



CDHO COUNCIL MEETING

Friday, March 31, 2023

9:00 a.m. – 4:30 p.m.

Location:

Virtual Meeting

CDHO COUNCIL MEETING AGENDA

Friday, March 31, 2023

9:00 a.m. – 4:30 p.m.

| Agenda Item | Topic and Relevant Council Policy | Action | Lead if not Chair | Verbal Report/ Attachment | Est. Time |
|-------------|--|----------------------|-------------------|---------------------------|-------------|
| 1.0 | CALL TO ORDER | | | | 9:00 |
| 1.1 | Roll Call | Council Attendance | T. Strawn | TAB 1 | 9:00 |
| 1.2 | Opening Remarks | Council Is Addressed | T. Strawn | -- | 9:02 |
| 1.3 | Council Policy Manual Update | For Information | T. Strawn | TAB 2 | 9:12 |
| 1.4 | Council Code of Conduct | For Information | T. Strawn | TAB 3 | 9:13 |
| 2.0 | APPROVAL OF AGENDA | | | | 9:20 |
| 2.1 | Review and Approval of Agenda | For Approval | T. Strawn | TAB 4 | 9:20 |
| 3.0 | DECLARATIONS OF POTENTIAL CONFLICT OF INTEREST | | | | 9:20 |
| 3.1 | Declarations of Conflict of Interest | Declare Conflicts | T. Strawn | TAB 5 | 9:21 |
| 4.0 | CONSENT AGENDA | | | | 9:22 |
| | <p>CONSENT AGENDA ITEMS (4.1. – 4.1.1) A consent agenda is a bundle of items that is voted on, without discussion, as a package. It differentiates between routine matters not needing explanation and more complex issues needing examination. The Chair will ask if anyone wishes to remove an item from the consent agenda. Any Council member may request an item be removed so it can be discussed. To test whether an item should be included in the consent agenda, ask:</p> <ol style="list-style-type: none"> 1. Is this item self-explanatory and uncontroversial? Or does it contain an issue that warrants board discussion? 2. Is this item for information only? Or is it needed for another meeting agenda issue? | | | | |
| 4.1 | <u>Council Meeting Minutes</u> | | | | |
| 4.1.1 | Meeting Minutes – December 2, 2022 | For Approval | T. Strawn | TAB 6 | 9:22 |
| 4.1.2 | Meeting Minutes – January 21, 2023 | For Approval | T. Strawn | TAB 6 | 9:22 |
| 5. | INFORMATION REQUESTED BY THE BOARD | | | | |
| 5.1 | <u>Statutory Committee Reports</u> | | | | |
| 5.1.1 | Executive Committee | For Information | T. Strawn | TAB 7 | 9:25 |
| 5.1.2 | Discipline Committee | For Information | J. White | TAB 7 | 9:25 |

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|--------------|--|-----------------|-----------------------|---------------|--------------|
| 5.1.3 | Fitness to Practise Committee | For Information | TBD | TAB 7 | 9:25 |
| 5.1.4 | Inquiries, Complaints and Reports Committee | For Information | TBD | TAB 7 | 9:25 |
| 5.1.5 | Patient Relations Committee | For Information | TBD | TAB 7 | 9:25 |
| 5.1.6 | Quality Assurance Committee | For Information | TBD | TAB 7 | 9:25 |
| 5.1.7 | Registration Committee | For Information | TBD | TAB 7 | 9:25 |
| 5.2 | <u>Non-Statutory Committee Reports</u> | | | | |
| 5.2.1 | Examinations Committee | For Information | TBD | TAB 7 | 9:25 |
| 5.3 | <u>Incidental Briefing Reports</u> | | | | |
| 5.3.1 | Council President’s Report | For Information | T. Strawn | TAB 8 | 9:25 |
| 5.3.2 | Registrar’s Administrative Report | For Information | Dr. G. Pettifer | TAB 8 | 9:25 |
| 6.0 | OWNERSHIP LINKAGE | | | | 9:30 |
| 6.1 | Status of Ownership Linkage Activities <i>Report from the Ownership Linkage Committee</i> | For Information | C. Grbac | TAB 9 | 9:30 |
| 7.0 | REQUIRED APPROVALS AGENDA | | | | 9:40 |
| 7.1 | Emergency Class of Registration: Stakeholder Feedback <i>Council is being asked to review the feedback from the stakeholder consultation and finalize any proposed amendments.</i> | For Approval | Dr. G. Pettifer | TAB 10 | 9:40 |
| 8.0 | BOARD EDUCATION | | | | |
| 8.1 | Overview of the Office of the Fairness Commissioner (OFC) <i>Presentation and Question and Answer period regarding an overview of the OFC and the changes and initiatives planned for 2023.</i> | For Information | Commissioner Glasberg | TAB 11 | 10:00 |
| BREAK | | | | | 10:45 |

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|--|---|------------------------------|-----------------|---------------|--------------|
| 9.0 | GOVERNANCE PROCESS ITEMS | | | | 11:00 |
| 9.1 | External Assessment of Council Effectiveness | For Information and Approval | Deanna Williams | TAB 12 | 11:00 |
| 9.2 | Comprehensive Governance Review Proposal | For Approval | T. Strawn | TAB 13 | 11:50 |
| LUNCH | | | | | 12:00 |
| 9.3 | CPMF Report | For Information | M. Atkinson | TAB 14 | 1:10 |
| 9.4 | Policy Content Review: GP-3 (4) Council Planning Cycle and Agenda Control | For Approval | T. Strawn | TAB 15 | 1:40 |
| 10.0 | ENDS ITEMS FOR CONSIDERATION | | | | 1:50 |
| | There are no agenda items at this meeting | | | | 1:50 |
| 11.0 | COUNCIL REGISTRAR DELEGATION ITEMS FOR CONSIDERATION | | | | 1:50 |
| | There are no agenda items for this meeting. | | | | 1:50 |
| 12.0 | EXECUTIVE LIMITATIONS ITEMS FOR CONSIDERATION | | | | 1:50 |
| 12.1 | Policy Content Review: EL General Executive Constraint | For Consideration | T. Strawn | TAB 16 | 1:50 |
| 12.2 | Policy Content Review: EL-3 Planning | For Consideration | T. Strawn | TAB 16 | 1:55 |
| 12.3 | Policy Content Review: EL-7 Compensation and Benefits | For Consideration | T. Strawn | TAB 16 | 2:00 |
| 12.4 | Policy Content Review: EL-8 Communication and Support to the Board | For Consideration | T. Strawn | TAB 16 | 2:00 |
| 13.0 | MONITORING BOARD PERFORMANCE | | | | 2:00 |
| 13.1 | GP-2: Council Job Contributions | For Approval | T. Strawn | TAB 17 | 2:10 |
| 13.2 | GP-6.1: Executive Committee Terms of Reference | For Approval | T. Strawn | TAB 17 | 2:20 |
| COUNCIL MOVES IN CAMERA (ITEMS 14.1–14.7) | | | | | |
| To discuss personnel matters. Monitoring Reports on Ends and Executive Limitations form part of the Registrar’s Performance Evaluation | | | | | |
| 14.0 | MONITORING CEO PERFORMANCE | | | | 2:30 |
| 14.1 | Internal Monitoring: Global End | For Approval | Dr. G. Pettifer | TAB 18 | 2:30 |
| 14.2 | Internal Monitoring: E-1 | For Approval | Dr. G. Pettifer | TAB 18 | 2:40 |
| 14.3 | Internal Monitoring: E-2 | For Approval | Dr. G. Pettifer | TAB 18 | 2:45 |

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|------------------------------------|--|-------------------------------|-----------------|---------------|-------------|
| 14.4 | Internal Monitoring: E-3 | For Approval | Dr. G. Pettifer | TAB 18 | 2:50 |
| 14.5 | Internal Monitoring: E-4 | For Approval | Dr. G. Pettifer | TAB 18 | 3:00 |
| 14.6 | Internal Monitoring: EL-4(1) | For Approval | Dr. G. Pettifer | TAB 18 | 3:05 |
| 14.7 | Internal Monitoring: EL-7 | For Approval | Dr. G. Pettifer | TAB 18 | 3:10 |
| COUNCIL MOVES OUT OF CAMERA | | | | | |
| 15.0 | SELF-EVALUATION OF GOVERNANCE PROCESS | | | | 3:15 |
| 15.1 | Council Meeting Evaluation | For Evaluation and Discussion | T. Strawn | -- | 3:15 |
| 16.0 | NEXT MEETING DATE — June 2, 2023 | | | | 4:00 |
| 17.0 | ADJOURNMENT | | | TAB 19 | 4:00 |

Roll Call

Council Meeting

Friday, March 31, 2023

Virtual Meeting

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

/20 total members

BRIEFING NOTE

To: Council

From: Chair

Date: March 31, 2023

Topic: Council Policy Manual Update

The following policies were updated at the December 2, 2022 Council Meeting and the Policy Manual has been updated.

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

COUNCIL CODE OF CONDUCT

4. GLOBAL GOVERNANCE PROCESS POLICY

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

GP-8 Code of Conduct

Council Members shall conduct themselves in accordance with the bylaws.

Excerpt from Bylaw 5

3.7 Council and Non-Council Committee Member Code of Conduct

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

Fiduciary Duties

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

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

Conflict of Interest

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

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

Examples of Conflicts of Interest

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

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

Preventing and Addressing Conflicts of Interest

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

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

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

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

Confidentiality

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

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

3.8 Disqualification of Council and Non-Council Members

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

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

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

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

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

Suggested Motion – Friday, March 31, 2023

2.1 ADOPTION OF AGENDA

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

Moved:

Seconded:

VOTE:

2023 Conflict of Interest Declaration Annual Conflict of Interest Declaration

Michelle Atkinson on Monday, 1/16/2023

1.

Please type your full name:

Michelle Atkinson

2.

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

Yes

3.

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

Yes

4.

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

Yes

5.

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

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

6.

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

Faculty - Algonquin College

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

Signature Page

2023 Conflict of Interest Declaration

Annual Conflict of Interest Declaration

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

1.

Please type your full name:

Anne-Marie Conaghan

2.

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

Yes

3.

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

Yes

4.

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

Yes

5.

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

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

6.

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

Dental hygiene program coordinator at Georgian College.

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

Signature Page

2023 Conflict of Interest Declaration Annual Conflict of Interest Declaration

Carla Grbac on Thursday, 1/12/2023

1.

Please type your full name:

Carla Grbac

2.

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

Yes

3.

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

Yes

4.

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

Yes

5.

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

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

6.

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

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

Signature Page

2023 Conflict of Interest Declaration

Annual Conflict of Interest Declaration

Erin Betts on Monday, 1/9/2023

1.

Please type your full name:

erin betts

2.

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

Yes

3.

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

Yes

4.

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

Yes

5.

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

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

6.

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

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

Signature Page

2023 Conflict of Interest Declaration

Annual Conflict of Interest Declaration

Farzana Hussain on Wednesday, 1/11/2023

1.

Please type your full name:

Farzana Hussain

2.

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

Yes

3.

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

Yes

4.

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

Yes

5.

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

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

6.

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

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

Signature Page

2023 Conflict of Interest Declaration Annual Conflict of Interest Declaration

Jennifer Cooper on Wednesday, 1/11/2023

1.

Please type your full name:

Jennifer Cooper

2.

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

Yes

3.

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

Yes

4.

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

Yes

5.

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

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

6.

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

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

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

Signature Page

2023 Conflict of Interest Declaration Annual Conflict of Interest Declaration

Jacqueline White on Monday, 1/9/2023

1.

Please type your full name:

Jacqueline White

2.

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

Yes

3.

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

Yes

4.

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

Yes

5.

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

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

6.

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

N/A

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

Signature Page

2023 Conflict of Interest Declaration

Annual Conflict of Interest Declaration

Loree Beniuk on Tuesday, 1/17/2023

1.

Please type your full name:

Loree Sue Armstrong Beniuk

2.

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

Yes

3.

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

Yes

4.

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

Yes

5.

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

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

6.

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

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

Signature Page

2023 Conflict of Interest Declaration Annual Conflict of Interest Declaration

Maheen Cassim on Tuesday, 1/10/2023

1.

Please type your full name:

Maheen Cassim

2.

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

Yes

3.

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

Yes

4.

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

Yes

5.

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

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

6.

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

Part time faculty member at Confederation College of Dental Hygiene

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

Signature Page

2023 Conflict of Interest Declaration Annual Conflict of Interest Declaration

Ehizele Martin Iyamabo on Sunday, 1/15/2023

1.

Please type your full name:

Ehizele Martin Iyamabo

2.

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

Yes

3.

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

Yes

4.

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

Yes

5.

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

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

6.

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

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

Signature Page

2023 Conflict of Interest Declaration Annual Conflict of Interest Declaration

Margaret Wade on Tuesday, 1/10/2023

1.

Please type your full name:

Margaret Wade

2.

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

Yes

3.

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

Yes

4.

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

Yes

5.

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

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

6.

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

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

Signature Page

2023 Conflict of Interest Declaration Annual Conflict of Interest Declaration

Angelica Palantzas on Friday, 1/13/2023

1.

Please type your full name:

Angelica Palantzas

2.

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

Yes

3.

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

Yes

4.

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

Yes

5.

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

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

6.

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

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

Signature Page

2023 Conflict of Interest Declaration Annual Conflict of Interest Declaration

Terri Strawn on Monday, 1/9/2023

1.

Please type your full name:

Terri Strawn

2.

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

Yes

3.

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

Yes

4.

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

Yes

5.

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

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

6.

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

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

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

Signature Page

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

Signature Page

2023 Conflict of Interest Declaration Annual Conflict of Interest Declaration

Krista Dufour on Tuesday, 1/17/2023

1.
Please type your full name:

Krista Dufour

2.
I have read sections 3.7 to 3.9 of the CDHO Bylaw 5 and I understand that I am accountable as a member of Council to conduct myself in compliance with these bylaws.

Yes

3.
I understand that I am obligated to declare a conflict of interest with my Council responsibilities, if and when one arises.

Yes

4.
I also understand that I am obligated to report instances of another Council member's conflict of interest with Council responsibilities of which I become aware.

Yes

5.
Having reviewed the examples of conflict of interest [sec 3.7(21), I am declaring:

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

6.
I am declaring the following potential conflicts of interest in my role as a member of Council.

Clinical Faculty St. Clair College

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

Signature Page

2023 Conflict of Interest Declaration Annual Conflict of Interest Declaration

Meghan Leuprecht on Friday, 1/20/2023

1.

Please type your full name:

Meghan Leuprecht

2.

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

Yes

3.

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

Yes

4.

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

Yes

5.

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

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

6.

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

Member OCSWSSW

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

Signature Page

2023 Conflict of Interest Declaration

Annual Conflict of Interest Declaration

Pella Giabanis on Tuesday, 1/10/2023

1.

Please type your full name:

Pella Giabanis

2.

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

Yes

3.

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

Yes

4.

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

Yes

5.

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

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

6.

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

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

Signature Page

2023 Conflict of Interest Declaration

Annual Conflict of Interest Declaration

Vanessa Pereira on Monday, 1/16/2023

1.

Please type your full name:

Vanessa Pereira

2.

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

Yes

3.

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

Yes

4.

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

Yes

5.

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

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

6.

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

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

Signature Page

2023 Conflict of Interest Declaration Annual Conflict of Interest Declaration

Alessandro Greco on Wednesday, 2/22/2023

1.

Please type your full name:

Alessandro Greco

2.

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

Yes

3.

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

Yes

4.

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

Yes

5.

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

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

6.

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

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

Signature Page

2023 Conflict of Interest Declaration Annual Conflict of Interest Declaration

Mary Yeomans on Thursday, 3/16/2023

1.

Please type your full name:

Mary Yeomans

2.

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

Yes

3.

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

Yes

4.

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

Yes

5.

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

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

6.

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

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

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

Signature Page

Suggested Motion – Friday, March 31, 2023

4.0 CONSENT AGENDA ITEMS (4.1. – 4.1.2)

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

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

Moved:

Seconded:

VOTE:

COUNCIL MEETING MINUTES

Hybrid Zoom Meeting

Livestreamed to the CDHO YouTube Channel

Friday, December 2, 2022

9:00 a.m. – 4:30 p.m.

COUNCIL MEMBERS PRESENT:

Terri Strawn, Professional Member, President
Michelle Atkinson, Professional Member
Loree Beniuk, Public Member
Erin Betts, Public Member
Anne-Marie Conaghan, Academic Member
Maheen Cassim, Professional Member
Jennifer Cooper, Academic Member
Pella Giabanis, Public Member
Carla Grbac, Professional Member
Farzana Hussain, Professional Member
Ehizele Martin Iyamabo, Public Member
Meghan Leuprecht, Public Member
Caroline Lotz, Professional Member
Angelica Palantzas, Public Member
Vanessa Pereira, Professional Member,
Vice-President
Sasha Sidhu, Public Member
Margaret Wade, Public Member
Jacqueline White, Professional Member
Mary Yeomans, Professional Member

REGRETS:

Alessandro Greco, Public Member

ADMINISTRATION:

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

GUESTS:

Julie Maciura, SML, CDHO Legal Counsel
Dr. Catherine Carstairs (9:30 a.m.–10:30 a.m.)
Zubin Austin (10:50 a.m.–11:30 a.m.)
Doha Melhem, Pivotal Research (1:00 p.m.–
1:40 p.m.)
Hafsah, Pivotal Research (1:00 p.m.–1:40 p.m.)
Rainer Kocsis, Pivotal Research (1:00 p.m. –
1:40 p.m.)
Blair MacKenzie, Hilborn LLP (1:45 p.m.–
2:30 p.m.)

1.0 CALL TO ORDER

1.1 Roll Call

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

1.2 Opening Remarks

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

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

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

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

1.3 Council Policy Manual Update

The Chair reported that the following policies had been updated:

- GP-3 Council Planning and Cycle Agenda Review
- GP-7 Council Stipend and Expenses
- GP-10 Governance Succession Planning

1.4 Council Code of Conduct

Council was reminded of the Code of Conduct.

1.5 Rules of Order

Julie Maciura from SML reviewed the Rules of Order in Schedule III of Bylaw 5.

2.0 APPROVAL OF AGENDA

2.1 Review and Approval of Agenda

MOTION: THAT Council moves to approve the December 2, 2022 Council meeting agenda as presented.

Moved: Carla Grbac
Seconded: Margaret Wade

VOTE: CARRIED

3.0 DECLARATIONS OF POTENTIAL CONFLICTS OF INTEREST

3.1 Declarations of Conflict of Interest

Terri Strawn declared a conflict with Item 8.4 President's Compensation.

4.0 CONSENT AGENDA (4.1-4.1.1)

MOTION: THAT Council moves to approve the consent agenda.

Moved: Maheen Cassim
Seconded: Jacqueline White

VOTE: CARRIED

5.0 INFORMATION REQUESTED BY THE BOARD

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

6.0 BOARD EDUCATION

6.1 Inequality in Access to Oral Health Care

Dr. Catherine Carstairs, a historian at the University of Guelph, presented to Council on the history of oral health and social inequality. Health education, better nutrition, toothbrushing and fluorides are a few reasons oral health has improved over the past 50 years. However, real inequalities remain, especially for the working poor, disabled, elderly, some children, people living in rural areas, new immigrants, refugees and Indigenous peoples.

6.2 Quality Assurance Strategic Planning

Professor Dr. Zubin Austin presented to Council on the Quality Assurance Strategic Plan that is under development. He provided Council with a background of quality assurance in Ontario. Though it has been a regulatory responsibility for three decades, specific models are not prescribed in the RHPA or in other legislation. He

discussed the risk of ‘competency drift’ and the connection between engagement, maintenance of competence, and quality. A review is underway to develop a strategic plan for quality assurance for the CDHO. The next steps are to conduct interviews with key informants to integrate evidence into the strategic plan

7.0 OWNERSHIP LINKAGE

7.1 Status of Ownership Linkage Activities

Carla Grbac updated Council on the Ownership Linkage Committee activities. The committee is working with Pivotal Research to conduct a Voice of Patient Survey. Doha Melhem from Pivotal Research provided Council with an update on the project. The primary research objective is to understand the landscape of patient and public experiences and perceptions with dental hygiene care in Ontario. Phase 1 consisted of an online bulletin board and Phase 2 was an online survey. Pivotal Research shared the preliminary results with Council and will provide the final results once all the information has been collected and analyzed.

8.0 GOVERNANCE PROCESS ITEMS FOR DECISION

8.1 2023 Operations Budget

The Operations and Governance budget have been attached as Appendix A.

MOTION: **THAT** Council moves to approve the 2023 Operations Budget as proposed.

Moved: Jacqueline White

Seconded: Pella Giabanis

VOTE:

CARRIED

8.2 2023 Governance Budget

MOTION: **THAT** Council moves to approve the 2023 Governance Budget as proposed.

Moved: Jennifer Cooper

Seconded: Carla Grbac

VOTE:

CARRIED

8.3 Non-Council Member Appointments

MOTION: **THAT** Council appoint the following Non-Council members to the Discipline committee: Amanda Acker, Rowena Javier and Siobhan Brennan, and the following Non-Council members to the Registration committee: Lisa Frisch, for a period of three years effective January 1, 2023 and ending on December 31, 2025.

Moved: Vanessa Pereira
Seconded: Carla Grbac
VOTE:

CARRIED

8.4 Amendment to GP 7 Council Stipend and Expenses

Terri Strawn declared a conflict and exited the room for the discussion and vote.

MOTION: **THAT** Council approve changes to the GP-7 Council and Committee Stipend and Expenses with the addition of policy item #4.4: “For ad hoc meetings with the CEO, Council members, or other stakeholders, the President or their designate will receive honoraria at an hourly rate of \$72, rounded up to the hour. If more than one meeting is held on the same day, the President or their designate will be reimbursed on an hourly basis or receive a half-day per diem plus additional hours at the hourly rate – whichever is less.”

Moved: Meghan Leuprecht
Seconded: Michelle Atkinson
VOTE:

CARRIED

8.5 Policy Content Review: GP-7 Council and Committee Stipend and Expenses

MOTION: **THAT** Council approves the revised GP-7 Council and Committee Stipend and Expenses policy to state “4. Daily per diem rates are reviewed annually and may be adjusted to reflect significant changes in the Cost of Living index. As of December 2, 2022, per diem rates are set as follows:

- Member of Council or Committee – \$308.00
- Chair of Committee + 25%
- President of Council + 40%
- Vice-President of Council + 25%”

Moved: Carla Grbac
Seconded: Mary Yeomans
VOTE:

CARRIED

8.6 Governance Committee Update

Michelle Atkinson updated Council on the activities of the Governance Committee. The Governance Committee met on November 25, 2022. They were updated on changes to the CPMF document and are on track for the March submission. Deanna Williams’ report on Council’s effectiveness is expected to be ready in early 2023.

8.7 Code of Conduct Amendment

MOTION: THAT the Council approve the updated bylaw 5 article 3.7 (13) which will now state: Council members are expected to attend all meetings and to be punctual. All Council members must remain engaged in Council meetings and not allow their personal electronic devices to interfere with their attention or the attention of others;

And that Council approve the removal of gendered language in 3.7 and Schedule III and replace them with gender-neutral pronouns;

And that Council approve the removal of the references to Blackberry in Schedule III(18).

Moved: Erin Betts
Seconded: Jennifer Cooper
VOTE:

CARRIED

8.8 Dissolution of the Competency Profile Committee

MOTION: WHEREAS Council formed a Competency Profile Committee on December 4, 2020, to support Council in developing competency profiles for Council members; and

WHEREAS the Committee carried out its responsibilities in accordance with Governance Process Policy 6.5, including completion of a competency framework;

THEREFORE, BE IT RESOLVED THAT the Competency Profile Committee be dissolved with the appreciation of Council to committee members for their work.

Moved: Caroline Lotz
Seconded: Jacqueline White
VOTE:

CARRIED

8.9 Policy Content Review: GP 6.6 Governance Committee Terms of Reference

MOTION: THAT the Council approve the updated Governance Process Policy 6.6 Governance Committee Terms of Reference which states "The committee supports the work of Council as directed, through:

5. Overseeing the implementation and modifications of the competency framework as needed."

Moved: Maheen Cassim
Seconded: Vanessa Pereira
VOTE:

CARRIED

8.10 Council Coaching Advisory

Council reviewed the Coaching Advisories for the June and September Council meeting from the Governance Coach.

9.0 ENDS ITEMS FOR CONSIDERATION

There were no agenda items for this meeting.

10.0 COUNCIL REGISTRAR DELEGATION ITEMS FOR CONSIDERATION

There were no agenda items for this meeting.

11.0 EXECUTIVE LIMITATIONS ITEMS FOR CONSIDERATION

11.1 Policy Content Review: EL-1 Treatment of the Public and Registrants

The Council reviewed policy EL-1 and no changes were made.

11.2 Policy Content Review: EL-5 Protection of Assets

The Council reviewed policy EL-5 and no changes were made.

11.3 Policy Content Review: EL-10 Development of Standards Governing Practice

The Council reviewed policy EL-10 and no changes were made.

11.4 Policy Content Review: EL-11 Amendments to the Act or Bylaws

The Council reviewed policy EL-11 and no changes were made.

12.0 REQUIRED APPROVALS AGENDA

There were no agenda items for this meeting.

13.0 MONITORING BOARD PERFORMANCE

There were no agenda items for this meeting.

14.0 MONITORING CEO PERFORMANCE

There were no agenda items for this meeting.

15.0 SELF-EVALUATION OF GOVERNANCE PROCESS

15.1 Council Meeting Evaluation

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

15.0 NEXT MEETING DATE

The next Council meeting is January 20, 2023.

16.0 ADJOURNMENT

MOTION: THAT the Council meeting be adjourned at 3:21 p.m.

Moved: Mary Yeomans

Seconded: Meghan Leuprecht

VOTE:

CARRIED

Approved by:

Signature of Chair, Terri Strawn

Date

CDHO 2023 BUDGET ASSUMPTIONS

| | | 2022 | 2023 |
|---|---|--------------------|------------------|
| | | ESTIMATED YEAR-END | BUDGETED |
| INCOME | | | |
| Registration Income | Breakdown | | |
| | Registration | 227,216 | 206,620 |
| | Renewals | 5,633,485 | 5,968,305 |
| | Incorporation | 19,750 | 18,250 |
| | SUBTOTAL REGISTRATION | 5,880,451 | 6,193,175 |
| Non-Registration Income | Breakdown | | |
| | Legal Recovery | 33,926 | 10,000 |
| | Interest - Investments | 233,317 | 225,000 |
| | SUBTOTAL NON-REGISTRATION INCOME | 267,243 | 235,000 |
| | TOTAL INCOME | 6,147,694 | 6,428,175 |
| EXPENSES | | | |
| OPERATIONAL | | | |
| Account | Notes | | |
| JURISPRUDENCE | | 25,185 | 45,000 |
| DRUG COURSE AND EXAM | | 17,590 | 20,000 |
| SELF-INITIATION | | 0 | 0 |
| MENTORSHIP | | 0 | 0 |
| ICRC | | 99,749 | 83,000 |
| DISCIPLINE | | 103,211 | 212,000 |
| PUBLIC AND REGISTRANT ENGAGEMENT | | 45,850 | 40,000 |
| QUALITY ASSURANCE | | 219,631 | 145,610 |
| REGISTRATION | | 166,618 | 165,750 |
| COMM. ON DENTAL ACCREDITATION (CDAC) | | 120,889 | 130,000 |
| REGISTRANT RESOURCES | | 168,930 | 70,000 |
| NATIONAL PROJECTS | | 0 | 75,000 |
| SALARIES / BENEFITS | | 3,008,071 | 3,500,000 |
| IT | | 373,966 | 297,500 |
| POSTAGE/ STATIONERY/PRINT | | 11,363 | 25,000 |
| RENT | | 430,477 | 500,000 |
| LEASED EQUIPMENT | | 17,724 | 15,000 |
| TELEPHONE/TELECONFERENCE | | 25,117 | 28,000 |
| CONFERENCES/PROFESSIONAL DEVELOPMENT | | 72,836 | 110,000 |
| SUBSCRIPTIONS, MEMBERSHIPS AND DUES | | 41,438 | 58,000 |
| GENERAL OFFICE ADMINISTRATION | | 64,885 | 90,000 |
| CONSULTING - GENERAL | | 40,414 | 60,000 |
| LEGAL - GENERAL | | 29,888 | 50,000 |
| | SUBTOTAL FOR OPERATIONS | 5,083,832 | 5,719,860 |
| GOVERNANCE | | | |
| CONSULTING (Governance) | | 38,357 | 100,000 |
| COUNCIL TRAINING | | 31,297 | 75,000 |
| COUNCIL MEETING HONORARIUM | | 73,348 | 145,000 |
| COUNCIL/COMMITTEE MEETING EXPENSES | | 203,475 | 270,000 |
| AUDIT - FINANCIAL | | 23,903 | 32,000 |
| | SUBTOTAL FOR GOVERNANCE | 370,380 | 622,000 |
| | TOTAL EXPENSES | 5,454,210 | 6,341,860 |
| | NET (INCOME - EXPENSES) | 693,484 | 86,315 |
| RESERVE FUND - STRATEGIC INITIATIVES | | | |
| DRUG COURSE AND EXAM | | | 70,000 |
| ICRC | | | 110,000 |
| PUBLIC AND REGISTRANT ENGAGEMENT | | | 395,000 |
| QUALITY ASSURANCE | | | 455,000 |
| AMALGAMATION | | | 100,000 |
| IT | | | 420,000 |
| CONTINGENCY FUND | | | 200,000 |
| OWNERSHIP LINKAGE | | | 100,000 |
| GOVERNANCE REVIEW | | | 150,000 |
| | TOTAL FOR STRATEGIC INITIATIVES | | 2,000,000 |

COUNCIL MEETING MINUTES

Friday, January 20, 2023

9:15 a.m. – 2:00 p.m.

Virtual Meeting

COUNCIL MEMBERS PRESENT:

Michelle Atkinson, Professional Member
Loree Beniuk, Public Member
Erin Betts, Public Member
Maheen Cassim, Professional Member
Anne-Marie Conaghan, Academic Member
Jennifer Cooper, Academic Member
Krista Dufour, Professional Member
Pella Giabanis, Public Member
Carla Grbac, Professional Member
Alex Greco, Public Member (12:27 p.m.–12:55 p.m.)
Farzana Hussain, Professional Member
Ehizele Martin Iyamabo, Public Member
Meghan Leuprecht, Public Member
Angelica Palantzas, Public Member
Vanessa Pereira, Professional Member
Terri Strawn, Professional Member
Margaret Wade, Public Member
Jacqueline White, Professional Member
Mary Yeomans, Professional Member

REGRETS:

Sasha Sidhu, Public Member

ADMINISTRATION:

Dr. Glenn Pettifer, Registrar and CEO
Jane Keir, Deputy Registrar /
Director, Professional Practice
Denise Lalande, Communications Manager
Veronica Douglas, Executive Administrator

GUESTS:

Julie Maciura, SML

1.0 CALL TO ORDER

1.1 Roll Call

The President, Terri Strawn, called the meeting to order at 9:15 a.m. and welcomed Council and guests to the January meeting.

1.2 Opening Remarks

While we meet today in an online 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 our gratitude to have the privilege to work on this land.

We do this to reaffirm our commitment and our responsibility to improve relationships between nations and to improve our own understanding of local Indigenous peoples and their cultures.

From coast to coast to coast, I wish to acknowledge the ancestral and unceded territory of all the Inuit, Métis, and First Nations people that call this nation home.

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

The Registrar, Dr. Glenn Pettifer, welcomed Council and guests to the January Council meeting.

1.3 Council Code of Conduct

Council was reminded of the Code of Conduct.

2.0 Approval of Agenda

2.1 Adoption of Agenda

MOTION: **THAT** Council moves to approve the January 20, 2023, Council meeting agenda as presented.

Moved: Meghan Leuprecht

Seconded: Loree Beniuk

VOTE:

CARRIED

3.0 DECLARATIONS OF POTENTIAL CONFLICTS OF INTEREST

3.1 Declarations of Conflict of Interest

No conflicts were declared.

4.0 BOARD EDUCATION

4.1 Council Orientation – RHPA

Julie Maciura from Steinecke Maciura LeBlanc presented to Council about regulation under the *Regulated Health Professions Act*. Ms. Maciura spoke about legislation, self-regulation, public interest, governance, fiduciary duties of Council members, confidentiality, and conflict of interest.

5.0 ELECTION OF 2023 EXECUTIVE COMMITTEE

The elections were presided over by the Registrar, Dr. Glenn Pettifer, and an overview of the nominations and voting process for all eligible positions on the 2023 Executive Committee was provided.

5.1 Appointment of Scrutineers

As provided under Schedule II of Bylaw 5, the Registrar appointed Jane Keir and Denise Lalonde as Scrutineers for the 2023 Executive Committee elections.

MOTION: To appoint Jane Keir and Denise Lalonde as the Scrutineers for the 2023 Executive Committee election.

Moved: Mary Yeomans

Seconded: Vanessa Pereira

VOTE:

CARRIED

5.2 Nominations and Election of President

The floor was opened for the position of Council President. The term for President shall commence on January 20, 2023, and end at the first meeting in 2024 when a new election for President is held.

The following nominations were made:

Nominated:

Terri Strawn

Nominator:

Mary Yeomans

Terri Strawn accepted the nomination.

There were no additional nominees from the floor for the President position after a second and third call by the Registrar.

Terri Strawn was acclaimed to the position of President and addressed Council.

5.3 Nominations and Election of Vice-President

The Registrar called for nominations for the position of Vice-President. The term for Vice-President shall commence on January 20, 2023, and end at the first meeting in 2024 where a new election for Vice-President is held.

The following nominations were made:

Nominated: Vanessa Pereira

Nominator: Carla Grbac

Vanessa Pereira accepted the nomination. There were no additional nominees from the floor for the Vice-President position after a second and third call by the Registrar.

Vanessa Pereira was acclaimed to the position of Vice-President.

5.4 Nominations and Election of Three Remaining Executive Members

Third (3rd) Executive Position – Professional Member

The floor was opened for nominations for the third Executive Committee position. The following nominations were made:

Nominated:

Carla Grbac
Michelle Atkinson
Jennifer Cooper

Nominator:

Carla Grbac
Jennifer Cooper
Anne-Marie Conaghan

All candidates accepted the nominations and addressed Council. There were no additional nominees from the floor for the third Executive Committee position after a second and third call by the Registrar.

Electronic ballots were distributed, collected, and counted.

Michelle Atkinson was elected to the position of third Executive Committee member.

Fourth (4th) Executive Position – Public Member

The floor was opened for nominations for the fourth Executive Committee position. The following nominations were made:

Nominated:

Erin Betts
Margaret Wade
Loree Beniuk

Nominator:

Jennifer Cooper
Jacqueline White
Michelle Atkinson

Erin Betts and Loree Beniuk accepted the nominations and addressed Council. Margaret Wade declined the nomination and addressed Council.

There were no additional nominees from the floor for the fourth Executive Committee position after a second and third call by the Registrar.

Electronic ballots were distributed, collected, and counted.

Erin Betts was elected to the position of fourth Executive Committee member.

Fifth(5th) Executive Position – Public Member

The floor was opened for nominations for the fifth Executive Committee position. The following nominations were made:

Nominated:

Loree Beniuk
Margaret Wade

Nominator:

Erin Betts
Terri Strawn

Loree Beniuk and Margaret Wade accepted the nominations and addressed Council.

There were no additional nominees from the floor for the fifth Executive Committee position after a second and third call by the Registrar.

Electronic ballots were distributed, collected, and counted.

Loree Beniuk was elected to the position of fifth Executive Committee member.

The 2023 Executive Committee was established as follows:

Member:

Terri Strawn
Vanessa Pereira
Michelle Atkinson
Erin Betts
Loree Beniuk

Position:

President
Vice-President
Professional
Public
Public

The Registrar closed the election.

6.0 REQUIRED APPROVALS AGENDA

6.1 Emergency Class of Registration

MOTION: That Council direct the circulation of the proposed amendments to Part VII (Registration) of Ontario Regulation 218/94 (General) made under the *Dental Hygiene Act 1991*, attached here as [Appendix A](#), to all Registrants of the College and key stakeholders for a period of at least sixty (60) days pursuant to subsection 95(1.4) of the *Health Professions Procedural Code*.

Moved: Carla Grbac
Seconded: Jacqueline White
VOTE:

CARRIED

7.0 SELF-EVALUATION OF GOVERNANCE PROCESS

7.1 Council Meeting Evaluation

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

8.0 ADJOURNMENT

MOTION: THAT the Council meeting be adjourned at 1:26 p.m.

Moved: Carla Grbac

Seconded: Jennifer Cooper

VOTE:

CARRIED

Approved by:

Signature of Chair, Terri Strawn

Date

Appendix A

PART VII REGISTRATION

27. The following are prescribed as classes of certificates of registration:

1. General.
2. Specialty.
3. Inactive.
4. **Emergency**

O. Reg. 36/12, s. 1.

28. (1) A person may apply for a certificate of registration by submitting a completed application to the Registrar, in the manner specified by the Registrar, together with all required supporting documentation and the application fee. O. Reg. 36/12, s. 1.

(2) This Regulation, as it read immediately before March 26, 2012 continues to apply to applications for a certificate of registration that were received by the Registrar and that were not finally determined before that date. O. Reg. 36/12, s. 1.

29. (1) It is a registration requirement for a certificate of registration of any class that the applicant provide details of any of the following that relate to the applicant:

1. Any charge for any criminal offence, including a charge under the *Criminal Code* (Canada), the *Controlled Drugs and Substances Act* (Canada) or the *Food and Drugs Act* (Canada), unless the ensuing proceedings concluded with a verdict of not guilty.
2. Any charge for any other offence where the ensuing proceedings resulted in the imposition of incarceration or a fine of more than \$1,000.
3. A finding of professional misconduct, incompetency or incapacity, or any like finding, in Ontario in relation to another profession, or in another jurisdiction in relation to the profession or another profession.
4. A current proceeding for professional misconduct, incompetency or incapacity, or any like proceeding, in Ontario in relation to another profession, or in another jurisdiction in relation to the profession or another profession.
5. An unsuccessful application for registration as a dental hygienist in Ontario or another jurisdiction.
6. An attempt to pass an examination or evaluation required for purposes of being licensed or certified to practise any profession whether in Ontario or another

jurisdiction that has not, at the time of the application, resulted in a passing grade. O. Reg. 36/12, s. 1.

(2) An applicant shall provide the information referred to in subsection (1) upon application or, if an event referred to in subsection (1) occurs after the application is submitted but before a certificate of registration is issued, immediately after the event occurs. O. Reg. 36/12, s. 1.

(3) Where an applicant has undertaken a program in dental hygiene that at the time of the applicant's graduation was not accredited by the Commission on Dental Accreditation of Canada or by the American Dental Association Commission on Dental Accreditation, it is a registration requirement for a certificate of registration of any class that the applicant provide a copy of a verification of his or her program in dental hygiene that has been prepared by an assessment agency that has been approved by the Registration Committee for that purpose. O. Reg. 36/12, s. 1.

(4) In addition to the requirements in subsection (1), the following are registration requirements for a registration of any class:

1. The applicant must provide the College with a police record check that is dated no earlier than one year before the date on which his or her application was submitted.
2. Within the 12-month period immediately preceding the submission of his or her application, the applicant must successfully complete a jurisprudence course set or approved by the Registration Committee.
3. The applicant must be able to effectively comprehend and communicate in either English or French, both orally and in writing. O. Reg. 36/12, s. 1.

30. It is a condition of a certificate of registration of any class that the member provide the College with details of any of the following that relate to the member and that occur or arise after registration:

1. A charge for any offence unless the ensuing proceedings concluded with a verdict of not guilty.
2. A finding of professional misconduct, incompetency or incapacity, or any like finding, in Ontario in relation to another profession, or in another jurisdiction in relation to the profession or another profession.
3. A proceeding for professional misconduct, incompetency or incapacity, or any like proceeding, in Ontario in relation to another profession, or in another jurisdiction in relation to the profession or another profession. O. Reg. 36/12, s. 1.

31. (1) An applicant for the issuance of a general certificate of registration must meet the following non-exemptible registration requirements:

1. The applicant must have,
 - i. successfully completed a program in dental hygiene that is equivalent to a full-time program of two years and which, at the time of the applicant's graduation, was accredited by the Commission on Dental Accreditation of Canada or by the American Dental Association Commission on Dental Accreditation, or
 - ii. subject to subsection (2), successfully completed a program in dental hygiene that the Registration Committee considers to be substantially equivalent to a program referred to in subparagraph i.
2. The applicant must be the holder of a certificate issued by the National Dental Hygiene Certification Board or, if he or she was never eligible to sit for the National Dental Hygiene Certification Examination but otherwise meets the registration requirements, must have successfully completed the written competency evaluation set or approved by the Registration Committee.
3. Subsequent to having met the requirement in paragraph 2, the applicant must have successfully completed a clinical competency evaluation set or approved by the Registration Committee, unless the applicant has successfully completed a program referred to in subparagraph 1 i.
4. An applicant who submits to an evaluation under paragraph 2 or 3 must pay the applicable fees.
5. The applicant must provide evidence satisfactory to the Registrar that the applicant will have professional liability insurance in the amount and in the form as required by the by-laws as of the anticipated date for the issuance of his or her certificate of registration. O. Reg. 36/12, s. 1.

(2) Where the program referred to in subparagraph 1 ii of subsection (1) was taken in Canada or the United States of America, the Registration Committee shall not consider it to be substantially equivalent to a program referred to in subparagraph 1 i of subsection (1) if the applicant completed the program on or after March 26, 2015. O. Reg. 36/12, s. 1.

(3) The College shall provide the applicant with a copy of the list of programs referred to in subparagraph 1 i of subsection (1) upon request. O. Reg. 36/12, s. 1.

(4) Where section 22.18 of the Health Professions Procedural Code applies to an applicant, the applicant is deemed to have met the requirements of subsection 29 (3), paragraphs 1, 2 and 3 of subsection (1) and paragraph 2 of section 32. O. Reg. 36/12, s. 1.

(5) Despite subsection (4), it is a non-exemptible registration requirement that an applicant referred to in that subsection, provide a certificate, letter or other evidence satisfactory to the Registrar or a panel of the Registration Committee that the applicant

is in good standing as a dental hygienist in every jurisdiction where the applicant holds an out-of-province certificate. O. Reg. 36/12, s. 1.

(6) Despite subsection (4), it is a non-exemptible registration requirement that, where an applicant referred to in that subsection is unable to satisfy the Registrar or a panel of the Registration Committee that the applicant practised the profession to the extent that would be permitted by a general certificate of registration at any time in the three years immediately prior to the date of the applicant's application, the applicant must, within 18 months before the day the general certificate of registration is issued, have successfully completed either,

- (a) a refresher course set or approved by the Registration Committee; or
- (b) a professional competency assessment as set or approved by the Registration Committee and, if recommended by the professional competency assessment, upgrading courses as set or approved by the Registration Committee. O. Reg. 36/12, s. 1.

(7) Despite subsection (4), a requirement set out in subsection 29 (3) or in paragraphs 1, 2 and 3 of subsection (1) or in paragraph 2 of section 32 will continue to apply to an applicant where that requirement is a requirement described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 36/12, s. 1.

(8) An applicant referred to in subsection (4) is deemed to have met the requirement in paragraph 3 of subsection 29 (4) where the requirements for the issuance of the applicant's out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 36/12, s. 1.

32. The following are registration requirements for a general certificate of registration:

- 1. Nothing in the applicant's conduct affords reasonable grounds for the belief that the applicant will not practise the profession safely and with decency, integrity and honesty, and in accordance with the law.
- 2. If the applicant completed a program referred to in paragraph 1 of subsection 31 (1) more than three years before the date of the application for registration, the applicant must,
 - i. within 18 months before the day the general certificate of registration is issued, have successfully completed either,
 - A. a refresher course set or approved by the Registration Committee, or
 - B. a professional competency assessment as set or approved by the Registration Committee and, if recommended by the professional competency assessment, upgrading courses as set or approved by the Registration Committee, or

ii. have been practising dental hygiene in any jurisdiction within the three years before the issuance of the certificate of registration in a manner that demonstrates that he or she could meet the current standards of practice in Ontario and provide the College with a certificate of professional conduct from any such jurisdiction.

3. The applicant must be a Canadian citizen or a permanent resident of Canada or be authorized under the *Immigration and Refugee Protection Act (Canada)* to engage in the practice of the profession. O. Reg. 36/12, s. 1.

33. The following are conditions of a general or specialty certificate of registration:

1. The applicant must be a Canadian citizen or a permanent resident of Canada or be authorized under the *Immigration and Refugee Protection Act (Canada)* to engage in the practice of the profession.

2. The member shall maintain professional liability insurance in the amount and in the form as required by the by-laws. O. Reg. 36/12, s. 1.

34. (1) The following are non-exemptible registration requirements for a specialty certificate of registration as a restorative dental hygienist:

1. The applicant must be the holder of a general certificate of registration.

2. The applicant must have,

i. successfully completed a program in restorative dental hygiene that at the time of the applicant's graduation was accredited by the Commission on Dental Accreditation of Canada or by the American Dental Association Commission on Dental Accreditation, or

ii. successfully completed a program in restorative dental hygiene that the Registration Committee considers to be substantially equivalent to the program referred to in subparagraph i.

3. If the applicant completed a program referred to in paragraph 2 more than three years before the date of the application for a specialty certificate of registration, the applicant must,

i. within 18 months before the day the specialty certificate of registration is issued, have successfully completed either,

A. a restorative dental hygiene refresher course set or approved by the Registration Committee, or

B. a professional competency assessment as set or approved by the Registration Committee and, if recommended by the professional competency assessment, upgrading courses as set or approved by the Registration Committee, or

- ii. have been practising restorative dental hygiene in any jurisdiction within the three years before the issuance of the certificate of registration in a manner that demonstrates that the applicant could meet current standards of practice in Ontario and provide the College with a certificate of professional conduct from any such jurisdiction.
 - 4. The applicant, other than an applicant who has successfully completed a program referred to in subparagraph 2 i, must have successfully completed a specialty evaluation set or approved by the Registration Committee and complied with all requirements associated with the evaluation, including payment of the relevant fees set by the by-laws. O. Reg. 36/12, s. 1.

(2) Where section 22.18 of the Health Professions Procedural Code applies to an applicant, the applicant is deemed to have met the requirements of subsection 29 (3) and of subsection (1). O. Reg. 36/12, s. 1.

(3) Despite subsection (2), it is a non-exemptible registration requirement that an applicant referred to in that subsection provide a certificate, letter or other evidence satisfactory to the Registrar or a panel of the Registration Committee that the applicant is in good standing as a dental hygienist with a specialty in restorative dental hygiene in every jurisdiction where the applicant holds an out-of-province certificate. O. Reg. 36/12, s. 1.

(4) Despite subsection (2), where an applicant referred to in that subsection is unable to satisfy the Registrar or a panel of the Registration Committee that the applicant practised restorative dental hygiene to the extent that would be permitted by a specialty certificate of registration as a restorative dental hygienist at any time in the three years immediately prior to the date of that applicant's application, that applicant must, within 18 months before the day the specialty certificate of registration as a restorative dental hygienist is issued, have successfully completed either,

- (a) a restorative dental hygiene refresher course set or approved by the Registration Committee; or
- (b) a professional competency assessment as set or approved by the Registration Committee and, if recommended by the professional competency assessment, upgrading courses as set or approved by the Registration Committee. O. Reg. 36/12, s. 1.

(5) Despite subsection (2), a requirement set out in subsection 29 (3) or in subsection (1) will continue to apply to an applicant where that requirement is a requirement described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 36/12, s. 1.

(6) An applicant referred to in subsection (2) is deemed to have met the requirement in paragraph 3 of subsection 29 (4) where the requirements for the issuance of the

applicant's out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 36/12, s. 1.

(7) For the purposes of paragraph 3 of subsection (1) and of subsection (4), "practised restorative dental hygiene" and "practising restorative dental hygiene" mean having performed restorative procedures for which an order would have been required under subsection 5 (2) of the Act if the procedures were performed in Ontario. O. Reg. 36/12, s. 1.

(8) The College shall provide the applicant with a copy of the list of programs referred to in subparagraph 2 i of subsection (1) upon request. O. Reg. 36/12, s. 1.

(9) Only a member who holds a specialty certificate shall use the title "restorative dental hygienist", a variation or abbreviation or an equivalent in another language. O. Reg. 36/12, s. 1.

35. (1) It is a non-exemptible registration requirement for an inactive certificate of registration that the applicant must,

- (a) be a member who has previously been the holder of a general certificate of registration;
- (b) meet the requirements of paragraphs 1, 2, 3 and 4 of subsection 31 (1) and the registration requirements of paragraphs 1 and 3 of subsection 29 (4) and paragraphs 1 and 3 of section 32; or
- (c) be an applicant to whom subsection 31 (4) applies, and meet the registration requirements of paragraphs 1 and 3 of subsection 29 (4) and of paragraphs 1 and 3 of section 32, with the exception that, where the requirements for the issuance of the applicant's out-of-province certificate of registration included language proficiency requirements equivalent to those required by paragraph 3 of subsection 29 (4), the requirements of that paragraph do not have to be met. O. Reg. 36/12, s. 1.

(2) It is a condition of an inactive certificate of registration that the member not practise as a dental hygienist in Ontario. O. Reg. 36/12, s. 1.

35.1 The College may issue and renew certificates of registration in the emergency class only where one or more of the following conditions are met:

1. The Minister has requested the College to issue and renew certificates of registration in the emergency class to qualified applicants.
2. Council has declared the existence of an emergency circumstance where it is in the public interest for the College to issue and renew certificates of registration in the emergency class to qualified applicants.

35.2 (1) An applicant for the issuance of a certificate of registration in the emergency class must meet the following non-exemptible requirements:

1. Satisfy the educational requirements set out in paragraph 1 of subsection 31(1).
2. Satisfy the requirement for professional liability insurance set out in paragraph 5 of subsection 31(1).
3. Be a Canadian citizen or a permanent resident of Canada or be authorized under the *Immigration and Refugee Protection Act* (Canada) to engage in the practice of the profession.

(2) It is a requirement for the issuance of a certificate of registration in the emergency class that within the three years immediately prior to submitting their application for registration, the applicant must

- (a) have satisfied the educational requirements of paragraph 1 of subsection 31(1); or
- (b) have been practising dental hygiene in any jurisdiction in a manner that demonstrates that they could meet the current standards of practice in Ontario and provide the College with a certificate of professional conduct from any such jurisdiction.

35.3 The following are conditions of a certificate of registration in the emergency class:

1. The member shall maintain professional liability insurance in the amount and in the form as required by the by-laws.
2. The member shall practise the profession only within the scope of their certificate.
3. The member shall practise the profession only under the supervision of a holder of a certificate of registration in the general or specialty class who is in compliance with the supervision requirements specified in the document entitled “Supervision of Emergency Class Registrants” posted on the College’s website as it may read from time to time.
4. The member shall at all times when providing professional services, identify themselves as practising under supervision.
5. The member shall use the title “Registered Dental Hygienist (Supervised)” or “RDH (Supervised)” or Hygiéniste dentaire autorisée (Supervisée) or HDA (Supervisée)

35.4 (1) Unless stated otherwise on the certificate, a certificate of registration in the emergency class expires one year after it is issued, unless it is renewed.

(2) Unless stated otherwise on the certificate, a renewed certificate of registration in the emergency class expires one year after it is issued, unless it is renewed again.

(3) Despite subsections (1) and (2), a certificate of registration in the emergency class expires six months after the earlier of

(i) the date the Minister withdraws their request that certificates of registration in the emergency class be issued or renewed, and

(ii) the Council declares that the emergency circumstances where it is in the interest of the public to issue and renew certificates of registration in the emergency class have ended.

35.5 A member who holds a certificate of registration in the emergency class may be issued a certificate of registration in the general class despite not having met the requirements set out in paragraphs 2 and 3 of subsection 31(1), if the member

(a) applies for a certificate of registration in the general class;

(b) satisfies all other requirements for a certificate of registration in the general class; and

(c) provides satisfactory evidence based on their practice for a period of at least one year under the certificate of registration in the emergency class that the member will practise competently and ethically even though practising without supervision.

36. (1) Subject to subsections (2) and (3), a member who holds an inactive certificate of registration may, upon application, be issued a general certificate of registration or, if appropriate, a specialty certificate of registration if the member continues to meet the requirements of subsection 29 (4) and paragraphs 1 and 3 of section 32 and meets at least one of the following registration requirements:

1. The member has practised dental hygiene within the previous three years and has done so in a manner that demonstrates that the member could meet the current standards of practice in Ontario.
2. The member has, within 18 months before the day the general or specialty certificate of registration is issued, successfully completed,

- i. a refresher course set or approved by the Registration Committee, or
- ii. a professional competency assessment as set or approved by the Registration Committee and, if recommended by the professional competency assessment, upgrading courses as set or approved by the Registration Committee. O. Reg. 36/12, s. 1.

(2) The member must provide evidence satisfactory to the Registrar that the applicant will have professional liability insurance in the amount and in the form as required by the

by-laws as of the anticipated date for the issuance of his or her general or specialty certificate of registration. O. Reg. 36/12, s. 1.

(3) If the member is applying for a general or specialty certificate of registration on the basis of having met the requirements of paragraph 1 of subsection (1) and the member has practised in a jurisdiction outside of Ontario during the preceding three years, the member must provide the College with a certificate of professional conduct from every jurisdiction in which he or she practised. O. Reg. 36/12, s. 1.

37. (1) If a member fails to provide the annual information return required by the by-laws, the Registrar may send the member notice that he or she must comply within 30 days of receiving the notice. O. Reg. 36/12, s. 1.

(2) If the member fails to provide an information return within 30 days of receiving the notice under subsection (1), the Registrar may suspend the member's certificate of registration. O. Reg. 36/12, s. 1.

(3) The Registrar shall lift the suspension of a certificate suspended under subsection (2) if the member provides the information required under the by-laws and pays any outstanding fees and penalties in an amount set out in the by-laws. O. Reg. 36/12, s. 1.

38. (1) The Registrar shall suspend the certificate of registration of a member holding a general or specialty certificate of registration who fails to comply with the condition set out in paragraph 1 or 2 of section 33. O. Reg. 36/12, s. 1.

(2) If the Registrar suspends a member's certificate of registration under subsection (1), the Registrar shall lift the suspension on,

- (a) the receipt of proof that section 33 is now being fully complied with; and
- (b) the payment of the fees set out in the by-laws. O. Reg. 36/12, s. 1.

39. (1) If the Registrar suspends or revokes a member's certificate of registration for failure to pay a prescribed fee, the Registrar shall lift the suspension or issue a new certificate on the payment of,

- (a) the fee the member failed to pay;
- (b) the reinstatement fee as required under the by-laws;
- (c) all outstanding fees, costs and expenses; and
- (d) any applicable penalties or other fees owing under the by-laws. O. Reg. 36/12, s. 1.

(2) If a person whose certificate of registration has been revoked or suspended as a result of disciplinary or incapacity proceedings applies to have a new certificate issued or the suspension lifted, and the Registrar is directed under the *Health Professions*

Procedural Code to issue the new certificate or lift the suspension, the Registrar shall do so on the payment of,

- (a) all outstanding fees, costs and expenses; and
- (b) any applicable penalties or other fees owing under the by-laws. O. Reg. 36/12, s. 1.

(3) A certificate of registration that has been suspended by the Registrar is deemed to have been revoked the day after the second anniversary of the event that gave rise to the suspension, if the suspension is still in effect at that time. O. Reg. 36/12, s. 1.

EXECUTIVE COMMITTEE REPORT

March 31, 2023

COMMITTEE MEMBERS

2022 Committee Slate (Until Jan. 20, 2023)

Professional Members

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

Public Members

Alex Greco
Margaret Wade

2023 Committee Slate (From Jan. 20, 2023)

Professional Members

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

Public Members

Erin Betts
Loree Beniuk

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

INTRODUCTION

Since its last report to Council, the Executive Committee met through videoconference on January 11, January 26, and February 22, 2023. Approved Executive Committee meeting minutes are available to Council via Board Effect in the 'Library'.

ITEMS FOR INFORMATION

CDHO Governance

The Executive planned the agendas for the March 30th Council workshop and the January 20th and March 31st Council meetings.

The Executive Committee reviewed the CDHO's Q4 Financial Report and no issues were raised.

The Executive Committee reviewed all 2023 Council Conflict of Interest forms.

Non-Council Committee Member Appointments

A call for Non-Council members for the Inquiries, Complaints and Reports committee was placed to fill a vacancy. The Executive reviewed 8 applications and appointed Dorothy Dziunikowski to the committee for a term of one year.

Committee Slates for 2023

The committee slates for 2023 were finalized and sent to Council members.

Orientation for Council Members

Krista Dufour attended an orientation for new Council members on January 19, 2023. Jennifer Cooper has been assigned as her mentor.

Council Code of Conduct

The Executive came to an informal resolution for one public Council member's conduct related to Bylaw No. 5, 3.7 (13) Council Members are expected to attend all meetings and to be punctual and (14) Council Members who are unable to attend a meeting shall inform the President and the Registrar/CEO of their expected absence and the reason for it. One additional public Council member's conduct in the same area is currently being considered.

The Executive Committee would like to emphasize that absences from meetings must be excused. Please notify the President, Chair or appropriate staff person of a potential absence from a Council or committee meeting.

For professional members:

As per Bylaw No. 5, 3.8 Disqualification of Council and Non-Council Members reads (1) The Council shall disqualify a Registrant from sitting on Council or a Committee or serving as a Non-Council Member if the Registrant: (c) subject to the discretion of Council to excuse the absence, fails, without reasonable cause, to attend two consecutive meetings of the Council or fails, for any reason, to attend three consecutive meetings of the Council;

For public members:

Bylaw No. 5, 3.8 Disqualification of Council and Non-Council Members reads (2) Jurisdiction for disqualifying a Public Member falls to the Lieutenant Governor in Council. The President on behalf of Council shall report to the Public Appointments Secretariat if a Public Member: (a) subject to the discretion of Council to excuse the absence, fails, without reasonable cause, to attend two consecutive regular meetings of the Council or fails, for any reason, to attend three consecutive meetings of the Council;

The Executive is currently in the process of considering the conduct of one public Council member related to Bylaw No. 5, 3.7 (6) Council Members will not attempt to exercise individual authority over the organization.

Council Effectiveness Report

The committee met with Deanna Williams and reviewed the draft report on Council effectiveness. The final report has been provided to Council members. Deanna Williams will be attending the March Council meeting to go over the findings.

DISCIPLINE COMMITTEE REPORT

March 31, 2023

COMMITTEE MEMBERS

Chair: Jacqueline White, Professional Member

Vice-Chair: Maheen Cassim, Professional Member

Professional Members (Council)

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

Public Members (Council)

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

Professional Members (Non-Council)

Amanda Acker
Siobhan Brennen
Gillian Dunn
Rowena Javier
Paula Malcomson

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

INTRODUCTION

Since its last report to Council in December 2022, the Discipline Committee held a plenary meeting on January 20, 2023, at which J. White and M. Cassim were acclaimed as the Chair and Vice-Chair of the Committee, respectively, for the 2023 Council term.

On February 27 and 28, 2023, the Discipline Committee held a joint orientation and training session with the Discipline Committee of the Royal College of Dental Surgeons of Ontario. This

was the first joint discipline training between the two Colleges. The two-day session was facilitated by independent legal counsel for each Discipline Committees (Luisa Ritacca, Stockwoods LLP, for RCDSO; Elyse Sunshine and Lonny Rosen, Rosen Sunshine LLP, for CDHO). The session was offered in a hybrid format, with participants attending both in person at a conference venue in downtown Toronto and online. A total of 30 Discipline Committee participants from both Colleges attended each day, in addition to support staff from both Colleges. The session was video recorded and will be made available to future members of the Discipline Committee for training and reference purposes. Attendees of the session are being asked to complete a feedback survey to help shape future orientation and training sessions.

ITEMS FOR INFORMATION – Related to Mandate

- The contested penalty hearing in CDHO v. Cynthia DeMarco was heard by a panel of the Discipline Committee on January 6, 2023. The panel ordered that the Registrant be revoked and that she pay costs to the College in the amount of \$15,549.85 over a period of 15 months. The panel issued its reasons for decision on February 23, 2023.

As of the date of writing (March 6, 2023), the following matters are currently pending before the Committee:

- CDHO v. Jessica Chaput was referred on November 30, 2022. Hearing dates are being scheduled.
- CDHO v. Angelita Maramag was referred on January 13, 2023. Hearing dates are being scheduled.
- The Registrant in CDHO v. Melissa Kapralos was revoked by order of the Discipline Committee in June 2017. The Registrant has applied to the Discipline Committee for the reinstatement of her Certificate of Registration. The matter will be heard by a panel of the Committee on March 27, 2023.

CONCLUSION

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

FITNESS TO PRACTISE COMMITTEE REPORT

March 31, 2023

COMMITTEE MEMBERS

Chair: Vacant

Professional Members (Council)

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

Public Members (Council)

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

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

INTRODUCTION

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

ITEMS FOR INFORMATION – Related to Mandate

The Fitness to Practise Committee has not met and panels of the Committee have conducted no hearings since the last report to Council in December 2022.

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT

March 31, 2023
(Reported to March 8, 2023)

COMMITTEE MEMBERS

Panel A

Chair: Jennifer Cooper

Professional Members (Council)

Michelle Atkinson (until January 26, 2023)
Maheen Cassim (from January 26, 2023)
Jennifer Cooper

Public Members (Council)

Loree Beniuk
Erin Betts

Professional Members (Non-Council)

Kim McNamara (until November 11, 2022)
Tonia Peachman-Faust (was on Panel B until January 26, 2023)
Larissa Voytek

Panel B

Chair: TBD

Professional Members (Council)

Caroline Lotz (until January 26, 2023)
Anne-Marie Conaghan (from January 26, 2023)
Mary Yeomans

Public Members (Council)

Meghan Leuprecht (until January 26, 2023)
Sasha Sidhu (from January 26, 2023)
Margaret Wade

Professional Members (Non-Council)

Julie Farmer
Dorothy Dziunikowski (from January 26, 2023)

Panel C

Chair: Loree Beniuk

Professional Members (Council)

Jennifer Cooper
Mary Yeomans

Public Members (Council)

Loree Beniuk

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

INTRODUCTION

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

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

| Panel A | Panel B | Panel C |
|--|------------------|---------------------------------------|
| November 18, 2022 November 30, 2022 | October 21, 2022 | January 13, 2023 February 22, 2023 |

A new member orientation session was held on February 28, 2023, and the ICRC as a whole met on March 8, 2023, for a full committee orientation and to elect a chair of the committee. Jennifer Cooper was acclaimed.

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 November 8, 2022).

| Number of investigations carried over from previous period(s) ¹ | | | |
|---|-------------------|----------------------------|---------------------|
| | Complaints | Registrar’s Reports | QA Referrals |
| Investigations commenced before November 8, 2022 | 10 | 13 | 1 |

| Intake of new investigations | | | |
|--|-------------------|----------------------------|---------------------|
| | Complaints | Registrar’s Reports | QA Referrals |
| November 8, 2022 to March 8, 2023 | 5 | 11 | 2 |

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

| Decisions made and finalized by ICRC | | | |
|--|--|--|---------------------|
| | Complaints Outcomes | Reports and Incapacity Outcomes | QAC Outcomes |
| November 8, 2022 to March 8, 2023 | No Further Action: 1 Guidance and Recommendations: 3 Alternative Dispute Resolution (ADR) Decision Ratified ² : 1 Specified Continuing Education or Remediation Program (SCERP): 4 | No Further Action: 2 Oral Caution and Undertaking: 1 Referral of Specified Allegations to Discipline: 3 | nil |

At the time of writing (March 8, 2023), one complaint matter and one report matter 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 |
| November 8, 2022 to March 8, 2023 | 6 | 1 | 2 Both Decisions and Reasons upheld by HPARB |

Incapacity

The ICRC is currently not dealing with any incapacity matters.

Timelines

The *Regulated Health Professions Act, 1991* states that complaints shall be disposed of within 150 days. However, if a complaint is not disposed of within 150 days, the ICRC does not lose jurisdiction to continue the investigation. A notice, however, must be provided to the complainant at 150 days and to all parties

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 the Health Professions Appeal and Review Board at 210 days. At 240 days and every thirty days thereafter, the College provides notice to the parties setting out the reason for the delay. Although these timelines only apply to complaints, the ICRC aims to dispose of all investigations using the same benchmarks of 150, 210 and 240 days. Reasons for a delay may be due to the complexity of the matter.

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

| Timeline | Complaints | Registrar's Reports | QA Referrals |
|----------------------|-------------------|----------------------------|---------------------|
| 150 days or less | 4 ³ | – | – |
| 151 days to 210 days | 2 | – | – |
| 211 days to 240 days | – | 1 | – |
| More than 240 days | 3 | 5 | – |

CONCLUSION

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

³ One matter was resolved via Alternative Dispute Resolution (ADR).

PATIENT RELATIONS COMMITTEE REPORT

March 31, 2023

Professional Members (Council)

Farzana Hussain

Maheen Cassim

Public Members (Council)

Sasha Sidhu

Meghan Leuprecht

Alex Greco

Professional Members (Non-Council)

Paula Malcomson

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

INTRODUCTION

The Patient Relations Committee has not met since the last Council meeting on Friday, January 20, 2023.

ITEMS FOR INFORMATION — Related to Mandate

No further information to report.

QUALITY ASSURANCE COMMITTEE REPORT

March 31, 2023

COMMITTEE MEMBERS

2022 Committee Slate (Until Jan. 20, 2023)

Professional Members

Terri Strawn (Chair)
Anne-Marie Conaghan
Farzana Hussain

Public Members

Angelica Palantzas
Margaret Wade

Non-Council Members

Julie Farmer
Tonia Peachman-Faust

2023 Committee Slate (From Jan. 20, 2023)

Professional Members

Terri Strawn (Chair)
Farzana Hussain
Vanessa Pereira

Public Members

Angelica Palantzas
Meghan Leuprecht

Non-Council Members

Julie Farmer
Tonia Peachman-Faust

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

INTRODUCTION

The Quality Assurance Committee met twice since the last Report to Council. The Committee met by video conference on January 17 and March 3, 2023.

ITEMS FOR INFORMATION – Related to Mandate

Welcome Emails

'Welcome to the Profession' notices were sent out by email on January 4, 2023, to 213 registrants who were registered between October 1, 2022, and January 1, 2023. The notice is designed to promote quality practice and to increase awareness of the CDHO resources available, such as the CDHO Knowledge Network, the practice advisors, and the Quality Assurance Program Self-Assessment and educational tools. This notice is sent by email to all new Registrants quarterly.

Quality Assurance Program Strategic Planning

A separate QA Strategic Planning Steering Committee was previously struck to move forward with developing a strategic plan for the future of the Quality Assurance program. In the meantime, no new Registrants have been selected to submit their QA records for assessment. Registrants are aware that they are expected to maintain their Quality Assurance records in accordance with the current *Guidelines for Continuing Competency*.

Quality Assurance Records Peer Review Statistics (as of March 8, 2023)

2023 Peer Assessment

Of the 44¹ quality assurance records requested

25 have met the assessment guidelines²

19 are in the assessment process⁴

0 are participating in directed learning/remediation

2023 Practice Reviews

Of the 0³ on-site practice assessments requested

0 have met the assessment guidelines²

0 are in the assessment process

0 are participating in directed learning/remediation

2022 Peer Assessment

Of the 2500¹ quality assurance records requested

2489 have met the assessment guidelines²

2 are in the assessment process⁴

9 are participating in directed learning/remediation

2022 Practice Reviews

Of the 20³ on-site practice assessments requested

14 have met the assessment guidelines²

1 is in the assessment process

5 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

March 31, 2023

Committee Members:

2022 Committee Slate

Caroline Lotz, Professional Member
Jacqueline White, Professional Member
Maheen Cassim, Professional Member
Pella Giabanis, Public Member
Loree Beniuk, Public Member
Vacant, Non-Council Member

2023 Committee Slate

Michelle Atkinson, Professional Member
Jacqueline White, Professional Member
Maheen Cassim, Professional Member
Pella Giabanis, Public Member
Margaret Wade, Public Member
Lisa Frisch, Non-Council Member

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

INTRODUCTION

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

ITEMS FOR INFORMATION – Related to Mandate

Registration Statistics

Since last reported to Council:

| | November 3, 2022 | March 6, 2023 |
|---------------------------------------|------------------|---------------|
| General Certificate of Registration | 13,197 | 13,071 |
| Specialty Certificate of Registration | 629 | 620 |
| Inactive Certificate of Registration | 798 | 864 |
| Total Registrants | 14,624 | 14,555 |
| Authorized to Self-Initiate | 6,642 | 6,617 |

Applications for Registration

Since the last report to Council, the College received 261 new applications for registration. Two applications required detailed review by the Registrar; one applicant was granted a Certificate of Registration, and the other was referred to a panel of the Registration Committee (Panel).

Registration Committee Meeting

A Panel met on January 18, 2023, to review a referral from the Registrar. 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 December 2, 2022:

- 247 applicants were registered to practise
- 26 previous registrants of the College were re-registered
- 17 registrants were reinstated (from suspended)
- 65 registrants were suspended
- 29 registrants were revoked for non-payment of fees
- 288 registrants resigned
- 105 registrants were authorized to self-initiate

EXAMINATIONS COMMITTEE REPORT

March 31, 2023

COMMITTEE MEMBERS

Chair: Larissa Voytek, Non-Council Member

Professional Members (Non-Council)

Fatimah Dato

Tonia Peachman-Faust

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

INTRODUCTION

The Examinations Committee has not met since the last Council meeting on December 2, 2022.

CONCLUSION

The Examinations Committee continues to fulfill its mandate.

President's Report to Council

March 31, 2023

President's Activities

January 11, 2023 – Executive meeting

January 12 – Phone meeting with Vice-President re: Council meeting

January 13 – Phone meeting with Registrar re: Council meeting

January 18 – Phone meeting with L. Beniuk re: Council meeting

January 20 – Phone meeting with Registrar re: Council meeting

January 26 – Executive meeting

January 27 – Phone meeting with Vice-President to discuss annual audit & Executive meeting

January 31 – Phone meeting with Director of Corporate Services re: audit preparation

January 31 – Phone meeting with Vice-President

February 21 – Phone meeting with Vice-President re: Executive committee meeting

February 22 – Executive meeting

February 24 – Phone meeting with Vice-President

February 28 – Phone meeting with M. Atkinson re: Council monitoring

March 1 – Phone meeting with Registrar re: monitoring

March 9 – Phone Meeting with M. Atkinson re: Council monitoring

March 10 – Phone Meeting with Vice-President re: Council monitoring

Expense Policy Exceptions

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

There were no expenses approved outside the policy allocation.

Council Monitoring

For the March 2023 Council meeting, the Executive committee agreed to split the Council monitoring reports. The monitoring reports were split as follows:

Terri Strawn 6.4 – Conduct Committee Terms of Reference: 1 – 3.1

Michelle Atkinson 6.1 – Executive Committee Terms of Reference: 1 – 3.1

Loree Beniuk 6.1 – Executive Committee Terms of Reference: 4 – 7.4

Erin Betts 6.1 – Executive Committee Terms of Reference: 8 – 9.3.1

Vanessa Pereira 6.1 – Executive Committee Terms of Reference: 9.4 – 9.10

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

Cost of Good Governance

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

Appendix 1

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

✓ Attended

✘ Did not attend

Appendix 2

Professional Council Members Honorarium and Expense Claim Submissions - Quarterly

For the Year ending December 31, 2022

| | Q1 HONORARIUM | Q1 EXPENSES | Q2 HONORARIUM | Q2 EXPENSES | Q3 HONORARIUM | Q3 EXPENSES | Q4 HONORARIUM | Q4 EXPENSES | TOTAL HONORARIUM | TOTAL EXPENSES |
|---|---------------|-------------|---------------|-------------|---------------|-------------|---------------|--------------|------------------|-----------------|
| Terri Strawn (president) | 3,372.30 | 0.00 | 2,928.25 | 0.00 | 1,878.10 | 0.00 | 3,066.20 | 411.63 | 11,244.85 | 411.63 |
| Vanessa Pereira (vice-president) | 2,419.50 | 0.00 | 2,146.20 | 0.00 | 1,370.50 | 0.00 | 1,871.00 | 0.00 | 7,807.20 | 0.00 |
| Michelle Atkinson | 3,249.00 | 0.00 | 2,431.00 | 0.00 | 1,701.50 | 0.00 | 1,738.00 | 0.00 | 9,119.50 | 0.00 |
| Caroline Lotz | 1,690.00 | 0.00 | 1,276.00 | 0.00 | 1,226.00 | 0.00 | 1,058.50 | 1,384.52 | 5,250.50 | 1,384.52 |
| Ann-Marie Conaghan | 1,407.00 | 0.00 | 1,969.00 | 0.00 | 1,124.00 | 0.00 | 893.00 | 0.00 | 5,393.00 | 0.00 |
| Jennifer Cooper | 1,840.00 | 0.00 | 1,842.00 | 0.00 | 1,636.00 | 0.00 | 1,020.00 | 1,162.31 | 6,338.00 | 1,162.31 |
| Carla Grbac | 1,049.00 | 0.00 | 1,665.00 | 0.00 | 1,779.25 | 0.00 | 1,432.00 | 798.58 | 5,925.25 | 798.58 |
| Jacqueline White | 1,049.00 | 0.00 | 1,357.00 | 0.00 | 766.00 | 0.00 | 816.00 | 721.08 | 3,988.00 | 721.08 |
| Maheen Cassim | 1,203.00 | 0.00 | 945.00 | 0.00 | 920.00 | 0.00 | 816.00 | 848.95 | 3,884.00 | 848.95 |
| Farzana Hussain | 1,561.00 | 0.00 | 1,099.00 | 0.00 | 408.00 | 0.00 | 1,224.00 | 0.00 | 4,292.00 | 0.00 |
| Mary Yoemans | 2,277.00 | 0.00 | 1,611.00 | 0.00 | 1,149.00 | 0.00 | 1,020.00 | 0.00 | 6,057.00 | 0.00 |
| Ilga St. Onge | 512.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 512.00 | 0.00 |
| Non-Council Professional Members (combined) | 2,531.00 | 0.00 | 1,890.00 | 0.00 | 1,692.00 | 0.00 | 1,020.00 | 0.00 | 7,133.00 | |
| | | | | | | | | TOTAL | 76,944.30 | 5,327.07 |

Includes claims for:

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

Registrar's Report

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

This report provides Council with a summary update on work that was done in between Council meetings and represents a report of this ongoing work since Council's last meeting on January 20, 2023.

Operations

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

Announced on March 2, 2023, the CDHO has entered into **space-sharing** agreements with the College of Dietitians of Ontario and the College of Denturists of Ontario. This space-sharing initiative, led by the CDHO, will operate under the banner of **HUB 601**. This initiative was undertaken to increase the utilization of the underutilized CDHO workspace and position the CDHO for the future of workspace utilization. We have developed a model of workspace sharing that will increase utilization of the CDHO space. The College of Dietitians of Ontario and the College of Denturists of Ontario will use the CDHO space as a physical address, use the Committee and Council meeting rooms as needed, and provide staff workspace as required. Since the CDHO and both CDO's work largely remotely, there is little capacity pressure put on the space itself. Consequently, the costs to the organizations and any income for the CDHO will be modest.

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

We continue with the examination of the existing **IT infrastructure** with attention to security, efficiency, and future capacity. We are currently interviewing vendors to assist with modernization of the College's legacy registrant database.

The revision of the College's **website** is underway. In addition to a review and redesign of the website framework/sitemap, staff are reviewing and grooming the material that currently exists on the website. Included in the website revision project is a **rebranding** of the CDHO organization. Barring unforeseen complications, we anticipate presenting the new website to Council at its June meeting.

Human Resources

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

Registrant Engagement

Practice Advisory Service

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

| | Calls | Emails | Total Enquiries | Top 3 Topics |
|---------------|-------|--------|-----------------|--|
| December 2022 | 85 | 80 | 165 | Billing Scope of Practice Patient Management Record Keeping Self-initiation Medical History |
| January 2023 | 149 | 91 | 240 | |
| February 2023 | 197 | 85 | 282 | |

Program Elements

Registration:

The CDHO currently has 14,579 Registrants (active + inactive). In conjunction with Pivotal Research, the Registration team is engaged in the development of an **applicant Application Process Experience survey** that is designed to characterize the experience of applicants as they engage with the CDHO during their initial Registration process. Such qualitative data will assist us in identifying opportunities for improvement in our application process. This endeavour supports the good governance principle of **accountability**.

Professional Conduct:

In our work with Pivotal Research, we have completed the taxonomy framework that will be used to extract data from our complaint files. This aggregate data is being examined for trends in complaints characteristics which can be used to direct Registrant resources designed to support quality assurance and continuing competence endeavours and the provision of safe, competent, and ethical care to the people of Ontario.

Pivotal Research is engaged with the Conduct team in the development of a **Complaint Process Experience feedback survey**. This survey tool will be used to evaluate the experience of individuals who submit complaints to the CDHO and Registrants respondents at touch points along the Complaint

management journey. The College has just completed a review of the complaints data reported by other Health Profession Regulators with a view to characterizing the broader, comparative complaints context.

There are currently 7 open complaint files; 21 open report matters (that include referrals from the Quality Assurance Committee and matters related to incapacity). There are 3 discipline matters, 1 hearing is scheduled and 2 hearings are in the process of being scheduled.

Quality Assurance Program Review / Strategic Planning Process:

Dr. Zubin Austin and his team have completed their interviews with the Key Informants. These interviews were designed to highlight areas of the Quality Assurance program and process that could be included in a Quality Assurance Program Strategic Plan. Following these interviews, the Steering Committee met March 22, 2023, to discuss the interview results. The Steering Committee will have a follow-up meeting in the first week of April. Once the Steering Committee has concluded its conversations regarding the Key Informant Survey information, the Quality Assurance Committee will be engaged to consider proposed elements of the Quality Assurance Program Strategic Plan. Following this consultation, Registrants will be consulted on the Strategic Plan elements. We anticipate this work being completed over the next 2–4 months.

Quality Assurance Resource Development

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

System Partner Representation

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

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

As a member of the Federation of Dental Hygiene Regulators of Canada, I represent the FDHRC on the new CDAC Board that was created when CDAC was cleaved off the Canadian Dental Association. This separation was carried out to remove the conflict of interest of an accrediting body functioning as an arm of a national dental association.

The current work of the CDAC Board is to develop the policy framework for the new organization and the fee structure for its accreditation services.

[Ontario Oral Health Professions Registrars](#)

The Registrars of the CDHO, CDO, RCDSO, and CDTO continue to meet monthly to discuss areas of common interest. The CDHO and RCDSO have recently collaborated on a combined Discipline Training initiative that was attended (virtually and in-person) by members of the Discipline Committees of both the CDHO and RCDSO. We are currently organizing a 4 Council combined education event that will focus on Indigenous Peoples, Reconciliation and Anti-Bias.

[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.

[Update – DEI Programming and Initiatives](#)

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

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

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

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

1. Combined Oral Health Professions Regulatory College collaborative strategies for increasing our Professions' and Organizations' awareness of the history and treatment of Inuit, Métis and First Nations peoples in Canada and opportunities and responsibilities around Reconciliation. The first of these events will be lead by First Peoples Group and will be a full day of presentations on the history of Indigenous Peoples, Reconciliation and Anti-Bias awareness and training. This will be a hybrid event with the in-person component occurring in downtown Toronto. This opportunity is provided to the Councils of the College of Dental Hygienists of Ontario, the Royal College of Dental Surgeons of Ontario, the College of Denturists of Ontario and the College of Dental Technologists of Ontario. This event is scheduled for Friday, May 26, 2023.

Future/Ongoing Initiatives

In the coming year, the CDHO will engage in several initiatives that are designed to provide quantitative and qualitative information on any experiences of individual or systemic racism, inequity or bias in the context of Oral Hygiene care and service in Ontario or in the context of regulation of the profession of Dental Hygiene. Clearly, this is a complex, multi-faceted area of study. The CDHO's approaches in the coming year will be to continue with Council, Staff, and Registrant Education around issues of racism, bias, equity and inclusion faced by individuals in the Dental Hygiene ecosystem. In addition to this continuing education that supports quality improvement, the CDHO will also be engaged in collecting quantitative and qualitative data on the experience of racism, systemic bias, inequity or systemic bias in Dental Hygiene by both Registered Dental Hygienists and the client/patient population. Some of these data-gathering initiatives include:

1. With the assistance of Pivotal Research Group who are conducting process experience surveys for our Complaints Process and our Registration Application process, we are including specific questions in these process experience surveys to provide applicants with an opportunity to identify if they experienced racism or specific or systemic bias during either of these processes.
2. In conjunction with Pivotal Research and DEI consultants, the CDHO is constructing a Registrant survey that is designed to collect demographic information so that the CDHO organization can better understand the diversity within its Registrants. This survey will also include questions that are designed to assess the magnitude of experiences of racism experienced by Registered Dental Hygienists.
3. Following on the heels of the Voice of the Patient survey introduced to Council at its December 2, 2023 meeting, the CDHO will further engage with patient populations through Pivotal Research to more critically explore experiences of racism, bias or inequity in the context of Dental Hygiene care delivery.
4. The CDHO has committed to funding an initiative that will provide the entire Registrant pool of over 14,500 Registered Dental Hygienists with access to "the Path – Your Journey Through Indigenous Canada", an online program consisting of 6 modules made up of videos and quizzes that focus on the First Nations, Inuit and Métis peoples of Canada. The program serves as an introduction to the history of Indigenous peoples and their relationship with European settlers, the British Crown and the Dominion of Canada. This program will be available to all Registrants beginning April 1, 2023.
5. In partnership with the Health Profession Regulators of Ontario of which the CDHO is one of 26 member Colleges, we are supporting the development and implementation of an Equity Impact Assessment (EIA) tool that has been drafted by the HPRO Anti-Racism Working Group. This EIA tool will provide Colleges with a means to assess their DEI activities in the context of measures

articulated in the CPMF report. In addition, this EIA tool will provide Health Profession Regulators with the opportunity to standardize characterization and assessment of College DEI Initiatives.

Gathering Dental Hygiene Health Workforce Data

The CDHO is in active discussion with Accessing Centre for Expertise (ACE) to develop a strategy for obtaining a more detailed understanding of workforce data for Registered Dental Hygienists in Ontario. This data will be used in support of the CDHO's regulatory role and provision of guidance for the profession, policy makers, and the public. Oral Health Workforce data is essential to our understanding of access to care.

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

OWNERSHIP LINKAGE COMMITTEE REPORT

March 31, 2023

COMMITTEE MEMBERS

2022 Committee Slate (Until Jan. 20, 2023)

Professional Members

Carla Grbac, Chair
Jennifer Cooper

Public Members

Martin Iyamabo
Margaret Wade

2023 Committee Slate (From Jan. 20, 2023)

Professional Members

Carla Grbac, Chair
Krista Dufour

Public Members

Martin Iyamabo
Margaret Wade

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

INTRODUCTION

The Ownership Linkage Committee met on July 11, 2022, August 22, 2022, and September 13, 2022.

ITEMS FOR INFORMATION

The Ownership Linkage Committee met three times in 2022 and developed a plan that effectively engages the moral owners, working alongside the CDHO and Pivotal Research. The results from this research were presented during the December 2022 meeting. The Ownership Linkage Committee will be meeting soon to review the data that was gathered from the Pivotal Research survey and will present a summary during the Council meeting on June 2, 2023.

Council BRIEFING NOTE

| | |
|-----------------------|---|
| Meeting date: | March 31, 2023 |
| Agenda item: | Emergency Class of Certificate of Registration |
| Appendices: | Proposed Amendments to Registration Regulation – Consultation Package |
| References: | Health Professions Procedural Code, ss. 16.3, 95 Ontario Regulation 508/22 (Registration Requirements) |
| Owner: | Council |
| Staff support: | Registrar & CEO Director, Registration & Professional Conduct |

Public Interest Rationale

Through recent amendments to the Code, the Government of Ontario has mandated that all Health Profession Regulatory Colleges create an Emergency Class of Certificate of Registration. The Emergency Class is intended to enable Colleges to register health professionals quickly in times of urgent need, such as, but not limited to, during a public health crisis.

Issue:

As a result of recent amendments to the *Health Professions Procedural Code* (“Code”), being Schedule II to the *Regulated Health Professions Act, 1991*, it is mandatory for all Health Profession Regulatory Colleges to establish an Emergency Class of Certificate of Registration.

At its January 20, 2023 meeting, the CDHO Council approved, in principle, the proposed amendments to the College’s Registration Regulation that would establish the Emergency Class of Certificate of Registration and directed that these proposed amendments be circulated to members and key stakeholders for consultation. The consultation opened on January 25, 2023 and closed on March 27, 2023. The College has received 30 submissions by email.

Background:

Legislative Requirements for an Emergency Class

Bill 106 (*Pandemic and Emergency Preparedness Act, 2022*), which came into effect in April 2022, made amendments to the Code that, among other things, mandate all Health

Profession Regulatory Colleges to establish an Emergency Class of Certificate of Registration.

Ontario Regulation 508/22 (Registration Requirements) sets out the required attributes of the Regulation establishing the Emergency Class of Certificate of Registration, as follows:

1. It must specify the circumstances that will cause the class to be open for registration.
2. It must specify that the Emergency Class of Certificates of Registration expire no more than one year after they are issued, but they are renewable for the same period, with no limit on the number of renewals, as long as the emergency circumstances persist.
3. It must specify circumstances in which a holder of an Emergency Certificate of Registration may apply for another class of Certificate of Registration and it must exempt the applicant from at least some of the registration requirements that would ordinarily apply.

The above-listed requirements come into effect on **August 31, 2023**. The Ministry has advised the College that to ensure its regulatory amendments are passed by the legislated timeline, the College must have its proposed amendments submitted to the Ministry no later than **May 1, 2023**.

Overview of Proposed Emergency Class

The Health Professions Regulators of Ontario (HPRO) engaged Richard Steinecke of the law firm Steinecke Maciura LeBlanc to develop a template for the required emergency class that could inform the regulatory amendments of individual Colleges. To the extent possible, the proposed amendments to the CDHO Registration Regulation follow this template.

Given that the purpose of the Emergency Class is to provide an expedited route to registration during urgent circumstances, certain entry-to-practice requirements must be exempted to make it effective. The Ministry is unlikely to approve amendments that fail to provide a simplified route to registration in the emergency class that can be completed in a short timeframe. At the same time, adequate core requirements must be retained to ensure public safety. The proposed amendments strive to balance these two competing factors.

The proposed amendments exempt applicants to the Emergency Class from having to complete the entry-to-practice examinations (both the National Dental Hygiene Certification Examination ["NDHCE"] and the Canadian Performance Exam in Dental Hygiene ["CPEDH"]), both of which are only offered at set intervals during the year. This amendment ensures that applicants do not have to wait for the next sitting of the entry-to-practice examinations to be registered when there is emergent/urgent need for

registration. The proposed amendments maintain the remaining registration requirements and impose a condition on members of the emergency class to only practise under the supervision of a Registrant in the General or Speciality class. This amendment ensures that applicants to the Emergency Class have completed the relevant education. Once registered in the Emergency Class, these Registrants will be limited to supervised practice. The details of supervision requirements will be established through College policy.

As required by law, the proposed amendments must also exempt members of the emergency class who subsequently apply for a General Certificate of Regulation from some of the registration requirements that would ordinarily apply. As a result, the proposed amendments also provide a route for members of the Emergency Class to apply for a Certificate of Registration in the General Class, without having completed the entry-to-practice examinations, based on a minimum period of supervised practice of one year.

In summary, the proposed amendments achieve the following:

1. Create a new Emergency Class of Certificate of Registration.
2. Set out that the Emergency Class of Registration is only available where
 - a. The Minister requests the College to begin issuing and renewing Emergency Certificates, or
 - b. The Council declares that emergency circumstances exist that make it in the public interest for the College to begin issuing and renewing Emergency Certificates.
3. Specify that applicants to the Emergency Class must meet the following non-exemptible requirements:
 - a. Have completed the same educational requirements as for a General Certificate of Registration.
 - b. Show proof of Professional Liability Insurance coverage.
 - c. Be a Canadian citizen, a permanent resident, or otherwise authorized to work in Canada.
4. Specify that applicants to the Emergency Class must meet the following exemptible requirements:
 - a. Have graduated from their educational program or practised dental hygiene in any jurisdiction within the previous three years.
5. Establish the following conditions for holders of an Emergency Class of Certificate of Registration:
 - a. Hold Professional Liability Insurance in the form required by the by-laws.
 - b. Practise the profession only under the supervision of a Registrant who holds a General or Specialty Certificate of Registration.
 - c. Identify themselves as practising under supervision while offering dental hygiene services.
 - d. Use the title "Registered Dental Hygienist (Supervised)" or "Hygiéniste dentaire autorisée (supervisée)"

6. Set out that Emergency Certificates of Registration expire
 - a. after one year, subject to renewal, or
 - b. after six months, if the Minister withdraws their request or the Council declares that emergency circumstances no longer exist.
7. Enable the holder of a Certificate of Registration in the Emergency Class to apply for a Certificate of Registration in the General Class despite not having completed the entry-to-practice examinations, if they
 - a. Satisfy all other registration requirements

Provide satisfactory evidence based on their practice for a period of at least one year that they will practise competently and ethically without supervision.

Source of Authority: Subsection 16.3(1)¹ of the Code provides that “Council shall make regulations under clause 95(1)(b) establishing an Emergency Class of Registration.” Subsection 16.3(2) further provides that the Emergency Class of Registration must meet the requirements established by the Minister through regulation.

Subsection 95(1) of the Code authorizes the Council to make regulations, subject to the approval of the Lieutenant Governor in Council and with prior review of the Minister, respecting certain matters, including

- (a) Prescribing classes of Certificates of Registration and imposing terms, conditions and limitations on the Certificates of Registration of a class;
- (b) Respecting applications for Certificates of Registration or classes of them and the issuing, suspension, revocation and expirations of the certificates or classes of them; and
- (c) Prescribing standards and qualifications for the issue of Certificates of Registration.

Subsection 95(1.4) requires that all proposed regulations made under subsection 95(1) be circulated to all registrants of the College at least 60 days before they are approved by Council.

Consultation

The proposed amendments were circulated to registrants for the 60-day consultation period prescribed by the Health Professions Procedural Code of the *Regulated Health Professions Act (1991)*. A notice of the proposed amendment was posted on the College website and an invitation to all registrants and other stakeholders to participate in the review, and consultation process was sent via email.

A total of [31 comment submissions](#) were made. One third of the respondents supported the proposed amendments. Many respondents were unclear when the Emergency Class would be needed for the dental hygiene profession and questioned the need for

¹ Section 16.3 will come into effect on a date to be proclaimed by the Lieutenant Governor; it is expected to come into effect on August 31, 2023.

establishing an Emergency Class Certificate of Registration. Some respondents expressed concerns with exempting applicants from having to complete the entry-to-practice examinations.

Next steps: Council is being asked to approve the proposed amendments to the Registration Regulation.

Decision:

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

Moved:

Seconded:

Vote:



College of
Dental Hygienists
of Ontario

Protecting your health and your smile

Stakeholder Feedback

Certificate of Registration
Emergency Class

From: ■■■■■
To: feedback@cdho.org
Subject: Re:Feedback - Certificate of Registration - Emergency Class
Date: Sunday, February 26, 2023 1:27:30 PM

[You don't often get email from ■■■■■. Learn why this is important at <https://aka.ms/LearnAboutSenderIdentification>]

These comments are from an individual.

I feel that there is not a real shortage of hygienists. I feel it's just dentists that are not willing to pay a fair wage with decent work conditions. I feel dentists want to flood the market so they can hire at very low wages. If a dentist is willing to pay a fair wage they would have lots of options. I know a lot of hygienist in bad working conditions that can't get out as they can't find other work.

Not for this hiring on mass as to flood the market as we saw with independent colleges.

Sent from my iPhone

From: M [REDACTED]
To: feedback@cdho.org
Subject: Re:Feedback - Certificate of Registration - Emergency Class
Date: Thursday, February 23, 2023 12:36:16 PM

[You don't often get email from [REDACTED]. Learn why this is important at <https://aka.ms/LearnAboutSenderIdentification>]

My comments are on behalf of myself only.

In regards to the proposed amendments for “Emergency Class of Certificate of Registration” and the consequences that occur during a public health crisis (such as COVID), can be very beneficial to healthcare professionals to have the option to apply for an Emergency class certificate when urgently needed. As we know after completion of the dental hygiene program at a college, it is a requirement to pass the NDHCB in order to apply for general class registration to practice dental hygiene legally. Although, it states on the Emergency Class Certificate Registration, “the proposed amendments exempt applicants to the Emergency Class from having to complete the entry-to-practice examinations (both National Dental Hygiene Examination and the Canadian Performance Exam in Canada, that are both offered at set intervals during the year”, I think it’s important that these registrants are required to complete the same educational requirements as for a General Certificate of Registration, being supervised by a RDH and must use the title “Registered Dental Hygienist (Supervised)”, proof of professional liability insurance coverage and being a Canadian citizen/permanent residence/otherwise authorized to work in Canada in order to obtain this type of certificate, the safely to protect the public is our priority as dental professionals. Although, it states under “enable the holder of a certificate of registration in the emergency class to apply for a certificate of registration in the general class despite not having completed the entry-to-practice examinations”, I think it’s important to have proof of successful completion of the NDHCB in order to become registered for general class certification, no matter the circumstances.

[REDACTED]

From: [REDACTED]
To: feedback@cdho.org
Subject: NO !! to Emergency Class of Certificate of Registration.
Date: Saturday, February 11, 2023 10:46:30 AM

You don't often get email from [REDACTED]. [Learn why this is important](#)

I do not agree with the proposed amendment for the emergency class of certificate of registration for new graduate hygienists.

The profession of Dental Hygiene is not an emergency under a "Pandemic" situation. During the first few months of COVID our office was closed and there were no emergency Dental Hygiene services needed. I have practiced for over 333 years and worry that our long and difficult effort to become a respected profession, separate from Dentists, will be taking a step backward if "emergency" Dental Hygienist's are allowed to practice without passing board exams, not to mention the quality of Dental Hygienists that may be allowed to practice.

[REDACTED]

From: [REDACTED]
To: feedback@cdho.org
Subject: Re:Feedback - Certificate of Registration - Emergency Class
Date: Wednesday, February 8, 2023 4:05:46 PM

You don't often get email from [REDACTED]. [Learn why this is important](#)

Hello. I have been a Dental Hygienist for over 35 years. We have needed to submit very detailed and time consuming Quality Assurance Portfolios over many years. It sounds like these 'temporary' emergency dental hygienists will not need to do this at all. They will not be held to the same high standard of care that is necessary and safe as those already practicing. It appears like they will not have the same professional responsibility as present practicing Dental Hygienists. I spend a lot of time adding to my portfolio, and it does not seem that this will be expected of these temporary employees, unless I am mistaken after reading your information. R

From: [REDACTED]
To: feedback@cdho.org
Subject: Re:Feedback - Certificate of Registration - Emergency Class
Date: Friday, February 3, 2023 7:43:28 PM

[You don't often get email from [REDACTED]. Learn why this is important at <https://aka.ms/LearnAboutSenderIdentification>]

On behalf of my self only as registered Dental Hygienist, I fully support the emergency class .
E. M [REDACTED]

Sent from my iPhone

From: A [REDACTED] SR
To: feedback@cdho.org
Subject: Emergency class registration
Date: Friday, January 27, 2023 11:18:38 PM

You don't often get email from [REDACTED]. [Learn why this is important](#)

The Emergency class registration will be unfair to all of the Hygienist in Ontario, who are writing a portfolio every 5 years, taking expansive courses, paying high tuition for their education and working hard to keep their license.
So, with this being said don't agree with Emergency class registration.

From: [REDACTED]
To: feedback@cdho.org
Subject: Certificate of Registration - Emergency Class
Date: Friday, January 27, 2023 3:14:18 PM

You don't often get email from [REDACTED] [Learn why this is important](#)

Hello,

I am writing on behalf of myself, a member of the CDHO since 2009, authorized to self-initiate. I do not support the Emergency Class Certificate of Registration.

There is no lack of Registered Dental Hygienists in Ontario, we didn't go anywhere. We were busy being overworked, underpaid, taken advantage of, verbally abused and disrespected. We had no job protection, sick pay, or compassion during the Pandemic (or any time really) and struggled some days to get to work with no alternatives and no flexibility from employers. And some of us decided that didn't work for us anymore.

Dentists are now 'surprised' they can't treat us like animals - or machines anymore. Instead, they are on the receiving end of interviews. There are absolutely no rules in private practice to protect the human resource offences that go on every single day from employers. If you think for one second the business in dentistry is not profit first, client second, you've been out of private practice for too long.

Expediting Emergency Certificates will not only undermine the hard work the rest of us were required to do in order to obtain our Registration, but open the floodgates for potentially harming the public. This will produce a saturation of Hygienists and the demand for jobs will open the doors for cutting corners - my number one concern is client care and infection prevention. It will add an even bigger blow to the insulting wages we've been pigeon-holed into and allowing for more abuse to continue.

I'm not typically one to voice my displeasure publicly about my profession, especially to the CDHO, with the worry of repercussions, however it's been a long 3 years.

Respectfully yours,

RDH

From: [College of Dental Hygienists of Ontario](#)
To: feedback@cdho.org
Subject: FW: Certificate of Registration - Emergency Class / Certificat d'inscription - Catégorie d'urgence
Date: Thursday, January 26, 2023 8:55:17 AM

From: S [REDACTED] P [REDACTED] <[REDACTED]>

Sent: Wednesday, January 25, 2023 10:37 PM

To: College of Dental Hygienists of Ontario <info@cdho.org>

Subject: Re: Certificate of Registration - Emergency Class / Certificat d'inscription - Catégorie d'urgence

You don't often get email from [REDACTED]. [Learn why this is important](#)

Hello,

How do I register for this?

Thank you!

S [REDACTED].

From: College of Dental Hygienists of Ontario
To: feedback@cdho.org
Subject: FW: Certificate of Registration - Emergency Class / Certificat d'inscription - Catégorie d'urgence
Date: Thursday, January 26, 2023 8:54:58 AM

From: P [REDACTED] L [REDACTED] <[REDACTED]>
Sent: Wednesday, January 25, 2023 7:36 PM
To: College of Dental Hygienists of Ontario <info@cdho.org>
Subject: Re: Certificate of Registration - Emergency Class / Certificat d'inscription - Catégorie d'urgence

Maybe Peterson's mom could get her licence as a nurse and make way more money.

Sent from my iPad

From: [College of Dental Hygienists of Ontario](#)
To: feedback@cdho.org
Subject: FW: Certificate of Registration - Emergency Class / Certificat d'inscription - Catégorie d'urgence
Date: Thursday, January 26, 2023 8:54:21 AM

From: H [REDACTED] W [REDACTED] <[REDACTED]>
Sent: Wednesday, January 25, 2023 6:14 PM
To: College of Dental Hygienists of Ontario <info@cdho.org>
Subject: Re: Certificate of Registration - Emergency Class / Certificat d'inscription - Catégorie d'urgence

You don't often get email from [REDACTED]. [Learn why this is important](#)

Hello,

I'm trying to wrap my head around how they deem it ever needed to require more hygienists in "emergency" situations as we are predominantly preventative-based. We are not first responders nor do we deal with dental emergencies as we can't even prescribe a simple radiograph within our scope. This makes no sense at all.

Thank you,

H [REDACTED]

On Wednesday, January 25, 2023, College of Dental Hygienists of Ontario <info@cdho.org> wrote:

From: [College of Dental Hygienists of Ontario](#)
To: feedback@cdho.org
Subject: FW: Certificate of Registration - Emergency Class / Certificat d'inscription - Catégorie d'urgence
Date: Thursday, January 26, 2023 8:54:05 AM

From: C [REDACTED] M [REDACTED] <[REDACTED]>
Sent: Wednesday, January 25, 2023 2:30 PM
To: College of Dental Hygienists of Ontario <info@cdho.org>
Subject: RE: Certificate of Registration - Emergency Class / Certificat d'inscription - Catégorie d'urgence

Hello,

I am an independent senior dental hygienist, and I know that dentists have difficulties finding Hygienists, and keep on asking those that don't want to work in Private Practice anymore. I support this idea very much, as it seems there are strict requirements and supervision in place. The way I feel is, it will give those Hygienists another chance to prove their expertise and potentially help the public to maintain optimal Oral Hygiene, which becomes very difficult when working Hygienists are overbooked, and confronted with shorter appointment time. My personal experience, which led me to resign.

I believe we should follow the rest of Canada that also recruits Physicians and Specialists to our hospitals. The exposure to client care will improve their skills, and can help many Canadians.

Sincerely

[REDACTED] RDH

Sent from [Mail](#) for Windows

From: C [REDACTED] M [REDACTED]
To: feedback@cdho.org
Subject: Re:Feedback - Certificate of Registration - Emergency Class
Date: Thursday, January 26, 2023 8:24:27 AM

[You don't often get email from [REDACTED]. Learn why this is important at <https://aka.ms/LearnAboutSenderIdentification>]

Absolutely Ridiculous, we don't save lives!

Sent from my iPhone

From: [REDACTED]
To: feedback@cdho.org
Subject: Re:Feedback - Certificate of Registration - Emergency Class
Date: Wednesday, January 25, 2023 10:54:02 PM

You don't often get email from [REDACTED]. [Learn why this is important](#)

Hi,

My name is P [REDACTED] J [REDACTED].

My question is, who would benefit from this bill in our field?? What advantages will a hygienist have as opposed to what is done now??

Thank-you

Kind regards,

P [REDACTED] J [REDACTED]

From: [REDACTED]
To: feedback@cdho.org
Subject: Re:Feedback - Certificate of Registration - Emergency Class
Date: Wednesday, January 25, 2023 9:54:10 PM

You don't often get email from [REDACTED]. [Learn why this is important](#)

Hi ,

Very optimistic and positive about this opportunity I'm dental hygienist graduated from accredited college in Ontario that during Covid I've been having a lot challenging experience with my National dental Hygiene board exam not having good luck with passing the exam yet. Looking forward to heard more about this opportunity.

P [REDACTED] A [REDACTED]

Sent from my Galaxy

From: Z [REDACTED]
To: feedback@cdho.org
Subject: Re:Feedback - Certificate of Registration - Emergency Class
Date: Wednesday, January 25, 2023 7:42:51 PM

You don't often get email from [REDACTED] [Learn why this is important](#)

Hi, my name is Z [REDACTED].

I'm an RDH.

I submitting my opinion on amendments.

I DISAGREE with the proposal emergency class act for a certificate of registration.

Dental hygienist are not nurses or medical doctors who are in high demand in pandemic.

I don't think we need it, especially knowing that the situation with COVID-19 pandemic is greatly improved.

Please consider my vote .

Thank you.

Z [REDACTED]

From: A [REDACTED] D
To: feedback@cdho.org
Subject: Feedback - Certificate of Registration - Emergency Class
Date: Wednesday, January 25, 2023 7:10:48 PM

You don't often get email from [REDACTED] [Learn why this is important](#)

To whom it may concern,

Will these *Emergency Class* registrants be required to satisfy the requirements of a 25 hour/year Professional Portfolio as all Ontario Registrants are required to do?

Thank you,
A [REDACTED] D [REDACTED], RDH

From: V [REDACTED] T [REDACTED]
To: feedback@cdho.org
Subject: Re:Feedback - Certificate of Registration - Emergency Class
Date: Wednesday, January 25, 2023 6:21:23 PM

[You don't often get email from [REDACTED]. Learn why this is important at <https://aka.ms/LearnAboutSenderIdentification>]

This is such a great news and makes me so happy as I've been inactive member since I left Canada in 2005 and have not had a chance to practice in Canada where I served my patients and practiced from 1994 to 2005.

I am now in process of writing my Australian certificate (ADC) and truly appreciate this emergency addition and wish they did this in Australia as well . I have been waiting to write the written exam for over 2 years as we moved to Australia from China during pandemic. I haven't had a chance to practice what I have been trained fully in USA and worked for 27 years as dental Hygienist. This waiting period has been so unnecessary as I could have easily practiced under direct supervision while preparing to take my written and practical license and getting fully certified. It's really disheartening for me with all the years of experience to take jobs as dental assisting to gain Australian experience. As I was reading this message and read the majority of the proposal I started shading tears of joy . Hoping this proposal gets approved and many qualified dental Hygienists who have completed their degree don't have to wait till they pass National boards to practice .

This is so exciting

Warm Regards,

V [REDACTED] T [REDACTED]

I totally vote for this new proposal.

The following are prescribed as classes of certificates of registration:

1. General.
2. Specialty. 3. Inactive.
4. Emergency
- O. Reg. 36/12, s. 1.

From: L M
To: feedback@cdho.org
Subject: Re:Feedback - Certificate of Registration - Emergency Class
Date: Wednesday, January 25, 2023 3:59:27 PM

You don't often get email from [REDACTED] [Learn why this is important](#)

I dont understand the rationale behind this amendment at all?

The ministry wants to "in a pandemic" scenario, allow registration to new graduates that haven't sat any board exams? In a public emergency setting, you want to expedite registration to students that barley know how to scale teeth and handle high stress settings as is???

I would think that in the case of another "pandemic", as we recently witnessed, there are more important things to worry about than expediting and bypassing current STANDARDS just to hand out registrations. And to have them supervised by another hygienist?...in a public emergency setting??? That doesn't make sense to add more responsibility to a hygienist in an already stress overloaded environment.

Pandemics dont last for ever.

If you want to make an amendment then might I suggest you create

"Emergency NDHCE/CPEDH sittings" where the CDHO takes on the responsibility of opening up and offering more exam availability, expedite the exam appointments and gradings rather than the registration to students that haven't been properly tested.

This would take the burden of supervision off the already properly registered RDH and ensure properly vetted new grads.

CDHO is focused on the public's interest... skipping national board exams is not in the public's best interest (as you can see from your records of failed attempts).

Offering more exam availability sounds a lot more like public interest being served.

Much regard,

L M [REDACTED]

From: T [REDACTED] S [REDACTED]
To: feedback@cdho.org
Subject: Re:Feedback - Certificate of Registration - Emergency Class
Date: Wednesday, January 25, 2023 2:31:47 PM

You don't often get email from [REDACTED] [Learn why this is important](#)

On behalf of myself as an RRDH and member of the College for 23 years, I see no concern with this proposed amendment.

Sincerely,

T [REDACTED] S [REDACTED]

From: N [REDACTED] G
To: feedback@cdho.org
Subject: Re: Certificate of Registration - Emergency Class / Certificat d'inscription - Catégorie d'urgence
Date: Wednesday, January 25, 2023 1:48:09 PM
Importance: High

You don't often get email from [REDACTED]. [Learn why this is important](#)

feedback@cdho.org

Hello

Myself, I 100% disagreed with this.

We work very hard to get a registration and to maintain that registration.

This will turn into a loop hole that people can get an easy registration.

There is too many Hygienists in Ontario as it is and people leave the profession because they cannot find work or leave the province as I had to. Sure would have been nice to come home but there is no work. Now to allow quick access just does not seem right and does not sit well in my thoughts.

To allow this will take away work from Hygienist who have tried for years to get work.

Just my thoughts

N [REDACTED] G [REDACTED]
[REDACTED]

From: [REDACTED]
To: feedback@cdho.org
Subject: Re:Feedback - Certificate of Registration - Emergency Class
Date: Wednesday, January 25, 2023 12:30:50 PM

[You don't often get email from [REDACTED]. Learn why this is important at <https://aka.ms/LearnAboutSenderIdentification>]

This is way to lawyer talk.

Sent from my iPhone

From: D [REDACTED]
To: feedback@cdho.org
Subject: Re:Feedback - Certificate of Registration - Emergency Class
Date: Wednesday, January 25, 2023 11:22:52 AM

You don't often get email from [REDACTED]. [Learn why this is important](#)

I agree that there needs to be an expedited manner in which Health Care Professionals can enter practice.

However, not requiring successful completion of the examinations is NOT the way to accomplish this goal, for two reasons:

Number 1:

In reality, "under supervision" means that the new graduate would ask a senior Hygienist a question about procedure or whatever concerns she may have. It does not mean that the senior Hygienist is directly providing supervision or guidance to the new graduate. It basically "cuts the new graduate loose" to do her job.

Number 2:

I am surprised that my College would put the public at risk by allowing a Dental Hygiene student that has not passed the professional examinations to treat the public! I personally know a Hygiene student that completed her education successfully, but could not pass the examinations. I would not want to see someone like that treating patients!

I strongly suggest that you increase the frequency of the examinations to allow for proper certification. Perhaps offer the examinations 4 times /year, or more if needed!
This would allow for increased Dental Hygienists, without putting the public at risk.

Thank you for your consideration of my feedback.

Regards,

D [REDACTED] R [REDACTED] RDH, BSc

From: E [REDACTED]
To: feedback@cdho.org
Subject: Re:Feedback - Certificate of Registration - Emergency Class
Date: Wednesday, January 25, 2023 10:29:41 AM

[You don't often get email from [REDACTED]. Learn why this is important at <https://aka.ms/LearnAboutSenderIdentification>]

Hello

I strongly disagree with allowing this to happen. As this is not need for dental hygiene, as it is for nurses. There are many of us and this will only set us back in wages that we have been fighting for by flooding the market with new registrants. Please do not do this.

Thank you
E [REDACTED] L [REDACTED] RDH

Sent from my iPhone

From: S [REDACTED] P [REDACTED]
To: feedback@cdho.org
Subject: Re:Feedback - Certificate of Registration - Emergency Class
Date: Wednesday, January 25, 2023 10:29:15 AM

[You don't often get email from [REDACTED] Learn why this is important at <https://aka.ms/LearnAboutSenderIdentification>]

Good morning... just finished reviewing the proposed amendment with the Emergency Class.

I think it suitably allows for quick implementation of an Emergency class certificate without compromising the safety to the public and the standards that RDH's in Ontario pride ourselves on. It's hard to imagine what type of emergency could arise that would warrant such a requirement, but we all know it's always best to think ahead and be prepared.

I would like to say that I appreciate the expiry date of the emergency class certificate, and it doesn't seem as though it would be easy to game the system for general class certification.

Regards,

S [REDACTED] P [REDACTED]

Sent from my iPhone

From: [REDACTED]
To: feedback@cdho.org
Subject: Re:Feedback - Certificate of Registration - Emergency Class
Date: Wednesday, January 25, 2023 10:28:48 AM

You don't often get email from [REDACTED]. [Learn why this is important](#)

I read over everything in the HERE link and the email, but what actually does this mean we do? Like it doesn't list anything extra we would be doing or anything at all. It just goes over who qualified and if insurance covers us and the duration. But I don't understand what this actually means. What is different with this emergency certificate?

Thanks

[REDACTED]

Sent from [Mail](#) for Windows

From: R [REDACTED] C [REDACTED]
To: feedback@cdho.org
Subject: Re:Feedback - Certificate of Registration - Emergency Class
Date: Monday, March 13, 2023 10:56:10 AM

You don't often get email from [REDACTED]. [Learn why this is important](#)

As an Independent Dental Hygienist in Ontario I would like to bring forward a few comments about the proposed Certificate of Registration-Emergency Class.

". At the same time, adequate core requirements must be retained to ensure public safety. The proposed amendments strive to balance these two competing factors. "

I would like these "core requirements" defined more clearly. Who determines these?

We must as fellow registrants and the Public know and believe that the same standards of practice are being maintained in the emergency situation. with these registrants.

"The proposed amendments maintain the remaining registration requirements and impose a condition on members of the emergency class to only practise under the supervision of a Registrant in the General or Speciality class"

I would like this to be clarified also. Is the supervision to be "direct" (on the premises) or indirect? (a call in supervision, a type of mentee supervision etc?)...and would this be another hygienist?

4. . "Specify that applicants to the Emergency Class must meet the following exemptible requirements: a. Have graduated from their educational program or practised dental hygiene in any jurisdiction within the previous three years."

Since this proposal is based on an emergency I would suggest that the word OR be removed and substituted with the word AND. When I look at all the rules, regs, bylaws etc that we in Ontario MUST abide by, I need to know and the public also, that these same rules apply to these emergency registrants. They must also be held responsible for ALL sterilization protocols as directed to us.

"Identify themselves as practising under supervision while offering dental hygiene services. d. Use the title "Registered Dental Hygienist (Supervised)" or "Hygiéniste Dentaire Autorisée (Supervisée)"

My question here is "How will this be addressed". I believe that a member of the public deserves to know this before having treatment performed. So, a name tag, sign on the wall or a brief introduction by the supervising member. If a bank or store trainee needs to be identified as such, should this emergency registrant not be also? Also, will the supervising registrant be responsible for this emergency registrant?

"(c) provides satisfactory evidence based on their practice for a period of at least one year under the certificate of registration in the emergency class that the member will practise competently and ethically even though practising without supervision."

Since we are evidence based on EVERYTHING we do as hygienists, how will this be obtained , submitted, what are the guidelines for this and who will approve this document?

R [REDACTED] C [REDACTED] RDH BSc

For the record, in the past some hygienists have used capital letters and/or bolded text in their writings and were accused by a past registrar as "shouting or using an aggressive tone" In no means was this my intention...it is for emphasis only. I understand that the written word can be misinterpreted, hence the clarification of my writing here.

Also the above comments were on behalf of myself only.

From: [REDACTED]
To: feedback@cdho.org
Subject: Bill 106
Date: Saturday, March 18, 2023 3:59:24 PM

You don't often get email from [REDACTED]. [Learn why this is important](#)

Hello

“Fundamental ethical obligations of the Dental Hygienist:

The Public – is entitled to knowledgeable, skilled and accountable dental hygiene care....

The Profession – members to maintain the standards of practice and uphold professional conduct and ethical behaviour...

Other Health Professions -members shall collaborate and share information with other health professions to enhance client care...

The Individual – must act within the individual’s level of competence and within the scope and standards of practice.

CDHO Mission statement – regulate the practice of dental hygiene in the interest of the overall health and safety of the public of Ontario”

My comments: Ontario dental hygiene educators should be the deciding factor if issuing an emergency class registration.

If a potential registrant has graduated in Canada then a 2 week updating course is a starting point then individualized training i.e. focus on practical skills

If a potential registrant has graduated outside of Canada then a 4 week updating course should be their starting point then individualized training.

Monitoring of the emergency class registrants by educators every 6 months then 12 months until all skills are satisfied at a high competency.

The public needs to know that steps were put in place for their best interest.

Warm regards,

G [REDACTED] M [REDACTED] (inactive DH)

From: R [REDACTED] L [REDACTED]
To: feedback@cdho.org
Subject: Re:Feedback - Certificate of Registration - Emergency Class
Date: Sunday, March 19, 2023 11:32:52 AM
Attachments: [Feedback in regards to the Ontario Emergency class of registration CDHO.docx](#)

You don't often get email from [REDACTED]. [Learn why this is important](#)

Attached is my feedback in regards to the Emergency Class Registration and screenshots of Oral Group Magazine. Please read in full.

R [REDACTED] L [REDACTED]

Feedback in regards to the Ontario Emergency class of registration CDHO

I understand that the Ontario government has asked the Regulated Health Prof. Colleges to have an "Emergency class of registration".

First and foremost I would like to clearly voice my opinion that there is NO LACK OF HYGIENISTS. There is a clear LACK OF RESPECT from both employers (D.D.S) and also the CDHO. I will be sending a screen shot of the published text from "Oral Health Group" written by Dr. Marina Polensky that was shared by CEO of "tempstar" -D.D.S Dr. James Younger. Just a small excerpt " Gone are the days when hygienists would take a day here and a day there just to fill their schedules..." The lack of respect for RDH in this province is evident.

By expediting the registration process you are once again lowering the standards for RDH'S in this province never mind as a whole in this country. Ontario RDH's already have the least amount education within this country the standards do not need to be lowered.

My feelings in regards to lack of respect from the CDHO to the registrants has been expressed multiple times in writing to Dr. Pettifer himself. If you would like to see my concerns about the CDHO to registrants please ask the registrar for previous correspondences.

In the Emergency act I can see that the National exam will be deferred to which lowering the standards in that regards isn't a good option. since the passing rate of the NDHCE in this province VS. other provinces is much lower to begin with.

Within the "Act" it states that the RDH with an Emerg Class registration will have to be supervised. Doesn't that defeat the purpose? If there is someone to supervise why doesn't that RDH do it themselves and if a D.D.S. supervises the registrant then there are two professionals for one "controlled act" doesn't seem feasible for a business.

Clearly there is a need for this "Act" which should be very telling about the way the registrants feel. There have been many hygienists that have left the profession. We are taking a stand against these types employer (as noted above) and the disrespect shown. We are no longer tolerating a wage of \$35 an hour whereas the western provinces are making \$50-\$65. The discrepancy is astronomical hence why RDH's are leaving this province to go to another.

By rushing the registration process the CDHO will be further encouraging the saturation of the RDH market. Through research there is a clear indicator that when this occurs it devalues the profession which in the end hurts the profession since registrants may be willing to "cut corners" to be competitive enough to get the job which is NOT IN THE BEST INTEREST OF THE PUBLIC. There is a fine balance one to which does not need to be upset.

If the CDHO feels like there is " a lack of hygienists" it's time to look at the overall happiness and well being of the registrant within the profession and make the required changes. The CDHO itself has been a MAJOR stressor for all RDH within Ontario between the "Portfolio" having the most required CE hours with the least amount of education. The constant threat the CDHO portrays instead of working with RDH

like most regulatory body's the CDHO chooses threats, intimidation, fear based antiquated ruling. Without changes from the CDHO there will be no change. You can accept as many registrants as you want but until we are treated with respect Registrants will continue to leave the Profession and the revolving door problems will continue.

My name is R [REDACTED] L [REDACTED] registration number [REDACTED] If you require more information about concerns and problems that have been brought CDHO attention, read my file.

Thanks for your time, hopefully things start to change.

R [REDACTED] L [REDACTED] RDH.

Staff shortage: yet another challenge to overcome

Dr. Marina Polonsky, DDS, MSc

EDITORIAL



Just when we thought that we had the PPE shortage issue under control, had put up barriers, air purifiers and made sure our patients felt safe to come back to the office for treatment, here comes yet another hurdle we must overcome – NO STAFF!

What happened to all the assistants and hygienists who used to send resumes, asking for jobs, willing to accept part time positions in multiple offices, just to have enough hours per week to pay the bills? Some decided to retire early at the beginning of the COVID-19 pandemic, others decided that working with aerosols is too dangerous and found new employment outside of the dental field. Colleges offering RDA and RDH training were not able to graduate their 2020 and 2021 classes on time due to the restrictions and the inability of the new grads to work with patients to satisfy their minimal graduation requirements. Some colleges even closed or went out of business.

Here in Ottawa, our nation's capital, we have another problem: all our bilingual staff sooner or later ends up applying for the government jobs in order to secure more benefits and job security and retirement income. Small businesses, like dental offices, cannot compete with everything a government job has to offer. We can only say: "You will be bored there. Dentistry is fun and exciting and fast paced, patients' interactions are both challenging and rewarding at the same time."

The tables have turned! My office had to lose a wonderful hygienist due to medical condition which prevented her from sitting for any length of time – she was in pain and her doctor advised her to look for another career. After advertising and setting up 3 interviews with new graduates, I realized that I am not interviewing them, rather they are interviewing me and the office.

They demand a starting salary which I have never heard of for a new grad with zero experience, with convenient hours, close to home, and if your office does not have the latest bells and whistles, then forget it.

Another hygienist was offered an extra \$10/hour and left just to realize that more money perhaps comes with more issues: getting to know new groups of co-workers, patients, dentists, and management. Sometimes more money is not everything and the grass is not always greener on the other side. This begs a question: is it ethical to poach staff from another dental office by offering significant raises, signing bonuses and/or tuition paid? Of course, if your staff is happy, they are not looking for a new position, but it is difficult to turn down a \$10/hr raise or \$10,000 in your pocket. And what are you supposed to do as a manager or practice owner if your hygienist comes to you and says: "If you can match the offer, I'll stay, if not then here is my two-week notice"?

What will happen in a couple of years when this situation stabilizes with more new grads looking for jobs again? Will we have to let go of the staff members who took advantage of the current shortage to secure an unfair raise?

I would like to continue this discussion further with Dr. James Younger, my UofT'99 classmate and founder and CEO of TempStars. Maybe he can shed some light on my concerns and offer some, if not solutions, then at least words of wisdom. (see page 10 for Dr. Younger article)

Marina Polonsky graduated from the University of Toronto with the Dean's Gold Medal of Achievement, and is a member of Omega Kappa Upsilon Honorary Dental Society and Alpha Omega International Dental Fraternity. Since 1993, Dr. Polonsky maintains a private general practice in Ottawa, Canada, with focus on multi-disciplinary treatment utilizing lasers of different wavelengths. Dr. Polonsky holds a Mastership with WCL (World Clinical Laser and Imaging) Institute, Mastership in Diode and Erbium lasers from AALZ (Aachen Dental Laser Center), Master of Science in Lasers in Dentistry degree from RWTH University in Aachen, Germany. She holds Advanced Proficiency Certificate and Mastership Certificate with ALD (Academy of Laser Dentistry) and is a recognized member of the ALD Speaker Bureau. She is a founder of the Canadian Dental Laser Institute (CDLI). She is a KOL and a Clinical Mentor for Biolase Technologies Inc. and has been involved in the development of the newest all-tissue laser system, Waterlase Express. Dr. Polonsky is the author of multiple scientific papers, reviews and case reports on the uses of lasers in dentistry, she serves on the editorial advisory boards for J-LAD (Journal of Laser-Assisted Dentistry) and LDS (Lasers in Dental Science) by Springer.

Oral Health is pleased to present the voices of our Editorial Advisory Board members in this forum, which allows writers to share their personal thoughts, opinions, viewpoints and experiences. We want to ensure our tradition of serving our readers the very best in clinical and editorial content continues and we thank all the members of our Editorial Advisory Board for their efforts in making this happen. We welcome your comments and feedback. Feel free to share your thoughts with us through letters to the editor (amy@newcom.ca).

@ORALHEALTHGROUP

@ORALHEALTHGRP

GROUP.COM

From: [Marg Harrington](#)
To: feedback@cdho.org
Cc: [Marg Harrington](#)
Subject: Re:Feedback - Certificate of Registration - Emergency Class
Date: Monday, March 20, 2023 11:31:33 AM
Attachments: [CDHO Emergency Class of Registration - ODHA Feedback March 20 2023 FINAL.pdf](#)

Good Morning,

Attached please find our response to the consultation on the establishment of the Emergency Class of Registration.

Kind regards,

Marg

Marg Harrington, MHS, MHE
Chief Executive Officer
Ontario Dental Hygienists' Association
mharrington@odha.on.ca
905-681-8883 or 1-800-315-6342



March 20, 2023

Terri Strawn
President
College of Dental Hygienists of Ontario
North Tower, Suite 601
175 Bloor Street East
Toronto, ON M4W 3R8

Dear Terri:

We are pleased to provide our feedback on the draft regulations to establish an Emergency Class of Registration.

We understand the government is requiring all health regulatory colleges to establish this class of registration and it will be invoked only at the request of the Minister of Health or CDHO's Council declaring an emergency circumstance that make it in the public interest to issue or renew Emergency Class certificates.

Given this new class of registration is mandatory, our feedback will not be related to whether or not this class of registration should be established. Instead, our feedback will focus the specific policies related to implementation.

We hope the CDHO will consider the following as it moves forward in development of the specific policies directing implementation of this new class of registration:

Declaration of an Emergency:

- What constitutes an emergency?
- What criteria will be developed in advance in order to assess whether an emergency exists?

Supervision:

We are pleased the proposed regulations require the supervisor to be a Registered Dental Hygienist in the General or Specialty Class.

The role of the supervisor and the type of oversight are critical. How will CDHO ensure the following:

- Adequate training of supervisors (training of supervisors will be required since being an excellent clinician does not ensure excellence at supervision)?
- Calibration of supervisors (e.g., consistency in evaluation so regardless of who is evaluating the registrant in the Emergency Class, there would be consistency in evaluation outcomes)?
- What type of supervision will be required (e.g., direct or indirect supervision)?

- What level of oversight by the supervisor will be sufficient to allow adequate observation and evaluation of the registrant in the Emergency Class?
- The draft regulation identifies after one year of supervised practice in the Emergency Class, an individual can apply for registration in the General Class. Is it one year full-time or part-time of supervised practice? What number of supervised hours are required and what constitutes an hour of “practice?”

Pathway to Registration in General Class:

The government is requiring regulatory bodies to establish a pathway for registrants in the Emergency Class to be able to apply for registration in the General Class without meeting all the standard requirements for registration in the General Class. CDHO’s proposed amendments exempt registrants in the Emergency Class from the requirement to complete the entry to practice examinations (both the National Dental Hygiene Certificate Examination (NDHCE) and the Canadian Performance Exam in Dental Hygiene (CPEDH).

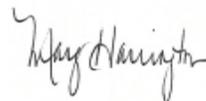
- What level of supervision (a **subjective** type of evaluation) would adequately substitute the **objective** evaluation of entry to practice competencies that are measured through the entry to practice exams required for registration in the General Class?
- What type of evidence will be sufficient to ensure the registrants in the Emergency Class are competent to practise in the General Class (i.e., without supervision)?
- Will any terms, conditions or limitations be placed on the registrant once the individual moves to the General Class (e.g., will they be required to practice in the same practice setting in which they practised under supervision)?
- Will registrants initially registered in the Emergency Class of Registration be eligible to use the hours they practised under supervision towards the 3200 hours required for eligibility to apply for self-initiation under Stream One in the Standard for Authorization to Self-Initiate Profession-Specific Acts?

Thank you for the opportunity to provide input in the development of the Emergency Class of Registration. Please do not hesitate to contact us if you have any questions regarding our feedback.

Sincerely,



Jody Allen, RDH
President



Marg Harrington, MHS, MHE
Chief Executive Officer

c. Glenn Pettifer, Registrar & Chief Executive Officer

From: [Tilley, Erin](#)
To: feedback@cdho.org
Subject: feedback on the Emergency Class regulations
Date: Friday, March 24, 2023 3:12:37 PM
Attachments: [CNO Response re Emergency Class CDHO.pdf](#)

You don't often get email from etilley@cnomail.org. [Learn why this is important](#)

Hello:

Thank you for the opportunity to provide feedback on your draft Emergency Class regulations. Please see our feedback attached.

Feel free to reach out if you would like to discuss (Anne Marie's contact information is also in the attached response).

Erin

Erin Tilley, MN, BHSc, RN, PMP, FRE
Manager, Regulatory Policy and Research
College of Nurses of Ontario | www.cno.org
416 928-0900, ext. 7534

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March 23, 2023

By E-mail

The College of Dental Hygienists of Ontario
175 Bloor St E Suite 601, North Tower
Toronto, ON M4W 3R8

To Whom It May Concern:

Re: Feedback on proposed Emergency Class regulations

The College of Nurses of Ontario (CNO) is grateful for the opportunity to provide feedback on your draft Emergency Class regulations. In particular, we are providing feedback on section 35.5.

A valid, reliable and secure entry examination supports safe practice. As regulators, we are accountable for ensuring that only those who demonstrate the competence can practice autonomously as practitioners (i.e. your general class certificate of registration). The entry exam is an objective assessment, assessing in a standardized way whether an individual will have the knowledge, skill and judgement to practice safely.

Literature links an entry examination to patient safety. For example, studies have investigated the correlation between national registration exam performance and patient safety¹. Studies show those who score lower on the exam are at greater risk of providing an unacceptable quality of patient care. For example, they are subject to higher rates of

¹ Cuddy, M.M., Young, A., Gelman, A., Swanson, D., Johnson, D.A., Dillon, G.F., & Clauser, B.E. (2017). Exploring the relationships between USMLE performance and disciplinary action in practice: A validity study of score inferences from a licensure examination. *Academic Medicine*, 92(12), 1780-1785. DOI: 10.1097/ACM.0000000000001747; Kinney, C.L., Raddatz, M.M., Sliwa, J.A., Clark, G.S., & Robinson, L.R. (2019). Does performance on the American Board of Physical Medicine and Rehabilitation initial certification examinations predict future physician disciplinary actions? *American Journal of Physical Medicine & Rehabilitation*, 98(12), 1079-1083. DOI: 10.1097/PHM.0000000000001250; Norcini, J., Boulet, J.R., Opalek, A., & Dauphinee, W.D. (2014). The relationship between licensing examination performance and the outcomes of care by international medical school graduates. *Academic Medicine*, 89(8), 1157-62. doi: 10.1097/ACM.0000000000000310; Tamblyn, R., Abrahamowicz, M., Dauphinee, D., Wenghofer, E., Jacques, A., Klass, D., Smee, S., Blackmore, D., Winslade, N., Girard, N., Du Berger, R., Bartman, I., Buckeridge, D. L., & Hanley, J. A. (2007). Physician scores on a national clinical skills examination as predictors of complaints to medical regulatory authorities. *JAMA*, 298(9), 993-1001. <https://doi.org/10.1001/jama.298.9.993>; Wenghofer, E., Klass, D., Abrahamowicz, M., Dauphinee, D., Jacques, A., Smee, S., Blackmore, D., Winslade, N., Reidel, K., Bartman, I. & Tamblyn, R. (2009). Doctor scores on national qualifying examinations predict quality of care in future practice. *Medical Education*, 43(12), 1166-1173. <https://doi.org/10.1111/j.1365-2923.2009.03534.x>

complaints and reports with disciplinary action taken. This speaks to the importance of this objective registration requirement with respect to safe patient care.

While we appreciate applicants will have to take the examination during set intervals in the year, demonstrating competence before practicing autonomously is important to patient safety. Emergency circumstances *may* include a need to support health human resource needs; however, given emergency circumstances would have ended if the individual is seeking to transition to the general class, we believe it is a greater risk to the public to waive this public safety mechanism (compared with the need for applicants to wait for one of the examination intervals). Thus, we recommend amending section 35.5 in your draft regulation.

Thank you again for the opportunity to provide input. Should you require further information, or if you wish to discuss our recommendation, please contact [REDACTED]
[REDACTED]

Sincerely,

Silvie Crawford, RN, BHScN, LLM-Health Law
Executive Director and CEO

/et

From: [Gauthier, Jacques](#)
To: feedback@cdho.org
Cc: [Lortie, Jean-Francois](#); [Rey El Fatih, Laurence](#)
Subject: Commentaires de l'OHDQ sur le Certificat d'inscription - Catégorie d'urgence
Date: Monday, March 27, 2023 3:09:52 PM
Attachments: [image002.png](#)
[image003.png](#)
[2023-03-27_Let_reponse_consultation_OHDO_categorie_urgence_OHDQ.pdf](#)

Bonjour,

Veillez trouver ci-joint les commentaires de l'Ordre des hygiénistes dentaires du Québec relatifs à votre consultation sur le Certificat d'inscription - Catégorie d'urgence.

Cordialement,



Jacques Gauthier, erg., M.A.P., ASC

Directeur général et secrétaire

Ordre des hygiénistes dentaires du Québec

606, rue Cathcart, bureau 700

Montréal (Québec) H3B 1K9

Téléphone : 514 284-7639 ou 1 800 361-2996, poste 202

Télécopieur : 514 284-3147

jgauthier@ohdq.com

www.ohdq.com





Montréal, le 27 mars 2023

PAR COURRIEL

Ordre des hygiénistes dentaires de l'Ontario

175, rue Bloor Est, Tour Nord, bureau 601

Toronto (Ontario) M4W 3R8

feedback@cdho.org

Objet : Commentaires de l'Ordre des hygiénistes dentaires du Québec (l'OHDQ) dans le cadre de la consultation des parties prenantes quant à la création d'une catégorie d'inscription d'urgence

Madame,
Monsieur,

Suivant la réception de votre courriel du 25 janvier 2023, l'OHDQ a pris connaissance des modifications apportées au règlement d'inscription de votre ordre afin d'établir la catégorie d'urgence du certificat d'inscription (ci-après le « Règlement d'inscription ») en conformité avec les exigences du Projet de loi 106 (*Loi de 2022 sur la préparation aux pandémies et aux situations d'urgence*) entré en vigueur en avril 2022.

À cet effet, nous souhaitons pouvoir contribuer à la consultation en vous faisant part des commentaires qui suivent.

Dans un premier temps, l'OHDQ comprend très bien les enjeux et les défis que la pandémie a mis en lumière dans les divers domaines de la santé et le besoin de trouver des pistes de solution novatrices afin d'offrir les soins et les traitements requis par la population. Bien que les modifications proposées semblent chercher à répondre à cet objectif, nous soumettons avec respect que certaines d'entre elles suscitent de sérieuses préoccupations, notamment sur le plan de la protection du public et du respect de l'entente sur la mobilité de la main-d'œuvre en hygiène dentaire signée en vertu de l'Accord de libre-échange canadien.

I — La notion d'urgence : un champ d'application trop large (art. 35.1)

D'abord, la notion « d'urgence » n'est pas définie au Règlement d'inscription. Ainsi, sans définir les situations d'urgence qui peuvent donner ouverture à l'émission d'un tel type de certificat et sans garde-fou, une portée très large pourrait y être attribuée. Il semble qu'une très grande discrétion soit ainsi laissée aux autorités gouvernementales ou à l'Ordre des hygiénistes dentaires de l'Ontario (ci-après l'« **Ordre** »), alors que cette mesure, par sa nature, ne devrait être qu'exceptionnelle, puisqu'elle permet à des personnes n'ayant pas répondu à toutes les exigences d'admission d'obtenir un certificat d'exercice.



Ainsi, nous recommandons fortement que la notion d'urgence soit clairement définie.

II — Conditions et modalités du certificat : quelques imprécisions (art. 35.3)

L'article 35.3 du Règlement d'inscription prévoit différentes conditions pouvant être rattachées au certificat d'inscription d'urgence. Le paragraphe 2 de cet article stipule que : « *The member shall practise the profession only within the scope of the certificate* ». Cette condition nous paraît large et fort imprécise. À titre d'exemple, y aurait-il lieu d'exclure d'emblée certaines activités réservées qui comportent un haut risque de préjudice ? Est-il question de limiter les activités professionnelles que le détenteur du certificat pourra exercer ? Dans un tel cas, de quelle manière seront établies ces limitations au droit de pratique ? Est-il prévu que le détenteur d'un certificat d'urgence ne puisse pas exercer les activités professionnelles liées à la catégorie d'inscription « spécialité » ? Ainsi, la disposition pourrait être précisée en indiquant que l'Ordre détermine alors, parmi les activités professionnelles que peuvent exercer des hygiénistes dentaires de l'Ontario, celles qui peuvent être exercées par le détenteur d'un tel permis.

III — Révocation du certificat d'urgence (art. 35.4)

Outre ce que prévoit déjà l'article 35.4 du Règlement d'inscription, il pourrait être judicieux de prévoir le pouvoir de l'Ordre de révoquer en tout temps un tel certificat dans le cas d'un manquement par exemple.

VI — L'obtention du certificat d'inscription de la catégorie générale (art. 35.5)

Il est prévu que le détenteur d'un certificat d'urgence puisse obtenir un certificat d'inscription de la catégorie générale sans satisfaire à certaines exigences d'admission, notamment s'il démontre, sur la base d'une année sous supervision, qu'il exercera la profession avec compétence et éthique. De quelle manière sera faite cette preuve ? Un mécanisme est-il prévu à cet effet pour évaluer, autrement que par l'examen national, la compétence du détenteur ?

De plus, qu'en est-il des détenteurs d'un certificat d'urgence dont la portée des activités professionnelles aura été limitée ? Ce détenteur pourra-t-il obtenir un certificat d'inscription de la catégorie générale sans avoir exercé certaines activités professionnelles au cours de son année de supervision ?

V — Enjeux liés à la mobilité de la main-d'œuvre

En dernier lieu, les modifications proposées suscitent plusieurs questions quant à l'application du chapitre 7 de l'Accord de libre-échange canadien (ALÉC). En effet, il nous apparaît que les organismes de réglementation des autres provinces et territoires seront potentiellement contraints à devoir reconnaître le certificat d'urgence, bien que son titulaire n'ait pas satisfait à toutes les exigences d'admission normalement requises. Dans le contexte où le certificat d'urgence fait l'objet d'une supervision et de



restrictions, il semble que les organismes auront à déterminer si la même restriction ou la limitation, ou encore une mesure similaire, peut lui être imposée dans le territoire ou la province d'accueil conformément à l'article 705 alinéa 4 d). Cette exigence pourrait occasionner de grands défis en pratique. À titre d'exemple, la notion de supervision à l'égard de membres de la profession n'est actuellement pas une mesure fréquente et implantée dans la profession d'hygiéniste dentaire au Québec.

Par ailleurs, la même préoccupation est présente pour les personnes qui passeraient du certificat d'urgence à un certificat d'inscription de la catégorie générale, notamment pendant la période où ces derniers devront exercer sous la supervision d'une hygiéniste dentaire.

Comme l'accord de mobilité signé par les organismes de réglementation provinciaux n'avait pas prévu cette forme de certificat d'inscription qui déroge aux principes usuels de délivrance des permis, une réouverture de l'entente pourrait être nécessaire.

VI — Conclusion

Nous espérons que ces quelques commentaires sauront contribuer à l'objectif visé par ces modifications, tout en préservant la protection du public quant à la compétence des hygiénistes dentaires.

L'Ordre demeure à votre entière disposition pour répondre à toute question ou tout commentaire concernant la présente ou aux fins de vous fournir toute information complémentaire utile et nécessaire.

Nous vous prions de recevoir nos salutations distinguées.

Jean-François Lortie, H.D., B. Ed.
Président

[unofficial translation]

Montreal, March 27, 2023

College of Dental Hygienists of Ontario
175 Bloor Street East, North Tower, Suite 601
Toronto, ON M4W 3R8
feedback@cdho.org

Subject: Comments from the *Ordre des hygiénistes dentaires du Québec (OHDQ)* for the stakeholder consultation on the creation of an Emergency Class of Registration

Dear Sir or Madam,

Following receipt of your email of January 25, 2023, the OHDQ has become aware of the amendments to your College's Registration Regulation to establish the Emergency Class of Certificate of Registration (hereinafter the "Registration Regulation") in accordance with the requirements of Bill 106 (*Pandemic and Emergency Preparedness Act, 2022*) which came into force in April 2022.

To this end, we would like to contribute to the consultation by providing the following comments.

As a first step, the OHDQ fully understands the issues and challenges that the pandemic has brought to light in the various health care fields and the need to find innovative ways to provide the care and treatment required by the population. While the proposed amendments appear to address this objective, we respectfully submit that some of them raise serious concerns, particularly in terms of public protection and compliance with the Dental Hygiene labour mobility agreement signed under the Canadian Free Trade Agreement.

I – The notion of emergency: too broad a scope (s. 35.1)

First, the notion of "emergency" is not defined in the Registration Regulation. Thus, without defining the emergency situations that may give rise to the issuance of this type of certificate and without safeguards, a very broad scope could be attributed to it. It appears that a great deal of discretion is being left to government authorities or the College of Dental Hygienists of Ontario (hereinafter the "**College**"), when this measure, by its nature, should only be

exceptional, since it allows persons who have not met all the admission requirements to obtain a certificate to practise.

We therefore strongly recommend that the notion of urgency be clearly defined.

II – Terms and conditions of the certificate: some imprecisions (s. 35.3)

Section 35.3 of the Registration Regulation provides for various conditions that may be attached to the Emergency Class Certificate of Registration. Paragraph 2 of this section stipulates that: “The member shall practise the profession only within the scope of their certificate.” This condition seems to us to be broad and very imprecise. For example, should certain reserved activities that carry a high risk of harm be excluded from the outset? Is there any question of limiting the professional activities that the holder of the certificate may engage in? If so, how will these limitations to the right to practise be established? Is it intended that the holder of an Emergency Class Certificate will not be able to engage in professional activities related to the “specialty” category of registration? For example, the provision could be clarified by indicating that the College would then determine which of the professional activities that Ontario dental hygienists may engage in may be performed by the holder of such a licence.

III – Revocation of the emergency certificate (s. 35.4)

In addition to what is already provided for in section 35.4 of the Registration Regulation, it might be wise to provide for the College’s power to revoke such a certificate at any time in the event of a breach, for example.

VI – Obtaining a Certificate of Registration in the General category (s. 35.5)

It is provided that the holder of an Emergency Class Certificate may obtain a Certificate of Registration in the General category without meeting certain admission requirements, in particular if he or she demonstrates, on the basis of one year under supervision, that he or she will practise the profession competently and ethically. How will this demonstration be done? Is there a mechanism in place to assess the competency of the holder, other than through the national examination?

In addition, what about holders of an Emergency Class Certificate whose scope of practice has been limited? Will this holder be able to obtain a General category Certificate of Registration without having performed certain professional activities during their year of supervision?

V – Labour Mobility Issues

Finally, the proposed amendments raise several questions regarding the application of Chapter 7 of the Canadian Free Trade Agreement (CFTA). Indeed, it appears to us that regulatory bodies in other provinces and territories will potentially be forced to recognize the Emergency Certificate, even though the holder has not met all the admission requirements normally required. In the context of the Emergency Certificate being subject to oversight and restriction, it appears that the organizations will have to determine whether the same or similar

restriction or limitation can be imposed on it in the receiving jurisdiction pursuant to section 705(4)(d). This requirement could create significant challenges in practice. For example, the notion of supervision of members of the profession is not currently a common and established feature of the Dental Hygiene profession in Quebec.

The same concern exists for those who would be moving from an Emergency Certificate to a General category Certificate of Registration, particularly during the period when they would be required to practise under the supervision of a Dental Hygienist.

As the mobility agreement signed by the provincial regulators did not provide for this form of Certificate of Registration which deviates from normal licensing principles, a reopening of the agreement may be necessary.

VI – Conclusion

We hope that these comments will contribute to the objective of these amendments, while preserving the protection of the public with respect to the competence of Dental Hygienists.

The College remains at your complete disposal to answer any questions or comments you may have regarding this document or to provide you with any additional information that may be useful and necessary.

Yours sincerely,

Jean-François Lortie, H.D., B. Ed.
President

Ontario Office of the Fairness Commissioner

Irwin Glasberg
Fairness Commissioner

Presentation to the College of Dental Hygienists of Ontario on Fair Registration Practices

Date: March 31, 2023

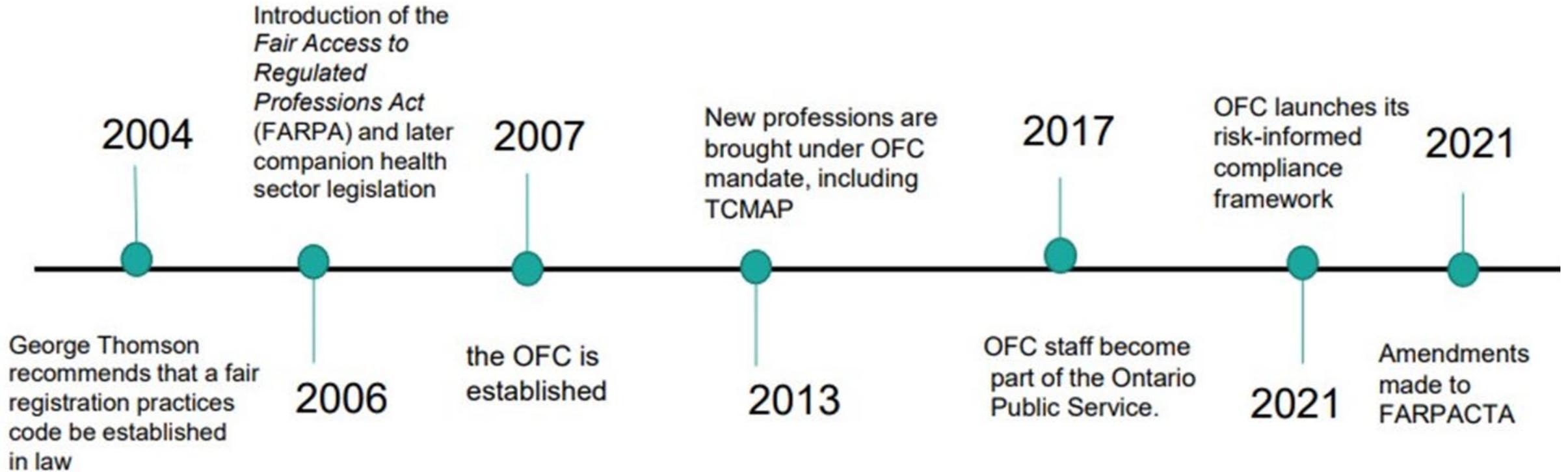


FAIRNESS COMMISSIONER
COMMISSAIRE À **L'ÉQUITÉ**

The Evolution of Fair Access Legislation in Ontario

- ▶ Ontario was the first Canadian province to adopt a fair registration practices regime by adopting the *Fair Access to Regulated Professions and Compulsory Trades Act*, 2006, many of whose provisions were subsequently extended to the health sector.
- ▶ Other jurisdictions followed:
 - ▶ **Manitoba:** The Fair Registration Practices in Regulated Professions Act, 2007
 - ▶ **Nova Scotia:** The Fair Registration Practices Act, 2008
 - ▶ **Quebec:** Code des professions RSQ, ch. C-26 in 2009
 - ▶ **British Columbia:** The Professional Governance Act, 2018
 - ▶ **Alberta:** The Fair Registration Practices Act, 2019
 - ▶ **Saskatchewan:** The Labour Mobility and Fair Registration Practices Act, 2022

The Evolution of Fair Access Legislation in Ontario (Cont'd)



Ontario's Office of the Fairness Commissioner

- ▶ The OFC is an Ontario government agency led by the Fairness Commissioner, with a mandate to help ensure that the registration practices of regulated professions and regulated health colleges adhere to fair registration practices.
- ▶ It was established in April 2007 as the first fairness office in Canada.
- ▶ It operates under two separate statutes – the *Fair Access to Regulated Professions and Compulsory Trades Act (FARPACTA)* and Schedule 2 of the *Regulated Health Professions Act (RHPA)*.

Ontario's Office of the Fairness Commissioner (Cont'd)

The legislation requires that, among other things, professional regulators:

- ▶ Develop registration practices that are transparent, objective, impartial and fair.
- ▶ Provide information to applicants.
- ▶ Make information publicly available on what documentation must accompany an application, along with acceptable alternatives.
- ▶ Train individuals who make assessment and registration decisions.
- ▶ Ensure that registration decisions are made in a timely fashion.
- ▶ Avoid unnecessary Canadian experience requirements.

Ontario's Office of the Fairness Commissioner (Cont'd)

- ▶ Under these two statutes, the functions of the Fairness Commissioner include:
 - ▶ Reviewing the registration practices that regulated professions and third-party service providers employ to assess the qualifications of individuals.
 - ▶ Offering advice to regulated professions on how to comply with the legislation (role of strategic advisor).
 - ▶ Providing advice to responsible ministers.
- ▶ The legislation also confers upon the Fairness Commissioner a broad array of powers, including the authority to require that regulators provide reports on a number of defined topics.
- ▶ The commissioner can also issue orders to non-health regulators and recommend that prosecutions be undertaken. In the health sector, however, the commissioner is limited to providing compliance related advice to the Minister of Health.

Regulated Health Professions under the OFC's Jurisdiction

- Audiology and Speech-Language Pathology
- Chiropody
- Chiropractic Services
- Dental Hygiene
- Dental Technology
- Dentistry
- Denturists
- Dieticians
- Homeopathy
- Kinesiology
- Massage Therapy
- Medicine
- Medical Laboratory Technologists
- Medical Radiation and Imaging Technologists
- Midwifery
- Traditional Chinese Medicine and Acupuncture Medicine
- Naturopathy
- Nursing
- Occupational Therapy
- Opticians
- Optometry
- Pharmacists
- Physiotherapy
- Psychology
- Psychotherapy
- Respiratory Therapy Medicine

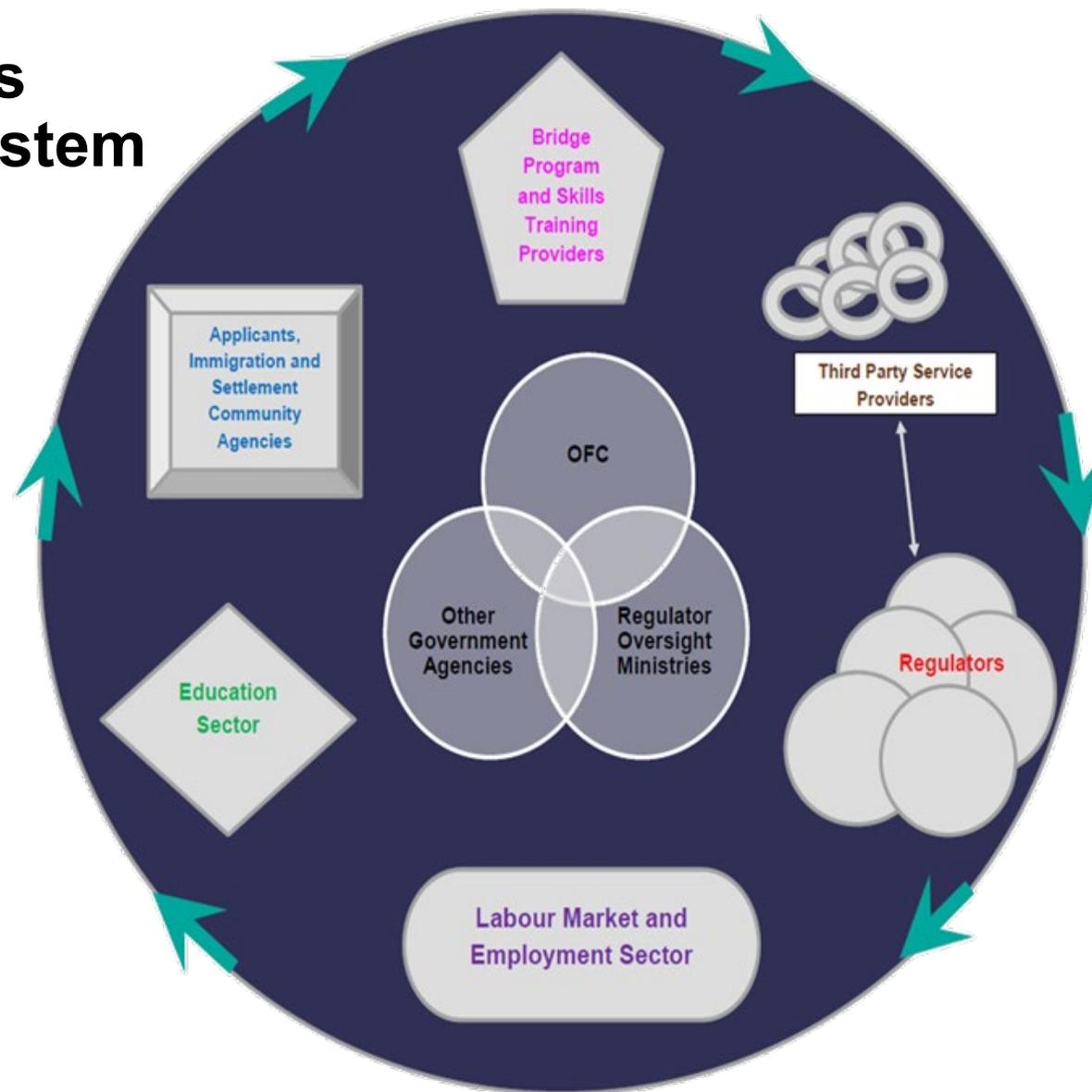
Regulated Non-health Professions under the OFC's Jurisdiction

- Chartered Professional Accountants of Ontario
- Skilled Trades Ontario
- The Association of Ontario Land Surveyors
- The Association of Professional Engineers of Ontario
- The Association of Professional Geoscientists of Ontario
- The College of Early Childhood Educators
- The College of Veterinarians of Ontario
- The Health and Supportive Care Providers Oversight Authority
- The Human Resources Professionals Association
- The Law Society of Ontario
- The Ontario Association of Architects
- The Ontario Association of Certified Engineering Technicians and Technologists
- The Ontario College of Social Workers and Social Services Workers
- The Ontario College of Teachers
- The Ontario Professional Foresters Associations

The Fair Access Registration Ecosystem

- ▶ The journey of all applicants – particularly internationally trained individuals -- to obtain registration and employment in their chosen profession or trade is complex.
- ▶ The diagram that follows visually depicts this complexity. It describes how individuals move through various stages of the immigration, education, credentials assessment, registration and employment process.
- ▶ Everyone involved must work to improve co-ordination among the parties involved in the immigration, labour market, post- secondary education, professional registration, skills training and employment spheres to help ensure that more applicants can more easily move through the steps in the process and obtain high-quality jobs.

The Fair Access Registration Ecosystem



Legislative Amendments to FARPACTA and the RHPA

- ▶ The slides that follow outline a number of change initiatives and proposals for enhancements to registration practices in which the OFC has been involved
- ▶ In its last annual report, the OFC referred to a series of stakeholder consultation sessions that the our office had co-chaired. These, in turn, led to the introduction of important amendments to FARPACTA and, subsequently, Schedule 2 of the RHPA, which the legislature ultimately passed.
- ▶ The broad objectives of these amendments are to reduce barriers that internationally trained, and domestic labour mobility, applicants often encounter in their career journeys, so that they can more easily join their chosen profession, health college or skilled trade.
- ▶ The provisions should also help to address current and anticipated shortages of skilled labour.

Legislative Amendments to FARPACTA and the RHPA (Cont'd)

- ▶ The four key amendments were designed to:
 - ▶ Limit the application of Canadian experience requirements to defined circumstances.
 - ▶ Reduce the number of language proficiency tests that applicants must take on their immigration and professional licencing journeys.
 - ▶ Establish maximum time periods within which a regulated profession must make certain defined registration decisions.
 - ▶ Facilitate registration of applicants during emergency situations.
- ▶ While the goals of these provisions are similar, they are operationalized differently in the two statutes. In addition, while the OFC will oversee how professional regulators implement the new FARPACTA amendments, MOH officials will assume this role for the regulated health colleges.

Meeting the Needs of Ontario's Labour Market

- ▶ Over the last 12-months, the provincial government has become increasingly more focused on filling the thousands of job vacancies that require the skills of professionals and tradespersons.
- ▶ Qualified immigrants have increasingly become a more important source of labour to fill these gaps. The government has, in turn, have become active in the legislative and program domains to address this important challenge.
- ▶ In a similar way, governments across the continent have become much more proactive in finding ways to attract and employ people to occupy these vacant positions. In Michigan and Nevada, for example, state governments have leapfrogged regulators to ease restrictions on hiring internationally trained teachers.

Meeting the Needs of Ontario's Labour Market (Cont'd)

- ▶ There are two important takeaways here. First, labour supply shortages will increasingly motivate governments to take decisive action. Second, regulators need to be more proactive in rethinking how they apply labour market considerations to their mandates.
- ▶ Traditionally, regulators have focused on ensuring that applicants possess the academic and technical skills necessary to skillfully undertake their work, and hence to protect public health and safety. There is now a growing recognition that an *undersupply* of professionals can directly compromise public health and safety and concurrently constrain economic activity.
- ▶ In addition, officials in the immigration, licensure and employment ecosystem need to work more collaboratively to better harmonize the strategy to bring substantially more skilled immigrants into the country with the assessment practices of professional regulators.

Meeting the Needs of Ontario's Labour Market (Cont'd)

- ▶ An interesting example of this approach involves a new initiative that the National Nursing Assessment Service (NNAS) (the organization that provides equivalency assessment reports for nursing regulators across Canada) has undertaken.
- ▶ On the basis that an important source country for internationally trained nurses is the Philippines, and that post-secondary institutions in that country operate under a common nursing curriculum, the NNAS is proactively working with educational officials to adjust the curriculum to meet the licensure requirements of nursing regulators in Canada.
- ▶ Through this approach, nursing graduates who complete the necessary coursework, would be able to fulfill their requirements in a more straightforward fashion leading to a clearer registration pathway.
- ▶ Professional regulators must also pay close attention to the needs of employers who will absorb the supply of new professionals and skilled tradespersons. They should be aware of the skillsets that are in demand and any unfounded concerns or stereotypes about the qualifications of internationally trained applicants.

Provisional Registration

- ▶ Our office also believes that full or permanent registration into a profession should not always form a bright line as to when internationally trained applicants can begin to actively contribute to their profession and when they cannot.
- ▶ Here is a case in point. In response to a directive from the Minister of Health, the College of Nurses of Ontario (CNO) recommended that the government amend its registration regulation to enable the college to potentially register close to 5,000 internationally trained nurses in its temporary class, subject to completing any outstanding requirements.
- ▶ These nurses would remain in this class while finishing up any educational or examination requirements stipulated for general class registration. Minister Jones subsequently endorsed this approach, and the required regulation has now been enacted.

Provisional Registration (Cont'd)

- ▶ This approach hits a public interest sweet spot since it both protects public health and safety and helps to move a highly competent cohort of internationally educated nurses through the registration process by removing roadblocks.
- ▶ Provisional registration also recognizes that all professionals are subject to a learning continuum where their skills and experiential learning need to be continually upgraded at all stages of their careers.
- ▶ Our office will actively encourage professions and skilled trades to place greater reliance on provisional registration and related strategies to move internationally trained applicants through the registration process more seamlessly.

Thank You

Questions ?



FAIRNESS COMMISSIONER

COMMISSAIRE À **L'ÉQUITÉ**

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Council BRIEFING NOTE

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| Meeting date: | March 31, 2023 |
| Agenda item: | External Assessment of Council Effectiveness |
| Appendices: | Report to CDHO Council: External Assessment of Council Effectiveness |
| References: | None |
| Owner: | Executive |
| Staff support: | Dr. Glenn Pettifer |

Public Interest Rationale:

The Public Interest is served when an organization is overseen by an effective Council that engages in reflection on and evaluation of its effectiveness. One of the requirements in the College Performance Measurement Framework (CPMF), Domain 1, Standard 1, sets out the requirement that the College develop and implement a framework to evaluate Council effectiveness. The CPMR dictates that the evaluation framework must include a third-party assessment every three years.

Background:

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

The assessment took place between September 2022 and February 2023. The assessment included development of agreed criteria against which Council's effectiveness was assessed, observation of Council's September 16th, 2022 and December 2nd, 2022 Council meetings, a review of current policies and processes, and interviews with members of Council and CDHO staff.

On February 22, 2022, Deanna Williams met with the Executive Committee to review the draft report. The final report has been attached as Appendix A.

Issue: Deanna Williams has completed an external assessment of Council effectiveness and will be presenting her findings to Council at the March Council meeting.

Source of Authority: [The College Performance Measurement Framework](#) requires the College to have developed and implemented a framework to evaluate the effectiveness of Council. The framework must include a third-party assessment every three years.

Next steps: Deanna Williams will present her findings to Council at the March meeting. Council is being asked to approve the report for consideration.

Decision:

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

Moved:

Seconded:

Vote:



Report to CDHO Council

EXTERNAL ASSESSMENT OF COUNCIL EFFECTIVENESS

Deanna L. Williams
Dundee Consulting Group Ltd.
February 2023



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1. Introduction

1.1 This third-party assessment of the CDHO Council’s effectiveness was contracted by the College to fulfill expectations set out under Measure 1.2.b of the College Performance Measurement Framework (CPMF).¹ The CPMF, which was established by the Ontario government’s Ministry of Health in 2020, is the first such system- wide regulatory reporting tool of its kind in Canada, and requires all Ontario health regulatory Colleges to annually provide evidence as to how the set expectations across various domains are either met, or partially met- and their proposed plans to meet any unmet expectations going forward. The overarching aim noted in the introduction to the CPMF Reporting Tool is to help answer the following key question: *“How well are Colleges executing their mandate which is to act in the public interest?”* and this, in my view, creates a link between a regulatory Council’s focus and commitment to the public interest and its overall effectiveness as a regulatory governing board.

1.2 The CPMF sets out the following expectation that *“the framework includes a third-party assessment of Council’s effectiveness at a minimum of every three years, yet what constitutes ‘effectiveness’ of a Council has been left largely open to interpretation.* My approach in this Review process reflects my personal understanding that the expected third party assessments are not meant to constitute full blown governance reviews, but rather to more appropriately focus on how effectiveness is demonstrated at Council and Council meetings and on identifying areas where opportunities for improvement may exist.

1.3 This is an assessment of the CDHO Council, and accordingly, the Council’s input and agreement on both the approach taken, and on the criteria against which its effectiveness would be assessed, was an important first step in this process.

1.4 In addition to my personal observation of two Council meetings, on September 16th and December 2nd respectively, this process was guided by regular touch point discussions, and by my review of documents and other materials provided to me by staff. Special thanks to Veronica Douglas, Terri Strawn, and Dr. Glenn Pettifer for timely responses to my questions and to all members of the CDHO Council, and staff leadership team who took the time out of their busy schedules to meet with me and share their invaluable perspectives- their collective contribution to this assessment process is acknowledged, and much appreciated.

Deanna L. Williams

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https://www.google.ca/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKewjjiZi25678AhVKjYkEHed6BSkQFnoECAwQAw&url=https%3A%2F%2Fhealth.gov.on.ca%2Fen%2Fpro%2Fprograms%2Fhwrob%2FCPMF_summary_report.aspx&usg=AOvVaw01EGq2BGQRyypG0v_Ce9yp

2. Executive Summary

2.1 The College of Dental Hygienists of ON (CDHO) commissioned this external third-party assessment of its Council's effectiveness, to be conducted between September 2022 and February 2023. The assessment process included a review of documents, including supporting materials for the September 16th and December 2nd, 2022, Council meetings, which were personally observed; the College's Governance Manual; and copies of Council evaluation surveys conducted after each Council meeting in 2022. Considerable insights were gained through the observation of the two noted meetings, but also through 24 personal interviews conducted with individual members of CDHO Council, and with the Registrar/CEO and members of the staff leadership team, between September and November 2022.

2.2 The assessment finds that Council meetings are currently led by a President who is, and is widely seen to be, a strong and capable Chair. The observed Council meetings were well run, with timelines generally adhered to; appropriate time was allotted for discussions or debate; and Council members interacted positively with one another. Council follows several identified good practices through its noted commitment to ongoing education and training (generally occurring in conjunction with regularly scheduled Council meetings); its commitment to embrace diversity, equity and inclusion; its inclusion of a 'public interest rationale' in many of the policies and reports that are brought forward to the Council; and its efforts to facilitate the onboarding of all new Council members through its established mentoring program.

2.3 The Council demonstrates a strong commitment to improving itself through regular engagement in education and training sessions, and these are generally held in conjunction with scheduled Council meetings. A list of the Council education and training sessions held in 2022 is included in Appendix 1. Council's commitment to improving its own performance and effectiveness is further evident in its 'Council evaluation' process which, since March 2022, is publicly conducted, analyzed, and discussed at the end of each Council meeting. A copy of the survey questions used in the evaluation process can be found in Appendix 2.

2.4 Overall, Council members were observed to take their roles on Council seriously and most of Council believe that they come prepared for meetings and ready to engage in questions and discussion. Some Council members, however, said that there are a few members of Council who do not generally participate in any discussions and questioned whether this is due to a lack of preparedness on their parts, or a lack of understanding about Council's Policy Governance model and how it works.

2.5 A majority of respondents describe the current Registrar and CEO, who has been in the role for a year, as an approachable and effective regulatory leader. Many individuals referred to past issues of concern due to strained relationships between the Registrar and CEO and Council, and between the CDHO and the Dental Hygiene profession. The Registrar's efforts to build more positive relationships through better communication and embrace more open-ness and

transparency are acknowledged and appreciated by most Council members, who believe this also contributes to their own collective effectiveness.

2.6 Council meeting materials are generally provided to Council ten days to two weeks in advance which most informants say provides them sufficient time for review in advance of the upcoming meeting(s).

2.7 All informants believe that in camera meetings are used by Council appropriately and occur only in adherence with the criteria set out in legislation and policy.

2.8 The assessment reveals some concern in an observed failure of Council to collectively demonstrate a clear and unremitting focus on the public interest during its meetings. Notwithstanding that a 'Public Interest Rationale' is included in a number of monitoring reports or policies put before the Council, it was observed that the words 'public', or 'the public interest' were not articulated in the Council meeting observed on September 16th. While not evidently a primary focus for most of Council's discussions on December 2nd, 'the public' was however discussed during Council's consideration of the "Voice of the Patient Study", conducted by Pivotal Research, at the direction of the College's Ownership Linkages Committee.

2.9 A number of respondents said that the College, under its new leadership, is making considerable efforts to address and improve its overall relations with the dental hygiene profession, which were widely seen as "antagonistic" in the past. While its appropriate to consider how any Council-approved initiatives might impact key stakeholders, including both the public and the profession, the public outreach discussions were observed to be more focused on potential impacts to registered dental hygienists than to the public. These discussions, described in more detail in the section below, presented a good opportunity for Council to collectively reflect on the important principle that 'elevating' the RDH profession in the public's minds aligns more with the role of the association and not the CDHO.

2.10 Several individuals believe Council is challenged by a 'high turnover' rate-which they consider is due in part to the Government's recent tendency to appoint public members for one-year terms, but also to a declining interest amongst the profession in running for Council. In regard to high turnover concerns, it was noted that 12 of the first 17 individuals I interviewed- which included the Registrar and CEO- said they have been with the CDHO for three years or less.

2.11 Notwithstanding, many respondents say that Council is doing well, and has demonstrated resilience through the 'turmoil and instability' brought on in part by three leadership (Registrar) changes in the past three years.

2.12 Finally, CDHO Council demonstrates a strong commitment to following the model of Policy Governance which has been implemented in the past five years. Some individuals offered that the switch to Policy Governance was initially adopted to address previous issues of concern

arising from ‘blurred lines’ between operations and governance, and to ensure that going forward, the respective roles and lines of authority between the Registrar/CEO and Council remained clear and respected by all. However, many Council members describe the current policy governance model as too ‘rigid’, onerous, difficult to learn, and express concern that it gives rise to an ‘inordinate’ amount of Council’s time and energy being put towards monitoring operations and specifically the Registrar and CEO’s performance and compliance- rather than on matters that truly relate to public interest.

2.13 In response to further questioning, individuals identified ‘matters that relate to public interest’ as those things that assist in ensuring that the public consistently receives safe, competent, and quality care from their dental hygienists; example given included reviewing and revising the entry to practice and continuing competency requirements as needed (it is noted that the continuing competency program and process is already undergoing changes); maintaining and enforcing ethical and practice standards, including infection control; improving access to care, and assisting the profession in better facilitating positive collaborative relationships with those oral health care practitioners providing care to their same clients.

3. Emerging Themes and Analysis

The following findings are set out under some commonly emerging themes that align with the key assessment criteria for effectiveness used in this review. A list of the criteria applied in this assessment of Council’s effectiveness are included in Appendix 3.

a. Demonstrating an unremitting focus on the public and public interest

3.1 Most Council members believe Council does maintain a clear focus on the public interest and considers public interest when making its decisions; however, as noted above in the Executive Summary, this was not always evident in the two observed meetings of Council on September 16, 2022, or December 2, 2022.

3.2 During discussion about plans for a public outreach campaign at the December meeting, a professional member of Council expressed the view that letting the public know dental hygienists are registered is a good thing, as this “elevates us” in the minds of clients; it was observed that this view was not questioned at the time, even though it is clearly not the College’s role to promote or elevate the profession. Further discussion on this matter gave rise to additional concerns that relations between the CDHO and the dental hygiene profession (which by all accounts are starting to improve) could be negatively affected if enhanced public outreach gave rise to an increased number of complaints against dental hygienists. In my view, this was a missed opportunity for Council to collectively reflect on the role of the College, and to consider how pursuing a public outreach campaign does align with the College’s mandate to put public interests first.

3.3 Many respondents referred to past tensions between the previous College leadership and Council, as well as very challenging relations with the profession- these are widely seen to have resulted in considerable turbulence and instability for both Council and the College. Many informants told me that things are in a good place now; that the new Registrar and CEO's efforts in embracing more open-ness and transparency has rebuilt trust with Council and is seen to already be shifting the CDHO's relationship with the dental hygiene profession to a more respectful and mutually supportive one.

3.4 Notwithstanding a collective desire to maintain the general respect of the profession, a commitment going forward to *always* asking 'where does the public/ public interest factor into this matter/discussion', for all matters coming to Council for consideration and decision, can help re-set its discussions in the appropriate direction.

3.5 Since 2020, the College has included a "Public Interest Rationale" paragraph in reports and policies that are brought forward to the Council for consideration or decision. This practice aligns with identified good regulatory practices internationally and presents a great opportunity for the Council to keep public interest at the forefront of its discussion and decisions. Council could further consider advising the public *how* 'public interest' factored into its decisions or actions, by including a "Public Interest factors and considerations" section in its minutes going forward. In doing so, Council would clearly demonstrate that it considered, and was guided by public interest when discussing matters and making its respective decisions.

3.6 The minutes of Council meetings, which are included on the College's public facing website once they are approved by Council, are noted to lack details respecting the nature of the Council's discussions, and the considerations leading to its final decisions- see minutes of the meeting on September 16, 2022, below². It is suggested that going forward, Council minutes should provide more information to the public regarding the nature of Council's discussion; the public interest rationale as considered by Council, and why Council believes that a respective decision appropriately serves the public interest.

b. Assuring a blend of skills and competence on Council

3.7 All Council members said they had received some orientation training upon joining Council, and while it is CDHO's intent to provide such orientation before any individual attends their first meeting, some members said that because of timing, they did not receive much education or training before attending their first meeting. The College's lack of control over timing of appointments for public members of Council is acknowledged, but there is a strong agreement that no one should attend their first meeting without comprehensive orientation training.

3.8 The College has established a mentoring program to assist in the onboarding of new professional and public members of Council, and this aligns with good practice. The majority of

² https://www.cdho.org/docs/default-source/pdfs/council/minutes/minutes_09162022.pdf?sfvrsn=87b296a0_6

informants said the mentoring process is helpful, but some described their own experience with mentoring as 'hit or miss'. Some individuals said that apart from an initial contact they did not have any engagement with their assigned mentors, while others found their mentors to be readily available. Some who have acted as mentors said they did not feel that their efforts to reach out to their assigned 'mentees' were very successful. Notwithstanding, most individuals said they are in favor of maintaining a more consistently delivered, and structured mentoring program.

3.9 There is general agreement that the onboarding of new Council members could be improved; several members said that the orientation they received did not fully prepare them for their role on Council, or in understanding Policy Governance. Most respondents said that the Council's comprehensive orientation training should continue to provide information about the College and professional regulation of Dental Hygiene in Ontario but that it also needs to include more training on Policy Governance.

3.10 The College has articulated competency and skills profiles for both Council and Committee members, and these were approved by CDHO Council at its meeting on June 11, 2021. The Competency Profile for Council is not used to screen interested individuals out of consideration, but rather to communicate the general competencies or behaviors that are seen as desirable for all members of Council, as well as more specific competencies that Council believes would also be beneficial on Council. The eventual goal is to have all prospective professional members of Council complete a self-assessment of their level of expertise in areas included in the competency profile, beginning in the 2022 elections. As of October 2021, the current members of the Council had completed their own self assessments of their individual expertise in areas included within the competency profile.

3.11 The Council's approved competency profiles were publicly posted as part of the June 2021 meeting materials and are publicly available on the CDHO website under the following links for Council Competency Profile³ and Committee Composition Profile⁴.

3.12 The Council demonstrates a strong commitment to improving itself through its regular engagement in education and training sessions, and these are generally held in conjunction with the scheduled Council meetings. A list of the Council education and training sessions held in 2022 is included in Appendix 1.

3.13 The College has developed a pre-election orientation and training module, which includes two PowerPoint presentations for professional members who are interested in seeking election onto Council. The Registrar and CEO leads the first session focused on the regulatory framework in which the CDHO operates, and information about the College's organizational

³ https://www.cdho.org/docs/default-source/pdfs/elections/council-competency-profile.pdf?sfvrsn=69ee96a0_2

⁴ <https://www.cdho.org/docs/default-source/pdfs/council/committee-composition-profile.pdf>

and governance structure. It includes such topics as: expectations, roles, and responsibilities of Council members; the College's mandate; role of the Council and its committees; confidentiality, privacy, and conflicts of interest. The President or Vice-President leads the second session which focuses on current issues and initiatives. The planned 4-hour session is a requirement for all members of the profession who are interested in seeking election onto Council and is intended to ensure prospective Council members understand what will be expected of them as members of a regulatory Council.

c. Working well collectively for greater effectiveness

What makes Council effective now?

3.14 All respondents said that on the whole, members of Council work well together and that the Council collectively shares a commitment, and desire to be effective at regulating the dental hygiene profession in Ontario.

3.15 At both observed meetings of Council- September 16th which was a virtual meeting and December 2nd, which was a hybrid meeting including both in-person and virtual attendees, the Council members in attendance were observed to be fully engaged- and it was noted that all video cameras remained on at all times, except for breaks. No conflicts due to differences in opinions or views were observed in either meeting, and a mutual respect between Council, individually and collectively, and the Registrar/CEO was also apparent. The impression left after observing the two meetings is that individuals on Council feel comfortable- and are encouraged- to share their views, and that they treat one other with courtesy and respect.

3.16 The current President of Council is widely seen and described as a strong leader, and an effective Council Chair. The President also chairs the Executive Committee, which many Council members say is very effective and efficient at reviewing and vetting matters, reports, and policy revisions before they are put before Council for final decisions and approval.

3.17 Many Council members said they are satisfied that they receive the information they need in advance of their meetings, and in a timely manner that allows them to sufficiently prepare.

3.18 Council members acknowledge that there is almost too much information to pore through in preparation for upcoming meetings, but most respondents said they feel comfortable in knowing they can call the President, the Registrar/CEO, or his Executive Assistant if they need more information or any questions answered- and some said they do so often. All individuals I spoke to rate the new Board Effect portal favorably, and say that it works well.

3.19 With a few exceptions, both Council and staff consider that in-camera meetings are currently used appropriately, and in accordance with criteria set out in legislation and policy. A few individuals cited a tendency in the past for Council to go in-camera for discussion of

matters that some, or all of Council did not want to discuss publicly, which at times, led to much of the Council agenda being discussed in-camera. The current Registrar and CEO is widely viewed as a champion for greater open-ness and transparency and is credited for the Council's current practice of following appropriate guidelines when there is a proposal to go in-camera.

3.20 Council demonstrates a collective commitment to improving its own performance and effectiveness, as is evident in its 'Council evaluation' process which occurs at the end of each Council meeting. Before the meeting is adjourned, the President calls on each Council member to take the time to complete the approved Council effectiveness survey, the results of which are collated and reported back on to all of Council- and since March 2022, the surveying of Council members is conducted, and the collated results are discussed- in public- at the end of each Council meeting. A copy of the survey questions used in the Council's evaluation process can be found in Appendix 2.

What would make Council more effective going forward?

3.21 It was noted, in the first observed meeting on September 16th, that six Council members had not met expectations for completion of their monitoring assessment at the time of this Council meeting, giving rise to some discussion as to whether this lack of compliance would have a negative impact on Council's effectiveness re its monitoring and oversight role. Council may wish to further consider what steps, if any, it should take to address ongoing concerns with non-compliance in this regard.

3.22 While many Council members say that they believe things are generally working well, several suggest that Council's effectiveness would be improved if *everyone* came to meetings fully prepared. They noted that there are some Council members who routinely do not speak up or openly participate in discussions at Council, raising some uncertainty as to whether all members of Council have read- and/or understood- the materials.

3.23 Some individuals mentioned the current mentoring program established to help in onboarding new members of Council. They said that while the intent is commendable, their own experience with mentoring was 'hit or miss'- a few indicated that except for an initial introduction they had received no contact from their assigned mentor(s). There was some speculation as to whether the mentoring program may be impaired by the relatively high turnover rate on the Council. Reviewing the mentorship program with a view to ensure the program works as intended is an identified opportunity for improvement going forward.

3.24 A number of respondents expressed concerns about questions that are asked, that frequently end up taking Council's discussion 'off on a tangent'. It was noted that some of these questions are not directly related to an issue at hand or aligned with the College's mandate- and that this challenges the Council in getting through its work efficiently and effectively. The current President and Vice-President were acknowledged for their attempts to guide such discussions back on track, but some individuals suggested that specific education and training on how Council members can best fulfil their oversight and governance roles through the asking

of good and relevant questions- and what appropriate questions look like- would be helpful for all.

3.25 Respecting the amount of information included in the Council materials and the time allotted for preparation, many Council members said there can be too much information requiring their review and attention. Several individuals suggested that when one has competing work and home commitments, two weeks prior is not enough time and that Council's overall effectiveness would be improved by either increasing the advance preparation time, or by changing the current governance model altogether, and eliminating the copious number of monitoring reports.

3.26 As noted in the Executive Summary, since 2017 Council has strictly followed a Policy Governance model. Some individuals said that the switch to Policy Governance was adopted to address previous concerns arising from 'blurred lines' between operations and governance, and to ensure that going forward, respective roles and lines of authority between the Registrar/CEO and Council remain clear and respected by all.

3.27 Not all Council members like or are supportive of the Policy Governance model, however. Several members said they see the current governance model as too 'rigid' and said that it 'goes too far' in establishing such strict limits as to what can be discussed at any given time on the agenda and by whom. One member described this as follows: "if the policy doesn't include it, we can't 'go there'".

3.28 As noted in the Executive Summary, some individuals also expressed concerns that Council's strict interpretation of Policy Governance has led to the Council becoming more of a 'rubber-stamp' board. Many Council members, even those who say they agree in principle with Policy Governance, question whether too much time is devoted to monitoring reports. A number of individuals described the Policy Governance model as onerous and difficult to learn, and further expressed concern that it gives rise to an 'inordinate' amount of Council's time and energy being spent on monitoring operations and the Registrar/CEO's performance - rather than on 'things that truly relate to public interest'.

3.29 In response to further questioning, these respondents identified 'things that relate to public interest' as those matters which help to ensure that the public consistently receives safe, competent, and quality care from their registered dental hygienists. Some examples provided included reviewing and revising the entry to practice, and continuing competency requirements as needed (it is noted that the continuing competency program and process is already undergoing changes); maintaining and enforcing ethical and practice standards, including infection control; addressing access to care, and assisting the profession in better facilitating positive collaborative relationships with other oral health care practitioners providing care to the same clients.

3.30 A majority of those I spoke with suggested that a review of the current governance model is warranted going forward.

d. A sound process for identifying and reviewing risk

3.31 Without exception, Council members were challenged in answering my question about whether the Council has a sound process for identifying and reviewing risk(s). Most individuals said that risk is not something that comes up at Council, or that they believe risk is more a focus of consideration at the committee level; several mentioned the Inquiries, Complaints and Reports Committee (ICRC) which follows a risk-based framework to help guide respective deliberations and decisions.

3.32 A majority of individuals said that they believe that it is up to the President and Registrar/CEO to identify those issues that need to be brought to the Council's attention, including risks.

3.33 Several individuals suggested that risks are handled in different ways, with most risks being identified and reviewed at the committee level rather than at Council. Respecting the Council's oversight role in evaluating risk, some Council members said they believe that potential risks, once identified by the Registrar/CEO, are brought to the Executive Committee for review and that if deemed appropriate, Council would be informed, in either a special meeting or an in-camera session.

3.34 Some Council members think that with all the monitoring they do, they must be reviewing some risks, but most are not sure which specific risks are captured through monitoring. It is my observation that the CDHO Council does oversee some financial and operational risks in its monitoring of the operational policies, or when considering whether the Registrar/CEO has correctly interpreted and carried out Council's directions, as set out in the policies.

3.35 At the two Council meetings observed, there was no evident consideration of potential risk(s) of harm to clients of dental hygienists or to the public. The management and mitigation of the risk of harms that could be caused by a profession is a primary function of a regulator, however, and a 'failure to protect the public' poses a high-level regulatory risk for a regulator.

3.36 Council should consider publicly identifying and documenting potential risks of harm that it believes could arise from, or be addressed/mitigated through, its respective decisions as an identified opportunity for improvement going forward.

e. Striving to improve Council's own effectiveness

3.37 The CDHO Council has, for several years, self-assessed its collective performance through the completion of Council evaluation surveys at the end of each Council meeting.

3.38 Since March 2022 the Council Evaluation process has been conducted in public, after Council comes to the end of its agenda but before the Council meeting is officially adjourned. The President advises observers that Council members will take about ten minutes to complete their assessments of the Council meeting and invites them to remain online. Council members are then requested to complete the surveys in real time and approximately 15 minutes later, the President publicly shares the collated results with Council and observers. A copy of the current Council Meeting Feedback survey, which was last modified in June 2022, is attached as Appendix 2.

3.39 In the observed meetings, the President effectively led Council through the survey results, and Council members appeared comfortable asking questions or providing comments based on the feedback shared. It was not clear to the observer how or whether the feedback received from the Council meeting evaluations is used or analyzed with a view to identify opportunities for improvement going forward. Council should consider developing an annual performance report, setting out the common or emerging themes arising from a collation of feedback collected from the previous year's meetings and an agreed action plan should be established to address these over the coming year.

3.40 Most of the respondents consider that this assessment of Council effectiveness is being conducted to meet expectations set out under the College Performance Measurement Framework (CPMF). While many acknowledged that the Council sees the College's final CPMF report before it is annually submitted to the Ministry, most believe that the CPMF falls primarily within the role and responsibility of the Registrar and CEO and not Council.

f. Embracing principles of transparency, diversity, equity, and inclusion

3.41 There is a strong consensus amongst informants that the Council has made, and continues to make, appropriate strides in demonstrating its commitment to transparency, and to diversity, equity, and inclusion (DEI).

3.42 Many individuals consider that the College, and the Council, are forward thinking in the current approach to DEI and that principles of diversity, equity and inclusion are integrated into virtually everything considered by Council—indeed the President was observed in her opening remarks, to remind Council members of their obligations to keep diversity, equity and inclusion in mind as they consider matters before them. It was also noted that considerable training and education on DEI has recently been provided to Council, a testament, most say, to Council's commitment to embrace these principles.

3.43 With regard to transparency, some members who have been on Council for at least a few years, say they have come a long way in being more transparent, and largely attribute their progress to the current Registrar and CEO who role models open-ness and transparency

through his own leadership style and encourages greater transparency about the Council and its work.

3.44 Notwithstanding the above, there is an identified opportunity for Council minutes to reflect Council's commitment to greater open-ness and transparency by including more information on the nature of the Council's discussions and its rationale for decisions and actions (including demonstrating how Council's considerations of public interest and risk factored into both).

4. Concluding Remarks

4.1 It was a pleasure to work with the CDHO Council, and CDHO's staff leadership team on this external assessment of Council's effectiveness.

4.2 As noted in the introduction, an external third-party assessment of each College Council's effectiveness is expected at a minimum every three years under the CPMF, but there is no definition of 'Council effectiveness' to help Colleges guide these assessments. This lack of clarity has given rise to some confusion amongst the health regulatory Councils; some consider the expectation to be for a high(er) level assessment respecting how a given Council demonstrates it works effectively to regulate its given profession(s) while keeping a clear and unremitting focus on the public and public interest. Others believe the CPMF expects the Colleges to undertake full blown governance reviews and have expressed concerns about time and resources that would need to be committed to such an undertaking.

4.3 In proposing my approach to this assessment, I found myself returning to the overarching question posed in the Introduction to the CPMF Reporting Tool: *"How well are Colleges executing their mandate which is to act in the public interest?"*. In my view, this question serves to confirm a clear and compelling link between a Council's focus and commitment to the public interest and its overall effectiveness as a regulatory governing board.

4.4 I find overall that the CDHO Council members take their roles on Council seriously and that there is a collective desire to ensure the CDHO is an effective regulator. Meetings are competently chaired, and generally start and finish within the appointed times. Relationships amongst members of Council, and between Council and the Registrar/CEO are widely viewed as positive and founded on principles of courtesy and respect, and the recent return to in-person meetings, with a hybrid option, is viewed by all as a positive move which will facilitate better engagement at meetings, thereby improving effectiveness.

4.5 This assessment identified several opportunities for improvement, and these are set out under Section 5.

4.6 The assessment did, however, give rise to two main issues of concern that in my view, significantly impact Council's ability to be as effective as it could be. The first is the observed failure on Council's part to demonstrate that it puts public interest above all other interests, and how. The findings giving rise to these concerns are described in detail in section 3 a. on pages 5 and 6 of this report. The second concern relates to a commonly expressed lack of support for the Policy Governance model currently followed by Council. As noted in 3.27 and 3.28, many members say the current governance model is rigid, onerous, difficult to understand and work with and that it contributes to a sense that Council is a 'rubber stamp' board. Further comments that Policy Governance gives rise to an 'inordinate' amount of Council's time and energy being spent on monitoring operations and the Registrar/CEO's performance - rather than on 'things that truly relate to public interest' were also expressed. A majority of

respondents said that, after five years, they believe that a comprehensive review of the current governance model is warranted.

4.7 In conducting this external assessment of the CDHO Board's effectiveness, I was guided by the criteria set out by Harry Cayton in "A Checklist for Regulatory Boards"⁵, which is included as Annex 1, in his report to the Law Society of British Columbia, December 2021. I would like to acknowledge and express my appreciation to Harry Cayton for permitting me to use these criteria as a guide for my own assessments.

4.8 Finally, my special thanks to Veronica Douglas, and Dr. Glenn Pettifer who were the staff leads through this assessment, and to President Terri Strawn and all members of the CDHO Council who took time out of their busy schedules to meet with me and share their invaluable perspectives- their collective contribution to this assessment process is acknowledged, and much appreciated.

⁵ see *Annex 1, Cayton Report to the Law Society of British Columbia, December 2021*

5. Identified Opportunities

5.1 The Council of the CDHO should consider undertaking a comprehensive review of its current governance model and practices

5.2 To better ensure that the Council demonstrates its clear and unremitting focus on the public interest, the following steps are suggested:

- Continue including a 'Public Interest Rationale' paragraph in all policies and reports put before Council for its consideration.
- Further include the 'Public Interest Rationale' in the minutes of Council meetings as evidence that the public interest factored into Council's consideration of a respective matter and how.
- Include the question "*Where is the public interest rationale for considering this matter/making this decision?*" as a standing item in the President/Chair notes for all matters put before Council for its consideration, to ensure public interest is evidently at the forefront of Council's discussions and decisions.

5.3 Council should continue to strengthen its current onboarding processes for new members of Council through the establishment of a more consistently delivered, and structured mentoring program.

5.4 Council should publicly consider, identify, and document potential risks/risks of harm that may arise from, and be addressed or mitigated through, its respective deliberations and decisions.

5.5 Council should consider developing an annual performance report, based on common themes arising from a collation of feedback collected from the Council Evaluation surveys from the previous year's meetings and an agreed action plan should be established by Council to address identified opportunities for improvement over the coming year.

Appendix 1

CDHO Council Training Sessions, 2022

| Date | Topic | Presenter |
|---|---|--|
| January 14, 2022 | New Member Orientation (only new members attended) | Dr. Glenn Pettifer and Caroline Lotz (Council President) |
| January 21, 2022 | Conflict of Interest and Confidentiality | Rebecca Durcan, SML |
| | Regulation/RHPA | Richard Steinecke, SML |
| February 25 th 2022 Workshop | Current, Important Topics in Professional Regulation | Rebecca Durcan, SML |
| | Diversity and Inclusion (Unconscious Bias) | Canadian Centre for Diversity and Inclusion (CCDI) |
| | Governance Reform and Regulatory Modernization: Ministry of Health Consultation | Dr. G. Pettifer and Julie Maciura, SML |
| March 4 ^h , 2022 Meeting | Risk-Based Regulation | Rebecca Durcan, SML |
| June 2, 2022 | New Member Orientation (only 1 new member attended) | Dr. Glenn Pettifer and Terri Strawn (Council President) |
| June 9, 2022 Workshop | Ownership Linkage Committee Overview | T. Strawn (Council President) and C. Grbac |
| | Guidelines for Reviewing Policies with an Inclusion Focus | Michael Bach, CCDI |
| | Reconciliation and Indigenous Inclusion within Health Care Profession Regulatory Bodies | Harmony Johnson |
| June 10, 2022 Meeting | Third-Party Assessment | Deanna Williams |
| September 9, 2022 Workshop | Third-Party Assessment | Deanna Williams |
| | Indigenous Inclusion | Roy Pogorzelski, CCDI |
| September 16, 2022 Meeting | No Board Education on the agenda | |
| December 1, 2022 Workshop | Land Acknowledgment | Christine Luckasavitch |
| | Bias and Noise | Rebecca Durcan, SML |
| | | Rebecca Durcan, SML |

| | | |
|--------------------------|--|--|
| | <p>Roles and Responsibilities of Council Members</p> <p>CDHA and CNAR Conference Reports from Council Members who attended</p> | <p>Terri Strawn and Carla Grbac (CDHA Summit)</p> <p>Terri Strawn and Vanessa Pereira (CNAR)</p> |
| December 2, 2022 Meeting | <p>Inequality in Access to Oral Health Care</p> <p>Quality Assurance Strategic Planning</p> | <p>Dr. Catherine Carstairs</p> <p>Dr. Zubin Austin</p> |

Appendix 2

March 4, 2022 Council Meeting Feedback - Copy

Last Modified: Tuesday, June 7, 2022, 3:12 PM

+ Add Question

☰ 1. Are you a Public or Elected/Selected Member? ⋮

Public Member

Elected/Selected

☰ 2. The agenda and supporting documents were provided in sufficient time to allow me to prepare for the meeting. ⋮

Agree

Disagree

☰ 3. If you've selected 'disagree', please explain why. ⋮

☰ 4. The information provided was clear, concise, and complete. ⋮

Agree

Disagree

☰ 5. If you've selected 'disagree', please explain why. ⋮

☰ 6. I felt comfortable seeking clarification on agenda items from committee chairs or administration to ensure I was fully prepared for the meeting. ⋮

Agree

Disagree

N/A

☰ 7. If you've selected 'disagree', please explain why. ⋮

☰ 8. The agenda was appropriate and topics were relevant to the mission and goals of the CDHO. ⋮

Agree

Disagree

☰ 9. If you've selected 'disagree', please explain why.



☰ 10. Items were clearly identified for information, discussion or decision.



Agree

Disagree

☰ 11. If you've selected 'disagree', please explain why.



☰ 12. All Council members were adequately prepared for the meeting.



Agree

Disagree

☰ 13. If you've selected 'disagree', please explain why.



☰ 14. Appropriate information/evidence was available to support informed decisions.



Agree

Disagree

☰ 15. If you've selected 'disagree', please explain why.



☰ 16. All items identified on the agenda were addressed.



Agree

Disagree

☰ 17. If you've selected 'disagree', please explain why.



☰ 18. The Chair encouraged expression of all Council members.



Agree

Disagree

☰ 19. If you've selected 'disagree', please explain why. ⋮

☰ 20. The Chair recognized and addressed issues of potential conflict of interest. ⋮
 Agree
 Disagree

☰ 21. If you've selected 'disagree', please explain why. ⋮

☰ 22. Council members treated one another and staff with self respect and cooperation and the willingness to deal openly on all matters. ⋮
 Agree
 Disagree

☰ 23. If you've selected 'disagree', please explain why. ⋮

☰ 24. Time was used effectively and discussions were focused. ⋮
 Agree
 Disagree

☰ 25. If you've selected 'disagree', please explain why. ⋮

☰ 26. As a Council member, I felt comfortable expressing my opinions. ⋮
 Agree
 Disagree

☰ 27. If you've selected 'disagree', please explain why. ⋮

☰ 28. Items discussed fell within the roles and responsibilities of Council. ⋮
 Agree
 Disagree

☰ 29. If you've selected 'disagree', please explain why. ⋮

☰ 30. Council applied rules of procedure and proper conduct for the meeting so that Council decisions were made in an efficient, knowledgeable, and expeditious fashion. ⋮

- Agree
- Disagree

☰ 31. If you've selected 'disagree', please explain why. ⋮

☰ 32. CDHO Council meetings follow a clear and transparent meeting process. ⋮

- Agree
- Disagree

☰ 33. If you've selected 'disagree', please explain why. ⋮

☰ 34. The meeting structure and leadership encouraged the right amount of participation. ⋮

- Agree
- Disagree

☰ 35. If you've selected 'disagree', please explain why. ⋮

☰ 36. Council members conducted themselves in a manner which is ethical, business-like, and lawful and upholds the reputation of the CDHO. ⋮

- Agree
- Disagree

☰ 37. If you've selected 'disagree', please explain why. ⋮

☰ 38. Do you have any additional comments? ⋮

- Abstain

— or —

Criteria for Council effectiveness that guided this assessment:

1. The Council demonstrates a clear commitment to, and focus on, the public interest.
2. The Council works well together and behaves with courtesy and respect.
3. Respective roles and responsibilities are clear and respected, and the Council is confident in its leadership.
4. Meetings are well run and effectively chaired.
5. The Council assures a desired blend of skills and competence in its members.
6. The Council has a sound process for identifying and reviewing risks.
7. The Council demonstrates accountability and strives to improve its own effectiveness.
8. The Council demonstrates a commitment to principles of diversity, equity and inclusion and transparency.

Individuals who participated in this assessment:

Members of CDHO Council:

Michelle Atkinson

Loree Beniuk

Erin Betts

Maheen Cassim

Anne-Marie Conaghan

Jennifer Cooper

Pella Giabanis

Carla Grbac

Alex Greco

Farzana Hussain

Martin Iyamabo

Megan Leuprecht

Caroline Lotz

Angelica Palantzas

Vanessa Pereira

Sasha Sidhu

Terri Strawn

Margaret Wade

Jacqueline White

Mary Yeomans

Members of CDHO Staff:

Dr. Glenn Pettifer

Jane Keirs

Suzanne Fox

Eric Bruce

About the Reviewer

Deanna Williams BScPhm, R.Ph, CAE, C.Dir is known nationally and internationally for her work in professional and occupational regulation. Deanna assumed her first regulatory leadership role at the Ontario College of Pharmacists, Canada's largest pharmacy regulatory authority, retiring as its Registrar in 2011. The Minister of Health and Long-Term Care appointed Deanna as Supervisor to the College of Denturists of Ontario during the loss of its regulatory privileges in 2012 and 2013 and she was also appointed as inaugural Risk Officer, for the Retirement Homes Regulatory Authority (RHRA) in 2014, serving in this role through 2018.

Since 2011, Deanna has provided consulting services in areas relating to professional and occupational regulation in Canada, the US and abroad through Dundee Consulting Group Ltd. In 2017-2018 Deanna served as Expert Technical Advisor to Ontario's Minister of Health and Long-Term Care, providing advice on best regulatory practices across professions and international jurisdictions, with a particular focus on processes for complaints, investigations and discipline related to the sexual abuse of patients by regulated health care practitioners.

Deanna has conducted external regulatory performance and governance reviews for both health and non-health regulators, independently and in collaboration with Harry Cayton.

Deanna was recognized by the international regulatory community in 2010 as the recipient of the CLEAR International Award for Regulatory Excellence, and in 2019, as the recipient of the CLEAR Lifetime Achievement Award. Deanna received her designation as a Certified Association Executive (CAE) from the Canadian Society of Association Executives (CSAE) and her Corporate Director (C. Dir.) designation from the Chartered Director program, DeGroote School of Business, McMaster University. She has served on the Finance and Audit Committee of the University of St Michael's College, University of Toronto and the Board of Directors of Haldimand War Memorial Hospital and currently serves as a director on the Board of the Vistana Spas Condominium Association, in Orlando Florida and on the Board of Joseph Brant Hospital in Burlington, ON.

Council BRIEFING NOTE

| | |
|-----------------------|--|
| Meeting date: | March 31, 2023 |
| Agenda item: | Comprehensive Governance Review Proposal |
| Appendices: | None |
| References: | None |
| Owner: | Executive Committee |
| Staff support: | Dr. Glenn Pettifer |

Public protection rationale: Effective Council governance is crucial to ensuring that the CDHO acts in the public interest in all they do. An effective Council ensures that the CDHO's resources are used in a manner that is consistent with the public interest and effective governance ensures that the organization is transparent, accountable, and responsive to the needs and expectations of stakeholders, primarily the public.

Background: In our third-party review conducted by Deanna Williams, several Council members identified that there has never been a comprehensive governance review since the adoption of Policy Governance. It was identified that the Council of the CDHO should consider undertaking a comprehensive review of its current governance model and practices.

A Governance Review is a thorough evaluation conducted by the Council, Registrar, and an impartial governance specialist to assess the current status of the organization's governance health. It is advisable for the Council to periodically examine its governance systems, processes, and conduct based on industry best practices. This review offers the Council an opportunity to gain an external professional viewpoint on identifying areas that may require improvement.

Issue: Since the adoption of Policy Governance in 2013, there hasn't been a thorough evaluation of governance practices.

Source of Authority: Domain 1: Standard 1: Measure 1.2 The College Performance Measurement Framework requires the College to regularly assess its effectiveness and address identified opportunities for improvement.

Next steps: Council is being asked to consider undergoing a comprehensive governance review and contracting Deanna Williams to conduct a comprehensive governance review for the CDHO Council.

Decision:

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

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

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

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

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

Moved:

Seconded:

Vote:

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

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

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

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

Moved:

Seconded:

Vote:

College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2022 – December 2022

JANUARY – 2023

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Introduction

The College Performance Measurement Framework (CPMF)

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

1. Strengthen accountability and oversight of Ontario’s health regulatory Colleges;
2. Help Colleges improve their performance;

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

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

Figure 1: CPMF Model for Measuring Regulatory Excellence

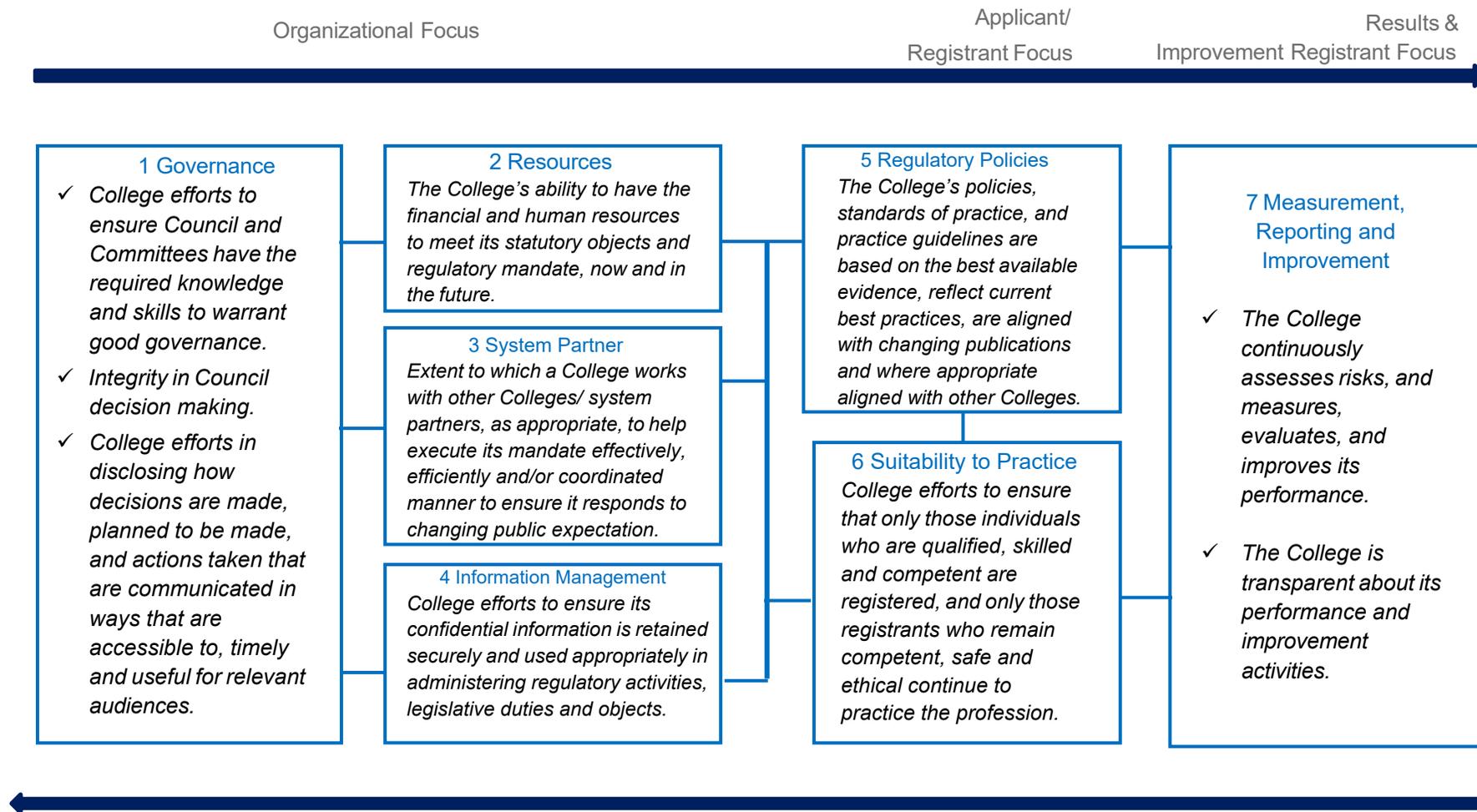


Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

The third iteration of the CPMF will continue to provide the public, the ministry, and other stakeholders with information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. At this time, the ministry will not assess whether a College meets or does not meet the Standards.

The information reported through the completed CPMF Reporting Tool may help to identify areas of improvement that warrant closer attention and potential follow-up. Furthermore, the reported results will help to lay a foundation upon which expectations for regulatory excellence can be refined and improved. Finally, the results may stimulate discussions about regulatory excellence and performance improvement among Council members and staff within a College, as well as between Colleges, the public, the ministry, College registrants/members, and other stakeholders.

Additionally, in 2022 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2021 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for Colleges to learn from each other.

The ministry's Summary Report will be posted in English and French and weblinks to the report will be shared with the Colleges once it is published.

For this reporting cycle, Colleges will be asked to report on:

- Their performance against the CPMF standards and updates on the improvements Colleges committed to undertake in their previous CPMF reports;
- Provide detailed improvement plans where they do not fully meet a benchmarked Evidence.

Completing the CPMF Reporting Tool

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

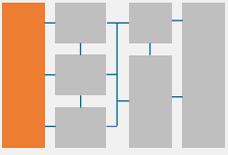
In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

What has changed in 2022?

This year, eight pieces of Evidence have been highlighted within Part 1 of the Reporting Tool as ‘Benchmarked Evidence’. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is required to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark. In subsequent CPMF reports, Colleges will be expected to report on their progress in meeting the benchmarked Evidence.

Where a College fully met Evidence in 2021 and 2022, the College may opt to respond with ‘Met in 2021 and Continues to Meet in 2022’. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to, or referencing College documents.

Part 1: Measurement Domains

|  | | Measure: 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee. | |
|--|------------|--|--|
| DOMAIN 1: GOVERNANCE | STANDARD 1 | Required Evidence | College Response |
| | | a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> i. meeting pre-defined competency and suitability criteria; and <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/> | The College fulfills this requirement: <ul style="list-style-type: none"> • The competency and suitability criteria are public: Yes <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> <p>The Council Competency Profile was adopted by Council in 2021 and describes the knowledge, skills and attributes needed for Council members to effectively execute their fiduciary role and responsibilities pertaining to the public protection mandate of the College. This profile comprises the framework for assessing and supporting the development of the required competencies.</p> <p>Since the adoption of the Profile, the College sought nominations for eligible Registered Dental Hygienists to stand for election as a Professional member of Council from Districts 1 (Bruce, Grey, Elgin, Essex, Huron, Kent, Lambton, Middlesex, Oxford and Perth counties); 5 (Frontenac, Peterborough, Hastings, Lanark, Lennox and Addington, Prince Edward, Victoria, Haliburton, Northumberland Counties and the regional municipality of Durham); and 6 (Dundas, Glengarry, Leeds, and Grenville, Prescott, and Russell, Renfrew and Stormont Counties and the Regional Municipality of Ottawa-Carleton). The Call for Nominations was sent to all registrants in each district. There were 1637 registrants in District 1, 1464 in District 5 and 1582 in District 6. Interested individuals were required to attend an information session prior to the election to provide them with information that included the Council Competency Profile. Registrants who then wished to run for election were required to complete the nomination package. Following the information session, <u>only one</u> candidate from each of the three districts submitted their nomination package and all were elected by acclamation to the Council.</p> <p>All Council members completed a self-assessment of their level of expertise in the competencies in the profile in October 2021. Professional members interested in standing for election completed the self-assessment in 2022 following the election. As new Council members join, and others retire from Council, a living document is maintained that articulates the competencies possessed by the Council at any point in time. This document is used to determine the training that is necessary to upskill members of the Council to enable them to address the identified gaps in knowledge, skills, and attributes considered essential to becoming competent Council members.</p> <p>None of the 3 newly elected members met all criteria as specified in the Council Competency Profile. Restricting eligibility to stand for election to only those who meet the competencies would have resulted in 3 empty seats on Council. If this situation were compounded in subsequent years, we would run the risk of not having a quorum for Council decisions or sufficient Council members to populate Statutory Committees.</p> |

| | | | | | | | |
|--|-----|---|---|--|-----|--|--|
| | | | <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> <p>Historically, the CDHO has not seen a great deal of interest in running for Council. We always reach out to registrants and encourage them to consider running for Council; however, these endeavours have not resulted in a significant spike in interest. Elections occur each November so efforts will once again be put forth in order to attract more candidates such as messaging the registrants with upcoming elections in their districts. Our goal is to generate enough interest to allow us to fully implement this measure in the future.</p> | | | | |
| | | <p>ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.</p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td data-bbox="776 456 2206 516">The College fulfills this requirement:</td> <td data-bbox="2206 456 2612 516" style="text-align: center;">Yes</td> </tr> <tr> <td colspan="2" data-bbox="776 516 2612 1429"> <ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>Professional members wishing to stand for election must attend an orientation training session that takes place prior to elections. The session takes place with College staff online with the aim being to provide those seeking election with education related to the expectations pertaining to the member’s role and responsibilities. The duration of the orientation training is 1.5–2 hours. Once elected, new Council members attend a second orientation that runs approximately 2 hours and deals with administrative matters.</p> <p>Training topics include:</p> <ul style="list-style-type: none"> • History of the College • Discussion of Self-Regulation • Organizational Chart • College’s Mandate • Role and Composition of Council • Governance Structure • Policy Governance • Code of Conduct • Fiduciary Duty • Conflict of Interest • Confidentiality • Council Expectations • Council Culture • Council Meetings • Current Council Business • Council Communication </td> </tr> </table> | The College fulfills this requirement: | Yes | <ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>Professional members wishing to stand for election must attend an orientation training session that takes place prior to elections. The session takes place with College staff online with the aim being to provide those seeking election with education related to the expectations pertaining to the member’s role and responsibilities. The duration of the orientation training is 1.5–2 hours. Once elected, new Council members attend a second orientation that runs approximately 2 hours and deals with administrative matters.</p> <p>Training topics include:</p> <ul style="list-style-type: none"> • History of the College • Discussion of Self-Regulation • Organizational Chart • College’s Mandate • Role and Composition of Council • Governance Structure • Policy Governance • Code of Conduct • Fiduciary Duty • Conflict of Interest • Confidentiality • Council Expectations • Council Culture • Council Meetings • Current Council Business • Council Communication | |
| The College fulfills this requirement: | Yes | | | | | | |
| <ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>Professional members wishing to stand for election must attend an orientation training session that takes place prior to elections. The session takes place with College staff online with the aim being to provide those seeking election with education related to the expectations pertaining to the member’s role and responsibilities. The duration of the orientation training is 1.5–2 hours. Once elected, new Council members attend a second orientation that runs approximately 2 hours and deals with administrative matters.</p> <p>Training topics include:</p> <ul style="list-style-type: none"> • History of the College • Discussion of Self-Regulation • Organizational Chart • College’s Mandate • Role and Composition of Council • Governance Structure • Policy Governance • Code of Conduct • Fiduciary Duty • Conflict of Interest • Confidentiality • Council Expectations • Council Culture • Council Meetings • Current Council Business • Council Communication | | | | | | | |

| | | |
|--|--|--|
| | | <ul style="list-style-type: none"> • Monitoring Reports • Honoraria Policies • Next Steps – After Election and Committees • Committee Commitments • 2023 Council Schedule |
| | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> |
| | | <p>Choose an item.</p> <p><i>Additional comments for clarification (optional):</i></p> |
| | <p>b. Statutory Committee candidates have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/> | <p>The College fulfills this requirement:</p> |
| | | <p>Yes</p> <ul style="list-style-type: none"> • The competency and suitability criteria are public: Yes • <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> <p>The Committee Composition Profile outlines the specific knowledge, skills, and attributes required of members appointed to statutory and non-statutory standing committees. Statutory Committees are populated according to this Profile.</p> |
| | | <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> |
| | <p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</p> | <p>The College fulfills this requirement:</p> |
| | | <p>Yes</p> <ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. <p>See Appendix A which sets out the training details for all members of Statutory Committees including the duration, format, and topics of training. Topics include the mandate of the Committee and expectations pertaining to a member’s role and responsibilities. The orientation training takes place during the first committee meeting and prior to decision-making regarding specific cases.</p> |

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| | | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | <p>Choose an item.</p> |
| | | | <p><i>Additional comments for clarification (optional):</i></p> | |
| | | <p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.</p> | <p>The College fulfills this requirement:</p> | <p>Met in 2021, continues to meet in 2022</p> |
| | | | <ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>See Appendix B which sets out the orientation/training details for all public appointees to Council and includes the duration, format, and topics of training. Topics include the mandate of the Committee and expectations pertaining to a member’s role and responsibilities and takes place prior to their first Council meeting.</p> | |
| | | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | <p>Choose an item.</p> |
| | | | <p><i>Additional comments for clarification (optional):</i></p> | |

| Measure: | | | |
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| 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education. | | | |
| Required Evidence | College Response | | |
| a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> i. Council meetings; and ii. Council. | The College fulfills this requirement: | Met in 2021, continues to meet in 2022 | |
| | <ul style="list-style-type: none"> • Please provide the year when Framework was developed OR last updated. • Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Yes • <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i> | | |
| | <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> | | Choose an item. |
| | <i>Additional comments for clarification (optional)</i> | | |

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| | | <p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p> | <p>The College fulfills this requirement:</p> | <p>Yes</p> |
| | | | <ul style="list-style-type: none"> • Has a third party been engaged by the College for evaluation of Council effectiveness? Yes • <i>If yes, how often do they occur?</i> • Please indicate the year of last third-party evaluation. <p>Council has contracted Deanna Williams of Dundee Consulting Inc. to perform a third-party assessment of Council effectiveness. Evaluation activities took place in 2022 and the Council looks forward to receiving the final report in early 2023 to determine what, if any, changes the consultant has recommended to improve Council effectiveness.</p> | |
| | | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | <p>Choose an item.</p> |
| | | | <p><i>Additional comments for clarification (optional)</i></p> | |

| | | <p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <ul style="list-style-type: none"> i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>The Council develops a plan for training at the beginning of the year and refines the plan prior to each meeting. The training agenda is based on input from Council members by way of a survey and a summary of assessments of governance performance through the prior year. Council allocates the day prior to the Council meeting for training and education.</p> <p>In a survey of Council members in November 2021, Council members identified their need for training in the following areas for 2022:</p> <ul style="list-style-type: none"> ○ Current Regulatory Issues and Trends - 58% ○ RHPA and other regulated legislation - 50% ○ Policy Development - 42% ○ Reading Financial Statements - 0% ○ Assessing Monitoring Reports - 33% ○ Core Regulatory Activities of the College - 42% ○ Specific Duties and Functions of the College - 25% ○ Role of a Council Member - 17% ○ Robert’s Rules of Order - 17% ○ Dental Hygiene Practice - 17% ○ Foundational Concepts of Self-Regulation - 25% ○ Ten Principles of Policy Governance - 0% ○ Fiduciary Duty - 8% ○ No need/time for Education - 0% <p>This information was used in the planning for the following workshops/training which were held in 2021:</p> <table border="1" data-bbox="870 1208 2502 1383"> <thead> <tr> <th data-bbox="870 1208 1257 1268">Date</th> <th data-bbox="1257 1208 1929 1268">Topic</th> <th data-bbox="1929 1208 2502 1268">Presenter</th> </tr> </thead> <tbody> <tr> <td data-bbox="870 1268 1257 1328">January 21, 2022</td> <td data-bbox="1257 1268 1929 1328">Conflict of Interest and Confidentiality</td> <td data-bbox="1929 1268 2502 1328">Rebecca Durcan, SML</td> </tr> <tr> <td data-bbox="870 1328 1257 1383"></td> <td data-bbox="1257 1328 1929 1383">Regulation/RHPA</td> <td data-bbox="1929 1328 2502 1383">Richard Steinecke, SML</td> </tr> </tbody> </table> | Date | Topic | Presenter | January 21, 2022 | Conflict of Interest and Confidentiality | Rebecca Durcan, SML | | Regulation/RHPA | Richard Steinecke, SML | <p>Yes</p> |
|------------------|--|---|---|------|-------|-----------|------------------|--|---------------------|--|-----------------|------------------------|------------|
| Date | Topic | Presenter | | | | | | | | | | | |
| January 21, 2022 | Conflict of Interest and Confidentiality | Rebecca Durcan, SML | | | | | | | | | | | |
| | Regulation/RHPA | Richard Steinecke, SML | | | | | | | | | | | |

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| | February 25, 2022 Workshop | Current, Important Topics in Professional Regulation Diversity and Inclusion (Unconscious Bias) Governance Reform and Regulatory Modernization: Ministry of Health Consultation | Rebecca Durcan, SML Canadian Centre for Diversity and Inclusion (CCDI) Dr. G. Pettifer and Julie Maciura, SML |
| | March 4, 2022 Meeting | Risk-Based Regulation | Rebecca Durcan, SML |
| | June 9, 2022 Workshop | Ownership Linkage Committee Overview Guidelines for Reviewing Policies with an Inclusion Focus Reconciliation and Indigenous Inclusion within Health Care Profession Regulatory Bodies | Terri Strawn (Council President) and Carla Grbac Michael Bach, CCDI Harmony Johnson |
| | June 10, 2022 Meeting | Third-Party Assessment | Deanna Williams |
| | September 9, 2022 Workshop | Third-Party Assessment Indigenous Inclusion | Deanna Williams Roy Pogorzelski, CCDI |
| | December 1, 2022 Workshop | Land Acknowledgment Bias and Noise Roles and Responsibilities of Council Members CDHA and CNAR Conference Reports from Council Members who attended | Christine Luckasavitch Rebecca Durcan, SML Rebecca Durcan, SML Terri Strawn and Carla Grbac (CDHA Summit) Terri Strawn and Vanessa Pereira (CNAR) |
| | December 2, 2022 Meeting | Inequality in Access to Oral Health Care Quality Assurance Strategic Planning | Dr. Catherine Carstairs Dr. Zubin Austin |
| | If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? | | |

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| | | | <i>Additional comments for clarification (optional):</i> |
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| | | <p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p> | The College fulfills this requirement: | Yes |
| | | <ul style="list-style-type: none"> • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>Ongoing training is informed by many factors including evolving public expectations. The CDHO regularly surveys the public and registrants and engages stakeholders through consultations to help inform risk management that occurs through the monitoring of CDHO policies as described in 2.1 e) below. Surveys of members of the public were completed in 2018 and 2020 and in 2022 another comprehensive survey of the public was commissioned by the CDHO. The results of these various surveys are used to help define evolving public expectations. Input is also gathered from regular surveys of the registrant base.</p> | | |
| | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | Choose an item. | |
| <p><i>Additional comments for clarification (optional):</i></p> | | | | |

Measure:

2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.

Required Evidence

- a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is:
 - i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and

Further clarification:

Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.

College Response

The College fulfills this requirement:

Yes

- Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated.
- Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review.

The CDHO Council Code of Conduct and rules for the Conduct Committee are contained on pages 11–22 in [CDHO Bylaw 5](#), Sections 3.7 through 3.9 (last updated 18/09/2020).

The Conduct Committee Terms of Reference are described in Policy GP 6.4 on page 38 of the [CDHO Policy Manual](#) (last updated 4/12/2020). This Committee is in place to assist the Council in enforcing upon itself the self-discipline needed to govern with excellence.

The CDHO Council Conflict of Interest Policy is contained on page 13 of [CDHO Bylaw 5](#), Section 3.7 (16.) (last updated 18/09/2020).

Code of Conduct and Conflict of Interest policies are due to be updated in 2023.

If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?

Choose an item.

Additional comments for clarification (optional)

| | | | | |
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| | | ii. accessible to the public. | The College fulfills this requirement: | Met in 2021, continues to meet in 2022 |
| | | | <ul style="list-style-type: none"> Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. | |
| | | | <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> | Choose an item. |
| | | | <i>Additional comments for clarification (optional)</i> | |
| | | b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods). | The College fulfills this requirement: | Met in 2021, continues to meet in 2022 |
| | | <p><u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.</p> | <ul style="list-style-type: none"> Cooling off period is enforced through: By-law Please provide the year that the cooling off period policy was developed OR last evaluated/updated. Please provide the length of the cooling off period. How does the College define the cooling off period? <ul style="list-style-type: none"> – Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; – Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; OR – Where not publicly available, please briefly describe the cooling off policy. | |

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| | | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | <p>Choose an item.</p> |
| | | <p><i>Additional comments for clarification (optional)</i></p> | | |
| | | <p>c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally:</u></p> <ul style="list-style-type: none"> i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda.</u> | <p>The College fulfills this requirement:</p> | <p>Yes</p> |
| | | <ul style="list-style-type: none"> • Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. <p>The annual declarations for 2022 for Council members can be viewed under item 3.1 on pages 15–33 of the March 4, 2022 Council meeting minutes</p> <p>At the beginning of every Council meeting, members declare any updates to their annual declaration responses and any conflicts of interest specific to the meeting agenda. This can be seen starting on page 9 under item 3.1 in the September 16, 2022 Council meeting agenda.</p> | | |
| | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | | <p>Choose an item.</p> |
| | | <p><i>Additional comments for clarification (optional)</i></p> | | |

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| | | <p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).</p> | <p>The College fulfills this requirement:</p> | <p>Met in 2021, continues to meet in 2022</p> | |
| | | | <ul style="list-style-type: none"> • Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. | | |
| | | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | <p>Choose an item.</p> | |
| | | | <p><i>Additional comments for clarification (if needed)</i></p> | | |

| | <p>e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p> | The College fulfills this requirement: | Yes | | | | | | | | | | | | | | | | | | | | | | | | |
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| <ul style="list-style-type: none"> Please provide the year that the formal approach was last reviewed. Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. <p>In the Policy Governance model, the College’s strategic plan is set out in the Global Ends Policy which can be found on page 3 of the CDHO Policy Manual. Formal monitoring of all policies is completed by the Council according to set schedules which can be found on pages 19 and 46–47. Compliance with each policy must be demonstrated through the monitoring reports that are reviewed and approved by the Council during Council meetings. Internal and external risks are identified within each policy and the associated monitoring reports are designed to provide evidence that these risks have been assessed and mitigated.</p> <p>In 2022, the following policies were monitored, and it was determined that the College was in compliance with the policies and had appropriately managed all related risks:</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th data-bbox="838 646 1266 695">Policy</th> <th data-bbox="1266 646 1696 695">Location</th> <th data-bbox="1696 646 2126 695">Associated risk</th> <th data-bbox="2126 646 2548 695">Approval of Monitoring Report</th> </tr> </thead> <tbody> <tr> <td data-bbox="838 695 1266 836">Executive Limitations Policy 4(1): Financial Conditions and Activities</td> <td data-bbox="1266 695 1696 836">Page 8 of CDHO Policy Manual.</td> <td data-bbox="1696 695 2126 836">Fiscal jeopardy or a material deviation of actual expenditures from Council priorities</td> <td data-bbox="2126 695 2548 836">Page 7 of March 4, 2022 Council meeting minutes</td> </tr> <tr> <td data-bbox="838 836 1266 938">Executive Limitations Policy 7: Compensation and Benefits</td> <td data-bbox="1266 836 1696 938">Page 12 of CDHO Policy Manual.</td> <td data-bbox="1696 836 2126 938">Jeopardy to fiscal integrity or public image.</td> <td data-bbox="2126 836 2548 938">Page 7 of March 4, 2022 Council meeting minutes</td> </tr> <tr> <td data-bbox="838 938 1266 1149">Executive Limitations Policy 10: Development of Standards Governing Practice</td> <td data-bbox="1266 938 1696 1149">Page 15 of CDHO Policy Manual.</td> <td data-bbox="1696 938 2126 1149">Development of standards of practice that cannot be adequately defended, or are inconsistent with the legislated mandate of the College.</td> <td data-bbox="2126 938 2548 1149">Page 7 of March 4, 2022 Council meeting minutes</td> </tr> <tr> <td data-bbox="838 1149 1266 1252">Executive Limitations Policy 11: Amendments to Act or Bylaws</td> <td data-bbox="1266 1149 1696 1252">Page 16 of CDHO Policy Manual.</td> <td data-bbox="1696 1149 2126 1252">Interference with the Council’s legislated responsibilities.</td> <td data-bbox="2126 1149 2548 1252">Page 7 of March 4, 2022 Council meeting minutes</td> </tr> <tr> <td data-bbox="838 1252 1266 1416">Governance Process 6.2: Ownership Linkage Terms of Reference</td> <td data-bbox="1266 1252 1696 1416">Page 35 of CDHO Policy Manual.</td> <td data-bbox="1696 1252 2126 1416">Assists the Council in fulfilling its responsibilities regarding connection with the owners (public).</td> <td data-bbox="2126 1252 2548 1416">Page 8 of June 10, 2022 Council meeting minutes</td> </tr> </tbody> </table> | | | | Policy | Location | Associated risk | Approval of Monitoring Report | Executive Limitations Policy 4(1): Financial Conditions and Activities | Page 8 of CDHO Policy Manual . | Fiscal jeopardy or a material deviation of actual expenditures from Council priorities | Page 7 of March 4, 2022 Council meeting minutes | Executive Limitations Policy 7: Compensation and Benefits | Page 12 of CDHO Policy Manual . | Jeopardy to fiscal integrity or public image. | Page 7 of March 4, 2022 Council meeting minutes | Executive Limitations Policy 10: Development of Standards Governing Practice | Page 15 of CDHO Policy Manual . | Development of standards of practice that cannot be adequately defended, or are inconsistent with the legislated mandate of the College. | Page 7 of March 4, 2022 Council meeting minutes | Executive Limitations Policy 11: Amendments to Act or Bylaws | Page 16 of CDHO Policy Manual . | Interference with the Council’s legislated responsibilities. | Page 7 of March 4, 2022 Council meeting minutes | Governance Process 6.2: Ownership Linkage Terms of Reference | Page 35 of CDHO Policy Manual . | Assists the Council in fulfilling its responsibilities regarding connection with the owners (public). | Page 8 of June 10, 2022 Council meeting minutes |
| Policy | Location | Associated risk | Approval of Monitoring Report | | | | | | | | | | | | | | | | | | | | | | | | |
| Executive Limitations Policy 4(1): Financial Conditions and Activities | Page 8 of CDHO Policy Manual . | Fiscal jeopardy or a material deviation of actual expenditures from Council priorities | Page 7 of March 4, 2022 Council meeting minutes | | | | | | | | | | | | | | | | | | | | | | | | |
| Executive Limitations Policy 7: Compensation and Benefits | Page 12 of CDHO Policy Manual . | Jeopardy to fiscal integrity or public image. | Page 7 of March 4, 2022 Council meeting minutes | | | | | | | | | | | | | | | | | | | | | | | | |
| Executive Limitations Policy 10: Development of Standards Governing Practice | Page 15 of CDHO Policy Manual . | Development of standards of practice that cannot be adequately defended, or are inconsistent with the legislated mandate of the College. | Page 7 of March 4, 2022 Council meeting minutes | | | | | | | | | | | | | | | | | | | | | | | | |
| Executive Limitations Policy 11: Amendments to Act or Bylaws | Page 16 of CDHO Policy Manual . | Interference with the Council’s legislated responsibilities. | Page 7 of March 4, 2022 Council meeting minutes | | | | | | | | | | | | | | | | | | | | | | | | |
| Governance Process 6.2: Ownership Linkage Terms of Reference | Page 35 of CDHO Policy Manual . | Assists the Council in fulfilling its responsibilities regarding connection with the owners (public). | Page 8 of June 10, 2022 Council meeting minutes | | | | | | | | | | | | | | | | | | | | | | | | |

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| | | | Governance Process 11: Council Linkage with Ownership | Page 49 of CDHO Policy Manual . | Governing in a manner that protects and serves the public interest and the obligation to identify and know what the owners (public) want and need. | Page 8 of June 10, 2022 Council meeting minutes |
| | | | Executive Limitations Policy 6: Investment | Page 11 of CDHO Policy Manual . | Managing investments in a way that is consistent with the objectives of reasonable growth and capital preservation. | Page 9 of June 10, 2022 Council meeting minutes |
| | | | Governance Process 6: Council Committee Principles | Page 31 of CDHO Policy Manual . | Council committees are assigned to reinforce the wholeness of the Council's job and do not interfere with delegation from Council to Registrar. | Page 6 of September 16, 2022 Council Meeting Minutes |
| | | | Governance Process 6.4: Conduct Committee Terms of Reference | Page 38 of CDHO Policy Manual . | Assisting the Council in enforcing upon itself the self-discipline needed to govern with excellence by considering and determining complaints made about Council or Committee members | Page 6 of September 16, 2022 Council Meeting Minutes |
| | | | <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (if needed)</i></p> | | | |

| Measure: | | | |
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| 3.1 Council decisions are transparent. | | | |
| Required Evidence | College Response | | |
| a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined. | The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Met in 2021, continues to meet in 2022</td> </tr> </table> <ul style="list-style-type: none"> Please insert a link to the webpage where Council minutes are posted. Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted. | | Met in 2021, continues to meet in 2022 |
| | | Met in 2021, continues to meet in 2022 | |
| | If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Choose an item.</td> </tr> </table> | | Choose an item. |
| | Choose an item. | | |
| Additional comments for clarification (optional) | | | |

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| | | <p>b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information).</p> <ol style="list-style-type: none"> i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council. | <p>The College fulfills this requirement:</p> | <p>Yes</p> |
| | | <ul style="list-style-type: none"> • Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. <p>The Council’s Governance Process policy GP 6.1 on page 32 of the CDHO Policy Manual contains the terms of reference for the Executive Committee which opens with the statement, “the Executive Committee will assist the Council in its responsibilities to govern lawfully, effectively, and efficiently”. The terms of reference also state the jobs of Council including, “As provided for in the <i>Regulated Health Professions Act</i> and CDHO Bylaws, decisions on behalf of the Council, only in urgent situations when it is not feasible to convene a quorum of the Council.” The latter statement recognizes the importance of holism in governing – Council as a whole making decisions – and a commitment to support Council’s decision-making rather than making decisions on behalf of Council.</p> <p>If there is an urgent situation which requires the Executive Committee to make a decision on behalf of Council, the policy states that, “[Council will produce] a report to Council at its immediate next meeting of any decision made on behalf of the Council.” If such a decision was made, it would be declared in the report of the Executive Committee to the Council meeting.</p> <p>In 2022, the Executive Committee made no such decisions on behalf of the Council.</p> | | |
| | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | | <p>Choose an item.</p> |
| | | <p><i>Additional comments for clarification (optional)</i></p> | | |

| Measure: | | | |
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| 3.2 Information provided by the College is accessible and timely. | | | |
| Required Evidence | College Response | | |
| a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined. | The College fulfills this requirement: | Met in 2021, continues to meet in 2022 | |
| | <ul style="list-style-type: none"> Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. <p>Council Meeting agendas and minutes are posted on the CDHO website and are accessible for at least 3 years.</p> | | |
| | <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> | | Choose an item. |
| | <i>Additional comments for clarification (optional)</i> | | |
| b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register. | The College fulfills this requirement: | Met in 2021, continues to meet in 2022 | |
| | <ul style="list-style-type: none"> Please insert a link to the College's Notice of Discipline Hearings. <p>Notice of Discipline Hearings are posted on the CDHO website at least one month in advance and include allegations made against the registrant.</p> | | |
| | <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> | | Choose an item. |
| | <i>Additional comments for clarification (optional)</i> | | |

Measure:

3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.

| Required Evidence | College Response | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|--|--|--|--|-------------------|--|--|---------------------|---------------|---|--------------------------------------|--------------------------------------|----------------|----------------------|-----------------------|---|----------------|---|---|------------|---------------|--|--|--------------------------------------|-------------|---|---------------|--------------------------------------|-----------|---|------------|------------|
| <p>a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).</p> | <p>The College fulfills this requirement:</p> | | <p>Partially</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <ul style="list-style-type: none"> • Please insert a link to the College’s DEI plan. • Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number. <p>CDHO staff and Council recognize the importance of a comprehensive DEI plan to support Council and operational initiatives. It was determined that staff and Council required additional knowledge to develop this plan and have therefore focused on acquiring the necessary background information to support the development of a meaningful and inclusive DEI plan. In 2022, staff and Council participated in a variety of different training sessions in this regard as shown below:</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th colspan="4" data-bbox="835 732 2550 792">CDHO PD Training Log re: DEI/Indigenous Activities</th> </tr> </thead> <tbody> <tr> <td data-bbox="835 792 1088 862">February 25, 2022</td> <td data-bbox="1088 792 1704 862">Diversity and Inclusion (Unconscious Bias)</td> <td data-bbox="1704 792 2206 862">Canadian Centre for Diversity and Inclusion (CCDI)</td> <td data-bbox="2206 792 2550 862">Council, CDHO staff</td> </tr> <tr> <td data-bbox="835 862 1088 938">March 1, 2022</td> <td data-bbox="1088 862 1704 938">Inclusion, Diversity, Equity, & Access Essentials</td> <td data-bbox="1704 862 2206 938">Coursera (University of North Texas)</td> <td data-bbox="2206 862 2550 938">Some staff (at least 1 staff member)</td> </tr> <tr> <td data-bbox="835 938 1088 1015">March 21, 2022</td> <td data-bbox="1088 938 1704 1015">Indigenous Inclusion</td> <td data-bbox="1704 938 2206 1015">Roy Pogorzelski, CCDI</td> <td data-bbox="2206 938 2550 1015">CDHO staff, CDO (College of Denturists) staff</td> </tr> <tr> <td data-bbox="835 1015 1088 1091">March 30, 2022</td> <td data-bbox="1088 1015 1704 1091">Corporate Services – DEI and Staff Culture and Engagement-Presentation on CNO’s DEI Initiatives</td> <td data-bbox="1704 1015 2206 1091">Elizabeth Horlock, Director, People and Culture at the College of Nurses of Ontario</td> <td data-bbox="2206 1015 2550 1091">Some staff</td> </tr> <tr> <td data-bbox="835 1091 1088 1167">April 6, 2022</td> <td data-bbox="1088 1091 1704 1167">DEI in your DNA? How diversity, equity and inclusion will shape the board’s future</td> <td data-bbox="1704 1091 2206 1167">Institute of Corporate Directors (webinar)</td> <td data-bbox="2206 1091 2550 1167">Some staff (at least 1 staff member)</td> </tr> <tr> <td data-bbox="835 1167 1088 1243">May 9, 2022</td> <td data-bbox="1088 1167 1704 1243">Diversity and Equity in Investigation Processes</td> <td data-bbox="1704 1167 2206 1243">CNAR workshop</td> <td data-bbox="2206 1167 2550 1243">Some staff (at least 1 staff member)</td> </tr> <tr> <td data-bbox="835 1243 1088 1390">June 2022</td> <td data-bbox="1088 1243 1704 1390">CDHO staff focus groups to identify barriers and inequalities within the College (processes, language, website)</td> <td data-bbox="1704 1243 2206 1390">CDHO staff</td> <td data-bbox="2206 1243 2550 1390">CDHO staff</td> </tr> </tbody> </table> | | | CDHO PD Training Log re: DEI/Indigenous Activities | | | | February 25, 2022 | Diversity and Inclusion (Unconscious Bias) | Canadian Centre for Diversity and Inclusion (CCDI) | Council, CDHO staff | March 1, 2022 | Inclusion, Diversity, Equity, & Access Essentials | Coursera (University of North Texas) | Some staff (at least 1 staff member) | March 21, 2022 | Indigenous Inclusion | Roy Pogorzelski, CCDI | CDHO staff, CDO (College of Denturists) staff | March 30, 2022 | Corporate Services – DEI and Staff Culture and Engagement-Presentation on CNO’s DEI Initiatives | Elizabeth Horlock, Director, People and Culture at the College of Nurses of Ontario | Some staff | April 6, 2022 | DEI in your DNA? How diversity, equity and inclusion will shape the board’s future | Institute of Corporate Directors (webinar) | Some staff (at least 1 staff member) | May 9, 2022 | Diversity and Equity in Investigation Processes | CNAR workshop | Some staff (at least 1 staff member) | June 2022 | CDHO staff focus groups to identify barriers and inequalities within the College (processes, language, website) | CDHO staff | CDHO staff |
| CDHO PD Training Log re: DEI/Indigenous Activities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| February 25, 2022 | Diversity and Inclusion (Unconscious Bias) | Canadian Centre for Diversity and Inclusion (CCDI) | Council, CDHO staff | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| March 1, 2022 | Inclusion, Diversity, Equity, & Access Essentials | Coursera (University of North Texas) | Some staff (at least 1 staff member) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| March 21, 2022 | Indigenous Inclusion | Roy Pogorzelski, CCDI | CDHO staff, CDO (College of Denturists) staff | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| March 30, 2022 | Corporate Services – DEI and Staff Culture and Engagement-Presentation on CNO’s DEI Initiatives | Elizabeth Horlock, Director, People and Culture at the College of Nurses of Ontario | Some staff | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| April 6, 2022 | DEI in your DNA? How diversity, equity and inclusion will shape the board’s future | Institute of Corporate Directors (webinar) | Some staff (at least 1 staff member) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May 9, 2022 | Diversity and Equity in Investigation Processes | CNAR workshop | Some staff (at least 1 staff member) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| June 2022 | CDHO staff focus groups to identify barriers and inequalities within the College (processes, language, website) | CDHO staff | CDHO staff | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

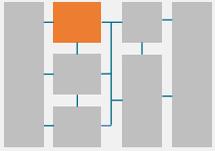
| | | | |
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| June 9, 2022 | Reconciliation and Indigenous Inclusion within Health Care Profession Regulatory Bodies | Harmony Johnson | Council and CDHO staff |
| September 9, 2022 | Indigenous Inclusion | Roy Pogorzelski, CCDI | Council and CDHO staff |
| September 30, 2022 | Virtual Blanket Exercise | Fred Martin Communications | CDHO staff and CDO (College of Denturists) staff |
| September 30, 2022 –October 1, 2022 | CDHA Summit focused on truth and reconciliation, understanding Indigenous issues, cultures and history, mental health, advocacy, unconscious bias, and equity, diversity and inclusion. | CDHA Summit | Two members of Council |
| October 24, 2022 | Master Class on Equity, Diversity, and Inclusion | CNAR pre-conference workshop | Two CNAR attendees (one staff and two Council) |
| October 25, 2022 | A Collaborative Professional Standard: Indigenous Cultural Safety, Cultural Humility, and Anti-Racism | CNAR Conference, British Columbia College of Nurses and Midwives | CNAR attendees (some members of staff and Council) |
| December 1, 2022 | Land Acknowledgment Workshop | Christine Luckasavitch | Council |
| December 1, 2022 | Bias and Noise | Rebecca Durcan, SML | Council |
| December 1, 2022 | CDHA and CNAR Conference Reports from Council Members who attended, topics included: inclusive leadership, types of diversity, and reconciliation in Canada | Terri Strawn and Carla Grbac (CDHA Summit) and Terri Strawn and Vanessa Pereira (CNAR) | Council |
| December 2, 2022 | Inequality in Access to Oral Health Care | Dr. Catherine Carstairs | Council |

In 2022, the CDHO explored actions for supporting the education of Registered Dental Hygienists in Indigenous history and issues. As a result of this research, the CDHO has made the decision to invest the resources necessary to provide this educational opportunity to the entire pool of over 14,000 Registered Dental Hygienists in the province. We are currently working with a consulting firm to articulate and expand a sustainable DEI strategy that will inform the organizations’ DEI activities for the foreseeable future. The CDHO is also seeking cross-College opportunities related to DEI with the other Oral Health Profession Regulatory Colleges.

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| <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> | Yes |
|---|-----|

Additional comments for clarification (optional)

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| | | <p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted. <p>The CDHO is currently working with a team of consultants to develop an equity impact assessment process that will include the following objectives:</p> <ul style="list-style-type: none"> • That the Leadership team, staff and Council of the College of Dental Hygienists of Ontario have a shared understanding of the anti-racism/anti-oppression (ARAO) related issues, concerns, needs and how these impact on their work; • To be aware of the differential treatment that people who are Black, Indigenous & racialized experience as patients seeking care, and as health care providers; • To understand what contributes to health inequities in Canada; • To explore and identify what ARAO means at a personal, interpersonal, organizational, and systemic level. <p>Council and staff training and education on the issue is ongoing and it is anticipated that the Equity Impact Assessment tool will be used in 2023 to assess the fairness of College policies, programs and/or processes.</p> | <p>Partially</p> |
| | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | <p>Yes</p> | |
| | | <p><i>Additional comments for clarification (optional)</i></p> | | |



Measure:

4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.

| DOMAIN 2: RESOURCES | | STANDARD 4 | |
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| Required Evidence | College Response | | |
| <p>a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.</p> <p><u>Further clarification:</u> A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number. • Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. <p>The Senior Leadership Team (Management) meet regularly prior to developing the annual budget to discuss the multi-year plan, strategic initiatives, special projects, departmental requirements, and any HR needs that would be required to fulfill the directives.</p> <p>When necessary, quotes are gathered prior to the completion of the annual budget that will be presented to Council for approval to ensure costing is in alignment with the budgeted amount.</p> <p>Within the Budget are separate line items that represent salaries, professional development for staff, ongoing initiatives, and specific projects that Management has deemed necessary to ensure operational goals are being met.</p> <p>The Council approved the 2023 budget at the December 2, 2022, Council meeting. See page 2 of the Agenda, Sections 8.1 and 8.2.</p> <p>Minutes will be approved at the March 31, 2023 Council meeting and posted on the website.</p> | | <p>Yes</p> |
| | If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? | | Choose an item. |
| | Additional comments for clarification (optional) | | |

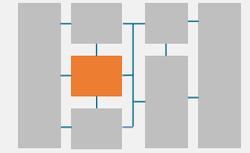
| | <p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? Yes <p>The financial reserve policy (Financial Conditions and Activities) HAS been validated by a financial auditor.</p> <p>The CDHO Council policies (link) makes note of not making use of long-term reserves, this piece has been reviewed by Council (link below) BUT the level of reserves as well as the allocation of reserves have not been formalized in this policy or a separate financial reserve policy.</p> <p>CDHO Policy Manual FINANCIAL CONDITIONS AND ACTIVITIES (pages 7–10)</p> <p>EL-3 Planning EL-4 Financial Conditions and Activities EL-5 Protection of Assets</p> <table border="1" data-bbox="835 755 2529 1115"> <thead> <tr> <th>Policy</th> <th>Evidence in Minutes</th> <th>Last reviewed/updated</th> </tr> </thead> <tbody> <tr> <td>EL-3</td> <td>September 16, 2022 Meeting Minutes</td> <td>Last reviewed and updated on September 16, 2022 (evidence in meeting minutes on pages 5–6).</td> </tr> <tr> <td>EL-3 #5</td> <td>September 16, 2022 Meeting Minutes</td> <td>Last reviewed September 16, 2022 – no updates (evidence in meeting minutes on pages 5–6).</td> </tr> <tr> <td>EL-4 #4</td> <td>September 16, 2022 Meeting Minutes</td> <td>Last reviewed September 16, 2022 – no updates (evidence in meeting minutes on page 6).</td> </tr> <tr> <td>EL-4 #4.5</td> <td>September 16, 2022 Meeting Minutes</td> <td>Last reviewed September 16, 2022 – no updates (evidence in meeting minutes on page 6).</td> </tr> <tr> <td>EL-5</td> <td>December 2, 2022 Meeting Minutes *</td> <td>Last reviewed December 2, 2022 – no updates (section 11.2 – page 7 of the draft minutes)</td> </tr> </tbody> </table> <p>* Last reviewed December 2, 2022 – no updates. Meeting minutes will be approved at the March 31, 2023 Council meeting. The policies are listed on the December agenda here: December 2, 2022 Council Meeting Agenda</p> | Policy | Evidence in Minutes | Last reviewed/updated | EL-3 | September 16, 2022 Meeting Minutes | Last reviewed and updated on September 16, 2022 (evidence in meeting minutes on pages 5–6). | EL-3 #5 | September 16, 2022 Meeting Minutes | Last reviewed September 16, 2022 – no updates (evidence in meeting minutes on pages 5–6). | EL-4 #4 | September 16, 2022 Meeting Minutes | Last reviewed September 16, 2022 – no updates (evidence in meeting minutes on page 6). | EL-4 #4.5 | September 16, 2022 Meeting Minutes | Last reviewed September 16, 2022 – no updates (evidence in meeting minutes on page 6). | EL-5 | December 2, 2022 Meeting Minutes * | Last reviewed December 2, 2022 – no updates (section 11.2 – page 7 of the draft minutes) | <p>Yes</p> |
|--|--|--|--------|---------------------|-----------------------|------|--|---|---------|--|---|---------|--|--|-----------|--|--|------|------------------------------------|--|------------|
| Policy | Evidence in Minutes | Last reviewed/updated | | | | | | | | | | | | | | | | | | | |
| EL-3 | September 16, 2022 Meeting Minutes | Last reviewed and updated on September 16, 2022 (evidence in meeting minutes on pages 5–6). | | | | | | | | | | | | | | | | | | | |
| EL-3 #5 | September 16, 2022 Meeting Minutes | Last reviewed September 16, 2022 – no updates (evidence in meeting minutes on pages 5–6). | | | | | | | | | | | | | | | | | | | |
| EL-4 #4 | September 16, 2022 Meeting Minutes | Last reviewed September 16, 2022 – no updates (evidence in meeting minutes on page 6). | | | | | | | | | | | | | | | | | | | |
| EL-4 #4.5 | September 16, 2022 Meeting Minutes | Last reviewed September 16, 2022 – no updates (evidence in meeting minutes on page 6). | | | | | | | | | | | | | | | | | | | |
| EL-5 | December 2, 2022 Meeting Minutes * | Last reviewed December 2, 2022 – no updates (section 11.2 – page 7 of the draft minutes) | | | | | | | | | | | | | | | | | | | |
| <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | | <p>Choose an item.</p> | | | | | | | | | | | | | | | | | | | |
| <p><i>Additional comments for clarification (if needed)</i></p> | | | | | | | | | | | | | | | | | | | | | |

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| | | <p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/> | <p>The College fulfills this requirement:</p> <p>CDHO Policy Manual EL-2 Treatment of Staff (page 6) COUNCIL-REGISTRAR/CEO DELEGATION (pages 17–24)</p> <p>Council Registrar/CEO Succession Policy: As outlined in the CDHO Policy Manual CRD-6 Registrar/CEO Succession (pages 21–22)</p> <p>Operational Succession Policy summary: A succession plan has been developed for operational purposes. This plan addresses the following;</p> <ul style="list-style-type: none"> • Ensuring departmental procedure manuals are developed • Assessing current and future needs based on either the strategic plan, goals and objectives, or priority programs and projects and matching these to the capabilities of the existing workforce. • Developing a plan to manage the gaps that will arise when individuals in key positions leave or are promoted. • Training and developing existing staff, and external recruitment. • Completion of performance evaluations and assisting employees in developing goals that will assist the individual and the College to meet future needs. • Allocating resources for staff education and training. • Supporting supervisors in coaching and mentoring skills and activities. • Including succession planning in the annual strategic planning process. <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> | <p>Yes</p> |
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| | | <p>ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p> | <p>The College fulfills this requirement:</p> | <p>Yes</p> |
| | | <ul style="list-style-type: none"> • Please insert a link to the College’s data and technology plan which speaks to improving College processes OR please briefly describe the plan. <p>CDHO’s IT department meets weekly with its external IT provider. Areas that are addressed:</p> <ol style="list-style-type: none"> 1. Data security / Cyber security 2. Best practices 3. New technology 4. Staff training – Cyber security/software 5. IT infrastructure improvements <p>CDHO’s IT department works closely with all departments on a regular basis to discuss departmental needs with respect to:</p> <ol style="list-style-type: none"> 1. Database capabilities 2. Database improvements (e.g., automating processes, registrant/stakeholder experience) 3. Frequent meetings prior to annual registrant renewals – updates and testing included in these meetings 4. Debrief sessions post-IT deployment/renewal process/new IT developments 5. Reporting/analytics tools 6. Training <ol style="list-style-type: none"> a. Onboarding of new software, and personnel b. Cybersecurity awareness <p>When budgeting for the College’s annual technology plan, the following is considered:</p> <ol style="list-style-type: none"> 1. Departmental database upgrades 2. CDHO’s IT Infrastructure – upgrades/replacements 3. Unforeseeable projects 4. IT staffing and support requirements 5. Strategic Technology Initiatives – near-/long-term projects to maintain and update business processes | | |
| | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | | <p>Choose an item.</p> |
| | | <p><i>Additional comments for clarification (optional)</i></p> | | |

DOMAIN 3: SYSTEM PARTNER

STANDARD 5 and STANDARD 6



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| <p>Measure / Required evidence: N/A</p> | <p>College response</p> <p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p> |
| <p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p> | <p>Standard 5: The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory Colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> • <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i> <ol style="list-style-type: none"> 1. The CDHO regularly engages with other health regulatory Colleges and other system partners to execute our mandate to regulate the practice of dental hygiene in the interest of the overall health and safety of the public of Ontario. The following examples, as discussed in our meeting with the Ministry in November 2021, illustrate how working together with these partners has resulted in aligned practice expectations related to infection prevention and control. <p>In 2021, the four oral health Colleges (College of Dental Hygienists of Ontario, College of Denturists of Ontario, College of Dental Technologists of Ontario, and the Royal College of Dental Surgeons of Ontario) made a commitment to collaborate on matters of mutual interest related to IPAC guidance provided to registrants related to COVID-19 and its variants. This collaboration continued into 2022. Registrars appointed one member from the staff of each College to a working group to review guidance and provide them with recommendations for amendments aimed at aligning the guidance provided to the registrants of the four Colleges. Alignment is critical in the oral health field, particularly between registrants of the CDHO and the RCDSO as the majority of Registered Dental Hygienists work collaboratively in dental practices.</p> |

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| | <p>In 2022, an expert panel of infectious disease physicians and representatives from each of the 4 professions was formed to provide advice to the oral health Colleges. They were tasked with considering recommendations for changes to the IPAC guidance of the respective Colleges. The recommendations of the group were then used to help inform changes to the guidance. The four Colleges worked together to ensure alignment of their respective guidance and the Registrars communicated with their registrants about revisions to IPAC guidance in late June 2022. Although the guidance from the four College may look different, the result is consistent in regard to the expectations for registrants of any oral health College.</p> <p>2. The CDHO continues to collaborate with both the Canadian Dental Hygienists Association (CDHA) through the Federation of Dental Hygiene Regulators of Canada (FDHRC) and the Ontario Dental Hygienists' Association (ODHA).</p> <p>The mission of the FDHRC is to provide national leadership on issues concerning the protection of the public. The FDHRC provides a forum for networking and information exchange among Canadian dental hygiene regulators. They regularly collaborate with the CDHA on national issues of mutual interest. For example, the Federation has sought input regarding the development of national standards of practice, national competencies for dental hygienists, accreditation standards/processes and labour mobility. Regular consultation with the CDHA helps to inform Federation decisions. In 2022 discussions revolved around the development of National Standards related to the new National competencies adopted by the CDHO and the other provincial regulators in 2021.</p> <p>At a provincial level, the CDHO Council and ODHA Executive meet twice yearly along with the CDHO Registrar and the ODHA Executive Director, or more often if required, to engage in discussions of items of common interest. Of great interest to the ODHA in 2022 were the anticipated changes coming to the CDHO Quality Assurance program that will result from recommendations coming out of a program evaluation process and through strategic planning sessions.</p> |
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Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.

The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner.

- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility, etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*
- *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).*

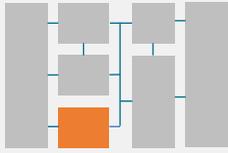
The CDHO maintains collaborative relationships with a number of system partners which allows the College to respond to and identify changing public/societal expectations and to ensure the exchange of relevant information related to the practice of dental hygiene. The following is just one example of how system partners have participated in and helped to inform College initiatives.

In recent news, the public and society have been horrified to learn about the shameful and disturbing abuse that occurred at the sites of former residential schools in Canada. The Truth and Reconciliation Commission of Canada: Calls to Action include a resounding call for Canadians to learn about this history and to take action to be a part of the reconciliation process. Along with our system partners, the CDHO takes this call very seriously and is actively engaging in learning about that history. We are examining ways for the College Council, staff and registrants to engage in activities that will support learning and understanding of the past, present and future lives and experiences of First Nations, Métis and Inuit people in Canada and how we can make meaningful contributions to the reconciliation process. In 2022, as part of the CDHO journey, Council and College staff engaged in the following activities with our system partners that supported learning and understanding of the lives and experiences of the Indigenous peoples of Canada:

- In February 2022, both staff and Council participated in a workshop offered by the Canadian Centre for Diversity and Inclusion aimed at debunking myths about Indigenous communities in Canada and providing an understanding of ways of engaging with Indigenous communities.
- At their September Council meeting, CCDI and facilitator Roy Pogozelski provided further education about the opportunity to build solid relationships with Indigenous communities. Mr. Pogozelski has been contracted by the CDHO to assist in the development of the CDHO land acknowledgement and to consult with us on Indigenous matters.
- On the National Day for Truth and Reconciliation, the CDHO Council and Staff were invited to participate in a Virtual Blanket Exercise by the College of Denturists of Ontario. This experiential workshop explored the relationship between Indigenous and non-Indigenous peoples in Canada.

- The CDHO researched providing all registrants with access to an Indigenous education module as part of our new QA program which will be available in 2023.
- The FDHRC has engaged a consultant to undertake a review project to look at the National Competencies through a lens of Indigenous Cultural Safety and Humility, decolonization, indigenization, as well as Anti-Racism and Indigenous rights. Indigenous Subject Matter Experts will review standards and policies through an Indigenous lens and produce a final report containing a summary of the SME feedback and guidance for implementation of the recommendations.
- The 4 Ontario Oral Health Profession Regulatory Colleges are in discussions to develop a multi-College initiative designed to support Council education on the history and issues surrounding Indigenous history and current paths to Reconciliation. Included in this initiative is discussion around the development of a Standard of Practice for Cultural Safety, Cultural Humility and Anti-Racism.

The CDHO has an extensive network of system partners such as other regulators, both provincially and nationally, educators, educational institutions, government and other provincial and national organizations that they can reach out or respond to for assistance at any time. The two-way relationships are collegial and collaborative and provide valuable information that is used to assist the College in responding to and identifying changing public/societal expectations in a timely manner. Within the CDHO, staff in most departments belong to advisory groups related to their regulatory functions such as registration, quality assurance, corporate services, information technology and complaints. These relationships are maintained through regular correspondence and meetings with the various partners. Information and experiences are freely shared amongst the groups in the interest of regulatory excellence.



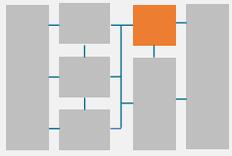
Measure:

7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.

| DOMAIN 4: INFORMATION MANAGEMENT | STANDARD 7 | Required Evidence | College Response | | |
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| | | <p>a. The College demonstrates how it:</p> <p>i. uses policies and processes to govern the disclosure of, and requests for information;</p> | The College fulfills this requirement: | | Yes |
| | | | <ul style="list-style-type: none"> Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information. <p>All personal information provided to CDHO will be collected, used and disclosed in accordance with the CDHO Privacy Policy. https://www.cdho.org/about-the-college/transparency-agenda/cdho-privacy-code</p> <p>The protection of information that is personal or sensitive is outlined in the CDHO Retention and Safeguarding Policy for Records Containing Personal Information. https://www.cdho.org/docs/default-source/pdfs/privacy/retentionpolicy.pdf</p> | | |
| | | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | | Choose an item. |
| <p><i>Additional comments for clarification (optional)</i></p> | | | | | |

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| | | <p>ii. Uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. <p>Cyber Security measures:</p> <ul style="list-style-type: none"> CDHO risks related to IT have been further mitigated through 2022 with the aid of our external IT provider who monitors CDHO's IT infrastructure 24/7. CDHO enhanced the Backup and Disaster Recovery system that provides full on-site and off-site failover and recovery options. Improvements to this system have been made by adjusting the backup schedule to recovery timeframes of within 30 minutes with Veeam. CDHO has subscribed to a secondary ISP provider to provide a backup failover for instances where our main ISP's service is rendered offline. Advanced Threat protection is in place on CDHO's in-office firewall including content and web filtering. End points are protected via a DNS (Domain Name System) filter agent that prevents access to malicious sites and other content-related sites. Security violations are monitored 24/7 by Security Operations Center via EDR (Endpoint Detection and Response), SIEM (Security Information and Event Management) and DNS agents. Alerts for incidents are generated and sent to the Security Team where they are reviewed, triaged, and actioned based on existing policies and procedures. Monthly cyber education and training via KnowB4 is mandatory for all CDHO staff. All personal information provided to CDHO will be collected, used and disclosed in accordance with the CDHO Privacy Policy. https://www.cdho.org/about-the-college/transparency-agenda/cdho-privacy-code The protection of information that is personal or sensitive is outlined in the CDHO Retention and Safeguarding Policy for Records Containing Personal Information. https://www.cdho.org/docs/default-source/pdfs/privacy/retentionpolicy.pdf CDHO has developed educational material that is available for staff. 'Quick Guide: Steps to Deal with a Privacy Breach'. This document outlines the 3-step process that must be taken when a suspected breach has occurred: <ul style="list-style-type: none"> STEP 1: Immediately Alert Your Manager / Senior Management Team STEP 2: Identify the Scope of the Breach and Take Steps to Contain It STEP 3: Investigate and Remediate | <p>Yes</p> |
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| | | | <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> |
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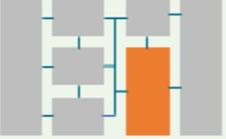


Measure:
 8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).

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| DOMAIN 5: REGULATORY POLICIES | STANDARD 8 | Required Evidence | College Response | | |
| | | <p>a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.</p> <hr style="border: 1px solid #0070C0;"/> <p style="text-align: center; color: #0070C0;"><i>Benchmarked Evidence</i></p> <hr style="border: 1px solid #0070C0;"/> | The College fulfills this requirement: | | Met in 2021, continues to meet in 2022 |
| | | | <ul style="list-style-type: none"> Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) OR please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). | | |
| | | <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> | | | |

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| | | <p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) OR please briefly describe the College’s development and amendment process. <p>Policies, guidelines, and practice standards are developed or amended for registrants by the College following consultation and information released by various groups including Health Canada, CDC, Public Health Ontario, PIDAC, PHAC, other public health authorities and experts in the field. Current research and evidence as well as inquiries from members of the public are regularly monitored by the practice advisory service and as new evidence emerges, documents are updated accordingly. Policies, guidelines and practice standards are written based on the risk posed to clients and staff during the provision of dental hygiene care. Other provincial and national regulators of the oral health professions are also consulted and alignment with other Colleges is considered where practice matters overlap.</p> <p>Where possible, the documents are sent out for stakeholder feedback; however, due to the time-sensitive nature of some guidance and the need to get the information out to registrants quickly, this process may be bypassed (i.e. the urgent nature of COVID-19 guidance). The CDHO has monitored stakeholder views and feedback, including that from members of the public, and incorporated changes when indicated since the initial guideline release in May 2020. Revised guidance was provided to registrants three times in 2022 as a response to changing evidence related to COVID-19:</p> | <p>Yes</p> |
| | | <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> | | |

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| | | <p>c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p> | <p>The College fulfills this requirement:</p> | <p>Yes</p> |
| | | | <ul style="list-style-type: none"> • Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. <p>CDHO staff and Council have attended a number of DEI Training/Awareness Workshops in 2022 as described in section 3.3 a). Ongoing development and refinement of our Diversity, Equity, and Inclusion plan is currently underway and inform revisions to the College's policies, guidelines, standards and the CDHO Code of Ethics so that these principles and values are reflected in the care provided by the registrants of the College.</p> | |
| | | | <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> | <p>Choose an item.</p> |
| <p><i>Additional comments for clarification (optional)</i></p> | | | | |

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|  | | Measure: 9.1 Applicants meet all College requirements before they are able to practice. | |
| | | Required Evidence | College Response |
| DOMAIN 6: SUITABILITY TO PRACTICE | STANDARD 9 | <p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)¹.</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. • Please insert a link and indicate the page number OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). <p>In April 2022, Bill 106 (<i>Pandemic and Emergency Preparedness Act, 2022</i>) came into effect. Bill 106 requires all Health Profession Regulatory Colleges to establish an Emergency Class of Registration. An Emergency Class of Registration is a temporary class of registration that provides for expedited registration of healthcare professionals. While it is reasonable to assume that the Government of Ontario put this requirement for an Emergency Class of Registration in force as a result of observed challenges during the COVID-19 pandemic, the existence of a public health emergency is not the only reason for the opening of an Emergency Class of Registration. In the proposed Regulation amendment, the Minister of Health or the CDHO Council can declare that emergency circumstances exist that make it in the public interest for the College to begin issuing and renewing Emergency Certificates of Registration.</p> <p>To expedite the registration process in this context, some of the requirements that are required for registration in a General Class of Registration will be altered or removed. These changes are impending in 2023 and will be submitted to the CDHO Council for approval pending stakeholder consultation.</p> |
| | | | <p>Met in 2021, continues to meet in 2022</p> |

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

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| | | | <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> | Choose an item. |
| | | <i>Additional comments for clarification (optional)</i> | | |
| | | <p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).</p> | <p>The College fulfills this requirement:</p> | <p>Yes</p> |
| | | <ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers OR please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. <p>In May of 2022 the CDHO retained the College’s legal counsel (who is familiar with the operations of CDHO and many similar regulators) to conduct an objective legal audit of the Registration Committee and Registration Department functions. While the focus of the audit was the legal appropriateness of the Registration processes at CDHO, some comments were made on non-legal matters which have an impact on the effectiveness of the Committee’s and department’s work. An audit of the CDHO’s Registration process has not previously been undertaken. The CDHO is in the process of operationalizing the audit recommendations for 2023.</p> <p>The College initiated a review and update to its jurisprudence education examination questions in 2021, which had not been fully updated since 2016. The old examination questions will be retired in 2023 and replaced with a new set of questions, currently under development. There is no change to the requirement for applicants to complete the jurisprudence examination, which retains the same format.</p> <p>A fulsome review of the registration content on the College website was conducted in 2022 identifying areas for improvement. The College has contracted the services of a third-party provider to assist with the updating and streamlining of information made available to applicants and registrants on the College website. Updates to the website is anticipated in 2023.</p> | | |
| | <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> | Choose an item. | | |
| <i>Additional comments for clarification (optional)</i> | | | | |

| Measure: | | |
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| 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically. | | |
| c. | A risk-based approach is used to ensure that currency ² and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.). | The College fulfills this requirement: |
| | | Yes |
| | | <ul style="list-style-type: none"> Please briefly describe the currency and competency requirements registrants are required to meet. Please briefly describe how the College identified currency and competency requirements. Please provide the date when currency and competency requirements were last reviewed and updated. Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done. <p>No changes have been made since last reported in 2021. Under the registration regulation, currency is considered graduation or practise within the previous 3 years, or completion of a refresher course or competency assessment within the previous 18 months; ongoing conditions of registration include conduct, insurance, and authorization to work in Canada.</p> <p>On their annual registration renewal:</p> <ul style="list-style-type: none"> Registrants self-declare currency on change status applications, reinstatement applications. Registrants self-declare conduct, insurance, and work authorization on annual renewal and on applications to change status or reinstate. <p>An annual insurance audit is conducted on random 5% of active registrants.</p> <p>Currency is not addressed for registrants who continue to hold general or specialty registration, though the current proposed regulation change will address this gap. Currency requirements were last reviewed in preparation for the proposed changes to the regulation.</p> |
| | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p> |
| | | Choose an item. |

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

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| Measure: | | | | | | | | |
| 9.3 Registration practices are transparent, objective, impartial, and fair. | | | | | | | | |
| | | <table border="1" style="width: 100%;"> <tr> <td style="width: 70%; vertical-align: top;"> <p>a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).</p> </td> <td style="width: 30%; vertical-align: top;"> <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. Where an action plan was issued, is it: No Action Plan Issued <p>There were no recommendations for improvement resulting from the 2021 Fair Registration Practices Report. Please see here for a link to the report.</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> </td> <td style="vertical-align: top;"> <p>Met in 2021, continues to meet in 2022</p> <p>Choose an item.</p> </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> <p><i>Additional comments for clarification (if needed)</i></p> </td> </tr> </table> | <p>a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. Where an action plan was issued, is it: No Action Plan Issued <p>There were no recommendations for improvement resulting from the 2021 Fair Registration Practices Report. Please see here for a link to the report.</p> | <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> | <p>Met in 2021, continues to meet in 2022</p> <p>Choose an item.</p> | <p><i>Additional comments for clarification (if needed)</i></p> | |
| | | <p>a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. Where an action plan was issued, is it: No Action Plan Issued <p>There were no recommendations for improvement resulting from the 2021 Fair Registration Practices Report. Please see here for a link to the report.</p> | | | | | |
| | | <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> | <p>Met in 2021, continues to meet in 2022</p> <p>Choose an item.</p> | | | | | |
| <p><i>Additional comments for clarification (if needed)</i></p> | | | | | | | | |
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| Measure: | |
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| 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice. | |
| Required Evidence | College Response |
| <p>a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.</p> | <p>The College fulfills this requirement:</p> <p>Met in 2021, continues to meet in 2022</p> <ul style="list-style-type: none"> Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> Name of Standard Duration of period that support was provided Activities undertaken to support registrants % of registrants reached/participated by each activity Evaluation conducted on effectiveness of support provided <p>Name of Standard: COVID-19 IPAC Guidance for registrants</p> <p>Duration of period that support was provided: Continuous/Ongoing</p> <p>Activities undertaken to support registrants: Email announcements to individual registrants and posting on website news feed on June 6, 2022, June 16, 2022 and August 3, 2022. Practice advisors always available by email and telephone.</p> <p>% of registrants reached/participated by each activity: available to 100% of registrants</p> <p>Evaluation conducted on effectiveness of support provided: Minor revisions were made to the COVID-19 CDHO Guidance of IPAC in Dental Hygiene Practice, which provided greater clarity on particular measures, rather than changed them (e.g. standardizing terminology and alignment of PPE requirements with other oral health regulators). 100% of registrants were notified by email announcements, an update was posted to website news feed, and Practice Advisors continued to be available for questions/clarification. No further activities were undertaken to inform or follow up with registrants due to the limited scope of the revisions. As the pandemic continues to evolve, an evaluation of effectiveness of support has not been completed at this time.</p> <ul style="list-style-type: none"> Does the College always provide this level of support: Yes <i>If not, please provide a brief explanation:</i> |
| | <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> |

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| Measure: | | | |
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| 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ³ . | | | |
| a. The College has processes and policies in place outlining: <ul style="list-style-type: none"> i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice; | The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Yes</td> </tr> </table> | | Yes |
| | | Yes | |
| | <ul style="list-style-type: none"> • Please list the College’s priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. <p>All registrants complete 75 hours of learning for each 3-year cycle. Registrants who are selected for audit (approximately 20% annually), may submit their learning (Learning Portfolio) OR pass a written assessment (QA Test), AND those currently practising may submit a Practice Profile OR choose to participate in an onsite practice review.</p> <p>Registrants with gaps identified in knowledge (Learning Portfolio or QA Test) may be directed to complete remediation.</p> <p>Registrants with deficiencies in the Practice Profile are asked to participate in a telephone interview with the assessor. If the telephone interview does not clear up the deficiency, the registrant is asked to participate in an onsite practice review.</p> <p>Registrants with gaps in skills/judgment (Practice Profile or Onsite Practice Review) may be directed to complete remediation and/or further assessment (onsite practice review and/or chart audit).</p> <ul style="list-style-type: none"> • Is the process taken above for identifying priority areas codified in a policy: Yes • If yes, please insert link to the policy. https://www.cdho.org/docs/default-source/pdfs/quality-assurance/gareg_policies.pdf | | |
| | <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> | Choose an item. | |
| <i>Additional comments for clarification (optional)</i> | | | |

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

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| | | <p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). OR please briefly describe right touch approach and evidence used. <p>Onsite practice review (practice assessment) is risk based – only those with deficiencies identified in the practice profile and telephone interview are required to participate in an onsite practice review; where deficiencies are identified in practice, registrants may be required to participate in remediation and/or further assessment.</p> <ul style="list-style-type: none"> Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the College engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> <i>Public</i> Yes (Public Opinion Survey 2011) <i>Employers</i> No <i>Registrants</i> Yes (Registrant Opinion Surveys in 2013 and 2022; TQI Surveys in 2014 and 2021) <i>other stakeholders</i> Yes (QA Assessor Survey 2022 and QA Committee Survey 2022) | <p>Met in 2021, continues to meet in 2022</p> |
| | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | <p>Choose an item.</p> | |
| <p><i>Additional comments for clarification (optional)</i></p> <p>The QA program is presently under review as part of a scheduled program evaluation. Data / reports from the 2021 Total Quality Improvement Survey and the 2022 Registrant, Assessor, and Committee Opinion Surveys, along with an ongoing strategic planning initiative, will inform any future changes to the program.</p> | | | | |
| | | <p>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p> | <p>The College fulfills this requirement:</p> | <p>Yes</p> |
| | | <ul style="list-style-type: none"> Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. <p>https://www.cdho.org/docs/default-source/pdfs/quality-assurance/qareg_policies.pdf</p> <p>https://www.cdho.org/docs/default-source/pdfs/quality-assurance/qaprogram_guidelines.pdf</p> | | |
| | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | <p>Choose an item.</p> | |
| <p><i>Additional comments for clarification (optional)</i></p> | | | | |

| | | | | |
|---|--|---|---|-----------------|
| Measure: | | | | |
| 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement. | | | | |
| | | a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing. | The College fulfills this requirement: | Yes |
| | | <ul style="list-style-type: none"> Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. <p>Remediation required as part of an outcome before the ICRC or Discipline Committee normally includes a period of monitoring or evidence of successful completion to ensure that the registrant has demonstrated the required competence. These outcomes are monitored by staff and any issues identified are brought to the Registrar for consideration of further inquiries or investigation. Successful completion of remediation activities is noted on the registrant’s public register profile on the College’s website.</p> <p>Quality assurance remediation requirements and deadlines are tracked on an internal database. The registrant submits a certificate of completion for the course, or the course facilitator submits a report / certificate directly to the College. In some cases where a certificate is not issued, a registrant may be asked to submit a summary of learning.</p> | | |
| | | | <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> | Choose an item. |
| | | <i>Additional comments for clarification (if needed)</i> | | |

Measure 11.1

The College enables and supports anyone who raises a concern about a registrant.

Required Evidence

- a. The different stages of the complaints process and all relevant supports available to complainants are:
 - i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up;
 - ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;

College Response

The College fulfills this requirement:

Yes

- Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant.
- Please insert a link to the policies/procedures for ensuring all relevant information is received during intake **OR** please briefly describe the policies and procedures if the documents are not publicly accessible.

Overview of complaints process:

<https://www.cdho.org/for-the-public/complaints-about-a-dental-hygienist/complaints-process>

Information on understanding boundary violations and sexual abuse can be found here:

<https://www.cdho.org/for-the-public/public-education-program/understanding-boundary-violations-and-sexual-abuse>

Information on funding for therapy and counselling can be found here:

<https://www.cdho.org/for-the-public/public-education-program/funding-for-therapy-and-counselling>

Policy / Procedure Overview:

The College’s complaint intake protocol includes acknowledging receipt of the complaint; contacting the complainant to discuss the process; verifying the concerns identified to ensure all relevant information has been received; and having the complainant sign a confirmation of issues form to ensure that the College has understood their complaint or concerns correctly. All correspondence sent to the parties informs of the next steps in the process.

If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?

Choose an item.

Additional comments for clarification (optional)

| | | | | |
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| | | iii. evaluated by the College to ensure the information provided to complainants is clear and useful. <hr/> <i>Benchmarked Evidence</i> <hr/> | The College fulfills this requirement: | Yes |
| | | | <ul style="list-style-type: none"> Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. <p>The College uses standardized correspondence during the complaints process to ensure that the information provided to complainants is consistent and useful. These templates are reviewed regularly by staff and updated as needed. The College conducts a full audit of its complaint process every five years by external legal counsel. Legal counsel reviews all templates to ensure that the information is clear and accurate. Additionally, the College sends all complainants a voluntary feedback survey near the end of the complaints process that invites them to provide comments on their experience, including on whether the information provided by the College was clear and helpful. Feedback received from these surveys is reviewed and incorporated into the College's protocols as appropriate.</p> <p>In 2023, the College is expanding its complaint feedback program to include surveys of participants at key points during the investigation process and an exit interview to glean insights into how the College may improve its process.</p> | |
| | | | <i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i> | |
| | | | | |
| | | b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary. | The College fulfills this requirement: | Met in 2021, continues to meet in 2022 |
| | | | Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>). | |
| | | | The College's Professional Conduct department has an administrative policy to respond to all inquiries within two (2) business days. The Professional Conduct department responded to 100% of inquiries from the public during 2022 within five business days. | |
| | | | <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> | Choose an item. |
| <i>Additional comments for clarification (optional)</i> | | | | |

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| | | <p>c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).</p> | <p>The College fulfills this requirement:</p> | <p>Met in 2021, continues to meet in 2022</p> |
| | | | <ul style="list-style-type: none"> • Please list supports available for the public during the complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. | |
| | | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | <p>Choose an item.</p> |
| | | | <p><i>Additional comments for clarification (optional)</i></p> | |

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| Measure: | | |
| 11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process. | | |
| a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.). | The College fulfills this requirement: | Yes |
| | <ul style="list-style-type: none"> • Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description. <p>Complainants are assigned a dedicated Case Manager to serve as a central point of contact to respond to questions, to provide guidance about the process, and to give updates on the progress of the complaint. Complainants can contact their Case Manager by phone, e-mail, fax, or post. All correspondence contains the contact details of the Case Manager and an invitation to contact them if there are any questions.</p> <p>Professional Conduct staff provide regular updates to parties in the proceeding based on milestones in their case. Staff also advise parties of the expected timeframes for completion of the next stage in the process. For example, staff will advise parties when the complaint investigation has completed and of the scheduled date for review by a panel of the ICRC, including the expected timeframe for receipt of the panel’s decision and reasons.</p> | |
| | <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> | Choose an item. |
| | <i>Additional comments for clarification (optional)</i> | |

Measure:

12.1 The College addresses complaints in a right touch manner.

a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).

The College fulfills this requirement:

Met in 2021, continues to meet in 2022

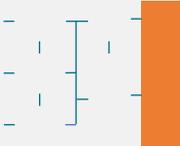
- Please insert a link to guidance document and indicate the page number **OR** please briefly describe the framework and how it is being applied.
- Please provide the year when it was implemented **OR** evaluated/updated (if applicable).

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?

Choose an item.

Additional comments for clarification (optional)

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| <p>Measure:</p> <p>13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).</p> | | | |
| <p>a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.</p> | <p>The College fulfills this requirement:</p> | <p>Met in 2021, continues to meet in 2022</p> | |
| | <ul style="list-style-type: none"> • Please insert a link to the policy and indicate page number OR please briefly describe the policy. • Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). | | |
| | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | | <p>Choose an item.</p> |
| | <p><i>Additional comments for clarification (if needed)</i></p> | | |

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|  | <p>Measure:</p> <p>14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.</p> | | |
| | <p style="writing-mode: vertical-rl; transform: rotate(180deg);">DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STANDARD 14</p> | <p>Required Evidence</p> | <p>College Response</p> |
| <p>a. Outline the College’s KPIs, including a clear rationale for why each is important.</p> | | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. | <p>Met in 2021, continues to meet in 2022</p> |
| | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | <p>Choose an item.</p> |
| | | <p><i>Additional comments for clarification (if needed)</i></p> | |
| <p>b. The College regularly reports to Council on its performance and risk review against:</p> <ol style="list-style-type: none"> stated strategic objectives (i.e., the objectives set out in a College’s strategic plan); regulatory outcomes (i.e., operational indicators/ targets with reference to the goals we are expected to achieve under the RHPA); and its risk management approach. | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number. <p>Evidence of monitoring of performance and risk information to assess the College’s progress against stated strategic objectives and regulatory outcomes can be found in the 2022 Council meeting minutes:</p> <ul style="list-style-type: none"> March 4, 2022 Council meeting minutes June 10, 2022 Council meeting minutes September 16, 2022 Council Meeting Minutes December 2, 2022 Council Meeting Minutes (to be approved at March 31, 2024 meeting) | <p>Met in 2021, continues to meet in 2022</p> | |

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

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| Measure: | | | |
| 14.2 Council directs action in response to College performance on its KPIs and risk reviews. | | | |
| <p>a. Council uses performance and risk review findings to identify where improvement activities are needed.</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/> | The College fulfills this requirement: | Yes | |
| | <ul style="list-style-type: none"> Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number. <p>If Council determines that either (a) the criteria demonstrating progress towards expected performance lack defensible rationale, or (b) there is insufficient evidence of achievement of Ends or compliance with limitations, Council will identify the timeframe within which it requires that the Registrar produce defensible criteria and/or such evidence by a specified date, unless there is defensible reason for nonachievement. In the past year, there have been no instances where there was insufficient evidence of progress.</p> <p>This process is laid out in the Policy Manual under CRD 3: Delegation to the Registrar and CRD 4: Monitoring Registrar Performance and can be found on pages 17–19 at https://www.cdho.org/docs/default-source/pdfs/policies/cdho-policy-manual.pdf.</p> | | |
| | <i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation</i> | | |
| | | | |
| Measure: | | | |
| 14.3 The College regularly reports publicly on its performance. | | | |
| <p>a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.</p> | The College fulfills this requirement: | Met in 2021, continues to meet in 2022 | |
| | <ul style="list-style-type: none"> Please insert a link to the College’s dashboard or relevant section of the College’s website. <p>Each year, the College publishes an annual report that is posted on its website. The 2021 Annual Report can be viewed here.</p> | | |
| | <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> | Choose an item. | |

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| | | | <i>Additional comments for clarification (if needed)</i> |
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Part 2: Context Measures

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

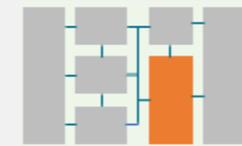
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be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

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

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

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

Table 1 – Context Measure 1

| DOMAIN 6: SUITABILITY TO PRACTICE | |  |
|---|------|--|
| STANDARD 10 | | |
| Statistical data collected in accordance with the recommended method or the College's own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i> | | |
| Context Measure (CM) | | |
| CM 1. Type and distribution of QA/QI activities and assessments used in CY 2022* | | |
| Type of QA/QI activity or assessment: | # | <p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2022. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i></p> |
| i. Learning Portfolio | 935 | |
| ii. QA Test | 1352 | |
| iii. Practice Profile | 2123 | |
| iv. Onsite Practice Review (Incl. practice environment + chart audit) | 14 | |
| v. Chart Audit (Charts only) | 35 | |
| vi. Clinical Competency Evaluation | 1 | |
| | | |
| | | |
| | | |

** Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.*

[NR](#)

Additional comments for clarification (if needed)

Table 2 – Context Measures 2 and 3

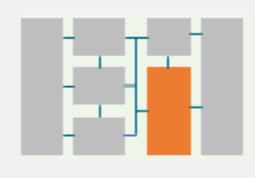
| DOMAIN 6: SUITABILITY TO PRACTICE | | |  |
|---|------|-------|--|
| STANDARD 10 | | | |
| Statistical data collected in accordance with the recommended method or the College own method: Recommended | | | |
| <i>If a College method is used, please specify the rationale for its use:</i> | | | |
| Context Measure (CM) | # | % | |
| CM 2. Total number of registrants who participated in the QA Program CY 2022 | 2389 | 16.2% | <i>What does this information tell us? If a registrant’s knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.</i> |
| CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2022. | 42 | 1.75% | <i>The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2022, understanding that some cases may carry over.</i> |
| <u>NR</u> | | | |
| <i>Additional comments for clarification (if needed)</i> | | | |
| Remediation rate for 2022 (1.75%) was lower than in either 2021 (5.9%) or 2020 (5.6%). The rate of deficiencies in Quality Assurance records submissions did <i>not</i> decrease during this timeframe, but the Quality Assurance Committee did publish new policies in 2022 clarifying how registrants could demonstrate correction of various deficiencies, resulting in fewer registrants being directed to complete remediation. See policy at: https://www.cdho.org/docs/default-source/pdfs/quality-assurance/qareg_policies.pdf (pages 8–12). | | | |

Table 3 – Context Measure 4

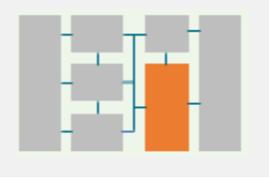
| | | | |
|---|----|-------|---|
| DOMAIN 6: SUITABILITY TO PRACTICE | | |  |
| STANDARD 10 | | | |
| Statistical data collected in accordance with the recommended method or the College’s own method: Recommended | | | |
| <i>If a College method is used, please specify the rationale for its use:</i> | | | |
| Context Measure (CM) | | | |
| CM 4. Outcome of remedial activities as at the end of CY 2022:** | # | % | <i>What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.</i> |
| I. Registrants who demonstrated required knowledge, skills, and judgment following remediation* | 31 | 73.8% | |
| II. Registrants still undertaking remediation (i.e., remediation in progress) | 11 | 26.2% | |
| NR * This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2022. **This measure may include any outcomes from the previous year that were carried over into CY 2022. | | | |
| <i>Additional comments for clarification (if needed)</i> | | | |

Table 4 – Context Measure 5

| DOMAIN 6: SUITABILITY TO PRACTICE | | | | |
|--|-----------------|-------------|--------------------------|-------------|
| STANDARD 12 | | | | |
| Statistical data is collected in accordance with the recommended method or the College’s own method: Recommended | | | | |
| <i>If a College method is used, please specify the rationale for its use:</i> | | | | |
| Context Measure (CM) | | | | |
| CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2022 | Formal received | Complaints | Registrar Investigations | initiated |
| Themes: | # | % | # | % |
| I. Advertising | NR | NR | NR | NR |
| II. Billing and Fees | 9 | 29% | NR | NR |
| III. Communication | 12 | 39% | NR | NR |
| IV. Competence / Patient Care | 14 | 45% | NR | NR |
| V. Intent to Mislead including Fraud | NR | NR | NR | NR |
| VI. Professional Conduct & Behaviour | 9 | 29% | 21 | 91% |
| VII. Record keeping | NR | NR | NR | NR |
| VIII. Sexual Abuse | NR | NR | NR | NR |
| IX. Harassment / Boundary Violations | NR | NR | NR | NR |
| X. Unauthorized Practice | NR | NR | NR | NR |
| XI. Other <please specify> Breach of Confidentiality | NR | NR | NR | NR |
| Total number of formal complaints and Registrar’s Investigations** | | 100% | | 100% |

What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.

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

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

| DOMAIN 6: SUITABILITY TO PRACTICE | | |
|---|----|------|
| STANDARD 12 | | |
| Statistical data collected in accordance with the recommended method or the College’s own method: Recommended If a College method is used, please specify the rationale for its use: | | |
| Context Measure (CM) | | |
| CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2022 | 32 | |
| CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2022 | 19 | |
| CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2022 | 23 | |
| CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2022**: | # | % |
| I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR) | NR | NR |
| II. Formal complaints that were resolved through ADR | NR | NR |
| III. Formal complaints that were disposed of by ICRC | 32 | 100% |
| IV. Formal complaints that proceeded to ICRC and are still pending | NR | NR |
| V. Formal complaints withdrawn by Registrar at the request of a complainant | NR | NR |
| VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious | NR | NR |
| <i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.</i> | | |

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

Table 6 – Context Measure 10

| DOMAIN 6: SUITABILITY TO PRACTICE | | | | | | | | |
|---|-----------------------------------|-----------------------|----------------------------------|------------------------------------|--|-----------------------|--|---|
| STANDARD 12 | | | | | | | | |
| Statistical data collected in accordance with the recommended method or the College’s own method: Recommended | | | | | | | | |
| <i>If a College method is used, please specify the rationale for its use:</i> | | | | | | | | |
| Context Measure (CM) | | | | | | | | |
| CM 10. Total number of ICRC decisions in 2022 | | 52 | | | | | | |
| Distribution of ICRC decisions by theme in 2022* | | # of ICRC Decisions++ | | | | | | |
| Nature of Decision | | Take no action | Proves advice or recommendations | Issues a caution (oral or written) | Orders a specified continuing education or remediation program | Agrees to undertaking | Refers specified allegations to the Discipline Committee | Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws. |
| I. | Advertising | NR | NR | NR | NR | NR | NR | NR |
| II. | Billing and Fees | NR | NR | NR | NR | NR | NR | NR |
| III. | Communication | 7 | NR | NR | NR | NR | NR | NR |
| IV. | Competence / Patient Care | 10 | 8 | NR | 7 | NR | NR | NR |
| V. | Intent to Mislead Including Fraud | NR | NR | NR | NR | NR | NR | NR |
| VI. | Professional Conduct & Behaviour | 8 | 11 | NR | NR | NR | NR | NR |
| VII. | Record Keeping | NR | NR | NR | NR | NR | NR | NR |
| VIII. | Sexual Abuse | NR | NR | NR | NR | NR | NR | NR |
| IX. | Harassment / Boundary Violations | NR | NR | NR | NR | NR | NR | NR |

| | | | | | | | | |
|-----|------------------------|----|----|----|----|----|----|----|
| X. | Unauthorized Practice | NR | 5 | NR | NR | NR | NR | NR |
| XI. | Other <please specify> | NR |

• Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2022.
 ++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations, or decisions.

[NR](#)

What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar's Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.

Additional comments for clarification (if needed)

Table 7 – Context Measure 11

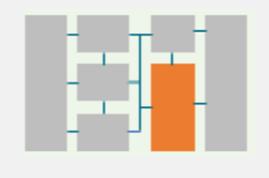
| | | |
|---|------------|---|
| DOMAIN 6: SUITABILITY TO PRACTICE | |  |
| STANDARD 12 | | |
| Statistical data collected in accordance with the recommended method or the College own method: Recommended | | |
| <i>If College method is used, please specify the rationale for its use:</i> | | |
| Context Measure (CM) | | |
| CM 11. 90 th Percentile disposal of: | Days | <i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.</i> |
| I. A formal complaint in working days in CY 2022 | 185 | <i>The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.</i> |
| II. A Registrar’s investigation in working days in CY 2022 | 248 | |
| Disposal | | |
| <i>Additional comments for clarification (if needed)</i> | | |

Table 8 – Context Measure 12

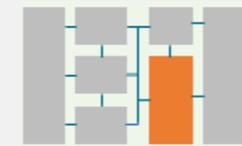
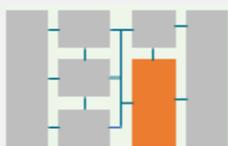
| DOMAIN 6: SUITABILITY TO PRACTICE | |  |
|---|------------|---|
| STANDARD 12 | | |
| Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i> | | |
| Context Measure (CM) | | |
| CM 12. 90th Percentile disposal of: | Days | What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College. |
| I. An uncontested discipline hearing in working days in CY 2022 | 724 | |
| II. A contested discipline hearing in working days in CY 2022 | 735 | |
| Disposal Uncontested Discipline Hearing Contested Discipline Hearing | | |
| <i>Additional comments for clarification (if needed)</i> Three discipline matters were adjourned on consent pending the resolution of other legal proceedings; these matters were then resolved as uncontested hearings following the completion of the other proceedings. If these three matters were excluded from the calculation, the 90 th percentile disposal of an uncontested discipline hearing would be 333 working days. | | |

Table 9 – Context Measure 13

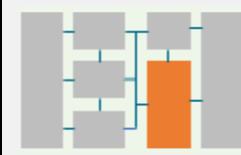
| DOMAIN 6: SUITABILITY TO PRACTICE | |  |
|---|----|---|
| STANDARD 12 | | |
| Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If College method is used, please specify the rationale for its use:</i> | | |
| Context Measure (CM) | | |
| CM 13. Distribution of Discipline finding by type* | | What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC. |
| Type | # | |
| I. Sexual abuse | NR | |
| II. Incompetence | NR | |
| III. Fail to maintain Standard | NR | |
| IV. Improper use of a controlled act | NR | |
| V. Conduct unbecoming | NR | |
| VI. Dishonourable, disgraceful, unprofessional | 8 | |
| VII. Offence conviction | NR | |
| VIII. Contravene certificate restrictions | NR | |
| IX. Findings in another jurisdiction | NR | |
| X. Breach of orders and/or undertaking | NR | |
| XI. Falsifying records | NR | |
| XII. False or misleading document | 7 | |
| XIII. Contravene relevant Acts | NR | |

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

[NR](#)

Additional comments for clarification (if needed)

Table 10 – Context Measure 14

| DOMAIN 6: SUITABILITY TO PRACTICE | |  |
|---|-----------|---|
| STANDARD 12 | | |
| Statistical data collected in accordance with the recommended method or the College own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i> | | |
| Context Measure (CM) | | |
| CM 14. Distribution of Discipline orders by type* | | <i>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i> |
| Type | # | |
| I. Revocation | NR | |
| II. Suspension | 9 | |
| III. Terms, Conditions and Limitations on a Certificate of Registration | 8 | |
| IV. Reprimand | 8 | |
| V. Undertaking | NR | |
| <p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.</p> <p> Revocation Suspension Terms, Conditions and Limitations Reprimand Undertaking NR </p> | | |
| Additional comments for clarification (if needed) | | |

Appendix A

| Table 1.1 b. ii. Training Details for All Members of Each Statutory Committee (Council, Non-Council and Public Members) | | | |
|---|----------------------|--|---|
| Committee | Duration of training | Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end, etc.) | Orientation training topics |
| Quality Assurance | ½ day | Online presentation and discussion with staff support person. | <ul style="list-style-type: none"> • Mandate, expectations and role of Committee members • QA Committee Mission/Vision/Values • Role/Authority of the Committee, Composition, Quorum • Confidentiality/Conflicts of Interest/Bias • Overview of the QA Program and its Components • Role and Selection of Assessors • QA Policies and Procedures • Committee Decisions and Scenarios • Role and Election of Committee Chair |
| Patient Relations | 2 hours | Orientation training takes place online with facilitation by the staff support person for the Committee. | <ul style="list-style-type: none"> • Mandate, expectations and role of Committee members • Statutory requirement for Committee • RHPA/requirements for PR Program • Committee role/responsibilities • Committee composition/Quorum requirements as per Bylaw • Reporting relationship with Council • Time commitment • Role of HPRAC • Nature of Committee work • Components of Sexual Abuse Prevention Plan • Funding for therapy and counselling • Sources of information to inform Committee decisions • Public Education Plan • Communication with Registrants • Updates to legislation/definitions • Mandatory revocation provisions |

Table 1.1 b. ii. Training Details for All Members of Each Statutory Committee (Council, Non-Council and Public Members)

| Committee | Duration of training | Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end, etc.) | Orientation training topics |
|-----------|----------------------|---|---|
| Executive | 1 hour | Online facilitated training on the use of OurBoardroom (website with Council policies and documents). | <ul style="list-style-type: none"> • OurBoardroom platform orientation |
| | Half day (3 hours) | Usually in person – presentation and discussion. Online during pandemic. Facilitated by President/VP of Council and/or Registrar. | <ul style="list-style-type: none"> • Mandate, expectations and role of Committee members • Introduction to the role of Council and committees • Role of the CDHO • Policy Governance • Council member responsibilities and expectations • Expense forms |
| | ½ day–full day | Usually in person – presentation and discussion with support person. Online during pandemic. Facilitator (legal counsel) conducts the training with Council. | <ul style="list-style-type: none"> • Annual Council orientation refresher on confidentiality and conflict of interest • Fill in additional details |
| | Full day | Usually in person – presentation and discussion with support person. Online during pandemic. Facilitated media training for President and VP. | <ul style="list-style-type: none"> • Presentation and mock interview practice and coaching • Distance media interviews • Distance set up/ background and performance • Radio and print interviews |

Table 1.1 b. ii. Training Details for All Members of Each Statutory Committee (Council, Non-Council and Public Members)

| Committee | Duration of training | Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end, etc.) | Orientation training topics |
|--------------|----------------------|---|---|
| Registration | 2 hours | Usually in person – presentation and discussion with staff support person. Online during pandemic. | <ul style="list-style-type: none"> • Mandate, expectations and role of Committee members • Committee information (composition, quorum, etc.) • Role of Chair and Committee Members • Mandate and Authority • Referral and Registration Process • Confidentiality • Conflict of Interest and Bias • Decision Making including special consideration of exemptions and scenario reviews • CFTA, OFC and other mobility issues • Human rights and anti-discrimination • Accessibility and Accommodation |
| ICRC | ½ day | New ICRC members attend an orientation session facilitated by staff, currently held online. The orientation includes consideration of a mock complaint. | <ul style="list-style-type: none"> • Jurisdiction and Mandate • Key Legislation and Principles • Intake and Investigation Procedures • Complaints and Reports Review Protocols • Decisions, Reasons, Appeals |

Table 1.1 b. ii. Training Details for All Members of Each Statutory Committee (Council, Non-Council and Public Members)

| Committee | Duration of training | Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end, etc.) | Orientation training topics |
|---------------------|---|--|--|
| Discipline | <p>2–3 hours</p> <p>2–3 hours</p> <p>Full day</p> | <p>New Discipline Committee members attend a live orientation session facilitated by staff, currently held online.</p> <p>In addition, all Discipline Committee members (new and returning) attend an annual training session of approximately 2–3 hours facilitated by independent legal counsel, which has included participation in a mock hearing.</p> <p>The College also regularly sends members of the Committee to participate in the full-day discipline hearing training sessions (basic and advanced) offered by Health Professions Regulators Ontario.</p> | <ul style="list-style-type: none"> • Jurisdiction and Mandate • Key Legislation and Principles • Roles of Participants • Pre-Hearing and Hearing Procedures • Decisions, Findings, Orders, Reasons, Appeals |
| Fitness to Practise | The Fitness to Practise (“FTP”) Committee has not been required to meet in the history of the College | If a panel of the FTP Committee is required to meet in future, a customized training session would be arranged to be provided by external legal counsel to the panel in advance of the hearing. Topics covered would be similar to those covered in the Discipline Committee orientation. | |

Appendix B

| Table 1.1 c. Training Details for Each New Publicly Appointed Member of Council | | | |
|---|----------------------|--|---|
| Council | Duration of training | Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end, etc.) | Orientation training topics |
| All new members | 1 hour | Online facilitated training on the use of OurBoardroom (website with Council policies and documents). | <ul style="list-style-type: none"> • OurBoardroom platform orientation |
| | ½ day (3 hours) | <p>Usually in person – presentation and discussion. Online during pandemic.</p> <p>Facilitated by President/VP of Council and/or Registrar.</p> | <ul style="list-style-type: none"> • Introduction to the role and responsibilities of Council and committees • Role of the CDHO • Policy Governance • Council member responsibilities and expectations • Expense forms |
| | ½ day–full day | <p>Usually in person – presentation and discussion with support person. Online during pandemic.</p> <p>Facilitator (legal counsel) conducts the training with Council.</p> | <ul style="list-style-type: none"> • Annual Council orientation refresher on confidentiality and conflict of interest • Additional training is provided as determined by Executive Committee |

Glossary

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

Return to [Table 5](#)

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

Return to: [Table 8](#)

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

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

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

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

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

Return to: [Table 5](#)

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

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

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

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

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

Return to: [Table 10](#)

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

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 8](#)

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

Return to: [Table 10](#)

BRIEFING NOTE

To: Council

From: Chair

Date: March 31, 2023

Topic: Policy Content Review: GP-3 Council Planning and Cycle Agenda Control

The following changes are being proposed:

Removal of the Council-Registrar Delegation and Governance Process sections of the multi-year schedule in GP-3 (4) as it is already in the Policy Manual under GP-9 (4).

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

Moved:

Seconded:

VOTE:

Appendix 1

GP-3 Council Planning Cycle and Agenda Control

To accomplish its job products with a governance style consistent with Council policies, the Council will follow an annual agenda which (a) completes a re- exploration of Ends policies annually and (b) continually improves Council performance through Council education and enriched input and deliberation.

1. The Council will convene a minimum of four meetings annually and will normally meet on a quarterly basis. The annual planning cycle is January 1 to December 31.
2. The Council shall maintain control of its own agenda by developing a multi- year cycle and an annual schedule that includes all elements of the Council's work. Annually the Council will review its annual schedule and related meeting agendas and modify as required to accommodate any additional projects or priorities. [See multi-year cycle at the end of this policy.]
 - 2.1. Review of the Ends in a timely fashion which allows the Registrar/CEO to build a budget based on accomplishing a one-year segment of the Council's most recent statement of long-term ends.
 - 2.2. Linkage with the ownership to gain a representative mix of owner values, perceptions and expectations, prior to the above review.
 - 2.3. Education related to Ends determination (for example, presentations relating to the external environment, demographic information, exploration of future perspectives which may have implications, presentations by advocacy groups and staff).
 - 2.4. Content review of selected Executive Limitations, Governance Process and Council – Registrar Delegation policies, consistent with a multi-year schedule that includes all policies.
 - 2.5. Self-evaluation of the Council's own compliance with selected Governance Process and Council – Registrar Delegation policies, consistent with the schedule in the policy, GP 9 (Investment in Governance).
 - 2.6. Documentation of monitoring compliance by the Registrar with Executive Limitations and Ends policies. Monitoring reports will be read in advance of the Council meeting, and discussion will occur only if Council members assess interpretations as unreasonable, identify non-compliance, or identify potential need for policy amendments.
 - 2.7. Education about the process of governance.
3. Based on the annual schedule and specific Council-confirmed goals for the year ahead, the Council delegates to the Chair the authority to fill in the details of the meeting content. Potential agenda items shall be carefully screened. Screening questions shall include:
 - Clarification as to whether the issue clearly belongs to the Council or the Registrar.
 - Identification of what category an issue relates to – Ends, Executive Limitations, Governance Process, Council-Registrar Delegation.
 - Review of what the Council has already said in this category, and how the current issue is related.
- 3.1. The Council delegates the Chair the authority to confirm the agenda and meeting material for Council's public meeting prior to their publication.
4. Throughout the year, the Council will attend to Required Approvals Agenda items as expeditiously as possible. When an item is brought to the Council via the Required Approvals Agenda, provided that compliance with all of the criteria in Executive Limitations has been demonstrated, the Council will not discuss the item prior to approval.

MULTI-YEAR CYCLE SCHEDULE

| Policy No. | Policy Content Review | Year 4 (2020) | Year 1 (2021) | Year 2 (2022) | Year 3 (2023) | Year 4 (2024) |
|-------------------|--|----------------------|----------------------|----------------------|----------------------|----------------------|
| | Overall Public Benefit Ends Policy | Jun. | Jun. | Jun. | Jun. | Jun. |
| E 1 | Safe High Quality Professional Practice | Jun. | Jun. | Jun. | Jun. | Jun. |
| E 2 | Engagement with Other Professionals | Jun. | Jun. | Jun. | Jun. | Jun. |
| E 3 | Health System and Public Policy Influence | Jun. | Jun. | Jun. | Jun. | Jun. |
| E 4 | Public Awareness and Access to Benefits | Jun. | Jun. | Jun. | Jun. | Jun. |
| | General Executive Constraint | | Mar. | Mar. | Mar. | Mar. |
| EL 1 | Treatment of the Public and Registrants | | Dec. | Dec. | Dec. | Dec. |
| EL 2 | Treatment of Staff | Sep. | Sep. | Sep. | Sep. | Sep. |
| EL 3 | Planning | Sep. | Mar./Sep. | Mar./Sep. | Mar./Sep. | Mar./Sep. |
| EL 4 | Financial Conditions and Activities | Sep. | Sep. | Sep. | Sep. | Sep. |
| EL 5 | Protection of Assets | Dec. | Dec. | Dec. | Dec. | Dec. |
| EL 6 | Investment | Sep. | Sep. | Sep. | Sep. | Sep. |
| EL 7 | Compensation and Benefits | | Mar. | Mar. | Mar. | Mar. |
| EL 8 | Communication and Support to Council | | Mar. | Mar. | Mar. | Mar. |
| EL 9 | Ethical Behaviour | Sep. | Sep. | Sep. | Sep. | Sep. |
| EL 10 | Development of Standards Governing Practice | Dec. | Dec. | Dec. | Dec. | Dec. |
| EL 11 | Amendments to the Act or Bylaws | Dec. | Dec. | Dec. | Dec. | Dec. |
| | Global Council-Registrar/CEO Delegation | | Dec.-2021 | | | |
| CRD-1 | Unity of Control | Jun.-2020 | | | | Jun.-2024 |
| CRD-2 | Accountability of the Registrar/CEO | | | | Dec.-2023 | |
| CRD-3 | Delegation to the Registrar/CEO | | | | Dec.-2023 | |
| CRD-4 | Monitoring Registrar/CEO Performance | | Sep.-2021 | | Sep.-2023 | |
| CRD-5 | Registrar/CEO Compensation | | Sep.-2021 | | Sep.-2023 | |
| CRD-6 | Registrar/CEO Succession | | Jun.-2021 | | | |
| CRD-7 | Registrar/CEO Termination | | Jun.-2021 | | | |
| | Global Governance Process | Dec.-2020 | | | | Dec.-2024 |
| GP-1 | Governing Style | Jun.-2020 | | | | Jun.-2024 |
| GP-2 | Council Job Contributions | | | | Mar.-2023 | |
| GP-3 | Council Planning Cycle and Agenda Control | | | Sept.-2022 | | |
| GP-4 | President's Role | | Mar.-2021 | | | |
| GP-5 | Vice-President's Role | | Mar.-2021 | | | |
| GP-6 | Council Committee Principles | Sep.-2020 | | | | Sep.-2024 |
| GP-6.1 | Executive Committee Terms of Reference | | Mar.-2021 | | Mar.-2023 | |
| GP-6.2 | Ownership Linkage Committee Terms of Reference | | | Jun.-2022 | | |
| GP-6.3 | Registrar/CEO Transition Committee Terms of Reference | Sep.-2020 | | | | Sep.-2024 |
| GP-6.4 | Conduct Committee Terms of Reference | | | Sep.-2022 | | Sep.-2024 |
| GP-7 | Council and Committee Stipend and Expenses | | Dec.-2021 | | Dec.-2023 | |

MULTI-YEAR CYCLE SCHEDULE

| Policy No. | Policy Content Review | Year 4 (2020) | Year 1 (2021) | Year 2 (2022) | Year 3 (2023) | Year 4 (2024) |
|-------------------|--------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| GP-8 | Council Code of Conduct | | Dec.-2021 | | Dec.-2023 | |
| GP-9 | Investment in Governance | Mar.-2020 | | | | Mar.-2024 |
| GP-10 | Governance Succession Planning | Mar.-2020 | | | | Mar.-2024 |
| GP-11 | Council Linkage with Ownership | | | Jun.-2022 | | |
| GP-12 | Special Rules of Order | | | | Sep.-2023 | |
| GP-13 | In-Camera Sessions | Dec.-2020 | | | | Dec.-2024 |
| | Council Education | Quarterly | Quarterly | Quarterly | Quarterly | Quarterly |
| | CEO Compensation Decision | Jun.-2020 | Jun.-2021 | Jun.-2022 | Jun.-2023 | Jun.-2024 |
| | Selection of Auditor | Jun.-2020 | Jun.-2021 | Jun.-2022 | Jun.-2023 | Jun.-2024 |
| | New Council Member Orientation | Jan.-2020 | Jan.-2021 | Jan.-2022 | Jan.-2023 | Jan.-2024 |

BRIEFING NOTE

To: Council

From: Chair

Date: March 31, 2023

Topic: Policy Content Review: Executive Limitations Policies

Council will review and discuss if any changes should be made to the EL General Executive Constraint, EL-3 Planning, EL-7 Compensation and Benefits and EL-8 Communication and Support to Council policies.

EXECUTIVE LIMITATIONS POLICIES

General Executive Constraint

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

EL-3 Planning

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

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

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

and ensure competent operation of the organization over the long term.
 - 8.2. Permit the organization to be without sufficient organizational capacity and current information about Registrar/CEO and Board issues and processes for the competent operation of the organization to continue in the event of sudden loss of Registrar/CEO services.

EL-7 Compensation and Benefits

With respect to employment, compensation and benefits to employees, consultants, contract workers and volunteers, the Registrar/CEO shall not cause or allow jeopardy to fiscal integrity or public image.

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

1. Change his/her own compensation and benefits, except as his or her benefits are consistent with a package for all other employees.
2. Promise or imply guaranteed employment.
3. Create obligations over a longer term than revenues can be safely projected.
4. Allow hiring or advancement practices that result in a real or perceived conflict of interest in any reporting relationship.
5. Develop pay structures and reward programs that do not equitably compensate employees for the value of work provided or that are unresponsive to market conditions.
6. Allow retirement or pension benefit plans that are inconsistent with industry standards in similar organizations.
 - 6.1. Provide a benefit plan without requiring a defined level of employee contribution.
 - 6.2. Make changes to current benefits without reasonable notice to employees.
7. Permit employees to lose benefits accrued under previous CDHO plans.
 - 7.1. Remove existing benefits to retired employees.

EL-8 Communication and Support to Council

The Registrar/CEO shall not permit the Board to be uninformed or unsupported in its work.

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

1. Withhold, impede, or confound information relevant to the Council's informed accomplishment of its job.
 - 1.1. Allow the Council to be without timely decision information to support informed Council choices, including environmental scanning data and trends, a representative range of staff and external points of view, significant issues and risks, and alternative choices with their respective implications.
 - 1.2. Neglect to submit timely monitoring data including interpretations of Council policies that provide the observable metrics or conditions that would demonstrate compliance, rationale for why the interpretations are reasonable, and evidence of compliance.
 - 1.3. Let the Council be unaware of any actual or anticipated non-compliance with any Ends or Executive Limitations policy, regardless of the Council's monitoring schedule.
 - 1.4. Let the Council be unaware of any incidental information it requires, including anticipated media coverage, actual or anticipated legal actions, and material or publicly visible internal changes or events, including changes in CDHO staff.
 - 1.4.1. Quarterly financial statement.
 - 1.4.2. Reports provided to key stakeholders' meetings.
 - 1.4.3. Regular progress reports on developmental and regulatory issues.
 - 1.5. Allow the Council to be unaware that, in the Registrar/CEO's opinion, the Council is not in compliance with its own policies on Governance Process and Council-Registrar Relationship, particularly in the case of Council behaviour which is detrimental to the work relationship between the Council and the Registrar/CEO.
 - 1.6. Present information in unnecessarily complex or lengthy form, or in a form that does not clearly differentiate among monitoring, decision preparation, and general incidental or other information.
2. Allow the Council to be without reasonable administrative support for Council activities.
 - 2.1. Allow the Council to be without a workable, user-friendly mechanism for official Council, officer or Council committee communications.
3. Impede the Council's holism, misrepresent its processes and role, or impede its lawful obligations.
 - 3.1. Interact with the Council in a way that favours or privileges certain Council members over others, except when (a) fulfilling individual requests for information or (b) responding to officers or committees duly charged by the Council.
 - 3.2. Neglect to supply for the Required Approvals agenda all items delegated to the Registrar/CEO, yet required by law, regulation or contract to be Council-approved, along with the applicable monitoring information.
 - 3.3. Allow Council agendas and background material to be posted prior to Executive Council review or President confirmation.

Suggested Motions – Friday, March 31, 2023

13.0 MONITORING BOARD PERFORMANCE

13.1 GP-2 Council Job Contributions

MOTION 1: THAT Council has assessed the monitoring report for Governance Process 2 and determined there is sufficient, verifiable evidence of a reasonable interpretation; OR

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

Moved:

Seconded:

VOTE:

13.2 GP-6.1 Executive Committee Terms of Reference

MOTION 1: THAT Council has assessed the monitoring report for Governance Process 6.1 and determined there is sufficient, verifiable evidence of a reasonable interpretation; OR

MOTION 2: THAT Council has assessed the monitoring report for Governance Process 6.1 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 Governance Process 6.1 and determined that the interpretation is not reasonable and has asked for a new monitoring report by [date].

Moved:

Seconded:

VOTE:

Suggested Motion – Friday, March 31, 2023

14.0 MOTION TO MOVE IN CAMERA

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

Moved:

Seconded:

VOTE:

Suggested Motions – Friday, March 31, 2023

14.0 MONITORING CEO PERFORMANCE

14.1 Global End

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

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

Moved:

Seconded:

VOTE:

14.2 E-1

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

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

Moved:

Seconded:

VOTE:

14.3 **E-2**

MOTION 1: **THAT** Council has assessed the monitoring report for Ends Policy 2 and determined there is sufficient, verifiable evidence of a reasonable interpretation; OR

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

Moved:

Seconded:

VOTE:

14.4 **E-3**

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

MOTION 2: **THAT** Council has assessed the monitoring report for Ends 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 Ends Policy 3 and determined that the interpretation is not reasonable and has asked for a new monitoring report by [date].

Moved:

Seconded:

VOTE:

14.5 **E-4**

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

MOTION 2: **THAT** Council has assessed the monitoring report for Ends 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 Ends Policy 4 and determined that the interpretation is not reasonable and has asked for a new monitoring report by [date].

Moved:

Seconded:

VOTE:

14.6 **EL-4(1)**

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

MOTION 2: **THAT** Council has assessed the monitoring report for Executive Limitations Policy 4(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 Executive Limitations Policy 4(1) and determined that the interpretation is not reasonable and has asked for a new monitoring report by [date].

Moved:

Seconded:

VOTE:

14.7 **EL-7**

MOTION 1: **THAT** Council has assessed the monitoring report for Executive Limitations Policy 7 and determined there is sufficient, verifiable evidence of a reasonable interpretation; OR

MOTION 2: **THAT** Council has assessed the monitoring report for Executive Limitations Policy 7 and determined that the interpretation is reasonable but there is insufficient verifiable evidence and has asked for a new monitoring report by [date]; OR

MOTION 3: **THAT** Council has assessed the monitoring report for Executive Limitations Policy 7 and determined that the interpretation is not reasonable and has asked for a new monitoring report by [date].

Moved:

Seconded:

VOTE:

Suggested Motion – Friday, March 31, 2023

14.0 MOTION TO MOVE OUT OF CAMERA

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

Moved:

Seconded:

VOTE:

Suggested Motions – Friday, March 31, 2023

17.0 ADJOURNMENT

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

Moved:

Seconded:

VOTE: