CDHO
COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Council Meeting Agenda — June 7, 2024

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

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	Opening Remarks	Council Is Addressed	T. Strawn	—	9:05
1.2	Council Policy Manual Update	For Information	T. Strawn	--	9:15
1.3	Council Code of Conduct	For Information	T. Strawn	--	9:15
2.0	**APPROVAL OF AGENDA**				9:15
2.1	Review and Approval of Agenda	For Approval	T. Strawn	TAB 1	9:15
3.0	**DECLARATIONS OF POTENTIAL CONFLICT OF INTEREST**				9:20
3.1	Declarations of Conflict of Interest	Declare Conflicts	T. Strawn	--	9:20
4.0	**CONSENT AGENDA**				9:20
	CONSENT AGENDA ITEMS (4.1. – 4.1.1)				
4.1	**Council Meeting Minutes**				
4.1.1	Meeting Minutes – March 8, 2024	For Approval	T. Strawn	TAB 2	9:20
5.0	**INFORMATION REQUESTED BY THE BOARD**				
5.1	**Statutory Committee Reports**				
5.1.1	Executive Committee	For Information	T. Strawn	TAB 3	9:20
5.1.2	Discipline Committee	For Information	M. Cassim	TAB 3	9:20
5.1.3	Fitness to Practise Committee	For Information	TBD	TAB 3	9:20
5.1.4	Inquiries, Complaints and Reports Committee	For Information	Michelle Atkinson	TAB 3	9:20
5.1.5	Patient Relations Committee	For Information	Juli Kreutner	TAB 3	9:20
5.1.6	Quality Assurance Committee	For Information	Vanessa Pereira	TAB 3	9:20

5.1.7	Registration Committee	For Information	Anne-Marie Conaghan	TAB 3	9:20
5.2	**Incidental Briefing Reports**				
5.2.1	Council President's Report	For Information	T. Strawn	TAB 4	9:20
5.2.2	Registrar's Administrative Report	For Information	G. Pettifer	TAB 4	9:20
6.0	**OWNERSHIP LINKAGE**				9:25
6.1	Status of Ownership Linkage Activities	For Information	Krista Dufour	TAB 5	9:25
7.0	**BOARD EDUCATION**				9:45
7.1	Strategic Planning	For Information	Julie Maciura	--	9:45
	BREAK				10:30
8.0	**GOVERNANCE PROCESS ITEMS**				
8.1	2023 Draft Audited Financial Statements *Hilborn LLP will present the 2023 financial statements to the Council. Council will be asked to review and approve the statements.*	For Approval	Hilborn LLP	TAB 6	10:45
8.2	Appointment of Auditor for 2024 *Council will be asked to review the auditor assessment tool and appoint an auditor for 2024.*	For Approval	T. Strawn	TAB 7	11:10
8.3	Governance Committee Update	For Information	M. Atkinson	--	11:15
	LUNCH				12:00
8.4	Bylaw 5 Amendments	For Approval	T. Strawn	TAB 8	1:00
8.5	Policy Manual Review: GP 6.5	For Approval	T. Strawn	TAB 9	1:30
9.0	**MONITORING BOARD PERFORMANCE**				
9.1	Monitoring: CRD- 1	For Approval	T. Strawn	TAB 10	1:35
9.2	Monitoring: GP-1	For Approval	T. Strawn	TAB 10	1:45
10.0	**GOVERNANCE PROCESS ITEMS CONTINUED**				
10.1	Policy Content Review: GP-1	For Consideration	T. Strawn	TAB 11	1:55
11.0	**COUNCIL REGISTRAR DELEGATION ITEMS FOR CONSIDERATION**				

11.1	Policy Content Review: CRD 1	For Consideration	T. Strawn	TAB 12	1:55
12.0	**BOARD EDUCATION**				**2:00**
12.1	Presentation on 2024 Global Oral Health Symposium (Advancing Oral Health Among Indigenous Communities) *Keisha Simpson will provide an overview of the symposium for Council*	For Information	K. Simpson	--	2:00
13.0	**ENDS ITEMS FOR CONSIDERATION**				
13.1	Policy Content Review: Global End	For Consideration	T. Strawn	TAB 13	2:20
13.2	Policy Content Review: E-1	For Consideration	T. Strawn	TAB 13	2:20
13.3	Policy Content Review: E-2	For Consideration	T. Strawn	TAB 13	2:20
13.4	Policy Content Review: E-3	For Consideration	T. Strawn	TAB 13	2:20
13.5	Policy Content Review: E-4	For Consideration	T. Strawn	TAB 13	2:20
14.0	**REQUIRED APPROVALS AGENDA**				2:30
	There are no agenda items at this meeting.				
15.0	**EXECUTIVE LIMITATIONS ITEMS FOR CONSIDERATION**				2:30
15.1	Policy Content Review: EL-1	For Consideration	T. Strawn	TAB 14	2:30
—	**COUNCIL MOVES IN CAMERA (ITEM 16.1- 16.5)** To discuss personnel matters. Monitoring Reports on Ends and Executive Limitations form part of the Registrar's Performance Evaluation				
16.0	**MONITORING CEO PERFORMANCE**				2:40
16.1	Internal Monitoring: EL-3, 3.1, 3.2	For Approval	G. Pettifer	TAB 15	2:40
16.2	Internal Monitoring: EL-4	For Approval	G. Pettifer	TAB 15	2:50
16.3	Internal Monitoring: EL-6	For Approval	G. Pettifer	TAB 15	3:00
16.4	Internal Monitoring: EL-9	For Approval	G. Pettifer	TAB 15	3:10
16.5	Registrar Compensation Appraisal	For Approval	T. Strawn	--	3:20
—	**COUNCIL MOVES OUT OF CAMERA**				
17.0	**SELF-EVALUATION OF GOVERNANCE PROCESS**				4:00
17.1	Council Meeting Evaluation	For Evaluation and Discussion	T. Strawn	--	4:00
18.0	**NEXT MEETING DATE — September 27, 2024**				4:25
19.0	**ADJOURNMENT**			TAB 16	4:30

CDHO

Suggested Motion – Friday, June 7, 2024

2.1 ADOPTION OF AGENDA

MOTION: **THAT** Council moves to approve the June 7, 2024 Council meeting agenda as presented.

Moved:

Seconded:

VOTE:

CDHO

Suggested Motion – Friday, June 7, 2024

4.0 CONSENT AGENDA ITEMS

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 8, 2024 – 9:00 a.m. to 4:30 p.m.

COUNCIL MEMBERS PRESENT

Professional Members: Michelle Atkinson (Vice-President), Maheen Cassim, Anne-Marie Conaghan (Academic), Krista Dufour, Vanessa Pereira, Terri Strawn (President), Mary Yeomans, Juli Kreutner, Balbir Sohi,

Public Members: Erin Betts, Pella Giabanis, Ehizele Martin Iyamabo, Angelica Palantzas, Margaret Wade

Regrets: Jennifer Cooper (Academic), Alessandro Greco, Sasha Sidhu, Farzana Hussain, Loree Beniuk

Administration: Dr. Glenn Pettifer (Registrar and CEO), Eric Bruce (Deputy Registrar/Director of Registration & Professional Conduct), Suzanne Fox (Director of Corporate Services), Ryan Pestana (Director of Communications), Jon Oliva (Manager, Information Technology Initiatives & Infrastructure), Veronica Douglas (Executive Administrator)

Guests: Julie Maciura, SML, CDHO Legal Counsel (9:00a.m.-4:30p.m.), Deanna Williams (9:00a.m.-12:00p.m.), Harry Cayton (9:00a.m.-12:00p.m.), Zubin Austin (1:00p.m.-2:00p.m.)

1.0 CALL TO ORDER

1.1 Roll Call

The Chair, Terri Strawn, called the meeting to order at 9:00 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 virtual 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 unceded 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."

1.3 Council Policy Manual Update

No policies were updated at the December 1, 2023 Council meeting.

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 8, 2024 Council meeting agenda as presented.

MOVED: Erin Betts
SECONDED: Maheen Cassim
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 (4.1-4.1.1)

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

MOVED: Margaret Wade
SECONDED: Balbir Sohi
VOTE: **CARRIED**

5.0 INFORMATION REQUESTED BY THE BOARD

The Patient Relations report was updated to include Juli Kreutner as Chair of the committee.
The Quality Assurance report was updated to include Vanessa Pereira as Chair of the committee.
The President's Report was updated to include additional meeting dates: February 26th (meeting with Michelle Atkinson), February 28th (CNAR webinar on effective risk management), March 6th (meeting with Dr. Pettifer about the Council workshop), and March 7th (meeting with Michelle Atkinson regarding the Council meeting).

6.0 OWNERSHIP LINKAGE

6.1 Status of Ownership Linkage Activities

The Ownership Linkage Committee has not met since the last report to Council.

7.0 BOARD EDUCATION

7.1 Governance Review Report

Harry Cayton and Deanna Williams provided Council with the final governance report and presented their findings to Council. The full report can be found on the CDHO website. The report compared CDHO practices to the nine Standards of Good Governance. They determined the Council met two governance Standards, partially met five Standards, and did not meet two Standards. Nine recommendations were proposed that covered governance practice and policies, strategic planning and risk management, and promoting diversity, equity, and inclusion. They recommended that Council move away from the rigid adherence to Policy Governance to a more modern and flexible approach to meetings, and that Council

should assume responsibility for regulatory risk and strategy and oversee implementation of its strategic plan through reporting on outcomes.

Council was receptive to the feedback and committed to working on implementing the suggestions.

MOTION: **THAT** Council move to accept Harry Cayton's and Deanna Williams' Governance Review report for consideration.

Moved: Margaret Wade
Seconded: Krista Dufour
VOTE: **CARRIED**

7.2 Quality Assurance Strategic Plan

In 2022, a Strategic Planning Process for Quality Assurance was launched within CDHO. It comprised of three key stages: Phase 1a: Environmental Scan and Literature Review, Phase 1b: Key informant interviews and data synthesis, Phase 2: Strategic plan development and formulation with Steering Committee and QA committee, and Phase 3: Validation with Registrants and Ratification by Council

March 8, 2024 represented Phase 3, with Dr. Zubin Austin presenting the Quality Assurance Strategic Plan to Council. The Strategic Plan has a strong focus on public protection through professional engagement. Its mission is "assuring safe and effective dental hygiene practice through commitment, continuous learning, communities of practice, and collaborative conversations. The Strategic Plan outlined short-term (within 3 years), mid-term (3-5 years), and long term (more than 5 years) goals and objectives for the College. The priorities included enhancing the usability of the online System for Managing Individual Learning (SMILE) Portal, and expanding the current number of options available to registrants to demonstrate their competence by creating a new Peer Circle Activity option.

Council discussed and asked questions around how the Peer Circle program addresses competencies and how these are measured. The program focuses on professional and community engagement where questions can be asked around any number of topics including risk and the importance of these discussions in preparation for the future of the profession.

MOTION: **THAT** Council supports the Quality Assurance Strategic Plan with the purpose of increasing engagement of the profession in preventing competency drift.

Moved: Vanessa Pereira
Seconded: Juli Kreutner
VOTE: **CARRIED**

8.0 GOVERNANCE PROCESS ITEMS

8.1 CPMF Report

Michelle Atkinson and Communications Director, Ryan Pestana, presented the draft CPMF Report to Council.

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

Moved: Michelle Atkinson
Seconded: Margaret Wade
VOTE: **CARRIED**

8.2 Governance Committee Update and Mentorship Program Framework

One of the recommendations from Deanna Williams' Report on Governance Effectiveness was to establish a formal mentorship program. The Governance Committee presented a draft mentorship framework to Council for their review and approval. The goal of a mentorship program is to enhance the overall effectiveness of the Council. By providing support, guidance, and a platform for continuous improvement, the program contributes to the Council's ability to fulfill its responsibilities and drive the success of the organization. The Governance Committee provided an overview of the program including the role of the mentor, role of the mentee, the program structure, and resources. A formal Council Mentor Checklist and Report was also presented.

MOTION: **THAT** Council adopt the proposed Mentorship Program Framework.

Moved: Vanessa Pereira
Seconded: Mary Yeomans
VOTE: **CARRIED**

9.0 MONITORING BOARD PERFORMANCE

9.1 GP-9 Investment in Governance

Council discussed the monitoring results and established that they do not complete a full annual evaluation of Council, so they were not in compliance with section 5. Council committed to doing a full evaluation before December 2024. Council committed to providing a new monitoring report of section 5 for September 2024.

MOTION: **THAT** Council has assessed the monitoring report for GP-9 and determined there is sufficient, verifiable evidence of a reasonable interpretation for GP-9 sections 1 to 4. Council has assessed the monitoring report for GP-9 section 5 and determined the interpretation is reasonable, but there's insufficient verifiable evidence and a new monitoring report is requested for GP-9 section 5 for September 2024.

Moved: Vanessa Pereira
Seconded: Michelle Atkinson
VOTE: **CARRIED**

9.2 GP- 10

Council discussed their monitoring report results and discussed how to change the Council competency profile so it can be used in the nomination package for Council elections. This is something Council will need to discuss going forward.

MOTION: **THAT** Council has assessed the monitoring report for GP-10 anddetermined there is sufficient, verifiable evidence of a reasonable interpretation.

Moved: Maheen Cassim
Seconded: Erin Betts
VOTE: **CARRIED**

10.0 GOVERNANCE PROCESS ITEMS CONTINUED

10.1 Policy Content Review: GP-7

Council reviewed the GP-7 Stipend and Expenses policy. Daily per diem rates are to be reviewed annually and may be adjusted to reflect significant changes in the cost-of-living index (COLA). The last per diem rate increase occurred in December 2019. Council consulted with CDHO auditors, Hilborn LLP, who provided Council with the annual average Consumer Price Index (CPI) for 2023 as 3.9%. Typically, the COLA ranges from +1% to -1% of the CPI. Council discussed the various options ranging from a 2.9% increase to a 4.9% increase. They decided to increase the stipend based on the 3.9% cost of living increase. This changed the per diem rate from $308 per diem to $320 per diem.

MOTION: **THAT** Council approve the changes to the GP-7 Council and Committee Stipend and Expenses policy.

Moved: Erin Betts
Seconded: Maheen Cassim
VOTE: **CARRIED**

10.2 Policy Content Review: GP-3 and GP-9

Council discussed the proposed changes to the GP-3 and GP-9 policies:

1. The current schedule ends in December 2024. Change of dates are proposed to consider future years.

MOTION: **THAT** Council approves the changes to the GP-3 Council Planning Cycle and Agenda Control and GP-9 Investment in Governance policies to consider future years.

Moved: Krista Dufour
Seconded: Margaret Wade
VOTE: **CARRIED**

10.3 Policy Content Review: GP-10

Council reviewed and discussed GP-10 Governance Succession Planning, specifically looking at the use of the word ‘ownership’ in Council’s commitment to linking with the ownership and discussed changing the word ‘ownership’ to the word ‘publics of Ontario’.

Council decided it would make more sense to approach these changes in a more holistic way instead of an individual basis. They will look at the policy collectively when reviewing the policies and will bring it back to Council. No changes were made.

11.0 COUNCIL REGISTRAR DELEGATION ITEMS FOR CONSIDERATION

11.1 Policy Content Review: CRD-4

Council discussed the proposed changes to the CRD-4 policy to consider future years.

MOTION: **THAT** Council approves the changes to the CRD-4 policy to consider future years.

Moved: Angelica Palantzas
Seconded: Anne-Marie Conaghan
VOTE: **CARRIED**

12.0 ENDS ITEMS FOR CONSIDERATION

There were no agenda items at this meeting.

13.0 REQUIRED APPROVALS AGENDA

There were no agenda items at this meeting.

14.0 EXECUTIVE LIMITATIONS ITEMS FOR CONSIDERATION

14.1 Policy Content Review: EL General Executive Constraint

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

14.2 Policy Content Review: EL 3 Planning

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

14.3 Policy Content Review: EL 7 Compensation and Benefits

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

14.4 Policy Content Review: EL 8 Communication and Support of the Board

Council reviewed the EL 8 policy and no changes were made.

MOTION TO MOVE IN CAMERA

MOTION: **THAT** Council move in Camera as per RHPA, *Schedule 2, Section 7(2)(d)* at 3:39 p.m., for agenda items 15.1–15.8.

MOVED: Erin Betts
SECONDED: Krista Dufour
VOTE: **CARRIED**

15.0 MONITORING CEO PERFORMANCE

15.1 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: Vanessa Pereira
Seconded: Maheen Cassim
VOTE:

CARRIED

15.2 E-1

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

Moved: Balbir Sohi
Seconded: Vanessa Pereira
VOTE:

CARRIED

15.3 E-2

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

Moved: Mary Yeomans
Seconded: Michelle Atkinson
VOTE:

CARRIED

15.4 E-3

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

Moved: Erin Betts
Seconded: Vanessa Pereira
VOTE:

CARRIED

15.5 E-4

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

Moved: Julie Kreutner
Seconded: Maheen Cassim
VOTE:

CARRIED

15.6 EL 1

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

Moved: Vanessa Pereira
Seconded: Krista Dufour
VOTE:

CARRIED

15.7 EL 4(1)

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

Moved: Vanessa Pereira
Seconded: Erin Betts
VOTE:

CARRIED

15.8 EL-7

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

Moved: Mary Yeomans
Seconded: Krista Dufour
VOTE:

CARRIED

15.0 MOTION TO MOVE OUT OF CAMERA

MOTION: **THAT** Council move out of Camera as per RHPA, *Schedule 2, Section 7(2)(d)* at 4:36 p.m.
MOVED: Margaret Wade
SECONDED: Krista Dufour
VOTE: **CARRIED**

16.0 SELF-EVALUATION OF GOVERNANCE PROCESS

16.1 Council Meeting Evaluation

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

17.0 NEXT MEETING DATE

The next Council meeting is June 7, 2024.

18.0 ADJOURNMENT

The meeting adjourned at 4:38 p.m.

Approved by:

_____ _____

Signature of Chair, Terri Strawn Date

Executive Committee Report — June 7, 2024

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

Professional Members (Council): Terri Strawn, President; Michelle Atkinson, Vice-President; Vanessa Pereira

Public Members (Council): Loree Beniuk, Erin Betts

INTRODUCTION

Since its last report to Council, the Executive Committee met in-person on April 26, 2024. The Executive Committee also met virtually with Mungall Consulting on May 6, 2024, and with Hilborn LLP on May 7, 2024.

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

ITEMS FOR INFORMATION

CDHO Governance

The Executive planned the agendas for the June 6th Council workshop and the June 7th Council meeting.

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

The Executive Committee met with Hillborn LLP to review the 2024 audit plan on February 6, 2024 and on May 7, 2024 to review the audit findings communication.

The Executive Committee met with Andrea Friesen from Mungall Consulting regarding CRD 5 - 1.1 on May 6, 2024.

Public Member Appointments

The Executive Committee would like to thank Alex Greco for his service on Council. Mr. Greco's term ended on May 12, 2024.

The Executive Committee would like to welcome Amit Sethi, Council's new Public Member. Mr. Sethi has been appointed for a term of one year. His orientation session was held on April 17, 2024. Terri Strawn has been assigned as their mentor.

Auditor Assessment

The Executive held a virtual meeting with Blair MacKenzie and Usman Paracha from Hilborn LLP on May 7, 2024, for a post-audit discussion. The post-audit report will be presented to Council at the June Council meeting.

District 8 Appointment

As of July 15, 2024, District 8 Council Member Maheen Cassim will no longer be living in District 8. In accordance with Bylaw 5, the Executive Committee decided to appoint Maheen Cassim to carry out the remainder of her term (until December 31, 2024). An election for District 8 will be held in the fall.

Discipline Committee Report — June 7, 2024

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

Chair: Maheen Cassim

Vice-Chair: Vanessa Pereira

Professional Members (Council): Michelle Atkinson, Anne-Marie Conaghan, Jennifer Cooper, Krista Dufour, Farzana Hussain, Terri Strawn, Mary Yeomans, Balbir Sohi, Juli Kreutner, Maheen Cassim, Vanessa Pereira

Public Members (Council): Loree Beniuk, Erin Betts, Pella Giabanis, Alessandro Greco (until end of term May 12, 2024), Ehizele Martin Iyamabo, Angelica Palantzas, Margaret Wade, Amit Sethi

Professional Members (Non-Council): Amanda Acker, Siobhan Brennen, Gillian Dunn, Rowena Javier, Paula Malcomson

INTRODUCTION

Since its last report to Council in March 2024, the Discipline Committee has not held a plenary meeting.

ITEMS FOR INFORMATION – RELATED TO MANDATE

- *CDHO v. Zoe McIntosh* was heard by a panel of the Discipline Committee on March 5, 2024. The registrant did not attend the hearing and the matter proceeded in absentia. The registrant was found guilty of professional misconduct related to failure to cooperate with the Quality Assurance Committee, failure to cooperate with an investigator, and failure to respond to the College. The panel ordered the Registrar to revoke the registrant's certificate of registration. The panel also ordered the registrant to attend to be reprimanded and to pay costs in the amount of $13,852.94. The panel's written reasons for decision were released on April 25, 2024.

As of the date of writing, there are no matters currently pending before the Committee.

CONCLUSION

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

CDHO

Fitness to Practise Committee Report — June 7, 2024

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

Chair: Vacant

Professional Members (Council): Michelle Atkinson, Maheen Cassim, Anne-Marie Conaghan, Jennifer Cooper, Krista Dufour, Farzana Hussain, Juli Kreutner, Vanessa Pereira, Balbir Sohi, Terri Strawn, Mary Yeomans

Public Members (Council): Loree Beniuk, Erin Betts, Pella Giabanis, Ehizele Martin Iyamabo, Angelica Palantzas, Upneet (Sasha) Sidhu, Margaret Wade, Amit Sethi, Alessandro Greco (until end of term May 12, 2024)

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 2024.

CONCLUSION

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

CDHO

Inquiries, Complaints and Reports Committee Report — June 7, 2024

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

ICRC Chair: Michelle Atkinson

Panel A – Chair: Anne-Marie Conaghan

Professional Members (Council): Anne-Marie Conaghan, Balbir Sohi
Public Members (Council): - Loree Beniuk, Sasha Sidhu
Professional Members (Non-Council): Paula Benbow, Christina Mitas

Panel B – **Chair:** Michelle Atkinson

Professional Members (Council): Michelle Atkinson, Mary Yeomans
Public Members (Council): Erin Betts, Margaret Wade
Professional Members (Non-Council): Tonia Peachman-Faust, Larissa Voytek

INTRODUCTION

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

Since the last Report to Council on March 8, 2024, the panels of the ICRC met on the following dates by video conference:

Committee as a Whole	Panel A	Panel B	Panel C
March 22, 2024	April 15, 2024	March 22, 2024	Did not meet

The ICRC as a whole met on March 22, 2024, for a full committee orientation and to elect a chair of the committee. Michelle Atkinson was acclaimed as chair.

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 February 16, 2023).

Number of investigations carried over from previous period(s)[1]			
	Complaints	**Registrar Reports**	**QA Referrals**
Investigations started before February 16, 2024	**7**	**10**	**0**

Intake of new investigations			
	Complaints	**Registrar's Reports**	**QA Referrals**
February 16, 2024 to May 15, 2024	**7**	**2**	**0**

Decisions made and finalized by ICRC			
	Complaints Outcomes	**Reports Outcomes**	**QAC Outcomes**
February 16, 2024 to May 15, 2024	No Further Action, Undertaking Signed: **1** Guidance and Recommendations: **2**	No Further Action: **2** Guidance and Recommendations: **2**	**0**

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

	Alternative Dispute Resolution (ADR) Decision Ratified[2]: **1** Withdrawn: **1**		

At the time of writing (May 15, 2024), 2 report matters were deliberated by the ICRC, but the Decisions with Reasons have not been finalized. The outcomes and timelines will be reported on the next Report to Council.

Health Professions Appeal and Review Board Matters			
	Total Matters in progress (including where Decision pending)	**Matters heard, Decision pending**	**Decision(s) Received**
February 16, 2024 to May 15, 2024	**1**	**0**	**0**

A previously reported matter, in which an applicant sought judicial review of HPARB's decision to uphold the decision of the ICRC, was abandoned by the appellant. The matter is now closed and the decision of HPARB and the ICRC stand.

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

[2] Since August 1, 2022, the ICRC has offered Alternative Dispute Resolution (ADR) in eligible complaint matters. Both the Complainant and Registrant must agree to the process.

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 February 16, 2024, to May 15, 2024 (time of writing) were as follows:

Timeline	Complaints	Registrar's Reports	QA Referrals
150 days or less	2[3]	-	-
151 days to 210 days	2	-	-
211 days to 240 days	1	1	-
More than 240 days	-	3	-

CONCLUSION

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

[3] Includes the matter that was withdrawn.

CDHO

Patient Relations Committee Report — June 7, 2024

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

Chair: Juli Kreutner

Professional Members (Council): Farzana Hussain, Juli Kreutner

Public Members (Council): Loree Beniuk, Pella Giabanis, Sasha Sidhu

Professional Members (Non-Council): Paula Malcomson

INTRODUCTION

The Patient Relations Committee met once on February 23, 2024, by Zoom video communication. This meeting involved an initial orientation session outlining the roles, responsibilities, and mandates of the Committee. Juli Kreutner was elected as Chair of the Committee.

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.

Public Education Plan

The Committee was satisfied with the 23 posted items to social media platforms in 2023. Platforms such as Instagram, Facebook, Twitter, and LinkedIn are being used to bring awareness to topics such as Indigenous Awareness, Truth and Reconciliation, Mental Health, Religious Holidays, Remembrance of Lost People, Standing in Solidarity with the 2SLGBTQIA+ Community, Anti-violence Related to Discrimination, and the Importance of Oral Health. The Committee was satisfied with this plan and looks forward to new communications with the public.

Registrant's Education Plan

The December 2023 E-Brief contained messaging for RDH including Oral Healthcare Professionals and Mandatory Reporting (module), Guideline: Prevention of Sexual Abuse and Maintenance of

Professional Boundaries, Consent and the Dental Hygienist (module), and The Path: Your Journey Through indigenous Canada (course). The committee was satisfied with these publications and supported the continued plan.

Staff Education Plan

The committee discussed resources staff have to aid in communication and support for a client who has been sexually abused by a registrant.

- A communication protocol related to handling phone calls and emails of this sensitive matter has been developed and will be discussed with staff in the following months.
- The possibility of creating a resource for case managers to support clients who are having difficulty finding a therapist or counselor was discussed and will be completed this year.

Terms of Reference

The terms of reference for the Patient Relations Committee were due for review and update. The update was completed and approved by the Committee.

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 7, 2024

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

Chair: Vanessa Pereira

Professional Members (Council): Jennifer Cooper, Vanessa Pereira, Balbir Sohi

Public Members (Council): Alex Greco (until May 12, 2024), Margaret Wade

Professional Members (Non-Council): Tonia Peachman-Faust, Wendy Wardlaw

INTRODUCTION

The Quality Assurance Committee met twice since the last Report to Council. The Committee met by video conference on March 1, 2024, and by video conference on April 9, 2024. The Committee is scheduled to meet by video conference on July 15, 2024.

ITEMS FOR INFORMATION – RELATED TO MANDATE

Welcome Emails

'Welcome to the Profession' notices are sent out by automated email at the time of registration. The notice is designed to promote quality practice and to increase awareness of the CDHO resources available, such as the CDHO Knowledge Network, the practice advisors, and the Quality Assurance Program Self-Assessment and educational tools. Since the last report to Council, 273 emails were sent out to those registered between February 15, 2024, and May 15, 2024.

2025 Quality Assurance Selection

This June, registrants will be invited to volunteer to participate in the 2025 QA assessment. We will be looking for 500 volunteers, which is the number needed for a statistically valid sample size. If we don't hear from 500 volunteers, we will randomly select the remaining from the registrant pool. RDHs who were assessed in the last five years will be excluded from the 2025 selection. For the 2025 group, everyone will be able to choose from the existing 3 Path options, or they can try the new 4th Path. Path 4 will involve participating in two Peer Circles and one-on-one coaching conversations.

Quality Assurance Records Peer Review Statistics (as of May 15, 2024)

2024 Peer Assessment

Of the 21[1] quality assurance records requested

11 have met the assessment guidelines[2]

4 are in the assessment process[4]

6 are participating in directed learning/remediation

2024 Practice Reviews

Of the 1[3] on-site practice assessments requested

0 have met the assessment guidelines[2]

1 is in the assessment process

0 are participating in directed learning/remediation

2023 Peer Assessment

Of the 42[1] quality assurance records requested

42 have met the assessment guidelines[2]

0 are in the assessment process[4]

0 are participating in directed learning/remediation

2023 Practice Reviews

Of the 0[3] on-site practice assessments requested

0 have met the assessment guidelines[2]

0 are in the assessment process

0 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 7, 2024

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

Chair: Anne-Marie Conaghan

Professional Members (Council): Anne-Marie Conaghan, Maheen Cassim, Michelle Atkinson

Public Members (Council): Angelica Palantzas, Pella Giabanis

Professional Members (Non-Council): Lisa Frisch

INTRODUCTION

The Registration Committee met twice since the last report to Council on March 8, 2024.

ITEMS FOR INFORMATION – RELATED TO MANDATE

Registration Statistics

Since last reported to Council:

Certificate of Registration	February 12, 2024	May 9, 2024
General	13, 524	13, 819
Specialty	623	632
Inactive	830	805
Total Registrants	14, 977	15, 256

Applications for Registration

Since the last report to Council, the College received 282 new applications for registration. 2 applications required detailed review by the Registrar.

Registration Committee Meeting

The Registration Committee convened on April 2, 2024, for a committee orientation.

A panel of the Registration Committee convened via video conference on May 6, 2024. Following the review of the submission and based on the information provided, the Panel directed the Registrar to issue the applicant a Certificate of Registration subject to terms, conditions, and limitations.

Changes to the Register

Since last reported to Council on March 8, 2024:

- 274 applicants were registered to practise
- 10 previous registrants of the College were re-registered
- 6 registrants reinstated
- 0 registrants were administratively suspended
- 0 registrants were revoked for non-payment of fees
- 1 registrant was revoked with cause
- 12 registrants resigned
- 1 registrant resigned with cause

President's Report to Council — June 7, 2024

PUBLIC INTEREST RATIONALE

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

PRESIDENT'S ACTIVITIES

March 20 – Impactful Leadership Seminar – CNAR

March 21 - Teleconference Michelle Atkinson, Vice President

March 26 – Teleconference Registrar

April 3 – Teleconference Deputy Registrar

April 3 – Teleconference Michelle Atkinson, Vice President

April 12 – Teleconference Krista Dufour, Chair – Ownership Linkage Committee

April 26 – In person executive committee meeting & meeting with ODHA executive

May 2 – Teleconference with Michelle Atkinson, Vice President

May 3 – Teleconference with Vanessa Pierera, Chair- Quality Assurance Committee

May 6 – Executive Committee meeting with Andrea Friesen - Mungall Consulting re CRD 5 – 1.1

May 6 – Teleconference with Michelle Atkinson, Vice President

May 7 – Executive Committee Meeting with Hillborn LLP

May 14 & 21 – HPRO governance training for RHPA colleges course

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.

The president approved the following expenses:

- Michelle Atkinson's accommodation expense for accommodation for March ODHA/CDHO executive committee meeting and executive meeting.
- Erin Betts' travel expenses for the CNAR conference.

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 12, 2024 New Member Orientation	January 19, 2024 Meeting	March 7, 2024 Workshop	March 8, 2024 Meeting	June 6, 2024 Workshop	June 7, 2024 Meeting	September 20, 2024 Workshop	September 27, 2024 Meeting	December 5, 2024 Workshop	December 6, 2024 Meeting
Professional Members										
Atkinson, Michelle	N/A	✓	✓	✓						
Cassim, Maheen	N/A	✓	✓	✓						
Conaghan-Anne-Marie	N/A	✓	✓	✓						
Cooper, Jennifer	N/A	✓	✗	✗						
Dufour, Krista	N/A	✓	✓	✓						
Hussain, Farzana	N/A	✗	✗	✗						
Kreutner, Juli	✓	✓	✓	✓						
Pereira, Vanessa	✓	✓	✓	✓						
Sohi, Balbir	✓	✓	✓	✓						
Strawn, Terri	N/A	✓	✓	✓						
Yeomans, Mary	N/A	✓	✓	✓						
Public Members										
Beniuk, Loree	N/A	✓	✓	✗						
Betts, Erin	N/A	✗	✓	✓						
Giabanis, Pella	N/A	✓	✗	✓						
Greco, Alex	N/A	✗	✗	✗						
Iyamabo, Martin	N/A	✗	✗	✓						
Palantzas, Angelica	N/A	✓	✓	✓						
Sidhu, Upneet (Sasha)	N/A	✗	✗	✗						
Wade, Margaret	N/A	✓	✓	✓						

✓ *Attended*
✗ *Did not attend*

APPENDIX 2

Professional Council Members Honorarium and Expense Claim Submissions - Quarterly

For the Year ending December 31, 2024

	Q1 HONORARIUM	Q1 EXPENSES	Q2 HONORARIUM	Q2 EXPENSES	Q3 HONORARIUM	Q3 EXPENSES	Q4 HONORARIUM	Q4 EXPENSES	TOTAL
Terri Strawn (president)	2,150.80	444.03							**2,594.83**
Vanessa Pereira	2,009.50								**2,009.50**
Michelle Atkinson (vice-president)	3,114.00	1,074.82							**4,188.82**
Krista Dufour	1,074.00								**1,074.00**
Anne-Marie Conaghan	1,638.00								**1,638.00**
Jennifer Cooper	666.00								**666.00**
Jacqueline White	179.00								**179.00**
Maheen Cassim	1,644.00								**1,644.00**
Farzana Hussain	-								**0.00**
Mary Yeomans	1,752.00								**1,752.00**
Balbir Sohi	1,900.00	436.79							
Juli Kreutner	1,445.50								
Non-Council Professional Members (combined)									**2,874.00**
								TOTAL	**18,620.15**

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 general meeting on March 8, 2024.

HUB601

The HUB601 continues to be a very successful and welcomed initiative for the CDHO. The four participating organizations not only share the space but are also combining resources in the delivery of common (staff team) initiatives. In total, the financial contributions of our **HUB601** partners for 2024 result in approximately 25% of our lease expenses.

Operations

Staff continue to work largely remotely with individuals attending the office when the work process requires in-office attendance or meetings are required. We continue with 2 monthly "anchor" days where all staff attend in-office for team meetings, staff meetings and training. We continue to look for opportunities to foster engagement of team members and harness the collaborative energy of in-person meetings within the context of our new hybrid work model.

The discovery phase of the migration project has been completed and the College's IT and Corporate Service staff will begin working with Deloitte to undertake all of the steps required for a successful migration of the College's database.

As you will know, the revision of the CDHO website is complete and the new version has been published and the old version retired. As anticipated, we continue to receive feedback from our community regarding opportunities for revision of the new website to make it a more comprehensive resource for all. We welcome and encourage that feedback!

CRM Migration Update (provided by Eric Bruce, CDHO Project Oversight Lead) : The project is proceeding well. We are currently tracking our time and budgetary estimates. Meetings with the developers and staff have been productive, though time-consuming. Weekly meetings will continue throughout the remainder of the project.

We have completed the first "sprint" of development, which has resulted in the set up of the skeleton of the new online system. The remaining "sprints" will work to flesh out this framework and to replace all the deprecated features from the old system that are no longer supported by Microsoft.

Three items we are currently keeping an eye on as possible disrupters:

• We are working with Skillsure and Assessbank to obtain APIs (Application Programming Interfaces) to permit their third-party platforms to properly integrate with the new system. This is for integrating the jurisprudence exam, drug exam, QA portal, etc., which are hosted by these external providers. APIs are essentially a set of instructions that allow one system to communicate and receive data from another. Deloitte will be completing the integrations, but we require the APIs from the vendors themselves.

• We are working with the Ontario Government's e-Health branch to obtain a modern API for our weekly e-Health data transfer. E-Health has been very helpful and cooperative. We have a second meeting set up with them in the coming weeks.

• The Health Professions Database (HPDB) report is a data transfer conducted annually. It is currently done by pulling data from our system using a custom-developed program and then uploading this data file through the HPDB web portal. In the absence of an API, we are going to have to create a new customized program to pull this data from the new system. This will not be needed until 2026, as we will still be pulling the 2024 data from the existing system in early 2025.

Human Resources

The College has recently hired three new Coordinators of Professional Programs. (For comparison, the following data describes the ratio of number of registrants per staff member: CDHO: 620:1; RCDSO: 80:1; CDO 154:1; CMTO: 283:1).

Registrant Engagement

Practice Advisory Service

The Practice Advisory Service continues to be an accessible, valuable resource for Registered Dental Hygienists. Since the last report to Council, the Practice Advisory Service responded to 573 enquiries.

	Calls	Emails	Total Enquiries	Top Topics
March 2024	115	93	208	• Independent Practice • Billing • Process of Care • IPAC
April 2024	111	90	201	
May 2024	99	65	164	

Program Elements

Communications

Over the last few months, the Communications Department has increased the CDHO's presence in the platforms on which it participates. Congratulations to the Communications team for their efforts in this regard. The third edition of the De-Brief was published on April 18, 2024. The De-Brief micro-site has been deployed.

We continue to welcome any suggestions regarding our communication strategy.

With the re-design of our website, we are able to gather metrics associated with the website use:

Website Stats (February 28 – May 22, 2024)

- 105,600 English Sessions; 5,550 French Sessions (Sessions = # of users who interacted with a page(s) and includes repeat views)
- 6,900 clicks to the Public Register
- Top visited pages (excluding the homepage)
    - Knowledge Network
    - Updates to the Quality Assurance Program (details on the new Path 4 option)
    - Hypertension Fact Sheet
    - Standards and Resources
    - Optional Peer Circles registration
- Top PDF downloads:
    - IPAC Guidelines
    - Code of Ethics
    - Registrants' Handbook
    - Clinical Information Practice Standard
    - Standards of Practice

Social Media Stats (February 28 – May 22, 2024)

Facebook

- 44 new followers
- Content most engaged with (i.e, clicks, comments, shares): Thunder Bay Peer Circles thank you, National Dental Hygienists Week, reminder re. 2025 QA requirements

Instagram

- 106 new followers
- Content most engaged with: National Dental Hygienists Week, Peer Circles thank you posts

LinkedIn

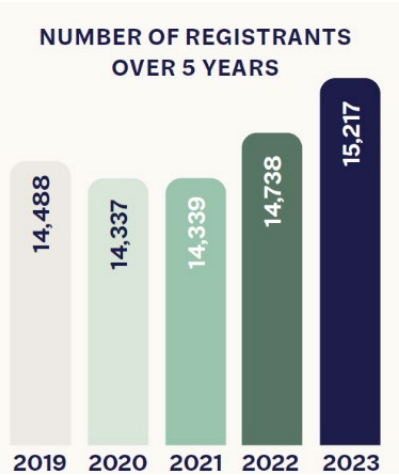
- 141 new followers
- Content most engaged with: Post re. joint meeting of CDHO and CDO Councils, introduction of new coordinators, Thunder Bay Peer Circles thank you

Public Awareness Campaign

Through the Voice of the Patient survey, CDHO learned that awareness of dental hygiene regulation/CDHO's role was low among patients surveyed. CDHO engaged Brand Heroes to develop and deliver a public awareness campaign. To date, Brand Heroes has conducted a comprehensive audience scan and developed audience personas (an outline of a "typical" dental hygiene patient). Through this work we learned that a mixed campaign (i.e., digital, print, radio) is needed to ensure we're reaching a wide audience, including Indigenous communities, under-served communities and those in northern Ontario. We have approved a series of designs that will be used in the digital campaign and Brand Heroes will begin developing scripts for video and audio ads. Before going out broadly in the fall, Brand Heroes will launch a pilot to test messaging and mediums.

Registration:

As of May 9, 2024, the CDHO has 15,256 Registrants (13 819 General, 632 Specialty, and 805 Inactive).



Dental Hygiene Workforce Assessment

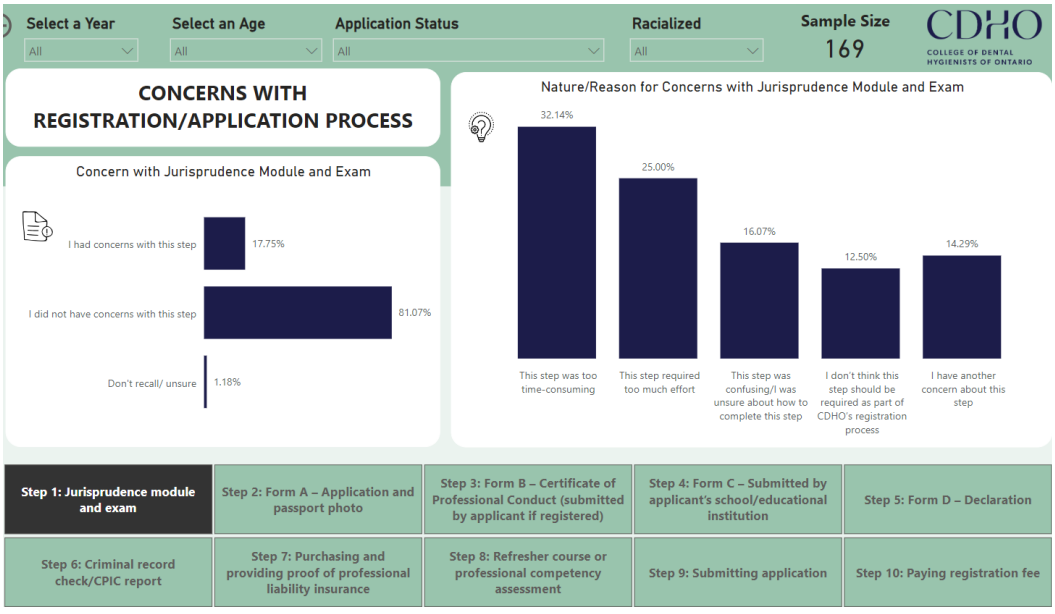
As previously reported, the CDHO partnered the Accessing Centre for Expertise (ACE) associated with the University of Toronto, to examine the factors and data associated with Dental Hygiene workforce dynamics in Ontario. The result of that work has led to the preparation of two separate manuscripts for publication. I'm pleased to report that one of the manuscripts has been reviewed, accepted and published by BMC Oral Health:

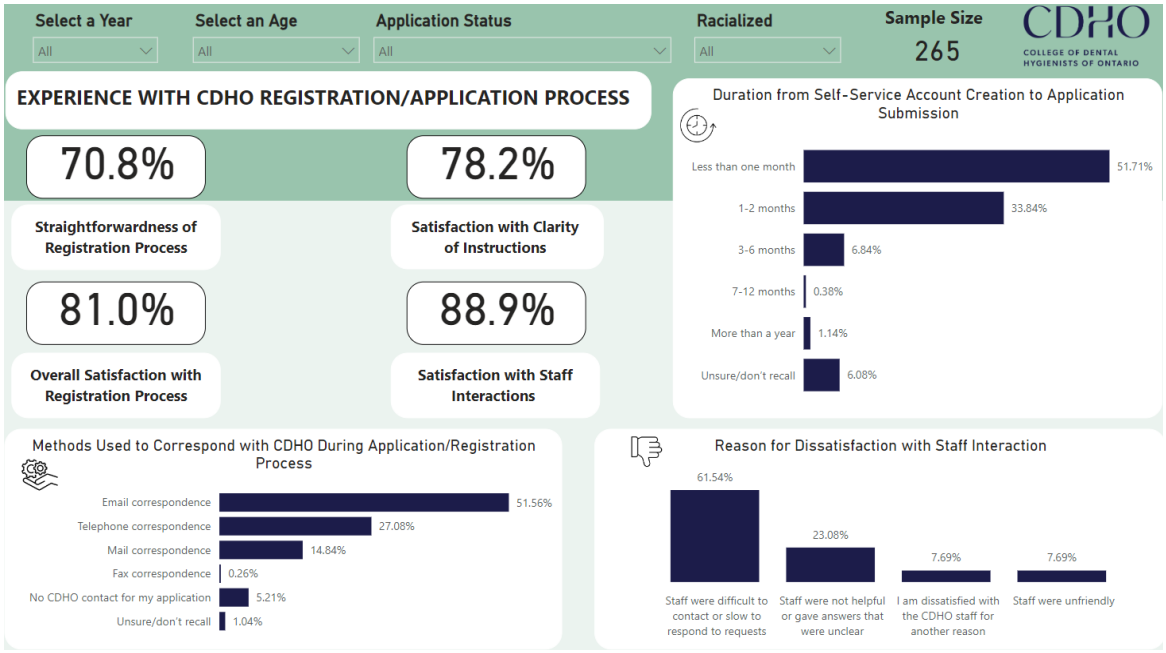
"Identification and assessment of factors that impact the demand for and supply of dental hygienists amidst an evolving workforce context: a scoping review." Dobrow MJ, Valela A, Bruce E, Simpson K and Pettifer G. BMC Oral Health (2024) 24:631

This publication can be viewed online: https://rdcu.be/dJpm5

The second manuscript: "Comparison of the Distribution of the Dental Hygienist Workforce and Population in Ontario: A Geospatial Analysis" has been submitted for publication and is currently under review.

The registration applicant **Application Process Experience Survey** continues. This feedback process is designed to characterize the experience of applicants as they engage with the CDHO during their initial Registration process. This qualitative data will assist us in identifying opportunities for improvement in our application process, an important component of our general principles of accessibility and accountability. Following are examples of the data dashboard that summarizes the data collected with the survey tools:





Professional Conduct

The **Complaint Process Experience Feedback Survey** is in play. This survey tool is used to evaluate the experience of individuals who submit complaints to the CDHO and Registrants respondents at touch points along the Complaint management journey.

There are currently 10 open complaint matters and 8 open report matters (that include referrals from the Quality Assurance Committee and matters related to incapacity). There is currently 1 matter before HPARB.

Quality Assurance Program Review / Strategic Planning Process

As reported earlier, Dr. Zubin Austin and his team completed their interviews with the Key Informants, the Quality Assurance Committee, and the Quality Assurance Strategic Planning Steering Committee. They have also incorporated the feedback on QA Strategic Plan elements that were included in the Registrant Engagement Survey that was completed in Q3 of 2023. From these conversations, the principles, values, and direction of the Quality Assurance strategic plan were drafted and elements for addition and/or modification in the existing QA Program are under development and/or consideration/review. These elements were presented to the QA Committee and the QA Strategic Plan Working Group and then to Council on March 8, 2024.

Quality Assurance Resource Development

A 2-day Peer Learning Circle facilitator training workshop was held last week at **HUB601**. Another is scheduled for this summer. These newly trained facilitators will help us to continue to deliver in-person Peer Circles at various locations around the province as well as on-line. The in-person Peer Learning Circles held this spring were very attended. These events were held in London (38 attendees), Barrie (38), Ottawa (40), Sudbury (31), and Thunder Bay (40). Selected comments from participants are included:

"The sessions were very informative and it was great to hear others' perspectives on actual situations that happen within our profession. I found the environment to be very welcoming and supportive of everyone's opinions and thoughts."

"Meeting and collaborating with my peers, discussing relevant cases in day to day dental hygiene practice is beneficial to my learning style. I am the only RDH in the practice I work at so this helps maintain professional relationships."

"This was a most engaging session that really helped re-energize my resolve to continually improve my practice standards. This was a far better method of learning than simply working on a portfolio in solitude. In-person collaborations and ideations are far more effective than just passively listening to a speaker or reading an article or any other form of learning".

"This was a great opportunity to share experiences with other Hygienists and learn from all the scenarios as a new graduate I had the chance to interact with peers with same experiences in our day to day activities and realized that there is always help when need to reach out to our College in the event with similar issues as the scenarios we had that day."

"It was a positive experience. It was great to interact with other dental hygienists and the CDHO at the same time. It is a good platform for continuous learning and professional development. Registrants can gain new insights and share best practices by interacting with fellow hygienists".

"I really liked how we were able to collaborate and share different views and ideas on the same subject matter. I gained lots of insightful information on different ways to approach situations and how these approaches may affect the client and our practice. "

"I realize that we have all been missing gathering together and discussing our practice and work place situations. This actually made me want to be a better Hygienist and I felt safe to ask questions and clarify many things!"

The success and utility of the Peer Learning Circle is evident in these comments. What is also evident in some of the comments is how this peer learning format addresses the well-documented threat to competence, professional isolation. The Peer Learning Circle with associated reflective and risk focused Peer Coach conversations will be incorporated into the Quality Assurance program for 2025. This is an evolving, very promising program element.

System Partner Representation

Federation of Dental Hygiene Regulators of Canada

The CDHO is a member of this Federation. I attended the AGM and business meeting on May 28-29, 2024 in Halifax. 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. The FDHRC is also exploring the development of a National Set of Standards of Practice.

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. The Board is currently undergoing significant transformation that includes modifications to its governance structure, funding model and program survey framework. I attended the AGM and business meeting this past week-end in Ottawa (June 1-2, 2024).

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. On June 3, 2024, I attended the AGM and business meeting. Provincial Health Minister Sylvia Jones spoke to the group and the focus of her remarks was on access to health care and how appropriate access to scope of practice/authorized acts contributes to access to care.

Ontario Oral Health Professions Registrars

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



CDHO

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

2023 ANNUAL REPORT



WHO WE ARE

The College of Dental Hygienists of Ontario (CDHO) is the regulatory body for over 15,000 Registered Dental Hygienists in Ontario.

CDHO REGULATES AND PROTECTS THE PUBLIC BY:

- setting the requirements for becoming a Registered Dental Hygienist so that only qualified individuals are allowed to practise and use the title “Registered Dental Hygienist”;
- maintaining an up-to-date feature on its website, known as the public register, to help clients check if their Dental Hygienist is registered and in good standing;
- developing and enforcing standards and guidance for practice;
- running a Quality Assurance Program that helps Registered Dental Hygienists keep their knowledge and skills up to date; and
- receiving and investigating complaints about Registered Dental Hygienists and taking disciplinary action when necessary.

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PRESIDENT'S MESSAGE



TERRI STRAWN
RRDH, BDScDH, MEd

On behalf of Council, it's my pleasure to present CDHO's 2023 Annual Report. The report provides readers with a comprehensive overview of Council and staff's remarkable achievements and successes over the last year.

In 2023, Council prioritized receiving external, professional viewpoints on its processes and systems. In March, Council received a third-party assessment of its effectiveness and acted quickly on a key recommendation: Undertaking a comprehensive review of its current governance model and practices. This process kicked off in September and is being led by Harry Cayton and Deanna Williams, two internationally renowned experts on governance effectiveness. We look forward to receiving the completed report in March 2024 and acting on any recommendations so that we can continue modernizing our approach to regulation in the public's interest.

We also continued with our annual Voice of the Patient survey to learn more about the people who access dental hygiene services. Through this work, we learned that some clients experience racism and discrimination. We are using this information to develop a strategy around equity, diversity and inclusion that we will consider in 2024.

We are committed to continuously reflecting and improving our processes to advance the equity, quality and accessibility of dental hygiene care. I want to express my profound appreciation to our committed Council members; our Registrar/CEO, Dr. Glenn Pettifer; and the entire CDHO staff team for their steadfast dedication and relentless hard work over the last year.

REGISTRAR'S MESSAGE



DR. GLENN PETTIFER

CDHO has been on a journey of significant modernization over the last few years. This transformation is possible thanks to the cooperative relationships we've established with Registered Dental Hygienists, other oral health profession regulators, and organizational partners. Collaboration has been a defining feature of our work in 2023 and is necessary as we continue responding to the evolving needs of the publics we serve.

I'm particularly proud to highlight partnerships that helped us promote equity, diversity, and inclusion. We provided free access for all RDHs to the NVision course *The Path: Your Journey Through Indigenous Canada*. We partnered with Indspire, an Indigenous national charity, to create the CDHO Bursary for Indigenous Students in Dental Hygiene. We also collaborated with the three other oral health profession regulators (Dentists, Denturists and Dental Technologists) to coordinate training for our Councils and staff on Indigenous reconciliation and anti-bias. While there is more work to be done, these efforts represent our commitment to creating a more welcoming and diverse profession.

Supporting access to oral health care is a priority for CDHO. To that end, Council rescinded the *Standard for Authorization to Self-Initiate Profession-Specific Acts*. Since 2007, RDHs who wished to self-initiate the controlled act of scaling and root planing needed to apply for authorization from CDHO. This is no longer the case. This change allows RDHs to practise to their full scope without the added barrier of applying to CDHO for authorization. It also makes independent practice easier, which is of particular benefit to traditionally under-served communities.

We also continued developing peer circles as a new professional development opportunity for RDHs. In September, over 100 RDHs helped pilot the peer circles format. Their feedback will be invaluable as we refine this process. We've been overwhelmed by the enthusiastic response from RDHs to participate in developing peer circles. We've set out to create what we hope is a more collaborative and collegial approach to Quality Assurance, and we could not do this without the support and commitment of the profession.

These are just some of the many highlights from 2023, and I invite you to continue reading to learn more. I'd like to thank Council for their continued leadership, and the staff team for their significant contributions. I look forward to building on this strong foundation in the years to come.

THE YEAR IN REVIEW



INCREASING ACCESS TO CARE

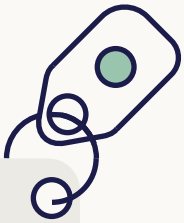
CDHO's Council rescinded the *Standard for Authorization to Self-Initiate Profession-Specific Acts*. RDHs can now perform the controlled act of scaling and root planing on their own initiative without needing to be authorized by CDHO. CDHO also launched the Contraindications and Dental Hygiene Community of Practice as a dedicated space for RDHs to ask questions, connect with their peers, discuss issues in practice, and access resources related to contraindications and initiating dental hygiene care.

SUPPORTING INDIGENOUS RECONCILIATION



CDHO provided all Registered Dental Hygienists with free access to the NVision course *The Path: Your Journey Through Indigenous Canada*. By completing The Path, RDHs have a valuable opportunity to learn about the history and contemporary realities of First Nations, Inuit and Métis in Canada. In collaboration with the three other oral health profession regulators (Dentists, Denturists and Dental Technologists), CDHO's Council and staff attended a session facilitated by First Peoples Group on Indigenous peoples, reconciliation and anti-bias. CDHO also partnered with Indspire, an Indigenous national charity, to create the CDHO Bursary for Indigenous Students in Dental Hygiene Programs. Through this partnership, CDHO is supporting efforts to increase access to higher education for Indigenous students.

NEW CORPORATE IDENTITY AND WEBSITE



CDHO unveiled a new logo, colour palette and website. The new logo leverages a vital component of both oral and overall health – water – as its primary concept. The "flow" of the "H" and the small wave symbolize the flow of water. The colour palette was chosen to convey a clean and fresh look, and it helps differentiate CDHO from the professional associations. Once a new logo and colour palette were chosen, the website was re-designed. The look is modern and responsive (i.e., compatible with all types of devices) and was designed to be user-friendly, focusing on simplicity and accessibility. Content was also re-written with an emphasis on plain language.

THE YEAR IN REVIEW

COUNCIL LAUNCHES A GOVERNANCE REVIEW



In September 2023, CDHO's Council launched a third-party review of its processes, systems and governance conduct.
The review was led by Harry Cayton and Deanna Williams, two internationally renowned experts in governance effectiveness. The review examined Canadian and international trends in regulatory governance modernization and included interviews with Council members and CDHO's senior staff. Council will receive a report at its March 2024 meeting, following which an implementation plan for any recommendations will be developed.

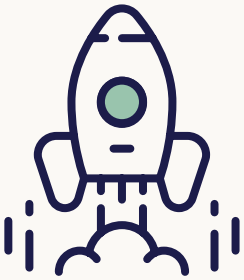
PRACTICE ADVICE STATS

Total calls: **1,820**

Total emails: **1,156**

Top 5 question categories

- Independent practice
- Billing
- Scope of Practice
- Infection, Prevention and Control (IPAC)
- Practice Standards (record keeping, radiographs, Knowledge Network)



HUB 601 GROWS

Hub 601 was launched in April 2023 and is a multi-regulator workspace hosted by CDHO. It is a place for partner colleges to use for in-person work, staff meetings, and Council/Board and committee meetings in a setting that promotes collaboration and innovation. At the end of 2023, the College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO) joined Hub 601, effective January 1, 2024. Current partners include the College of Dietitians of Ontario, the College of Denturists of Ontario, and now, CASLPO.

REGISTRATION

849
New Applications Received

834 Canadian applicants
15 International applications

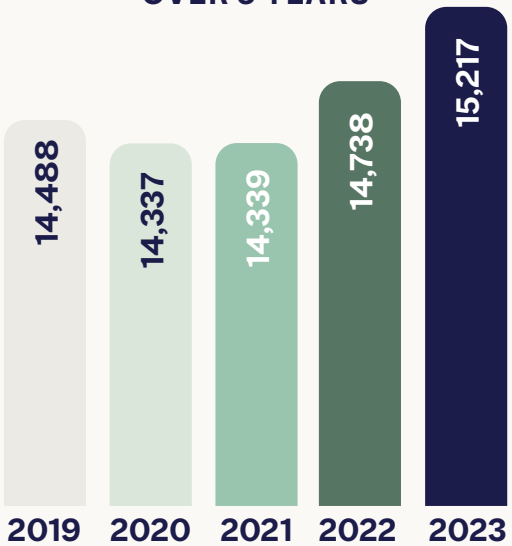
REGISTRATION PROCESS

CDHO aims to process and approve completed applications within 10 business days of receipt. In 2023, **93%** of completed applications were approved within that timeframe. The remaining 7% included applications that were referred for review by the Registrar to the Registration Committee, which required additional time before a final decision could be made.

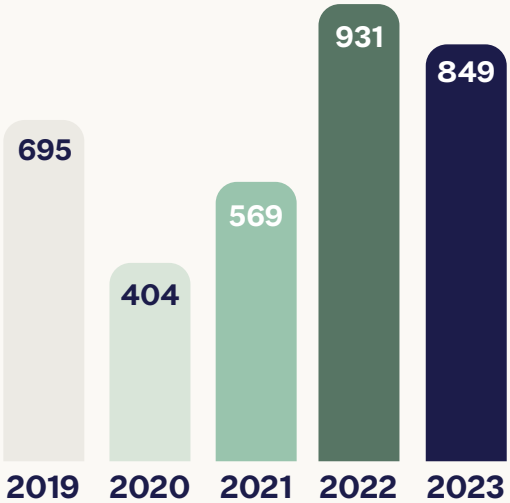
APPLICATIONS REQUIRING REVIEW FROM REGISTRAR

In 2023, the Registrar reviewed 10 applications and one application was referred to the Registration Committee for review. Reasons for referral can include a positive result on a criminal record check and academic misconduct.

NUMBER OF REGISTRANTS OVER 5 YEARS



APPLICATIONS RECEIVED OVER 5 YEARS

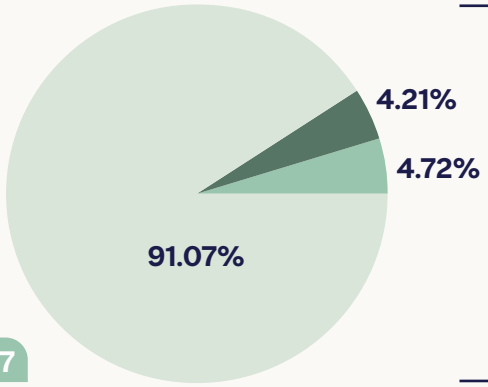


SNAPSHOT OF THE PROFESSION

TOTAL NUMBER OF RDHs

- **General** (13,857)
- **Specialty** (641)
- **Inactive** (719)

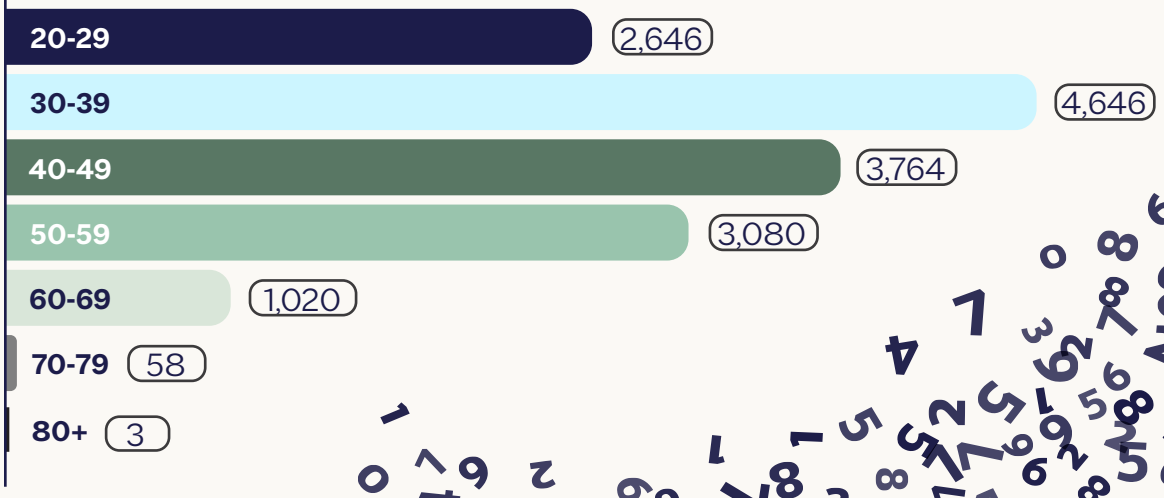
TOTAL CERTIFICATES: 15,217



GENDER

- **Female** (14,749)
- **Male** (468)
- **Non-Binary/ Other** (0)

AGE



SNAPSHOT OF THE PROFESSION

TOP 5 LANGUAGES OF SERVICE

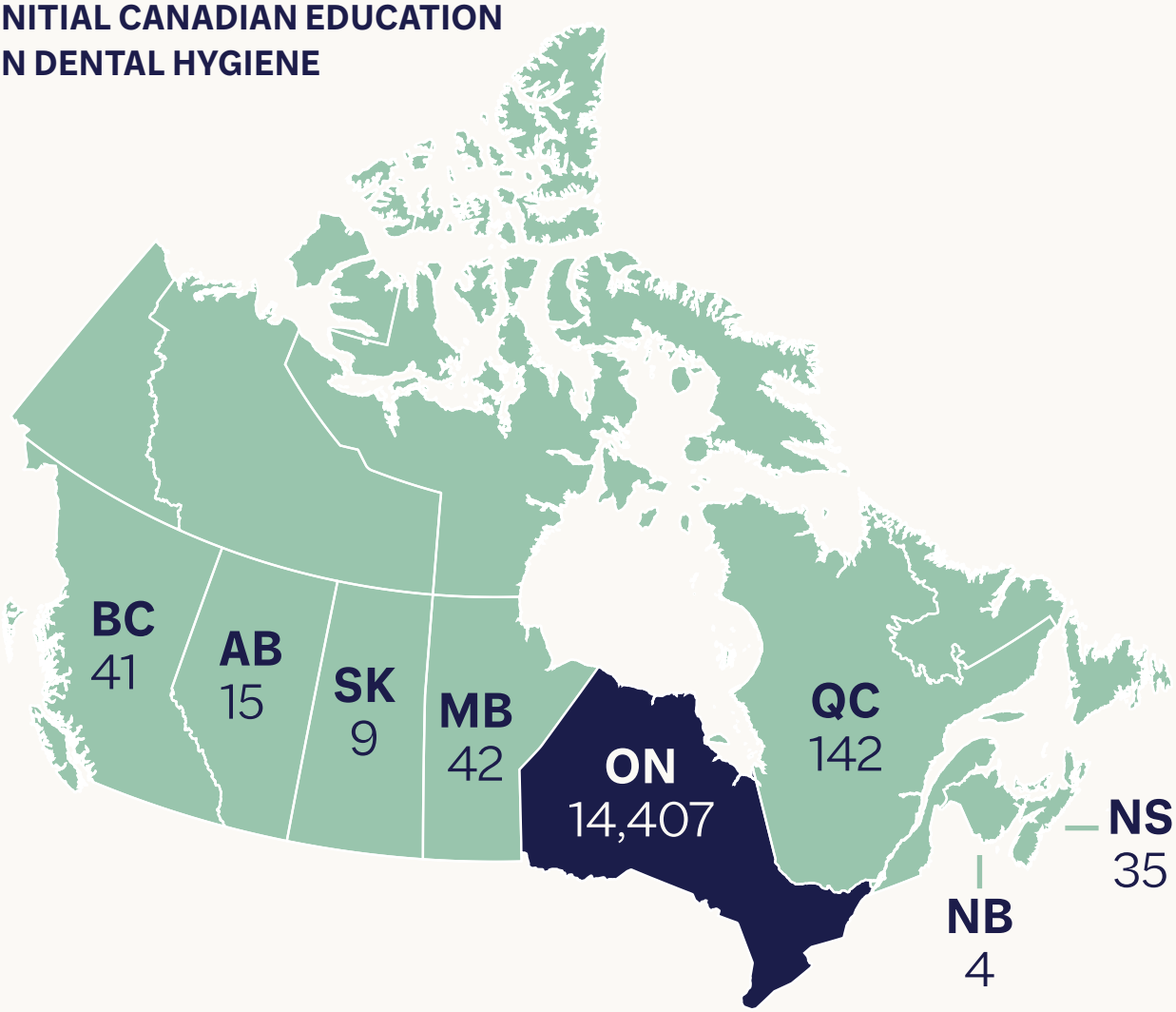
- English
- French
- Hindi
- Punjabi
- Urdu

COUNTRIES OF INITIAL EDUCATION IN DENTAL HYGIENE

TOP 5

1. Canada
2. United States
3. The United Kingdom
4. Colombia
5. Israel

INITIAL CANADIAN EDUCATION IN DENTAL HYGIENE



SNAPSHOT OF THE PROFESSION

RDHs were not required to provide answers to the following demographic questions. As such, it may not accurately reflect the demographics of the profession.

1%
IDENTIFY AS
LGBTQ2+

1.66%
IDENTIFY AS
INDIGENOUS

0.87%
IDENTIFY AS HAVING
A **DISABILITY**

10.85%
IDENTIFY AS A
VISIBLE MINORITY

QUALITY ASSURANCE

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

ANNUAL REVIEW OF QA RECORDS

In 2023, **44 RDHs** were selected to submit their QA records for assessment and **24 records** were assessed. When selected for assessment, RDHs choose one of three possible paths, or the Quality Assurance Committee can assign a path.



	ASSESSMENT OF KNOWLEDGE	ASSESSMENT OF SKILLS AND JUDGMENT	PERCENTAGE OF RDHs ASSESSED
PATH 1	Completion of a learning portfolio	Completion of a practice profile	**58.3%**
PATH 2	Completion of the QA written assessment (QA Test)	Completion of a practice profile	**41.7%**
PATH 3	Completion of the QA written assessment (QA Test)	Completion of an on-site practice assessment	**0%**

As of December 31, 2023, **87.5%** of the 24 QA records assessed **met the assessment guidelines**. The remaining RDHs are participating in activities to help enhance knowledge and skills, or the review is still in progress.

ON-SITE PRACTICE ASSESSMENTS

In 2023, **six** on-site practice assessments were completed to assess RDHs' compliance with the Standards of Practice following a review of their QA records. Following the assessments, **four** RDHs had met the assessment guidelines and **two** were directed to complete activities to help enhance their knowledge and skills.

QUALITY ASSURANCE

DEVELOPMENT OF PEER CIRCLES

In collaboration with RDHs, CDHO continued the development of peer circles as a new professional development activity. Peer circles are facilitated group discussions using hypothetical cases that highlight challenging and relevant practice issues, which will become a foundational component of the QA Program. Case writing started in 2022 and was completed in spring 2023. CDHO also recruited and trained facilitators in various in-person and online workshops throughout the year. In September, nearly 100 RDHs participated in a pilot test. CDHO received valuable feedback that will be used to refine cases and the format before peer circles are rolled out as an optional professional development opportunity for RDHs in 2024.





COMPLAINTS AND REPORTS

In 2023, the Inquiries, Complaints and Reports Committee (ICRC) reviewed **58 matters**. Of the 58 matters, 32 were new and 26 were carried forward from 2022. The ICRC completed its investigation into 41 matters and 17 cases will be carried into 2024.

TYPE	NUMBER
Formal complaints	18
Registrar Reports	20
Referral from Quality Assurance	3
Incapacity inquiries	0
Total	41

DECISION/OUTCOME	NUMBER
No further action	16
No further action + Undertaking	3
Guidance/Recommendation	6
Specified Continuing Education/ Remediation Program (SCERP)	6
Resolved through ADR	1
Oral caution	1
Oral caution + Specified Continuing Education/ Remediation Program (SCERP)	5
Referral to Discipline	3
Total	41



TOP 5 CONCERNS

RAISED BY COMPLAINANTS

- Unprofessional conduct (e.g., "off-duty" conduct, refusing to provide name/College information)
- Failure to provide adequate treatment
- Inappropriate or over billing
- Ethical concerns (e.g., soliciting clients, offensive or discriminatory conduct)
- Communication (e.g., rude behaviour, insensitivity)

COMPLAINTS AND REPORTS

TIMELINES

MATTERS	COMPLETED IN 150 DAYS OR LESS	COMPLETED IN MORE THAN 150 DAYS, BUT 210 DAYS OR LESS	COMPLETED IN MORE THAN 210 DAYS
Formal Complaints	12	3	3
Registrar Reports	2	5	13
Referrals from Quality Assurance	Nil	Nil	3

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

HPARB REVIEWS

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

Matters appealed in 2023: **3**

2 matters were later withdrawn

Pending decisions from 2023 referrals: **1**

Decisions in 2023 from previous year referrals: **2**

All decisions were confirmed by HPARB

DISCIPLINE AND FITNESS TO PRACTISE

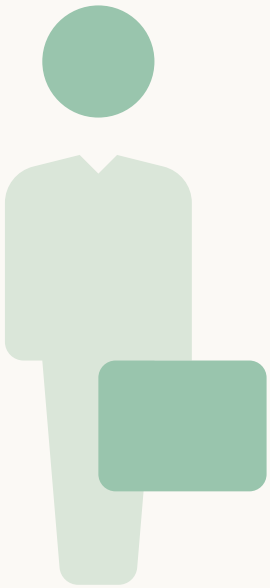
The Discipline Committee holds hearings to determine whether an RDH committed an act of professional misconduct or is incompetent. It also holds reinstatement hearings to determine whether a former registrant whose Certificate of Registration was revoked should be re-admitted to the profession.

The Fitness to Practise Committee holds hearings and makes decisions about allegations of incapacity against an RDH. There were no referrals to the Fitness to Practise Committee in 2023.

As of December 31, 2023, panels of the Discipline Committee engaged in the following business:	NUMBER OF MATTERS*
Hearings completed	**2**
Reinstatement hearings completed	**2**
Indefinite adjournment granted**	**1**

*This report covers matters completed by panels of the Discipline Committee from January 1, 2023, to December 31, 2023. A matter is completed on the date the reasons for decision are released, including both liability and penalty decisions, where applicable.

**An indefinite adjournment may be granted where the Discipline Committee accepts that it is reasonable and in the public interest to do so, such as where an RDH has resigned and undertaken never to reapply.



FINDINGS IN CLOSED MATTERS	NUMBER OF CASES*
Dishonourable, disgraceful, or unprofessional conduct	**2**
Failing to attend a caution or reprimand	**1**
Failing to comply with an order of a committee	**1**
Contravening a standard of practice	**1**
Failing to keep appropriate records	**1**
Failing to cooperate with a College investigator	**1**
Conduct unbecoming of a dental hygienist	**1**

*A discipline case may include **multiple findings**. The total number of findings may not equal the total number of cases disposed of during the period.

ORDERS IN REINSTATEMENT MATTERS

Reinstatements granted:

2

DISCIPLINE AND FITNESS TO PRACTISE

PENALTY ORDERS BY TYPE	NUMBER OF CASES*
Revocation	1
Suspension	1
Terms, Conditions, or Limitations	1
Reprimand	1

*A discipline case may include **multiple penalties**. The total number of penalties may not equal the total number of cases disposed of during the period.

COSTS

In addition to imposing certain penalties, the panel can also require the RDH to pay all or part of the College's investigations and/or hearings costs. If the finding relates to sexual abuse of a client, the panel can require the RDH to reimburse the College for funding provided to that client for therapy or counselling.



COSTS OF HEARINGS DISPOSED OF*: $72,206.81

COSTS AWARDED TO THE COLLEGE: $20,549.85

COSTS RECOVERED TO DATE: $5,000

* Comprises all costs related to the hearing, including from previous fiscal years.

HEARING SUMMARIES

All Discipline Committee decisions are available on the College's website. The reasons in the following matters were released in 2023.

- CDHO v. Cynthia DeMarco
- Melissa Kapralos v. CDHO (Reinstatement)
- CDHO v. Jessica Chaput (Indefinite adjournment)
- CDHO v. Angelita Maramag
- Samantha Mir (née Wehrle) v. CDHO (Reinstatement)

DISCIPLINE COMMITTEE TRAINING

CDHO collaborated with the Royal College of Dental Surgeons of Ontario (RCDSO) on training for both colleges' Discipline Committees and staff support. A hybrid session was held over two days in February 2023 and was presented by both Committees' independent legal counsel.

PATIENT RELATIONS

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

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

The Program is overseen by the Patient Relations Committee, which also oversees the program to provide funding for therapy and counselling for persons alleging sexual abuse by a RDH. In 2023, CDHO received an application for funding for therapy and counselling, which was approved by the Committee.



REGISTERED DENTAL HYGIENISTS

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

COLLEGE COUNCIL

PUBLIC APPOINTEES

Loree Beniuk
Erin Betts
Pella Giabanis
Alessandro (Alex) Greco
Ehizele (Martin) Iyamabo
Meghan Leuprecht (until end of term on December 11, 2023)
Angelica Palantzas
Upneet (Sasha) Sidhu
Margaret Wade

COMMITTEE COMPOSITION

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

EXECUTIVE

Terri Strawn (Professional) — **President**
Vanessa Pereira (Professional) — **Vice-President**
Michelle Atkinson (Professional)
Loree Beniuk (Public)
Erin Betts (Public)

REGISTRATION

Professional Members
Michelle Atkinson
Maheen Cassim
Jacqueline White

Public Members
Pella Giabanis
Margaret Wade

Non-Council Member
Lisa Frisch

QUALITY ASSURANCE

Professional Members
Farzana Hussain
Vanessa Pereira
Terri Strawn

Public Members
Meghan Leuprecht
Angelica Palantzas

Non-Council Members
Julie Farmer
Tonia Peachman-Faust

INQUIRIES, COMPLAINTS, AND REPORTS

Professional Members
Maheen Cassim
Anne-Marie Conaghan
Jennifer Cooper
Mary Yeomans

Public Members
Loree Beniuk
Erin Betts
Sasha Sidhu
Margaret Wade

Non-Council Members
Dorothy Dziunikowski
Julie Farmer
Tonia Peachman-Faust
Larissa Voytek

DISCIPLINE

Jacqueline White (Professional) — **Chair**
Carla Grbac (Professional) — **Vice-Chair**

All Council Members

Non-Council Members
Amanda Acker
Siobhan Brennen
Gillian Dunn
Rowena Javier
Paula Malcomson

PATIENT RELATIONS

Professional Members
Maheen Cassim
Farzana Hussain

Public Members
Alex Greco
Meghan Leuprecht
Sasha Sidhu

Non-Council Member
Paula Malcomson

FITNESS TO PRACTISE

All Council Members

OWNERSHIP LINKAGE

Professional Members
Krista Dufour
Carla Grbac

Public Members
Martin Iyamabo
Margaret Wade

EXAMINATIONS

(Dissolved on June 2, 2023)

Non-Council Members
Fatimah Datoo
Tonia Peachman-Faust
Larissa Voytek



CDHO

COLLEGE OF DENTAL
HYGIENISTS OF ONTARIO

175 Bloor Street East, North Tower, Suite 601
Toronto, ON M4W 3R8

P: 416-961-6234 • **TF:** 1-800-268-2346 (Ontario)

www.cdho.org

Ownership Linkage Committee Report — June 7, 2024

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

Chair: Krista Dufour

Professional Members (Council): Krista Dufour, Terri Strawn

Public Members (Council): Ehizele Martin Iyamabo, Margaret Wade

INTRODUCTION

The Committee met twice since the March 2024 Council meeting, on April 12 and May 3.

ITEMS FOR INFORMATION

At its meetings, the Committee:

- Reviewed the Terms of Reference.
- Discussed the Governance Review and the Committee's "moral owners". It was noted that "owners" are defined in the Terms of Reference as the Ontario public.
- Discussed identifying "sub-owners" of the broader public, such as seniors in long-term care.
- Explored the idea of further data collection and having speakers present to Council on access to care in various settings (e.g., long-term care).
- Discussed the need to develop a longer-term plan.

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

FINANCIAL STATEMENTS

DECEMBER 31, 2023

Draft Statement Subject to Revision

HILBORN LLP

HILBORN LLP

Independent Auditor's Report

To the Council of the College of Dental Hygienists of Ontario

Opinion

We have audited the financial statements of the College of Dental Hygienists of Ontario (the "College"), which comprise the statement of financial position as at December 31, 2023, 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, 2023, 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.

Draft Statement Subject to Review

HILBORN LLP

Independent Auditor's Report (continued)

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

Draft Statement Subject to Revision

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

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

Toronto, Ontario
TBD

Chartered Professional Accountants
Licensed Public Accountants

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Statement of Financial Position

December 31	2023 $	2022 $
ASSETS		
Current assets		
Cash	**7,318,997**	7,339,501
Investments (note 3)	**2,157,804**	1,891,467
Prepaid expenses	**26,619**	16,130
	9,503,420	9,247,098
Discipline cost recoverable (note 10)	**12,000**	128,000
Investments (note 3)	**8,393,418**	8,491,734
Capital assets (note 4)	**1,207,702**	1,422,507
Intangible assets (note 5)	**-**	47,972
	9,613,120	10,090,213
	19,116,540	19,337,311
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities (note 6)	**231,631**	276,578
Deferred registration fees	**5,981,595**	5,799,415
	6,213,226	6,075,993
Deferred lease incentives (note 7)	**115,331**	137,653
	6,328,557	6,213,646
NET ASSETS		
Invested in capital and intangible assets	**1,092,371**	1,332,826
Internally restricted for complaints and discipline (note 8)	**2,000,000**	2,000,000
Internally restricted for strategic initiatives (note 9)	**2,000,000**	2,000,000
Unrestricted	**7,695,612**	7,790,839
	12,787,983	13,123,665
	19,116,540	19,337,311

Draft Statement Subject to Revision

The accompanying notes are an integral part of these financial statements

Approved on behalf of the Council:

President

Vice-President

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Statement of Operations

Year ended December 31	2023 $	2022 $
Revenues		
Registration fees	**6,220,388**	6,028,410
Examination fees	**4,450**	78,525
Investment income	**497,702**	299,490
	6,722,540	6,406,425
Expenses		
Salaries and benefits	**3,499,640**	3,043,276
Council (note 11)	**589,401**	413,616
Information technology (note 12)	**584,209**	349,641
Quality assurance	**429,915**	232,069
Premises rent (notes 7 and 11)	**370,325**	408,296
Public and registrant engagement	**352,278**	210,662
General and administrative	**276,328**	224,225
Amortization - capital assets	**253,574**	261,238
Complaints and discipline (note 10)	**148,969**	90,270
Merchant banking fees	**136,315**	137,894
Commission on dental accreditation	**131,400**	120,889
Professional fees	**108,114**	105,849
Consulting	**76,128**	46,842
Telephone, website and internet	**53,654**	50,485
Amortization - intangible assets	**47,972**	143,862
	7,058,222	5,839,114
Excess of revenues over expenses (expenses over revenues) for year	**(335,682)**	567,311

The accompanying notes are an integral part of these financial statements

Draft Statement Subject to Revision

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Statement of Changes in Net Assets

Year ended December 31

	Invested in capital and intangible assets $	Internally restricted for complaints and discipline $	Internally restricted for strategic initiatives $	Unrestricted $	2023 Total $
Balance, beginning of year	1,332,826	2,000,000	2,000,000	7,790,839	**13,123,665**
Excess of expenses over revenues for year	-	-	-	(335,682)	**(335,682)**
Purchase of capital assets	38,769	-	-	(38,769)	**-**
Amortization of capital assets	(253,574)	-	-	253,574	**-**
Amortization of intangible assets	(47,972)	-	-	47,972	**-**
Amortization of deferred lease incentives	22,322	-	-	(22,322)	**-**
Balance, end of year	1,092,371	2,000,000	2,000,000	7,695,612	**12,787,983**

	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)	-
Internal restriction (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

Draft Statement Subject to Revision

The accompanying notes are an integral part of these financial statements

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Statement of Cash Flows

Year ended December 31	2023 $	2022 $
Cash flows from operating activities		
Excess of revenues over expenses (expenses over revenues) for year	**(335,682)**	567,311
Adjustments to determine net cash provided by (used in) operating activities		
Amortization - capital assets	**253,574**	261,238
Amortization - intangible assets	**47,972**	143,862
Interest received on investments capitalized in prior years	**79,218**	67,909
Interest capitalized on investments	**(93,239)**	(79,218)
Amortization of deferred lease incentives	**(22,322)**	(22,322)
Discipline cost recoverable	**116,000**	-
	45,521	938,780
Change in non-cash working capital items		
Increase in prepaid expenses	**(10,489)**	(256)
Increase (decrease) in accounts payable and accrued liabilities	**(44,947)**	4,250
Increase in deferred registration fees	**182,180**	417,330
	172,265	1,360,104
Cash flows from investing activities		
Purchase of investments	**(2,024,000)**	(1,886,965)
Proceeds from sale of investments	**1,870,000**	1,700,000
Purchase of capital assets	**(38,769)**	(39,286)
	(192,769)	(226,251)
Net change in cash	**(20,504)**	1,133,853
Cash, beginning of year	**7,339,501**	6,205,648
Cash, end of year	**7,318,997**	7,339,501

The accompanying notes are an integral part of these financial statements

Draft Statement Subject to Revision

December 31, 2023

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.

Draft Statement Subject to Revision

December 31, 2023

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

Draft Statement Subject to Revision

December 31, 2023

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.

Draft Statement Subject to Revision

December 31, 2023

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.

Draft Statement Subject to Revision

(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.

December 31, 2023

2. Financial instrument risk management

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

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

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

Credit risk

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

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

	2023 $	2022 $
Cash	7,318,997	7,339,501
Investments	10,551,222	10,383,201
Discipline cost recoverable	12,000	128,000
	17,882,219	17,850,702

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.

Draft Statement Subject to Revision

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

Market risk

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

Currency risk

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

The College is not exposed to currency risk.

Interest rate risk

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

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

Other price risk

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

The College is not exposed to other price risk.

Changes in risk

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

Draft Statement Subject to Revision

3. Investments

	2023 $	2022 $
Current	2,157,804	1,891,467
Long-term	8,393,418	8,491,734
	10,551,222	10,383,201

Investments have effective interest rates ranging from 0.95% to 5.00% (2022 - 0.95% to 4.50%), and maturity dates ranging from April 2024 to December 2028 (2022 - April 2023 to December 2027).

4. Capital assets

	Cost $	Accumulated Amortization $	2023 Net $
Equipment	160,413	71,354	89,059
Furniture	345,231	172,616	172,615
Computer equipment	356,454	332,266	24,188
Leasehold improvements	1,843,679	921,839	921,840
	2,705,777	1,498,075	1,207,702

	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
	2,667,008	1,244,501	1,422,507

Draft Statement Subject to Revision

December 31, 2023

5. Intangible assets

	Cost $	Accumulated Amortization $	2023 Net $
Computer software	121,510	121,510	-
Database management software	971,975	971,975	-
	1,093,485	1,093,485	-

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

6. Accounts payable and accrued liabilities

	2023 $	2022 $
Trade payables and accrued liabilities	181,631	178,078
Accrued liabilities - complaints and discipline	50,000	98,500
	231,631	276,578

7. Deferred lease incentives

	Cost $	Accumulated Amortization $	2023 Net $
	223,220	107,889	115,331

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

Amortization of lease incentives in the amount of $22,322 (2022 - $22,322) was credited to premises rent in the current year.

Draft Statement Subject to Revision

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

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

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

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

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

In the prior year, subject to the direction of the Council, upon the recommendation of the Executive Committee, a transfer of $2,000,000 was approved from unrestricted net assets to net assets internally restricted for strategic initiatives.

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

10. **Complaints and discipline**

	2023 $	2022 $
Complaints and discipline	109,276	133,393
Cost recoveries	(76,307)	(43,123)
Discipline cost recoverable adjustment	116,000	-
	148,969	90,270

The College, pursuant to the awards of costs as a result of discipline orders, has liens in the amount of $12,000 (2022 - $128,000), on properties of members or ex-members of the College.

During the current year, the College reached a settlement agreement with a member, resulting in the collection of $47,000, recorded under cost recoveries, against a lien in the amount of $119,000. In addition, the lien related to another matter was increased by $3,000.

Draft Statement Subject to Revision

11. **Commitment**

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

	$
2024	588,533
2025	599,091
2026	606,039
2027	616,836
2028	624,027
2029	105,068
	3,139,594

Of the rent paid during the year in the amount of $547,652 (2022 - $538,836) , $134,127 (2022 - $130,540) is included in council and $413,525 (2022 - $408,296) is recorded in premises rent in the statement of operations.

Pursuant to agreements commencing April 1, 2023 and January 1, 2024, the College has made arrangements to share a portion of its office premises with third parties. The agreements expire March 31, 2026, December 31, 2027 and March 31, 2028.

The future annual rent recoveries are as follows:

	$
2024	127,000
2025	127,000
2026	93,250
2027	82,000
2028	2,500
	431,750

During the current year, the rent recovery from these arrangements in the amount of $43,200 (2022 - nil) was credited to premises rent.

Draft Statement Subject to Revision

12. **Subsequent event**

During the year, the College entered into an agreement to migrate their current customer relationship management solution to a new cloud-based solution. An amount of $231,278 was expensed to information technology for work completed to end of year.

Subsequent to year end, due to changes in the scope of work, the agreement was amended. The amended agreement has a value of $1,367,540 and a target completion date of February 1, 2025.

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HILBORN LLP

College of Dental Hygienists of Ontario

Audit Findings Communication for the year ended December 31, 2023

HILBORN LLP

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, 2023.

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 7, 2024.

Hilborn LLP

Blair MacKenzie CPA, CA
Managing Partner
Hilborn LLP
April 29, 2024

"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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Significant Qualitative Aspects of the College's Accounting Practices	4
Other Significant Matters	5-6

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, 2023, 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.

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

No difficulties were encountered while performing the audit and there are no unresolved disagreements. We received full cooperation from management during our audit.



Changes from the audit plan

Our audit approach was consistent with the approach communicated to you in our audit plan dated January 19, 2024.

Final materiality is consistent with preliminary materiality set at $750,000.

Significant Qualitative Aspects of the College's Accounting Practices

Canadian Auditing Standards require that we communicate with you about significant qualitative aspects of the College'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 recorded were reviewed and approved by management.
Significant deficiencies in internal control	An increased risk profile exists at the College relative to the lack of segregation of incompatible duties. 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. 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.

Significant Matter	Discussion
Expense reports	To enhance oversight, mitigate risk, ensure compliance and foster a culture of accountability, we suggest that an Executive Committee member, review and approve for payment, transactions initiated and executed by the Registrar/ CEO, through a business visa card or personally. This suggestion should be considered from the perspective of the governance framework of the College as to whether this level of operational activity and oversight of the Executive Committee is appropriate. Similarly, the Registrar/ CEO should review the transactions initiated and executed by the Director, Corporate Services.
Payroll	To ensure accuracy and reliability of payroll, the Registrar/ CEO should review the payroll run initiated and executed with ADP by the Director, Corporate Services
Fraud and non-compliance with laws and regulations	No fraud or non-compliance with laws and regulations came to our attention during the course of the audit. 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.
Related party transactions	We did not identify any related parties.
Subsequent events	No subsequent events, which would impact the financial statements, other than those disclosed in the notes to the financial statement, have come to our attention.

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CDHO

Briefing Note

To: Council

From: Chair

Date: June 7, 2024

Topic: 2023 Draft Audited Financial Statements

Recommended Motion:

MOTION: THAT Council moves to accept the 2023 draft audited financial statements as presented by Hilborn LLP.

VOTE:
MOVED:
SECONDED:

CARRIED:
DEFEATED:

CDHO

Briefing Note

To: Council

From: Chair

Date: June 7, 2024

Topic: Appointment of 2024 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 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 2024.

VOTE:

MOVED:
SECONDED:

CARRIED:
DEFEATED:

Briefing Note

To: Council

From: Glenn Pettifer, Registrar & CEO

Date: June 7, 2024

Topic: Proposed Amendments to College Bylaws – System Partners Feedback

Appendices: Draft bylaw amendments; System Partners Feedback

References: Section 94, Health Professions Procedural Code, being Schedule 2 to the Regulated Health Professions Act, 1991, S.O. 1991, c. 18

Staff Support: Registrar & CEO

Issue:

At its meeting in December 2023, Council approved for circulation draft amendments to CDHO's bylaws. In summary, the amendments related to the following matters:

1. Replacing the terms "President" and "Vice-President" with "Chair" and "Vice-Chair"
2. Strengthening requirements related to legal proceedings against the CDHO for candidates for Council and Committees
3. Removing the requirement that there be more members of Council on a committee than non-Council Committee members
4. Replacing the in-person process for deputations to Council
5. Updating references to fees that have previously been reduced or cancelled
6. Updating provisions to align with the *Health Professions Procedural Code* or current emerging practices
7. Other minor housekeeping amendments

As required by the *Health Professions Procedural Code*, the amendments were circulated to all registrants and were open for comment for a period of sixty-seven days from December 7, 2023 to February 12, 2024. Comments were received from only ten registrants.

Council is being asked to approve the amendments to the by-laws as circulated.

Public protection rationale:

Many of the proposed amendments are of a housekeeping nature and do not substantively change the operation of the bylaws. While the revisions make the bylaws more efficient and accessible, they do not have a direct impact on public protection.

Other amendments help to align CDHO with regulatory emerging practices. They help focus CDHO on its public protection mandate by using appropriate terminology and strengthening requirements for candidates for Council and Committees.

Source of Authority:

Section 94 of the *Health Professions Procedural Code* authorizes the Council to make bylaws related to the administrative and internal affairs of the College. In addition to this general bylaw-making power, section 94 also lists a set of specific topics on which the Council may make bylaws. Certain bylaws, such as those impacting fees paid by registrants, must be circulated to all registrants at least 60 days prior to being enacted by Council.

All the proposed amendments are authorized by section 94 pursuant to Council's general or specific bylaw making authority. The proposed amendments relating to fees and the contents of the public register had to be circulated to registrants for at least 60 days prior to enactment.

Background:

Summary of System Partners Feedback

CDHO circulated the proposed amendments to registrants and posted them to the CDHO website and newsfeed. A link to the amendments was also posted to the CDHO's social media channels. A link to a feedback survey accompanied the postings.

A total of ten responses were received to the survey. All responses were from dental hygienists.

Question:	**Responses**	
	Agree	**Disagree**
The proposed bylaw changes are in keeping with CDHO's mandate to regulate the profession of dental hygiene in the interest of the public.	8	2
Replacing the terms "President" and "Vice-President" with "Chair" and "Vice Chair"	7	3
Strengthening requirements related to legal proceedings against the CDHO for candidates for Council and Committees	10	0
Removing the requirement for there to be more members of Council than non-Council members on a committee	5	5
Replacing the in-person deputation process	9	1

Respondents were also given the option to provide additional comments. Two respondents expressed concern related to removing gendered pronouns from the by-laws. One respondent expressed concern about the potential for outside influence from lobbyists if the requirement to have more Council members on a committee was removed.

It is suggested that, given the limited number of comments, which were generally supportive of the proposed amendments, no changes to the amendments are required.

Next steps:

Council may approve of the proposed amendments as circulated or take such other action as it may direct.

Decision:

MOTION: That Council amend the bylaws as previously circulated.

VOTE:

MOVED:

SECONDED:

CARRIED:

DEFEATED:

#1

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Tuesday, December 12, 2023 12:48:46 PM
Last Modified:	Tuesday, December 12, 2023 12:49:08 PM
Time Spent:	00:00:21
IP Address:	142.198.5.208

Page 1

Q1

1. I am/a:

Dental Hygienist

Q2

2. The proposed bylaw changes are in keeping with CDHO's mandate to regulate the profession of dental hygiene in the interest of the public.

Agree

Q3

a. Replacing the terms "President" and "Vice-President" with "Chair" and "Vice Chair"

Agree

Q4

b. Strengthening requirements related to legal proceedings against the CDHO for candidates for Council and Committees

Agree

Q5

c. Removing the requirement for there to be more members of Council than non-Council members on a committee

Agree

Q6

d. Replacing the in-person deputation process

Agree

Q7

4. Other comments:

Respondent skipped this question

#2

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Tuesday, December 12, 2023 12:56:51 PM
Last Modified:	Tuesday, December 12, 2023 12:58:43 PM
Time Spent:	00:01:52
IP Address:	172.225.44.226

Page 1

Q1

1. I am/a:

Dental Hygienist

Q2

2. The proposed bylaw changes are in keeping with CDHO's mandate to regulate the profession of dental hygiene in the interest of the public.

Disagree

Q3

a. Replacing the terms "President" and "Vice-President" with "Chair" and "Vice Chair"

Disagree,
Comment::
Do something useful, no one cares about this

Q4

b. Strengthening requirements related to legal proceedings against the CDHO for candidates for Council and Committees

Agree

Q5

c. Removing the requirement for there to be more members of Council than non-Council members on a committee

Disagree

Q6

d. Replacing the in-person deputation process

Agree

Q7

4. Other comments:

Respondent skipped this question

#3

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Tuesday, December 12, 2023 1:32:43 PM
Last Modified:	Tuesday, December 12, 2023 1:43:05 PM
Time Spent:	00:10:21
IP Address:	99.254.203.36

Page 1

Q1

1. I am/a:

Dental Hygienist

Q2

2. The proposed bylaw changes are in keeping with CDHO’s mandate to regulate the profession of dental hygiene in the interest of the public.

Agree

Q3

a. Replacing the terms “President” and “Vice-President” with “Chair” and “Vice Chair”

Agree

Q4

b. Strengthening requirements related to legal proceedings against the CDHO for candidates for Council and Committees

Agree

Q5

c. Removing the requirement for there to be more members of Council than non-Council members on a committee

Disagree,
Comment::
I am concerned about this prospective change. I believe that there should always be more members of council on any committee as they have an established commitment to the profession and the public. Outside individuals will bring external influences which can be a positive situation. However if there are more external members than council members this will leave the committees’ vulnerable to interference from lobbyists etc.

Q6

d. Replacing the in-person deputation process

Agree

Q7 **Respondent skipped this question**

4. Other comments:

#4

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Wednesday, December 13, 2023 6:50:21 AM
Last Modified: Wednesday, December 13, 2023 6:52:13 AM
Time Spent: 00:01:52
IP Address: 207.112.12.19

Page 1

Q1

1. I am/a:

Dental Hygienist

Q2

2. The proposed bylaw changes are in keeping with CDHO's mandate to regulate the profession of dental hygiene in the interest of the public.

Agree

Q3

a. Replacing the terms "President" and "Vice-President" with "Chair" and "Vice Chair"

Agree

Q4

b. Strengthening requirements related to legal proceedings against the CDHO for candidates for Council and Committees

Agree

Q5

c. Removing the requirement for there to be more members of Council than non-Council members on a committee

Agree

Q6

d. Replacing the in-person deputation process

Disagree,
Comment::
It's male or female period. Otherwise it's a mental health issue ENOUGH!

Q7

4. Other comments:

Respondent skipped this question

#5

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Sunday, December 17, 2023 11:25:11 AM
Last Modified:	Sunday, December 17, 2023 11:32:54 AM
Time Spent:	00:07:42
IP Address:	99.224.92.252

Page 1

Q1

1. I am/a:

Dental Hygienist

Q2

2. The proposed bylaw changes are in keeping with CDHO’s mandate to regulate the profession of dental hygiene in the interest of the public.

Disagree,
Comment::
#7, I oppose as a conservative Christian. No gov't or group can force anyone to disobey God's laws. God created us male & female in His image, nothing in between. It is physically impossible to change sexes no matter the person does. I refuse to use pronoun terms, but will only use the person's name when it comes to trans, that is not disrespecting them nor the CDHO.

Q3

a. Replacing the terms “President” and “Vice-President” with “Chair” and “Vice Chair”

Disagree,
Comment::
no need, we're sued to prez, chair doesn't change the job

Q4

b. Strengthening requirements related to legal proceedings against the CDHO for candidates for Council and Committees

Agree

Q5

c. Removing the requirement for there to be more members of Council than non-Council members on a committee

Disagree,
Comment::
#s don't matter as long as they're fair in their role

Q6

d. Replacing the in-person deputation process

Agree,
Comment::
Zoom can b just as good, save people time & $

Q7 **Respondent skipped this question**

4. Other comments:

#6

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Saturday, December 30, 2023 9:36:54 PM
Last Modified:	Saturday, December 30, 2023 9:37:53 PM
Time Spent:	00:00:59
IP Address:	192.0.235.4

Page 1

Q1

1. I am/a:

Dental Hygienist

Q2

2. The proposed bylaw changes are in keeping with CDHO's mandate to regulate the profession of dental hygiene in the interest of the public.

Agree

Q3

a. Replacing the terms "President" and "Vice-President" with "Chair" and "Vice Chair"

Disagree

Q4

b. Strengthening requirements related to legal proceedings against the CDHO for candidates for Council and Committees

Agree

Q5

c. Removing the requirement for there to be more members of Council than non-Council members on a committee

Agree

Q6

d. Replacing the in-person deputation process

Agree

Q7

4. Other comments:

Respondent skipped this question

#7

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Tuesday, February 06, 2024 10:22:07 AM
Last Modified: Tuesday, February 06, 2024 10:22:55 AM
Time Spent: 00:00:48
IP Address: 74.15.23.164

Page 1

Q1

1. I am/a:

Dental Hygienist

Q2

2. The proposed bylaw changes are in keeping with CDHO’s mandate to regulate the profession of dental hygiene in the interest of the public.

Agree

Q3

a. Replacing the terms “President” and “Vice-President” with “Chair” and “Vice Chair”

Agree

Q4

b. Strengthening requirements related to legal proceedings against the CDHO for candidates for Council and Committees

Agree

Q5

c. Removing the requirement for there to be more members of Council than non-Council members on a committee

Agree

Q6

d. Replacing the in-person deputation process

Agree

Q7

4. Other comments:

Respondent skipped this question

#8

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Tuesday, February 06, 2024 10:31:02 AM
Last Modified: Tuesday, February 06, 2024 10:31:30 AM
Time Spent: 00:00:27
IP Address: 99.248.15.18

Page 1

Q1

1. I am/a:

Dental Hygienist

Q2

2. The proposed bylaw changes are in keeping with CDHO's mandate to regulate the profession of dental hygiene in the interest of the public.

Agree

Q3

a. Replacing the terms "President" and "Vice-President" with "Chair" and "Vice Chair"

Agree

Q4

b. Strengthening requirements related to legal proceedings against the CDHO for candidates for Council and Committees

Agree

Q5

c. Removing the requirement for there to be more members of Council than non-Council members on a committee

Agree

Q6

d. Replacing the in-person deputation process

Agree

Q7

4. Other comments:

Respondent skipped this question

#9

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Tuesday, February 06, 2024 9:26:32 PM
Last Modified: Tuesday, February 06, 2024 9:29:44 PM
Time Spent: 00:03:12
IP Address: 38.39.81.169

Page 1

Q1

1. I am/a:

Dental Hygienist

Q2

2. The proposed bylaw changes are in keeping with CDHO's mandate to regulate the profession of dental hygiene in the interest of the public.

Agree

Q3

a. Replacing the terms "President" and "Vice-President" with "Chair" and "Vice Chair"

Agree

Q4

b. Strengthening requirements related to legal proceedings against the CDHO for candidates for Council and Committees

Agree

Q5

c. Removing the requirement for there to be more members of Council than non-Council members on a committee

Disagree

Q6

d. Replacing the in-person deputation process

Agree

Q7

4. Other comments:

Respondent skipped this question

#10

COMPLETE

Collector:	Web Link 1 (Web Link)
Started:	Wednesday, February 07, 2024 8:40:26 AM
Last Modified:	Wednesday, February 07, 2024 8:40:54 AM
Time Spent:	00:00:27
IP Address:	99.224.228.183

Page 1

Q1

1. I am/a:

Dental Hygienist

Q2

2. The proposed bylaw changes are in keeping with CDHO's mandate to regulate the profession of dental hygiene in the interest of the public.

Agree

Q3

a. Replacing the terms "President" and "Vice-President" with "Chair" and "Vice Chair"

Agree

Q4

b. Strengthening requirements related to legal proceedings against the CDHO for candidates for Council and Committees

Agree

Q5

c. Removing the requirement for there to be more members of Council than non-Council members on a committee

Disagree

Q6

d. Replacing the in-person deputation process

Agree

Q7

4. Other comments:

Respondent skipped this question

CDHO

Briefing Note

To: Council

From: Chair

Date: June 7, 2024

Topic: Policy Content Review: GP-6.5

In December 2022 the Competency Profile Committee was dissolved and GP 6.6 Governance Committee Terms of Reference was updated to include "overseeing the implementation and modifications of the competency framework as needed". Therefore, the Terms of Reference for the Competency Profile Committee are no longer needed.

MOTION: **THAT** Council moves to remove the GP 6.5 Competency Profile Committee Terms of Reference policy from the Policy Manual.

Moved:
Seconded:
VOTE:

GP-6.5 COMPETENCY PROFILE COMMITTEE TERMS OF REFERENCE

The Competency Profile Committee will assist the Council in determining competency profiles of Council and Non-Council Professional Members and Public Members.

1. The committee products are to support the Council's job, never to decide for the Council unless explicitly stated below.
    1.1. As preparation for Council members' informed discussion of draft competency profiles:
        - a summary review of the documents consulted (title, type of document, purpose of document, year);
        - information sources used in developing draft profiles;
        - considerations or criteria used by the Committee in drafting the competency profiles.
    1.2. For Council's consideration in March, a justifiable description of Council diversity and options for achieving diversity.
    1.3. For Council's consideration in March, a draft competency profile for Council's Professional Members.
    1.4. For Council's consideration in March, a draft competency profile for Council's Public Members.
    1.5. For Council's consideration in March, a draft competency profile for Non-Council Professional Members of Statutory Committees.
    1.6. For Council's consideration in March, a draft competency profile for Non-Council Public Members of Statutory Committees.
    1.7. For Council's consideration in June, competency profiles for Professional Council Members and Public Council Members, Committee Professional Non-Council Members and Committee Public Non-Council Members.

2. The committee's authority enables it to assist the Council in its work, while not interfering with Council holism.
    2.1. The committee has no authority to change Council policies.
    2.2. The committee has authority to spend funds as required to accomplish its work in accordance with its Council-approved budget for meetings and other activities related to its deliverables.
    2.3. The Competency Profile Committee does not have the authority to communicate the progress of its work.
    2.4. The committee has authority to use staff resource time normal for administrative support around meetings. The committee does not have the authority to instruct the Registrar/CEO or any other staff member, other than to request support required in the conduct of its duties.

3. The committee shall comprise Professional Council Members and Public Council Members, the number of which shall be determined by the Council. At least one committee member shall be a

Public Member. The tenure of the committee members shall be determined by the Council as required.

3.1. The committee chair shall be elected by the committee at its first meeting from among its members.

CDHO

Suggested Motions – Friday, June 7, 2024

9.0 MONITORING BOARD PERFORMANCE

9.1 CRD-1 UNITY OF CONTROL

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

MOTION 2: **THAT** Council has assessed the monitoring report for CRD-1 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 CRD-1 and determined that the interpretation is not reasonable and has asked for a new monitoring report by [date].

Moved:
Seconded:
VOTE:

9.2 GP-1 GOVERNING STYLE

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

MOTION 2: **THAT** Council has assessed the monitoring report for GP-1 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 GP-1 and determined that the interpretation is not reasonable and has asked for a new monitoring report by [date].

Moved:
Seconded:
VOTE:

CDHO

Briefing Note

To: Council

From: Chair

Date: June 7, 2024

Topic: Policy Content Review: GP-1 Governing Style

No changes proposed. Council will review the GP-1 policy and determine if any changes are needed.

GP-1 GOVERNING STYLE

The Council will exemplify excellence and integrity by governing with an emphasis on outward vision, commitment to obtaining ownership input, encouragement of diversity in viewpoints, strategic leadership, clear distinction of Council and staff roles, collective decisions, and a proactive, future focus. This means the Council will not be preoccupied with the present or past, or with internal, administrative detail.

1. The Council will cultivate a sense of group responsibility. The Council, not the staff, will be responsible for excellence in governing. The Council will initiate policy, not merely react to staff initiatives. The Council will use the expertise of individual members to enhance the ability of the Council as a body to make policy, rather than to substitute their individual judgements for the group's values.

2. The Council will direct, control and inspire the organization through the careful establishment of broad written policies reflecting the owners' values and perspectives. The Council's major policy focus will be on the intended long- term results to be produced for beneficiaries outside the operating organization, not on the administrative means of attaining those results.

3. The Council will enforce upon itself whatever self-discipline is needed to govern with excellence. Self-discipline will apply to matters such as its code of conduct, policy-making principles, respect of roles, regular self-evaluation, and ensuring the continuity of governance capability. Although the Council can change its governance process policies at any time, it will scrupulously observe those currently in force.

4. The Council will not allow any member or committee of the Council to hinder or be an excuse for not fulfilling Council obligations.

CDHO

Briefing Note

To: Council

From: Chair

Date: June 7, 2024

Topic: Policy Content Review: CRD-1 Governing Style

No changes proposed. Council will review the CRD-1 policy and determine if any changes are needed.

CRD-1 UNITY OF CONTROL

Only officially passed motions of the Council are binding on the Registrar/CEO:

1. Decisions or instructions of individual Council members, officers, or committees are not binding on the Registrar/CEO except in rare instances when the Council has specifically authorized such exercise of authority.

2. In the case of Council members or committees requesting information or assistance without Council authorization, the Registrar/CEO can refuse such requests that require, in the Registrar/CEO's opinion, a material amount of staff time or funds or are disruptive.

3. Only the Council acting as a whole can employ, terminate, discipline, or change the conditions of employment of the Registrar/CEO.

CDHO

Briefing Note

To: Council

From: Chair

Date: June 7, 2024

Topic: Policy Content Review: Ends Policies

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

GLOBAL END

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

1. Dental hygienists provide safe, effective care consistent with current standards of practice.
    1.1. Dental hygiene practice reflects the evolving needs of the public and supports access to care.
    1.2. Registered dental hygienists actively participate in continuous quality improvement that aligns with the current scope of practice.
    1.3. Registered dental hygienists demonstrate professional judgment in their practice.
    1.4. Dental hygienists engage with their clients for optimal oral health outcomes and client-centered care.
2. Dental hygienists engage other professionals to achieve optimal health outcomes for Ontarians.
3. Decision makers have evidence-informed and actionable information, particularly in the areas of dental hygiene practice, regulating the practice of dental hygiene and access to essential oral health services in Ontario.
4. The public has access to information about the benefits of regulated dental hygiene practice, the role of the CDHO, and the CDHO's regulatory processes.

CDHO

Briefing Note

To: Council

From: Chair

Date: June 7, 2024

Topic: Policy Content Review: EL-1

No changes proposed. Council will review the EL-1 policy and determine if any changes are needed.

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.

CDHO

Suggested Motion – Friday, June 7, 2024

16.0 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 16.1–16.5.

Moved:

Seconded:

VOTE:

CDHO

Suggested Motion – Friday, June 7, 2024

16.0 MONITORING CEO PERFORMANCE

16.1 EL-3, 3.1, 3.2

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

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

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

Moved:
Seconded:
VOTE:

16.2 EL-4

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

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

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

Moved:
Seconded:
VOTE:

16.3 EL-6

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

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

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

Moved:
Seconded:
VOTE:

16.4 EL-9

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

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

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

Moved:
Seconded:
VOTE:

CDHO

Suggested Motion – Friday, June 7, 2024

16.0 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:

CDHO

Suggested Motion – Friday, June 7, 2024

19.0 ADJOURNMENT

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

Moved:

Seconded:

VOTE: