throughout the assessment period.	The guidance provided each year has been instrumental in streamlining our processes and supporting the adoption of best practices where appropriate.

Other Input Requested from College Personnel	

3. Executive Committee Analysis

Points to Consider	Observation
Re: independence, objectivity and professional skepticism	
Does the external auditor either confirm their independence or inform the Executive Committee about matters that might reasonably be thought to bear on their independence?	This is identified in the yearly engagement letter addressed to CDHO as well as in the pre and post audit meetings. B. Mackenzie confirmed their firm's independence during the pre-audit discussion and post- audit meeting with the Executive Committee.
How did the external auditor adjust the audit plan to respond to changing risks and circumstances?	The auditor stated that a risk assessment was performed prior to creating the audit plan, which remained unchanged throughout the audit. They carried out a risk-based audit, concentrating on major risks and areas of potential concern for management and the Council.
What steps does the external auditor take to ensure that their audit team exhibits the values, ethics and attitudes necessary to support a quality audit?	The Firm's leaders confirmed that they emphasize the importance of professional ethics, values and attitudes in the following ways: • Providing ethics training annually to all partners and staff • Releasing the results of the firm's internal monitoring activities to the full firm to promote an environment of transparency and learning • The managing partner holds multiple townhall meetings throughout the year where he reinforces the firm's commitment to high quality and adherence to professional standards • The firm's management committee ensures that the firm's human, technological and financial resources are allocated in a manner that supports high quality audits • They voluntarily perform quality reviews on a large sample of engagements annually. This review is performed by the Professional Standards Leader.

	• They require all audit engagements to undergo a second level objective review for complex matters • They have a robust semi-annual performance evaluation process for all partners and staff that addresses quality and ethical behavior • They release a quarterly report to all staff that summarizes the key audit and ethics areas of concern for CPA Ontario and CPAB and discuss this report in detail at the partner and manager levels of the firm to emphasize the importance of ethical behaviors and attitudes
How were significant differences in views if any, between management and the external auditor resolved?	The auditor reports that they did not have significant differences in views with management.
Is the Executive Committee aware of any significant differences in views between management and the external auditor that are unresolved?	The auditor reports that there were no unresolved issues.
What evidence is there that the external auditor challenges significant decisions made by management in preparing the financial statements?	During the post-audit presentation, the audit team shared recommendations they had made to the management team. They reported that there were 6 adjustments that needed to be made and accepted by management.
How has the external auditor addressed potential risks of fraud (e.g. incorporating an element of unpredictability into audit procedures during the period)?	The auditor conducted a risk assessment prior to designing an audit plan. Revenue recognition and management override of controls are two risk areas that are presumed fraud risks for all entities under Canadian Auditing Standards. The auditors address these risks by designing and executing tests of details and analytical procedures to reduce the risk of a material misstatement to an acceptably low level. They also perform testing over journal entries and other adjustments, review estimates and evaluate the rationale of significant/unusual transactions, and incorporate an element of unpredictability in the nature, timing, and extent of the audit procedures.
Re: quality of the audit team / service	
How did the external auditor and the audit team ensure that the necessary knowledge and skills (entity-specific, industry, accounting, auditing) were dedicated to the audit?	Hilborn has been the CDHO's external auditor since 2012. Their organization has vast experience with the CDHO but also with regulated health organizations in general as they are also auditors to 16 other RHPA Colleges.

What evidence was there that the engagement partner devoted sufficient attention and leadership to the audit?	The engagement partner and managing partner provided a comprehensive presentation on the process, scope and timing of the audit at the pre-audit meeting on February 24, 2026. At the post-audit meeting on May 22nd, they provided a breakdown of their findings (which will be presented to Council at the June 2026 Council meeting). Ample time was provided at both meetings for questions to be answered.
How well did the external auditor meet their commitments (e.g. by meeting agreed-upon performance delivery dates and being available and accessible to management and the Executive Committee)?	The external auditor met their commitments and delivery times and was accessible and flexible to the Executive Committee's schedule.
How would you assess the professionalism of the engagement partner and audit team?	The audit team once again demonstrated a high level of professionalism, competence, and transparency. They were encouraging of questions and created a supportive environment for open dialogue and ensured ample opportunity for discussion of the audited financial statements and audit process.
How proactive and communicative is the external auditor (e.g. soliciting input relative to business risks or issues that might impact the audit plan)?	The auditors were proactive, transparent and communicative, and solicited input from the Executive Committee on any risks or issues that could impact the audit plan.
How proactive is the external auditor in identifying opportunities and risks (e.g. by anticipating and providing insights and approaches for potential business issues and improving internal controls)?	The auditor was proactive in identifying opportunities for improvement. They reported recommending to management that they have a clear rationale to support the transfer of unrestricted funds to restricted strategic priorities. They also addressed the risk of "familiarity threat" and how they will be including another partner on a cyclical basis to ensure that the engagement partner's familiarity does not become an issue.
How would you assess the value for money delivered by the external audit (e.g. do the audit fees fairly reflect the cost of the services provided given the size, complexity and risks of the College and a cost-effective quality audit)?	We do not have a comparative organization to draw upon. However, given the size, the organization, the potential risks and complexity of the CDHO, the process presented suggests good value for money. The executive committee was satisfied with the deliverables of the external audit.

Re: communication and interaction with the external auditor	
How candid and complete was the dialogue between the external auditor and the Executive Committee. How well did the external auditor explain accounting and auditing issues?	Throughout the engagement, including the pre-audit and post-audit discussions,Blair and Usman provided the Executive Committee with clear and comprehensive explanations into the audit process. They welcomed questions and responded with clarity, fostering an open dialogue. The presentation was well-structured yet flexible, ensuring understanding and encouraging meaningfuldiscussion.
How would you assess the external auditor's discussion about the quality of the College's financial reporting, including the reasonableness of accounting estimates and judgments, appropriateness of the accounting policies and adequacy of the disclosures?	The auditor's discussion about the College's financial reporting was transparent, detailed and comprehensive. The auditor demonstrates an understanding of the CDHO's organizational structure and processes and identifiedacceptable policies and practices.
What is your assessment of how the external auditor discussed sensitive issues (e.g. were concerns about management's reporting processes, internal control over financial reporting or the quality of the College's financial management team discussed in a timely, candid and professional manner)?	The audit team discussed any sensitive issues with transparency and professionalism.
How well did the external auditor inform the Executive Committee of current developments in accounting and auditing standards relevant to the College's financial statements and their potential impact on the audit?	The auditor clearly articulated requirements in accounting and auditing standards in the Engagement presentation and identified there were no changes with CRA for this year.
Other Input Requested from College Personnel	

4. Conclude on the Annual Assessment and Communicate Results

Conclude on the results of the Annual Assessment and recommend to the Council whether to reappoint the external auditor for a further year.

Points to consider:

- Has sufficient information been obtained to allow the Executive Committee to reach a conclusion and consider the assessment complete? If the preliminary results of the assessment are not satisfactory, the Executive Committee may need to perform further due diligence to determine whether its preliminary conclusions are justified and to consult with those affected by its recommendations.

1. What recommendations for action should be made to the Council? These would include:
    - recommendation for the following year's audit assessment type (annual or comprehensive)
    - recommendation to reappoint the external auditor or go to tender (in years where a Comprehensive Assessment took place)
    - any recommended changes to assessment procedures (as needed).
2. Does the Executive Committee need to formally discuss the results of the assessment with the Council or will a written report suffice?

Record items to be raised with the external auditor for follow-up or future changes:

Item	Person Responsible for Follow-up

Potential future changes to the Annual Assessment, Comprehensive Assessment, or Executive Committee Process:

Potential Change	Person Responsible for Follow-up

APPENDIX 1 – Templates

TEMPLATE: ANNUAL ASSESSMENT REPORT TO COUNCIL

Reporting Year:	
Summary Observations:	
Recommendations made to the external auditor:	
Recommended Audit Structure for the Following Year (FOR APPROVAL BY COUNCIL):	☐ Comprehensive Assessment ☑ Annual Assessment
Any recommended changes to the Assessment Process for future:	

CDHO

Briefing Note

To: Council

From: Chair

Date: June 12, 2026

Topic: Appointment of 2026 Auditors

Recommended Motion:

WHEREAS the CDHO Bylaws *Section 10.1* requires that Council appoint an auditor licensed under the *Public Accounting Act, 2004* (Ontario) each year to conduct an audit and issue an audited financial statement for each and every fiscal year; and

WHEREAS the firm of *Hilborn, LLP* provides independent accounting services and advice to the CDHO in accordance with the standards and procedures determined by the CICA/CAO; and

WHEREAS the Executive Committee formed a positive assessment of *Hilborn LLP* using the Auditor Assessment Tool;

THEREFORE, BE IT RESOLVED THAT the firm of *Hilborn, LLP* be reappointed as auditors of the College of Dental Hygienists of Ontario for the fiscal year of 2026.

VOTE:

MOVED:
SECONDED:

CARRIED:
DEFEATED:

Memo

To: CDHO Council

From: Dr. Glenn Pettifer, Registrar & CEO

Date: June 12, 2026

Topic: CDHO Enterprise Risk Register for Q1 FY 2026

Overall Enterprise Risk Profile: No - Low Risk

Details of the Risk Register Dashboard are located here:

Risk Register Dashboard

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 introduced, the information in the Policy Number column will change.

For Q1 FY 2026, with one exception, all targets were met. The target Not Met was in the Information and Asset Management Domain; Information Security and Confidentiality. In this, there were two isolated privacy beaches. One resulted from an incorrect mail merge that resulted in a Registrant's email address being revealed to 20 other Registrants. The other breach involved the CDHO providing an incorrect (wrong Registrant) letter of standing to another regulator, the Alberta College of Dental Hygiene. Both of these breaches were placed in the low risk rating as the distribution of confidential information was narrow and the processes were fixed immediately.

Development of the Patient Risk Register

With information from the Citizen Advisory Group report, the Voice of the Patient Surveys, Registrant Risk Working Group and our Complaints Data, we are partnering with Pivotal Research in the development of a similar Dashboard tool for the Patient Risk Register.

CITIZEN ADVISORY GROUP (CAG)

CAG Meeting Report: College of Dental Hygienists of Ontario (CDHO): *Patient/Client Perspectives of Risks in Dental Hygiene Practice*

DATE:	**Friday, February 27, 2026**
TIME:	**1:00—3:00 pm**
LOCATION:	Virtual (Zoom)
FACILITATOR:	Cate Creede-Desmarais, The Potential Group

INTRODUCTION:

The session started at 1:00 pm with welcomes, a land acknowledgement, and an outline of the agenda.

OVERVIEW: THE COLLEGE OF DENTAL HYGIENISTS OF ONTARIO (CDHO)

CDHO, responsible for regulating Registered Dental Hygienists (RDHs) in Ontario to ensure safe and ethical dental hygiene care, met with the Citizens Advisory Group (CAG) to gather public perspectives on dental hygiene care experiences.

The discussion focused on understanding what contributes to safe, high-quality, and patient-centred care when receiving services from dental hygienists. CDHO sought feedback from Members on their experiences accessing dental hygiene care, including the communication practices, interactions, and care approaches that help patients feel safe, respected, informed, and involved in decisions about their care. Members were also invited to share perspectives on potential barriers that may discourage individuals from accessing dental hygiene services and to identify ways dental hygiene care could be made more accessible, transparent, and patient-centred.

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1. How often do you or your loved one visit a Registered Dental Hygienist (RDH)?

Members described a range of frequencies when accessing dental hygiene services. Some reported attending appointments every three to four months, often based on recommendations from their dental provider or intervals permitted through insurance coverage. Others described attending appointments approximately every six months, which they understood to be a common schedule for routine preventive care.

Several Members noted that appointment frequency is often influenced by insurance coverage or benefit plans. In some cases, follow-up appointments are automatically scheduled based on the interval covered by insurance rather than through a discussion about individual oral health needs. This led some Members to question whether visit frequency is always based on clinical need or whether insurance coverage or clinic practices may influence scheduling. For example, some Members described being scheduled for appointments every three months and wondered whether such frequent visits were necessary.

Members also noted that not everyone is able to maintain regular dental hygiene visits. Financial constraints were identified as a key factor affecting access to care. Some Members shared examples of family members postponing or avoiding dental hygiene appointments due to the cost of services or lack of insurance coverage.

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2. When you think about the best experiences you've had with dental hygienists, what was happening?

Members consistently emphasized that positive dental hygiene experiences were shaped primarily by communication, trust, and respectful interactions.

(a) Communication and Preparation

Many Members described the best experiences beginning with a short conversation at the start of the appointment. Hygienists who reviewed a patient's health history, asked about sensitivities or concerns, and explained what would occur during the visit helped patients feel acknowledged and prepared.

Members also appreciated when hygienists explained procedures as they were being performed, including the tools being used and the sensations patients might experience during treatment. Understanding what was happening during a procedure helped reduce anxiety and reassured patients that they were receiving appropriate care. Clear explanations about why certain procedures were recommended and how they support oral health also contributed to patients feeling more confident in the care being provided.

(b) Patient Involvement and Autonomy

Positive experiences also involved patients feeling actively involved in their care. Members described situations where hygienists reminded patients that they could pause or stop treatment if they felt discomfort or needed clarification. Being able to ask questions or signal a pause helped patients feel more in control of the experience.

In some cases, hygienists also checked that patients understood what would happen during the procedure by asking them to confirm instructions or repeat key information. These practices helped patients feel more engaged and contributed to a greater sense of safety.

(c) Trauma-informed, patient-centered care

Members emphasized that feeling respected and listened to was central to positive dental hygiene experiences. Oral hygiene education was appreciated when delivered in a supportive and constructive way. However, Members noted that advice about brushing or flossing can sometimes feel judgmental if delivered in a lecturing or critical tone.

Members suggested that education is most effective when delivered respectfully and in a way that acknowledges individual circumstances. Several Members also noted that some patients may have had difficult or traumatic experiences with dentistry and may benefit from a more sensitive, trauma-informed approach.

(d) Continuity of care and personalized interactions

Other elements that contributed to positive experiences included hygienists appearing organized and prepared, demonstrating awareness of the patient's medical history, and recognizing patients as individuals. Members described positive experiences where hygienists had reviewed their chart beforehand and acknowledged previous dental experiences or medical conditions.

Being addressed by preferred names or pronouns was also noted as an important part of respectful care.

Members also shared examples where small accommodations significantly improved comfort. For example, one Member described a hygienist allowing an anxious patient to hold a mirror so they could see what was happening during the procedure.

Continuity of care was also identified as an important factor. Seeing the same hygienist over time helped build familiarity and trust, while frequent changes in hygienists sometimes made it more difficult to develop rapport and created variability in the care experience.

Members noted that while infection or injury were potential concerns, their sense of safety during dental hygiene appointments was influenced more by the overall experience of care and the professionalism and attentiveness of the hygienist.

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3. Are there any reasons why you or others you know might avoid dental hygiene care?

Members identified several factors that may discourage individuals from accessing dental hygiene care.

(a) Cost and financial barriers

Cost was one of the most frequently cited barriers. Members noted that individuals without dental insurance may delay or avoid preventive care due to the expense. Some Members described situations where family members avoided dental visits because they could not afford recommended services.

In some cases, additional procedures such as x-rays were required before treatment could occur, which further increased the cost of care.

(b) Uncertainty about treatment decisions and billing

Members also discussed confusion about how treatment decisions and billing practices are determined. Questions were raised about how often procedures such as scaling or polishing are necessary, how treatment decisions are made, and which services are covered by insurance or benefit plans.

Some Members suggested that treatment frequency may sometimes be influenced by insurance coverage rather than clinical need. Because it can be difficult to ask questions during treatment, Members noted that clearer explanations about treatment plans, costs, and insurance coverage would help patients better understand their care.

(c) Roles within dental practices

Several Members expressed uncertainty about the roles and responsibilities of dentists and dental hygienists within dental clinics. Members questioned who determines treatment plans, who decides which services are billed, and how responsibilities are shared between providers.

Some Members also asked whether dental hygienists could practice independently or must work under the supervision of dentists. Greater clarity about these roles was seen as helpful.

(d) Negative experiences, bias, and barriers to access

Past negative experiences with dental care were also identified as a factor that may discourage individuals from returning for dental hygiene appointments. Situations where patients felt rushed, judged, or not listened to contributed to anxiety about future care.

Members also raised concerns about judgement or bias in dental care settings. Conversations about oral hygiene practices can sometimes feel scolding or shaming, particularly if patients feel assumptions are being made about their habits or lifestyle. Concerns were also raised about potential bias related to financial circumstances or insurance coverage.

Language and cultural barriers were also discussed. Individuals with limited English proficiency may have difficulty understanding treatment plans, insurance coverage, or billing information. Dental hygiene care may also be unfamiliar to newcomers from countries where dental hygienists do not exist as a separate profession.

Several Members indicated that they were not aware that dental hygienists are regulated by a professional college or that concerns about care could be raised with the regulator. Members also noted that patients may not be aware of lower-cost options for dental care, such as university dental clinics or community programs that offer reduced-cost services.

GENERAL FEEDBACK ON COMMUNICATION AND PUBLIC AWARENESS

Members suggested that CDHO could play a stronger role in educating the public about dental hygiene care and the role of the regulator. Many Members indicated that they were not aware that dental hygienists are independently regulated health professionals with their own scope of practice and complaints process.

Members recommended that CDHO provide clearer public information about the role and responsibilities of dental hygienists, what patients should expect during dental hygiene appointments, how treatment decisions and billing practices are determined, and how patients can raise concerns or complaints about care.

Some Members also suggested that a “patient bill of rights” or expectations guide for dental hygiene care could help improve transparency and patient understanding.

OVERALL THEMES

Across the discussion, Members emphasized that positive dental hygiene experiences are closely connected to communication, respect, and transparency. Clear explanations, respectful interactions, and opportunities for patients to ask questions and participate in decisions about their care were identified as key factors in building trust and confidence.

Members also highlighted opportunities to improve access to dental hygiene care through clearer communication about services and billing practices, increased public awareness of the role of dental hygienists and the regulatory college, and efforts to address financial, language, and cultural barriers that may affect access to care.

ADJOURNMENT:

Members were thanked for their input and feedback, and the meeting adjourned at 3:00 pm.

Registrant Engagement Research Program

2026 Outcomes Report

JUNE 2026



CDHO

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

PIVOTAL RESEARCH Inc.™

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CDHO Registrant Engagement 2026

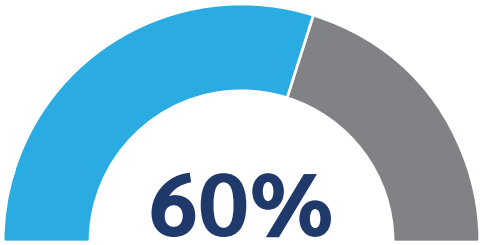
2026 Survey of Ontario Registered Dental Hygienists | n=2,700

Renewal experience improved significantly in 2026

RDHs rated the overall renewal process as easy or very easy at a significantly higher rate than in 2023, with most (80%) reporting no issues. Remaining challenges have shifted away from payment toward documentation and system access.

Renewal Experience

(n=2,692)



60%

Up from 44% in 2023

Rated renewal process easy or very easy

Renewal Challenges

(n=2,619)

80%

Report no issue

Where Challenges Exist

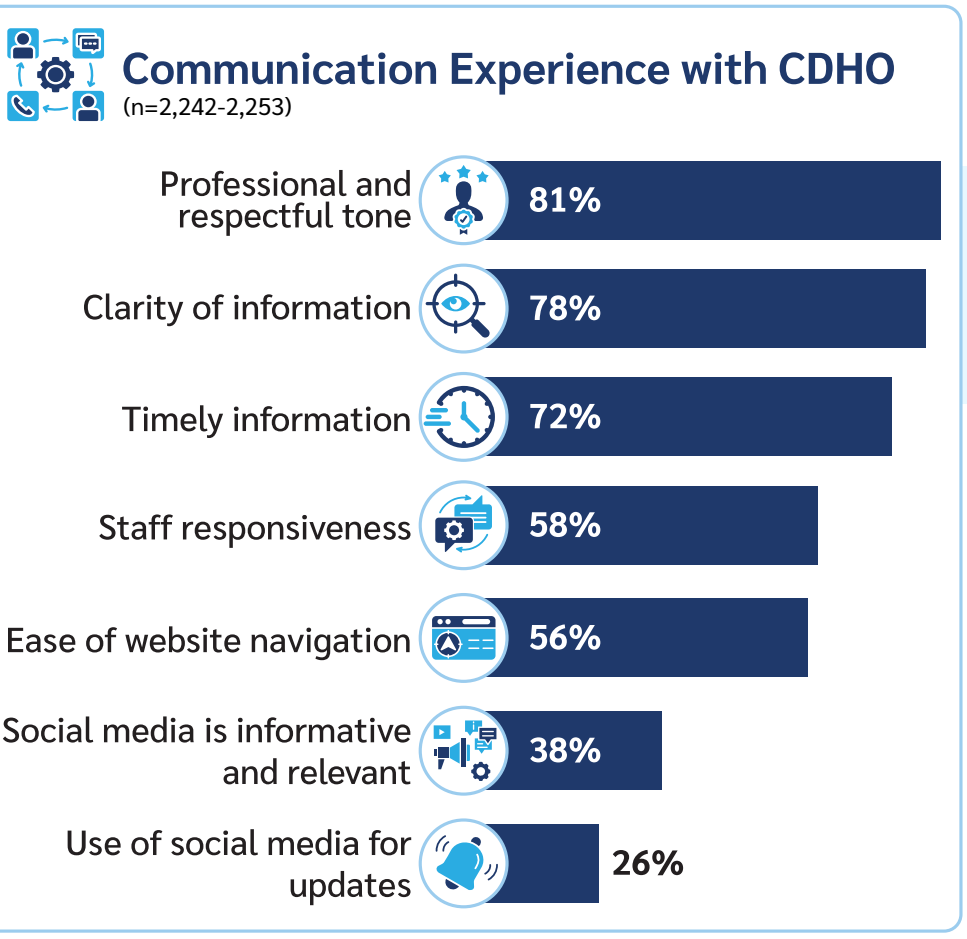
- **8%** Proof of liability requirements
- **7%** Self-service portal access
- **6%** Technical issues
- **3%** Paying the renewal fee

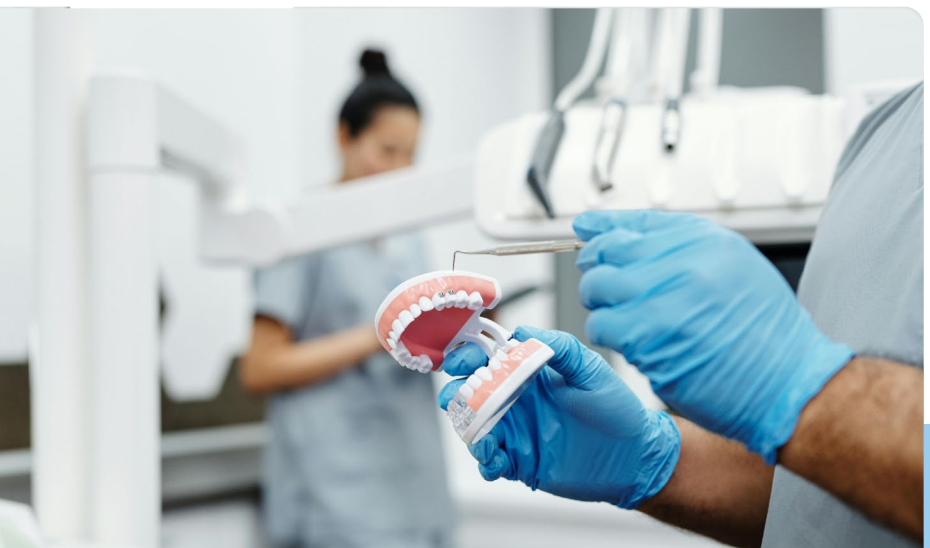


Communications from CDHO are rated positively overall, particularly for tone and clarity

Most RDHs agree that communications are professional and respectful (81%) and easy to understand (78%), and that information is received in a timely manner (72%). More moderate agreement is observed for staff responsiveness (58%) and website navigation (56%). Social media engagement remains lower, with 38% finding content informative and relevant and 26% reporting they check CDHO's social media for updates.

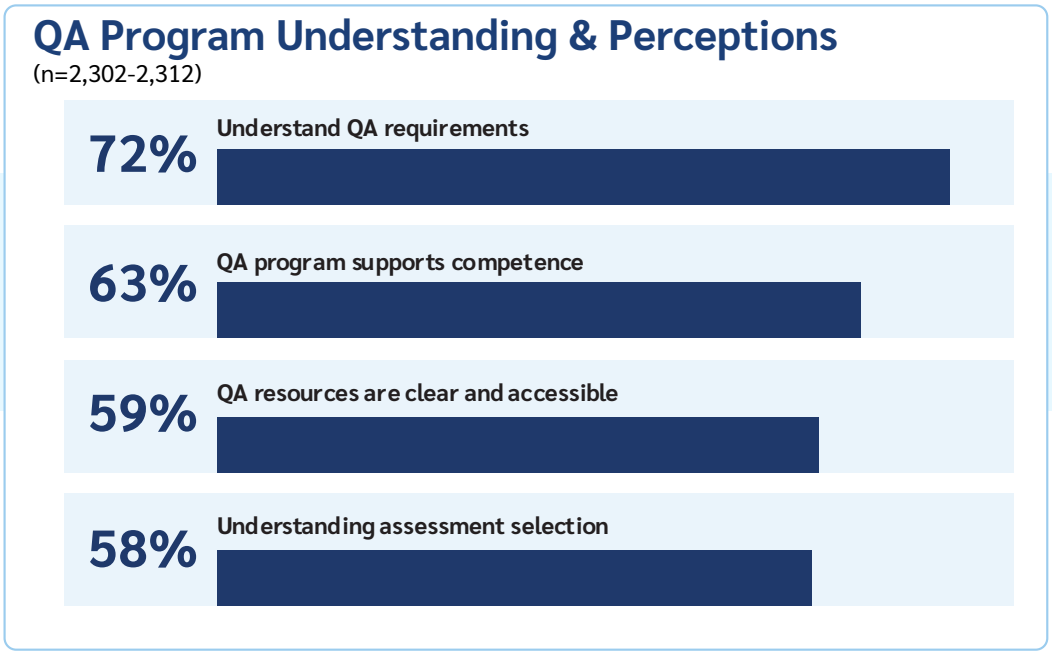
Where gaps exist, registrants identified communication format and frequency, clarity and consistency, and response time as priority areas for improvement.



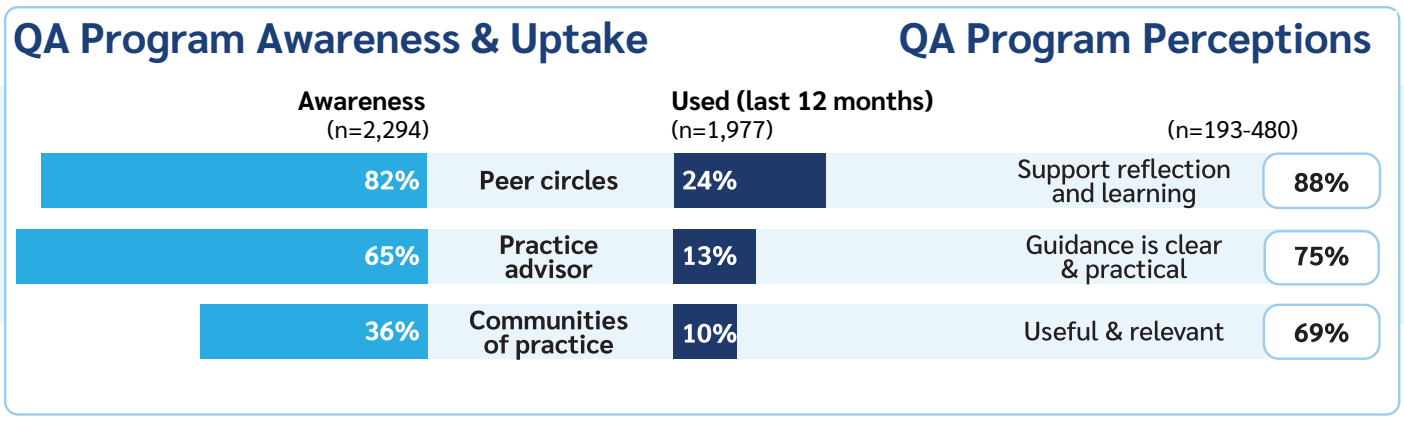


The newly reformed QA Program is generally understood, with opportunities to improve engagement

Most RDHs (72%) understand QA requirements and 63% agree it actively encourages them to maintain competence. However, fewer understand assessment pathways (58%) and QA resources on the website (59%). Where understanding gaps exist, RDHs identified step-by-step guidance (74%), clearer website resources (60%), and practical examples (57%) as the most helpful supports.



While awareness of QA supports is high: Peer circles (82%), Practice advisor (65%), and Communities of practice (36%), most RDHs (61%) report no participation in the past 12 months. Among those who have engaged, perceptions are strongly positive: 88% find Peer Circles support meaningful reflection and learning, 75% find Practice Advisor guidance clear and practical, and 69% find Communities of Practice useful and relevant.



Fewer challenges implementing practice standards, though operational pressures remain

Most RDHs (67%, up from 58% in 2023) report no challenges implementing practice standards. Where challenges persist, the most commonly cited standards are Practice Management (15%), Continuing Competence (10%), Practice Environment (10%), and Professional Relationships (9%). Among those experiencing challenges, time constraints remain the primary contributing factor (68%).





Workplace safety and discrimination findings highlight areas of risk

Satisfaction with zero-tolerance harassment policies in the workplace has improved, with 74% of RDHs reporting satisfaction (up from 66% in 2023), though 10% report dissatisfaction, citing inconsistent enforcement.

Workplace Harassment Policy

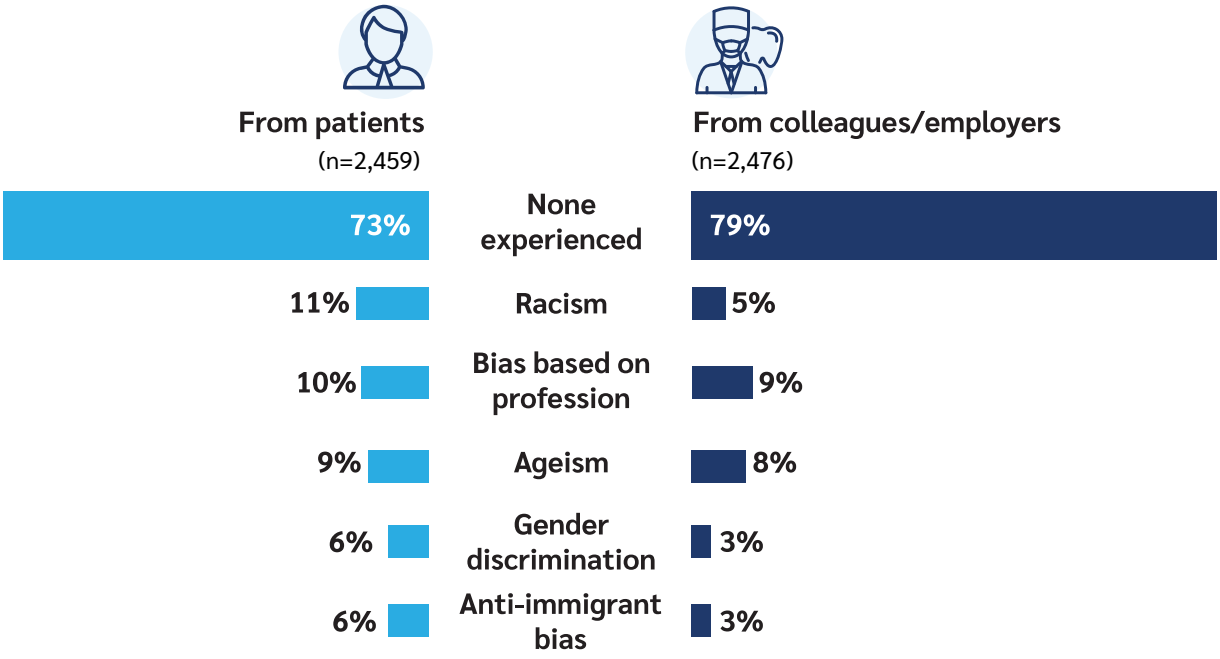
74%
Satisfied with zero-tolerance harassment policies
(n=2,445)

Up from 66% in 2023

While most RDHs report not experiencing discrimination (79% from colleagues/employers and 73% from patients), experiences are more common in patient interactions. Where discrimination is reported, it most commonly involves racism, bias based on profession, and ageism.

Notably, rates of witnessing discrimination are higher than personal experience, suggesting it remains present in the professional environment even when not directly experienced. Early-career registrants are more likely to report both experiencing and witnessing discrimination from patients.

Workplace Discrimination



Confidence in the Cultural Safety, Humility and Anti-Racism Standard is emerging

Most RDHs report confidence in applying culturally safe and anti-racist practices, with 53% indicating they are very or extremely confident.

Flexible supports are strongly preferred, such as webinars (54%), guidelines (44%), and optional training (41%), with less interest in mandatory approaches.

Confidence in Applying Cultural Safety, Anti-Racist Practices

53%

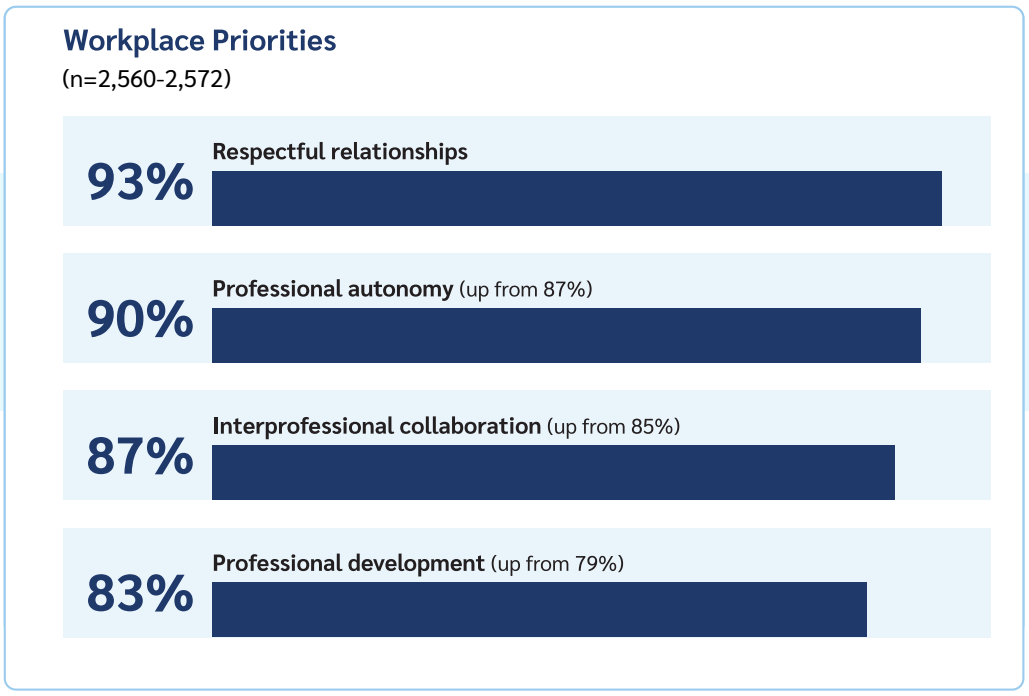
Very or extremely confident

(n=2,485)



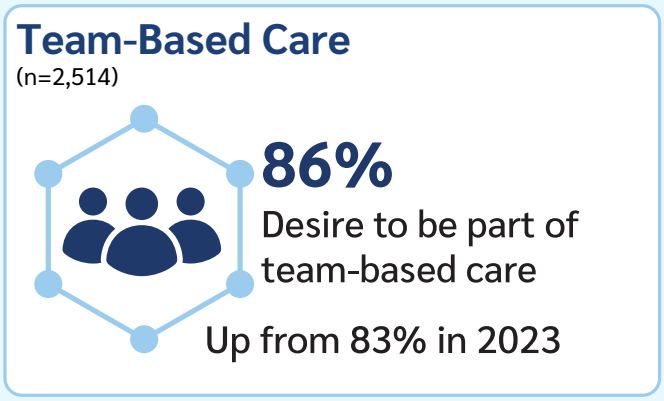
Workplace experience is strong and grounded in collaboration and team-based care

Respectful relationships top the list of workplace priorities for RDHs (93%), alongside 90%+ for communication, inclusion, and person-centred care. Professional autonomy (90%), interprofessional collaboration (87%), and professional development (83%) have all increased in importance since 2023.



Team-based care remains a core feature of practice, with 89% agreeing it improves patient outcomes and 86% expressing a desire to collaborate, up from 83% in 2023.

Notably, fewer RDHs agree that dental hygienists are not seen as a core part of the healthcare team (35%, down from 40%), suggesting growing recognition of the profession within broader care settings.



Practice is evolving towards greater innovation, independence, and technology use

Growing shares of RDHs report opportunities to implement innovation (51%, up from 44%) and identify the need for more support for independent practice (43%, up from 38%).

AI use in practice remains limited (17%), with those using it most commonly applying it to clinical assessment and interpretation (59%) and administrative tasks (34%). Demand for guidance on AI use is strong, with most preferring webinars or videos (75%) and FAQs (44%).

AI Use in Practice

(n=1,819)



17%

Primary Applications
(n=558)



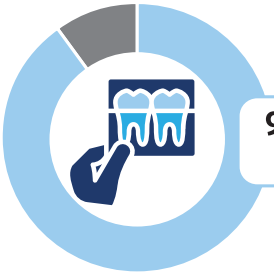
59% Clinical assessment & interpretation



34% Administrative tasks

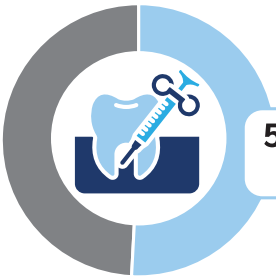
RDHs report strong confidence in prescribing radiographs (90%), while confidence in administering local anesthetic is more mixed (51%). Should scope expand, formal education (82%) and clear Practice Standards (68%) are identified as the key supports needed.

Confidence in Expanded Scope Activities



90% Prescribing radiographs

(n=2,267)



51% Administering local anesthetic

(n=2,263)

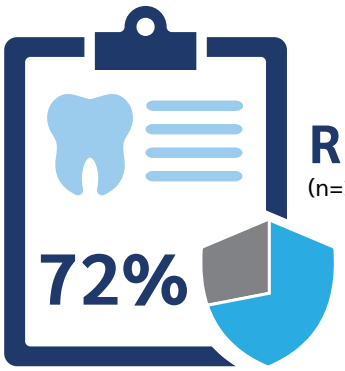
Perceptions of CDHO's effectiveness are strong, improving, and broadly aligned with patient perspectives

Most RDHs (72%) view CDHO as effective in carrying out its public protection mandate, a significant increase from 49% in 2023.

Across the specific aspects of that mandate, gains are observed in all areas: establishing clinical and ethical standards (85%, up from 71%), ensuring ongoing competence (76%, up from 51%), and entry-to-practice qualifications (74%, up from 68%). Perceptions are comparatively lower for complaint investigation and resolution (57%), though this represents both a majority and a meaningful increase from 54% in 2023.

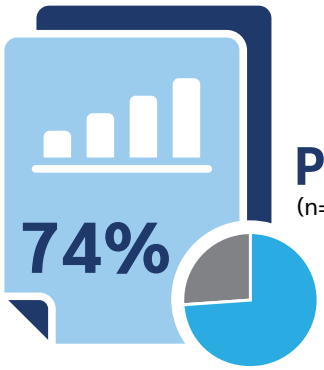
Patient perceptions from the Voice of the Patient Program outcomes (2025) are broadly aligned, with patients rating CDHO's overall effectiveness at 74%.

View CDHO as Effective



RDHs
(n=2,229)

Up from 49% in 2023



Patients
(n=1,490)

Up from 64% in 2023



CDHO
COLLEGE OF DENTAL
HYGIENISTS OF ONTARIO

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Briefing Note

To: CDHO Council

From: CDHO Staff

Date: June 12, 2026

Topic: Financial Management Policy: Transitioning to the New Governance Framework

Attachment: Financial Management Policy

Purpose: To present for Council approval a Financial Management Policy that reflects the College's transition away from the Carver Policy Governance™ framework toward a modernized governance framework and updated policy architecture.

Public Protection Rationale: The Financial Management Policy supports the College's public interest mandate by establishing clear governance expectations for the responsible management of financial resources, procurement activities, delegated financial authority, and internal financial controls. The policy is intended to support transparency, accountability, and stewardship of College resources in accordance with Council's statutory obligations.

Background: Council has initiated a governance modernization process to support more effective oversight, assessment of risks, and collaboration between Council, the Registrar & CEO, and staff. This work includes a comprehensive review and modernization of its governance policy architecture. Historically, Council policies were structured using Carver Policy Governance™, which emphasized broad "Ends" and "Executive Limitations". The Cayton report[1] acknowledged that this Policy Governance framework was rigid, inhibited spontaneity, and served as a barrier to effective decision-making in the interests of the public.

Council's Governance Committee and CDHO staff have identified opportunities to simplify policy language, improve clarity and transparency, and adopt a more contemporary governance approach that better supports strategic oversight in the public interest.

As the next step in the governance modernization process, the Financial Management Policy has been prepared using a new policy template and drafting style. This policy establishes the organization's financial oversight framework regarding fiscal stewardship, budgeting and financial planning, financial reporting, reserves and sustainability, procurement practices, delegated financial authority, and accountability for organizational financial performance. Council governs through oversight of financial strategy, reporting, risk, and accountability, while delegating financial administration to the Registrar/CEO. Operational procedures and administrative processes will be maintained separately by management.

---

[1] Cayton & Williams, *A Report and Recommendations on Improving Governance* (2024).

This policy is intended to replace the previous approach of embedding financial expectations within broader Executive Limitation policies (EL-3 & EL-4) when Council decides to retire them. This policy does not focus primarily on prohibited actions or limitations on executive authority. Instead, it establishes clear governance expectations, with an emphasis on stewardship, accountability, and oversight while reducing unnecessary procedural complexity.

The revised template is also expected to support consistency across future policy updates as Council continues its governance modernization initiative. The standardization of policy will help improve readability, interpretation, and implementation. In addition, the revised framework will support scheduled policy review, maintenance, and version control.

Next Steps: Governance Committee and CDHO Staff to prepare remaining policies to align with the new policy architecture and format. See schedule below. It is recommended that Council officially retires the previous policies when the full policy framework is in place.

<table>
<tr><th>Current Section Title</th><th>Policies</th><th>Recommended Section Titles</th><th>Expected Timelines for Revised Policies Presented to Council</th></tr>
<tr><td>Ends Policies</td><td>Global End</td><td>Strategic Direction</td><td>September 2026 Council Meeting</td></tr>
<tr><td>Global-Governance Processes</td><td>GP1-14</td><td>Governance Processes</td><td>September 2026 Council Meeting
Note: Revised Council Evaluation was approved at the March 2026 Council Meeting</td></tr>
<tr><td rowspan="2">Executive Limitations Policies</td><td rowspan="2">EL1-11</td><td>Financial Stewardship</td><td>June 2026 Council meeting</td></tr>
<tr><td>Risk Management</td><td>December 2026 Council Meeting</td></tr>
<tr><td>Council-Reg/CEO Delegation</td><td>CRD1-7</td><td>Leadership: Council-CEO Relations</td><td>March 2027 Council Meeting.
Note: Revised CEO Performance Evaluation policy was approved at the March 2027 Council Meeting.</td></tr>
<tr><td colspan="3">Compiled manual with new governance policies, Table of Contents, numbering system, and introduction.</td><td rowspan="2">June 2027 Council Meeting</td></tr>
<tr><td colspan="3">Retire former policies from existing Policy Framework</td></tr>
</table>

Suggested Motion:

THAT Council approve the revised Financial Management Policy as presented as part of the College's updated governance policy framework.

References:

- Cayton & Williams, *A Report and Recommendations on Improving Governance* (2024): https://cdho.org/wp-content/uploads/2024/03/Governance-Report.pdf
- CDHO Bylaws: https://cdho.org/wp-content/uploads/2025/03/Bylaws.pdf
- CDHO Policy Manual*: https://cdho.org/wp-content/uploads/2025/12/Policy-Manual.pdf*
- *Regulated Health Professions Act, 1991,* S.O. 1991, c. 18*:* https://www.ontario.ca/laws/statute/91r18

Policy – Financial Management [Policy #_]

Policy Section:	Risk Management and Financial Stewardship, Council Policy Manual
Approved By:	Council
Approval Date:	YYYY-MM-DD
Next Review Date:	YYYY

1. PURPOSE

This policy establishes the framework for the oversight and management of the financial affairs of the College in accordance with its mandate under the *Regulated Health Professions Act, 1991*. Financial planning, management, and decision-making enables the College to effectively regulate in the public interest, ensuring adequate resources are available to carry out its legislated functions.

2. SCOPE

This policy applies to Council, its committees, the Registrar/CEO, and staff with financial management responsibilities within the College.

3. DEFINITIONS

Conflict of Interest: A situation in which an individual's private interests could improperly influence their professional decisions.

Fiscal Year: The financial reporting period of the College.

Internally Restricted and Unrestricted Net Assets: Net assets allocated to ensure financial sustainability and continuity of regulatory functions.

Material Variance: a variance from the approved budget or financial plan that could reasonably affect the College's financial sustainability, strategic priorities, or risk profile and therefore warrants Council reporting or approval.

Procurement: The process of acquiring goods, services, or construction, including planning, sourcing, evaluation, contracting, and contract management. A competitive procurement process invites multiple suppliers to bid (e.g., RFP, tender) based on defined requirements and evaluation criteria.

4. POLICY

Council shall oversee the College's financial affairs in a manner that supports its statutory duty to regulate the profession in the public interest. Council's oversight includes financial strategy, reporting, and sustainability, budget approval, financial performance, major financial risk, internal control, reserve adequacy, and accountability through public reporting and internal and external audit.

4.1 Financial Planning and Budget

4.1.1. The Registrar/CEO shall prepare a multi-year financial strategy and an annual budget that align with the College's strategic and regulatory priorities. The budget shall provide sufficient detail to support reasonable projections of revenues, expenses, capital requirements, cash flow, and financial risk.

4.1.2. Council reviews and approves the multi-year strategy and annual budget before the commencement of each fiscal year.

4.1.3. The Registrar/CEO reports to Council on material variances from the approved budget and

on any material unbudgeted expenditure, commitment, or financial development that could significantly affect the College's financial position, risk profile, or capacity to achieve its mandate.

4.1.4. Required expenditures over $100,000 that were not captured within the annual budget require Council authorization.

4.2 Financial Performance and Audit

4.2.1. Council appoints an independent external auditor each year and oversees the integrity of the annual audit process.

4.2.2. The CEO/Registrar is responsible for preparing the financial statements, supporting the audit, and implementing timely responses to audit findings or recommendations.

4.2.3. Council reviews and approves the audited financial statements and ensures they are made publicly available in accordance with the College's accountability obligations.

4.3 Internal Controls

4.3.1. The Registrar/CEO ensures that effective internal controls are established and maintained to safeguard assets, ensure the accuracy of financial reporting, promote operational efficiency and compliance with applicable laws and regulations, and mitigate risks.

4.3.2. Individuals involved in financial administration, approvals, or procurement must declare and appropriately manage any actual, potential, or perceived conflict of interest.

4.4 Procurement Practices

4.4.1. Procurement shall be conducted in a manner that is fair, transparent, risk-informed, and consistent with value for money, operational needs, and the College's public-interest mandate.

4.4.2. All contracts shall be documented and executed by an authorized signing authority before the commencement of work.

4.4.3. Vendor performance must be monitored to ensure contractual obligations are met.

4.4.4. Whenever possible, a minimum of two tenders/proposals is obtained when entering a contract for services exceeding $50,000 or goods purchases exceeding $25,000. Exceptions include where the product or service is provided exclusively by one person or organization, compatibility or continuity requirements, or in extreme circumstances where urgency is required. Sole-source contracts must be free of any conflict of interest.

4.5 Investments and Net Assets

4.5.1. Council oversees the College's financial sustainability, including net asset adequacy, liquidity, and investment risk.

4.5.2. The College maintains its funds in approved securities including:

i) Government of Canada or provincial securities

ii) Schedule 1 Canadian chartered banks

iii) or corporate bones with a minimum BBB rating or 4 stars (Morningstar).

4.5.3. The College maintains net assets and liquid assets at levels sufficient to support continuity of core regulatory functions, respond to unforeseen events, and manage fluctuations in regulatory demand.

4.5.4. Investments prioritize capital preservation, liquidity, and risk management, recognizing the need to ensure continuity of regulatory operations.

4.5.5. Council ensures that the College maintains adequate reserves to support financial stability and continuity of operations, including the ability to respond to fluctuations in regulatory demand or unforeseen events.

4.5.6. The Registrar/CEO ensures unrestricted net assets are maintained with at least nine months' operating expenses and are invested in liquid assets.

4.5.7. The College shall not borrow funds or loan College funds.

5. ROLES AND RESPONSIBILITIES

5.1 Council

- Council acts collectively to oversee financial stewardship, sustainability, risk, and accountability; approves the annual budget and related board-level financial policies; approves the audited financial statements; and oversees reserve adequacy and the integrity of financial reporting.

5.2 Registrar/CEO

- The Registrar/CEO manages the financial operations of the College; implements Council-approved financial policies, delegations, and procedures; prepares the budget and financial reports; maintains internal controls; and provides accurate and timely financial information to Council.

5.3 Staff

- Staff support implementation of approved financial plans and maintain effective financial administration under the direction of the Registrar/CEO; support budgeting, reporting, procurement, and control processes; and maintain accurate financial records.

6. RELATED DOCUMENTS & LEGISLATION

- *Regulated Health Professions Act, 1991*
- *Dental Hygiene Act, 1991*
- CDHO By-laws
- Records Retention Policy

Revision History

June 12, 2026	This policy aligns with the expectations outlined in the *CDHO Policy Manual, 2026* (EL-3 and EL-4). The template and content have been revised to reflect new governance framework and provide greater transparency.

Briefing Note

To: Council

From: Executive Committee

Date: June 12, 2026

Topic: Bylaw Amendment – Academic Selection

Appendices: Proposed Amendment to CDHO Bylaws

References: CDHO By-Laws, *Dental Hygiene Act, 1991*

Staff Support: Registrar

Issue: Council is being asked to consider a proposed amendment to the CDHO Bylaws that would change the definition of Faculty in order to reduce barriers to prospective Academic Member candidates.

In the current By-Laws, "Faculty" is defined as 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.

As full-time employment positions in educational institutions are being reduced, the pool of eligible "full-time" registrants is limited. The existing requirement—both to meet eligibility criteria and to obtain signatures exclusively from other eligible members—creates an unintended obstacle for potential candidates. The proposed change aims to broaden access and support a more inclusive nomination process by removing the requirement for a Faculty member to be employed full-time.

Public protection rationale: The proposed change does not create a risk for the public. This change does support good regulatory and organizational function by providing for diversity of members eligible to serve as "faculty members". By expanding the pool of eligible individuals, the public's confidence in the ability of the CDHO to operate in accordance with good governance principles and to serve and protect the public interest is supported.

Source of Authority: Council is authorized to enact Bylaws "respecting the qualifications, selection and terms of office of Council members who are selected.[1]" Bylaws made under this authority do not have to be circulated to registrants prior to being enacted.

Section 7 (1) (c) of the *Dental Hygiene Act, 1992*, states that "two persons selected, in accordance with a by-law made under section 12.1, from among members who are faculty members of an educational institution in Ontario that is authorized to grant diplomas or degrees in dental hygiene." 1991, c. 22, s. 7 (1); 1998, c. 18, Sched. G, s. 27 (1, 2).

The *Dental Hygiene Act, 1991* does not prescribe that the faculty need to be full-time.

Background: Article 1 Section 1.1 of the Bylaws sets out the definition of Faculty:

"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;

Article 3.2 Section 3 (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;

Over the past decade, all Academic members have been selected by acclamation. Removing 'full-time' from the definition of Faculty will reduce the barrier for prospective candidates. This change will enable a broader range of dental hygienists to submit their applications and obtain signatures from other faculty at their institutions to support their nomination. A wider pool of eligible individuals will increase the diversity of skills on Council.

Next steps: In consideration of the above, the following revision to the Bylaws is recommended:

Provision	**Existing**	**Proposed**
1 (1.1)	"**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;	"**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;

Decision:

MOTION: That Council approves the amendment to Article 1(1.1) of the CDHO Bylaws to remove the term full-time from the definition of Faculty.

Moved:
Seconded:
Vote:

[1] Dental Hygiene Act, s. 12.1

CDHO

Briefing Note

To: Council

From: Chair

Date: June 12, 2026

Topic: Policy Content Review: Governance Process Policies

No changes proposed. Council will review the GP-11 Council Linkage with Owners policy and determine if any changes are needed.

GP-11 COUNCIL LINKAGE WITH OWNERS

The "moral owners" of the College of Dental Hygienists of Ontario (CDHO) are defined as the public of Ontario.

The Council shall be accountable for the CDHO to its owners as a whole. The Council shall act on behalf of the owners as a whole, rather than being advocates for specific geographic areas or interest groups.

The privilege of self-governance has been granted to College of Dental Hygienists of Ontario (CDHO) by the Regulated Health Professions Act, 1991, S.O. 1991 C. 18. This legislation requires the CDHO to carry out its activities and govern registered Dental Hygienists in a manner that protects and serves the public interest. As the representative of the owners, the Council is obligated to identify and know what the owners want and need.

1. When making governance decisions, Council Members shall maintain a distinction between their personal interest as "customers" of the College and their obligation to speak for others as a representative of the "owners" as a whole.

2. The Council shall gather data in a way that reflects the diversity of the ownership. It shall meet with, gather input from, and otherwise interact with owners in order to understand the diversity of their perspectives.

2.1. The Council recognizes that in order to exercise the authority to self- govern the profession of Dental Hygiene that it must maintain a relationship with registrants as one sub-set of the overall moral ownership. Council shall, in obtaining perspectives from registrants, emphasize areas of public interest and avoid areas reflecting the profession's self-interest. It shall take these perspectives into account when making decisions, provided always that the interests of the public are protected.

3. The Council may develop a policy permitting the College to act as an advocate for the profession provided such action is consistent with the public interest.

4. The Council will establish and maintain a three-year ownership linkage plan, in order to ensure that the Council has intentional and constructive dialogue and deliberation with the owners, primarily around the organization's Ends. The plan will include selection of representative owners for dialogue, methods to be used, and questions to be asked of the

owners. The information obtained from this dialogue with owners will be used to inform the Council's policy deliberations.

4.1. All Council members are accountable to the Council for participating in the linkage with owners as identified in the plan.

5. The Council will consider its ownership linkage successful if, to a continually increasing degree:

• When developing or revising Ends, the Council has access to diverse viewpoints that are representative of the ownership regarding what benefits this organization should provide, for whom, and the relative priority of those benefits.
• The owners are aware that the Council is interested in their perspective.
• If asked, the owners would say that they have had opportunity to let the Council know their views.
• The owners are aware of how the Council has used the information they provided.

CDHO

Briefing Note

To: Council

From: Chair

Date: June 12, 2026

Topic: Policy Content Review: Ends Policies

No changes proposed. Council will review the Global End, E-1, E-2, E-3, and E-4 policies and determine if any changes are needed.

GLOBAL END

The College of Dental Hygienists of Ontario (CDHO) exists so that people who access dental hygienists in Ontario receive safe, ethical, quality dental hygiene services where the worth of results justifies expenditure of available resources.

1. Dental hygienists provide safe, effective care consistent with current standards of practice.

    1.1. Dental hygiene practice reflects the evolving needs of the public and supports access to care.

    1.2. Registered dental hygienists actively participate in continuous quality improvement that aligns with the current scope of practice.

    1.3. Registered dental hygienists demonstrate professional judgment in their practice.

    1.4. Dental hygienists engage with their clients for optimal oral health outcomes and client-centered care.

2. Dental hygienists engage other professionals to achieve optimal health outcomes for Ontarians.

3. Decision makers have evidence-informed and actionable information, particularly in the areas of dental hygiene practice, regulating the practice of dental hygiene and access to essential oral health services in Ontario.

4. The public has access to information about the benefits of regulated dental hygiene practice, the role of the CDHO, and the CDHO's regulatory processes.

CDHO

Suggested Motion – Friday, June 12, 2026

12.0 MOTION TO MOVE IN CAMERA

MOTION: **THAT** Council move in Camera as per RHPA, Schedule 2, Section 7(2)(d) at ____:____ p.m., for agenda items 12.1–12.5.

Moved:

Seconded:

VOTE:

Suggested Motion – Friday, June 12, 2026

12.0 MONITORING CEO PERFORMANCE

12.1 EL-3, 3(1), 3(2)

MOTION 1: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy 3 and determined there is sufficient, verifiable evidence of a reasonable interpretation; OR

MOTION 2: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy 3 and determined that the interpretation is reasonable but there is insufficient verifiable evidence and has asked for a new monitoring report by [date]; OR

MOTION 3: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy 3 and determined that the interpretation is not reasonable and has asked for a new monitoring report by [date].

Moved:
Seconded:
VOTE:

12.2 EL-4

MOTION 1: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy 4 and determined there is sufficient, verifiable evidence of a reasonable interpretation; OR

MOTION 2: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy 4 and determined that the interpretation is reasonable but there is insufficient verifiable evidence and has asked for a new monitoring report by [date]; OR

MOTION 3: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy 4 and determined that the interpretation is not reasonable and has asked for a new monitoring report by [date].

Moved:
Seconded:
VOTE:

12.3 EL-6

MOTION 1: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy 6 and determined there is sufficient, verifiable evidence of a reasonable interpretation; OR

MOTION 2: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy 6 and determined that the interpretation is reasonable but there is insufficient verifiable evidence and has asked for a new monitoring report by [date]; OR

MOTION 3: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy 6 and determined that the interpretation is not reasonable and has asked for a new monitoring report by [date].

Moved:
Seconded:
VOTE:

12.4 EL-9

MOTION 1: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy 9 and determined there is sufficient, verifiable evidence of a reasonable interpretation; OR

MOTION 2: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy 9 and determined that the interpretation is reasonable but there is insufficient verifiable evidence and has asked for a new monitoring report by [date]; OR

MOTION 3: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy 9 and determined that the interpretation is not reasonable and has asked for a new monitoring report by [date].

Moved:
Seconded:
VOTE:

CDHO

Suggested Motion – Friday, June 12, 2026

12.0 MOTION TO MOVE OUT OF CAMERA

MOTION: **THAT** Council move out of Camera as per RHPA, Schedule 2, Section 7(2)(d) at ____:____ p.m.

Moved:

Seconded:

VOTE:

Suggested Motion – Friday, June 12, 2026

15.0 ADJOURNMENT

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

Moved:

Seconded:

VOTE: