



CDHO COUNCIL MEETING

Friday, June 2, 2023

9:00 a.m. – 3:00 p.m.

Location:

Virtual Meeting

CDHO COUNCIL MEETING AGENDA

Friday, June 2, 2023

9:00 a.m. – 3:00 p.m.

Agenda Item	Topic and Relevant Council Policy	Action	Lead if not Chair	Verbal Report/ Attachment	Est. Time
1.0	CALL TO ORDER				9:00
1.1	Roll Call	Council Attendance	T. Strawn	TAB 1	9:00
1.2	Opening Remarks	Council Is Addressed	T. Strawn	--	9:02
1.3	Council Policy Manual Update	For Information	T. Strawn	TAB 2	9:08
1.4	Council Code of Conduct	For Information	T. Strawn	TAB 3	9:09
2.0	APPROVAL OF AGENDA				9:10
2.1	Review and Approval of Agenda	For Approval	T. Strawn	TAB 4	9:10
3.0	DECLARATIONS OF POTENTIAL CONFLICT OF INTEREST				9:12
3.1	Declarations of Conflict of Interest	Declare Conflicts	T. Strawn	TAB 5	9:12
4.0	CONSENT AGENDA				9:15
	<p>CONSENT AGENDA ITEMS (4.1. – 4.1.1) A consent agenda is a bundle of items that is voted on, without discussion, as a package. It differentiates between routine matters not needing explanation and more complex issues needing examination. The Chair will ask if anyone wishes to remove an item from the consent agenda. Any Council member may request an item be removed so it can be discussed. To test whether an item should be included in the consent agenda, ask:</p> <ol style="list-style-type: none"> 1. Is this item self-explanatory and uncontroversial? Or does it contain an issue that warrants board discussion? 2. Is this item for information only? Or is it needed for another meeting agenda issue? 				
4.1	<u>Council Meeting Minutes</u>				
4.1.1	Meeting Minutes – March 31, 2023	For Information and Approval	T. Strawn	TAB 6	9:15
5.	INFORMATION REQUESTED BY THE BOARD				
5.1	<u>Statutory Committee Reports</u>				
5.1.1	Executive Committee	For Information	T. Strawn	TAB 7	9:15
5.1.2	Discipline Committee	For Information	J. White	TAB 7	9:15
5.1.3	Fitness to Practise Committee	For Information	TBD	TAB 7	9:15

5.1.4	Inquiries, Complaints and Reports Committee	For Information	J. Cooper A. Conaghan	TAB 7	9:15
5.1.5	Patient Relations Committee	For Information	TBD	TAB 7	9:15
5.1.6	Quality Assurance Committee	For Information	T. Strawn	TAB 7	9:15
5.1.7	Registration Committee	For Information	M. Atkinson	TAB 7	9:15
5.2	<u>Non-Statutory Committee Reports</u>				
5.2.1	Examinations Committee	For Information	TBD	TAB 7	9:15
5.3	<u>Incidental Briefing Reports</u>				
5.3.1	Council President’s Report	For Information	T. Strawn	TAB 8	9:15
5.3.2	Registrar’s Administrative Report	For Information	G. Pettifer	TAB 9	9:20
6.0	OWNERSHIP LINKAGE				9:25
6.1	Status of Ownership Linkage Activities	For Information	C. Grbac	TAB 10	9:25
7.0	GOVERNANCE PROCESS ITEMS				9:30
7.1	2022 Draft Audited Financial Statements <i>Hilborn LLP will present the 2022 financial statements to the Council. Council will be asked to review and approve the statements.</i>	For Approval	Hilborn LLP	TAB 11	9:30
7.2	Appointment of Auditor for 2023 <i>Council will be asked to review the auditor assessment tool and appoint an auditor for 2023.</i>	For Approval	T. Strawn	TAB 12	10:00
7.3	Governance Committee Update	For Information	M. Atkinson	--	10:15
	BREAK				10:30
7.4	Dissolution of the Examinations Committee	For Approval	T. Strawn	TAB 13	10:45
8.0	COUNCIL REGISTRAR DELEGATION ITEMS FOR CONSIDERATION				10:55
	There are no agenda items for this meeting.				10:55
9.0	EXECUTIVE LIMITATIONS ITEMS FOR CONSIDERATION				10:55
	There are no agenda items for this meeting.				10:55
10.0	REQUIRED APPROVALS AGENDA				10:55

	There are no agenda items at this meeting.				10:55
11.0	MONITORING BOARD PERFORMANCE				10:55
	There are no agenda items at this meeting.				10:55
12.0	BOARD EDUCATION				10:55
12.1	Voice of Patient Survey Final Report	For Information	D. Melhem, Pivotal Research	TAB 14	11:00
12.2	CDHO Council Coaching Advisory	For Information	T. Strawn	TAB 15	11:45
LUNCH					12:00
13.0	ENDS ITEMS FOR CONSIDERATION				
13.1	Policy Content Review: Global End	For Consideration	T. Strawn	TAB 16	1:00
13.2	Policy Content Review: E-1	For Consideration	T. Strawn	TAB 16	1:00
13.3	Policy Content Review: E-2	For Consideration	T. Strawn	TAB 16	1:00
13.4	Policy Content Review: E-3	For Consideration	T. Strawn	TAB 16	1:00
13.5	Policy Content Review: E-4	For Consideration	T. Strawn	TAB 16	1:00
--	COUNCIL MOVES IN CAMERA (ITEM 14.1- 14.5) To discuss personnel matters. Monitoring Reports on Ends and Executive Limitations form part of the Registrar’s Performance Evaluation				
14.0	MONITORING CEO PERFORMANCE				1:30
14.1	Internal Monitoring: EL 3, 3(1), 3(2), 3(9)	For Approval	G. Pettifer	TAB 17	1:30
14.2	Internal Monitoring: EL 4	For Approval	G. Pettifer	TAB 17	1:35
14.3	Internal Monitoring: EL 6	For Approval	G. Pettifer	TAB 17	1:40
14.4	Internal Monitoring: EL 9	For Approval	G. Pettifer	TAB 17	2:00
14.5	Registrar Compensation Appraisal	For Approval	G. Pettifer	--	2:10
--	COUNCIL MOVES OUT OF CAMERA				
15.0	SELF-EVALUATION OF GOVERNANCE PROCESS				2:30
15.1	Council Meeting Evaluation	For Evaluation and Discussion	T. Strawn	--	2:30
16.0	NEXT MEETING DATE — September 15, 2023				3:00
17.0	ADJOURNMENT			TAB 18	3:00

Roll Call

Council Meeting

Friday, June 2, 2023

Virtual Meeting

<input type="checkbox"/>	Michelle Atkinson	Elected	
<input type="checkbox"/>	Loree Beniuk	Public	
<input type="checkbox"/>	Erin Betts	Public	
<input type="checkbox"/>	Maheen Cassim	Elected	
<input type="checkbox"/>	Anne-Marie Conaghan	Academic	
<input type="checkbox"/>	Jennifer Cooper	Academic	
<input type="checkbox"/>	Krista Dufour	Elected	
<input type="checkbox"/>	Pella Giabanis	Public	
<input type="checkbox"/>	Carla Grbac	Elected	
<input type="checkbox"/>	Alex Greco	Public	<i>Regrets</i>
<input type="checkbox"/>	Farzana Hussain	Elected	
<input type="checkbox"/>	Ehizele Martin Iyamabo	Public	
<input type="checkbox"/>	Meghan Leuprecht	Public	
<input type="checkbox"/>	Angelica Palantzas	Public	
<input type="checkbox"/>	Vanessa Pereira	Elected	
<input type="checkbox"/>	Upneet (Sasha) Sidhu	Public	<i>Regrets</i>
<input type="checkbox"/>	Terri Strawn	Elected	
<input type="checkbox"/>	Margaret Wade	Public	
<input type="checkbox"/>	Jacqueline White	Elected	
<input type="checkbox"/>	Mary Yeomans	Elected	

/20 total members

BRIEFING NOTE

To: Council

From: Chair

Date: June 2, 2023

Topic: Council Policy Manual Update

The following policies were updated at the March 31, 2023 Council Meeting and the Policy Manual has been updated:

GP-3(4) Council Planning Cycle and Agenda Control

COUNCIL CODE OF CONDUCT

4. GLOBAL GOVERNANCE PROCESS POLICY

The purpose of the Council, on behalf of the public of Ontario, is to see to it that the College of Dental Hygienists of Ontario achieves appropriate results for the appropriate people at an appropriate cost, as specified in Council's Ends policies, while avoiding unacceptable actions and situations.

GP-8 Code of Conduct

Council Members shall conduct themselves in accordance with the bylaws.

Excerpt from Bylaw 5

3.7 Council and Non-Council Committee Member Code of Conduct

- (1) This entire Code of Conduct, from sections 3.7 through to and including section 3.9, shall apply to Council Members and with necessary modifications, to Non-Council Committee Members. Any reference to Council Members shall be interpreted as also applying to Non-Council Committee Members as the circumstances may require.

Fiduciary Duties

- (2) Council Members shall act in the best interests of the College and of the public of Ontario. They shall perform their duties in accordance with the Act, the bylaw and any policies of the College.
- (3) Council Members shall conduct themselves in a manner which is ethical, business-like and lawful and upholds the reputation of the CDHO. This includes proper use of authority and appropriate decorum when acting as Council Members. Council Members shall treat one another and staff members with respect, co-operation and a willingness to deal openly on all matters.
- (4) Council Members must have loyalty to the College that supersedes any loyalties to staff, other organizations or any personal interest as a consumer.
- (5) Council Members are accountable to exercise the powers and discharge the duties of their office honestly and in good faith. Members shall exercise the degree of care, diligence and skill that a reasonably prudent person would exercise in comparable circumstances.
- (6) Council Members will not attempt to exercise individual authority over the organization.
- (7) When interacting with staff, Council Members must recognize that individual Council Members have no authority to instruct or evaluate employees, and no authority to insert themselves into employee operations.

- (8) Council Members shall recognize that the President or designate is the only person authorized to speak to the media on behalf of the Council. Council Members shall not presume to speak for the Council when interacting with the public. Council Members shall only report actual Council policy decisions when interacting with the public.
- (9) Council Members shall be familiar with the incorporating documents, relevant legislation and regulations, bylaws, and policies of the organization as well as the rules of procedure and proper conduct of a meeting so that any decision of the Council may be made in an efficient, knowledgeable and expeditious fashion.
- (10) Council Members will be properly prepared for, and actively participate in Council deliberation.
- (11) Council Members will support the legitimacy and authority of Council decisions, regardless of the member's personal position on the issue.
- (12) Council Members shall regularly take part in educational activities that will assist them in carrying out their responsibilities.
- (13) Council Members are expected to attend all meetings and to be punctual.
- (14) Council Members who are unable to attend a meeting shall inform the President and the Registrar/CEO of their expected absence and the reason for it.
- (15) Council Members shall be prepared **to serve on** committees and complete individual tasks as assigned by the Council from time to time.

Conflict of Interest

- (16) The terms "conflict of interest" and "appearance of bias" are often used interchangeably. The term "conflict of interest" generally applies to policy or administrative decisions while the term "appearance of bias" generally applies to an adjudicative type of decision. For the purpose of this bylaw, they mean the same thing.
- (17) Council Members must not carry out their duties when they are in a conflict of interest. A conflict of interest exists where a reasonable person could conclude that the personal interests of the individual or a related person or company could improperly influence the individual's judgment in performing his or her duties as a Council Member.
- (18) There must be no self-dealing or any conduct of private business or personal services between any Council Member and the organization, except as procedurally controlled to assure openness, competitive opportunity, and equal access to otherwise "inside" information. Council Members will annually disclose their involvements with other organizations, with vendors, or any associations that might be or might reasonably be seen as being a conflict.
- (19) Council Members may not accept an employment or administrative position with the College, including that of the Registrar, unless one year has passed since he or she was a Council Member or Non-Council Member.

- (20) Council Members will not use their Council or committee position to obtain employment in the organization for themselves, family members, or close associates. Should a Council Member wish to apply for employment, he or she must resign from the Council and not apply before a date twelve (12) months from the effective date of their resignation. Family members are spouse, life partner, child, parent, in-law, live-in grandparent or sibling.

Examples of Conflicts of Interest

- (21) Without limiting the usual and ordinary meaning of “conflict of interest” or “appearance of bias”, some examples of activities or circumstances that would usually constitute a conflict of interest or an appearance of bias for a Council or Non-Council Member include the following:
- (a) Where the decision could confer a more than trivial financial or other benefit or burden to the Council Member or their close relative or friend or affiliated entity;
 - (b) Where the Council Member or their close relative or friend or affiliated entity seeks or accepts more than a nominal gift from a person or entity connected to or affected by the College or its mandate or a gift which could reasonably be viewed as influencing the Council or Committee Member;
 - (c) Where the Council Member or their close relative or friend or affiliated entity uses the Council Member’s position with the College to advance their personal or financial interests;
 - (d) Where the Council Member takes action or counsels another to take action against the College, the reputation of the College or its staff;
 - (e) Where the Council Member is running for national or provincial public office and where the Council or Committee Member has not taken a leave of absence from all Council and committee positions at the College;
 - (f) Where the Council Member agrees to give or gives a presentation on an issue related to the College’s role or activities without prior College approval;
 - (g) Where the Council Member agrees to participate or participates in a committee, working group, task force or other group related to the College’s role or activities without prior College approval;
 - (h) Where the Council Member, who is not the official spokesperson for the College, is in communication with government officials, politicians or the media on any matter related to the College without prior College approval;
 - (i) Where the Council Member publishes, including a posting on social media, a statement that could impair the public’s confidence in the College or compromise the policy or public image of the College or the Council Member’s ability to make transparent, objective, impartial and fair decisions that are in the public interest;
 - (j) Where the Council Member appears to give preferential access to a person or entity that advances the interests of dental hygienists or that has policy-making responsibilities for dental hygienists or that oversees the regulation of dental hygienists without prior College approval;

- (k) Where the Council Member advises or assists anyone in their dealings with the College, including acting as a peer mentor unless the Council Member has prior College approval;
- (l) Where the Council Member demonstrates a closed mind on an issue that is coming up, or is likely to come up, before the College;
- (m) Where the Council Member is the subject of an inquiry or investigation by the College, the police or another authority that impairs the ability of the Council Member to participate in a decision or to continue to serve in his or her position or has the potential to jeopardize public trust in the member, the Council, the Committee or the College;
- (n) Where the Council Member applies for employment with the College without first resigning all Council and committee positions;
- (o) Where the Council Member has a connection with a person or issue to be determined that would reasonably be seen by those who know all of the circumstances as incompatible with his or her responsibilities as an impartial decision-maker; and
- (p) Where the Council Member or their close relative or friend or affiliated entity uses materials developed for the College for commercial purposes without prior College approval.

Preventing and Addressing Conflicts of Interest

- (22) Council Members shall avoid, where feasible, situations where they would have conflicting duties of confidentiality and disclosure between their role with the College and with another person or entity.
- (23) Where a Council Member is in doubt as to whether he or she has a conflict of interest, the Council Member shall consult with an appropriate person such as the Chair of the affected committee, the President, the Registrar, or independent legal counsel in a hearing.
- (24) If a Council Member believes that he or she has a conflict of interest in a particular matter, he or she shall,
 - (a) prior to any consideration of the matter, declare to the Council or the committee that he or she has a conflict of interest that prevents him or her from participating;
 - (b) not take part in the discussion of or vote on any question in respect of the matter;
 - (c) leave the room for the portion of the meeting relating to the matter even where the meeting is open to the public; and
 - (d) not attempt in any way to influence the voting or do anything which might be reasonably perceived as an attempt to influence other Council or Committee Members or the decision relating to that matter.
- (25) Where a Council Member declares a conflict of interest, that fact shall be recorded in the minutes of that meeting of Council or the committee.

- (26) Where a Council Member believes that another Council Member has a conflict of interest that has not been declared despite any appropriate informal communications with the other Council Member, the first Council Member shall advise an appropriate person such as the Chair of the affected committee, the President, the Registrar, or independent legal counsel in hearing matters. The person who is suggested as having a conflict of interest is entitled to address the matter before any decision is made regarding the issue under paragraph 28 of this Article.
- (27) Where a Council Member believes that another Council or Committee Member has already acted in a conflict of interest or is in an ongoing conflict of interest, he or she shall advise in writing an appropriate person such as the Chair of the affected committee, the President, the Registrar or independent legal counsel in hearing matters. The person who is suggested as having a conflict of interest is entitled to make submissions about the matter before any decision is made regarding the issue under paragraph 28 of this Article.
- (28) Where the Council or a Committee concludes that one of its members has a conflict of interest that has not been declared, it can, after allowing the affected member to make submissions regarding the issue, direct that the Council or Committee Member not participate in the discussion or decision, leave the room for that portion of the meeting and not try to or otherwise exert influence in the matter.

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

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

Confidentiality

- (30) The purpose of this part of the bylaw is to provide helpful explanations as how to comply with the confidentiality provisions of the Code of Conduct. These provisions in no way limit the full extent of the duties set out in the Code of Conduct.
- (31) Council Members shall treat all information learned in the course of their duties, whether or not the information is related to an individual, as confidential and shall not disclose it unless a clearly identified exception applies.
- (32) Council Members shall review at least annually and when there are changes, the provisions in the *Regulated Health Professions Act* (especially section 36) and the Health Professions Procedural Code (especially sections 83 and 83.1), relating to confidentiality.
- (33) Council Members shall generally leave to College staff the disclosure of information under the legal exceptions to the duty of confidentiality. However, in appropriate circumstances, Council Members may disclose information directly when performing their duties, such as in rendering a decision and reasons on behalf of a committee, when appropriately discussing information that is public under the legislation and when consulting with their own legal counsel.

- (34) Even for communications within the College, Council Members shall only obtain or disclose information on a need-to-know basis.
- (35) Council Members will not share or post information on social media that compromises the organization or the Council's policy or public image.
- (36) Council Members shall take reasonable measures to safeguard College information including the safe management of paper documents and portable electronic devices and avoiding the use of unsecure electronic forms of communication or the use of social media for such communications.
- (37) Where a Council Member believes that there has been a breach of confidentiality by a Council or Committee Member, whether intentional or unintentional, he or she shall immediately advise the Registrar in writing providing all of the details. The Registrar shall notify the President as soon as possible of any breach of confidentiality by a Council or Committee Member.
- (38) Council Members will sign annually their agreement to abide by the Code of Conduct in its entirety.

3.8 Disqualification of Council and Non-Council Members

- (1) The Council shall disqualify a Registrant from sitting on Council or a Committee or serving as a Non-Council Member if the Registrant:
 - (a) is found by a panel of the Discipline Committee to have committed an act of professional misconduct or to be incompetent;
 - (b) is found by a panel of the Fitness to Practise Committee to be incapacitated;
 - (c) subject to the discretion of Council to excuse the absence, fails, without reasonable cause, to attend two consecutive meetings of the Council or fails, for any reason, to attend three consecutive meetings of the Council;
 - (d) subject to the discretion of Council to excuse the absence, fails to attend two consecutive meetings of a Committee without reasonable cause or fails, for any reason, to attend three consecutive meetings of a Committee of which she or he is a member;
 - (e) fails, without reasonable cause, to attend a hearing of a panel for which he or she has been selected;
 - (f) in the case of an Elected Member, ceases to qualify for election in the electoral district for which the Elected Member was Elected;
 - (g) in the case of an Academic Member, ceases to be Faculty;
 - (h) breaches section 36 of the Act which, in the opinion of Council, is of such a nature that warrants disqualification;
 - (i) ceases to be a Registrant;
 - (j) fails, in the opinion of the Council, to discharge properly or honestly any office to which he or she has been Elected, Selected or Appointed;

- (k) has breached the Code of Conduct or conflict of interest provisions of this bylaw which, in the opinion of the Conduct Committee or its delegate, is of such a nature that warrants disqualification;
- (l) becomes a member of a Council of any other College regulated under the Act;
- (m) is found guilty of a criminal offence which, in the opinion of Council, is of such a nature that warrants disqualification;
- (n) has not complied, within 30 days, or as otherwise specified, of being given notice of the failure, the College's requirements to pay fees, or the College's requirements for the provision of information;
- (o) has a term, limit or condition imposed by the Quality Assurance Committee, the Discipline Committee or the Fitness to Practise Committee on his or her certificate of registration;
- (p) is or becomes an officer, director or employee of a Professional Advocacy Association (however, a Council Member shall not be disqualified by reason of serving on an association or organization to which he or she has been appointed by the Council as a representative of the College);
- (q) initiates, joins, continues or materially contributes to a legal proceeding against the College of any Committee or representatives of the College;
- (r) has been directed by the Inquiries, Complaints and Reports Committee to complete a specified continuing education or remediation program and/or to appear before a panel of the Committee to be cautioned in the six years prior to the term of such Member, or during the term of such Member; or
- (s) has given an undertaking to the College in response to a request by a panel of the Inquiries, Complaints and Reports Committee related to a complaint or for a matter in which an investigator is appointed under clause 75(1)(a) or clause 75(1)(b) of the Code, in the six years prior to the term of such Member, or during the term of such Member.

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

- (a) subject to the discretion of Council to excuse the absence, fails, without reasonable cause, to attend two consecutive regular meetings of the Council or fails, for any reason, to attend three consecutive meetings of the Council;
- (b) subject to the discretion of Council to excuse the absence, fails, without reasonable cause, to attend two consecutive regular meetings of a Committee of which she or he is a member or fails, for any reason, to attend three consecutive meetings of a Committee of which she or he is a member;
- (c) fails, without reasonable cause, to attend a hearing of a panel for which she or he has been selected;

- (d) breaches section 36 of the Act which, in the opinion of Council, is of such a nature that warrants disqualification;
 - (e) has breached the Code of Conduct or conflict of interest provisions of this bylaw which, in the opinion of the Conduct Committee or its delegate, is of such a nature that warrants disqualification;
 - (f) ceases to be a resident of Ontario;
 - (g) fails, in the opinion of the Council, to discharge properly or honestly any office to which he or she has been appointed;
 - (h) becomes a member of a Council of any other College regulated under the Act;
 - (i) is found guilty of a criminal offence which, in the opinion of Council, is of such a nature that warrants disqualification;
 - (j) is or becomes an officer, director or employee of a Professional Advocacy Association (however, a Public Member shall not be reported to the Public Appointments Secretariat by reason of serving on an association or organization to which he or she has been appointed by the Council as a representative of the College); or
 - (k) initiates, joins, continues or materially contributes to a legal proceeding against the College or any Committee or representatives of the College.
- (3) A person who has served as a Council or Non-Council Member may not become an employee of the College until one year has passed following the expiration of their term of office.
- (4) A Council Member who has been disqualified from sitting on the Council ceases to be a member of the Council and ceases to be a member of any Committees, including any panel, to which he or she had been Appointed.

Suggested Motion – Friday, June 2, 2023

2.1 ADOPTION OF AGENDA

MOTION: **THAT** Council moves to approve the June 2, 2023 Council meeting agenda as presented.

Moved:

Seconded:

VOTE:

2023 Conflict of Interest Declaration Annual Conflict of Interest Declaration

Michelle Atkinson on Monday, 1/16/2023

1.

Please type your full name:

Michelle Atkinson

2.

I have read sections 3.7 to 3.9 of the CDHO Bylaw 5 and I understand that I am accountable as a member of Council to conduct myself in compliance with these bylaws.

Yes

3.

I understand that I am obligated to declare a conflict of interest with my Council responsibilities, if and when one arises.

Yes

4.

I also understand that I am obligated to report instances of another Council member's conflict of interest with Council responsibilities of which I become aware.

Yes

5.

Having reviewed the examples of conflict of interest [sec 3.7(21), I am declaring:

that I currently have potential conflicts of interest in my role as member of Council.

6.

I am declaring the following potential conflicts of interest in my role as a member of Council.

Faculty - Algonquin College

First Name	Last Name	Signature	Completed Date
Michelle	Atkinson	MA	1/16/2023 9:30AM

Signature Page

2023 Conflict of Interest Declaration Annual Conflict of Interest Declaration

Anne-Marie Conaghan on Monday, 1/16/2023

1.

Please type your full name:

Anne-Marie Conaghan

2.

I have read sections 3.7 to 3.9 of the CDHO Bylaw 5 and I understand that I am accountable as a member of Council to conduct myself in compliance with these bylaws.

Yes

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I understand that I am obligated to declare a conflict of interest with my Council responsibilities, if and when one arises.

Yes

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I also understand that I am obligated to report instances of another Council member's conflict of interest with Council responsibilities of which I become aware.

Yes

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that I currently have potential conflicts of interest in my role as member of Council.

6.

I am declaring the following potential conflicts of interest in my role as a member of Council.

Dental hygiene program coordinator at Georgian College.

First Name	Last Name	Signature	Completed Date
Anne-Marie	Conaghan	AC	1/16/2023 9:45PM

Signature Page

2023 Conflict of Interest Declaration

Annual Conflict of Interest Declaration

Carla Grbac on Thursday, 1/12/2023

1.

Please type your full name:

Carla Grbac

2.

I have read sections 3.7 to 3.9 of the CDHO Bylaw 5 and I understand that I am accountable as a member of Council to conduct myself in compliance with these bylaws.

Yes

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I understand that I am obligated to declare a conflict of interest with my Council responsibilities, if and when one arises.

Yes

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I also understand that I am obligated to report instances of another Council member's conflict of interest with Council responsibilities of which I become aware.

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Having reviewed the examples of conflict of interest [sec 3.7(21), I am declaring:

that I currently have no conflicts of interest in my role as a member of Council.

6.

I am declaring the following potential conflicts of interest in my role as a member of Council.

First Name	Last Name	Signature	Completed Date
Carla	Grbac	CG	1/12/2023 10:20PM

Signature Page

2023 Conflict of Interest Declaration

Annual Conflict of Interest Declaration

Erin Betts on Monday, 1/9/2023

1.

Please type your full name:

erin betts

2.

I have read sections 3.7 to 3.9 of the CDHO Bylaw 5 and I understand that I am accountable as a member of Council to conduct myself in compliance with these bylaws.

Yes

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I understand that I am obligated to declare a conflict of interest with my Council responsibilities, if and when one arises.

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I also understand that I am obligated to report instances of another Council member's conflict of interest with Council responsibilities of which I become aware.

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that I currently have no conflicts of interest in my role as a member of Council.

6.

I am declaring the following potential conflicts of interest in my role as a member of Council.

First Name	Last Name	Signature	Completed Date
Erin	Betts	eb	1/9/2023 9:14PM

Signature Page

2023 Conflict of Interest Declaration

Annual Conflict of Interest Declaration

Farzana Hussain on Wednesday, 1/11/2023

1.

Please type your full name:

Farzana Hussain

2.

I have read sections 3.7 to 3.9 of the CDHO Bylaw 5 and I understand that I am accountable as a member of Council to conduct myself in compliance with these bylaws.

Yes

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I understand that I am obligated to declare a conflict of interest with my Council responsibilities, if and when one arises.

Yes

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I also understand that I am obligated to report instances of another Council member's conflict of interest with Council responsibilities of which I become aware.

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that I currently have no conflicts of interest in my role as a member of Council.

6.

I am declaring the following potential conflicts of interest in my role as a member of Council.

First Name	Last Name	Signature	Completed Date
Farzana	Hussain	FH	1/11/2023 6:45PM

Signature Page

2023 Conflict of Interest Declaration Annual Conflict of Interest Declaration

Jennifer Cooper on Wednesday, 1/11/2023

1.

Please type your full name:

Jennifer Cooper

2.

I have read sections 3.7 to 3.9 of the CDHO Bylaw 5 and I understand that I am accountable as a member of Council to conduct myself in compliance with these bylaws.

Yes

3.

I understand that I am obligated to declare a conflict of interest with my Council responsibilities, if and when one arises.

Yes

4.

I also understand that I am obligated to report instances of another Council member's conflict of interest with Council responsibilities of which I become aware.

Yes

5.

Having reviewed the examples of conflict of interest [sec 3.7(21), I am declaring:

that I currently have potential conflicts of interest in my role as member of Council.

6.

I am declaring the following potential conflicts of interest in my role as a member of Council.

Faculty - Fanshawe College and Commission on Dental Accreditation of Canada - Dental Assisting Site Surveyor

First Name	Last Name	Signature	Completed Date
Jennifer	Cooper	JC	1/11/2023 9:57PM

Signature Page

2023 Conflict of Interest Declaration Annual Conflict of Interest Declaration

Jacqueline White on Monday, 1/9/2023

1.

Please type your full name:

Jacqueline White

2.

I have read sections 3.7 to 3.9 of the CDHO Bylaw 5 and I understand that I am accountable as a member of Council to conduct myself in compliance with these bylaws.

Yes

3.

I understand that I am obligated to declare a conflict of interest with my Council responsibilities, if and when one arises.

Yes

4.

I also understand that I am obligated to report instances of another Council member's conflict of interest with Council responsibilities of which I become aware.

Yes

5.

Having reviewed the examples of conflict of interest [sec 3.7(21), I am declaring:

that I currently have no conflicts of interest in my role as a member of Council.

6.

I am declaring the following potential conflicts of interest in my role as a member of Council.

N/A

First Name	Last Name	Signature	Completed Date
Jacqueline	White	JW	1/9/2023 5:50PM

Signature Page

2023 Conflict of Interest Declaration

Annual Conflict of Interest Declaration

Loree Beniuk on Tuesday, 1/17/2023

1.

Please type your full name:

Loree Sue Armstrong Beniuk

2.

I have read sections 3.7 to 3.9 of the CDHO Bylaw 5 and I understand that I am accountable as a member of Council to conduct myself in compliance with these bylaws.

Yes

3.

I understand that I am obligated to declare a conflict of interest with my Council responsibilities, if and when one arises.

Yes

4.

I also understand that I am obligated to report instances of another Council member's conflict of interest with Council responsibilities of which I become aware.

Yes

5.

Having reviewed the examples of conflict of interest [sec 3.7(21), I am declaring:

that I currently have no conflicts of interest in my role as a member of Council.

6.

I am declaring the following potential conflicts of interest in my role as a member of Council.

First Name	Last Name	Signature	Completed Date
Loree	Beniuk	LB	1/17/2023 5:45PM

Signature Page

2023 Conflict of Interest Declaration Annual Conflict of Interest Declaration

Maheen Cassim on Tuesday, 1/10/2023

1.

Please type your full name:

Maheen Cassim

2.

I have read sections 3.7 to 3.9 of the CDHO Bylaw 5 and I understand that I am accountable as a member of Council to conduct myself in compliance with these bylaws.

Yes

3.

I understand that I am obligated to declare a conflict of interest with my Council responsibilities, if and when one arises.

Yes

4.

I also understand that I am obligated to report instances of another Council member's conflict of interest with Council responsibilities of which I become aware.

Yes

5.

Having reviewed the examples of conflict of interest [sec 3.7(21), I am declaring:

that I currently have potential conflicts of interest in my role as member of Council.

6.

I am declaring the following potential conflicts of interest in my role as a member of Council.

Part time faculty member at Confederation College of Dental Hygiene

First Name	Last Name	Signature	Completed Date
Maheen	Cassim	MC	1/10/2023 10:41PM

Signature Page

2023 Conflict of Interest Declaration

Annual Conflict of Interest Declaration

Ehizele Martin Iyamabo on Sunday, 1/15/2023

1.

Please type your full name:

Ehizele Martin Iyamabo

2.

I have read sections 3.7 to 3.9 of the CDHO Bylaw 5 and I understand that I am accountable as a member of Council to conduct myself in compliance with these bylaws.

Yes

3.

I understand that I am obligated to declare a conflict of interest with my Council responsibilities, if and when one arises.

Yes

4.

I also understand that I am obligated to report instances of another Council member's conflict of interest with Council responsibilities of which I become aware.

Yes

5.

Having reviewed the examples of conflict of interest [sec 3.7(21), I am declaring:

that I currently have no conflicts of interest in my role as a member of Council.

6.

I am declaring the following potential conflicts of interest in my role as a member of Council.

First Name	Last Name	Signature	Completed Date
Ehizele Martin	Iyamabo	MI	1/15/2023 9:41PM

Signature Page

2023 Conflict of Interest Declaration Annual Conflict of Interest Declaration

Margaret Wade on Tuesday, 1/10/2023

1.

Please type your full name:

Margaret Wade

2.

I have read sections 3.7 to 3.9 of the CDHO Bylaw 5 and I understand that I am accountable as a member of Council to conduct myself in compliance with these bylaws.

Yes

3.

I understand that I am obligated to declare a conflict of interest with my Council responsibilities, if and when one arises.

Yes

4.

I also understand that I am obligated to report instances of another Council member's conflict of interest with Council responsibilities of which I become aware.

Yes

5.

Having reviewed the examples of conflict of interest [sec 3.7(21), I am declaring:

that I currently have no conflicts of interest in my role as a member of Council.

6.

I am declaring the following potential conflicts of interest in my role as a member of Council.

First Name	Last Name	Signature	Completed Date
Margaret	Wade	M.W.	1/10/2023 10:07AM

Signature Page

2023 Conflict of Interest Declaration Annual Conflict of Interest Declaration

Angelica Palantzas on Friday, 1/13/2023

1.

Please type your full name:

Angelica Palantzas

2.

I have read sections 3.7 to 3.9 of the CDHO Bylaw 5 and I understand that I am accountable as a member of Council to conduct myself in compliance with these bylaws.

Yes

3.

I understand that I am obligated to declare a conflict of interest with my Council responsibilities, if and when one arises.

Yes

4.

I also understand that I am obligated to report instances of another Council member's conflict of interest with Council responsibilities of which I become aware.

Yes

5.

Having reviewed the examples of conflict of interest [sec 3.7(21), I am declaring:

that I currently have no conflicts of interest in my role as a member of Council.

6.

I am declaring the following potential conflicts of interest in my role as a member of Council.

First Name	Last Name	Signature	Completed Date
Angelica	Palantzas	AP	1/13/2023 11:46AM

Signature Page

2023 Conflict of Interest Declaration Annual Conflict of Interest Declaration

Terri Strawn on Monday, 1/9/2023

1.

Please type your full name:

Terri Strawn

2.

I have read sections 3.7 to 3.9 of the CDHO Bylaw 5 and I understand that I am accountable as a member of Council to conduct myself in compliance with these bylaws.

Yes

3.

I understand that I am obligated to declare a conflict of interest with my Council responsibilities, if and when one arises.

Yes

4.

I also understand that I am obligated to report instances of another Council member's conflict of interest with Council responsibilities of which I become aware.

Yes

5.

Having reviewed the examples of conflict of interest [sec 3.7(21), I am declaring:

that I currently have potential conflicts of interest in my role as member of Council.

6.

I am declaring the following potential conflicts of interest in my role as a member of Council.

Partial Load faculty, Durham College; Exam Committee member and item writer for the NDHCB/FDHRC; Site Surveyor periodically - CDAC

First Name	Last Name	Signature	Completed Date
Terri	Strawn	TS	1/9/2023 4:46PM

Signature Page

First Name	Last Name	Signature	Completed Date
Mary	Yeomans	MY	1/13/2023 3:48PM

Signature Page

2023 Conflict of Interest Declaration Annual Conflict of Interest Declaration

Krista Dufour on Tuesday, 1/17/2023

1.

Please type your full name:

Krista Dufour

2.

I have read sections 3.7 to 3.9 of the CDHO Bylaw 5 and I understand that I am accountable as a member of Council to conduct myself in compliance with these bylaws.

Yes

3.

I understand that I am obligated to declare a conflict of interest with my Council responsibilities, if and when one arises.

Yes

4.

I also understand that I am obligated to report instances of another Council member's conflict of interest with Council responsibilities of which I become aware.

Yes

5.

Having reviewed the examples of conflict of interest [sec 3.7(21), I am declaring:

that I currently have potential conflicts of interest in my role as member of Council.

6.

I am declaring the following potential conflicts of interest in my role as a member of Council.

Clinical Faculty St. Clair College

First Name	Last Name	Signature	Completed Date
Krista	Dufour	KD	1/17/2023 6:33PM

Signature Page

2023 Conflict of Interest Declaration Annual Conflict of Interest Declaration

Meghan Leuprecht on Friday, 1/20/2023

1.

Please type your full name:

Meghan Leuprecht

2.

I have read sections 3.7 to 3.9 of the CDHO Bylaw 5 and I understand that I am accountable as a member of Council to conduct myself in compliance with these bylaws.

Yes

3.

I understand that I am obligated to declare a conflict of interest with my Council responsibilities, if and when one arises.

Yes

4.

I also understand that I am obligated to report instances of another Council member's conflict of interest with Council responsibilities of which I become aware.

Yes

5.

Having reviewed the examples of conflict of interest [sec 3.7(21), I am declaring:

that I currently have potential conflicts of interest in my role as member of Council.

6.

I am declaring the following potential conflicts of interest in my role as a member of Council.

Member OCSWSSW

First Name	Last Name	Signature	Completed Date
Meghan	Leuprecht	ML	1/20/2023 12:03PM

Signature Page

2023 Conflict of Interest Declaration

Annual Conflict of Interest Declaration

Pella Giabanis on Tuesday, 1/10/2023

1.

Please type your full name:

Pella Giabanis

2.

I have read sections 3.7 to 3.9 of the CDHO Bylaw 5 and I understand that I am accountable as a member of Council to conduct myself in compliance with these bylaws.

Yes

3.

I understand that I am obligated to declare a conflict of interest with my Council responsibilities, if and when one arises.

Yes

4.

I also understand that I am obligated to report instances of another Council member's conflict of interest with Council responsibilities of which I become aware.

Yes

5.

Having reviewed the examples of conflict of interest [sec 3.7(21), I am declaring:

that I currently have no conflicts of interest in my role as a member of Council.

6.

I am declaring the following potential conflicts of interest in my role as a member of Council.

First Name	Last Name	Signature	Completed Date
Pella	Giabanis	pg	1/10/2023 9:15PM

Signature Page

2023 Conflict of Interest Declaration

Annual Conflict of Interest Declaration

Vanessa Pereira on Monday, 1/16/2023

1.

Please type your full name:

Vanessa Pereira

2.

I have read sections 3.7 to 3.9 of the CDHO Bylaw 5 and I understand that I am accountable as a member of Council to conduct myself in compliance with these bylaws.

Yes

3.

I understand that I am obligated to declare a conflict of interest with my Council responsibilities, if and when one arises.

Yes

4.

I also understand that I am obligated to report instances of another Council member's conflict of interest with Council responsibilities of which I become aware.

Yes

5.

Having reviewed the examples of conflict of interest [sec 3.7(21), I am declaring:

that I currently have no conflicts of interest in my role as a member of Council.

6.

I am declaring the following potential conflicts of interest in my role as a member of Council.

First Name	Last Name	Signature	Completed Date
Vanessa	Pereira	VP	1/16/2023 5:19PM

Signature Page

2023 Conflict of Interest Declaration

Annual Conflict of Interest Declaration

Alessandro Greco on Wednesday, 2/22/2023

1.

Please type your full name:

Alessandro Greco

2.

I have read sections 3.7 to 3.9 of the CDHO Bylaw 5 and I understand that I am accountable as a member of Council to conduct myself in compliance with these bylaws.

Yes

3.

I understand that I am obligated to declare a conflict of interest with my Council responsibilities, if and when one arises.

Yes

4.

I also understand that I am obligated to report instances of another Council member's conflict of interest with Council responsibilities of which I become aware.

Yes

5.

Having reviewed the examples of conflict of interest [sec 3.7(21), I am declaring:

that I currently have no conflicts of interest in my role as a member of Council.

6.

I am declaring the following potential conflicts of interest in my role as a member of Council.

First Name	Last Name	Signature	Completed Date
Alessandro	Greco	AgAGAg	2/22/2023 11:40AM

Signature Page

2023 Conflict of Interest Declaration Annual Conflict of Interest Declaration

Mary Yeomans on Thursday, 3/16/2023

1.

Please type your full name:

Mary Yeomans

2.

I have read sections 3.7 to 3.9 of the CDHO Bylaw 5 and I understand that I am accountable as a member of Council to conduct myself in compliance with these bylaws.

Yes

3.

I understand that I am obligated to declare a conflict of interest with my Council responsibilities, if and when one arises.

Yes

4.

I also understand that I am obligated to report instances of another Council member's conflict of interest with Council responsibilities of which I become aware.

Yes

5.

Having reviewed the examples of conflict of interest [sec 3.7(21), I am declaring:

that I currently have potential conflicts of interest in my role as member of Council.

6.

I am declaring the following potential conflicts of interest in my role as a member of Council.

As I am a full-time faculty member at Cambrian College, I am declaring a potential conflict of interest in matters involving faculty, staff, students, and graduates from Cambrian College.

First Name	Last Name	Signature	Completed Date
Mary	Yeomans	MY	3/16/2023 6:34AM

Signature Page

Suggested Motion – Friday, June 2, 2023

4.0 CONSENT AGENDA ITEMS (4.1)

A consent agenda is a bundle of items that is voted on, without discussion, as a package. It differentiates between routine matters not needing explanation and more complex issues needing examination. The Chair will ask if anyone wishes to remove an item from the consent agenda. Any Council member may request an item be removed so it can be discussed.

MOTION: **THAT** Council moves to approve the consent agenda.

Moved:

Seconded:

VOTE:

COUNCIL MEETING MINUTES

Hybrid Zoom Meeting

Livestreamed to the CDHO YouTube Channel

Friday, March 31, 2023

9:00 a.m. – 4:30 p.m.

COUNCIL MEMBERS PRESENT:

Terri Strawn, Professional Member, President
Michelle Atkinson, Professional Member
(10:15 a.m.–3:45 p.m.)
Loree Beniuk, Public Member
Erin Betts, Public Member
Anne-Marie Conaghan, Academic Member
Maheen Cassim, Professional Member
Jennifer Cooper, Academic Member
Krista Dufour, Professional Member
Pella Giabanis, Public Member
Carla Grbac, Professional Member
Meghan Leuprecht, Public Member
Angelica Palantzas, Public Member
Vanessa Pereira, Professional Member,
Vice-President
Margaret Wade, Public Member
Jacqueline White, Professional Member
Mary Yeomans, Professional Member

REGRETS:

Alessandro Greco, Public Member
Sasha Sidhu, Public Member
Farzana Hussain, Professional Member
Ehizele Martin Iyamabo, Public Member

ADMINISTRATION:

Dr. Glenn Pettifer, Registrar and CEO
Veronica Douglas, Executive Administrator

GUESTS:

Julie Maciura, SML, CDHO Legal Counsel
(9:00 a.m.–3:00 p.m.)
Deanna Williams, Dundee Consulting
(11:00 a.m. –11:30 a.m.)

CALL TO ORDER

1.1 Roll Call

The Chair, Terri Strawn, called the meeting to order at 9:01 a.m.

1.2 Opening Remarks

The Council President, Terri Strawn, welcomed Council and guests to the March Council meeting. The following land acknowledgment was made:

“While we meet today in a hybrid environment, I would like to begin by acknowledging the Indigenous peoples and every being of all the lands that we are gathered on here. I acknowledge that there are 46 treaties, other agreements as well as unseeded nations that cover the territory now called Ontario, which remains the home of many First Nations, Inuit, and Métis people. I come with respect for this land that I am on today, for the people and all living beings who have and still reside here.

Let’s take a moment to acknowledge the importance of the land which we each call home and express my gratitude to have the privilege to work on this land. We do this to reaffirm our commitment and our responsibility to improve relationships between nations and to improve our own understanding of local Indigenous peoples and their cultures. From coast to coast to coast, I wish to acknowledge the ancestral and unceded territory of all the Inuit, Métis, and First Nations people that call this nation home.

Please join me in a moment of reflection to acknowledge the effects of genocide, residential schools, and the ongoing effects of colonialism on Indigenous families and communities. We have the utmost respect for Indigenous peoples and wish to thank them for their continued stewardship of this land. Let’s take this time to consider how we can, in our own way, move forward in a spirit of reconciliation and collaboration.”

The President informed those present that Council will join the Councils of the other Oral Health Profession Regulatory Colleges (RCDSO, CDO, CDTO) in a joint education day “Indigenous Peoples, Reconciliation, and Anti-Bias” on May 26, 2023.

1.3 Council Policy Manual Update

The Chair reported that the following policies had been updated:

- GP-7 Council Stipend and Expenses
- GP-6.6 Governance Committee Terms of Reference

1.4 Council Code of Conduct

Council was reminded of the Code of Conduct.

2.0 APPROVAL OF AGENDA

2.1 Review and Approval of Agenda

MOTION: THAT Council moves to approve the March 31, 2023 Council meeting agenda as presented.

Moved: Carla Grbac
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 CONSENT AGENDA (4.1-4.1.2)

MOTION: THAT Council moves to approve the consent agenda.

Moved: Maheen Cassim
Seconded: Jacqueline White

VOTE: **CARRIED**

5.0 INFORMATION REQUESTED BY THE BOARD

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

The President advised Council that the Executive Committee met with Hilborn LLP for a pre-audit meeting on March 20, 2023.

6.0 OWNERSHIP LINKAGE

6.1 Status of Ownership Linkage Activities

The Ownership Linkage Committee provided Council with a written report.

7.0 REQUIRED APPROVALS AGENDA

7.1 Emergency Class of Registration: Stakeholder Feedback

Through recent amendments to the Code, the Government of Ontario has mandated that all Health Profession Regulatory Colleges create an Emergency Class

of Certificate of Registration. The Emergency Class is intended to enable Colleges to register health professionals quickly in times of urgent need, such as, but not limited to, during a public health crisis.

At its January 20, 2023 meeting, the CDHO Council approved, in principle, the proposed amendments and directed that these proposed amendments be circulated to members and key stakeholders for consultation. The consultation opened on January 25, 2023 and closed on March 27, 2023. The College received 31 submissions by email.

Council discussed the submissions received by stakeholders and considered the public interest. Some stakeholders expressed concerns with exempting applicants from having to complete the entry-to-practice requirements. Council considered this risk and determined that there were processes in place in the document to prevent public harm.

MOTION: That Council approve the proposed amendments to Part VII (Registration) of Ontario Regulation 218/94 (General) made under the *Dental Hygiene Act, 1991*, attached here as Appendix A, and directs the Registrar to submit the proposed amendments to the Ministry no later than May 1, 2023.

Moved: Meghan Leuprecht

Seconded: Pella Giabanis

Vote:

CARRIED

6 Public members and 8 Professional members voted in support of the regulation proposal. There were no abstentions and no members in opposition.

8.0 BOARD EDUCATION

8.1 Overview of the 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. The provincial government has been increasingly focused on filling the job vacancies that require the skills of professionals and tradespeople. Qualified immigrants have become an important source of labour. Legislation amendments to FARPACTA and the RHPA were discussed, including change initiatives and enhancements to registration practices to reduce barriers that internationally trained applicants often encounter.

9.0 GOVERNANCE PROCESS ITEMS

9.1 External Assessment of Council Effectiveness

In order to fulfill the expectation set out under Domain 1, Standard 1 of the College Performance Measurement Framework (CPMF), in June 2022, Council contracted Deanna Williams of Dundee Consulting to complete a third-party assessment of Council's effectiveness.

Deanna Williams presented her final report on Council effectiveness to Council and the full report is available on the CDHO website. Council discussed the findings of the report and committed to begin implementing changes in order to become a more effective Council and to better serve the public. The Public Interest is served when an organization is overseen by an effective Council that engages in reflection on and evaluation of its effectiveness.

MOTION: That Council move to accept Deanna Williams' 'External Assessment of Council Effectiveness' report for consideration.

Moved: Carla Grbac

Seconded: Michelle Atkinson

VOTE:

CARRIED

9.2 Comprehensive Governance Review

In Council's third-party review conducted by Deanna Williams, several Council members identified that there has never been a comprehensive governance review since the adoption of Policy Governance. Council considered undertaking a comprehensive review of its current governance model and practices and considered contracting Deanna Williams to conduct the review.

Council discussed the benefits and concerns of contracting the same consultant for both the external assessment and the third-party review and determined it was not a conflict and possibly an asset.

MOTION: **WHEREAS** The CDHO Council has not undergone a comprehensive governance review since the adoption of Policy Governance in 2013 and;

WHEREAS Effective governance is a process by which the Registrar is directed, controlled, and held accountable for achieving its ends and serving and protecting the public interest and;

WHEREAS Governance involves the establishment of clear goals, the development of sound policies and procedures, and the adoption of ethical and transparent practices and;

WHEREAS Effective governance and a strong Council-Registrar relationship are critical to the success of any regulatory organization;

THEREFORE, BE IT RESOLVED that the CDHO Council will conduct a comprehensive governance review to assess the current state of the organization's governance well-being and identify areas that require improvement.

Moved: Carla Grbac

Seconded: Jennifer Cooper

VOTE: **CARRIED**

MOTION: **WHEREAS** Deanna Williams has completed the third-party assessment of Council effectiveness and;

WHEREAS Information obtained in the third-party assessment of Council effectiveness would be included in the comprehensive governance review and;

WHEREAS The Council is exercising efficiency in utilizing all available resources;

THEREFORE, BE IT RESOLVED that Deanna Williams be appointed as the third-party consultant to conduct a comprehensive governance review for the CDHO Council.

Moved: Maheen Cassim

Seconded: Meghan Leuprecht

VOTE: **CARRIED**

9.3 CPMF Report

Michelle Atkinson and Deputy Registrar, Jane Keir, presented the draft CPMF Report to Council.

MOTION: To adopt the CPMF as presented to Council in the Council materials package.

Moved: Maheen Cassim

Seconded: Jennifer Cooper

VOTE: **CARRIED**

9.4 Policy Content Review: GP-3(4) Council Planning Cycle and Agenda Control

MOTION: **THAT** Council approve the changes to the GP-3 Council Planning and Cycle Agenda Control policy to remove the Multi-Year Cycle Schedule in order to reduce redundancy.

Moved: Mary Yeomans
Seconded: Anne-Marie Conaghan
VOTE:

CARRIED

10.0 ENDS ITEMS FOR CONSIDERATION

There were no agenda items for this meeting.

11.0 COUNCIL REGISTRAR DELEGATION ITEMS FOR CONSIDERATION

There were no agenda items for this meeting.

12.0 EXECUTIVE LIMITATIONS ITEMS FOR CONSIDERATION

11.1 Policy Content Review: EL General Executive Constraint

The Council reviewed policy EL and no changes were made.

11.2 Policy Content Review: EL-3 Planning

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

11.3 Policy Content Review: EL-7 Compensation and Benefits

The Council reviewed policy EL-7 and no changes were made.

11.4 Policy Content Review: EL-8 Communication and Support to the Board

The Council reviewed policy EL-8 and no changes were made.

13.0 MONITORING BOARD PERFORMANCE

13.1 GP-2: Council Job Contributions

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

Moved: Carla Grbac
Seconded: Jennifer Cooper
VOTE:

CARRIED

13.2 GP-6.1: Executive Committee Terms of Reference

MOTION: THAT Council has assessed the monitoring report for Governance Process 6.1 and determined there is sufficient, verifiable evidence of a reasonable interpretation.

Moved: Carla Grbac
Seconded: Jacqueline White
VOTE:

CARRIED

14.0 MONITORING CEO PERFORMANCE

14.0 MOTION TO MOVE IN CAMERA

MOTION: THAT Council move in Camera as per RHPA, *Schedule 2, Section 7(2)(d)* at 2 : 34 p.m., for agenda items 14.1–14.7.

Moved: Maheen Cassim
Seconded: Erin Betts
VOTE:

CARRIED

14.1 Internal Monitoring: Global End

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

Moved: Pella Giabanis
Seconded: Meghan Leuprecht
Abstained: Margaret Wade
VOTE:

CARRIED

14.2 Internal Monitoring: E-1

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

Moved: Carla Grbac
Seconded: Mary Yeomans
VOTE:

CARRIED

14.3 Internal Monitoring: E-2

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

Moved: Maheen Cassim
Seconded: Meghan Leuprecht
VOTE:

CARRIED

14.4 Internal Monitoring: E-3

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

Moved: Loree Beniuk
Seconded: Carla Grbac
VOTE:

CARRIED

14.5 Internal Monitoring: E-4

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

Moved: Erin Betts
Seconded: Michelle Atkinson
VOTE:

CARRIED

14.6 Internal Monitoring: EL-4(1)

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

Moved: Maheen Cassim
Seconded: Mary Yeomans
VOTE:

CARRIED

14.7 Internal Monitoring: EL-7

MOTION: THAT Council has assessed the monitoring report for Executive Limitations Policy 7 and determined there is sufficient, verifiable evidence of a reasonable interpretation.

Moved: Vanessa Pereira
Seconded: Jennifer Cooper
VOTE:

CARRIED

14.0 MOTION TO MOVE OUT OF CAMERA

MOTION: THAT Council move out of Camera as per RHPA, *Schedule 2, Section 7(2)(d)* at 3:27 p.m.

Moved: Meghan Leuprecht
Seconded: Jacqueline White
VOTE:

CARRIED

15.0 SELF-EVALUATION OF GOVERNANCE PROCESS

15.1 Council Meeting Evaluation

The Council Feedback Survey was sent to Council members to be completed electronically. Council reviewed the results in the meeting.

16.0 NEXT MEETING DATE

The next Council meeting is June 2, 2023.

17.0 ADJOURNMENT

MOTION: THAT the Council meeting be adjourned at 3:45 p.m.

Moved: Michelle Atkinson
Seconded: Carla Grbac
VOTE:

CARRIED

Approved by:

Signature of Chair, Terri Strawn

Date

EXECUTIVE COMMITTEE REPORT

June 2, 2023

COMMITTEE MEMBERS

Professional Members (Council)

Terri Strawn, President
Vanessa Pereira, Vice-President
Michelle Atkinson

Public Members (Council)

Erin Betts
Loree Beniuk

Mandate of the Committee: 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.

INTRODUCTION

Since its last report to Council, the Executive Committee met through videoconference on April 19, April 21, and May 12, 2023. The Executive Committee hosted a meeting with the ODHA Executive Director and Executive on April 21, 2023.

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

ITEMS FOR INFORMATION

CDHO Governance

The Executive planned the agenda for the June 2nd Council meeting. Given the Indigenous Council Education Day on May 26, 2023, the Executive Committee decided there would be no additional workshop on June 1, 2023.

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

Auditor Assessment

The Executive held a virtual meeting with Blair MacKenzie and Usman Paracha from Hilborn LLP on May 12, 2023, for a post-audit discussion. Blair recommended that a motion be put forward allocating monies from the unrestricted reserve fund to the restricted reserve fund for strategic initiatives. As a motion is required when moving monies between reserve funds, Council will be asked to approve this motion in June. The post-audit report will be presented to Council at the June Council meeting.

DISCIPLINE COMMITTEE REPORT

June 2, 2023

COMMITTEE MEMBERS

Chair: Jacqueline White, Professional Member

Vice-Chair: Maheen Cassim, Professional Member

Professional Members (Council)

Michelle Atkinson
Maheen Cassim
Anne-Marie Conaghan
Jennifer Cooper
Krista Dufour
Carla Grbac
Farzana Hussain
Vanessa Pereira
Terri Strawn
Mary Yeomans

Public Members (Council)

Loree Beniuk
Erin Betts
Pella Giabanis
Alessandro Greco
Ehizele Martin Iyamabo
Meghan Leuprecht
Angelica Palantzas
Upneet (Sasha) Sidhu
Margaret Wade

Professional Members (Non-Council)

Amanda Acker
Siobhan Brennen
Gillian Dunn
Rowena Javier
Paula Malcomson

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

INTRODUCTION

Since its last report to Council in March 2023, the Discipline Committee has not held a plenary meeting.

ITEMS FOR INFORMATION – Related to Mandate

A reinstatement hearing in *CDHO v. Melissa Kapralos* was heard by a panel on March 27, 2023. The applicant sought to have her Certificate of Registration reinstated; it had been revoked by order of the Discipline Committee in June 2017. The CDHO took no position on the application.

The panel ordered that the applicant’s Certificate of Registration be reinstated, subject to completing a refresher course. The panel released its reasons for decision on April 27, 2023.

As of the date of writing (May 9, 2023), the following matters are currently pending before the Committee:

- CDHO v. Jessica Chaput was referred on November 30, 2022. The hearing is scheduled for June 22, 2023.
- CDHO v. Angelita Maramag was referred on January 13, 2023. The hearing is scheduled for July 10, 2023.

CONCLUSION

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

FITNESS TO PRACTISE COMMITTEE REPORT

June 2, 2023

COMMITTEE MEMBERS

Chair: Vacant

Professional Members (Council)

Michelle Atkinson
Maheen Cassim
Anne-Marie Conaghan
Jennifer Cooper
Krista Dufour
Carla Grbac
Farzana Hussain
Vanessa Pereira
Terri Strawn
Jacqueline White
Mary Yeomans

Public Members (Council)

Loree Beniuk
Erin Betts
Pella Giabanis
Alessandro Greco
Ehizele Martin Iyamabo
Meghan Leuprecht
Angelica Palantzas
Margaret Wade
Upneet (Sasha) Sidhu

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

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 and panels of the Committee have conducted no hearings since the last report to Council in March 2023.

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT

June 2, 2023
(Reported to May 10, 2023)

COMMITTEE MEMBERS

Panel A

Chair: Jennifer Cooper

Professional Members (Council)

Maheen Cassim

Jennifer Cooper

Public Members (Council)

Loree Beniuk

Erin Betts

Professional Members (Non-Council)

Tonia Peachman-Faust

Larissa Voytek

Panel B

Chair: Anne-Marie Conaghan

Professional Members (Council)

Anne-Marie Conaghan

Mary Yeomans

Public Members (Council)

Sasha Sidhu

Margaret Wade

Professional Members (Non-Council)

Dorothy Dziunikowski

Julie Farmer

Mandate of the Committee: 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.

INTRODUCTION

The Inquiries, Complaints and Reports Committee (ICRC) is divided into two main Panels (A and B) and a third supplementary Panel (C) may be established to accommodate the number of ongoing investigations, to avoid any potential conflicts of interest and to be able to select members, should the need arise, for a discipline hearing.

Since the last Report to Council on March 8, 2023, the panels of the ICRC met on the following dates by video conference:

Committee as a Whole	Panel A	Panel B
March 8, 2023	April 14, 2023	May 5, 2023

ITEMS FOR INFORMATION – Related to Mandate

The following tables detail, in summary form, the activities of the ICRC since the last Report to Council (which reported information up to March 8, 2023).

Number of investigations carried over from previous period(s) ¹			
	Complaints	Registrar Reports	QA Referrals
Investigations commenced before March 8, 2023	6	18	3

Intake of new investigations			
	Complaints	Registrar’s Reports	QA Referrals
March 8, 2022 to May 10, 2023	4	0	0

Decisions made and finalized by ICRC			
	Complaints Outcomes	Reports and Incapacity Outcomes	QAC Outcomes
March 8, 2023 to May 10, 2023	Guidance and Recommendations: 1 Oral Caution, Specified Continuing Education or Remediation Program (SCERP) and Undertaking: 1 No Further Action: 1	Specified Continuing Education or Remediation Program (SCERP): 1	nil

At the time of writing (May 10, 2023), 6 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.

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

Health Professions Appeal and Review Board Matters			
	Total Matters in progress (including where Decision pending)	Matters heard, Decision pending	Decision(s) Received
March 8, 2022 to May 10, 2023	5	1	-

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.

Numbers of days to disposition on completed matters from November 8, 2022, to March 8, 2023 (time of writing) were as follows:

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

CONCLUSION

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

PATIENT RELATIONS COMMITTEE REPORT

June 2, 2023

COMMITTEE MEMBERS

Chair:

Professional Members (Council)

Maheen Cassim

Farzana Hussain

Professional Members (Non-Council)

Paula Malcomson

Public Members (Council)

Sasha Sidhu

Alessandro Greco

Meghan Leuprecht

Mandate of the Committee: 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.

INTRODUCTION

The Patient Relations Committee met once on March 29, 2023, by Zoom video conference. This meeting involved an initial orientation session outlining the roles, responsibilities, and mandates of the Committee. No chair of the Committee was elected.

ITEMS FOR INFORMATION – Related to Mandate

Sexual Abuse Prevention Plan Review

The Committee reviewed the Sexual Abuse Prevention Plan. The Committee was satisfied that the plan continues to meet its mandate. No changes or revisions were required at this time.

Funding for Therapy Policy Review

The Committee reviewed the policy on Funding for Therapy. No changes to the present funding funds were made. The amount meets the maximum amount of what the Ontario Health Insurance Plan (OHIP) would pay for 200 half-hour sessions of individual outpatient psychotherapy with a psychiatrist on the day they become eligible.

Discipline Hearings

At the time of the Committee's meeting, there was no Disciplinary matters to report.

QUALITY ASSURANCE COMMITTEE REPORT

June 2, 2023

COMMITTEE MEMBERS

Chair: Terri Strawn, Professional Member

Professional Members (Council)

Farzana Hussain
Vanessa Pereira
Terri Strawn

Public Members (Council)

Meghan Leuprecht
Angelica Palantzas

Professional Members (Non-Council)

Julie Farmer
Tonia Peachman-Faust

Mandate of the Committee: 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, bylaws and regulations.

INTRODUCTION

The Quality Assurance Committee met twice since the last Report to Council. The Committee met by video conference on April 21 and May 2, 2023.

ITEMS FOR INFORMATION – Related to Mandate

Welcome Emails

'Welcome to the Profession' notices were sent out by email in April to 182 registrants who were registered between January 1 and March 31, 2023. 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. This notice is sent by email to all new registrants quarterly.

Quality Assurance Program Strategic Planning

A separate QA Strategic Planning Steering Committee was previously struck to move forward with developing a strategic plan for the future of the Quality Assurance program. A draft of the proposed QA Strategic Plan was presented to the Quality Assurance Committee at the May meeting. The Committee will be providing feedback on the proposed plan.

Quality Assurance Records Peer Review Statistics (as of May 10, 2023)

2023 Peer Assessment

Of the 44¹ quality assurance records requested

35 have met the assessment guidelines²

8 are in the assessment process⁴

1 are participating in directed learning/remediation

2023 Practice Reviews

Of the 0³ on-site practice assessments requested

0 have met the assessment guidelines²

0 are in the assessment process

0 are participating in directed learning/remediation

2022 Peer Assessment

Of the 2500¹ quality assurance records requested

2488 have met the assessment guidelines²

2 are in the assessment process⁴

10 are participating in directed learning/remediation

2022 Practice Reviews

Of the 20³ on-site practice assessments requested

14 have met the assessment guidelines²

0 is in the assessment process

6 are participating in directed learning/remediation

¹ Includes registrants who were selected by the Committee from referrals, for not completing the Annual Self-Assessment and/or have been carried forward from a previous assessment period.

² Includes registrants who have resigned, were exempted, or deferred to another assessment period and those referred to the ICRC for non-compliance.

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.

REGISTRATION COMMITTEE REPORT

June 2, 2023

COMMITTEE MEMBERS

Chair: Michelle Atkinson, Professional Member

Professional Members (Council)

Michelle Atkinson
Jacqueline White
Maheen Cassim

Public Members (Council)

Pella Giabanis
Margaret Wade

Professional Members (Non-Council)

Lisa Frisch

Mandate of the Committee: 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.

INTRODUCTION

The Registration Committee convened by videoconference on April 18, 2023, since the last report to Council.

ITEMS FOR INFORMATION – Related to Mandate

Registration Statistics

Since last reported to Council:

	March 6, 2023	May 2, 2023
General Certificate of Registration	13,071	13,309
Specialty Certificate of Registration	620	627
Inactive Certificate of Registration	864	848
Total Registrants	14, 555	14,784
Authorized to Self-Initiate	6,617	6,719

Applications for Registration

Since the last Report to Council, the College received 235 new applications for registration. One application required detailed review by the Registrar and was granted a Certificate of Registration.

Registration Committee Meeting

The Registration Committee convened on April 18, 2023, for a committee orientation. The Committee also reviewed and approved its Terms of Reference for another five years and reviewed a referral from the Registrar for reissuance to the general Certificate of Registration.

Changes to the Register

Since last reported to Council on March 31, 2023:

- 215 applicants were registered to practise
- 7 previous registrants of the College were re-registered
- 6 registrants were reinstated (from suspended)
- 0 registrants were suspended
- 0 registrants were revoked for non-payment of fees
- 1 registrant resigned
- 99 registrants were authorized to self-initiate.

EXAMINATIONS COMMITTEE REPORT

June 2, 2023

COMMITTEE MEMBERS

Chair: Larissa Voytek, Non-Council Member

Professional Members (Non-Council)

Fatimah Dattoo

Tonia Peachman-Faust

Mandate of the Committee: The Examinations Committee is responsible for overseeing the College-administered written examination and clinical competency evaluations, and addressing appeals related to the examination results.

INTRODUCTION

The Examinations Committee has not met since the last Council meeting on March 31, 2023.

CONCLUSION

The Examinations Committee continues to fulfill its mandate.

President's Report to Council

June 2, 2023

President's Activities

April 19, 2023 – Executive committee meeting
April 21, 2023 – Joint CDHO/ODHA meeting
May 3, 2023 – Meeting with Registrar
May 10, 2023 – Telephone meeting with Vice-President
May 11, 2023 – Telephone meeting with E. Betts
May 15, 2023 – Telephone meeting with Vice-President

Expense Policy Exceptions

Subject to pre-approval by the President and under special circumstances, the President 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 President is to report to Council with the rationale for the decision.

There were no expenses approved outside the policy allocation.

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	January 19, 2023 New Member Orientation	January 20, 2023 Meeting	March 30, 2023 Workshop	March 31, 2023 Workshop	May 26, 2023 Workshop	June 2, 2023 Meeting	September 15, 2023 Workshop	September 22, 2023 Meeting	November 30, 2023 Workshop	December 1, 2023 Meeting
Professional Members										
Atkinson, Michelle	✘	✔	✔	✔						
Cassim, Maheen	✘	✔	✔	✔						
Conaghan-Anne-Marie	✘	✔	✔	✔						
Cooper, Jennifer	✘	✔	✘	✔						
Grbac, Carla	✘	✔	✔	✔						
Hussain, Farzana	✘	✔	✘	✘						
Dufour, Krista	✔	✔	✔	✔						
Pereira, Vanessa	✔	✔	✔	✔						
Strawn, Terri	✔	✔	✔	✔						
White, Jacqueline	✘	✔	✔	✔						
Yeomans, Mary	✘	✔	✔	✔						
Public Members										
Beniuk, Loree	✘	✔	✔	✔						
Betts, Erin	✘	✔	✔	✔						
Giabanis, Pella	✘	✔	✔	✔						
Greco, Alex	✘	✔	✘	✘						
Iyamabo, Martin	✘	✔	✘	✘						
Leuprecht, Meghan	✘	✔	✘	✔						
Palantzas, Angelica	✘	✔	✘	✔						
Sidhu, Upneet (Sasha)	✘	✘	✘	✘						
Wade, Margaret	✘	✔	✔	✔						

✔ *Attended*

✘ *Did not attend*

Appendix 2

Professional Council Members Honorarium and Expense Claim Submissions - Quarterly

For the Year ending December 31, 2023

	Q1 HONORARIUM	Q1 EXPENSES	Q2 HONORARIUM	Q2 EXPENSES	Q3 HONORARIUM	Q3 EXPENSES	Q4 HONORARIUM	Q4 EXPENSES	TOTAL
Terri Strawn (president)	2,879.60	0.00		0.00		0.00		0.00	2,879.60
Vanessa Pereira (vice-president)	2,583.20	0.00		0.00		0.00		0.00	2,583.20
Michelle Atkinson	1,819.00	0.00		0.00		0.00		0.00	1,819.00
Krista Dufour	1,103.00	0.00		0.00		0.00		0.00	1,103.00
Anne-Marie Conaghan	1,307.00	0.00		0.00		0.00		0.00	1,307.00
Jennifer Cooper	1,524.50	0.00		0.00		0.00		0.00	1,524.50
Carla Grbac	333.00	0.00		0.00		0.00		0.00	333.00
Jacqueline White	1,846.00	733.73		0.00		0.00		0.00	2,579.73
Maheen Cassim	1,461.00	0.00		0.00		0.00		0.00	1,461.00
Farzana Hussain	537.00	0.00		0.00		0.00		0.00	537.00
Mary Yeomans	1,678.50	1,521.34		0.00		0.00		0.00	3,199.84
Non-Council Professional Members (combined)	4,338.00	732.66							5,070.66
								TOTAL	24,397.53

Includes claims for:

- council workshops/meetings
- committee meetings
- discipline hearings
- ad-hoc committee work

Registrar's 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 meeting on March 31, 2023.

Operations

Staff continue to work largely remotely with individuals attending the office when the work process requires in-office attendance or meetings are required. A hybrid model of work location has been implemented. This is the preferred model for almost the entire CDHO staff complement. 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 work model.

Following the announcement of the creation of the CDHO hosted **HUB601**, our space-sharing partners, the College of Dietitians of Ontario and the College of Denturists of Ontario joined us on April 1, 2023. We are excited to engage in this model of workspace sharing that will increase utilization of the CDHO space. To date, it has been a very successful and welcomed transition where the three organizations not only share the space but also are combining resources in the delivery of common (staff team) initiatives.

We look forward to exploring these new relationships and I am happy to position the CDHO as a leader in this innovation in the health profession regulatory sector.

We continue with the examination of the existing **IT infrastructure** with attention to security, efficiency, and future capacity. We are currently undertaking a detailed interview with vendors to assist with modernization of the College's legacy registrant database and the identification of an appropriate member database software.

The revision of the College's **website** continues. In addition to a review and redesign of the website framework/sitemap, staff are reviewing and grooming the material that currently exists on the website. Included in the website revision project is a **rebranding** of the CDHO organization. Taking longer than we anticipated, we plan for the launch of this exciting new component of the CDHO communications portfolio in the early fall.

Human Resources

I am excited to announce the appointment of **Mr. Ryan Pestana** as the CDHO's new **Director of Communications and Stakeholder Engagement**. Ryan is a skilled communications professional with over 10 years of progressive experience in all facets of corporate communications and external relations. He

has held various positions within the health professional and environmental regulation sector. He comes to the CDHO from his role as Manager of Policy and Communications at the College of Massage Therapists of Ontario. Ryan has led the development of communications strategies to help organizations achieve strategic goals and engage a wide variety of stakeholders and has helped organizations modernize their communications approach to better reach their audiences. The position of **Director of Communications and Stakeholder Engagement** is a new position for the CDHO. The creation of this position underscores the very important strategic initiative of attending to the organization’s needs for targeted, effective communications to all of its partner groups.

Program Coordinators continue to embrace a **cross-training initiative** that provides for all Program Coordinators to be trained in all Program areas: **Registration, Quality Assurance and Conduct**. This approach will provide Coordinators with some variety in their responsibilities over time, Programs will benefit from the participation of a greater number of individuals, and any Program Coordinator will be able to assist in any area at time of increased workload demand or in times of unplanned absence or planned leave.

Registrant Engagement

Practice Advisory Service

The Practice Advisory Service continues to be an accessible resource for Registered Dental Hygienists. Since the last report to Council, the Practice Advisory Service responded to 687 enquiries.

	Calls	Emails	Total Enquiries	Top Topics
March 2023	197	89	286	Process of Care Scope of Practice Billing IPAC Self-Initiation
April 2023	124	105	229	
May 2023 (May 1 st - May 26 th)	145	87	232	

Program Elements

Registration:

The CDHO currently has 14, 814 Registrants (13, 339 General, 843 Specialty, and 632 Inactive). In conjunction with Pivotal Research. The **applicant Application Process Experience survey** designed to characterize the experience of applicants as they engage with the CDHO during their initial Registration process has been launched. This qualitative data will assist us in identifying opportunities for improvement in our application process. This endeavour supports the good governance principle of **accountability**.

Professional Conduct

The **Complaint Process Experience feedback survey** has been launched. This survey tool will be used to evaluate the experience of individuals who submit complaints to the CDHO and Registrants respondents at touch points along the Complaint management journey. The College has just completed a review of the complaints data reported by other Health Profession Regulators with a view to characterizing the broader, comparative complaints context.

There are currently 7 open complaint files and 15 open report matters (that include referrals from the Quality Assurance Committee and matters related to incapacity). There are two active discipline hearings. Four matters are currently before HPARB.

Quality Assurance Program Review / Strategic Planning Process

Dr. Zubin Austin and his team have completed their interviews with the Key Informants, the Quality Assurance Committee, and the Quality Assurance Strategic Planning Steering Committee. From these conversations, the principles, values and direction of the Quality Assurance strategic plan were drafted. The next step in this process will be to engage with Registrants to gather feedback on these Strategic Plan elements. This consultation work will begin the first of June.

Quality Assurance Resource Development

The Quality Assurance team is currently revising the Jurisprudence Module and Exam. Work is underway to develop the first two learning modules: 1. Informed Consent 2. Trauma Informed Care.

The cases for the Peer Circle Discussion project have been developed, the Facilitators have been trained, and the group is ready to pilot this exciting new initiative over the next few months. We will pilot it both for in-person and online attendance.

Kyle Fraser, Manager of Quality Assurance Resources, has attended DH program classes to provide an overview of the role of the CDHO in regulation of the DH profession. We have had a total of 8 requests from DH academic programs for this type of presentation.

System Partner Representation

[Federation of Dental Hygiene Regulators of Canada](#)

The CDHO is a member of this Federation. The work of the Federation is aimed at understanding and strategizing around areas of common interest for all regulators of the Dental Hygiene profession in Canada. The Federation is also responsible for the administration of the NDHCE and the CPEDH. Currently initiatives involve the implementation of a revised National Competency Profile for the Profession, a revision of the National Code of Ethics/Conduct for the Profession, and a review of the revised Entry to Practice Competencies for Dental Hygiene through an Indigenous Reconciliation lens.

[Commission on Dental Accreditation of Canada \(CDAC\)](#)

CDAC is the accrediting body (along with a reciprocal arrangement with the American Dental Association Commission on Dental Accreditation) identified by the Registration Regulation of the Dental Hygiene Act as the accreditor for Ontario Dental Hygiene programs.

As a member of the Federation of Dental Hygiene Regulators of Canada, I represent the FDHRC on the new CDAC Board that was created when CDAC was cleaved off the Canadian Dental Association. This

separation was carried out to remove the conflict of interest of an accrediting body functioning as an arm of a national dental association.

The Board will be meeting in June to discuss the new funding structure for accreditation.

[Ontario Oral Health Professions Registrars](#)

The Registrars of the CDHO, CDO, RCDSO, and CDTO continue to meet monthly to discuss areas of common interest. We just completed a successful 4 Council combined Indigenous peoples history education event that was presented by First Peoples Group. We are also engaged in discussions regarding the modification of our common IPAC Guidelines.

[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.

[DEI Programming and Initiatives](#)

Since June 2021, the CDHO staff and Council members (some separately, some together) have engaged in numerous activities that were designed to provide opportunities for discussion, education, increased awareness, and the development for future-focused strategies for equity and inclusivity.

Current Initiatives

With the assistance of Pivotal Research Group who are conducting process experience surveys for our Complaints Process and our Registration Application process, we are including specific questions in these process experience surveys to provide applicants with an opportunity to identify if they experienced racism or specific or systemic bias during either of these processes.

In conjunction with Pivotal Research the CDHO is constructing a Registrant survey that is designed to collect demographic information so that the CDHO organization can better understand the diversity within its Registrants. This survey will also include questions that are designed to assess the magnitude of experiences of any racism or discrimination experienced by Registered Dental Hygienists.

Following on the heels of the Voice of the Patient survey introduced to Council at its December 2, 2022 meeting, the CDHO will further engage with patient populations through Pivotal Research to more critically explore experiences of racism, bias or inequity in the context of Dental Hygiene care delivery.

The CDHO has committed to funding an initiative that will provide the entire Registrant pool of over 14,500 Registered Dental Hygienists with access to "the Path – Your Journey Through Indigenous Canada" an online program consisting of 6 modules made up of videos and quizzes that focus on the First Nations, Inuit and Métis peoples of Canada. The program serves as an introduction to the history of Indigenous peoples and their relationship with European settlers, the British Crown and the Dominion of Canada. This program will be available to all Registrants beginning April 1, 2023.

In partnership with the Health Profession Regulators of Ontario of which the CDHO is one of 26 member Colleges, we are supporting the development and implementation of an Equity Impact Assessment (EIA) tool that has been drafted by the HPRO Anti-Racism Working Group. This EIA tool will provide Colleges with a tool to assess their DEI activities in the context of measures articulated in the CPMF report. In addition, this EIA tool will provide Health Profession Regulators with the opportunity to standardize characterization and assessment of College DEI Initiatives.

CDHO DEI Initiatives			
Date	Topic	Facilitator	Attendees
May 26, 2023	<i>First Peoples Group</i> Workshop for Council members from the CDHO, CDO, RCDSO and CDTO. This workshop is available to all Council members from all 4 Oral Health Regulatory Colleges and will include: Interactive Anti-Bias Exercises, Indigenous Awareness Training, Dialogue on Reconciliation	First Peoples Group	Council and Senior Staff
December 2, 2022	Inequality in Access to Oral Health Care	Dr. Catherine Carstairs	Council
December 1, 2022	Land Acknowledgment Workshop	Christine Luckasavitch	Council
December 1, 2022	Bias and Noise	Rebecca Durcan, SML	Council
December 1, 2022	CDHA and CNAR Conference Reports from Council Members who attended, topics included: inclusive leadership, types of diversity, and reconciliation in Canada	Terri Strawn and Carla Grbac (CDHA Summit) and Terri Strawn and Vanessa Pereira (CNAR)	Council
October 25, 2022	A Collaborative Professional Standard: Indigenous Cultural Safety, Cultural Humility, and Anti-Racism	CNAR Conference, British Columbia College of Nurses and Midwives	CNAR attendees (some members of staff and Council)
October 24, 2022	Master Class on Equity, Diversity, and Inclusion	CNAR pre-conference workshop	Two CNAR attendees (one staff and one Council)
September 30, 2022 -October 1, 2022	CDHA Summit focused on truth and reconciliation, understanding Indigenous issues, cultures and history, mental health, advocacy, unconscious bias, and equity, diversity and inclusion.	CDHA Summit	Two members of Council
September 30, 2022	Virtual Blanket Exercise	Fred Martin Communications	CDHO staff and CDO (College of Denturists) staff
September 9, 2022	Indigenous Inclusion	Roy Pogorzelski, CCDI	Council and CDHO staff

June 9, 2022	Reconciliation and Indigenous Inclusion within Health Care Profession Regulatory Bodies	Harmony Johnson	Council and CDHO staff
June 2022	CDHO staff focus groups to identify barriers and inequalities within the College (processes, language, website)	CDHO staff	CDHO staff
May 9, 2022	Diversity and Equity in Investigation Processes	CNAR workshop	Some staff (at least 1 staff member)
April 6, 2022	DEI in your DNA? How diversity, equity and inclusion will shape the board's future	Institute of Corporate Directors (webinar)	Some staff (at least 1 staff member)
March 30, 2022	Corporate Services - DEI and Staff Culture and Engagement- Presentation on CNO's DEI Initiatives	Elizabeth Horlock, Director, People and Culture at the College of Nurses of Ontario	Some staff
March 21, 2022	Indigenous Inclusion	Roy Pogorzelski, CCDI	CDHO staff, CDO (College of Denturists) staff
March 1, 2022	Inclusion, Diversity, Equity, & Access Essentials	Coursera (University of North Texas)	Some staff (at least 1 staff member)
February 25, 2022	Diversity and Inclusion (Unconscious Bias)	Canadian Centre for Diversity and Inclusion (CCDI)	Council, CDHO staff
September 29, 2022	National Day of Truth and Reconciliation	CDHO staff led a presentation and shared resources	CDHO staff
July 2021	Inclusive Leadership: The Power of Workplace Diversity Course	Coursera, Instructor Brenda Allen	CDHO DEI committee (7 members of staff)
June 17, 2021	First meeting of the CDHO DEI Committee		CDHO DEI committee (7 members of staff)
June 4, 2021	Diversity & Inclusion Fundamentals	Canadian Centre for Diversity and Inclusion	Council and CDHO staff

In addition to these activities, the College is also engaged in the following initiatives:

Gathering Dental Hygiene Health Workforce Data

The CDHO has contracted with Accessing Centre for Expertise (ACE) to engage in the first phase of a project that is designed to foster a more detailed understanding of workforce data for Registered Dental Hygienists in Ontario. This data will be used in support of the CDHO's regulatory role and provision of

guidance for the profession, policy makers, and the public. Oral Health Workforce data is essential to our understanding of access to care.

ACE is a one-stop shop for accessing academic health expertise and consulting services. ACE was created in 2017 as a centre initially embedded within the University of Toronto but now operates external to the University of Toronto. All ACE projects are led by a core team of academic faculty, representing three Canadian universities, each who bring different types of methodological and subject matter expertise. ACE is led by Dr. Mark Dobrow. Dr. Dobrow is the Managing Director of ACE and an Associate Professor in the Institute of Health Policy, Management and Evaluation which is situated in the Dalla Lana School of Public Health at the University of Toronto.

OWNERSHIP LINKAGE COMMITTEE REPORT

June 2, 2023

COMMITTEE MEMBERS

Chair: Carla Grbac, Professional Member

Professional Members (Council)

Carla Grbac
Krista Dufour

Public Members (Council)

Martin Iyamabo
Margaret Wade

Mandate of the Committee: The Ownership Linkage Committee will assist the Council in fulfilling its responsibilities regarding connection with the owners.

INTRODUCTION

The Ownership Linkage Committee met on April 4, April 25, May 5, and May 9, 2023.

ITEMS FOR INFORMATION

Our first meeting was on **April 4, 2023**, activities that took place:

1. Elect the new chair and discuss new activities.
2. Discuss Final Report: The Voice of the Patient. (Dec 22, 2022)
3. Members of committee were provided with the final report of Voice of the Patient survey and were asked to review it and present their “eureka” moments from their point of view regarding study.

On **April 25, 2023**, the Ownership Linkage Committee met to review the data that was gathered from the Voice of the Patient study conducted by Pivotal Research. Additional background information was also shared for review including:

1. Ownership Linkage Committee PowerPoint presented to Council last year by Terri Strawn and Carla Grbac.
2. Review previous meetings on Board Effect (Sept 2022) including past survey documents:
 - 2014 Review of Health Services in Ontario
https://cdho.org/docs/default-source/pdfs/news/ohsreview.pdf?sfvrsn=b6cb80a0_4.

- OLC 2018 interviews – presented to Council at the September 2018 meeting.
- OLC 2019 – revised survey distributed through the Citizen Advisory Group.

3. Final Report Voice of the Patient (Dec 22, 2022):

Discussed methodology:

- Stage 1: sampling – 23 participants
- Stage 2:
 - 2000 residents of Ontario 18 yrs+
 - Online survey with possibility of follow-up via phone calls.
 - Accessed care in traditional clinic setting.
 - Via drive, walk or bus.
 - With preference to proximity, timely appointments, and word of mouth recommendations.
 - Patients paid for services out of pocket with cost as least satisfying aspect of care / barrier to care.

Main takeaways:

- Of those surveyed, barriers expressed included: cost, proximity (rural vs city), no insurance, unemployed, low income.
- Overall respondents who were able to access care were overwhelmingly satisfied with experiences/services received, 77%.
- Patients have a more positive view than non-patients.
- Overall concerns regarding discrimination of those surveyed were low, however, marginalized respondents were more likely to express concern.
- It was noticed that CDHO awareness of organization was low with ‘regular patients’ 64% of patients and 41% non-patients, however they trust the regulatory body but only 28% of patient respondents have heard of the CDHO.
- 57% of respondents did not know about self-initiation.
- Most members of the public are not likely to report complaints to the College but reported discussing complaints with the dentist instead, low percentage of respondents are aware of the CDHO.

Discussed Key Considerations for future activities:

1. Increase outreach to marginalized demographics. Consider increasing outreach to residents currently less likely to access care.
2. Enhance transparency and complaints process. Further engage public on overall perception of CDHO.

3. Improve satisfaction of informed consent in delivery of dental hygiene care.
4. Cost is a common concern, review payment transparency and communication.
5. Multi-channel communication / public education campaign.

On **May 5, 2023**, the Ownership Linkage Committee met to review and discuss the data from Voice of the Patient final report, as well, we also contrasted data from an older report called Review of Oral Health Services in Ontario from 2014.

Takeaways:

- CDHO has a moral accountability to the people who live in Ontario – its “moral Owners.”
- The public are the owners to whom the College is accountable.
- The OLC is a committee that helps the Council touch base with its owners.
- Registrants are one subset of the overall moral ownership.
- When considering registrant’s perspective, emphasis should be placed on areas of public interest.
- Reviewed history of ownership linkage committee from 2017-current.
- Most oral conditions are preventable and occur when people are unable to access adequate support from oral health professionals.
- CDHO is aware that certain segments of Ontario’s population have poor access to oral health services.
- The purpose of the 2014 report is to identify existing and emerging themes related to access to and quality of health services as well as barriers and enablers to improve access to services.
- The policy environment at the time of this report was different and oral health was not prominent in policy discussions – current climate has changed and there is now emphasis and activity related to access to care evidenced by the new federal dental plan.
- Vulnerable and underserved populations reported included: First Nations/ immigrants/ refugee/ homeless/ residents of institutions such as LTC/ unemployed/ contract/ part time/ retired/ children of low-income households/ rural and remote communities.
- It is the position of the CDHO that public’s interest is safeguarded in 2 ways: 1. Direct regulation, 2. Investigation, research, and observation on the current system of oral health services delivery that is preventing any person in Ontario from accessing appropriate care.
- The 2014 report was divided into 11 sections, Section 7 reviews how oral health services are organized in Ontario. It describes the various members of the oral healthcare team but did not include dental therapists.
- Dental therapists must complete a 2-year program, which is reopening in Saskatchewan to meet access to care deficiencies among indigenous communities, especially remote ones.

- Section 7 also discussed the potential impact of increased independence of dental hygienists on access to oral health services but points to lack of data at time of the report as well various practice environments: private practice, community clinic, hospital-based programs, mobile clinics, tele-dentistry and corporate dentistry and points to the recent ability of dental hygienists to practise independently and therefore dental hygienists are increasingly engaged in providing on-site clinics in institutions such as LTC and remote communities and speaks of a pilot project of retaining independent RDH services for First Nation communities.
- In 2008 CDHO applied for an amendment to the *Regulated Health Professions Act* to allow dental hygienists to administer, prescribe, compound, and dispense drugs that are essential to preventative oral care on the belief that it will enable dental hygienists to have more autonomy and more fully support self-initiation.

During **May 9, 2023**, the Ownership Linkage Committee met with representatives from Pivotal Research to discuss final points regarding the June 2nd presentation. The members of the committee provided Doha Melham with their comments/thoughts/feedback of the final report of Voice of the Patient survey. The committee felt that the information that Pivotal Research gathered would suffice the expectation of Council.

Next Steps:

The Ownership Linkage Committee is considering, based on the data from previous reports, including the Voice of the Patient, that there is a need for Registrant engagement. We will need a deep dive study to gather data on oral health services and compare independent dental hygienists' services versus services of hygienists employed by a dentist related to increasing access to care for underserved and marginalized or at-risk populations and hear about these populations from an RDH perspective. Some key questions that have come up during our discussions are:

- Do independent dental hygienists have an impact on increasing access to care?
- We need to identify what potential challenges or issues dental hygienists face in the workplace (racism, diversity, and inclusion, agism, etc.) and how does current employment situation contribute to creating or removing barriers to care for marginalized or underserved populations.
- Scope of practice variations between independent RDH and employed RDH? Are there limitations on practice in either situation, how are they similar or different? i.e., taking radiographs, administration of local anesthetic (freezing), use of therapies not in authorized prescriber scope of practice, etc.
- How does the dental therapy program (2 years) compare to Dental Hygiene in scope and training, local, radiographs, etc.?

- What are the perceived barriers to the dental hygienist in providing care to underserved populations?
- How does the current climate on oral health policy and the new federal dental plan (coverage announced for 18+, seniors and people living with disabilities by end of year) impact the profession and its ability to meet demand once the cost barrier is removed for many.

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

FINANCIAL STATEMENTS

DECEMBER 31, 2022

Draft Statement Subject to Revision

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, 2022, 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, 2022, 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.

The annual report is expected to be made available to us after the date of our auditor's report. If, based on the work we will perform on this other information, we conclude that there is a material misstatement of this other information, we are required to report that fact to those charged with governance.

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.

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.

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
Date to be determined

Chartered Professional Accountants
Licensed Public Accountants

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Statement of Financial Position

December 31	2022 \$	2021 \$
ASSETS		
Current assets		
Cash	7,339,501	6,205,648
Investments (note 3)	1,891,467	1,708,521
Prepaid expenses	16,130	15,874
	9,247,098	7,930,043
Discipline cost recoverable (note 10)	128,000	128,000
Investments (note 3)	8,491,734	8,476,406
Capital assets (note 4)	1,422,507	1,644,459
Intangible assets (note 5)	47,972	191,834
	10,090,213	10,440,699
	19,337,311	18,370,742
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities (note 6)	276,578	272,328
Deferred registration fees	5,799,415	5,382,085
	6,075,993	5,654,413
Deferred lease incentives (note 7)	137,653	159,975
	6,213,646	5,814,388
NET ASSETS		
Invested in capital and intangible assets	1,332,826	1,676,318
Internally restricted for complaints and discipline (note 8)	2,000,000	2,000,000
Internally restricted for strategic initiatives (note 9)	2,000,000	-
Unrestricted	7,790,839	8,880,036
	13,123,665	12,556,354
	19,337,311	18,370,742

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	2022 \$	2021 \$
Revenues		
Registration fees	6,028,410	5,846,055
Examination fees	78,525	262,600
Investment income	299,490	196,309
	6,406,425	6,304,964
Expenses		
Salaries and benefits	3,043,276	2,520,796
Council (note 11)	413,616	371,188
Premises rent (notes 7 and 11)	408,296	402,781
Information technology	349,641	254,852
Amortization - capital assets	261,238	254,397
Quality assurance	232,069	206,830
General and administrative	222,582	111,779
Public and registrant engagement	210,662	98,255
Amortization - intangible assets	143,862	157,874
Merchant banking fees	137,894	131,996
Commission on dental accreditation	120,889	75,515
Professional fees	105,849	67,776
Complaints and discipline (note 10)	90,270	141,243
Telephone, website and internet	50,485	51,333
Consulting	46,842	32,931
Examinations	1,643	67,306
	5,839,114	4,946,852
Excess of revenues over expenses for year	567,311	1,358,112

The accompanying notes are an integral part of these financial statements

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Statement of Changes in Net Assets

Year ended December 31

	Invested in capital and intangible assets \$	Internally restricted for complaints and discipline \$	Internally restricted for strategic initiatives \$	Unrestricted \$	2022 Total \$
Balance, beginning of year	1,676,318	2,000,000	-	8,880,036	12,556,354
Excess of revenues over expenses for year	-	-	-	567,311	567,311
Purchase of capital assets	39,286	-	-	(39,286)	-
Amortization of capital assets	(261,238)	-	-	261,238	-
Amortization of intangible assets	(143,862)	-	-	143,862	-
Amortization of deferred lease incentives	22,322	-	-	(22,322)	-
Interfund transfer (note 9)	-	-	2,000,000	(2,000,000)	-
Balance, end of year	1,332,826	2,000,000	2,000,000	7,790,839	13,123,665

Year ended December 31

	Invested in capital and intangible assets \$	Internally restricted for complaints and discipline \$	Unrestricted \$	2021 Total \$
Balance, beginning of year	2,066,267	2,000,000	7,131,975	11,198,242
Excess of revenues over expenses for year	-	-	1,358,112	1,358,112
Amortization of capital assets	(254,397)	-	254,397	-
Amortization of intangible assets	(157,874)	-	157,874	-
Amortization of deferred lease incentives	22,322	-	(22,322)	-
Balance, end of year	1,676,318	2,000,000	8,880,036	12,556,354

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	2022 \$	2021 \$
Cash flows from operating activities		
Excess of revenues over expenses for year	567,311	1,358,112
Adjustments to determine net cash provided by (used in) operating activities		
Amortization - capital assets	261,238	254,397
Amortization - intangible assets	143,862	157,874
Interest received on investments capitalized in prior years	67,909	64,175
Interest capitalized on investments	(79,218)	(67,909)
Amortization of deferred lease incentives	(22,322)	(22,322)
	938,780	1,744,327
Change in non-cash working capital items		
Decrease (increase) in prepaid expenses	(256)	25,280
Increase (decrease) in accounts payable and accrued liabilities	4,250	(217,080)
Increase in deferred registration fees	417,330	73,045
	1,360,104	1,625,572
Cash flows from investing activities		
Purchase of investments	(1,886,965)	(2,884,391)
Proceeds from sale of investments	1,700,000	1,675,000
Purchase of capital assets	(39,286)	-
	(226,251)	(1,209,391)
Net change in cash	1,133,853	416,181
Cash, beginning of year	6,205,648	5,789,467
Cash, end of year	7,339,501	6,205,648

The accompanying notes are an integral part of these financial statements

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Notes to Financial Statements

December 31, 2022

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.

Examination fees for self-study courses are recognized as revenue upon enrolment in the course.

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 and intangible assets

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

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2022

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) Intangible assets

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

Intangible 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 intangible assets over their estimated useful lives. The annual amortization rates are as follows:

Computer software	3 years
Database management software	6 years

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2022

1. Significant accounting policies (continued)

(e) Intangible assets (continued)

An intangible 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 intangible asset to its fair value. Any impairment of the intangible 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 intangible asset subsequently increases.

(f) 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.

(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.

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2022

1. Significant accounting policies (continued)

(g) Financial instruments (continued)

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.

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.

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2022

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:

Financial instrument	Risks				
	Credit	Liquidity	Market risk		
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:

	2022 \$	2021 \$
Cash	7,339,501	6,205,648
Investments	10,383,201	10,184,927
Discipline cost recoverable	128,000	128,000
	<u>17,850,702</u>	<u>16,518,575</u>

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 members or ex-members 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.

Notes to Financial Statements (continued)

December 31, 2022

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.

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2022

3. Investments

	2022 \$	2021 \$
Current	1,891,467	1,708,521
Long-term	8,491,734	8,476,406
	<u>10,383,201</u>	<u>10,184,927</u>

Investments have effective interest rates ranging from 0.95% to 4.50% (2021 - 0.95% to 3.22%), and maturity dates ranging from April 2023 to December 2027 (2021 - May 2022 to December 2026).

4. Capital assets

	Cost \$	Accumulated Amortization \$	2022 Net \$
Equipment	138,283	55,313	82,970
Furniture	345,231	138,093	207,138
Computer equipment	339,815	313,624	26,191
Leasehold improvements	1,843,679	737,471	1,106,208
	<u>2,667,008</u>	<u>1,244,501</u>	<u>1,422,507</u>
	Cost \$	Accumulated Amortization \$	2021 Net \$
Equipment	138,283	41,485	96,798
Furniture	345,231	103,570	241,661
Computer equipment	300,529	285,104	15,425
Leasehold improvements	1,843,679	553,104	1,290,575
	<u>2,627,722</u>	<u>983,263</u>	<u>1,644,459</u>

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2022

5. Intangible assets

	Cost \$	Accumulated Amortization \$	2022 Net \$
Computer software	121,510	121,510	-
Database management software	971,975	924,003	47,972
	<u>1,093,485</u>	<u>1,045,513</u>	<u>47,972</u>

	Cost \$	Accumulated Amortization \$	2021 Net \$
Computer software	121,510	113,427	8,083
Database management software	971,975	788,224	183,751
	<u>1,093,485</u>	<u>901,651</u>	<u>191,834</u>

6. Accounts payable and accrued liabilities

	2022 \$	2021 \$
Trade payables and accrued liabilities	178,078	123,328
Accrued liabilities - complaints and discipline	98,500	149,000
	<u>276,578</u>	<u>272,328</u>

7. Deferred lease incentives

	Cost \$	Accumulated Amortization \$	2022 Net \$
	223,220	85,567	137,653

	Cost \$	Accumulated Amortization \$	2021 Net \$
	223,220	63,245	159,975

Amortization of lease incentives in the amount of \$22,322 (2021 - \$22,322) was credited to premises rent in the current year.

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2022

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 for strategic initiatives.

Subject to the direction of the Council, upon the recommendation of the Executive Committee, \$2,000,000 was transferred from unrestricted net assets to net assets internally restricted for strategic initiatives during the current year.

10. Complaints and discipline

	2022 \$	2021 \$
Complaints and discipline	133,393	163,543
Cost recoveries	(43,123)	(22,300)
	<u>90,270</u>	<u>141,243</u>

The College, pursuant to the awards of costs as a result of discipline orders, has liens in the amount of \$128,000, on properties of members or ex-members of the College.

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:

	\$
2023	574,639
2024	581,209
2025	591,622
2026	598,420
2027	609,065
Subsequent years	719,821
	<u>3,674,776</u>

Of the rent paid during the year in the amount of \$538,836 (2021 - \$530,885) , \$130,540 (2021 - \$128,104) is included in council and \$408,296 (2020 - \$402,781) is recorded in premises rent in the statement of operations.

HILBORN

LISTENERS. THINKERS. DOERS.

College of Dental Hygienists of Ontario

***Audit Findings Communication
for the year ended December 31, 2022***

A message from Blair MacKenzie to the Executive Committee

I am pleased to provide you with the findings of our audit of the financial statements of the College of Dental Hygienists of Ontario (the “College”) for the year ended December 31, 2022.

Our audit findings communication is designed to highlight and explain key issues, which we believe to be relevant to the audit and to continue effective two-way communication with you regarding our audit. This will assist the Executive Committee in fulfilling your responsibility of overseeing the financial reporting process of the College.

This communication has been prepared to comply with the requirements outlined in Canadian Auditing Standard 260, *Communication with those Charged with Governance*. The information in this document is intended solely for the use of the Executive Committee, Council and management and should not be distributed to others without our consent.

We look forward to discussing our audit findings with you in detail as well as any other matters that you may wish to address at our meeting scheduled for May 12, 2023.



Blair MacKenzie CPA, CA
Managing Partner
Hilborn LLP
April 26, 2023

**“Our
commitment
to quality is
reflected in
every aspect
of our work.
If you have
any questions
or comments,
please contact
me.”**



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Your client service team

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“At Hilborn, we are committed to audit quality and strong client service. Audit quality is integral to our business and is an overarching consideration in our training, our processes, and our systems and controls.”

Executive Summary



Audit status

We have substantially completed our audit of the financial statements of the College for the year ended December 31, 2022, with the exception of the following procedures:

- Completion of subsequent events procedures
- Receipt of the signed management representation letter
- Council's approval of the financial statements

These procedures require completion before we may issue our auditor's report. If we become aware of significant matters after completing these procedures, we will bring them to your attention.



Auditor's report and representations from management

We expect to issue an unmodified opinion. The expected form and content of our report is included in the draft financial statements issued.

The management representation letter is expected to be consistent with that issued in our pre-audit communication. We ask management to sign and return the letter to us before we issue our auditor's report.



Independence

We are independent and have been so throughout the audit process. We have complied with all relevant ethical requirements regarding independence.

We have not performed any non-audit related services.



Significant difficulties encountered

There were no significant difficulties encountered while performing the audit.



Changes from the audit plan

Our audit approach was consistent with the approach communicated to you in our audit plan dated January 16, 2023.

Final materiality is consistent with preliminary materiality set at \$700,000.

Significant Qualitative Aspects of the College's Accounting Practices

Canadian Auditing Standards require that we communicate with you about significant qualitative aspects of the entity's accounting practices, including accounting policies, accounting estimates and financial statement disclosures.

Accounting policies, accounting estimates and financial statement disclosures

Hilborn's response and views

Management is responsible for the appropriate selection and application of accounting policies under the financial reporting framework of Canadian accounting standards for not-for-profit organizations.

Our role is to review the appropriateness and application of these policies as part of our audit. The accounting policies used by the College are described in Note 1, Significant Accounting Policies, in the financial statements.

- There were no significant changes in the previously adopted accounting policies or their application.
- Based on the audit work performed, the accounting policies are appropriate for the College and applied consistently.

Management is responsible for the accounting estimates included in the financial statements. Estimates and the related judgments and assumptions are based on management's knowledge of the business and past experience about current and future events.

- Based on the audit work performed, we are satisfied that the estimates made by management are reasonable in the context of the financial statements taken as a whole.

Management is responsible for the disclosures made within the financial statements, including the notes to the financial statements.

- Based on the audit work performed, we are satisfied that the overall presentation, structure and content of the financial statements, including the disclosures, represent the underlying transactions and events in a manner that achieves fair presentation.

Other Significant Matters

In accordance with Canadian Auditing Standards, there are a number of required communications between the auditor and those charged with governance related to the oversight of the financial reporting process. Those communications will primarily be written in the form of our audit plan and audit findings communication. We may also communicate orally through discussions. The table below summarizes the communications required at the conclusion of the audit.

Significant Matter	Discussion
Summary of uncorrected misstatements	We did not identify any misstatements that remain uncorrected in the financial statements.
Corrected misstatements	During the course of the audit, management and Hilborn LLP worked collaboratively to identify adjustments required to the financial statements. All adjustments proposed by Hilborn were approved and recorded by management.
Significant deficiencies in internal control	<p>An increased risk profile exists at the Organization relative to the lack of segregation of incompatible duties. The segregation of incompatible duties is a key internal control intended to minimize the occurrence of errors or fraud. The principle of segregating incompatible duties encompasses the division of responsibilities of a key process such that no one individual performs two or more of the functions related to custody, initiation, authorization, execution, recording and reporting.</p> <p>This risk is inherent in small to medium sized organizations and should not be interpreted negatively. From a cost-benefit perspective, it would not be practical to segregate incompatible duties to a sufficient degree to mitigate this risk, as it would require additional personnel that may not be appropriate otherwise.</p>

Significant Matter	Discussion
Fraud and non-compliance with laws and regulations	<p>No fraud or non-compliance with laws and regulations came to our attention during the course of the audit.</p> <p>We would like to reconfirm with the Executive Committee that you are not aware of any fraud or non-compliance with laws and regulations not previously discussed with us.</p> <p>The informal policy with respect to the dollar threshold set to record capital assets was not adhered to by management during the current year. We recommend that the College formalize the policy and revisit the dollar threshold of the policy, currently set at \$3,000, to address inflation.</p>
Significant difficulties encountered	<p>No difficulties were encountered while performing the audit and there are no unresolved disagreements. We received full cooperation from management during our audit.</p>
Related party transactions	<p>We did not identify any related parties.</p>
Subsequent events	<p>No subsequent events, which would impact the financial statements have come to our attention.</p>

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LISTENERS. THINKERS. DOERS.

COUNCIL MOTION

To: Council
From: Chair
Date: June 2, 2023
Topic: 2022 Draft Audited Financial Statements

Recommended Motions:

MOTION: THAT Council moves to accept the 2022 draft audited financial statements as presented by Hilborn LLP.

VOTE:

MOVED:
SECONDED:

CARRIED:
DEFEATED:

MOTION: THAT Council approves the transfer of \$2,000,000 from unrestricted net assets to net assets internally restricted for strategic initiatives.

VOTE:

MOVED:
SECONDED:

CARRIED:
DEFEATED:

**Annual and Comprehensive
Assessment of the
External Auditor by the
Executive Committee**

June 2023

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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 2021 audit.
What is the appropriate timing of the annual assessment in relation to the planned meeting agendas of the Executive Committee?	The initial pre-audit meeting with Executive was postponed until after the audit had already been initiated due to scheduling conflicts and illness. However, we were able to have the meeting early on in the process and the remaining timing was according to the determined schedule with alignment to Executive Committee meetings at key stages of the process (i.e. post- audit)
Do the results of the prior year assessments indicate areas that should be given particular focus this year?	Last year College personnel indicated that there were challenges to complete scheduled work during the fieldwork week for the past two years. Although it was determined that some of this may be due to COVID-19 and staffing changes at Hilborn, Executive will be looking to the College personnel responses in this assessment to determine if improvement with timelines have occurred. No other areas were identified from last year that required particular focus for the 2022 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.
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. This year a comprehensive assessment of the auditor is being completed and therefore additional information such as the external auditor will be approached with additional questions to complete prior to the conclusion of the audit.
What changes need to be made to other sections of this tool to reflect the approach to this year's annual assessment?	No changes 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 has regular dialogue with management and has no concerns asking the difficult questions; it is expected and welcomed. It provides assurance they are doing their job by questioning staff when needed.
How does the external auditor demonstrate independence (e.g. by proactively discussing independence matters and reporting exceptions to its compliance with independence requirements)?	A conversation with the Executive Committee prior to the commencement of the fieldwork outlines the 'independence' piece.
How did the external auditor adjust the audit plan to respond to changing risks and circumstances?	<p>Much like previous years, the auditor understands we are a small organization, and some duties overlap; they have assisted us in providing best practices for our situation.</p> <p>The 2022 audit was done virtually. The fieldwork week was more effective this year than the last 2 years.</p>
How were significant differences in views, if any, between management and the external auditor resolved?	There were no significant differences in views.
How forthright is the external auditor in dealing with difficult situations (e.g. by proactively identifying, communicating and resolving technical issues)?	Very forthright. The auditor has an exceptionally good working relationship with all internal staff members. All discussions are respectful, clear and to the point.
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)?	I believe the lead auditor we are provided with each year has a particularly good understanding of our needs. He is knowledgeable and thorough. He has a strong understanding of the complexities of our database.
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 have had the same lead auditor for the last 8 years - he is extremely knowledgeable with respect to all areas of our business.
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.	The 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)?	A detailed list of our requirements is requested months in advance; management/departments have time to compile information. Internal deadlines are set to ensure preparedness for the auditors. All required documents are uploaded to a shared drive, in advance of the fieldwork week. The goal of management is to ensure we are providing all necessary information in a timely and efficient manner.
To what extent is the external auditor effective in completing the audit on a timely basis?	The 2022 audit was much smoother than the previous 2 years. Many of the requests came in on the scheduled fieldwork week, which was a positive for management. Communication between the audit team and our staff was much better this year than last year.
To what extent does the external auditor keep management informed about the progress of the audit and difficulties encountered?	The lead auditor and Director, Corporate Services have a good working relationship. Email communication was more effective this year and timelines were communicated along the way.
To what extent has the external auditor maintained a respectful and professional attitude during the audit?	The auditor 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 team the lead auditor works with changes each year. I was impressed with the level of communication that the 2 new individuals working on the 2022 audit had with our management team.
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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 dialogue was very candid and complete. The auditor is great at explaining accounting and audit issues in a clear and concise manner.
How effectively does the external auditor provide timely and informative communications about accounting and other relevant developments?	The auditor was effective in timely and informative communication. There were no concerns on the management side.
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 advice we are provided with each year has assisted in streamlining our processes and allowed us to adjust best practices as needed.

Other Input Requested from College Personnel	
	None

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. In addition, Blair and Usman addressed their firm’s independence during the pre-audit discussion and audit findings presentation.
How did the external auditor adjust the audit plan to respond to changing risks and circumstances?	The auditor reported that they conducted a risk assessment before designing the audit plan. The plan did not need to be adjusted during the audit. They conducted a risk-based audit, meaning they focused their audit efforts on significant risks and other areas that may be a concern to management and Council.

<p>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?</p>	<p>The Firm's leaders emphasize the importance of professional ethics, values and attitudes in the following ways:</p> <ul style="list-style-type: none"> • 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 for everyone to learn. • 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 resources; human, technological and financial, 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.
<p>How were significant differences in views if any, between management and the external auditor resolved?</p>	<p>The external auditor reports that they did not experience significant differences in views with management.</p>
<p>Is the Executive Committee aware of any significant differences in views between management and the external auditor that are unresolved?</p>	<p>The auditor reports that there were no unresolved issues.</p>
<p>What evidence is there that the external auditor challenges significant decisions made by management in preparing the financial statements?</p>	<p>During the presentation of the audit, the audit team discussed recommendations for change where appropriate through dialogue with management. It was reported that there were recommendations related to the recording of capital assets which was accepted by management.</p>

<p>How has the external auditor addressed potential risks of fraud (e.g. incorporating an element of unpredictability into audit procedures during the period)?</p>	<p>Before designing the audit plan, a risk assessment was conducted to inform the audit plan design. 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.</p>
<p>Re: quality of the audit team / service</p>	
<p>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?</p>	<p>The audit team has 8 years' experience with CDHO and the auditor organization has vast expertise with regulated health organizations.</p>
<p>What evidence was there that the engagement partner devoted sufficient attention and leadership to the audit?</p>	<p>The engagement partner and managing partner provided a comprehensive presentation on the process, scope and timing of the audit at the start. After the audit was completed, they provided a breakdown of their findings. This was presented to the Executive Committee on May 12, 2023, and then presented to council on June 2, 2023.</p>
<p>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)?</p>	<p>The external auditor met all of their commitments and met delivery times and were accessible and flexible to the Executive Committee's schedule.</p>
<p>How would you assess the professionalism of the engagement partner and audit team?</p>	<p>The team was exemplary, competent, knowledgeable, professional and transparent. They were also flexible to the Executive Committee's schedule when meeting to discuss the audit.</p>
<p>How proactive and communicative is the external auditor (e.g. soliciting input relative to business risks or issues that might impact the audit plan)?</p>	<p>They are very proactive and communicative. Their engagement letter requests that we bring to their attention any significant matters of which we are aware, including business risks, non-compliance with laws and regulations, significant communications with</p>

	external parties such as regulatory authorities, suppliers and legal counsel, suspected or alleged fraud affecting the College. They reiterated this during the subsequent presentation. The auditor identified potential risks without specific prompting and presented several examples related to CDHO. The auditors' extensive knowledge of the regulatory professions allows them to provide us with examples from similar organizations.
How proactive is the external auditor in identifying opportunities and risks (e.g. by anticipating and providing insights and approaches for potential business issues)?	The auditor was forthright in identifying opportunities for change that would be best practice such as capitalizing assets above \$5000 instead of the current lower threshold of \$3000 and restricting some unrestricted funds for future strategic initiatives.
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 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?	During the engagement presentation, pre-audit discussion, and post-audit discussion Blair and Usman presented comprehensive details of the audit process to the Executive Committee. They welcomed questions from the Executive and were able to answer with clarity. The audit presentation was clear and comprehensive, and flexible to allow for questions making it understandable for all involved. The post audit discussion was comprehensive, and it reported that no misstatements of a material nature were identified and no illegal acts during the course of the audit were identified. There was an additional opportunity for clarification through email that was welcomed by the audit team should any questions arise after the post-audit meeting with executive.
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?	Acceptable practices were identified - they demonstrate an understanding of our organizational structure and processes. The auditors provided opportunity for clarification and education around the financial statements and recommendations for reporting requirements to the Executive Committee,

	where appropriate.
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 was frank and candid during all discussions while maintaining professionalism. Any recommendations made were supported by evidence, such as requirements by the CPA or other organizations and best practices.
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 current developments in accounting and auditing standards in the Engagement presentation. Specific recommendations were provided in a clear manner and opportunity for discussion was given to executive.
Other Input Requested from College Personnel	
None	

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
None identified	

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

Potential Change	Person Responsible for Follow-up
None identified	

Comprehensive Assessment Process

The Comprehensive Assessment assumes that the Committee has conducted robust Annual Assessments of the external auditor in the previous years. The Comprehensive Assessment includes all processes included in the Annual Assessment as well as the additional assessment elements discussed in these pages. This assessment would cover not just the previous year’s audit but would also review all audits that underwent annual assessments since the last Comprehensive Assessment.

It should be noted that the Executive Committee is responsible for determining the scope, timing and process for the Comprehensive Assessment and not staff or the external auditor. Although the staff and the external auditor contribute, the process belongs to the Executive Committee. A Comprehensive Assessment should be conducted at least every five years.

1. Additional Information to Determine Scope, Timing, and Process

In addition to the considerations noted in the Annual Assessment process, the Executive Committee may wish to also consider the following:

Points to Consider	Observation
When was the last Comprehensive Assessment conducted and what period should this assessment cover?	A comprehensive assessment has never been completed since the introduction of the audit assessment in 2019. This assessment will cover the period 2019 – 2023.

2. Obtain Additional Information from College Personnel

- Relevant Executive Committee meeting minutes and results of Annual Assessments.

In the 2019, 2020, 2021 and 2022 annual assessment of the auditor there were no recommendations made to the external auditor or changes to the audit assessment process for the subsequent year. Executive and council recommended renewing Hilborn LLP as the Collee of Dental Hygienists of Ontario’s external auditor.

- Whistleblowing policy and associated reports that may have relevance to the relationship with the audit firm.

The College of Dental Hygienists of Ontario’s whistleblowing policy can be found at https://www.cdho.org/docs/default-source/pdfs/policies/whistleblower_policy.pdf. The relevant excerpts are below:

The **Whistleblower Policy** covers instances where an employee, Council member and/or other stakeholder has evidence of and reports a concern about any CDHO staff, Council member, Non-Council member and/or retained consultant (including external auditors) that involves one or more of the following Reportable Matters:

- Accounting, auditing or other financial reporting misconduct or fraud;
- Receiving gifts from vendors which could create a bias or a conflict of interest (perceived or actual);
- Unethical conduct in violation of CDHO policy;

- Disclosure of confidential CDHO information;
- Violations of federal and/or provincial laws that could result in fines or civil damages payable by CDHO, or that could otherwise harm CDHO's reputation; or
- Danger to the health and safety of employees, Council members, stakeholders and the general public.

Procedure:

A Whistleblower may submit their report in writing to the Registrar/CEO or Deputy Registrar by completing a Whistleblower Incident Form. This form can be emailed, mailed or hand-delivered. A Whistleblower may wish to remain anonymous. CDHO will treat all reports received from Whistleblowers in confidence to the greatest extent possible. In all cases, the person who is alleged to have committed the Reportable Matter(s) will be made aware of the incident at the appropriate point in the investigation. Whether a Whistleblower chooses to remain anonymous or not, they should give as much detailed information in their report as possible.

Information that should be included:

- Where and when the Reportable Matter(s) occurred;
- Name(s) and title(s) of all individuals involved;
- How and when the Whistleblower became aware of the Reportable Matter(s);
- All relevant details that will assist in a complete and thorough investigation.

Upon receipt of a report about a Reportable Matter, one of the following processes shall occur:

Reportable Matters Involving Staff, Agents of the College or Vendors

The Registrar/CEO or Deputy Registrar shall be responsible for promptly conducting an investigation and for resolving most types of reports made under this Policy. In certain circumstances, the Registrar/CEO or Deputy Registrar may refer the investigation of the matter to an employee or a third party depending upon the nature of the Reportable Matter. Under no circumstances will a matter be investigated by an employee of CDHO who is involved in the Reportable Matter.

On May 4, 2023 the President confirmed with the Registrar by email that there have been no instances of "whistle blowing" involving Hilborn LLP over the past 12 months. On May 8, 2023 the President confirmed with the Deputy Registrar through email that there have been no instances of "whistle blowing" involving Hilborn LLP over the past 12 months.

- Information about any significant financial reporting matters that have been questioned by regulators or the press that may have relevance for the relationship with the external auditor.

The Director of Corporate Services reported to the President on May 4, 2023 that they are unaware of any significant financial reporting matters that have been questioned by regulators or the press. The President undertook a Google search on May 4, 2023 to ascertain whether there was any press coverage or reports of such matters and they are pleased to report they were unable to identify any significant financial reporting matters that were questioned by the press.

3. Obtain Input from the External Auditor

- Analysis of total services provided by the audit firm, covering audit and non-audit services and related fees since the last Comprehensive Assessment

Table of fees for fiscal 2020 to 2022

Fiscal year	Quoted Audit / Tax/ Investments	Actual Audit/ Tax/ Investments	Accounting / Tax Advisory	General Corporate Advisory
2020	\$21,600	\$21,600	\$5,000	\$2,100
2021	\$22,425	\$22,425	\$4,200	\$4,775
2022	\$23,950	pending	pending	\$1,750

Our firm policy is to invoice the quoted amount, except in situations where there are unusual circumstances outside the anticipated scope of a quote, in which case fees are discussed with and approved by management prior to the work commencing. Accounting/Tax Advisory consists of matters outside the College's basic audit/tax requirements, but considered necessary to the College's financial reporting/tax compliance, or on occasion for accounting/tax matters in which management has asked for our advice/assistance (i.e. pros/cons of the College registering for HST, preparation of amortization calculations, review of internal financial statements, advising in connection with internally restricted net assets).

- Summary of external auditor's reports

For each of 2020 and 2021 we provided an Independent Auditor's Report on the Full and Summary financial statements of the College. Each of the reports were unmodified expressing no reservations. We expect to issue an unmodified opinion for 2022.

- Summary of reports issued to the Executive Committee, including significant matters addressed.

For each of 2020 and 2021 we have provided to the Executive Committee the following:

1. Pre-audit communication
2. Audit findings communication
3. Draft financial statements

For fiscal 2022, to date, we have issued our pre-audit communication to the College.

Significant matter communicated include:

- Scope of the audit
- Risk of material misstatements
- Audit strategy
- Materiality
- Independence
- Corrected and Uncorrected misstatements

As noted in our audit findings communications, we have not found the need to issue separate management letters. A management letter is a communication tool that the auditor has the option of using to report significant internal control deficiencies or other matters of significant interest discovered during the audit to management and those charged with governance.

- A communication from the firm regarding any conflict of interest issues, or independence issues.

Independence is a vital characteristic and requirement of the external auditor and as such, we confirm our independence in writing in each of our pre-audit and audit findings communications and also confirm verbally at each meeting with the Executive Committee and Council. Independence includes being free of any conflict of interest, which would impair our independence.

- Summary of reports to management.

In addition to the three reports provided to the Executive Committee, as noted above, we also provide the following reports to management:

1. Adjusting journal entries
2. Trial balance
3. Management representations letter – this is management’s confirmation that they have provided us with all the relevant information for the purposes of the audit

- Summary of key elements of the firm’s quality control processes and how they were applied to the College’s audit.

Independence, integrity and objectivity are practiced for each College audit from the commencement of the audit through to the issuance of our Auditor’s Report.

Each audit engagement is conducted in compliance with Canadian Auditing Standards and the firm’s quality control policies. This requires that all audits are planned, executed, supervised and reviewed by staff with the appropriate level of expertise and resources. Risks are assessed and audit procedures are designed by the engagement manager (Usman Paracha) and the engagement partner (Blair MacKenzie). Audit procedures are then executed by an associate, senior associate or manager, depending on the complexity of the matter, and reviewed by the engagement manager and partner, and in some cases our Partner of Professional Standards, if consultation related to a specific technical matter is required.

All elements of each engagement are reviewed by two – four professional staff prior to finalization.

Our Partner of Professional Standards conducts internal file inspections of a sample of audit files each year to ensure compliance with Canadian Auditing Standards and the policies and procedures of our firm’s quality control policies.

All engagement files of the firm may also be subject to an engagement quality control review (EQCR) to ensure that files are executed and documented in a manner that complies with Canadian Auditing Standards and the firm’s quality control policies.

Further details about the EQCR can be found below under our response to familiarity threats. Additionally, all accounting firms are subject to a triennial practice inspection from CPA Ontario, to ensure that firms are compliant with Canadian Auditing Standards. Our firm’s most recent practice inspection took place in October 2022. Firm’s with reportable deficiencies may be subject to reinspection and the potential suspension or revocation of their public

accounting license. No such actions were taken by CPA Ontario as a result of the Firm’s practice inspection results. Our firm will be re-inspected in 2025 in accordance with the standard inspection cycle.

Points to Consider	Observation
<p>How long has the audit firm been the external auditor? What steps have been taken to address possible institutional familiarity threats?</p>	<p>Hilborn has been the external auditor of the College since 2012.</p> <p>Auditors are required to assess threats to independence on an annual basis, prior to the acceptance of an engagement and issuance of the engagement letter.</p> <p>Familiarity is inherent in any long-term relationship, however we believe that a degree of familiarity is a benefit rather than a threat. Being familiar with our clients allows us to gain a depth of understanding and knowledge which we can utilize to provide a much higher quality audit and advisory experience.</p> <p>We believe the threats associated with familiarity to be appropriately mitigated through the multiple layers of internal and external review, as noted above in the firm’s quality control process, and by exercising professional skepticism.</p> <p>Below are some additional details regarding the firm’s engagement quality control review which was mentioned above in the firm’s quality control process.</p> <p>Annually, the Management Committee of our firm and Partner of Professional Standards produce a list of assurance clients of the firm that will be subject to an Engagement Quality Control Review (EQCR), a Presentation and Disclosure Review, and/or be subject to our ongoing internal file inspection process. Identification and selection criteria have been developed to address certain risk factors inherent to the firm’s assurance engagements.</p> <p>Through the mapping of these risks to our assurance engagements, a decision is reached for each respective assurance engagement as to whether additional levels of review or support are warranted.</p> <p>An EQCR provides an objective assessment of the key judgments made and conclusions reached in formulating the content of our auditor’s report.</p> <p>If selected for an EQCR, our Partner of Professional</p>

	<p>Standards would be actively engaged during the execution and reporting phases of the engagement.</p> <p>To date, the Management Committee has determined that an EQCR for the audit of the College is not required.</p> <p>Regardless of whether an individual engagement is subject to an EQCR, the lessons learned from each are applied to all engagements.</p>
<p>What are the firm’s plans for the training and development of the audit team?</p>	<p>Hilborn has an integrated learning and development strategic plan (Plan) in place which is key to producing and retaining high-performing employees.</p> <p>The Plan sets out specific learning opportunities and creates a framework from which the firm’s learning and development initiatives have evolved over time.</p> <p>The Partner of Professional Standards is responsible for the creation, implementation, evaluation and monitoring of the Plan in conjunction with the Director of Human Resources and with oversight from the Management Committee.</p> <p>Everyone in the firm participates in and attends numerous presentations throughout the year. External presentations are led by subject area experts, internal presentations are led by either our Managing Partner or our Partner of Professional Standards. The firm also employs the use of a learning platform, Udemy, to assign attendance to mandatory courses and an option to select courses of choice as defined in their annual action plan.</p>
<p>What are the firm’s expectations as to future partner rotation or other changes to senior audit team personnel?</p>	<p>We believe that a consistent partner and senior management team provides for a more effective audit as a result of being able to leverage the accumulation of knowledge and experience of those individuals. There are currently no plans to rotate partners or senior staff.</p> <p>The engagement team will continue to have clear communication with the Executive Committee and Council and continue to provide transparency into the audit process through its pre-audit, auditing findings communications and participation in the auditor assessment process.</p>
<p>How are the size and resources of the audit firm changing?</p>	<p>In the last three years, the firm acquired a sole practitioner, promoted three individuals to become Partners and three individuals to become Associate Partners. Through the acquisition and internal growth, the firm has grown to 9</p>

	<p>partners and approximately 60 staff and expanded the resources available to our clients.</p> <p>Our firm is a member of BHD Canada, which is an Association of Canadian accounting firms across Canada to share information and resources. BHD Canada is a member of IAPA International which is a global association of accounting firms which has a similar purpose as that of BHD Canada.</p> <p>The firm regularly conducts a professional development needs assessment, which leads to the creation of learning and development strategic plans focused on developing and retaining high performing employees. The objectives of the plans are to: motivate and educate staff to improve their day-to-day job performance; develop professional staff in the CPA Ontario Pre-Approved Program; prepare employees for advancement within the Firm; build and retain strong leaders; promote a culture of high performance; teamwork and continuous learning; reinforce the objectives through a non-monetary rewards and recognition program; and ensure compliance with CPAO professional development requirements.</p> <p>In 2020, the firm invested in a learning management system, to integrate Hilborn training with content delivered by Udemy for Business, and content created externally by CPA Canada, IAASB and others.</p> <p>In 2022, the firm invested in NINJIO that offers an engaging and effective cybersecurity awareness training program by using short videos. By watching these videos, staff have learned how to defend themselves and the firm against cyber threats in the increasingly sophisticated and complex world of cybercrime and provide guidance to our clients.</p>
<p>What efforts are being made to enhance audit quality within the audit firm, generally, and the external audit of the College specifically?</p>	<p>Audit quality is enhanced through the firm’s system of quality control, which is comprised of three pillars: (1) quality control policies monitoring (2) training and development and (3) firm culture.</p> <p>(1) The Partner of Professional Standards is responsible for monitoring compliance with the firm’s quality control policies and keeping documentation up-to-date. New hires are required to acknowledge receipt of the firm’s quality control policies by signing an annual compliance form. At least annually, personnel receive training on the quality control policies and acknowledge receipt of the most recent quality control policies. The firm uses quality control materials, such as templates, checklists, audit programs,</p>

practice aids, questionnaires to assist with engagement performance. The firm promotes consistency in the quality of engagement performance and documentation.

Consultation by the engagement team with others in the firm (and where necessary, outside of the firm) having the appropriate knowledge, seniority and experience is required when addressing and reaching conclusions on complex, specialized, difficult or contentious issues.

(2) The Partner of Professional Standards is responsible for the firm's professional development activities, including maintaining CPD records and training materials for personnel. All firm personnel must comply with the professional development requirements of CPA Ontario. All partners must comply with the CPA Ontario public accounting license requirements.

The firm provides CPD to personnel in subjects that are relevant to their responsibilities, either through in-house programs, suitably qualified external provider or externally developed courses.

All professional personnel must participate in continuing professional development (CPD) and professional development activities that support their performance in their assigned engagements and are appropriate when considering their role in the firm.

(3) The firm promotes a quality-oriented internal culture by holding training sessions, meetings and through formal and informal communications, such as emails and memoranda.

performance appraisal process incorporates the firm's view on quality, such that it will support and reinforce the firm's view on the importance of quality. Further, the firm has established policies and procedures that address performance evaluation and compensation and promotion in order to demonstrate the firm's overriding commitment to quality.

Messages from the firm's leadership emphasizes that work is required to comply with professional standards and applicable legal and regulatory requirements and all reports issued must be appropriate in the circumstances.

The firm expends a significant effort on continuous improvement. Some of our major success factors include:

	<p>Tone at the top – independence, integrity, ethics and objectivity are reinforced through the actions and communication of the partners.</p> <ul style="list-style-type: none"> • Each professional staff is required to complete a minimum of 120 hours of continuing professional development training every 3 years. • The firm has a Partner of Professional Standards, who’s mandate includes advising on complex technical matters and evaluating and improving the manner in which the firm executes audits. • Partners and managers are constantly educating themselves of the RHPA environment through discussions and relationship building with other external service providers to regulated Colleges. • The firm has a dedicated team of professional staff who focus on member based not-for-profit organizations and are continuously evaluating and sharing best practices across the industry and applying them to each client • The firm’s quality assurance policies and manual are evaluated and updated annually to reflect current best practices and changes in the audit environment. <p>All of the above factors directly help to continually enhance the quality of the College’s audit.</p>
<p>How has the audit firm’s relevant expertise in the industries and markets in which the College operates been evolving? What are the audit firm’s future plans to serve the College with an audit team with appropriate expertise?</p>	<p>Our firm is proud to have developed a specialization in the Regulated Health Professionals Act (“RHPA”) sector. We have been able to leverage our experience throughout our 16 RHPA clients to learn a tremendous amount about the RHPA sector, the most effective manner of conducting audits and how best to advise our RHPA clients and keep them abreast of best practices.</p> <p>We also serve as the auditors of other Colleges, outside of the RHPA sector, but similar in operations and all other facets to that of the College.</p> <p>The audit team that serves the College is and will continue to be comprised of individuals who have experience in serving RHPA clients, as well as other member-based not-for-profit organizations. The firm has experienced very low turnover in audit team members with expertise in the RHPA sector.</p>
<p>What reputational challenges, if any, are facing the audit firm and how are these being addressed?</p>	<p>We are not aware of any reputational challenges.</p> <p>Our quality control system, human policies and client acceptance guidelines mitigate the likelihood of a reputational challenge being faced by our firm.</p>

<p>How have significant differences in views, if any, between management and the firm been addressed?</p>	<p>We have not experienced any significant differences in views with management. Our experience with management is that they have been very cooperative with our audit requirements and receptive to our suggestions.</p>
<p>What institutional familiarity threats has the audit firm identified? What steps have been taken to address them?</p>	<p>Auditors are required to assess threats to independence on an annual basis, prior to the acceptance of an engagement and issuance of the engagement letter.</p> <p>Familiarity is inherent in any long-term relationship, however we believe that a degree of familiarity is a benefit rather than a threat. Being familiar with our clients allows us to gain a depth of understanding and knowledge which we can utilize to provide a much higher quality audit and advisory experience.</p> <p>We believe the threats associated with familiarity to be appropriately mitigated through the multiple layers of internal and external review, as noted above in the firm’s quality control process, and by exercising professional skepticism.</p>
<p>To what extent has the College employed former audit firm staff in key financial positions?</p>	<p>The College has not employed former audit firm staff in any key financial position of the College. For that matter no former employee of Hilborn has been employed by the College.</p>
<p>What personnel changes, if any, in the audit firm or the College could create a perception that the external auditor is no longer independent?</p>	<p>In general, any personnel changes that create a personal relationship or appearance of a personal relationship between employees of our firm and the College may potentially compromise our independence and create a perception of bias. Therefore, annually we have staff complete an acknowledgement for submission to our Director of Human Resources regarding their independence and any potential conflicts of interest. In addition, at the beginning of each audit engagement we have team members confirm independence on the engagement. Specifically, we have each team member confirm : <i>“That I do not have a family or close business relationship with the entity’s principal owners, key management or those charge with governance”</i>.</p>
<p>What corporate hospitality has been provided to the audit firm / management by management / the audit firm that could bring the external auditor’s independence into question?</p>	<p>No corporate hospitality has been extended to our audit firm.</p>

<p>What reputational damage or regulatory action, if any, has the audit firm suffered that could bring into question its professionalism, independence or financial stability?</p>	<p>Our firm has not suffered any reputational damage or been party to a regulatory action that would bring in to our question our professionalism, independence or financial stability.</p> <p>Our quality control system, human policies and client acceptance guidelines mitigate the likelihood of any reputational damage or regulatory action.</p>
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4. Conclude on the Comprehensive Assessment and Communicate Results

Conclude on the results of the Comprehensive 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
None	

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

Potential Change	Person Responsible for Follow-up
None	

APPENDIX 1 – Templates

TEMPLATE: ANNUAL ASSESSMENT REPORT TO COUNCIL

Reporting Year:	2023
Summary Observations:	See above
Recommendations made to the external auditor:	none
Recommended Audit Structure for the Following Year (FOR APPROVAL BY COUNCIL):	<input type="checkbox"/> Comprehensive Assessment <input checked="" type="checkbox"/> Annual Assessment
Any recommended changes to the Assessment Process for future:	None

TEMPLATE: COMPREHENSIVE ASSESSMENT REPORT TO COUNCIL

Reporting Year:	2023
Summary Observations:	<p>This is the first comprehensive assessment the Council has undertaken of Hilborn LLP as the external auditor for the CDHO. They have been the auditor since 2012 for the College. There has been no indication of any negative conduct or reports related to the auditors. Since 2020 the fee for service has ranged from \$21,600 - \$23,950 and Hilborn has invoiced what was originally quoted except in situations where there are unusual circumstances outside the anticipated scope of a quote, in which case fees are discussed with and approved by management prior to the work commencing.</p> <p>For 2020 and 2021, the auditor provided an Independent Auditor’s Report on the Full and Summary financial statements of the College. Each of the reports were unmodified expressing no reservations. An unmodified opinion will be issued for 2022.</p>

	<p>Each year the auditors have provided to the Executive Committee the following:</p> <ol style="list-style-type: none"> 1. Pre-audit communication 2. Audit findings communication 3. Draft financial statements <p>Additional reports are submitted to management.</p> <p>Staff identified that the auditors are always respectful and that the 2022 audit was much smoother than the previous 2 years. Requests were on schedule and communication improved since last year. It was confirmed that the auditor has regular dialogue with management and has no concerns asking the difficult questions.</p> <p>During the engagement presentation, pre-audit discussion, and post-audit discussion Blair and Usman presented comprehensive details of the audit process to the Executive Committee. They welcomed questions from the Executive and were able to answer with clarity. The audit presentation was clear and comprehensive, and flexible to allow for questions making it understandable for all involved. The post audit discussion was comprehensive, and it reported that no misstatements of a material nature were identified and no illegal acts during the course of the audit were identified.</p> <p>As a company, Hilborn LLP has strategic education and external audit quality plans in place for their employees and have no plans to rotate partners or senior staff within the organization.</p> <p>The team serving the CDHO has developed a specialization in the Regulated Health Professionals Act (“RHPA”) sector through their service to 16 RHPA clients.</p>
<p>Recommendation to Council – renew external auditor or go to tender (FOR APPROVAL BY COUNCIL):</p>	<p>Renew external auditor</p>
<p>Recommended Audit Structure for the Following Year (FOR APPROVAL BY COUNCIL):</p>	<p><input type="checkbox"/> Comprehensive Assessment <input checked="" type="checkbox"/> Annual Assessment</p>
<p>Any recommended changes to the Assessment Process for future:</p>	<p>None</p>
<p>Recommendations made to the external auditor: (In the event that the external auditor is to be re-appointed)</p>	<p>None</p>

COUNCIL MOTION

To: Council
From: Chair
Date: June 2, 2023
Topic: Appointment of 2023 Auditors

Recommended Motion:

WHEREAS Bylaw No. 5 *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 completed a comprehensive assessment and 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 2023.

VOTE:

MOVED:
SECONDED:

CARRIED:
DEFEATED:

Council

BRIEFING NOTE

Meeting date:	June 2, 2023
Agenda item:	Dissolution of the Examinations Committee
References:	CDHO Examination Regulation (https://www.ontario.ca/laws/regulation/940218)
Owner:	Council
Staff support:	Dr. Glenn Pettifer

Issue:

The CDHO no longer has the need for an Examinations Committee to develop or administer examinations or to review appeals related to examinations since this role has been assumed by the Federation of Dental Hygiene Regulators of Canada (FDHRC).

Public protection rationale:

The public interest in access to safe, competent, and ethical care and service is supported by rigorous requirements for an individual to register with the CDHO and become legally authorized to engage in the practice of Dental Hygiene. One of those requirements is the successful completion of the National Dental Hygiene Certifying Examination (NDHCE).

Background:

The written NDHCE was the responsibility of the National Dental Hygiene Certification Board (NDHCB) from 1994–2021. The FDHRC and the NDHCB amalgamated on January 1, 2022. The new organization is operating as the FDHRC. The FDHRC is now responsible for the administration of the written NDHCE and/or any clinical examinations.

Regarding the clinical examinations, the CDHO developed and administered the CDHO Clinical Competency Exam from 1993 until 2016. In 2017 this exam was replaced by the Canadian Performance Exam in Dental Hygiene (CPEDH). The CDHO, the College of Dental Hygienists of British Columbia and the College of Registered Dental Hygienists of Alberta co-owned this exam. The National Dental Hygiene Certification Board (NDHCB) submitted a proposal to take over the administration and ongoing maintenance of the CPEDH. The proposal was approved by CDHO Council on June 11, 2021. With the amalgamation of the NDHCB and the FDHRC, the CPEDH is now administered by the FDHRC.

As a result of this amalgamation, the FDHRC is now responsible for the administration of the NDHCE (written examination) and the CPEDH (clinical examination). The CDHO no longer administers any entry-to-practice examination since it delegates that responsibility to the FDHRC as a third-party provider for the administration of both the written and clinical examinations. The FDHRC also manages the appeal process associated with either exam.

The mandate of the CDHO Examinations Committee was to oversee the written and clinical entry-to-practice examinations and to address any appeals related to the examination results. As these functions have now been assumed by the FDHRC, the Examinations Committee is no longer needed.

The Terms of Reference for the Examination Committee were:

The Examinations Committee is responsible for:

1. *the management of the written and clinical entry-to-practice examinations.*
2. *ensuring that the examinations are fair and consistent and assess agreed standards of knowledge, skills and competencies.*
3. *making recommendations to Council, whether in the form of general proposals or as specific resolutions regarding:*
 - a. *any changes the Committee may consider to be desirable in:*
 - i. *the content of the written or clinical examinations*
 - ii. *the structure of the examinations*
 - iii. *examination techniques*
 - iv. *the Examinations Regulation*
4. *approving and maintaining examination policies and procedures.*
5. *ensuring that examination appeals are handled in a timely manner and that appeal policies and procedures are transparent, fair and consistently applied.*

Next steps:

Since the work of the CDHO Examination Committee outlined in the Terms of Reference above has been assumed by the FDHRC, Council is being asked to consider the dissolution of the CDHO Examinations Committee.

MOTION: **WHEREAS** Council formed an Examinations Committee on January 24, 2014; and

WHEREAS the Examinations Committee functions have been transferred to the Federation of Dental Hygiene Regulators of Canada (approved by Council on June 11, 2021);

THEREFORE, BE IT RESOLVED THAT the Examinations Committee be dissolved with the appreciation of Council to Committee Members for their contributions.

MOVED:

SECONDED:

VOTE:



VOICE OF THE PATIENT: PRESENTATION OF SURVEY RESULTS

CDHO Board Presentation
June 2, 2023



RESEARCH SCOPE

Primary Research Objective: Understand the landscape of patient and public experiences and perceptions with dental hygiene care in Ontario

Phase 1: Online Bulletin Board with 23 Ontario Residents

- 1 Conduct deep-dive into **dental hygiene care journey** and **validate key journey touchpoints**
- 2 Identify dental hygiene patient **pain points**
- 3 Derive **language** likely to resonate with general public for online survey

In-depth Interviews with 10 ON Residents

- 1 Conduct in-depth interviews with English Language Learners to understand **unique perspective** of their dental hygiene care journey and with older adults to accommodate for technology proficiency levels

Phase 2: Online Survey with 2,000 Ontario Residents

- 1 Ascertain perspectives on **dental hygiene care experience**
- 2 Determine understanding and awareness of dental hygiene care **regulations**
- 3 Respondents were given the option to complete the survey in French, Mandarin, Punjabi or English

SUMMARY OF FINDINGS



Dental hygiene patients are highly satisfied with their dental hygienists across all health regions and throughout various demographics. Overall, 77% of dental patient respondents are either satisfied or extremely satisfied.



Consent and transparency are drivers of satisfaction. Information about the costs of treatments and procedures, as well as not feeling pressured to proceed with a treatment or procedure, are attributes that have the greatest impact on the overall dental hygiene care experience.



Satisfaction is positively correlated with age, income, and English language fluency. Age, income, English language proficiency, and belonging to a racially marginalized communities are the main determining factors of satisfaction with dental hygiene care, irrespective of geographic location.

SUMMARY OF FINDINGS



Dental hygiene care is perceived to be **expensive and cost-prohibitive** to many Ontario residents. Cost and lack of dental insurance coverage are the primary reasons why nearly a quarter of Ontario residents did not visit a dental hygienist in the past 12 months.



Access to dental hygiene care is **correlated with socio-economic factors**. A large proportion of non-patient respondents are low-income, unemployed, do not possess a post-secondary education, and/or live in rural and remote areas of the province.

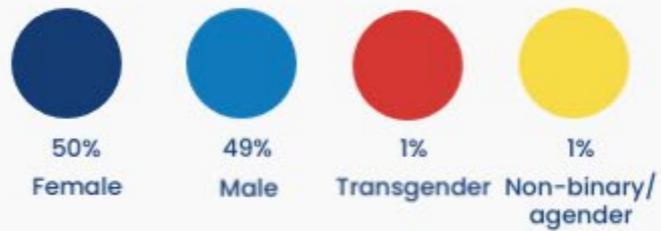


Improved dental appearance is the most typical outcome of a dental hygienist visit. Half of respondents (50%) said they commonly feel their dental appearance is improved after visiting a dental hygienist.

RESPONDENT PROFILE

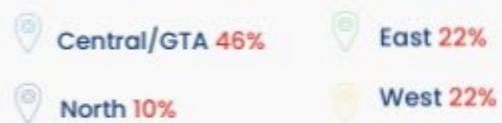
Gender Identity

n=2,000



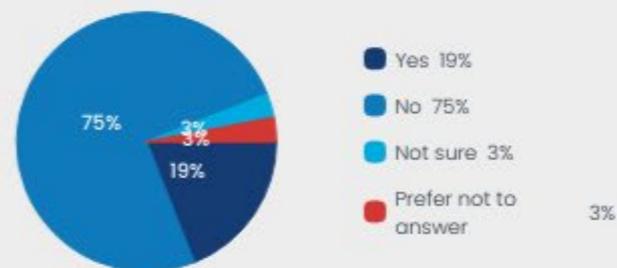
Place of Residence by Health Region

n=2,000



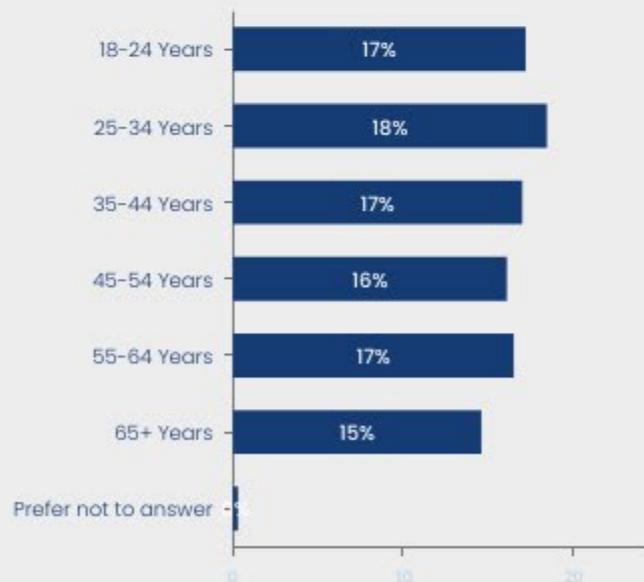
Belonging to Racial or Ethnic Minority

n=2,000



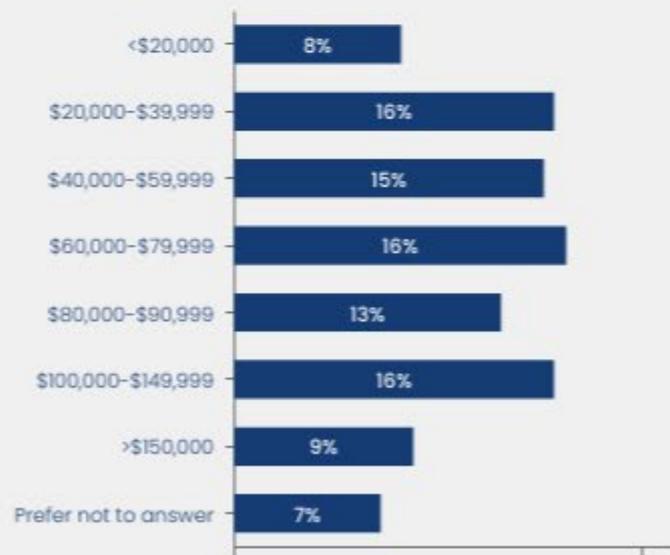
Age

n=2,000



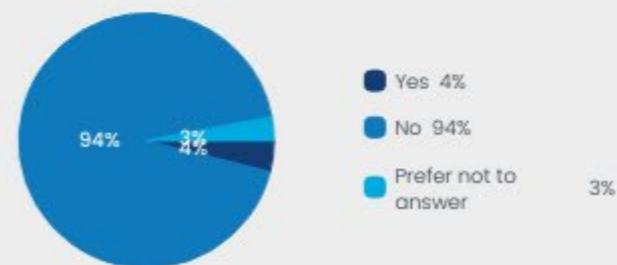
Average Household Income

n=2,000



Identify as Indigenous (Inuit/First Nations/Metis)

n=2,000



RESPONDENT PROFILE



Educational Attainment

n=2,000



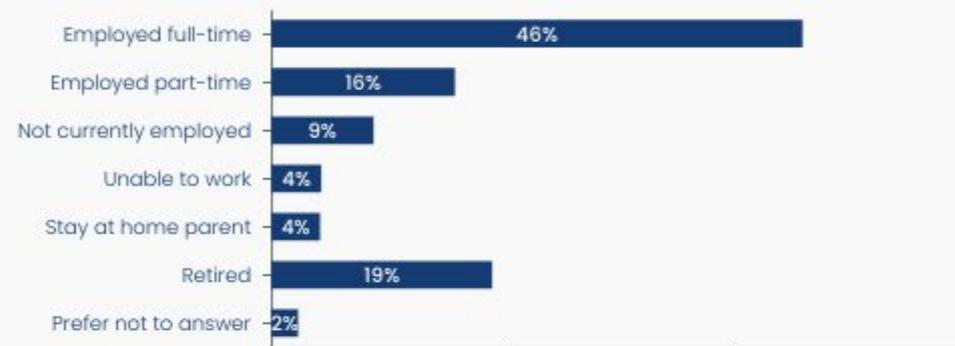
English Language Proficiency

n=2,000



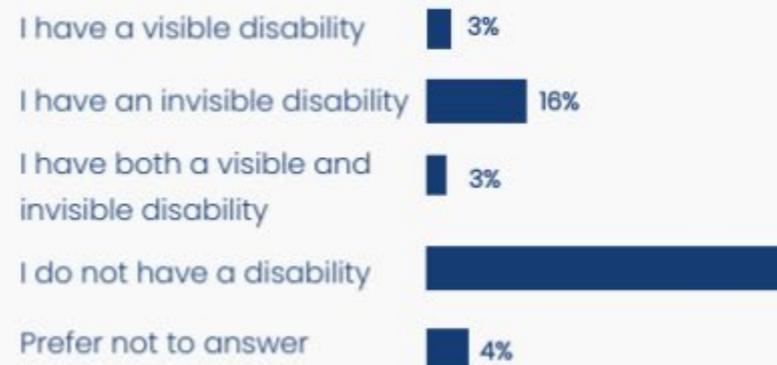
Employment Status

n=2,000



Self-Reported Disability

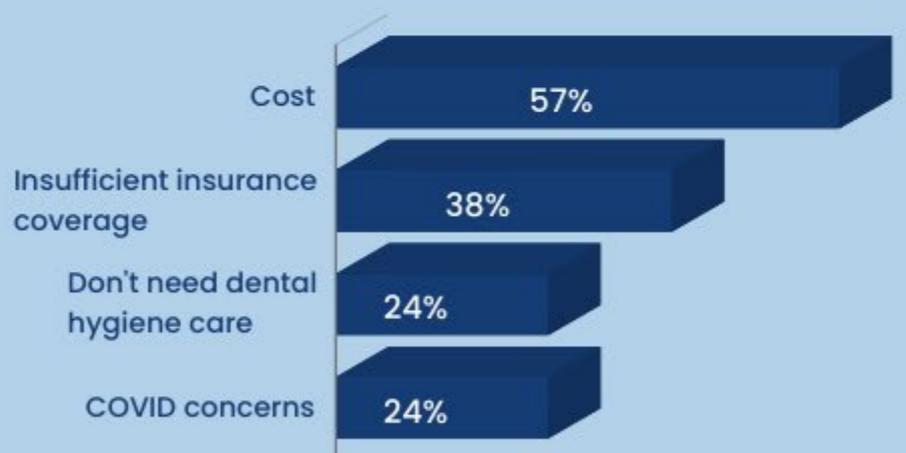
n=2,000



WHO HAS **NOT** VISITED A DENTAL HYGIENIST IN THE LAST 12 MONTHS?

Nearly a quarter (**24%**) of respondents said neither they nor their dependents had visited a dental hygienist in the past 12 months

TOP REASONS FOR NOT VISITING DENETAL HYGIENIST



Percent of **non-patient** respondents



KEY TAKEAWAYS

1

Some Ontario residents face barriers to accessing the services of a dental hygienist

2

Ontario residents who are rural, low-income, and/or unemployed are less likely to access dental hygiene care

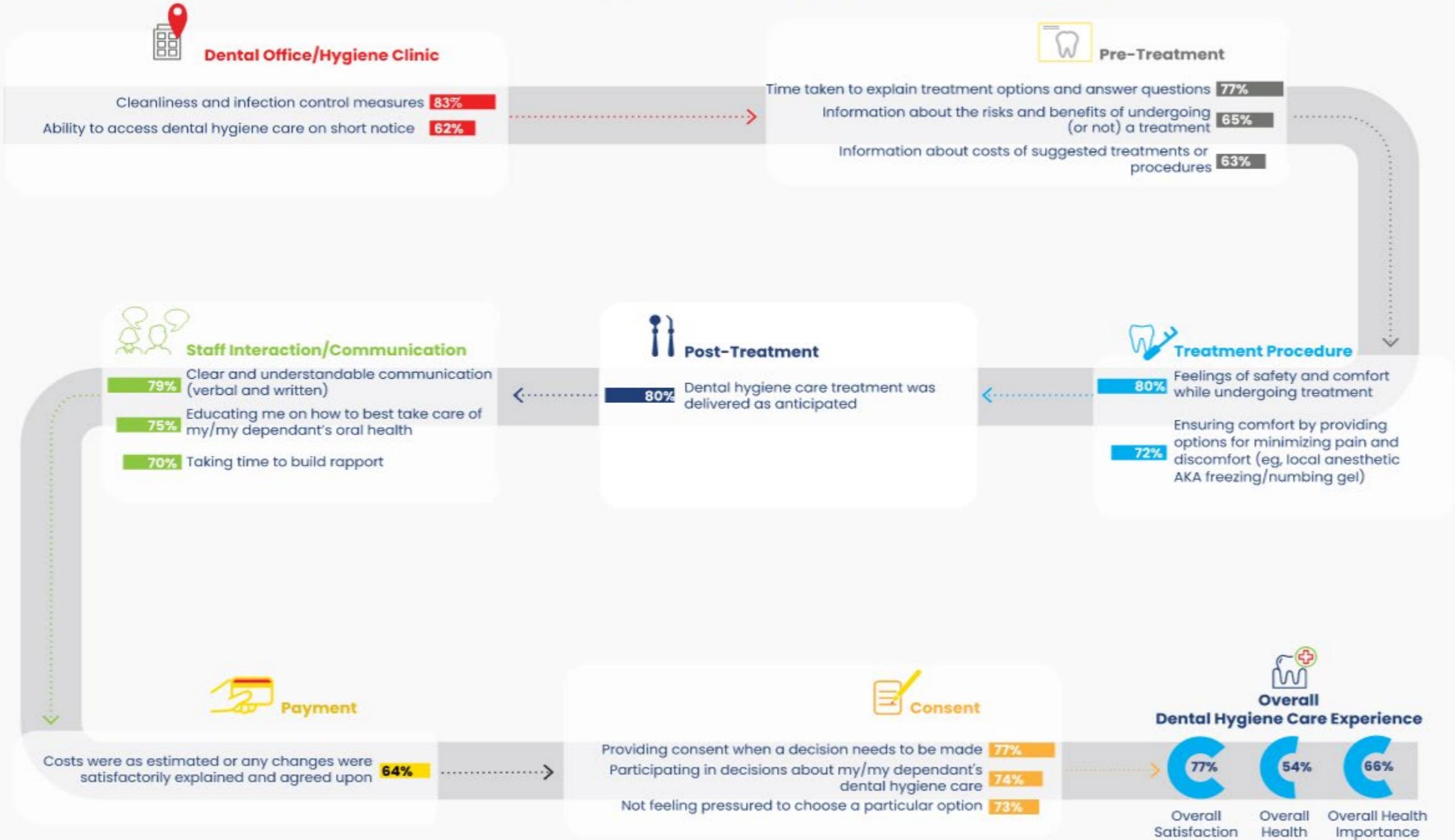
3

More than a third (34%) of Ontario residents who have not visited dental hygienist in last 12 months have either not done so i more than 5 years or never received care

4

Access to dental care insurance is primarily through employers

Satisfaction Along the Dental Hygiene Care Journey



DENTAL HYGIENE PATIENT EXPERIENCE

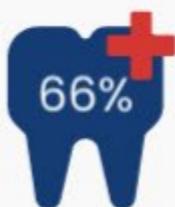
Overall satisfaction measure*



Satisfaction with overall dental care experience



Overall health as rated by Ontario respondents



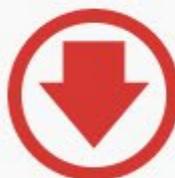
Oral health importance to overall health and well-being

Highest satisfaction ratings



- Short notice access to dental hygiene care (**84%**)
- Cleanliness and infection control measures (**83%**)

Lowest satisfaction ratings



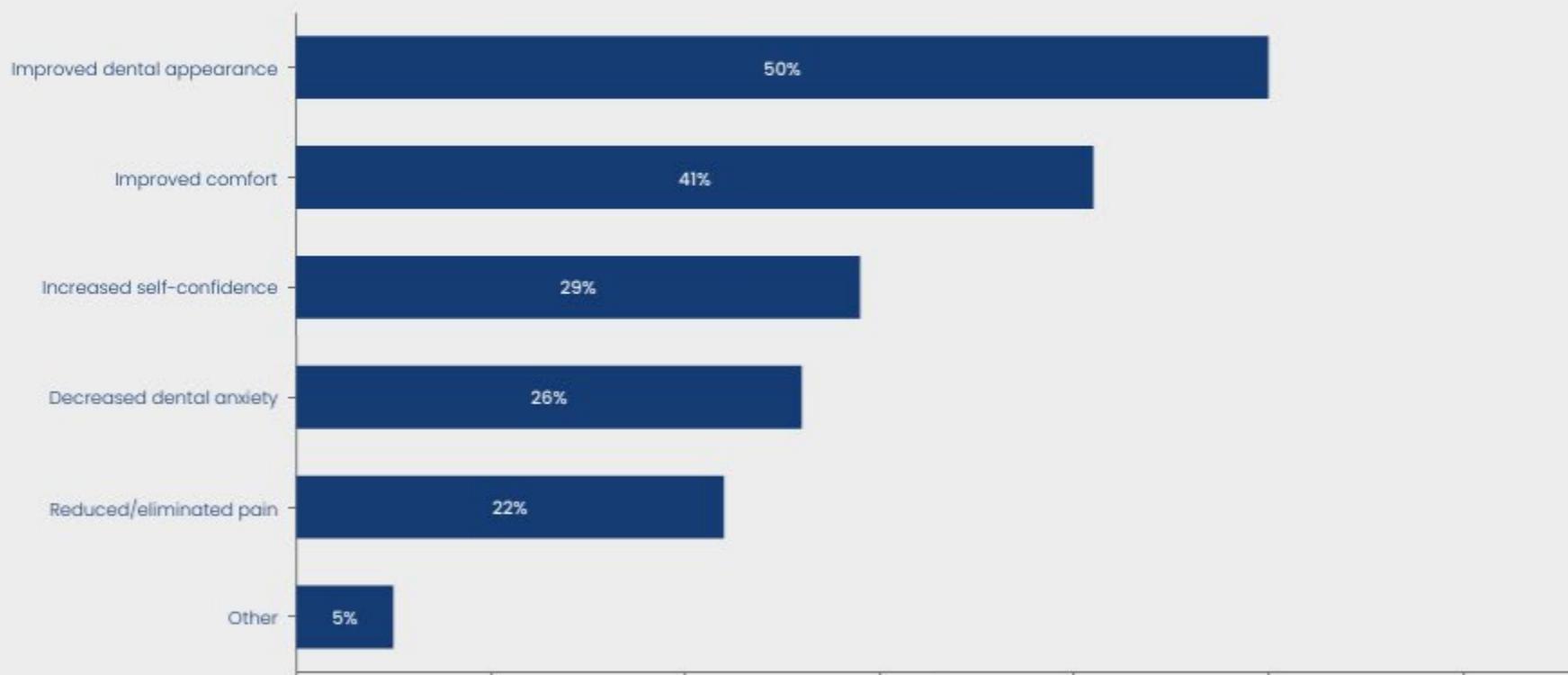
- Information about treatment risks/benefits (**65%**)
- Estimated/agreed upon dental hygiene care costs (**64%**)
- Information about treatment/procedure costs (**63%**)

* Satisfaction scores are based on top-two box score derived from 7-point scale: *Extremely Satisfied, Satisfied*

DENTAL HYGIENE PATIENT EXPERIENCE

Outcome of Last Experience with Dental Hygienist

n=1,458



Drivers of Satisfaction

Key Driver Analysis identified three service attributes that have high impact on satisfaction and where performance of dental hygienists can possibly be further enhanced

Pre-Treatment



Information about
treatment costs



Information about
treatment risks

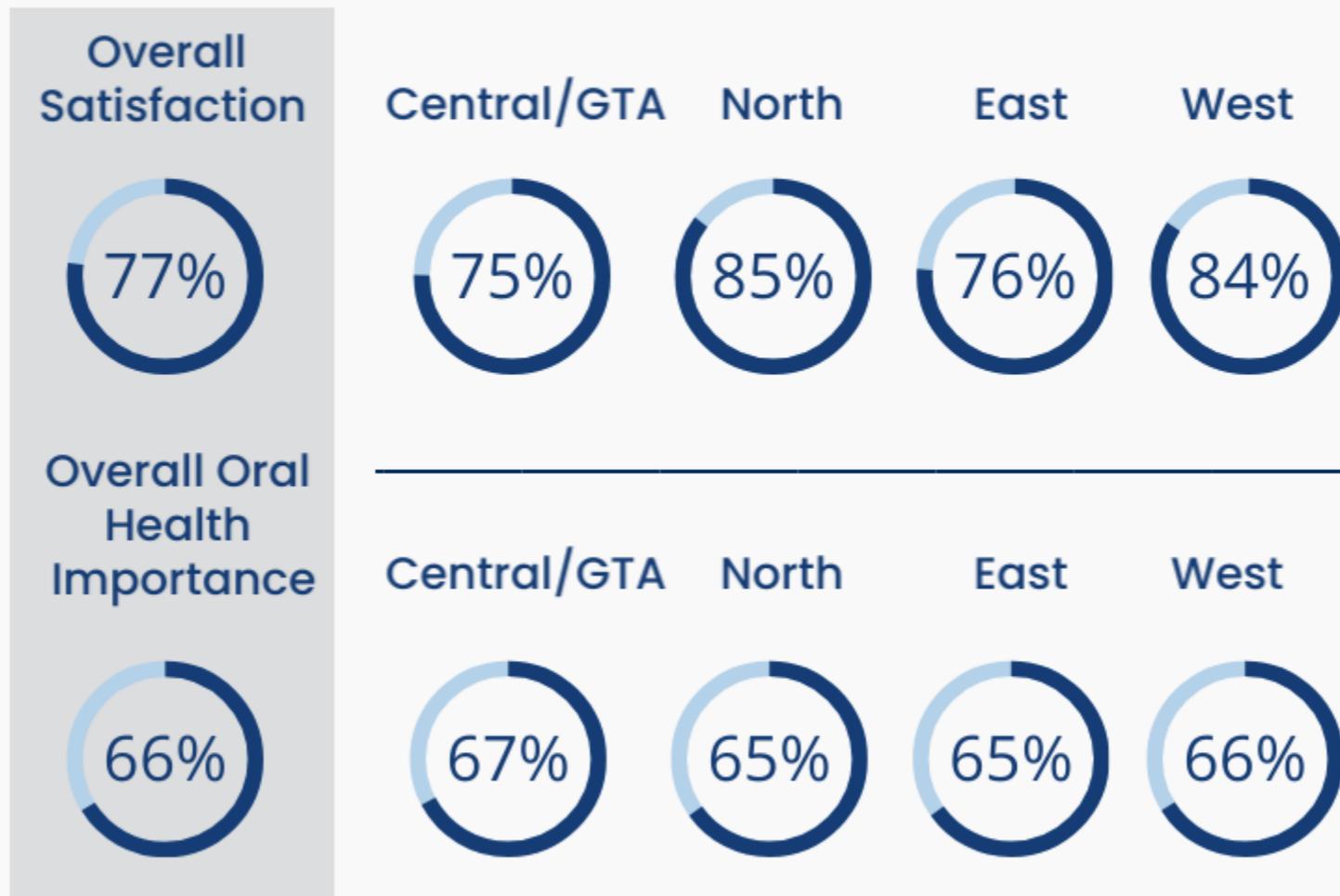
Consent



Not feeling pressured to
choose particular option

DENTAL HYGIENE PATIENT EXPERIENCE

Satisfaction Scores By Region



KEY TAKEAWAYS

1

Overall, slightly more than three quarters of Ontario residents are satisfied or extremely satisfied with the dental hygiene care they and/or their dependant(s) receive

2

Cleanliness and infection control measures, feelings of safety and comfort, and treatments/procedures being delivered as expected were aspects that earned highest satisfaction scores

3

Ontario residents are least satisfied with ability to access dental hygiene care on short notice, information about costs of treatment/procedure, and costs overall

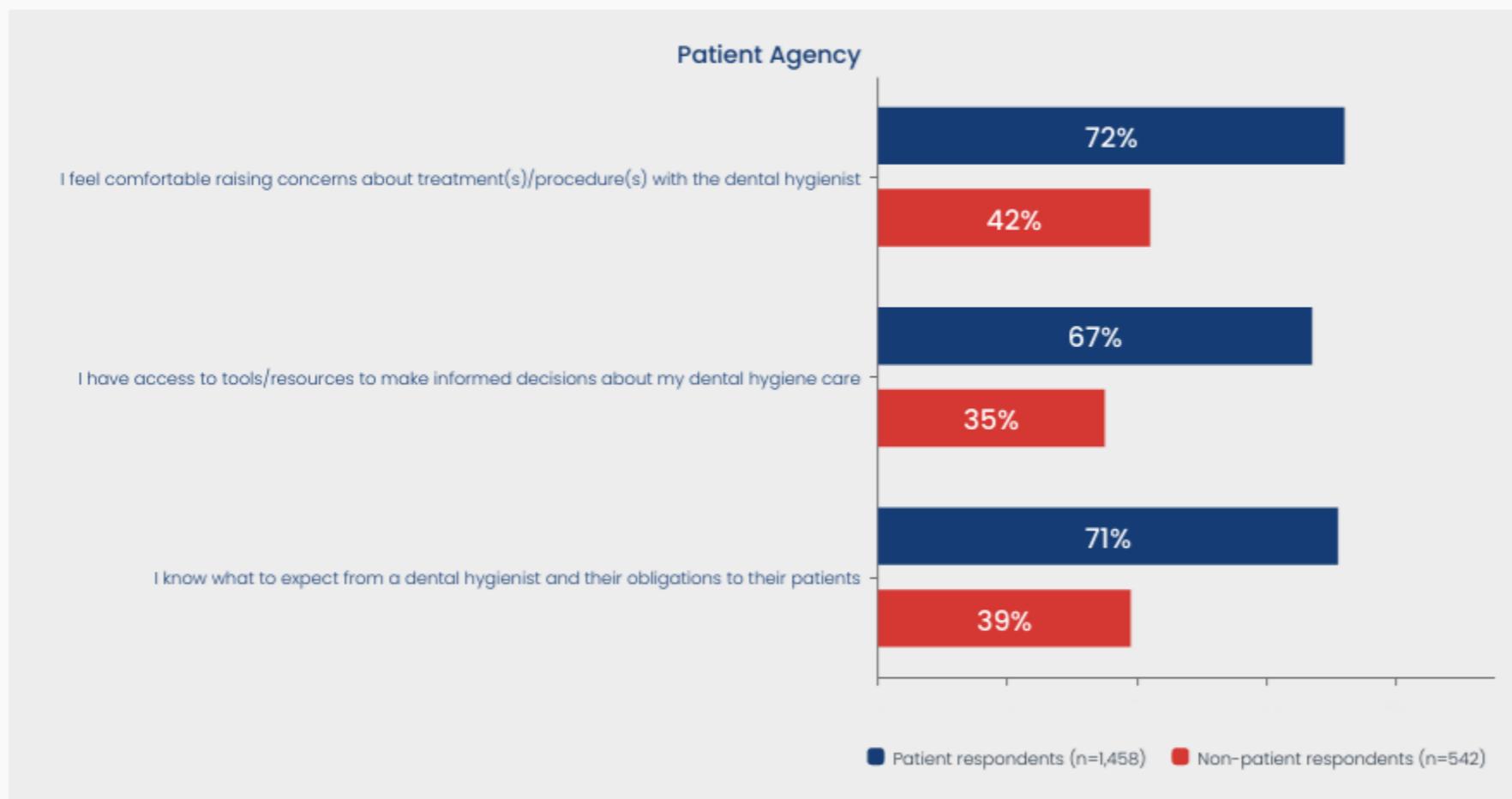
4

Age, income, and English language proficiency are the main determining factors of satisfaction with dental hygiene care, irrespective of geographic location

5

Dental hygiene care culminates in various positive outcomes for patients, including increased self-confidence and improved comfort and appearance

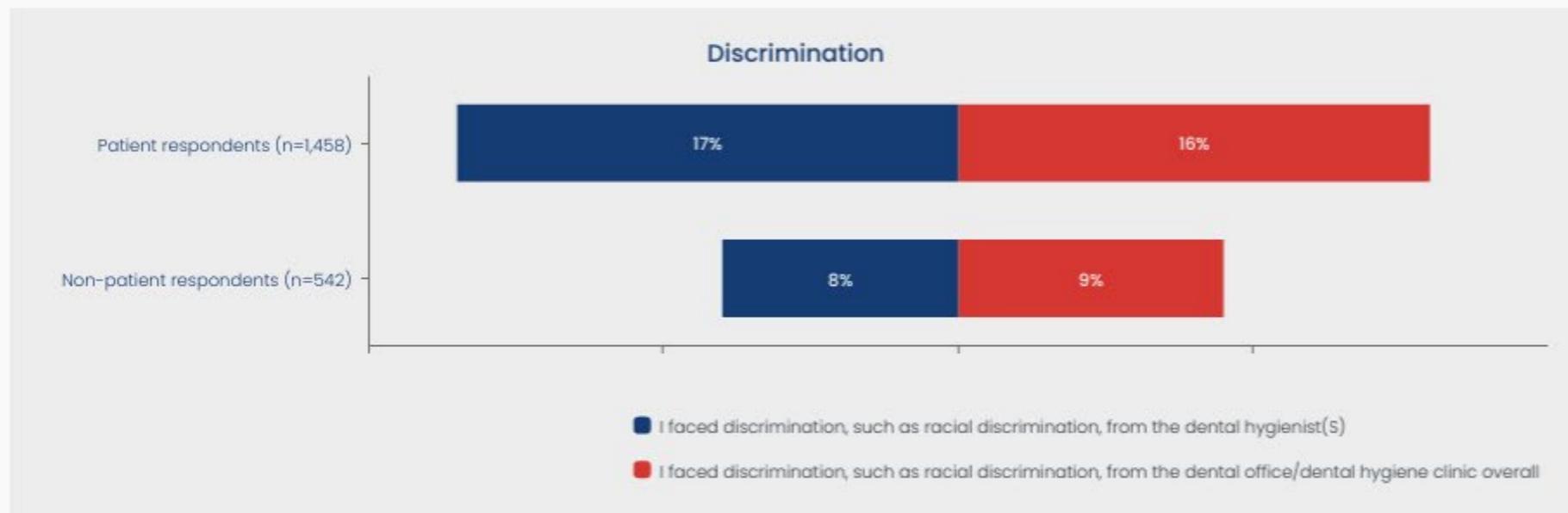
PERCEPTIONS OF DENTAL HYGIENE CARE IN ONTARIO



PATIENT AGENCY BY AGE AND LANGUAGE ABILITY

Perceptions regarding patient agency are correlated with age and English language proficiency, wherein middle-aged and older adults and Ontario residents fluent in English felt more comfortable raising concerns, having access to tools and resources to make informed decisions, and knowing what to expect from their dental hygienist.

PERCEPTIONS OF DENTAL HYGIENE CARE IN ONTARIO



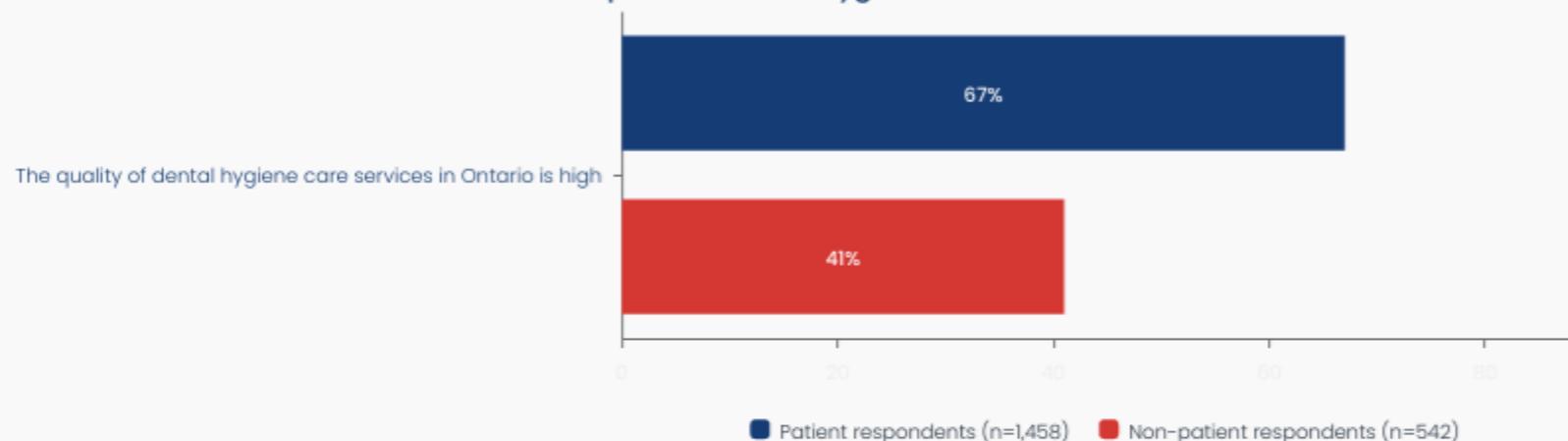
PERCEPTIONS OF DISCRIMINATION BY MARGINALIZED GROUPS

One-in-five (20%) Ontario residents who belong to racially marginalized community agreed or strongly agreed that dental hygiene patients face discrimination from their dental hygienist or their dental office/dental hygiene clinic. This compares to only 13% for the general population.

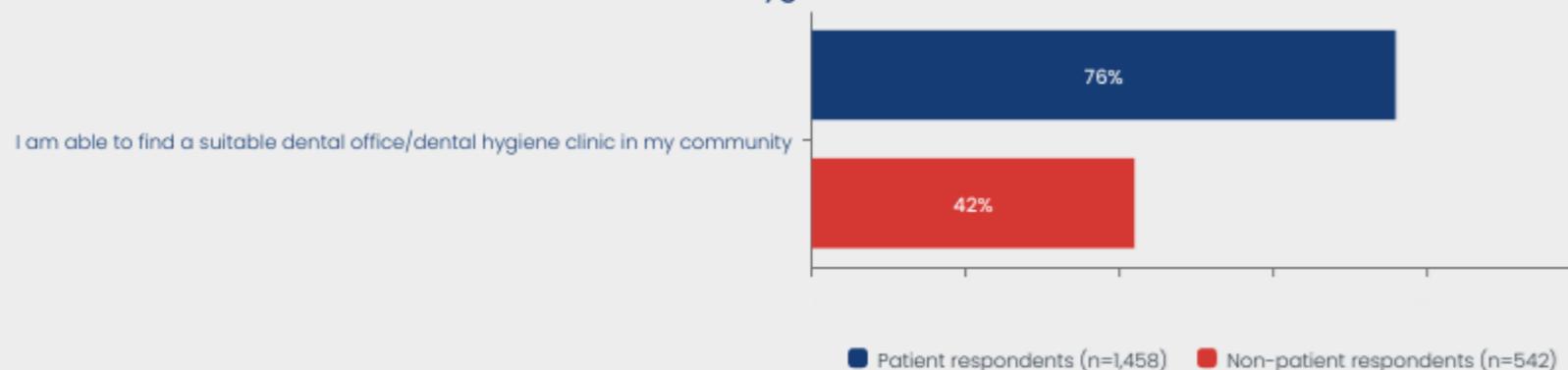
Feelings of discrimination are also correlated with English language proficiency levels. A quarter (25%) of respondents with basic or intermediate English fluency agreed that patients face discrimination.

PERCEPTIONS OF DENTAL HYGIENE CARE IN ONTARIO

Overall Perception of Dental Hygiene Care in Ontario



Access to Dental Hygiene Care in Ontario



KEY TAKEAWAYS

1

In general, patients have a much more positive view of the dental hygiene profession in Ontario than non-patients

2

Concerns about discrimination while accessing dental hygiene care are relatively low; however, patients who have low English language proficiency and who belong to racially marginalized communities are more likely than non-patients to express this concern

PERCEPTIONS OF DENTAL HYGIENE CARE IN ONTARIO

46%

OF PATIENT
RESPONDENTS

(n=1,458)

27%

OF NON-PATIENT
RESPONDENTS

(n=542)

ARE AWARE THERE IS AN
ENTITY THAT OVERSEES
DENTAL HYGIENE CARE
PROVIDERS

44%

OF PATIENT
RESPONDENTS

(n=1,458)

35%

OF NON-PATIENT
RESPONDENTS

(n=542)

HAVE HEARD OF THE
CDHO

AWARENESS OF REGULATOR FUNCTIONS

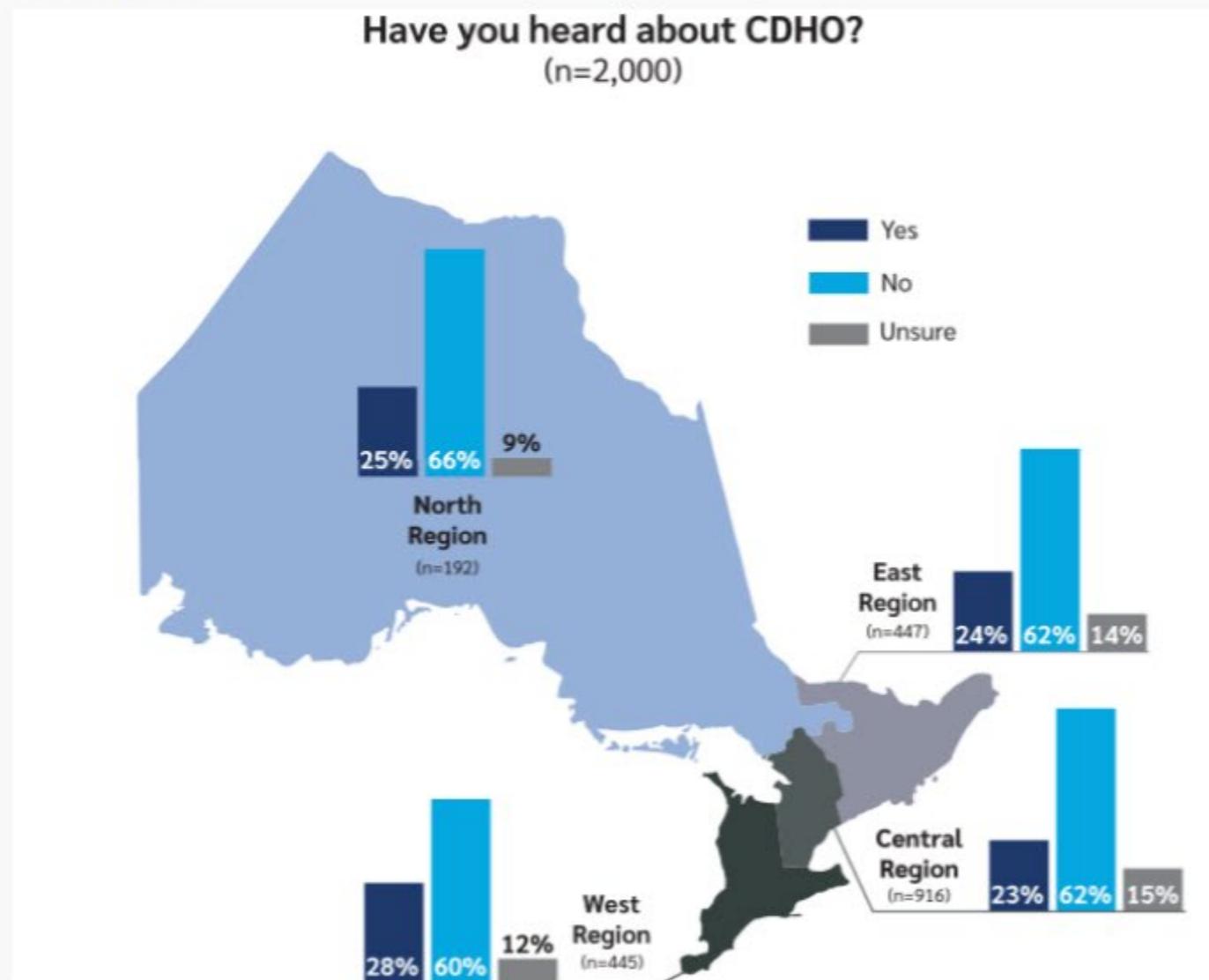


Trust regulatory body is
protecting public/patients



Confident regulatory
body would take action
to protect patients

PERCEPTIONS OF DENTAL HYGIENE CARE IN ONTARIO



AWARENESS BY GEOGRAPHIC REGION

Geographically, the highest awareness levels of the CDHO is in the West region at 28%, followed closely by the North region at 25% and East region at 24%. The Central/GTA region has high non-awareness levels of the regulator at 62% with similar trends in the East and North regions.

PERCEPTIONS OF REGULATIONS & CDHO'S ROLE

71%
OF "AWARE"
PATIENT
RESPONDENTS
(n=406)

55%
OF "AWARE"
NON-PATIENT
RESPONDENTS
(n=83)

BELIEVE THE CDHO IS
EFFECTIVE IN CARRYING OUT
ITS PUBLIC PROTECTION
MANDATE

Perceptions of Effectiveness of CDHO in Carrying out Mandate

Among respondents aware of CDHO



KEY TAKEAWAYS

1

Awareness and perceptions of the CDHO and dental care regulation are both higher among patients than non-patients

2

Although there is general awareness of regulatory body, relatively few Ontario residents are aware of the CDHO

3

Perceptions regarding the CDHO's effectiveness in carrying out its mandate were high among patients, relative to non-patients

4

The College is perceived to be less effective at complaints investigations and resolution

COMMUNICATION WITH THE PUBLIC



54%

Regulator
website



58%

Printed
materials in
dental offices



50%

Online
advertising/
social media



57%

Public
awareness
advertising
campaigns

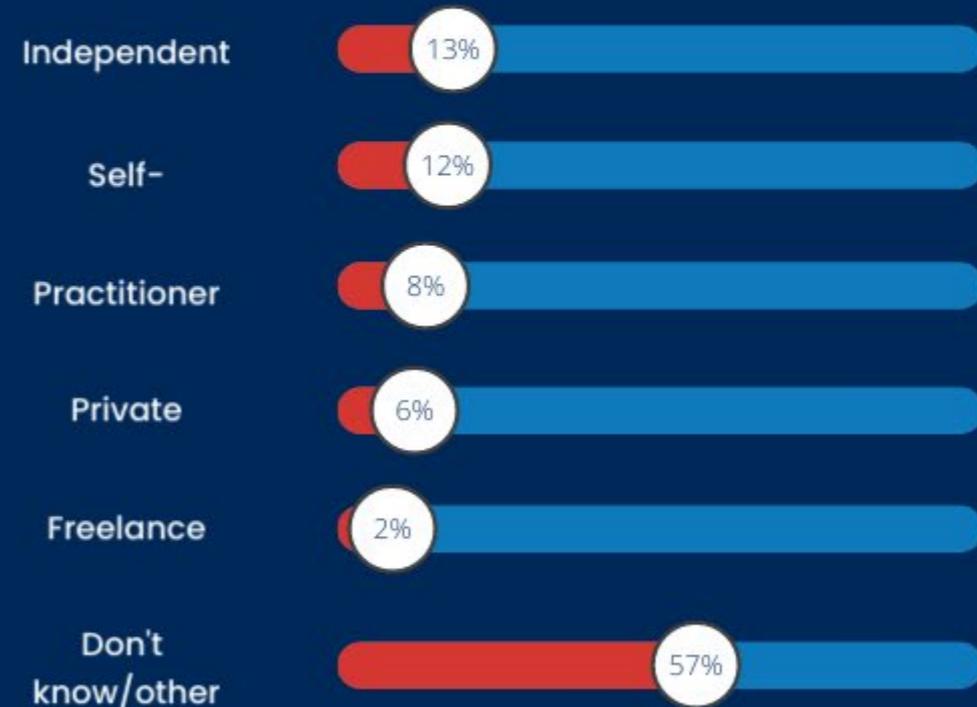


36%

Multi-lingual
informational
materials



TERMINOLOGY FOR SELF-INITIATION



KEY CONSIDERATIONS

Pivotal Research has identified several considerations for the College to further assess when aiming to enhance public trust and confidence in the dental hygiene profession

1

Increase Outreach
to Marginalized
Demographics

2

Enhance
Transparency &
Complaints Process

3

Improve
Satisfaction with
Informed Consent

4

Encourage
Transparency with
Treatment Costs

5

Implement Multi-
Channel
Communication
Campaigns

NEXT STEPS

1

Conducting **registrant engagement** research

2

Qualitative deep-dive on dental hygiene patient experiences with discrimination and racism

QUESTIONS?

SUITE 700, PRINCETON PLACE
10339 – 124 STREET NW
EDMONTON, AB,
T5N 3W1

RISK MANAGEMENT. RISK GOVERNANCE.

By Rose Mercier

Whether financial institutions exposed themselves by design or mishap to more risk than they had the capacity to bear, the resulting financial crisis of the late 2000s created among other responses, ubiquitous attention to risk and boards' accountability with respect to risk.

Risk management, risk appetite, risk tolerance, risk oversight, risk issues, risk committees, risk frameworks... these are all phrases you have probably seen with increasingly regularity in the past decade, in all forms of print and online media, blogs and shared posts – usually in conjunction with a discussion of what a board ought to be doing. A phrase you very rarely see is “risk governance”.

Generally, these references to risk do not differentiate between management's job and the board's job in the area of risk. It appears to be assumed if risk management is so important to organizational sustainability and success, it must be the board's job.

The board is accountable to the owners for governing the organization in accordance with the owners' values. It is the board's job to determine the risks that are not aligned with these values and to translate this understanding into the boundaries it sets for operational activity (usually called Executive Limitations in Policy Governance®). The board also determines the nature of the benefits to be achieved by the organization (Ends), the way in which the board should conduct itself and its business (Governance Process), and the way in which the board delegates its authority.

The board cannot predict every risk the organization will encounter. The elegant solution that Policy Governance offers to a board is a process of writing policies from the highest level value first, in a way that encompasses all owner values and concerns, even those which are unknown.¹

In addition to writing a coherent set of policies that comprehensively address risk, the board should deepen its understanding of the various types of risk encountered by the organization, assess its policies to ensure they adequately address those risks, assure itself its policies are being implemented and the risks it seeks to avoid are in fact being avoided, and educate itself about possible new areas of risk that the organization may face.

This is the job of governing risk.

The board should not step into management's shoes to assess the natures and types of risk inherent at the operational level of the organization. It should avoid developing a risk management plan to respond to those risks. And it should most assuredly avoid reviewing all of the actions, decisions and activities the CEO and staff are taking as part of the risk management plan. The job of risk management belongs to management.

Risk management. Risk governance. Both important. But only one job belongs to the board. It is a job that must be taken seriously, or the organization's success, financial well-being, reputation, and future viability may be compromised, sometimes irrevocably.

¹ Richard Baker. Incorporating Risk Appetite Concepts in Board Governance. *Board Leadership*. No. 114, Mar-Apr 2011.

KICKING HORSE CULTURE: EVOLVING TOWARD POLICY GOVERNANCE®

By Constance Semler

Imagine a small arts council nestled deep in the wilderness of British Columbia. Its staff is small in number but mighty in ability, attracting about seven hundred members and providing the surrounding community with full-range arts programming. In this remote area, people have access to a wealth of performances, art exhibits, film events, and youth arts education. They can visit the arts council's art gallery representing over ninety artists and score an interesting find at its gift shop.

No wonder the arts council has garnered strong community support and public funding year after year. Accomplishments such as these are nothing to sniff at, no matter the size of the organization.

With growth this phenomenal, the question for the organization becomes, “How can we as a volunteer board sustain growth? What can we do to ensure that the arts council continues to be relevant and garner support?”

Those are interesting questions. After all, if a small arts organization can find the right answers, then the lessons learned there are pertinent to other organizations.

FROM THE BRIDGE: THE BOARD'S ROLE IN RELATION TO RISK

By Joe Inskeep

The word governance derives from the ancient Greek word *kubernesis*. The role of the *kubernesis*, which today we would call the Officer of the Bridge, was to direct a sailing ship safely to its destination. This role was designed to assure both **strategic direction** and **protection** from harm. The role of governance today is still to assure both strategic direction and protection. In Policy Governance® terms, the board assures that the organization's Ends are accomplished (the right destination is reached) within the boundaries established by Executive Limitations (avoiding unsafe situations and conditions).

Policy Governance is also designed to optimize delegation to management. In relation to strategic direction, the board's Ends policies should clearly identify for management the organizational results to be achieved, for which recipients, and the relative priorities among them.

In relation to protection, Policy Governance provides a structure for governing risk while at the same time maximizing management's freedom to choose effective means. Executive Limitations policies do this by putting "off limits" only those conditions that are unacceptable while giving management full reign to choose all else. It is like saying "so long as you stay out of these dangerous shoals, you are free to choose the way forward." This provides freedom within the boundaries. It keeps the board accountable for setting boundaries, and keeps management accountable for staying within them.

Policies are central to all of this – thus the name *Policy Governance*®. They embody the board's most important values related to strategic direction and protection. So Policy Governance boards take great care in policy development and use.

Like the seasons, there is a circular cycle of renewal that boards discover in Policy Governance. The cycle begins with learning. From this learning, the policy values are defined, codified in written policies, and then delegated to the CEO. At the right time, compliance with those policies is assessed. Did the organization accomplish what was intended? Were there unexpected challenges in avoiding situations or conditions the board considered unacceptable? What has changed recently in our world? What are future changes likely to be? From this learning, policies can be refined, delegated, and the cycle begins again.

For those who enjoy learning and who aspire to join others in leading from the bridge, there is much to appreciate about Policy Governance work. The learning begins with theory. The Policy Governance framework was developed to respond to the most critical of governance questions. It is underpinned by an

integrated set of principles that, when understood together, lead to a thorough knowledge of the foundations of good governance. (You can view the Policy Governance® Source Document at <http://www.governancecoach.com/Policy-Governance/Policy-Governance-Source-Document>)

As an example, the principle for why operational risk is governed through Executive Limitation policies is carefully laid out within this framework. So is the principle of owner-accountable governance and why we must understand owner perspectives in order to fully define risk tolerance.

The skills needed to implement Policy Governance come next, and they come directly out of an understanding of theory. But while theory helps us understand the importance of monitoring for unacceptable situations or conditions, it doesn't quite show us how to do it, how often to do it, and how to do it well. Coaching can be particularly helpful with implementation skills.

Beyond theory and implementation, there is broader learning related to industry-specific dynamics and trends, as well as broader determinants of change and risk within a rapidly changing world. A board will want to explore the drivers of change and what threats and opportunities may be emerging. Organizational risks are always present and ever changing. Like the rising sea level, some seem to change slowly; others, like those related to technology advances, appear at breathtaking speed. Consider the impact of this set of current technology: the cloud, big data, 3D printing and mobility. Many boards worry about these because their impact can be very significant: they can literally wipe out an industry. It's hard to find a phone book or a corner payphone. It's painfully difficult to keep publishing the newspaper. And now Uber and Lift are threatening the viability of taxis.

So boards need to stay awake, stay involved, and keep learning. They do not need to help the CEO manage risk. They do need to govern the management of risk.

To summarize, the board role in governing risk includes:

- Learning – continually educating itself regarding the rapidly changing world within which its organization operates.
- Identifying values related to risk – what level of risk would be intolerable and imprudent in seeking to achieve organizational Ends?
- Codifying that unacceptable risk in Executive Limitations policies.
- Systematic monitoring to ensure that unacceptable risk has not and is not occurring.
- Repeating the cycle, starting with continuous learning.

By continuously refining its policy guidance and assessing progress, the governing board can be a capable guide and protector for its organization's journey.



The Value of a Robust System Regarding Risk

Jannice Moore, August 7, 2019

A recent Governance Briefing from Davis Polk¹ details an interesting decision from the Delaware Supreme Court on the importance of boards exercising oversight of risk. The case revolved around a listeria outbreak at an ice cream production facility, which resulted in devastating losses, including several deaths.

To quote from the article, “the case tells us that (i) a director must make a good faith effort to oversee risk; and (ii) failing to make that effort breaches the duty of loyalty, where good faith means “to try” to put in place ‘a reasonable board-level system of monitoring and reporting’” The court decision in favor of the plaintiff relied heavily on lack of a process in place to keep the board apprised of risks (safety risk in this case), and lack of evidence in board minutes that key risks were disclosed to the board. The importance of policies regarding material risk, and board awareness of information regarding material breaches of those policies was also emphasized in this briefing.

When used as intended, Policy Governance® provides a systematic way of ensuring such processes are in place.

- It includes a set of Executive Limitations policies, in which the board outlines in advance for the CEO the organizational circumstances or situations that are unacceptable because they are imprudent or unethical. This allows the board to identify the amount of risk it considers unacceptable.
- In those Executive Limitations, the board can also indicate what information it needs from the CEO about risk to ensure the policies are sufficiently robust. This would include disclosure of material risks.
- It provides a place where the board can specify in its own processes how often it will review those policies for adequacy.
- It clearly identifies the routine frequency with which the board will monitor to ensure the policies are followed. Monitoring involves measurable evidence of policy compliance, not just vague reports or “trust me” statements from the CEO. In addition to the routine monitoring, the board may choose to monitor at any time circumstances warrant.
- The board’s assessment of monitoring reports is clearly recorded in the minutes, providing evidence that the board did exercise oversight.
- A systematic approach to oversight of risk enables a board to address the “good faith” element of its fiduciary responsibility.

¹ <https://www.briefinggovernance.com/2019/06/Delaware-supreme-court-on-director-risk-oversight-and-independence/>



Risk and Resilience

REALBOARD Buzz – February 9, 2023 – Rose Mercier

One of the fundamental roles of a board is to protect the organization. If you are serving on a board today, you know this is not a simple undertaking. You are governing an organization in an increasingly volatile, complex, uncertain, and ambiguous (VUCA) context. When Bert Nanus and Warren Bennis introduced VUCA to the world in 1985^[1], one wonders if they realized how profoundly relevant the term would be forty years later.

Where previously the focus for many boards was on “small number of well defined, primarily financial risks,”^[2] today your board needs to identify and study potential risks across the full scope of the organization. To effectively carry out its role to protect your organization, a board must develop risk acumen – an understanding of the extent and significance of current and potential future risks facing the organization.

Failing that, a board may find itself at the other end of continuum, constantly reacting to crises and producing a spin cycle that eventually produces organizational exhaustion. Risk acumen and a systematic design for studying potential risks helps build organizational resilience.

Developing risk acumen

Building risk acumen requires the board to design a system in which it first identifies and learns about possible future risks, and then uses a tool such as alternative future scenarios to examine the impact of a risk or the intersection of risks on the organization. To better grasp the potential repercussions, it helps to think about the scope of impact: Will it affect one or many organizational elements? How might the materialization of the identified risk(s) impact capability to achieve Ends [purpose]; staff and volunteers; beneficiaries (e.g., association members, participants, clients, students); the organization’s stakeholders; organization reputation; etc.? As evidenced by the pandemic, a significant disruption can have a complex and interconnected impact in an organization.

A board which has built its risk acumen will recognize the need to explore not only “high consequence – high probability” risks, but also “high consequence – low probability” risk. Risks from both types of scenarios may threaten critical organizational assets or even the organization’s existence, or require rethinking the results the organization should be producing.

Only through regular examination and study of risks will the board become more aware of the organization’s vulnerabilities, and better able to fulfill its role to protect the organization.

Translating a deeper understanding of risk to policy

As the board deepens its understanding of risk, it should consider how what it is learning should be reflected in its policies. Are there possible situations or conditions that would be imprudent in light of its deeper understanding of risks around, for example, cyber security? Should its Executive Limitations policies be revised? Is there a risk in low public transparency? Is it time to revisit its Governance Process policies around engagement with the community? Does the understanding of future possible risks suggest it is time to revise the results the board expects the organization to produce?



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Risk acumen fosters organizational resilience

In a recent survey^[3] of corporations about the impact of pandemic on organizational resilience – *the ability of an organization to anticipate, prepare for, respond, and adapt to incremental change and sudden disruptions in order to survive and prosper*^[4] – strategic foresight capacities emerged as one the areas for improvement.

Today's boards need to take heed.

[1] Bennis, Warren and Nanus, Bert. *Leaders: The Strategies for Change*. HarperCollins. 1985. Revised 2007.

[2] Alfonso Natale, Thomas Poppensieker, and Michael Thun. "From Risk Management to Strategic Resilience". McKinsey & Company. (March 9, 2022)

[3] The survey was conducted by the Federation of European Risk Management Associations (FERMA) was supported by McKinsey. The results were published in "*From Risk Management to Strategic Resilience*" (McKinsey & Company. March 9, 2022)

[4] ISO 22316:2017 Organizational resilience – Principles and attributes – published in 2017





THE GOVERNANCE COACH'S ADVISORY

CDHO Council Coaching Advisory

Meeting Date	03/22	06/22	09/22	12/22	01/23	03/23
Ownership						
Governance Position						
Council Holism						
Ends Policies						
Council Means Policies						
Executive Limitations Policies						
Policy Sizes						
Delegation to Management						
Any Reasonable Interpretation						
Monitoring						

Key:

- No activity this meeting on which to assess model consistency
- Model consistent, based on minutes of this meeting
- Not contravening principle, but opportunity for improvement
- Not consistent with principle

**College of Dental Hygienists of Ontario Council
December 2, 2022 Meeting
January 20, 2023 Meeting**

Ownership

Policy Governance® Principle: The Council governs on behalf of the government to whom it has a legal accountability and the people who access dental hygienists in Ontario – to whom it has moral accountability its “moral owners.” The Council has an obligation to be the informed voice of the owners. The Council provides leadership by first serving, seeking to put the interests of the owners ahead of any personal interests Council Members may have.

December: Council has been moving forward with ownership linkage activities with the Pivotal Research. Being able to connect with those who use dental hygiene services (CDHO’s specified beneficiaries) is helpful in understanding the values and priorities of the public. Excellent initiative.

January: There was no activity relevant to Ownership at this meeting.

March: There Ownership Linkage Committee is continuing to support the Council’s ownership linkage work.

Governance Position

Policy Governance® Principle: The Council forms the middle link in a chain of moral authority between the owners and the Registrar. The Council’s role is to set direction for the organization on behalf of the owners, and properly empower the Registrar to manage. The Council is accountable for its own work and how it does that work. The Council is also accountable for what it has delegated to the Registrar. All authority in the staff organization and in Council committees and Officers flows from the Council.

December: Council is very diligent at keeping its Governance Process policies up to date. There were no self-monitoring reports for this meeting. Council is also diligent at ensuring all members are knowledgeable of their roles as fiduciaries, e.g., review of conflict of interest and rules of order, as well as ensuring ongoing Council education enabling informed exercise its roles.

January: Council is diligent in its orientation of new members. Reviewing the RHPA and what it requires from Council is essential to Council members governing in an informed manner.

March: In general, the self-monitoring reports are well done. I have made a few comments and attached the original reports with my more detailed comments.

I want to address the External Assessment of Council Effectiveness contracted by the College to fulfill expectations set out under Measure 1.2.b of the College Performance Measurement Framework (CPMF). I share some of the concerns expressed: the impact of the turnover in Council members, the importance of Council members being prepared – essential to fulfilling a member’s fiduciary duty of care, and the essential importance of comprehensive onboarding.

However, there is a fundamental misconception about the lack of a sound process for identifying and addressing risk. Policy Governance offers a governing body a systematic process for identifying and addressing

risks – risks facing the organization and risks the board creates in its own governing process. The board translates those identified risks into its policies. This process enables Council to deal comprehensively with the risks to the organization in all facets of its activity. Then it monitors those policies to assure itself that the organization is compliant with the boundaries it has set to protect the organization from risks of imprudent or unethical actions, decisions, or circumstances. Does Council need to be vigilant and continuously look forward and identify potential future risks? Absolutely. This is the reason to consider how to reduce the time spent in Council meetings on monitoring. I have provided a reading package of short articles about risk.

Council can choose to evaluate its governance effectiveness. If that is to include evaluation of Policy Governance, I think it is incumbent on Council that any assessment is based on an accurate depiction of the governing system that Council has been using since early 2015. (I began my work with Council early in 2016.) Any assessment should determine the degree to which Council is achieving three outcomes:

- Role Clarity: How does Council know that Council and the Registrar are doing their respective jobs?
- Risk Protection: How does Council ensure it is protecting the College's assets?
- Future Focus: How can Council lead the College into the future?

If Council determines that it wishes to continue using the system of governance in which it has been developing skills and knowledge over the past eight years, I would be ready to support Council in addressing the questions of how Council can find ways of reducing the time it spends on monitoring and developing a more comprehensive onboarding process.

Council Holism

Policy Governance® Principle: The Council has authority only as a group. Individual Council Members do not have any authority. Committees do not have any authority other than that specifically authorized by the Council. When the Council speaks with authority it has only one voice.

December /January /March: There are no issues with this principle.

Ends Policies

Policy Governance® Principle: The Council defines in writing policies which describe the outcomes or effects that the organization is to produce, the recipients of those outcomes, and what it is worth to produce them. These are Ends policies. All decisions that are *not* about outcomes, recipients, or worth are means decisions.

December /January /March: There were no issues.

Council Means Policies

Policy Governance® Principle: The Council defines in writing the job results, practices, and discipline that make up its own job. These policies are about the Council's means. To distinguish them from the means used by the staff, they are called Governance Process policies. The Council also defines in writing the details of how it will delegate to and hold the Registrar accountable. These means policies are called Council – Registrar Delegation policies

December: I note the change in the specificity of the motions with respect to changes in the motions. Given that the Competency Profile Committee has completed its mandate and the job of overseeing the implementation and modification of the profile has been assigned to the Governance Committee, it would seem timely to withdraw GP-6.6 that sets out terms of reference for the Competency Profile Committee.

January: There are no issues with respect to this principal.

March: I am including as Appendix the specific comments on the Board's Governance Process policies that I made during the March workshop. This is an area of performance that the Council continues to do consistently well.

Executive Limitations Policies

Policy Governance® Principle: The Council makes decisions about the means of the operational organization. However, rather than prescribing Council-chosen means -- which would enable the Registrar to escape accountability for attaining Ends, these policies define limits on operational means, thereby placing boundaries on the authority granted to the Registrar. These means would be unacceptable because they are unlawful, imprudent, or unethical, even if they worked to achieve Ends. Written policies describing these limits are called Executive Limitations.

December /January /March: You continue to be diligent in ensuring your Executive Limitations are relevant and current. Good job.

Policy Sizes

Policy Governance® Principle: Council policies in every category are developed one level at a time, from the broadest, most inclusive level to succeeding levels of detail. Each level of detail added further limits the range of interpretation that is delegated. The policies in Ends, Governance Process, Council – Registrar Delegation, and Executive Limitations categories are comprehensive, and there are no Council policies outside of these four categories. They replace, at the Council level, more traditional documents such as mission statements, strategic plans and budgets.

There are no issues with this principle.

Clarity and Coherence of Delegation

Policy Governance® Principle: The Council delegates operational matters only to the CEO. The Council does not delegate to anyone who reports to the CEO. The Council does not give Council officers or committees jobs that interfere with, duplicate, or obscure the job given to the Registrar. The Registrar is accountable to the Council for everything that happens in the operations of the organization.

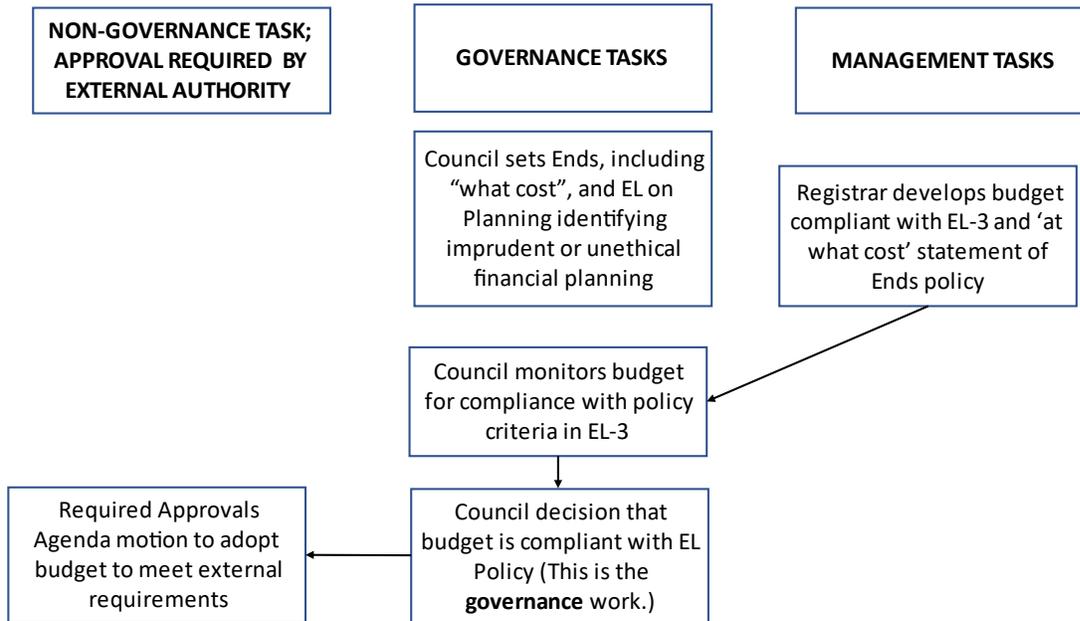
December: Council has delegated the authority for financial planning to the Registrar/CEO but continues to approve the operational budget as a Governance Process decision. It would be more consistent with this principal if Council approved the operational budget under the Required Approvals agenda. As a RAA item, Council is able to deal with this item which is not truly governance, but is a decision that Council has delegated to the Registrar, in this case financial planning (budgeting), but which an *outside body* (the RHPA) stipulates must be formally approved by Council to fulfil its legal requirements.

This is the precise situation in which the Required Approvals Agenda (RAA) is appropriate.

Suggested process:

- Approval of the operational budget is placed on the Required Approvals Agenda.
- The Council meeting package for this item includes a special form of monitoring report prepared by the Registrar that identifies all board policies relevant to the operational budget, along with evidence that all criteria in those policies have been met. For the operational budget, the majority of these policy items will be found in the EL-3 Planning; however, it would be worthwhile considering whether the at worth portion of the Ends policy should also be part of the monitoring report.
- Council assesses the special monitoring and if it determines that it demonstrates compliance with the identified policies, then board then adopts the entire Required Approvals Agenda with one motion, and no discussion.
- It would be prudent for Council to also record its approval of the operational budget as a record of its due diligence.

The following diagram illustrates the governance decisions, non-governance decisions and management decisions related to the operating budget.



January The Required Approvals agenda was used appropriately so that Council approve the circulation of proposed changes to Regulations to the Registrants.

Any Reasonable Interpretation

Policy Governance® Principle: The Registrar is given the right to make more detailed decisions about Ends and operational means, using any reasonable interpretation of Ends and Executive Limitations policies. (If there is no Registrar, the Council must delegate to two or more individuals, avoiding overlapping expectations or causing confusion about the authority of various managers.) The Council President is given the right to use any reasonable interpretation of Governance Process and Council – Registrar Delegation policies unless the Council has explicitly given that right to another Council member or Council Committee.

There are no issues with this principle.

Monitoring

Policy Governance® Principle: The Council monitors the performance of the organization by fairly, systematically and thoroughly assessing whether the Registrar has made a reasonable interpretation of the policies it has delegated to the Registrar (Ends and Executive Limitations), and provided data demonstrating accomplishment of that interpretation. The Registrar’s evaluation is simply the cumulative summary of these assessments.

December/January: There were monitoring reports submitted at these meetings.

March: I am offering extensive commentary for each of the Ends policies. [The PDFs are provided as part of this package.] I am also confirming suggestions to EL-7 which I made during the workshop.

By way of summary, areas to pay attention to in writing and assessing monitoring reports:

1. Ensure that each interpretation includes the following four elements:
 - a. A standard of measurement
 - b. The level of achievement of the standard
 - c. Defensible rationale for the standard of measurement
 - d. Defensible rationale for the level of achievement of the standard

I am emphasizing this because the Ends reports, in particular, contain information you want to see in a monitoring report. However, the elements of the interpretation are often found in the evidence section of the report. Therefore:

2. Watch for evidence that should be part of the interpretation. A well-constructed interpretation results in a succinct report of data that correlates with interpretation, and cites the source of data and date collected. A particularly good example of this situation is found in Ends policy #4.
3. Limit the monitoring report to the essentials required by an interpretation or evidence.
 - a. Minimize narrative content.
 - b. Avoid adding “nice to know” information which is not essential to the interpretation or evidence.
 - c. Information about plans for the coming monitoring period is not part of an interpretation.

In addition to the comments I have included with the Ends policies reports, I am offering two examples of revised interpretations and evidence for End #1.2 and End #2.

Celebrate Your Progress

Council is doing excellent work in maintaining the discipline of monitoring its own performance and making sound policy amendments. Self-monitoring is one of the ways in which Council demonstrates its accountability for how it does its work.

Keep Getting Better (One area we recommend you address as soon as possible)

While monitoring reports are generally well done, they would be improved by ensuring there is a rationale for the provided interpretations.

SUMMARY OF SUGGESTIONS FOR FURTHER ACTION

	Action Item	Coaching Report meeting date	Decision re Action	Date Action Completed
	General			
	Linkage			
1	Proceed with planning and implementing ownership linkage activities.	March 2022		
	Council-Management Delegation			
	Ends			
1	Prepare a plan of specific activities intentionally leading to a full review of Ends policies.	March 2022		
	EL Policies			
	Finances			
	GP Policies			
1	Describe the end products of a committee's work rather than its activities. Ensure the committee is acting as servant to the board.			
	Agenda, Minutes and Meetings			
1	Consider separate agenda items for Consent Agenda and Incidental Information	March 2022		
2	Ensure that motions amending policies state precisely the change that the Council has approved.	September 2022		
3	Approve the budget as part of the Required Approvals Agenda with prior assessment of special monitoring of pertinent policy items.			
	Monitoring			
1	Ensure that an interpretation identifies the rationale for both the measure/standard of measurement in the interpretation.	June 2022 March 2023		
2	Avoid including non-essential content: narrative, nice-to-know or plans for next monitoring period.	March 2023		
	Completed – to be removed from next list			



College of
Dental Hygienists
of Ontario

Protecting your health and your smile

BRIEFING NOTE

To: Council

From: Chair

Date: June 2, 2023

Topic: Policy Content Review: Ends Policies

Council will review and discuss if any changes should be made to the Ends Policies:
Global Ends, E-1, E-2, E-3, and E-4.

ENDS POLICIES

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.

EXECUTIVE LIMITATIONS POLICIES

General Executive Constraint

The Registrar/CEO shall not cause or allow any organizational practice, activity, decision or circumstance which is either unlawful, imprudent, or in violation of commonly accepted business and professional ethics.

EL-1 Treatment of Public and Registrants

The Registrar/CEO shall not cause or allow conditions, procedures or decisions related to the public, registrants, or those applying to be registrants, that are unsafe, disrespectful, or unnecessarily intrusive, or that are inconsistent with enforcement and application of the *Regulated Health Professions Act* and Code, the *Dental Hygiene Act*, Regulations under the Act, and any further Council interpretation of the Act in its Bylaws or Policies.

Further, without limiting the scope of the above statement by the following list, the Registrar/CEO shall not:

1. Permit the public and registrants to be without easy access to clear information about the requirements and responsibilities of registrants.
2. Permit violation of public or registrant confidentiality and privacy, except where specific disclosure is required by legislation.
 - 2.1. Use forms or procedures that elicit information for which there is no clear necessity.
 - 2.2. Use methods of collecting, reviewing, storing or transmitting applicant, public or registrant information that inadequately protect against improper access to the information elicited.
3. Permit unfair, inconsistent, disrespectful or untimely response to individual or group comments or complaints.
4. Allow registrants to be without easily accessible, understandable information regarding what may be expected and what may not be expected from the services, standards and guidelines offered.
5. Allow the organization to be without all Statutory Committees required in legislation, or permit those Committees to operate inconsistently with requirements of the legislation and the organization's bylaws.
6. Apply the legislation in a manner inconsistent with due process and the duty of procedural fairness.
7. Allow registrants to be without a process for effectively handling appeals.
 - 7.1. Allow registrants to be unaware of the process for registering an appeal.

EL-2 Treatment of Staff

The Registrar/CEO shall not cause or allow a workplace environment that is unfair, disrespectful, unsafe, or disorganized.

1. Allow staff to be without current, enforced, documentation that clarifies expectations and working conditions, provides for effective handling of grievances, and protects against wrongful conditions.
 - 1.1. Permit staff to be without adequate protection from harassment and discrimination.
 - 1.1.1. Discriminate unfairly against hiring persons living with exceptionalities which do not prevent fulfillment of job requirements.
 - 1.1.2. Permit a workplace which is insufficient to accommodate staff living with exceptionalities.
 - 1.2. Permit staff to be uninformed of the performance standards by which they will be assessed.
 - 1.2.1. Neglect to undertake annual performance reviews that are based on performance standards.
2. Discriminate against any staff member for non-disruptive expression of dissent.
3. Allow staff to be unprepared to deal with emergency situations.
4. Permit staff to be without an appropriate orientation and reasonable opportunity for professional growth and development.
5. Allow staff to be unacquainted with the Registrar/CEO's interpretation of their protections under this policy.
 - 5.1. Prohibit a staff member with a complaint against the Registrar/CEO from appealing to Council.

EL-3 Planning

The Registrar/CEO shall not permit planning that allocates resources in a way that deviates materially from Council-stated Ends priorities, risks fiscal jeopardy, or does not enable the longer-term ability of the College to achieve Ends.

Further, without limiting the scope of the above statement by the following list, the Registrar/CEO shall not:

1. Operate without a documented, multi-year strategy that can be expected to achieve a reasonable interpretation of the Ends.
 - 1.1. Permit planning that does not explain and justify assumptions, and identify relevant environmental factors.
2. Permit budgeting for any fiscal period or the remaining part of any fiscal period that is not derived from the multi-year plan.
3. Permit budgeting that does not provide for the incremental cost of implementing the multi-year strategy.
 - 3.1. Project revenue from fees on any basis other than current Council- authorized fees.
4. Permit budgeting that does not maintain, or provide for an amount to increase, reserves to the Council-approved target level.
5. Permit budgeting that projects a year-end operating deficit.
6. Permit financial planning that risks incurring any situation or condition described as unacceptable in the “Financial Condition and Activities” policy.
7. Permit financial planning that does not provide the amount determined annually by the Council for the Council’s direct use during the year, such as costs of fiscal audit, Council development, Council and Council committee meetings, Council legal fees, and ownership linkage.
8. Permit planning that endangers the fiscal soundness of future years or ignores the building of organizational capability sufficient to achieve Ends in future years.
 - 8.1. Operate without succession plans to facilitate smooth operations during key personnel transitions and ensure competent operation of the organization over the long term.
 - 8.2. Permit the organization to be without sufficient organizational capacity and current information about Registrar/CEO and Board issues and processes for the competent operation of the organization to continue in the event of sudden loss of Registrar/CEO services.

EL-4 Financial Conditions and Activities

With respect to the actual, ongoing financial conditions and activities, the Registrar/CEO shall not cause or allow the development of fiscal jeopardy or a material deviation of actual expenditures from Council priorities established in Ends policies.

Further, without limiting the scope of the above statement by the following list, the Registrar/CEO shall not:

1. Expend more funds than have been received in the fiscal year to date unless the debt guideline below is met.
 - 1.1. Allow debt to be incurred for anything other than trade payables or reasonable liabilities incurred in the ordinary course of operations.
2. Borrow funds from any financial institution.
3. Loan CDHO funds.
4. Use any long-term reserves.
5. Allow cash accounts to drop below a safety reserve equal in value to nine months' operating expenses invested in liquid assets.
6. Allow the untimely payment of payroll and debts.
7. Write off receivables without having first aggressively pursued payment after a reasonable grace period.
8. Allow tax payments or other government ordered payments or reports to be overdue or inaccurately filed.
9. Acquire, encumber or dispose of land or buildings.

Suggested Motion – Friday, June 2, 2023

14.0 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 14.1–14.5.

Moved:

Seconded:

VOTE:

Suggested Motions – Friday, June 2, 2023

14.0 MONITORING CEO PERFORMANCE

14.1 EL- 3

MOTION 1: THAT Council has assessed the monitoring report for 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 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 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:

14.2 EL- 4

MOTION 1: THAT Council has assessed the monitoring report for 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 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 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:

14.3 **EL- 6**

MOTION 1: **THAT** Council has assessed the monitoring report for 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 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 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:

14.4 **EL- 9**

MOTION 1: **THAT** Council has assessed the monitoring report for 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 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 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:

Suggested Motion – Friday, June 2, 2023

14.0 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 Motions – Friday, June 2, 2023

17.0 ADJOURNMENT

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

Moved:

Seconded:

VOTE: