



COLLEGE OF DENTAL
HYGIENISTS OF ONTARIO

Council Meeting Agenda

Friday, March 8, 2024
9:00 a.m. – 4:30 p.m.

Location: Hybrid Meeting

Council Meeting Agenda — March 8, 2024

Hybrid Meeting

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

Item	Topic and Relevant Council Policy	Action	Lead if not Chair	Verbal Report/ Attachment	Est. Time
1.0	CALL TO ORDER				9:00
1.1	Roll Call	Council Attendance	T. Strawn	TAB 1	9:00
1.2	Opening Remarks	Council Is Addressed	T. Strawn	—	9:05
1.3	Council Policy Manual Update	For Information	T. Strawn	TAB 2	9:20
1.4	Council Code of Conduct	For Information	T. Strawn	TAB 3	9:20
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	9:20
4.0	CONSENT AGENDA				9:20
	<p>CONSENT AGENDA ITEMS (4.1. – 4.1.1)</p> <p>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	Council Meeting Minutes				
4.1.1	Meeting Minutes – December 1, 2023	For Approval	T. Strawn	TAB 6	9:20
4.1.2	Meeting Minutes – January 19, 2024	For Approval	T. Strawn	TAB 6	9:25
5.0	INFORMATION REQUESTED BY THE BOARD				
5.1	Statutory Committee Reports				

COUNCIL MEETING AGENDA – MARCH 8, 2024

5.1.1	Executive Committee	For Information	T. Strawn	TAB 7	9:20
5.1.2	Discipline Committee	For Information	M. Cassim	TAB 7	9:20
5.1.3	Fitness to Practise Committee	For Information	TBD	TAB 7	9:20
5.1.4	Inquiries, Complaints and Reports Committee	For Information	TBD	TAB 7	9:20
5.1.5	Patient Relations Committee	For Information	TBD	TAB 7	9:20
5.1.6	Quality Assurance Committee	For Information	TBD	TAB 7	9:20
5.1.7	Registration Committee	For Information	TBD	TAB 7	9:20
5.2	Incidental Briefing Reports				
5.2.1	Council President's Report	For Information	T. Strawn	TAB 8	9:20
5.2.2	Registrar's Administrative Report	For Information	G. Pettifer	TAB 9	9:20
6.0	OWNERSHIP LINKAGE				9:25
6.1	Status of Ownership Linkage Activities	For Information	TBD	TBD	9:25
7.0	BOARD EDUCATION				9:30
7.1	Governance Review Report	For Approval	Harry Cayton and Deanna Williams	TAB 11	9:30
LUNCH					12:00
7.2	Quality Assurance Strategic Plan	For Approval	Zubin Austin	TAB 12	1:00
8.0	GOVERNANCE PROCESS ITEMS				2:00
8.1	CPMF Report	For Approval	M. Atkinson	TAB 13	2:00
BREAK					2:30
8.2	Governance Committee Update and Mentorship Program Framework	For Approval	M. Atkinson	TAB 14	2:45
9.0	MONITORING BOARD PERFORMANCE				3:15
9.1	GP-9 Investment in Governance	For Approval	T. Strawn	TAB 15	3:15
9.2	GP-10 Governance Succession Planning	For Approval	T. Strawn	TAB 16	3:20
10.0	GOVERNANCE PROCESS ITEMS CONTINUED				3:25
10.1	Policy Content Review: GP-7 Council Stipend and Expenses	For Approval	T. Strawn	TAB 17	3:25
10.2	Policy Content Review: GP-3 Council Planning Cycle and Agenda Control, and GP-9 Investment in Governance	For Approval	T. Strawn	TAB 18	3:30

COUNCIL MEETING AGENDA – MARCH 8, 2024

10.3	Policy Content Review GP-10 Governance Succession Planning	For Consideration	T. Strawn	TAB 19	3:35
11.0	COUNCIL REGISTRAR DELEGATION ITEMS FOR CONSIDERATION				3:35
11.1	Policy Content Review: CRD-4 Monitoring Registrar/CEO Performance	For Approval	T. Strawn	TAB 20	3:35
12.0	ENDS ITEMS FOR CONSIDERATION				3:35
	There are no agenda items at this meeting.				
13.0	REQUIRED APPROVALS AGENDA				3:35
	There are no agenda items at this meeting.				
14.0	EXECUTIVE LIMITATIONS ITEMS FOR CONSIDERATION				3:35
14.1	Policy Content Review: EL General Executive Constraint	For Consideration	T. Strawn	TAB 21	3:35
14.2	Policy Content Review: EL-3 Planning	For Consideration	T. Strawn	TAB 21	3:35
14.3	Policy Content Review: EL-7 Compensation and Benefits	For Consideration	T. Strawn	TAB 21	3:35
14.4	Policy Content Review: EL-8 Communication and Support to the Board	For Consideration	T. Strawn	TAB 21	3:35
—	COUNCIL MOVES IN CAMERA (ITEM 15.1- 15.8) To discuss personnel matters. Monitoring Reports on Ends and Executive Limitations form part of the Registrar's Performance Evaluation				
15.0	MONITORING CEO PERFORMANCE				3:40
15.1	Internal Monitoring: Global End	For Approval	G. Pettifer	TAB 22	3:40
15.2	Internal Monitoring: E-1	For Approval	G. Pettifer	TAB 22	3:45
15.3	Internal Monitoring: E-2	For Approval	G. Pettifer	TAB 22	3:50
15.4	Internal Monitoring: E-3	For Approval	G. Pettifer	TAB 22	3:55
15.5	Internal Monitoring: E-4	For Approval	G. Pettifer	TAB 22	4:00
15.6	Internal Monitoring: EL 1: Treatment of Public and Registrants	For Approval	G. Pettifer	TAB 22	4:05
15.7	Internal Monitoring: EL 4(1)	For Approval	G. Pettifer	TAB 22	4:10
15.8	Internal Monitoring: EL 7	For Approval	G. Pettifer	TAB 22	4:15
—	COUNCIL MOVES OUT OF CAMERA				
16.0	SELF-EVALUATION OF GOVERNANCE PROCESS				4:20

COUNCIL MEETING AGENDA – MARCH 8, 2024

16.1	Council Meeting Evaluation	For Evaluation and Discussion	T. Strawn	--	4:20
17.0	NEXT MEETING DATE — June 7, 2024				4:25
18.0	ADJOURNMENT			TAB 22	4:30

Roll Call – Virtual Council Meeting – March 8, 2024

<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"/>	Alex Greco	Public
<input type="checkbox"/>	Farzana Hussain	Elected
<input type="checkbox"/>	Ehizele Martin Iyamabo	Public
<input type="checkbox"/>	Juli Kreutner	Elected
<input type="checkbox"/>	Angelica Palantzas	Public
<input type="checkbox"/>	Vanessa Pereira	Elected
<input type="checkbox"/>	Upneet (Sasha) Sidhu	Public
<input type="checkbox"/>	Balbir Sohi	Elected
<input type="checkbox"/>	Terri Strawn	Elected
<input type="checkbox"/>	Margaret Wade	Public
<input type="checkbox"/>	Mary Yeomans	Elected

/19 total members

Briefing Note

To: Council
From: Chair
Date: March 8, 2024
Topic: Council Policy Manual Update

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

Council Code of Conduct

Excerpt from Policy Manual:

GP-8 CODE OF CONDUCT

Council Members shall conduct themselves in accordance with the bylaws.

Excerpt from Bylaw No. 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

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conduct of a meeting so that any decision of the Council may be made in an efficient, knowledgeable and expeditious fashion.

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

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

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

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

(14) Council Members who are unable to attend a meeting shall inform the 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 their duties as a Council Member.

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

(19) Council Members may not accept an employment or administrative position with the College, including that of the Registrar, unless one year has passed since they were 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, they 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

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or to continue to serve in their position or has the potential to jeopardize public trust in the member, the Council, the Committee or the College;

(n) Where the Council Member 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 they have 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 they have a conflict of interest in a particular matter, they shall,

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

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

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

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

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

(26) Where a Council Member believes that another Council Member has a conflict of interest that has not been declared despite any appropriate informal communications with the other Council Member, the first Council Member shall advise an appropriate person such as the Chair of the affected committee, the 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, they shall advise in writing an appropriate person such as the Chair of the affected committee, the President, the Registrar or

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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 they have an actual or perceived conflict of interest pertaining to their duties as a Council or Committee Member. This declaration will take place at the first Council or Committee meeting at which they become aware of an actual or perceived conflict of interest and subsequently at the first Council meeting of each year.

Confidentiality

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

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

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

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

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

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

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

(37) Where a Council Member believes that there has been a breach of confidentiality by a Council or Committee Member, whether intentional or unintentional, they shall immediately advise the

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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

Suggested Motion – Friday, March 8, 2024

2.1

ADOPTION OF AGENDA

MOTION: **THAT** Council moves to approve the March 8, 2024 Council meeting agenda as presented.

Moved:

Seconded:

VOTE:

2024 Conflict of Interest Declarations

Annual Conflict of Interest Declaration

Michelle Atkinson on Sunday, 2/4/2024

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 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.

Program Coordinator and Faculty - Algonquin College Dental Hygiene Program

2024 Conflict of Interest Declarations

Annual Conflict of Interest Declaration

Loree Beniuk on Tuesday, 1/9/2024

1.

Please type your full name:

Loree Sue 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.

2024 Conflict of Interest Declarations

Annual Conflict of Interest Declaration

Erin Betts on Thursday, 1/11/2024

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.

2024 Conflict of Interest Declarations

Annual Conflict of Interest Declaration

Maheen Cassim on Wednesday, 1/10/2024

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.

Partime faculty member at Confederation College Department of Dental Hygiene.

2024 Conflict of Interest Declarations

Annual Conflict of Interest Declaration

Anne-Marie Conaghan on Tuesday, 1/16/2024

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 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.

2024 Conflict of Interest Declarations

Annual Conflict of Interest Declaration

Jennifer Cooper on Thursday, 1/11/2024

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 Member - Fanshawe College, CDAC Site Surveyor (Out of Province)

2024 Conflict of Interest Declarations

Annual Conflict of Interest Declaration

Krista Dufour on Tuesday, 1/16/2024

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 Dental Hygiene Instructor at St. Clair College

2024 Conflict of Interest Declarations

Annual Conflict of Interest Declaration

Pella Giabanis on Sunday, 1/14/2024

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.

2024 Conflict of Interest Declarations

Annual Conflict of Interest Declaration

Alessandro Greco on Tuesday, 2/20/2024

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.

2024 Conflict of Interest Declarations

Annual Conflict of Interest Declaration

Farzana Hussain on Thursday, 2/15/2024

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.

2024 Conflict of Interest Declarations

Annual Conflict of Interest Declaration

Ehizele Martin Iyamabo on Monday, 2/5/2024

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.

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

6.

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

2024 Conflict of Interest Declarations

Annual Conflict of Interest Declaration

Juli Kreutner on Thursday, 1/18/2024

1.

Please type your full name:

Juli Kreutner

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.

2024 Conflict of Interest Declarations

Annual Conflict of Interest Declaration

Angelica Palantzas on Friday, 1/19/2024

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.

2024 Conflict of Interest Declarations

Annual Conflict of Interest Declaration

Vanessa Pereira on Monday, 1/15/2024

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.

Conflict of Interest Survey- 2024 Annual Conflict of Interest Declaration

Balbir Sohi on Monday, 2/12/2024

1.

Please type your full name:

Balbir sohi

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 member at CADH

2024 Conflict of Interest Declarations

Annual Conflict of Interest Declaration

Terri Strawn on Tuesday, 1/9/2024

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 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.

Full-Time faculty Durham College, Site Surveyor for CDAC (infrequently), Exam Committee member - FDHRC, Item writer - NDHCE

2024 Conflict of Interest Declarations

Annual Conflict of Interest Declaration

Margaret Wade on Tuesday, 1/9/2024

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.

2024 Conflict of Interest Declarations

Annual Conflict of Interest Declaration

Mary Yeomans on Tuesday, 1/9/2024

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.

Any matters related to Cambrian College including graduates and faculty.

Suggested Motion – Friday, March 8, 2024

4.0 **CONSENT AGENDA ITEMS**

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

Moved:

Seconded:

VOTE:

Council Meeting Minutes

Virtual Zoom Meeting – Livestreamed to the CDHO YouTube Channel
Friday, December 1, 2023 – 9:00 a.m. to 4:00 p.m.

COUNCIL MEMBERS PRESENT

Professional Members: Michelle Atkinson, Maheen Cassim, Anne-Marie Conaghan (Academic), Jennifer Cooper (Academic), Krista Dufour, Carla Grbac, Farzana Hussain, Vanessa Pereira (Vice-President), Terri Strawn (President), Jacqueline White, Mary Yeomans,

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

Regrets: Loree Beniuk, Alessandro Greco, Sasha Sidhu

Administration: Dr. Glenn Pettifer (Registrar and CEO), Veronica Douglas (Executive Administrator)

Guests: Julie Maciura, SML, CDHO Legal Counsel (9:00a.m.-3:00p.m.), Deanna Williams (9:30a.m.-9:50a.m.), Harry Cayton (9:30a.m.-9:50a.m.), Doha Pelhem (1:00p.m.-1:45p.m.), Rainer Kocsis (1:00p.m.-1:45p.m.), Balbir Sohi (9:00a.m.-3:30p.m.), Juli Kreutner (9:00a.m.-3:30p.m.)

1.0 CALL TO ORDER

1.1 Roll Call

The Chair, Terri Strawn, called the meeting to order at 9:00 a.m.

1.2 Opening Remarks

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

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

Let’s take a moment to acknowledge the importance of the land which we each call home and express my gratitude to have the privilege to work on this land. We do this to reaffirm our commitment and our responsibility to improve relationships

COUNCIL MEETING MINUTES

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 Recognition Ceremony

A virtual ceremony was conducted to recognize the commitment of Council members whose terms are ending in 2023. It was Meghan Leuprecht's, Carla Grbac's, and Jacqueline White's last Council meeting. Anne-Marie Conaghan and Jennifer Cooper were selected to serve in academic positions on Council for new three-year terms starting in January 2024. Erin Betts was reappointed for another three-year term.

1.4 Council Policy Manual Update

The President reported that the following policies were updated at the September 22, 2023 Council meeting: CRD-4 Monitoring Registrar/CEO Performance, CRD-5 Registrar/CEO Compensation, and GP -12 Special Rules of Order.

1.5 Council Code of Conduct

Council was reminded of the Code of Conduct.

2.0 APPROVAL OF AGENDA

2.1 Review and Approval of Agenda

A typo was corrected in item 9.3 and item 15.1 Policy Content Review for GP-7 Council and Committee Stipend and Expenses policy was deferred to March 2024 in order to consider the rising costs of hotel rates.

MOTION: **THAT** Council moves to approve the December 1, 2023 Council meeting agenda as amended.

MOVED: Carla Grbac

SECONDED: Jennifer Cooper

VOTE:

CARRIED

3.0 DECLARATIONS OF POTENTIAL CONFLICTS OF INTEREST

3.1 Declarations of Conflict of Interest

No conflicts were declared.

4.0 CONSENT AGENDA (4.1-4.1.1)

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

MOVED: Mary Yeomans

SECONDED: Carla Grbac

VOTE:

CARRIED

5.0 INFORMATION REQUESTED BY THE BOARD

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

6.0 OWNERSHIP LINKAGE

6.1 Status of Ownership Linkage Activities

The Ownership Linkage Committee provided Council with a written report.

7.0 BOARD EDUCATION

7.1 Governance Review: Update

Harry Cayton and Deanna Williams provided Council with an update regarding their comprehensive governance review. Since the kick-off at the September Council meeting, they have reviewed documents and materials including past Council materials, governance policies, legislation and regulations, and the CDHO By-Laws. Deanna Williams has also conducted interviews with Council members and staff.

They will be analyzing the feedback and their findings in the beginning of the new year to submit a draft report for a quality assurance review in early February 2024. The final report will be presented to Council at the March 8th, 2024 Council meeting.

8.0 GOVERNANCE PROCESS ITEMS

8.1 2024 Operations Budget

The Operations and Governance budget have been attached as Appendix A. Dr. Pettifer presented the budget to Council and Council had the opportunity to discuss and ask questions.

MOTION: **THAT** Council moves to approve the 2024 Operations Budget as proposed.

MOVED: Carla Grbac

SECONDED: Margaret Wade

VOTE:

CARRIED

8.2 2024 Governance Budget

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

MOVED: Erin Betts

SECONDED: Jacqueline White

VOTE:

CARRIED

8.3 Governance Committee Update

The Chair, Michelle Atkinson, provided an update to the written report that was provided to Council. The Governance Committee met with Anthony Marini on October 25th and November 15th, 2023 to discuss Council mentorship and the November Council workshop. At the workshop on November 30th, Anthony Marini presented to Council on mentorship and Council discussed the draft framework for mentorship training.

8.4 Governance Committee: Mentorship Program

One of the recommendations from Deanna Williams' report on Council effectiveness was the need for strengthening Council's onboarding processes. The Governance Committee is in the process of developing a structured process and opened the floor for Council discussion. Council provided a number of suggestions including the need for checklists for both the mentor and the mentee, specific touchpoints, and mentoring for the mentor. The committee will continue to work on the mentorship framework and will bring it back to Council at the March 2024 meeting.

8.5 Bylaw 5

Council was asked to approve for circulation to registrants a series of proposed amendments to CDHO's bylaws. Most of the proposed amendments are of housekeeping in nature and do not substantively change the operation of the bylaws. While the revisions make the bylaws more efficient and accessible, they do not have a direct impact on public protection. Other amendments help to align CDHO with regulatory emerging practices. They help focus CDHO on its public protection mandate by using appropriate terminology and enhancing existing safeguards around Council and committee eligibility.

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In summary, the amendments relate to the following matters:

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

Council discussed in depth about changing the requirements relating to past criminal conduct and legal proceedings against the CDHO for candidates to Council and committees from 3 to 10 years since the finding of guilt and from 3 to 8 years since compliance with the penalty. Council decided to remove that edit and keep it at 3 years.

Council also discussed in depth about imposing a maximum term limit for Council members. Council decided to remove the lifetime limit from the proposed amendments and have a future discussion over whether it should be a lifetime limit or a modified cooling off period.

MOTION: **THAT** Council direct the Registrar to circulate the proposed amendments to the Bylaws, as appended to this motion, and as amended during this conversation to registrants and key interest groups for comment for a period of at least 60 days.

Moved: Carla Grbac
Seconded: Mary Yeomans
VOTE:

CARRIED

9.0 MONITORING BOARD PERFORMANCE

9.1 CRD 2

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

Moved: Maheen Cassim
Seconded: Anne-Marie Conaghan
VOTE:

CARRIED

COUNCIL MEETING MINUTES

9.2 CRD 3

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

Moved: Meghan Leuprecht

Seconded: Jennifer Cooper

VOTE:

CARRIED

9.3 GP 7

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

Moved: Jacqueline Cooper

Seconded: Michelle Atkinson

VOTE:

CARRIED

9.4 GP 8

MOTION: **THAT** Council has assessed the monitoring report for GP-8 and determined there is sufficient, verifiable evidence of a reasonable interpretation.

Moved: Maheen Cassim

Seconded: Meghan Leuprecht

VOTE:

CARRIED

10.0 COUNCIL REGISTRAR DELEGATION ITEMS FOR CONSIDERATION

10.1 Policy Content Review: CRD 2

Council reviewed the CRD-2 policy and no changes were made.

10.2 Policy Content Review: CRD 3

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

11.0 ENDS ITEMS FOR CONSIDERATION

There were no agenda items at this meeting.

12.0 REQUIRED APPROVALS AGENDA

There were no agenda items at this meeting.

13.0 BOARD EDUCATION

13.1 Patient Experiences with Discrimination Report

Doha Melhem and Rainer Kocsis highlighted the research outcomes on patient and registrant experiences with discrimination in order to inform CDHO strategies for diversity, equity, inclusion, and access to care. They summarized data from the 2022 and 2023 Voice of the Patient Surveys, the Patient Experiences with Racism and Discrimination Study conducted in 2023 and the Registrant Engagement Survey from 2023. They provided some key considerations for CDHO including considering strengthening standards and guidelines on professional communication and intercultural competence, supporting registrants through their journey of awareness of Indigenous-specific racism, and enabling registrants to deliver culturally safe, equitable, and respectful care. Pivotal Research showcased the CDHO Voice of the Patient dashboard where the data from the 2022 and 2023 surveys can be viewed. Once it's been finalized, the dashboard will be made publicly available.

13.2 Coaching Advisory

Council reviewed the Coaching Advisory for the September Council meeting from the Governance Coach.

13.3 CNAR and CDHA Summit Reports

Terri Strawn and Michelle Atkinson presented to Council on their key learnings from the Canadian Network of Agencies of Regulation Conference (CNAR). The conference took place in Vancouver from October 16th-18th, 2023 and was attended by Council members Terri Strawn, Michelle Atkinson, and Loree Beniuk. They attended courses on the regulator's role in advancing indigenous cultural safety through health system change, quality assurance, trauma-informed professional regulation, and maximizing public member value and engagement. They provided some suggestions for Council including:

- Council could consider adopting indigenous specific anti-racism policies that reflect revised bylaws, ethics and standards.
- Council could offer indigenous cultural safety, humility and anti-racism education; and
- Council could incorporate cultural safety and humility training in their onboarding and orientation.

Carla Grbac and Martin Iyamabo presented to Council on the CDHA Summit that was attended in Winnipeg from October 20th-21st, 2023. The Summit focused on the need for diversity, equity, inclusion and belonging within the profession of dental

COUNCIL MEETING MINUTES

hygiene. The Ownership Linkage Committee will be exploring how our collective efforts can create culturally safe dental hygiene practices, build anti-racist attitudes, reduce health inequities, and provide non-discriminatory care.

14.0 EXECUTIVE LIMITATIONS ITEMS FOR CONSIDERATION

14.1 Policy Content Review: EL 2

Council reviewed the EL 2 policy and no changes were made.

14.2 Policy Content Review: EL 5

Council reviewed the EL 5 policy and no changes were made.

14.3 Policy Content Review: EL 10

Council reviewed the EL 10 policy and no changes were made.

14.4 Policy Content Review: EL 11

Council reviewed the EL 11 policy and no changes were made.

15.0 GOVERNANCE PROCESS ITEMS (CONTINUED)

15.1 Policy Content Review: GP 7

Policy content review for policy GP-7 Council and Committee Stipend and Expenses was deferred until March 2024.

15.2 Policy Content Review: GP 8

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

MOTION TO MOVE IN CAMERA

MOTION: **THAT** Council move in Camera as per RHPA, *Schedule 2, Section 7(2)(d)* at 3:00 p.m., for agenda items 16.1–16.5.

Moved: Maheen Cassim

Seconded: Margaret Wade

VOTE:

CARRIED

16.0 MONITORING CEO PERFORMANCE

16.1 General Executive Constraint

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

Moved: Mary Yeomans

Seconded: Meghan Leuprecht

VOTE:

CARRIED

16.2 EL-3

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

Moved: Jacqueline White

Seconded: Carla Grbac

VOTE:

CARRIED

16.3 EL- 4(1)

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

Moved: Jennifer Cooper

Seconded: Krista Dufour

VOTE:

CARRIED

16.4 EL- 8

MOTION: **THAT** Council has assessed the monitoring report for Executive Limitations Policy 8 and determined there is sufficient, verifiable evidence of a reasonable interpretation.

Moved: Mary Yeomans

Seconded: Meghan Leuprecht

VOTE:

CARRIED

16.0 MOTION TO MOVE OUT OF CAMERA

MOTION: **THAT** Council move out of Camera as per RHPA, *Schedule 2, Section 7(2)(d)* at 3:40 p.m.

COUNCIL MEETING MINUTES

MOVED: Michelle Atkinson
SECONDED: Carla Grbac
VOTE:

CARRIED

17.0 SELF-EVALUATION OF GOVERNANCE PROCESS

17.1 Council Meeting Evaluation

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

18.0 NEXT MEETING DATE

The next Council meeting is January 19, 2024.

19.0 ADJOURNMENT

MOTION: **THAT** the Council meeting be adjourned at 3:56 p.m.

MOVED: Michelle Atkinson
SECONDED: Carla Grbac
VOTE:

CARRIED

Approved by:

Signature of Chair, Terri Strawn

Date

2024 CDHO BUDGET

2024 CDHO BUDGET		2023	2024
		ESTIMATED YEAR-END SPEND	BUDGETED
INCOME			
Registration Income	Breakdown		
	Registration and Renewals	6,150,000.00	6,191,625.00
	Incorporation	35,300.00	21,000.00
	SUBTOTAL REGISTRATION		
Non-Registration Income	Breakdown		
	Legal Recovery	73,000.00	7,800.00
	Hub 601 (office leasing)	43,200.00	127,000.00
	Interest - Investments	400,000.00	380,000.00
	SUBTOTAL NON-REGISTRATION INCOME	516,200.00	514,800.00
	TOTAL INCOME	6,701,500.00	6,727,425.00
EXPENSES			
OPERATIONAL			
Account	Notes - 2024		
JURISPRUDENCE		65,000.00	20,000.00
DRUG COURSE AND EXAM		16,500.00	90,000.00
ICRC	Includes process experience survey and investigations	70,000.00	90,000.00
DISCIPLINE	Includes pivotal project (tool)	65,000.00	192,000.00
COMMUNICATIONS	Public and Registrant Engagement/2024 Public Awareness Campaign	275,000.00	500,000.00
QUALITY ASSURANCE		360,000.00	600,000.00
REGISTRATION	(includes applicant process feedback survey/tools)	185,000.00	72,750.00
COMM. ON DENTAL ACCREDITATION (CDAC)		131,400.00	140,000.00
REGISTRANT RESOURCES (knowledge network)	assumed under the QA program budget	included in communications	-
NATIONAL PROJECTS		20,034.14	50,000.00
AMALGAMATION		8,000.00	100,000.00
SCHOLARSHIPS/BURSARIES	Indspire - includes admin fee	89,600.00	90,000.00
FUNDING - counselling and therapy support		1,120.00	34,350.00
SALARIES / BENEFITS		3,350,000.00	3,700,000.00
IT	includes CRM migration project (\$1,250,000)	700,000.00	1,750,000.00
POSTAGE/ STATIONERY/PRINTING		24,000.00	25,000.00
RENT		450,000.00	475,000.00
LEASED EQUIPMENT		15,000.00	12,000.00
TELEPHONE/TELECONFERENCE		25,000.00	30,000.00
MERCHANT SERVICES FEES	previously assumed under Registration expenses	included in Registration	160,000.00
CONFERENCES/PROFESSIONAL DEVELOPMENT		65,000.00	90,000.00
SUBSCRIPTIONS, MEMBERSHIPS AND DUES		38,000.00	48,000.00
OFFICE ADMINISTRATION		56,000.00	80,000.00
HUB 601 EXPENSES		24,000.00	10,000.00
CONSULTING/OPERATIONAL PROJECTS	includes development of Risk Management/Assessment Dashboard	30,000.00	125,000.00
LEGAL - GENERAL		40,000.00	50,000.00
CONTINGENCY FUND		0.00	-
	SUBTOTAL FOR OPERATIONS	6,103,654.14	8,534,100.00
GOVERNANCE			
CONSULTING (Governance)		68,000.00	100,000.00
COUNCIL TRAINING		50,000.00	75,000.00
COUNCIL MEETING HONORARIUM		70,000.00	145,000.00
COUNCIL/COMMITTEE MEETING EXPENSES		200,000.00	270,000.00
OWNERSHIP LINKAGE	Voice of Patient/potential DEI tool	100,000.00	100,000.00
GOVERNANCE REVIEW		60,000.00	150,000.00
AUDIT - FINANCIAL		30,000.00	32,000.00
	SUBTOTAL FOR GOVERNANCE	578,000.00	872,000.00
	TOTAL EXPENSES	6,681,654.14	9,406,100.00
	NET (INCOME - EXPENSES)	19,845.86	*** (2,678,675.00)

***to be funded from the CDHO Reserve Funds



COLLEGE OF DENTAL
HYGIENISTS OF ONTARIO

Bylaws ~~No. 5~~

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Preamble to Bylaws

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

Bylaws ~~No. 5~~

BE IT ENACTED that all previous bylaws of the College of Dental Hygienists of Ontario (the “College”) be hereby revoked and ~~the following are~~^{it is} hereby enacted as ~~the~~ bylaws of the College of Dental Hygienists of Ontario ~~as follows~~:

ARTICLE 1: DEFINITIONS AND PRINCIPLES OF INTERPRETATION

1.1 Definitions and Other Variations of the Word

In ~~this~~^{these} bylaws, unless otherwise defined or required by the context:

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

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

“Appointed” means one of the two following processes:

- (a) Whereby a Public Member is chosen to serve on Council through an Order-in-Council by the Government of Ontario.
- (b) Whereby a Council Member or a ~~Non-Council Member~~^{Non-Council Committee Member} is designated to serve on one or more of the College’s Committees;

“Client” means patient as the term is used in the Act;

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

“College” means the College of Dental Hygienists of Ontario (CDHO);

“Committee” means a Committee of the College, whether Statutory, standing or special Committee;

“Council” means the Council of the College;

~~“Council Chair” or “Chair” means the Chair of the Council;~~

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

“Elected” means one of the two following processes:

- (a) A Registrant of the College who is democratically chosen to serve on Council; or
- (b) A member of Council who is democratically chosen to serve on the College’s Executive Committee;

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

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

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

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

“Fiscal Year” means the fiscal year of the College which shall be the calendar year;

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

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

~~“President” means the President of the College;~~

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

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

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

“Registrar” means the Registrar or in the Registrar’s absence, the Deputy Registrar of the College unless the context otherwise specifies or requires;

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

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

- Inquiries, Complaints and Reports Committee
- Discipline Committee
- Fitness to Practise Committee
- Registration Committee
- Quality Assurance Committee
- Patient Relations Committee
- Executive Committee;

“Vice-~~Chair~~President” means the Vice-~~Chair~~President of the ~~Council~~College.

1.2 Extended Meanings

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

1.3 Meaning of Words Used in Act

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

ARTICLE 2: REGISTRATION AND CODE OF ETHICS

2.1 Code of Ethics

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

2.2 Privacy Policy~~Information Available to Registrants~~

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

ARTICLE 3: THE COUNCIL AND ITS OFFICERS

3.1 Eligibility Criteria for Council and ~~Non-Council Member~~Non-Council Committee Members

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

(1) (a) The Registrant holds a certificate of registration;

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

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

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

(5) (e) The Registrant is not in default of any fees ~~payable to the College made under the Act or this bylaw;~~

(6) (f) The Registrant is not in default of any requirement to provide information to the College ~~made under the Act or this bylaw;~~

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

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

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

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

(11) (k) A period of at least one year has passed since the Registrant has been an officer, director or employee of any Professional Advocacy Association; ~~(For greater certainty, but~~ nothing in this Article shall prevent a Registrant who serves on an ~~association or~~ organization to which ~~they~~he or

~~she has~~ve been appointed by Council as a representative of the College, from running for election to Council-;

~~(12)~~ (l) The Registrant is not an employee of the College and has not been an employee of the College for at least one year;

~~(13)~~ (m) Council has not disqualified the Registrant from sitting on Council or serving as a ~~Non-Council Member~~Non-Council Committee Member during the three years before the date of the election, selection or appointment;

~~(14)~~ (n) The Registrant is not a member of the Council of any other College created or governed under the Act;

~~(15)~~ (o) The Registrant is not a candidate for election in another electoral district;

~~(16)~~ (p) The Registrant has not initiated, joined, continued or materially contributed to a legal proceeding against the College or any Committee or representative of the College ~~within one year from the deadline for the receipt of nominations~~; and

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

~~(17)~~

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

(a) The individual resides in Ontario;

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

~~(b)(c)~~ (c) ~~and~~ at least six years have elapsed since the individual complied with all aspects of any disciplinary order, ~~by a regulatory authority to which he or she is subject~~;

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

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

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

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

- ~~(g)~~(h) The individual is not a member of the Council of any other College created or governed under the Act;
- ~~(h)~~(i) The individual has not initiated, joined, continued or materially contributed to a legal proceeding against the College or any Committee or representative of the College ~~within one year from the date of appointment;~~
- ~~(i)~~(j) The individual does not have a conflict of interest to serve as a ~~Non-Council Member~~Non-Council Committee Member or has agreed to remove any such conflict of interest before taking office.

3.2 Nominations and Voting Procedures for Elected and Academic Members

- (1) The Registrar shall supervise the nomination of candidates.
- (2) No later than 60 days before the date of an election or selection, the Registrar shall notify every Registrant who is eligible to vote in the election or selection, of the date and time of the election or selection and the nomination procedures.
- (3) The nomination of a candidate for election as an Elected Member or selection as an Academic Member shall be in writing and shall be given to the Registrar at least 30 days before the date of the election or selection.
 - (a) The nomination shall be signed by the candidate and by at least five Registrants who support the nomination and who are eligible to vote in the election or selection;
 - (b) A candidate for election or selection shall fully and accurately complete a conflict of interest questionnaire provided by the Registrar;
 - (c) A candidate for election or selection shall be permitted to submit a suitable personal statement that will be circulated by the Registrar along with the ballots;
 - (d) A candidate may withdraw ~~his or her~~their nomination for election or selection by advising the Registrar in writing not less than 24 days before the date of the election or selection;
 - (e) A candidate cannot, at the same time, be nominated for more than one position, whether Elected or Selected or both.
- (4) Registrants who are not in default of paying any required fees or providing any required information to the College ~~made under the Act or this bylaw~~ are eligible to nominate and vote for another eligible Registrant.
- (5) For the purposes of an election, the electoral district in which a Registrant is eligible to vote is the district in which, 30 days before the date of an election, the Registrant principally practises or, if the Registrant is not engaged in the practice of dental hygiene, the Registrant principally resides.
- (6) For the purposes of selection of an Academic Member, a Registrant who is Faculty is eligible to vote in the selection.

- (7) If the number of candidates nominated for election or selection is less than, or equal to, the number of Registrants to be Elected or Selected, the Registrar shall declare the candidates to be Elected or Selected by acclamation.
- (8) No later than 14 days before the date of an election or selection, the Registrar shall send to every Registrant eligible to vote, a list of the candidates, a ballot and an explanation of the voting procedures (or equivalent if ballots are supplied electronically).
- (9) Voting for candidates for election or selection to the Council shall be by secret ballot using the ballot forms supplied by the Registrar (or equivalent if ballots are supplied electronically).
- (10) Where there is an interruption of mail service (or equivalent if ballots are supplied electronically) during a nomination, election or selection, the Registrar may extend the nomination period, or the holding of the election or selection for such a period as the Registrar considers necessary to compensate for the interruption.
- (11) A Registrant who is eligible to vote may cast as many votes on a ballot as there are vacancies. A Registrant shall not cast more than one vote for any one candidate. If there is a tie in an election or selection of candidates to the Council, the Registrar shall break the tie by lot in the presence of at least one member of the Executive Committee.
- (12) A candidate is entitled to request a recount by putting the request in writing to the Registrar no more than 15 days after the date of the election or selection and paying the fee required by Article 16.5 of the [these](#) bylaws.
- (13) The Registrar shall hold the recount no more than 15 days after receiving the request.
- (14) If no eligible candidate is nominated in an election or selection, a vacancy shall be deemed to exist and the Council shall direct the Registrar to hold a by-election or by-selection in accordance with Article 3.10 of the [these](#) bylaws.

3.3 Nomination Procedures for ~~Non-Council Member~~[Non-Council Committee Members](#)

- (1) The Council may appoint ~~to a Committee~~ a Registrant or a member of the public who is not a Council Member ~~to a Committee~~. These individuals shall be designated as ~~Non-Council Member~~[Non-Council Committee Members](#).
- (2) The Registrar shall solicit applications for ~~Non-Council Member~~[Non-Council Committee Members](#) in accordance with the policy approved by the Council.
- (3) ~~Non-Council Member~~[Non-Council Committee Member](#)s may serve on the College's Committees and while they shall have voting rights on such Committees, they may not serve as chair of a Committee.
- (4) The term of office of a ~~Non-Council Member~~[Non-Council Committee Member](#) ~~Appointed~~ by the Council is three years to a maximum term of service of six ~~consecutive~~ years.

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

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

- (1) The Registrar shall supervise and administer the election and selection of candidates and, for the purpose of carrying out that duty, the Registrar may, subject to the ~~these~~ bylaws:
 - (a) appoint returning officers and scrutineers;
 - (b) establish a deadline for the receiving of ballots;
 - (c) establish procedures for the counting of ballots;
 - (d) provide for the notification of all candidates and Registrants of the results of the election or selection; and
 - (e) provide for the destruction of ballots following an election or selection and any recounts.
- (2) For the purposes of election to the Council as an Elected Member, the following electoral districts are established (with necessary modifications by the Registrar to ensure that the entire province is covered and that there is no overlap of districts):
 - (a) Electoral district 1, the southwestern district, composed of the counties of Bruce, Grey, Elgin, Essex, Huron, Kent, Lambton, Middlesex, Oxford and Perth;
 - (b) Electoral district 2, the central western (north) district, composed of the counties of Wellington, Simcoe, Dufferin and the regional municipalities of Halton and Peel;
 - (c) Electoral district 3, the central western (south) district, composed of the county of Brant and the regional municipalities of Haldimand-Norfolk, Hamilton-Wentworth, Niagara and Waterloo;
 - (d) Electoral district 4, the central district, composed of the regional municipalities of York and Metropolitan Toronto;
 - (e) Electoral district 5, the central eastern district, composed of the counties of Frontenac, Peterborough, Hastings, Lanark, Lennox and Addington, Prince Edward, Victoria, Haliburton, Northumberland, and the regional municipality of Durham;
 - (f) Electoral district 6, the eastern district, composed of the counties of Dundas, Glengarry, Leeds and Grenville, Prescott and Russell and United Counties, Renfrew and Stormont and The Regional Municipality of Ottawa-Carleton;
 - (g) Electoral district 7, the northeastern district, composed of the territorial districts of Algoma, Cochrane, Manitoulin, Muskoka, Nipissing, Parry Sound, Sudbury and Timiskaming;
 - (h) Electoral district 8, the northwestern district, composed of the territorial districts of Rainy River, Thunder Bay and Kenora.

- (3) The number of Registrants to be Elected in district 4 is two. The number of Registrants to be Elected in districts 1, 2, 3, 5, 6, 7 and 8 is one.
- (4) For the purposes of selection to the Council as an Academic Member, two Registrants from among members who are Faculty shall be Selected to serve on Council as outlined in section 7(1)(c) of the *Dental Hygiene Act*.
- (5) Elections and selections shall be held in November in the year before the year in which the term of office of that electoral district's Elected Member(s) or the Academic Member's term of office expires.
 - (a) The election of Elected Members and/or selection of Academic Members shall be held on the third Wednesday in November, unless Council sets a different date.
- (6) The term of office of a member Elected or Selected to serve on the Council in an election is three years commencing at the beginning of the first Council meeting after the election or selection where the election of the members of the Executive Committee is properly on the agenda. A member may be Elected or Selected for more than one term but no member who is Elected or Selected to serve on Council may be a member of Council for more than nine ~~consecutive~~ years.
 - (a) The Elected Members or Selected Academic Members of the Council shall continue in office until the commencement of their successors' term of office unless disqualified or otherwise removed from office under these bylaws.

3.5 Eligibility for Re-Election, Re-Selection and/or Re-Appointment

A Registrant who has served in any combination as an Elected Member, ~~or~~ Selected Academic Member ~~or Appointed Non-Council Member~~ for nine consecutive years is not eligible for ~~re~~-election, ~~re~~-selection or ~~re~~-appointment to Council or any Committee for a period of one year from the termination of his or her office.

An individual who ~~is not a Registrant who~~ has served as a ~~Non-Council Member~~ Non-Council Committee Member for six consecutive years is not eligible for ~~re~~-appointment as a ~~Non-Council Member~~ Non-Council Committee Member for a period of one year from the termination of his or her office.

3.6 Election or Selection Irregularities

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

3.7 Council and Non-Council Committee Member Code of Conduct

- (1) This entire Code of Conduct, 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. All Council Members must remain engaged in Council meetings and not allow their personal electronic devices to interfere with their attention or the attention of others.
- (14) Council Members who are unable to attend a meeting shall inform the 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 their duties as a Council Member.
- (18) There must be no self-dealing or any conduct of private business or personal services between any Council Member and the organization, except as procedurally controlled to assure openness, competitive opportunity, and equal access to otherwise “inside” information. Council Members will annually disclose their involvements with other organizations, with vendors, or any associations that might be or might reasonably be seen as being a conflict.
- (19) Council Members may not accept an employment or administrative position with the College, including that of the Registrar, unless one year has passed since they were a Council Member or ~~Non-Council Member~~[Non-Council Committee 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, they 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~~[Non-Council Committee Member](#) include the following:
 - (a) Where the decision could confer a more than trivial financial or other benefit or burden to the Council Member or their close relative or friend or affiliated entity;

- (b) Where the Council Member or their close relative or friend or affiliated entity seeks or accepts more than a nominal gift from a person or entity connected to or affected by the College or its mandate or a gift which could reasonably be viewed as influencing the Council or Committee Member;
- (c) Where the Council Member or their close relative or friend or affiliated entity uses the Council Member's position with the College to advance their personal or financial interests;
- (d) Where the Council Member takes action or counsels another to take action against the College, the reputation of the College or its staff;
- (e) Where the Council Member is running for national or provincial public office and where the Council or Committee Member has not taken a leave of absence from all Council and committee positions at the College;
- (f) Where the Council Member agrees to give or gives a presentation on an issue related to the College's role or activities without prior College approval;
- (g) Where the Council Member agrees to participate or participates in a committee, working group, task force or other group related to the College's role or activities without prior College approval;
- (h) Where the Council Member, who is not the official spokesperson for the College, is in communication with government officials, politicians or the media on any matter related to the College without prior College approval;
- (i) Where the Council Member publishes, including a posting on social media, a statement that could impair the public's confidence in the College or compromise the policy or public image of the College or the Council Member's ability to make transparent, objective, impartial and fair decisions that are in the public interest;
- (j) Where the Council Member appears to give preferential access to a person or entity that advances the interests of dental hygienists or that has policy-making responsibilities for dental hygienists or that oversees the regulation of dental hygienists without prior College approval;
- (k) Where the Council Member advises or assists anyone in their dealings with the College, including acting as a peer mentor unless the Council Member has prior College approval;
- (l) Where the Council Member demonstrates a closed mind on an issue that is coming up, or is likely to come up, before the College;
- (m) Where the Council Member is the subject of an inquiry or investigation by the College, the police or another authority that impairs the ability of the Council Member to participate in a decision or to continue to serve in their position or has the potential to jeopardize public trust in the member, the Council, the Committee or the College;
- (n) Where the Council Member 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~~their 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 they have 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 they have a conflict of interest in a particular matter, they shall,
 - (a) prior to any consideration of the matter, declare to the Council or the committee that they have a conflict of interest that prevents them from participating;
 - (b) not take part in the discussion of or vote on any question in respect of the matter;
 - (c) leave the room for the portion of the meeting relating to the matter even where the meeting is open to the public; and
 - (d) not attempt in any way to influence the voting or do anything which might be reasonably perceived as an attempt to influence other Council or Committee Members or the decision relating to that matter.
- (25) Where a Council Member declares a conflict of interest, that fact shall be recorded in the minutes of that meeting of Council or the committee.
- (26) Where a Council Member believes that another Council Member has a conflict of interest that has not been declared despite any appropriate informal communications with the other Council Member, the first Council Member shall advise an appropriate person such as the Chair of the affected committee, the 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, they 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 Member~~Non-Council Committee Members

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

Confidentiality

- (30) The purpose of this part of the bylaw is to provide helpful explanations as how to comply with the confidentiality provisions of the Code of Conduct. These provisions in no way limit the full extent of the duties set out in the Code of Conduct.
- (31) Council Members shall treat all information learned in the course of their duties, whether or not the information is related to an individual, as confidential and shall not disclose it unless a clearly identified exception applies.
- (32) Council Members shall review at least annually and when there are changes, the provisions in the *Regulated Health Professions Act* (especially section 36) and the Health Professions Procedural Code (especially sections 83 and 83.1), relating to confidentiality.
- (33) Council Members shall generally leave to College staff the disclosure of information under the legal exceptions to the duty of confidentiality. However, in appropriate circumstances, Council Members may disclose information directly when performing their duties, such as in rendering a decision and reasons on behalf of a committee, when appropriately discussing information that is public under the legislation and when consulting with their own legal counsel.
- (34) Even for communications within the College, Council Members shall only obtain or disclose information on a need-to-know basis.
- (35) Council Members will not share or post information on social media that compromises the organization or the Council's policy or public image.
- (36) Council Members shall take reasonable measures to safeguard College information including the safe management of paper documents and portable electronic devices and avoiding the use of unsecure electronic forms of communication or the use of social media for such communications.
- (37) Where a Council Member believes that there has been a breach of confidentiality by a Council or Committee Member, whether intentional or unintentional, they shall immediately advise the

Registrar in writing providing all of the details. The Registrar shall notify the 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 Member~~Non-Council Committee Members

- (1) The Council shall disqualify a Registrant from sitting on Council or a Committee or serving as a ~~Non-Council Member~~Non-Council Committee Member if the Registrant:
- (a) is found by a panel of the Discipline Committee to have committed an act of professional misconduct or to be incompetent;
 - (b) is found by a panel of the Fitness to Practise Committee to be incapacitated;
 - (c) subject to the discretion of Council to excuse the absence, fails, without reasonable cause, to attend two consecutive meetings of the Council or fails, for any reason, to attend three consecutive meetings of the Council;
 - (d) subject to the discretion of Council to excuse the absence, fails to attend two consecutive meetings of a Committee without reasonable cause or fails, for any reason, to attend three consecutive meetings of a Committee of which ~~they are~~she or he is a member;
 - (e) fails, without reasonable cause, to attend a hearing of a panel for which ~~they have~~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 ~~they have~~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 ~~their~~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 ~~they have~~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 ~~they are~~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 ~~they have~~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 ~~they have~~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 ~~they have~~ ~~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) The Council shall disqualify an individual who is not a Registrant from serving as a ~~Non-Council Member~~ Non-Council Committee Member if the individual:
- (a) is found to have engaged in professional misconduct, to be incompetent, or to be incapacitated by a regulatory authority to which ~~they are~~ ~~he or she is~~ subject;
 - (b) subject to the discretion of Council to excuse the absence, fails to attend two consecutive meetings of a Committee without reasonable cause or fails, for any reason, to attend three consecutive meetings of a Committee of which ~~they are~~ ~~she or he is~~ a member;
 - (c) fails, without reasonable cause, to attend a hearing of a panel for which ~~they have~~ ~~he or she 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) fails, in the opinion of the Council, to discharge properly or honestly any office to which ~~they have~~ ~~he or she has~~ been Appointed;
 - (f) 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;
 - (g) ceases to be a resident of Ontario;
 - (h) becomes a member of a Council of any other College regulated under the Act;
 - (i) is found guilty of a criminal offence which, in the opinion of Council, is of such a nature that warrants disqualification;
 - (j) is or becomes an officer, director or employee of a Professional Advocacy Association;
 - (k) initiates, joins, continues or materially contributes to a legal proceeding against the College or any Committee or representatives of the College.
- (4) A person who has served as a Council or ~~Non-Council Member~~ Non-Council Committee Member may not become an employee of the College until one year has passed following the expiration of their term of office.

~~(5)~~ A Council Member who has been disqualified from sitting on the Council ceases to be a member of the Council and ceases to be a member of any Committees, including any panel, to which ~~they he or she~~ had been Appointed.

~~(5)(6)~~ ~~A Non-Council Member~~Non-Council Committee Member who has been disqualified ceases to be a member of any Committee, including any panel, to which they had been appointed.

3.9 Disqualification Proceedings for Council and ~~Non-Council Member~~Non-Council Committee Members

- (1) This Article does not apply to and shall not be interpreted as in any way limiting the ability of Council or the Executive Committee under Article 3.8 ~~(with the exceptions of clauses 3.8(1)(k), 3.8(2)(e) and 3.8(3)(f))~~ to remove or disqualify a Council or ~~Non-Council Member~~Non-Council Committee Member from a Committee or office. When removing or disqualifying under any provision of Article 3.8 ~~(with the exceptions of clauses 3.8(1)(k), 3.8(2)(e) or 3.8(3)(f))~~ there is no requirement to follow the procedure set out below.
- (2) **Wherever possible, unless it is inappropriate to do so, informal resolution between the person with the concern and the Council or ~~Non-Council Member~~Non-Council Committee Member about whom the person has the concern should be attempted before engaging the formal complaints process.** Nothing in this bylaw prevents the informal resolution of Code of Conduct concerns including by providing feedback, guidance, reminders, advice or counselling or by negotiating agreements or undertakings.
- (3) The following procedure shall be followed to address a complaint filed about a Code of Conduct concern **only if it has not been possible to reach an informal resolution before or during the process.**
- (4) A written complaint shall be filed with both the Chair of the Conduct Committee and the Registrar. A complaint may be made by any person, including a member of the public, a Council or Committee Member or the Registrar. If the complaint is made to only one of the named persons then that person shall immediately file a copy of the complaint with the other person referenced in this article.
- (5) If the Conduct Committee as a whole has a conflict of interest with respect to the complaint or if the Conduct Committee is otherwise unable to act on the complaint, it shall appoint an independent investigator from a list approved by the Council to investigate on its behalf under this Article and it shall appoint an independent commissioner from a list approved by the Council to make decisions on its behalf under this Article.
- (6) The Conduct Committee or its delegate shall conduct any investigation it deems appropriate. If material facts are in dispute, the Conduct Committee or its delegate shall adopt a fair and reasonable process to determine those facts which may include the appointment of an independent investigator to investigate and provide a written report respecting those facts.

- (7) After providing the Council or ~~Non-Council Member~~Non-Council Committee Member an opportunity to make written submissions to it, the Conduct Committee or its delegate shall determine whether there has been a breach of the Code of Conduct and, if so, whether the matter should be resolved informally or whether the matter should be resolved formally at a determination meeting pursuant to Article 3.9(10).
- (8) Where the Conduct Committee or its delegate believes that the complaint does not warrant formal resolution, it shall provide a report to the Executive Committee or its delegate about the investigation and conclusion, with reasons for the conclusion. The Executive Committee or its delegate may accept the report and resolve the matter informally or may return the matter to the Conduct Committee for additional investigation or other action.
- (9) The Conduct Committee or its delegate may make an interim direction at any time to protect the integrity and reputation of the College including directing that the Council or ~~Non-Council Member~~Non-Council Committee Member be suspended from ~~his or her~~their positions or duties until the matter is finally resolved.
- (10) The Conduct Committee, or its delegate, the complainant and the Council or ~~Non-Council Member~~Non-Council Committee Member whose conduct is the subject of concern shall be the parties at the determination meeting. The Council or ~~Non-Council Member~~Non-Council Committee Member whose conduct is the subject of concern shall be given reasonable notice of the complaint, the relevant supporting information gathered in relation to the complaint, and all parties shall be given the opportunity to make written and oral submissions at the determination meeting. The Conduct Committee or its delegate is not required to hold a hearing.
- (11) An appropriate sanction imposed by the Conduct Committee may include one or more of the following:
 - (a) censure of the Council or ~~Non-Council Member~~Non-Council Committee Member verbally or in writing;
 - (b) removal of the Council or ~~Non-Council Member~~Non-Council Committee Member from any committee on which ~~they~~he or she serves;
 - (c) removal of a Council or Non- Council Member as a Chair of any committee on which ~~they~~he or she serves;
 - (d) exclusion of the Council or ~~Non-Council Member~~Non-Council Committee Member from all or part of meetings of the Council or any committees;
 - (e) restricting access to confidential information by the Council or ~~Non-Council Member~~Non-Council Committee Member;
 - (f) disqualification of an elected Council Member;
 - (g) delivery of a report to the Public Appointments Secretariat requesting the removal of a Council Member who has been appointed by the Lieutenant Governor in Council; or
 - (h) any other sanction appropriate to the circumstances.

- (12) Any sanction under Article 3.9 requires a majority vote of the members of the Conduct Committee or its delegate (if more than one), present at the meeting.
- (13) If the sanction imposed by the Conduct Committee was either 3.9(11)(f) or (g), the Council or ~~Non-Council Member~~Non-Council Committee Member who is the subject of the complaint may appeal the decision of the Conduct Committee or its delegate to the Council. The Council is not required to hold a hearing and may establish its own procedures for determining the appeal. A written indication of intention to appeal shall be given within 14 days of the Conduct Committee decision, unless Council agrees to extend the time for appeal. The Council has all of the powers of the Conduct Committee or its delegate in making the determination. Council will be acting in an appellate capacity, and any decision to overturn a decision of the Conduct Committee requires a two-thirds majority of the votes cast at the meeting by those present. Failure to obtain a two-thirds majority vote of those Council Members in attendance means that the Conduct Committee decision is upheld. The Council or ~~Non-Council Member~~Non-Council Committee Member whose conduct is in issue and the complainant, if a Council Member, shall not be entitled to vote at the Council meeting.
- (14) The procedure set out in this Article is intended to be followed in a timely manner recognizing the risk of possible continuing conduct and that the reputation of individuals and the College is at stake while also recognizing the need to provide a fair process for all concerned.
- (15) No Council Member shall take action, or permit any person to take action, against any person for making a complaint, or cooperating with the investigation of a complaint, under this bylaw.
- (16) Legal costs are only payable by the College to the subject of the complaint if no breach of the Code of Conduct was found and Council votes, on a two-thirds majority, to reimburse some or all of their legal costs.

3.10 Vacancies on Council and ~~Non-Council Member~~Non-Council Committee Member Positions

- (1) The seat of a Council or ~~Non-Council Member~~Non-Council Committee Member shall be deemed to be vacant upon the death, resignation or disqualification of the member.
- (2) If the seat of a Council Member becomes vacant not more than 12 months before the expiry of the member's term of office, the Council may:
 - (a) leave the seat vacant;
 - (b) direct the Registrar to hold an election or selection in accordance with this bylaw;
 - (c) direct the Registrar to appoint an individual who may fill the vacancy for a duration determined by Council, but not to exceed the duration of the term of the vacated position;
or
 - (d) request that a Public Member of Council be appointed via the offices of the Public Appointments Secretariat of the Government of Ontario.

- (3) If the seat of a Council Member becomes vacant more than 12 months before the expiry of the Council Member's term of office, the Council shall:
- (a) direct the Registrar to hold an election or selection, in accordance with this bylaw (and Council may direct the Registrar to appoint an individual who may fill the vacancy until the election is completed where Council would not otherwise be properly constituted); or
 - (b) request that a member be Appointed via the offices of the Public Appointments Secretariat of the Government of Ontario.
- (4) If a ~~Non-Council Member~~Non-Council Committee Member's appointment becomes vacant before the expiry of the ~~Non-Council Member~~Non-Council Committee Member's term of office, the Council may:
- (a) leave the position vacant; or
 - (b) appoint an individual to fill the vacancy for a duration determined by Council, but not to exceed the duration of the term of the vacated seat.

3.11 Election of the ~~Chair~~President

- (1) Any Council Member is eligible to stand for election to the office of ~~Council Chair~~President.
- (2) Each year, at the first Council meeting after the election or selection where the election of the members of the Executive Committee is properly on the agenda, or as soon after that time as possible, the election of the ~~Council Chair~~President shall be conducted by the Registrar or ~~his or her~~their delegate as outlined in Schedule II, which forms part of this bylaw.

3.12 Election of the Vice-~~Chair~~President

- (1) Any Council Member is eligible to stand for election to the office of Vice-~~Chair~~President of Council.
- (2) As soon as possible after the election of the ~~Chair~~President, the election of the Vice-~~Chair~~President shall be conducted by the Registrar or ~~his or her~~their delegate as outlined in Schedule II, which forms part of this bylaw.

3.13 Election of the Executive Committee

- (1) Any Council Member is eligible to stand for election to serve on the Executive Committee.
- (2) As soon as possible after the election of the ~~Chair~~President and Vice-~~Chair~~President, the election of the other members of the Executive Committee shall be conducted by the Registrar as outlined in Schedule II, which forms part of this bylaw.

3.14 Duties of the President

- (1) Subject to Article 4.9, the ~~Chair~~P~~resident~~ shall be the chair of the Council, and the chair of the Executive Committee and shall be charged with the general supervision and leadership of the affairs and business of the Council and such other duties as may, from time to time, be assigned to him or her by the Council, in accordance with the Act and the bylaws. The ~~Chair~~P~~resident~~ shall also facilitate dialogue at meetings in a manner that welcomes all Council Members' perspectives on issues, encourages independent thinking, promotes alignment on decisions that are balanced and demonstrates good judgment for the successful fulfilment of the Council's purpose.
- (2) The ~~Chair~~P~~resident~~ shall have the right to attend all Committee meetings of the College as an observer/participant without voting privileges.
- (3) During the absence or inability of the ~~Chair~~P~~resident~~, the President's duties, rights and powers shall be exercised by the Vice-~~Chair~~P~~resident~~.
- (4) During the absence or inability of both the ~~Chair~~P~~resident~~ and Vice-~~Chair~~P~~resident~~, the ~~Chair~~P~~resident~~'s duties, rights and powers may be exercised by any Council Member as the Council may appoint for such purpose.

3.15 Duties of the Vice-~~Chair~~P~~resident~~

- (1) In addition to the duties set out in Article 3.14(3), the Vice-~~Chair~~P~~resident~~ shall have such other powers, rights and duties as may, from time to time be assigned to ~~them~~him or her by the Council.
- (2) The Vice-~~Chair~~P~~resident~~ shall also be the ~~y~~Vice-~~c~~Chair of the Council and the ~~y~~Vice-~~c~~Chair of the Executive Committee.

3.16 Terms of Office for ~~Chair~~P~~resident~~ and Vice-~~Chair~~P~~resident~~

- (1) The term of office for the ~~Chair~~P~~resident~~ and Vice-~~Chair~~P~~resident~~ shall be one year, in accordance with the Act.
- (2) The term of office for the ~~Chair~~P~~resident~~ and Vice-~~Chair~~P~~resident~~ commences immediately following their election and expires upon the election of the new ~~Chair~~P~~resident~~ and Vice-~~Chair~~P~~resident~~ at the first regular meeting of Council in the following year.
- (3) No Council Member may serve as ~~Chair~~P~~resident~~ for more than an aggregate of three years. No Council Member may serve as Vice-~~Chair~~P~~resident~~ for more than an aggregate of three years.
- (4) Following the completion of three years of service as ~~Chair~~P~~resident~~, a Council Member is ineligible for re-election as ~~Chair~~P~~resident~~ but may be eligible for election as Vice-~~Chair~~P~~resident~~, provided that the Council Member has not already served for three years as Vice-~~Chair~~P~~resident~~.

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

3.17 Removal of the ~~ChairPresident~~ or Vice-~~ChairPresident~~

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

- (1) The ~~ChairPresident~~ and/or Vice-~~ChairPresident~~ has been given advance notice of the resolution consistent with the notice period required for Council meetings;
- (2) The resolution is presented at a Council meeting;
- (3) The Registrar shall preside over the resolution and shall appoint, where possible, the Deputy Registrar as scrutineer for the vote;
- (4) The vote regarding this resolution shall be taken by secret ballot;
- (5) Following the tally of the vote and the report to Council, the Registrar shall ensure that the ballots are destroyed.

3.18 Vacancy of ~~ChairPresidential~~ and/or Vice-~~ChairPresidential~~ Offices

- (1) Despite Article 3.16(3), if the office of ~~ChairPresident~~ becomes vacant before the expiry of ~~her or his~~~~their~~ term of office, the Vice-~~ChairPresident~~ shall assume the office of ~~ChairPresident~~ for the remainder of the term.
- (2) If the office of Vice-~~ChairPresident~~ becomes vacant before the expiry of ~~her or his~~~~their~~ term of office, an election for Vice-~~ChairPresident~~ shall occur at the next regular meeting of the Council and the new Vice-~~ChairPresident~~ shall assume the office for the remainder of the term.
- (3) If both the offices of ~~ChairPresident~~ and Vice-~~ChairPresident~~ become vacant concurrently before the expiry of their respective terms of office, the Council shall appoint an interim ~~ChairPresident~~ and Vice-~~ChairPresident~~ from among the remaining members of the Council to fill the positions of ~~ChairPresident~~ and Vice-~~ChairPresident~~ and shall hold an election to fill any resultant vacant seats on Executive Committee in accordance with this bylaw.

ARTICLE 4: MEETINGS OF THE COUNCIL

4.1 Location of Meetings

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

4.2 Number of Meetings

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

4.3 Additional Meetings

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

4.4 Special Meetings

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

4.5 Business to Be Transacted at Meetings

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

- (a) matters brought forward by the Executive Committee for education, deliberation or ratification;
- (b) recommendations and reports by Committees;
- (c) matters of which notice was given to the Registrar by a Council Member at the preceding Council meeting or where written notice has been given 21 days in advance of the Council meeting;
- (d) reports by the Registrar and the Council Chair~~President~~; or
- (e) such other matters, not included in the agenda for the Council meeting, as a majority of Council Members in attendance determine to be urgent in nature.

4.6 Agenda

The ~~Chair, in conjunction with the Registrar~~~~President~~ shall establish, or cause to be established, the agenda for each Council meeting. The agenda for each Council meeting, other than a special meeting which may only consider the business specified in the requisition, shall include a reasonable period during which any Council Member may raise for discussion topics relevant to the affairs of the College, whether or not otherwise part of the business to be transacted at the Council meeting. However, any motions made in respect of those items shall be made in accordance with Article 4.5(e).

4.7 Quorum and Voting

- (1) A majority of Council Members shall constitute a quorum for the transaction of business. Unless otherwise provided for, questions arising at any meeting of the Council shall be decided by a majority of votes of those present and voting. In the event that a vote is tied following deliberation of the question, the question shall be deemed to have been defeated.
- (2) A vote at a Council meeting shall be by a show of hands. Any Council Member may request a roll call vote unless the Council Members have determined to vote by secret ballot or the bylaws require a secret ballot.
- (3) In the event of a roll call vote, the Registrar shall request each Council Member in turn to record ~~their~~~~her or his~~ vote and such vote shall be recorded in the minutes of the meeting relating to the motion or resolution under consideration.
- (4) Despite Article 4.7(1), a question may be decided by consensus where no Council Member requires a vote.
- (5) Proxy voting is prohibited.
- (6) Voting via conference call or other electronic means is permitted during a Council meeting where a Council Member makes a request of the President for such an accommodation at least three business days in advance of the meeting. Such requests are considered unusual, and it is expected that the majority of Council Members will vote in person at a Council meeting unless the meeting is being held electronically or in a hybrid format.

4.8 Chair of Council

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

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

4.9 Alternate Chair

For the purposes of the conduct of its meetings, the Council may appoint a non-voting chair who is not a Registrant of the College or a Council Member to preside at any or all meetings. Such a chair shall function solely as an arbiter of procedure in accordance with the procedures adopted in this bylaw. Before assuming ~~their~~~~her or his~~ duties, the appointed chair shall undertake to maintain confidentiality in accordance with the Act.

4.10 Evidence of Meeting Proceedings

- (1) At any meeting, unless a poll is demanded, a declaration by the chair of the meeting that a resolution has been carried or carried unanimously or by a particular majority or lost or not carried by a particular majority shall be conclusive evidence of the fact without proof of the number or proportion of votes recorded in favour of, or against a matter.
- (2) The Council shall cause minutes to be kept of its proceedings and meetings to form a record of all motions and decisions, which shall be kept at the College office unless the Council otherwise decides.

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

4.11 Adjournments

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

~~4.12 Deputations at Council Meetings by External Groups¹~~

- ~~(1) Any person who is not a Council Member may request to make a deputation at a meeting of the Council and may be permitted to do so.~~

¹~~A deputation is a submission made to the Council by a person who is not a Council Member at the person's request. Normally only Council Members and Council resource people (e.g. staff, College consultants) are permitted to speak at Council meetings. Deputations often involve a request by the person for the Council to do something (e.g. make a regulation or bylaw, change a policy).~~

- ~~(2) — Requests for permission to make a deputation must be submitted in accordance with the criteria and schedule for the submissions of such requests, as determined and published by the Council from time to time.~~
- ~~(3) — No deputation shall be permitted or scheduled prior to review by the Executive Committee and its determination that the deputation is appropriate.~~

4.134.12 Other Meeting Procedures

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

4.144.13 Meetings Held by Electronic Communication

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

4.154.14 Written Resolution

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

ARTICLE 5: COMMITTEES

5.1 Duties of the Executive Committee

- (1) Between the meetings of the Council, the Executive Committee has all the powers of the Council with respect to any matter that, in the Committee's opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or bylaw in accordance with the Act.
- (2) If the Executive Committee exercises a power of the Council under Article 5.1(1), it shall report on its actions to the Council at the Council's next meeting.
- (3) The Executive Committee shall also be constituted as the Nominating Committee.

5.2 Appointment of Council Members and Others to Committees

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

5.3 Term of Appointment

- (1) Except as otherwise provided in the bylaw, appointments to all Committees, other than Executive, Discipline or Fitness to Practise (the latter two of which all members of Council are members), shall be for a one-year term and Committee Members may be reappointed for a maximum of two more consecutive terms. Subject to the other provisions of the bylaw^s relating to the Executive, Discipline and Fitness to Practise Committees, under special circumstances that Council identifies at the meeting and documents in the minutes of the meeting, a person may be reappointed to a Committee despite serving on that Committee for three consecutive years.
 - (a) In a manner consistent with Article 3.16, a Council Member may serve on the Executive Committee for more than three consecutive years including as ~~Chair~~President and Vice-~~Chair~~President so long as the aggregate number of years as ~~Chair~~President is not more than three, the aggregate number of years as Vice-~~Chair~~President is not more than three and the aggregate number of years serving as a member of the Executive Committee while not ~~Chair~~President or Vice-~~Chair~~President is not more than three.
- (2) Subject to Article 5.3(1), a Committee Member who has served the maximum term of three consecutive years on any respective Committee, other than the Executive, Discipline and Fitness to Practise Committees, is deemed ineligible for re-appointment to that Committee for a period of at least 12 months following the expiry of ~~their~~her or his final term of office.

5.4 Adding and Removing Members

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

5.5 Vacancy

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

5.6 Appointment of Committee Chair

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

5.7 Limitations on Powers

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

5.8 Conduct Committee and Other Non-Statutory Committees

- (1) There shall be a Conduct Committee- which shall be composed of between three and five Council Members from statutory regulators other than the College, at least one of whom shall be a Public Member. A quorum of the Conduct Committee shall be three members, at least one of whom shall be a Public Member.
- (2) The members of the Conduct Committee shall be appointed by the Council at the first Council meeting of the year.
- (3) A member of the Conduct Committee who ceases to be a Council member of a statutory regulator after a Code of Conduct matter has commenced under the College's Council Code of Conduct shall be deemed for the purpose of dealing with that matter, to remain a member of the Committee until the final disposition of the matter, unless the Executive Committee determines otherwise.

- (4) The Conduct Committee shall perform the duties assigned to it in this bylaw and any other duties assigned to it by Council in its terms of reference.
- (5) The Council may, from time to time, create other Non-Statutory Committees to complete specific projects or tasks. The creation or dissolution of such a Committee requires a motion from Council.
- (6) In the event of a vacancy on any Non-Statutory Committee, the provisions relating to filling a vacancy on a Statutory Committee shall apply.
- (7) Committees are composed of a minimum of three persons.
- (8) When required, Non-Statutory Committees may be supported by legal and/or technical consultants, and other resource persons as required.
- (9) Non-Statutory Committees shall prepare and/or maintain:
 - (a) agendas and minutes for each meeting; and
 - (b) reports to Council for each Council meeting.

5.9 Procedures for Meetings of Committees

- (1) Subject to the Act and unless otherwise required by law, each Committee shall meet from time to time at the direction of the Council or the Executive Committee or at the direction of the chair or a majority of the members of such Committee on a date and time designated. Meetings may be held by electronic means.
- (2) A College staff person supporting the Committee's activities shall make reasonable efforts to notify all Committee members, via telephone, e-mail, written correspondence or some other mode of communication to arrange the meeting date and time for the convenience of the majority of the Committee members.
- (3) The majority of members (at least one of whom is a Public Member) of any Committee shall constitute a quorum unless the Act provides otherwise.
- (4) Every question that comes before a Committee shall be decided by a majority of those members present and voting. In the event that a vote is tied following deliberation of the question, the question shall be deemed to have been defeated.
- (5) Except for hearings² held pursuant to the Act, each Committee shall cause minutes to be kept of its proceedings and meetings to form a record of all motions and decisions, which shall be kept at the College office unless the Council otherwise decides.

² Procedure for hearing panels are dealt with by the [Health Professions Procedural Code](#), *Statutory Powers Procedure Act* and the Committee's rules of procedure.

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

5.10 Committee Reports

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

5.11 Composition of Statutory Committees

- (1) The **Executive Committee** shall be composed of:
 - (a) three Council Members who are Registrants; and
 - (b) two Council Members who are Public Members.
- (2) The ~~President~~ Chair and Vice-~~President~~ Chair of the Council shall be Ex-officio members of the Executive Committee.
- (3) The **Registration Committee** shall be composed of at least:
 - (a) three Council Members who are Registrants;
 - (b) two Council Members who are Public Members;
 - (c) one or more ~~Non-Council Member~~ Non-Council Committee Members, as needed. ~~The total number of Non-Council Members shall not exceed the total number of Council Members on the Committee.~~
- (4) The **Inquiries, Complaints and Reports Committee** shall be composed of at least:
 - (a) four Council Members who are Registrants;
 - (b) four Council Members who are Public Members; and
 - (c) one or more ~~Non-Council Member~~ Non-Council Committee Members, as needed. ~~The total number of Non-Council Members shall not exceed the total number of Council Members on the Committee.~~
- (5) The **Discipline Committee** shall be composed of:
 - (a) every Council Member; and
 - (b) one or more ~~Non-Council Member~~ Non-Council Committee Members, as needed. ~~The total number of Non-Council Members shall not exceed the total number of Council Members on the Committee.~~

- (6) The **Fitness to Practise Committee** shall be composed of:
- (a) every Council Member; and
 - (b) one or more ~~Non-Council Member~~Non-Council Committee Members, as needed. ~~The total number of Non-Council Members shall not exceed the total number of Council Members on the Committee.~~
- (7) The **Quality Assurance Committee** shall be composed of at least:
- (a) three Council Members who are Registrants;
 - (b) two Council Members who are Public Members; and
 - (c) one or more ~~Non-Council Member~~Non-Council Committee Members, as needed. ~~The total number of Non-Council Members shall not exceed the total number of Council Members on the Committee.~~
- (8) The **Patient Relations Committee** shall be composed of at least:
- (a) two Council Members who are Registrants;
 - (b) three Council Members who are Public Members; and
 - (c) one or more ~~Non-Council Member~~Non-Council Committee Members, as needed. ~~The total number of Non-Council Members shall not exceed the total number of Council Members on the Committee.~~

5.12 Constitution of a Committee

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

5.13 Composition of Panels

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

ARTICLE 6: APPOINTMENT OF REGISTRAR AND OTHER REPRESENTATIVES

6.1 Registrar

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

6.2 Deputy Registrar

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

6.3 Inspectors, Investigators, Evaluators and Assessors

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

6.4 Removal of the Registrar

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

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

7.1 Remuneration of Council Members

- (1) Any remuneration of Elected and Academic Members shall be set and reviewed at least once every three years by the Council.
- (2) Any remuneration of Non-Council Committee Members and others shall be set by the Registrar.
- (3) The information in Article 7.1(1)(2) shall be posted on the College's website.

7.2 Indemnity of Council Members, ~~Non-Council Member~~ Non-Council Committee Members and Others

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

7.3 Liability Insurance of Registrants

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

- (a) minimum of no less than \$1,000,000 per occurrence;
- (b) annual aggregate coverage of no less than \$5,000,000;
- (c) a deductible of no more than \$4,000 per occurrence;
- (d) run-off coverage (sometimes called enduring or tail coverage) for a minimum of two years;
- (e) provided by an insurer licensed with the Financial Services Commission of Ontario or the office of the Superintendent of Financial Institutions Canada; and
- (f) a sexual abuse therapy and counselling fund endorsement that,

- (i) provides coverage for therapy and counselling for every person eligible for funding under subsection 85.7(4) of the Code; and
- (ii) provides coverage, in respect of each such eligible person, for the maximum amount of funding that may be provided for the person under the Act, for therapy and counselling as a result of sexual abuse by the Registrant.

ARTICLE 8: BANKING AND INVESTMENTS

8.1 Banking

- (1) The Council shall appoint a Canadian chartered bank (which shall be a Schedule 1 or Schedule 2 bank under the *Bank Act* (Canada)) for the use of the College. All money received shall be deposited in the account or accounts maintained by the College at such bank, without deduction for any purpose whatsoever. The College shall have a petty cash fund for expenditure items where payment by individual cheque is not practical, any such payment not to exceed \$200 and such petty cash fund to be operated on an “as needed” basis. Except for payments out of the petty cash fund as herein before contemplated, all payments by the College shall be made by cheque drawn on the College’s bank account as contemplated above.
- (2) All cheques or payments issued on behalf of the College in excess of \$100,000.00 excluding salaries, or such other amount as may be determined by the Council from time to time, must be signed by both the [Council Chair](#)~~President~~ and Registrar.
- (3) All cheques or payments issued on behalf of the College not in excess of \$100,000.00 or such other amount as may be determined by the Council from time to time shall be signed by both the Registrar and the Deputy Registrar, the Director of Corporate Services or the [Council Chair](#)~~President~~. However, the person to whom the cheque is made payable shall not sign it.
- (4) The Registrar may not make any payment where amounts or orders have been split to avoid the limit on purchases or where due diligence has not been exercised with respect to potential or actual conflicts of interest.
- (5) The Registrar may endorse any negotiable instrument for collection on account of the College through the College’s bank or for deposit to the credit of the College with the College’s bank. The College’s rubber stamp may be used for such endorsement.

8.2 Fidelity

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

8.3 Investment

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

- (2) The funds of the College to be invested as referred to above in this section may be invested only in securities issued or guaranteed by:
- (a) the Government of Canada;
 - (b) the government of a province of Canada;
 - (c) a Schedule 1 Canadian chartered bank; or
 - (d) a corporate bond issued by a corporation with a rating of BBB or higher with the Dominion Bond Rating Service or a rating of four stars or higher with Morningstar Bond Ratings.

8.4 Custody of Securities

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

8.5 Ownership of Securities

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

ARTICLE 9: BORROWING

9.1 Borrowing and Giving of Security

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

- (a) borrow money on the credit of the College;
- (b) limit or increase the amount or amounts to be borrowed;
- (c) issue, sell or pledge for such sums and such prices as may be deemed expedient, securities of the College; and
- (d) charge, mortgage, hypothecate or pledge all or any of the real or personal property of the College, including book debts, rights, powers, franchises and undertakings, to secure any such securities or any money borrowed, or other debt, or any other obligation or liability of the College.

ARTICLE 10: AUDITORS

10.1 Appointment of Auditors

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

10.2 Notice to Auditors

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

10.3 Examinations by Auditors

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

10.4 Access

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

10.5 Attendance at Meetings

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

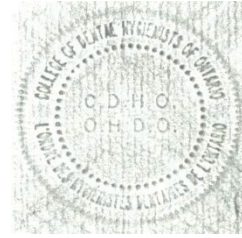
10.6 Limitation of Executive Committee Authority

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

ARTICLE 11: SEAL

11.1 Seal

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



11.2 Custody of Seal

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

11.3 Logo and Name Mark

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



ARTICLE 12: EXECUTION OF DOCUMENTS, ETC.

12.1 Bank Signing Authorities

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

12.2 Execution of Other Documents

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

12.3 Definition of Contracts, etc.

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

12.4 Summonses

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

12.5 Affixation of Seal

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

ARTICLE 13: ENACTMENT, AMENDMENT AND REPEAL OF BYLAWS

13.1 Enactment, Amendment and Repeal

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

13.2 Notice of Proposal

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

13.3 Numbering and Maintenance

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

ARTICLE 14: INFORMATION REQUIRED BY THE COLLEGE

14.1 Timing of Annual Renewal

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

14.2 Providing Information to the College

~~When~~^{If} requested, the Registrant shall immediately provide the College with the following information, in the form requested by the College:

- ~~(a)~~ Information required to be maintained in the register in accordance with subsection 23(2) of the Code, Regulation 261/18 under the RHPA, and Article 15 of this bylaw;
- ~~(a)(b)~~ Information required to be provided to the College pursuant to sections 85.6.1 through 85.6.4 of the Health Professions Procedural Code regarding offences (charges and findings), misconduct findings, membership in other regulatory bodies, and bail conditions, etc.;
- ~~(b)(c)~~ The address and telephone number of the Registrant's primary residence and a current e-mail address to which only the Registrant has access;
- ~~(e)(d)~~ Every business address and business telephone number, and, if available, business facsimile number and business email address;
- ~~(d)(e)~~ Proof of professional liability insurance in accordance with Article 7.3 of this Bylaw;
- ~~(e)(f)~~ The Registrant's areas of practice and categories of Clients seen;
- ~~(f)(g)~~ Information regarding the Registrant's employment including:
 - (i) the Registrant's title and position,
 - (ii) a description of the Registrant's role, duties, and responsibilities, and
 - (iii) the Registrant's employment category and status;
- ~~(g)(h)~~ If there have been any changes to the Registrant's name since the date of the Registrant's initial application for registration, and where requested by the College, documentation supporting the change;
- ~~(h)(i)~~ Any nicknames, short forms of given names, aliases or assumed names that the Registrant uses in any place of practice;
- ~~(i)(j)~~ Information about the Registrant's registration with any other body that governs a profession, whether inside or outside of Ontario, including the name of the governing body, the Registrant's registration or licence number and the date the Registrant first became

registered and the expiry date of that registration or licence number;

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

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

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

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

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

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

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

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

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

14.3 Notification of Changes of Information

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

~~(a)~~ — The Registrant's name;

- ~~(b) — The address and telephone number of the Registrant's primary residence and a current e-mail address to which only the Registrant has access;~~
- ~~(c) — Every employment address and employment telephone number, and, if available, every business facsimile number and business email address;~~
- ~~(d) — The Registrant's professional liability insurance as required by Article 7.3 of this Bylaw;~~
- ~~(e) — Details about registration, membership or licensure with any regulatory body inside or outside of Ontario;~~
- ~~(f) — Details about misconduct, incompetence, incapacity or similar proceedings against the Registrant, whether completed or ongoing, by a regulatory body in or outside of Ontario;~~
- ~~(g) — Details about any finding by a court against the Registrant in respect of a federal, provincial or other offence;~~
- ~~(h) — Conditions, terms, orders, directions or agreements relating to the custody or release of the Registrant in respect of federal, provincial or other offence processes; and~~
- ~~(i) — Details about any current charges against a Registrant, in respect of a federal, provincial or other offence.~~

ARTICLE 15: THE REGISTER

15.1 Maintaining the Register

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

15.2 Name in the Register

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

15.3 Change of Name

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

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

15.4 Primary Business Address

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

15.5 Primary Business Telephone Number

A Registrant's primary business telephone number in the register shall be the telephone number of the location in Ontario where the Registrant is ~~practising employed or self-employed~~ as a dental hygienist. In the event that the Registrant is employed or self-employed as a dental hygienist in more than one location in Ontario, the Registrant's primary business telephone number shall be the telephone number of the location where the Registrant currently works the most hours. In the event

that the Registrant is not employed in Ontario as a dental hygienist, the register shall not contain a business telephone number for the Registrant.

15.6 Other Information in the Register

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

- (a) ~~Every business address and business telephone number;~~
- (b) The Registrant's registration number;
- (c) The dates on which each class of registration and specialist status that the Registrant holds was obtained and, if applicable, the dates on which each terminated;
- (d) If the Registrant ceased to be a Registrant, a notation specifying the reason for the termination of registration and the date upon which the Registrant ceased to be a Registrant;
- (e) Information relating to the Registrant's education in dental hygiene, including date of graduation and educational institution;
- ~~(d)~~ —
- ~~(e)(f)~~ Where, on or after December 31, 2015, for a complaint or for a matter in which an investigator is appointed under clause 75(1)(a) or clause 75(1)(b) of the Code, a panel of the Inquiries, Complaints and Reports Committee requires a Registrant to appear before a panel of the Committee to be cautioned a fulsome summary of the caution and such other relevant information that the Registrar believes is in the public interest to include.,
 - ~~(i)~~ ~~a notation of that fact,~~
 - ~~(ii)~~ ~~a summary of the caution,~~
 - ~~(iii)~~ ~~the date of the panel's decision,~~
 - ~~(iv)~~ ~~the date upon which the Registrar is satisfied that the Registrant has appeared before a panel of the Inquiries, Complaints and Reports Committee and received the caution, and~~
- ~~(v)~~ ~~if applicable, a notation that the panel's decision is subject to review and therefore is not yet final, which notation shall be removed once the review and any reconsideration by the Committee is finally disposed of;~~
- (f)(g) Where, on or after December 31, 2015, for a complaint or for a matter in which an investigator is appointed under clause 75(1)(a) or clause 75(1)(b) of the Code, a panel of the Inquiries, Complaints and Reports Committee takes other action requiring a Registrant to complete a specified continuing education or remediation program (SCERP") a fulsome summary of the SCERP and such other relevant information that the Registrar believes is in the public interest to include;
 - ~~(i)~~ ~~a notation of that fact,~~

- ~~(ii) — a summary of the specified continuing education or remediation program;~~
- ~~(iii) — the date of the panel's decision;~~
- ~~(iv) — the date the specified continuing education or remediation program is successfully completed; and~~
- ~~(v) — if applicable, a notation that the panel's decision is subject to review and therefore is not yet final, which notation shall be removed once the review and any reconsideration by the Committee is finally disposed of;~~

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

- ~~(i) — a notation of that fact;~~
- ~~(ii) — a summary of the terms of the undertaking;~~
- ~~(iii) — the date of the panel's decision;~~
- ~~(iv) — the date all of the terms of the undertaking are successfully completed; and~~
- ~~(v)(h) — if applicable, a notation that the panel's decision is subject to review and therefore is not yet final, which notation shall be removed once the review and any reconsideration by the Committee is finally disposed of;~~

~~(h)(i)~~ Notwithstanding paragraphs “e”, “f” and “g” where, after a review, the Inquiries, Complaints and Reports Committee has been required to remove or vary the order appearance for a caution, a specified continuing education or remediation program or an undertaking, the notation may be removed once the Committee makes its new decision. Where the original order requirement to appear for a caution, to complete a specified continuing education or remediation program or requirement to complete an undertaking has been varied, the Registrar may enter a summary of the process leading up to and the results of the variation;

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

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

- ~~(i) — the date of the referral;~~

- ~~(ii)~~ — a brief summary of each specified allegation;
- ~~(iii)~~ — the notice of hearing;
- ~~(iv)~~ — the anticipated date of the hearing, if the hearing date has been set, or the next scheduled date for the continuation of the hearing if the hearing has commenced;
- ~~(v)~~ — if the hearing is awaiting scheduling, a statement of that fact, and
- ~~(vi)(k)~~ if the hearing of evidence and arguments is completed and the parties are awaiting a decision of the Discipline Committee, a statement of that fact;
- ~~(h)(l)~~ Where the results of a disciplinary proceeding are contained in the register, the date on which the panel of the Discipline Committee made the finding of professional misconduct or incompetence and the date on which the panel made an order;
- ~~(h)(m)~~ After December 31, 2015 a summary of any reprimand given publicly to a Registrant as part of the order of a panel of the Discipline Committee, unless the results of the proceeding before the Discipline Committee are not otherwise available to the public under the Code;
- ~~(m)(n)~~ A notation, including the date of the referral, for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Fitness to Practise Committee under section 61 of the Code and has not been finally resolved, until the matter has been resolved;
- ~~(h)(o)~~ Any information jointly agreed to be placed on the register by the College and the Registrant;
- ~~(h)(p)~~ Where the Registrant's certificate of registration is subject to an interim order, a notation of that fact, the nature of the order and the date that the order took effect;
- ~~(h)(q)~~ Where the Registrant's certificate of registration is subject to a suspension for failure to pay a fee, the reason for the suspension and the date of the suspension in addition to the fact of the suspension;
- ~~(h)(r)~~ Where the College is aware that a Registrant is currently registered or licensed to practise a profession inside or outside of Ontario, a notation of that fact;
- ~~(r)~~ — ~~(r)~~ Where the College is aware that a pending allegation of professional misconduct or incompetence or a similar allegation has been referred to a discipline type of hearing against a Registrant registered or licensed to practise a profession inside or outside of Ontario, a fulsome summary of the matter and such other relevant information that the Registrar believes is in the public interest:
 - ~~(i)~~ — a notation of that fact;
 - ~~(ii)~~ — the date of the referral if available;
 - ~~(iii)~~ — a brief summary of each allegation if available, and
 - ~~(iv)(i)~~ the notice of hearing if available;
- ~~(s)~~ — ~~(s)~~ Where the College is aware that a finding of professional misconduct or incompetence or a similar finding has been made against a Registrant registered or licensed to practise a profession inside or outside of Ontario and that finding has not been reversed on appeal, a

fulsome summary of the matter and such other relevant information that the Registrar believes is in the public interest;

- ~~(i)~~ — a notation of that fact;
- ~~(ii)~~ — the date of the finding and the name of the governing body that made the finding if available;
- ~~(iii)~~ — a brief summary of the facts on which the finding was based if available;
- ~~(iv)~~ — the order made if available; and

~~(v)~~ information regarding any appeals of the finding or order if available;

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

- ~~(i)~~ — a notation of the finding;
- ~~(ii)~~ — the name of the governing body that made the finding;
- ~~(iii)~~ — the date the finding was made if available;
- ~~(iv)~~ — a summary of any order made if available; and

~~(v)~~~~(s)~~ information regarding any appeals of the finding or order if available;

~~(u)~~~~(t)~~ Where a decision of a panel of the Discipline Committee has been published by the College with the Registrant's or former Registrant's name included,

- (i) a notation of that fact, and
- (ii) identification of, a link to, or a copy of the specific publication containing that decision;

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

~~(w)~~~~(v)~~ A summary of any current charges against a Registrant, of which the College is aware, in respect of a federal, provincial or other offence ~~that the Registrar believes is relevant to the Registrant's suitability to practise;~~

~~(x)~~~~(w)~~ A summary of any current conditions, terms, orders, directions or agreements relating to the custody or release of the Registrant in respect of provincial, federal or other offence processes, of which the College is aware, ~~and that the Registrar believes is relevant to the Registrant's suitability to practise;~~

~~(y)~~~~(x)~~ A summary of any findings of guilt, of which the College is aware, made by a court after December 31, 2015, against a Registrant in respect of a provincial, federal or other offence ~~that the Registrar believes is relevant to the Registrant's suitability to practise;~~

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

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

15.7 Official Documentation

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

15.8 Information Affecting the Safety of an Individual

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

ARTICLE 16: FEES

16.1 Application Fees

- (1) A person who submits an application for a general or specialty certificate of registration for consideration by the Registrar pursuant to section 15 of the Code, shall pay an application fee of ~~\$75~~\$50.

~~(2) A person who submits an application for authorization to self-initiate for consideration by the Registrar shall pay an application fee of \$75.~~

16.2 Annual Fees

- (1) The annual fee payable by a Registrant is:
 - (a) \$415 for a Registrant who holds a general certificate;
 - (b) \$415 for a Registrant who holds a specialty certificate; and
 - (c) \$215 for a Registrant who holds an inactive certificate.
 - (d) If an applicant graduated from a program in dental hygiene within 12 months of applying for registration, the annual fee upon initial registration is one half of the annual fee payable by a Registrant who holds a general certificate.
- (2) The annual fees are payable by a Registrant upon first becoming a Registrant and, thereafter, on December 1 of each year in the year preceding the year to which the Registration renewal applies.
- (3) The penalty for late payment of a fee set out in Article 16.2 (1)(a)—16.2 (1)(c) is \$100 and is payable on December 2nd.

16.3 Change of Class

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

16.4 Evaluation Fees

- (1) The fee to take the clinical competency evaluation for entry to practice is \$2650.
- (2) The fee to take the provincial written assessment for entry to practice is \$675.
- (3) The fee to re-take the provincial written assessment for entry to practice is \$575.

- (4) The fee to take an entry-to-practice radiology evaluation is \$650.
- (5) The fee to take the professional competency assessment for re-entry to practice is \$3225.
- (6) The fee to take the professional competency assessment for a specialty certificate is \$1500.
- (7) A person who files an appeal with the Registrar shall pay a non-refundable fee of \$350.
- (8) The prior learning assessment fee for an applicant from a non-accredited program is \$800.

16.5 Fees for Election Recount

- (1) A candidate for election as an Elected Member or selection as an Academic Member to the Council shall pay a fee of \$100 for a recount of the election or selection that the Registrar is required to hold in accordance with Article 3.2(14).
- (2) The fee shall be refunded to the candidate if the outcome of the election or selection is changed in ~~their~~~~his or her~~ favour as a result of the recount.

16.6 Additional Fees

- (1) A person who makes requests of the Registrar to do that which is required or authorized to do by statute or by regulation of the Registrar shall pay:
 - (a) if a fee for doing so is prescribed, the prescribed fee; or
 - (b) if a fee is not prescribed and a fee is set by the Registrar, the fee set by the Registrar.

16.7 Obligations to Pay

- (1) The fee for reinstatement where the Registrant's certificate was suspended or revoked is \$500.
- (2) The fee for a:
 - (a) Replacement wall certificate is \$20
 - ~~(b) Replacement lapel pin is \$10~~
 - ~~(c)~~(b) Replacement of a duplicate receipt is \$10
 - ~~(d)~~(c) Certificate of professional conduct is \$15.
- (3) The obligation to pay the annual registration fee or renewal fee and to submit the annual information return continues, even if the Registrar fails to mail a notice, or the Registrant fails to receive such notice.

16.8 Administrative Fee

After the first notice, a Registrant shall pay an administrative fee of \$50 for each subsequent notice sent by the Registrar to a Registrant for failure of the Registrant to provide information or a form to the College or a Committee of the College within 30 days of being requested or required to do so.

The fee is due within 30 days of the subsequent notice being sent, unless ~~they have~~~~he or she has~~, in the opinion of the Registrar, a valid explanation for failing to submit the information requested within the 30-day period.

ARTICLE 17: INTENTIONALLY LEFT BLANK

ARTICLE 18: FUNDING FOR THERAPY AND COUNSELLING

18.1 Requirements Under the Program

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

ARTICLE 19: PROFESSIONAL INCORPORATION

19.1 Certificate of Authorization Fee

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

19.2 Annual Renewal Fee

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

19.3 Renewal Date

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

19.4 Failure to Renew

After the first notice, a professional corporation or a Registrant listed in the College's records as a shareholder of a professional corporation shall pay an administrative fee of \$50 for each subsequent notice sent by the Registrar to the corporation and/or Registrants affiliated with the corporation for failure of the corporation to renew its certificate of authorization on time. The fee is due within 30 days of the notice being sent unless they, in the opinion of the Registrar, have a valid explanation for failing to submit the information requested within the 30-day period.

19.5 Additional Certificate

The fee for the issuing of a document or certificate respecting a professional corporation, other than the first certificate of authorization or one annual renewal of a certificate of authorization is \$50.

19.6 Information Required by the College

Every Registrant of the College shall, for every professional corporation of which the Registrant is a shareholder, provide in writing the following information on the application and annual renewal forms for a certificate of authorization, upon the written request of the Registrar within 30 days and upon any change in the information within 30 days of the change:

- (a) the name of the professional corporation as registered with the Ontario Ministry of Government and Consumer Services;
- (b) any practice names used by the professional corporation;
- (c) the name, as set out in the register, and registration number of each shareholder of the professional corporation;

- (d) the name, as set out in the register, of each officer and director of the professional corporation, and the title or office held by each officer and director;
- (e) the principal practice address, telephone number, facsimile number and e-mail address of the professional corporation;
- (f) the address and telephone number of all other locations, other than residences of Clients, at which the professional services offered by the professional corporation are provided; and
- (g) a brief description of the professional activities carried out by the professional corporation.

19.7 Public Information

The information specified in Article 19.6 is designated as public for the purposes of subsection 23(5) of the Code.

ARTICLE 20: DECLARED EMERGENCIES

In the event of the declaration of a state emergency by the Government of Canada or by the government of any province or territory of Canada or for any other reason, the College may waive or extend any deadline under these bylaws or curtail any services of the College for the duration of length of the state of emergency. The College will communicate with Registrants where possible.

SCHEDULE I

CODE OF ETHICS

The mission of the College of Dental Hygienists of Ontario is to regulate the practice of dental hygiene in the interest of the overall health and safety of the public of Ontario.

PRINCIPLE I: BENEFICENCE

- ***Involves caring about and promoting the good of another***
Dental hygienists use their knowledge and skills to assist Clients to achieve and maintain optimal oral health and to promote fair and reasonable access to quality care.

PRINCIPLE II: AUTONOMY

- ***Pertains to the right to make one's own choices***
By communicating relevant information openly and truthfully, dental hygienists assist Clients to make informed choices and to participate actively in achieving and maintaining optimal oral health.

PRINCIPLE III: PRIVACY AND CONFIDENTIALITY

- ***Privacy pertains to a person's right to control the collection, use and disclosure of personal information; the right to access and correct inaccurate information; and the right to expect that the information is kept secure.***
- ***Confidentiality is the duty to hold secret any information acquired in the professional relationship.***
Dental hygienists respect the privacy of Clients and hold in confidence the information disclosed to them, subject to certain narrowly defined exceptions.

PRINCIPLE IV: ACCOUNTABILITY

- ***Pertains to the acceptance of responsibility for one's actions and omissions in light of relevant principles, standards, laws, regulations and the potential to self-evaluate and to be evaluated accordingly.***
Dental hygienists practise competently in conformity with relevant principles, standards, laws, and the regulations under their enabling legislation and accept responsibility for their behaviour and decisions in the professional context.

PRINCIPLE V: PROFESSIONALISM

- ***Is the commitment to use and advance professional knowledge and skills to serve the Client and the public good.***
Dental hygienists express their professional commitment individually in their practice and communally through the College and their participation in the College's Quality Assurance Program.

ETHICAL DECISION-MAKING MODEL

STEP 1	IDENTIFY THE PROBLEM	Identify, in a preliminary way, the nature of the challenge or problem.
STEP 2	GATHER INFORMATION	Become suitably informed and gather relevant information including: factual information; sequence of events; applicable policies, laws, and regulations; and the views of stakeholders.
STEP 3	CLARIFY THE PROBLEM	Clarify and elaborate the problem based on the additional information obtained. Identify the ethical principles at stake.
STEP 4	IDENTIFY OPTIONS	Identify the various options for action.
STEP 5	ASSESS OPTIONS	Assess the various options.
STEP 6	CHOOSE A COURSE OF ACTION	Decide on and justify/defend a course of action.
STEP 7	IMPLEMENT THE ACTION	Implement one's decision as thoughtfully and sensitively as possible.
STEP 8	EVALUATE OUTCOMES	Assess the consequence of your decision and evaluate the outcomes.

SCHEDULE II

ELECTION OF THE EXECUTIVE COMMITTEE

- (1) The elections shall be conducted by the Registrar or ~~their~~his or her delegate.
- (2) No Council Member shall sit at the head table of the meeting until the elections have been finalized.
- (3) Nominations to any position on the Executive Committee may be either by self or from any member of Council.
- (4) The Registrar or ~~their~~his or her delegate shall call for nominations for the position of Council Chair~~President~~.
 - (a) Should only one Council Member be a candidate for the position of Council Chair~~presidency~~, the Registrar or ~~his or her~~their delegate will thereupon declare said candidate Elected by acclamation.
 - (b) Should there be more than one candidate for the position of Council Chair~~President~~, an election by secret ballot shall be conducted.
 - (i) Each candidate shall be entitled to briefly address Council.
 - (ii) The Registrar or ~~their~~his or her delegate shall appoint two scrutineers to count the ballots and the results shall be reported to Council by the Registrar or ~~their~~his or her delegate with the number of votes for each candidate to remain confidential.
- (5) When more than two candidates are nominated, the nominee who received the lowest number of votes in each election shall be deleted from the next ensuing election unless one nominee receives a majority (50% +1) of the votes cast on the ballot, in which case that person is elected. This procedure shall be followed until one nominee receives a majority of the votes cast.
- (6) In the event of a tie, a second election will take place. Candidates who are tied shall be entitled to briefly address Council. If the results are once again a tie, then a third election will take place, before which. ~~C~~andidates who are tied shall be entitled to briefly address Council. If the results are once again a tie, the tie shall be broken by lot in the presence of the two scrutineers unless Council determines by ordinary resolution to proceed in another manner, which may include the holding of a new election.
- (7) The election of the Vice-Chair~~President~~ shall be conducted on a basis identical to that of the procedure applicable to the election of the Chair~~President~~.
- (8) The election of the remaining members of the Executive Committee shall be conducted in a similar, but not necessarily identical manner in a democratic fashion.

- (9) The Registrar or ~~their~~his or her delegate shall call for a motion to destroy the ballots immediately following the election.

SCHEDULE III

RULES OF ORDER OF COUNCIL

- (1) In this Schedule, "Member" means a Member of the Council.
- (2) Each agenda topic will be introduced briefly by the person or Committee representative raising it. Members may ask questions of clarification, then the person introducing the matter shall make a motion and another Member must second the motion before it can be debated.
- (3) When any Member wishes to speak, they shall so indicate by raising their hand and shall address the presiding officer and confine themselves to the matter under discussion.
- (4) Staff persons and consultants with expertise in a matter may be permitted by the presiding officer to answer specific questions about the matter.
- (5) Observers at a Council meeting are not allowed to speak to a matter that is under debate.
- (6) A Member may not speak again on the debate of a matter until every other Member who wishes to speak to it has been given an opportunity to do so. The only exception is that the person introducing the matter or a staff person may answer questions about the matter. Members will not speak to a matter more than twice without the permission of the presiding officer.
- (7) A Member may speak up to three (3) minutes upon any motion; additional time may be allotted with the permission of Council.
- (8) When a motion is under debate, no other motion can be made except to amend it, to postpone it, to put the motion to a vote, to adjourn the debate or the Council meeting or to refer the motion to a Committee.
- (9) A motion to amend the motion then under debate shall be disposed of first. Only one motion to amend the motion under debate can be made at a time.
- (10) When it appears to the presiding officer that the debate on a matter has concluded, when Council has passed a motion to vote on the motion, or when the time allocated to the debate on the matter has concluded, the presiding officer shall put the motion to a vote.
- (11) When a matter is being voted on, no Member shall enter or leave the Council room, and no further debate is permitted.
- (12) No Member is entitled to vote upon any motion in which they have a conflict of interest, and the vote of any Member so interested will be disallowed.
- (13) Any motion decided by the Council shall not be re-introduced during the same meeting except by a two-thirds vote of the Members then present.

- (14) Whenever the presiding officer is of the opinion that a motion offered to the Council is contrary to these rules or the bylaws, they shall rule the motion out of order and give their reasons for doing so.
- (15) The presiding officer shall preserve order and decorum, and shall decide questions of order, subject to an appeal to the Council without debate.
- (16) The above rules may be relaxed by the presiding officer if it appears that greater informality is beneficial in the particular circumstances, unless the Council requires strict adherence.
- (17) Members are not permitted to discuss a matter with observers while it is being debated.
- (18) Members must remain engaged in Council meetings and not allow their personal electronic devices to interfere with their attention of the attention of others. ~~Members shall turn off cell phones during Council meetings and, except during a break in the meeting, shall not use a cell phone or other electronic device.~~ Laptops shall only be used during Council meetings to review materials related to Council business (e.g., electronic copies of background documents) and to make personal notes on the issue at hand.
- (19) Members are to be silent while others are speaking.
- (20) In all cases not provided for in these rules or by other rules of Council, the current edition of “Robert’s Rules of Order” shall be followed so far as they may be applicable.
- (21) These rules shall apply, with necessary modifications, to meetings conducted by teleconference or any other electronic means permitted by the bylaws, including audio or video conferencing.

Approved by Council September 25, 2015

Article 16.2(1) amended by Council March 4, 2016

Amended by Council June 3, 2016 to include Schedule III

Articles 1.1, 3.2, 3.3, 3.7, 3.9, 4.7, 4.10, 4.12, 4.14, 5.9, 12.1, 12.2, 14.2, 14.3, 15.4–15.6 16.1, 16.2, 16.4, amended by Council March 24, 2017

Articles 3.4(3), 5.8(3), 16.4(1, 2, 3, 5, 7) amended by Council March 22, 2019

Articles 3.7–3.17, 5.8, 19–21 amended by Council June 7, 2019

Articles 3.2(14), 3.15(1), 3.18(1), 4.3, 4.4, 4.12(1, 2, 3), 5.3(1)(a), 5.5, 7.1(1, 2, 3), 19.7 amended by Council September 18, 2020

Articles 1.1, 3.1(17), 3.3(1), 3.5, 3.8(3, 4), 3.9(11), 5.11(3, 4, 5, 6, 7, 8), 16.2(1, 2, 3), amended by Council June 10, 2022

Articles 3.7(13, 17, 19, 20, 21[m])[o], 23, 24, 24[a], 27, 29, 37), and Schedule III (3, 12, 14, 18), amended by Council December 2, 2022.

Council Meeting Minutes

Virtual Zoom Meeting – Livestreamed to the CDHO YouTube Channel
Friday, January 19, 2024 – 10:45 a.m. to 1:58 p.m.

COUNCIL MEMBERS PRESENT

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

Public Members: Pella Giabanis, Meghan Leuprecht, Angelica Palantzas, Margaret Wade, Loree Beniuk

Regrets: Erin Betts, Alessandro Greco, Farzana Hussain, Ehizele Martin Iyamabo, Sasha Sidhu

Administration: Dr. Glenn Pettifer (Registrar and CEO), Veronica Douglas (Executive Administrator), Suzanne Fox (), Eric Bruce ()

Guests: Julie Maciura, SML, CDHO Legal Counsel (10:45a.m.-2:00p.m.)

1.0 CALL TO ORDER

1.1 Roll Call

The Chair, Terri Strawn, called the meeting to order at 10:45 a.m.

1.2 Opening Remarks

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

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

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

COUNCIL MEETING MINUTES

and unceded territory of all the Inuit, Métis, and First Nations people that call this nation home.

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

The President thanked non-council members whose terms came to an end in January: Dorothy Dziunikowski for their significant contributions to the Inquiries, Complaints, and Reports Committee and Julie Farmer for their contributions to the Inquiries, Complaints, and Reports Committee and the Quality Assurance Committee.

1.3 Council Code of Conduct

Council was reminded of the Code of Conduct

2.0 APPROVAL OF AGENDA

2.1 Review and Approval of Agenda

The agenda was amended to defer item 6.1 Appointment of Non-Council Members to the new Executive Committee and remove the item from the agenda because more time is needed to review the applications.

MOTION: **THAT** Council moves to approve the January 19, 2024 Council meeting agenda as amended.

MOVED: Jennifer Cooper

SECONDED: Krista Dufour

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 2024 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 2024 Executive Committee was provided.

5.1 Appointment of Scrutineers

As provided under Schedule II of Bylaw 5, the Registrar appointed Eric Bruce and Suzanne Fox as Scrutineers for the 2024 Executive Committee elections.

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 19, 2024, and end at the first meeting in 2025 when a new election for President is held.

The following nominations were made:

Nominated:
Terri Strawn

Nominator:
Margaret Wade

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 19, 2024, and end at the first meeting in 2025 where a new election for Vice-President is held.

The following nominations were made:

Nominated: Michelle Atkinson

Nominator: Vanessa Pereira

Michelle Atkinson 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.

Michelle Atkinson 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:
Vanessa Pereira

Nominator:
Jennifer Cooper

COUNCIL MEETING MINUTES

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

Vanessa Pereira was acclaimed to the third Executive Committee position.

Fourth (4th) and Fifth (5th) Executive Position – Public Member

The floor was opened for nominations for the fourth and fifth Executive Committee positions. The following nominations were made:

Nominated:

Loree Beniuk
Erin Betts
Margaret Wade

Nominator:

Terri Strawn
Michelle Atkinson
Vanessa Pereira

Loree Beniuk, Erin Betts and Margaret Wade accepted the nominations and addressed Council. Erin Betts addressed Council via email.

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

Electronic ballots were distributed, collected, and counted.

Erin Betts and Loree Beniuk were elected to the positions of fourth and fifth Executive Committee members.

The 2024 Executive Committee was established as follows:

Member:

Terri Strawn
Michelle Atkinson
Vanessa Pereira
Erin Betts
Loree Beniuk

Position:

President
Vice-President
Professional
Public
Public

The Registrar closed the election and called for a motion to destroy the electronic ballots.

MOTION: **THAT** the 2024 Executive Committee election ballots be destroyed in accordance with Schedule II of CDHO Bylaw 5.

Moved: Mary Yeomans
Seconded: Maheen Cassim
VOTE:

CARRIED

6.0 SELF-EVALUATION OF GOVERNANCE PROCESS

6.1 Council Meeting Evaluation

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

COUNCIL MEETING MINUTES

7.0 NEXT MEETING DATE

The next Council meeting is March 8, 2024.

8.0 ADJOURNMENT

MOTION: **THAT** the Council meeting be adjourned at 1:58 p.m.

MOVED: Michelle Atkinson

SECONDED: Krista Dufour

VOTE:

CARRIED

Approved by:

Signature of Chair, Terri Strawn

Date

Executive Committee Report — March 8, 2024

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

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

Public Members (Council): Loree Beniuk, Erin Betts

INTRODUCTION

Since its last report to Council, the Executive Committee met through videoconference on January 19th and January 30th, 2024. The Executive Committee also met with Hilborn LLP for a pre-audit meeting on February 6, 2024.

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

ITEMS FOR INFORMATION

CDHO Governance

The Executive planned the agendas for the March 7th Council workshop and the March 8th Council meeting.

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

The Executive Committee reviewed the 2024 Council Conflict of Interest Forms and Self-Assessment Survey results. 2 members' declarations were outstanding. The President and Executive Assistant have followed up with requests for completion from those members.

The Executive Committee met with Hillborn LLP to review the 2024 audit plan on February 6, 2024.

Non-Council Committee Member Appointments

The Executive Committee reviewed Non-Council applications for the Quality Assurance and Inquiries, Complaints, and Reports committees. There was an excellent response from interested dental hygienists and the Executive were happy to see such a high level of engagement from the profession. They appointed Wendy Wardlaw to the Quality Assurance committee for a term of three years. They

EXECUTIVE COMMITTEE REPORT

appointed Christina Mitas and Paula Benbow to the Inquiries, Complaints, and Reports Committee for a term of three years.

Committee Slates for 2024

The committee slates for 2024 were finalized and sent to Council members.

Orientation for Council Members

Balbir Sohi and Juli Kreutner attended an orientation for new Council members on January 12, 2024. Pella Giabanis was assigned as Juli Kreutner's mentor and Anne-Marie Conaghan was assigned as Balbir Sohi's mentor.

Discipline Committee Report — March 8, 2024

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

Chair: Maheen Cassim

Vice-Chair: Vanessa Pereira

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

Public Members (Council): Loree Beniuk, Erin Betts, Pella Giabanis, Alessandro Greco, Ehizele Martin Iyamabo, Angelica Palantzas, Upneet (Sasha) Sidhu, Margaret Wade

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

INTRODUCTION

Since its last report to Council in December 2023, the Discipline Committee held a plenary meeting on January 19, 2024. At the meeting, the Committee acclaimed Maheen Cassim as the Chair and Vanessa Pereira as Vice-Chair for the 2024 term. The Committee also received an educational presentation from Ms. Susan Heakes, an adjudicator and lawyer, on the topic of decision-making and deliberations.

ITEMS FOR INFORMATION – RELATED TO MANDATE

- *Samantha Wehrle v. CDHO* was heard before a panel on October 11, 2023. Ms. Wehrle, who had previously been revoked by order of a panel of the Discipline Committee in 2018, sought reinstatement of her certificate of registration. The panel ordered the Registrar to reinstate Ms. Wehrle's certificate of registration. The panel's written reasons for decision were released on November 9, 2023.

As of the date of writing (February 7, 2024), the following matters are currently pending before the Committee:

- *CDHO v. Zoe McIntosh* was referred on October 2, 2023. The matter is scheduled to be heard on March 5, 2024.

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 8, 2024

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

Chair: Vacant

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

Public Members (Council): Loree Beniuk, Erin Betts, Pella Giabanis, Alessandro Greco, Ehizele Martin Iyamabo, Angelica Palantzas, Upneet (Sasha) Sidhu, Margaret Wade

INTRODUCTION

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

ITEMS FOR INFORMATION – RELATED TO MANDATE

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

Inquiries, Complaints and Reports Committee Report — March 8, 2024

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

Professional Members (Council): Michelle Atkinson, Anne-Marie Conaghan, Balbir Sohi, Mary Yeomans

Public Members (Council): Loree Beniuk, Erin Betts, Sasha Sidhu, Margaret Wade

Professional Members (Non-Council): Paula Benbow, Christina Mitas, Tonia Peachman-Faust, Larissa Voytek

INTRODUCTION

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

Since the last Report to Council on December 1, 2024, the panels of the ICRC met on the following dates by video conference:

Committee as a Whole	Panel A	Panel B	Panel C
Did not meet	December 8, 2023	Did not meet	February 16, 2024

A new member orientation session is scheduled for March 1, 2024. The ICRC as a whole will meet for a full committee orientation in March 2024 (date TBD). At this first full committee meeting a chair will be elected.

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, 2023).

Number of investigations carried over from previous period(s) ¹			
	Complaints	Registrar Reports	QA Referrals
Investigations started before November 8, 2023	7	12	0

Intake of new investigations			
	Complaints	Registrar's Reports	QA Referrals
November 8, 2023 to February 16, 2024	3	1	0

Decisions made and finalized by ICRC			
	Complaints Outcomes	Reports Outcomes	QAC Outcomes
November 8, 2023 to February 16, 2024	No Further Action: 2 Guidance and Recommendations: 1	No Further Action: 1 Specified Continuing Education or Remediation Program (SCERP) + Oral Caution: 2	0

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

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT

Health Professions Appeal and Review Board Matters			
	Total Matters in progress (including where Decision pending)	Matters heard, Decision pending	Decision(s) Received
November 8, 2023 to February 16, 2024	1	0	1 - Decision and Reasons upheld by HPARB ²

Incapacity

The ICRC is currently not dealing with any incapacity matters.

Timelines

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

Numbers of days to disposition on completed matters from August 30, 2023, to November 7, 2023 (time of writing) were as follows:

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

² Appellant seeking judicial review of the HPARB decision

CONCLUSION

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

Patient Relations Committee Report — March 8, 2024

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

Chair: Vacant

Professional Members (Council): Farzana Hussain, Juli Kreutner

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

Professional Members (Non-Council): Paula Malcomson

INTRODUCTION

The Patient Relations Committee has not met since the last report to Council in December 2023. An orientation meeting is scheduled for February 23, 2024.

ITEMS FOR INFORMATION – RELATED TO MANDATE

No further information to report.

Quality Assurance Committee Report — March 8, 2024

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

Chair: Vacant

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

Public Members (Council): Alex Greco, Margaret Wade

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

INTRODUCTION

The Quality Assurance Committee met twice since the last Report to Council. The Committee met by video conference on December 11, 2023, and by email poll on January 9, 2024. The Committee is scheduled to meet on March 1, 2024, and a new Chair will be selected at that time.

ITEMS FOR INFORMATION – RELATED TO MANDATE

Welcome Emails

'Welcome to the Profession' notices are now being sent out by automated email at the time of registration (previously sent quarterly). The notice is designed to promote quality practice and to increase awareness of the CDHO resources available, such as the CDHO Knowledge Network, the practice advisors, and the Quality Assurance Program Self-Assessment and educational tools. Since the last report to Council, 222 emails were sent out to those registered between October 1, 2023, and February 14, 2024.

Quality Assurance Program Strategic Planning

The QA Strategic Planning Steering Committee was previously struck to move forward with developing a strategic plan for the future of the Quality Assurance program. A draft of the proposed QA Strategic Plan was previously presented to the Quality Assurance Committee at its May 2023 meeting. The draft will now be presented to Council at the meeting on March 8, 2024.

Quality Assurance Records Peer Review Statistics (as of February 14, 2024)

Note: Statistics for the 2024 Peer Assessment are not yet available.

2023 Peer Assessment

Of the 42¹ quality assurance records requested

42 have met the assessment guidelines²

0 is in the assessment process⁴

0 is 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

2493 have met the assessment guidelines²

4 are in the assessment process⁴

3 are participating in directed learning/remediation

2022 Practice Reviews

Of the 20³ on-site practice assessments requested

14 have met the assessment guidelines²

1 are 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 8, 2024

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

Chair: Vacant

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

Public Members (Council): Angelica Palantzas, Pella Giabanis

Professional Members (Non-Council): Lisa Frisch

INTRODUCTION

A panel of the previous Registration Committee met twice since the last report to Council on December 1, 2023.

ITEMS FOR INFORMATION – RELATED TO MANDATE

Registration Statistics

Since last reported to Council:

	October 24, 2023	February 12, 2024
General Certificate of Registration	13, 713	13, 524
Specialty Certificate of Registration	639	623
Inactive Certificate of Registration	758	830
Total Registrants	15, 110	14, 977

Applications for Registration

Since the last report to Council, the College received 225 new applications for registration. 1 application required detailed review by the Registrar and was granted a Certificate of Registration.

Registration Committee Meeting

A panel of the Registration Committee convened via video conference on December 13, 2023, and reviewed six remediation and upgrading plans for a fourth attempt at the National Dental Hygiene Certification Examination. The Committee also reviewed and approved Dalhousie University dental hygiene refresher course for registration purposes in Ontario.

The Committee convened via video conference on January 8, 2024, and reviewed and approved the draft Remediation Policy for candidates who wish to attempt the written-entry-to-practice examination (known as the National Dental Hygiene Certification Examination) a fourth time following three failed attempts in accordance with subsection 3(3) of the Examinations Regulation made under the Dental Hygiene Act, 1991.

Changes to the Register

Since last reported to Council on December 1, 2023:

- 212 applicants were registered to practise
- 13 previous registrants of the College were re-registered.
- 38 registrants reinstated
- 127 registrants were administratively suspended
- 30 registrants were revoked for non-payment of fees
- 275 registrants resigned

President's Report to Council — March 8, 2024

PUBLIC INTEREST RATIONALE

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

PRESIDENT'S ACTIVITIES

January 7 - Teleconference Vanessa Pereira

January 9 – Video conference Deanna Williams and Harry Cayton

January 16 - Teleconference Vanessa Pereira

January 19 – Council Meeting – Executive Committee Elections

January 19 - Teleconference Vanessa Pereira

January 29 - Video conference Glenn Pettifer, Registrar CEO

January 29 - Teleconference Michelle Atkinson, Vice President

January 30 – Executive Committee Meeting

February 1 – CNAR Right Touch Regulation Webinar

February 1 - Teleconference Vanessa Pereira

February 5 – Teleconference Vanessa Pereira

February 6 – Video conference Glenn Pettifer, Registrar CEO

February 6 – Executive Committee Pre-Audit Meeting - Hillborn LLP

February 8 - Video conference Glenn Pettifer, Registrar CEO, Julie Maciura

February 13 – Teleconference Michelle Atkinson, Vice President

February 14 – Teleconference Michelle Atkinson, Vice President

EXTERNAL FINANCIAL AUDIT

On February 9, 2024 the audit engagement letter was signed back to Hillborn LLP.

EXPENSE POLICY EXCEPTIONS

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

The president approved the following expenses:

None

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

COST OF GOOD GOVERNANCE

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

APPENDIX 1

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

✓ Attended

✗ Did not attend

APPENDIX 2

Professional Council Members Honorarium and Expense Claim Submissions - Quarterly

For the Year ending December 31, 2023

	Q1 HONORARIUM	Q1 EXPENSES	Q2 HONORARIUM	Q2 EXPENSES	Q3 HONORARIUM	Q3 EXPENSES	Q4 HONORARIUM	Q4 EXPENSES	TOTAL
Terri Strawn (president)	2,879.60	0.00	3,404.60	29.50	1,599.50	1,111.54	5,131.00	649.74	14,805.48
Vanessa Pereira (vice-president)	2,583.20	0.00	2,621.50	6.60	1,291.50	0.00	1,915.10	0.00	8,417.90
Michelle Atkinson	1,819.00	0.00	2,411.50	561.28	1,151.00	0.00	3,362.50	981.20	10,286.48
Krista Dufour	1,103.00	0.00	2,073.00	0.00	895.00	0.00	1,432.00	0.00	5,503.00
Anne-Marie Conaghan	1,307.00	0.00	1,749.50	0.00	829.50	0.00	1,559.00	0.00	5,445.00
Jennifer Cooper	1,524.50	0.00	1,351.00	0.00	983.50	0.00	1,776.50	0.00	5,635.50
Carla Grbac	333.00	0.00	2,227.00	0.00	741.00	1,258.07	2,325.00	384.69	7,268.76
Jacqueline White	1,846.00	733.73	1,303.00	0.00	920.00	0.00	1,430.00	0.00	6,232.73
Maheen Cassim	1,461.00	0.00	2,448.00	473.31	716.00	0.00	1,199.00	0.00	6,297.31
Farzana Hussain	537.00	0.00	154.00	0.00	408.00	0.00	816.00	0.00	1,915.00
Mary Yeomans	1,678.50	1,521.34	1,890.00	0.00	945.00	0.00	995.00	0.00	7,029.84
Non-Council Professional Members (combined)	4,338.00	732.66	2,790.00	718.22	1,882.50	0.00	2,148.00		12,609.38
							TOTAL		91,446.38

Includes claims for:

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

REGISTRAR'S REPORT

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

This report provides Council with a summary update on work that was done in between Council meetings and represents a report of this ongoing work since Council's last general meeting on December 1, 2023.

HUB601

We were very pleased to welcome the **College of Audiologists and Speech-Language Pathologists** to the **HUB601** shared space in January 2024. This space-sharing model of utilization of the CDHO-leased office space under the umbrella of the CDHO hosted **HUB601**, is functioning very well with our three partners. Since all **HUB601** partners have a largely remote work model, there is little demand for the CDHO space at any point in time. In total, the financial contributions of our **HUB601** partners for 2024 result in approximately 25% of our lease expenses. **HUB601** continues to be a very successful and welcomed transition where the four participating organizations not only share the space but are also combining resources in the delivery of common (staff team) initiatives. I am very happy to assist in positioning CDHO as a leader in this innovation in the health profession regulatory sector.

Operations

Staff continue to work largely remotely with individuals attending the office when the work process requires in-office attendance or meetings are required. Starting January 2024, we added an additional in-office day for all staff to attend the office for individual departmental or team meetings. This in-office day is in addition to the monthly in-person staff meeting day. We continue to look for opportunities to foster engagement of team members and harness the collaborative energy of in-person meetings within the context of our new hybrid work model.

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

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

Human Resources

The College is actively recruiting two individuals to fill two Coordinator of Professional Programs positions.

Registrant Engagement

Practice Advisory Service

The Practice Advisory Service continues to be an accessible, valuable resource for Registered Dental Hygienists. Since the last report to Council, the Practice Advisory Service responded to 618 enquiries.

	Calls	Emails	Total Enquiries	Top Topics
December 2023	100	64	164	<ul style="list-style-type: none"> • Independent Practice • Billing • Scope of Practice • IPAC • Practice Standards (recordkeeping, radiographs, Knowledge Network)
January 2024	96	157	253	
February 2024	107	94	201	

Program Elements

Communications

Over the last few months, the Communications Department has increased the CDHO's presence in the platforms on which it participates. Congratulations to the Communications team for their efforts in this regard.

We were very happy to publish the second edition of the new De-Brief in February. This is a more expanded version of our Registrant communication piece and we have received positive feedback and helpful comments. We welcome any suggestions regarding our communication strategy.

The Communications team is currently working on developing a separate area on our website (a microsite) to house The De-Brief. The goal is to have all articles available in one place and easily searchable. Building it on the website will also provide us with better metrics on how the content is being used. Starting in mid-2024, each edition will have its own page on the microsite, and users can easily toggle between editions. This will also help reduce the length of emails as users will click to relevant articles, and we can better track the clicks.

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

Website Stats (from October 3, 2023 – February 28, 2024)

- 197,600 English Sessions; 8,000 French Sessions (Sessions = # of users who interacted with a page(s) and includes repeat views)
- 12,300 clicks to the Public Register
- Top visited pages (besides the homepage):
 - Knowledge Network
 - Standards and Resources
 - Hypertension Fact Sheet
 - Annual Renewal
 - Quality Assurance
- Top PDF downloads:
 - Standards of Practice
 - IPAC Guidelines
 - Code of Ethics
 - Registrant's Handbook
 - Clinical Information Practice Standard

The Communications Team is also actively engaged in collecting Social Media metrics (from October 3, 2023 – February 28, 2024):

Facebook:

- 23 new page likes
- Content most engaged with (i.e, clicks, comments, shares) – CDHNS virtual continuing competence event, launch of Contraindications and DH Community of Practice, 2023 Holiday greeting

Instagram:

- 127 new followers
- Content most engaged with – Peer circles intro video, rescinding of SI Standard, first Self-Assessment reminder

LinkedIn:

- 156 new followers
- Content most engaged with – Rescinding of SI Standard, CASLPO joins the Hub, Canadian Oral Health Survey reminder.

As previously reported, work with Pivotal Research on the Voice of the Patient has indicated a lack of awareness/understanding of CDHO and the “services” we offer to the public (i.e., the Public Register, the complaints process). As a response to this lack of awareness of the CDHO and its role, we will be developing a strategy to increase this awareness. We completed an RFP process and have engaged a

suitable PR firm that will assist the CDHO in developing strategies designed to increase the public's awareness of the role of the CDHO in healthcare profession regulation.

Registration:

As of December 31, 2023, the CDHO has 15, 309 Registrants (13, 919 General, 639 Specialty, and 751 Inactive).

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

Registration renewal proceeded smoothly. Many thanks to the Registration and IT teams for their hard work in this regard!

Professional Conduct

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

There are currently 9 open complaint matters and 11 open report matters (that include referrals from the Quality Assurance Committee and matters related to incapacity). There is currently 1 matter before HPARB and 1 matter has recently been upheld.

Quality Assurance Program Review / Strategic Planning Process

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

Quality Assurance Resource Development

A 2-day Peer Circle facilitator training workshop was held last week at **HUB601**. These newly trained facilitators will help us deliver a series of in-person Peer Circles at various locations around the province beginning in May. We are extremely excited to be taking this opportunity "on the road"!

Kyle Fraser, Manager of Quality Assurance Resources, continues to attend DH program classes to provide an overview of the role of the CDHO in regulation of the DH profession. Kyle is also busy developing a series of online webinar resources.

System Partner Representation

Federation of Dental Hygiene Regulators of Canada

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

Commission on Dental Accreditation of Canada (CDAC)

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

As a member of the Federation of Dental Hygiene Regulators of Canada, I represent the FDHRC on the new CDAC Board that was created when CDAC was cleaved off the Canadian Dental Association. This separation was carried out to remove the conflict of interest of an accrediting body functioning as an arm of a national dental association. The Board is currently considering modifications to the funding model it initially presented to Oral Health Regulators and a stakeholder meeting was held in Ottawa on December 7, 2023.

Ontario Oral Health Professions Registrars

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

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.

Current DEI Initiatives

The College was extremely pleased to provide educational program support for Indigenous students enrolled in Dental Hygiene programs in Ontario. In the first round of funding, CDHO was able to provide funding support to 4 students. This initiative supports the organization's reconciliation journey.

The CDHO has committed to funding an initiative that will provide the entire Registrant pool of Registered Dental Hygienists with access to "the Path – Your Journey Through Indigenous Canada" an online program consisting of 5 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. Access to this program will be provided until the end of 2024.

The College funded an investigative survey by Pivotal Research to gather more in-depth information in patient-described experiences of racism and discrimination in their access to dental hygiene care. Similar information was gathered from Registrants who reported experiencing racism and discrimination in the recently completed Registrant Experience survey. These reports were presented to Council at its December 2023 meeting.

The CDHO has received a proposal from Pivotal Research to assist in the development of a DEI Strategic Plan for the organization. This proposal will aid us in determining next steps for our DEI initiatives.

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

Keisha Simpson, Manager, Registration attended a Certificate course in Evidence for Equity offered by Harvard Kennedy School. This will support the College's DEI activity and the principle of evidence-informed regulation in our work around Equity, Diversity, and Inclusivity.

Briefing Note

To: Council
From: Chair
Date: March 8, 2024
Topic: Governance Review Report

Council will review and consider the Governance Review report provided by Harry Cayton and Deanna Williams.

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

Moved:
Seconded:
VOTE:

Briefing Note

To: Council
From: Dr. Pettifer
Date: March 8, 2024
Topic: Quality Assurance Strategic Plan

Background

Under the Regulated Health Professions Act (RHPA), all regulated health professions are required to develop mechanisms to provide public assurance of ongoing competency of registrants to provide safe and effective care. The RHPA does not prescribe or mandate specific mechanisms and instead recognizes that each profession and professional context is unique; as a result, competency assurance mechanisms need to be tailored to the circumstances and needs of individual professions and professionals, in a manner aligned with the spirit of the RHPA.

The profession of Dental Hygiene has several unique features that are integral to understanding concepts such as “quality”, “safety”, and “effectiveness” in clinical practice. The vast majority of RDHs practice in a dependent employment relationship, with registrants of another regulated health profession (Dentistry). This has been identified as an important feature that may limit the capacity of individual RDHs to be truly autonomous professionals. Further, across the oral health professions, there are multiple regulatory bodies and multiple professional contexts, each of which have unique, sometimes different, and sometimes unaligned competency standards and expectations.

In 2022, the College of Dental Hygienists of Ontario (CDHO) commissioned a report to review the current Quality Assurance/Competence Maintenance mechanisms used to achieve RHPA objectives. Importantly at the time of this review, there was a very low level of public complaints leading to disciplinary cases (<0.2% of registrants) compared with other professions in Ontario, suggesting, among other things, that competency-related concerns were not a significant issue for clients of RDHs. Key findings from this report included:

- ~60% of registrants agreed that the current program supports competency efforts and continuous learning requirements.
- ~50% thought the current systems were moderately, somewhat, or not important to their own professional development.
- ~60% felt they had a clear understanding of Quality Assurance (QA) program expectations.

BRIEFING NOTE

- Key issues of concerns reported by respondents include costs, time commitments, lack of clarity of purpose, lack of supports, problematic web-tools/interfaces, and a punitive/judgmental tone to assessments.

The report also highlighted current strengths of the QA system at CDHO including: i) psychometrically developed assessment instruments; ii) a menu of options to allow individual registrants choices in the ways in which they could meet CDHO requirements; iii) procedural flexibility in completing requirements.

Concerns regarding the current QA process expressed by registrants included: i) inconsistent and non-specific feedback; ii) lack of clarity in terms of what the focus of “competency” was; and iii) general belief that (given the time and resources invested by both CDHO and individual registrants) the QA program could be more impactful.

Process

In late 2022, a Strategic Planning Process for Quality Assurance was launched within CDHO. This process involved three key stages:

Phase 1a: Environmental Scan and Literature Review

Phase 1b: Key informant interviews and data synthesis

Phase 2: Strategic plan development and formulation with Steering Committee and QA committee

Phase 3: Validation with Registrants and Ratification by Council

Presentations to CDHO committees and Council in mid-2023 highlighted key findings from Phase 1a/1b including:

- a) Recognition that the current measurement-intensive QA process was suboptimal for both practitioner development and for regulatory objectives.
- b) Unique feature of the DH Profession and individual’s workplaces needed to be more fully integrated within QA programming.
- c) A learning-focused rather than testing-focused QA process would be more valuable for registrants and for achieving regulator objectives.
- d) A strong desire for opportunities for greater engagement with the Regulator and across the profession.

As one participant noted in the key informant interviews, a central focus of Quality Assurance in Dental Hygiene could be framed as: *“Help us to be excellent – not just afraid of you calling us incompetent”*.

In summer 2023, an online consultation process was undertaken with registrants, to determine their perspectives on the evolution of the Quality Assurance program and to confirm findings from previous phases of the process, and to engage them in the development of strategic planning priorities. Data from the consultation process reinforced key findings from the previous phases and led to the initial framing of the Strategic Plan, that was presented to the QA committee.

Dr. Austin will present the Quality Assurance Strategic Plan for ratification by Council.

Strategic Plan for Quality Assurance for the College of Dental Hygienists of Ontario (CDHO)

Vision: Public protection through professional engagement

Mission: Assuring safe and effective dental hygiene practice through commitment, continuous learning, communities of practice, and collaborative conversations

Goals (Short term – next 3 years):

1. Enhance collegial communication channels with registrants.
2. Expand peer-based learning and benchmarking options.
3. Create new tools to support individual-focused learning and professional development commitments.
4. Enhance role of “Assessor” to “Peer Coach.”
5. Provide professional leadership in practice-relevant, non-technical areas (e.g., trauma-informed care, EDI, public) to support emergent practices.
6. Support registrants in their continuous, purposeful, intentional learning
7. Generate data about the profession for QA program evaluation and improvement.

Goals (Mid-term – 3-5 years):

1. Build capacity of Peer Coaches across the profession
2. Create validated tools to support greater integration of Code of Ethics into QA practices and processes.
3. Lead and respond to evolution of profession and practices ensuring public protection.
4. Identify priority areas for alignment of QA activities with other oral health regulators and employers and enhance inter-professional learning, development, assessment, and collaboration opportunities/options.
5. Utilize QA system to support registrants in practicing to maximum scope.

Goals (Long-term - >5 years):

1. Develop mechanisms for QA program to support ongoing scope of practice evolution.
2. Develop mechanisms for QA program to support career-laddering within profession.
3. Develop mechanisms to support greater alignment of CDHO QA activities with those in other oral health professions, including data sharing.
4. Create an internationally significant repository of data and research focused on the dental hygiene profession.

Implementation Priorities:

1. *Update/enhance usability of the online System for Managing Individual Learning (SMILE) Portal:*
Registrants, assessors, and staff have all noted opportunities for improvement to the SMILE portal to make it more user-friendly, seamless, and integrated into daily professional practice. Navigation of the current portal is cumbersome, and completion of mandatory self-assessment is time-consuming and of marginal value to registrants. A more modern, user-friendly, streamlined, and practical portal would support greater engagement with the self-assessment process and provide more valuable data for both registrants and CDHO.
2. *Expand the current number of options available to registrants to demonstrate their competence:*
Currently, CDHO provides registrants with three options/routes to demonstrate their maintenance of competency. The principle of providing registrants with choices in the process is essential and should be expanded to build upon the success of the Peer Circle Pilot Project currently underway, to foster more collaborative, conversational models of quality assurance.

	Option 1	Option 2	Option 3	Option 4 (NEW)
	Mandatory Self-Assessment	Mandatory Self-Assessment	Mandatory Self-Assessment	Mandatory Self-Assessment
Allows for demonstration and verification of knowledge	Learning Portfolio	Written Assessment (QA Test)	Written Assessment (QA Test)	Peer Circle Activity #1 + coaching session
Allows for demonstration and verification of skills and judgement	Practice Profile	Practice Profile	On-site Practice Review	Peer Circle Activity #2 + coaching session



College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2023 – December 2023

March 31, 2024

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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. The fourteen Standards within the seven measurement domains are listed in Figure 2.

Figure 1: CPMF Model for Measuring Regulatory Excellence

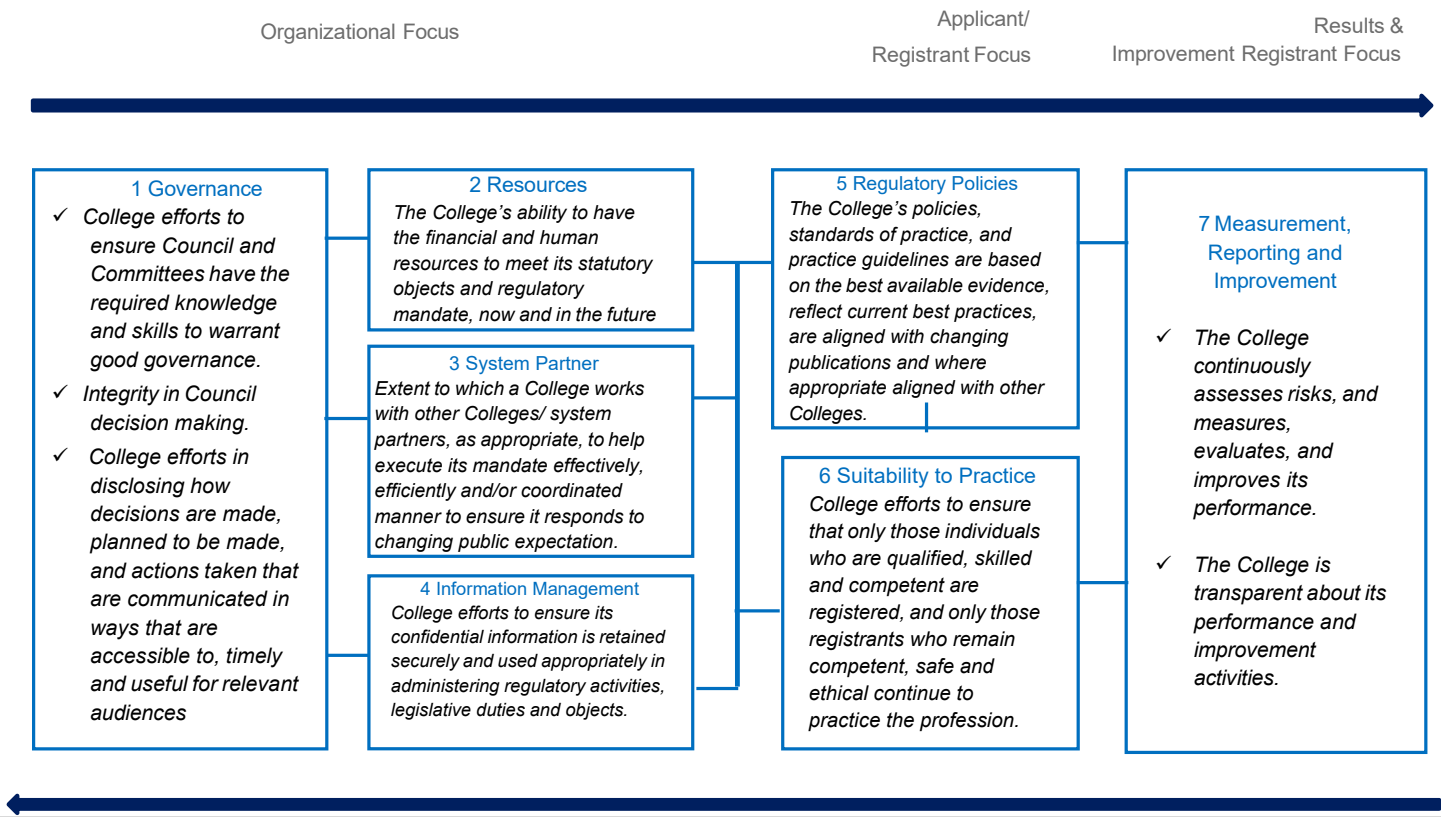


Figure 2: CPMF Domains and Standards

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 College Performance Measurement Framework (CPMF) continues to serve as a cornerstone for regulatory transparency and excellence. In the fourth iteration, the CPMF will help provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges.

For the 2023 reporting cycle, the focus remains on fostering an environment of continuous improvement. The information gathered through the CPMF Reporting Tool is intended to spotlight areas for enhancement, prompting closer attention and potential follow-up actions. As in the past, the Ministry will not assess whether Colleges meet or do not meet the Standards in the CPMF. The outcomes of the reporting will continue to facilitate meaningful dialogue on performance improvement among College staff and Council members and between Colleges and their broader communities, including the public, the Ministry, members, and other stakeholders.

In alignment with its commitment to transparency and collective advancement, the Ministry will develop a Summary Report which will underscore the commendable practices already established by Colleges, collective strengths, and areas for improvement. The Summary Report will emphasize the overall performance of the health regulatory system rather than individual Colleges, highlighting opportunities for mutual learning and growth.

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.

Completing the CPMF Reporting Tool

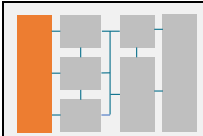
While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual 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.

There are eight pieces of Evidence 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. This year Colleges should report on their progress in meeting the benchmarked Evidence.

Where a College fully met Evidence in 2022 and 2023, the College may opt to respond with ‘Met in 2022 and Continues to Meet in 2023’. 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: i. meeting pre-defined competency and suitability criteria; and <u>Benchmarked Evidence</u>	The College fulfills this requirement:
			Partially
			<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 eligibility criteria for professional members are found on page 12 of CDHO’s Bylaw No. 5. Registered Dental Hygienists (RDHs) interested in running for election must review the Council Competency Profile before submitting their nomination package. While eligibility is not determined based on the profile, RDHs elected to Council complete a self-assessment based on the profile to help identify opportunities for further training.</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, CDHO has not seen a great deal of interest from RDHs in running for Council. Restricting eligibility to stand for election to only those who meet the competencies would have resulted in empty seats on Council. If this situation were compounded in subsequent years, CDHO would run the risk of not having a quorum for Council decisions or sufficient Council members to populate committees.</p>

		ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.	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 a virtual orientation session before the election. In 2023, the pre-election orientations were held on October 10 and November 2 and were facilitated by the President, Vice-President and Registrar/CEO. The training lasts 1.5–2 hours and topics include:</p> <ul style="list-style-type: none">• The role of CDHO and Council• Relevant legislation and regulations• The Policy Governance model• Council’s Code of Conduct• Conflict of interest• Confidentiality• Expectations of Council members <p>Once elected, new Council members attend a second orientation that briefly re-caps the matters above and deals with administrative matters (e.g., submitting expenses, online document platform for meeting materials, general questions). This orientation took place on January 12, 2023. At the first meeting of the year, CDHO’s legal counsel provides an overview on the <i>Regulated Health Professions Act</i>, conflict of interest, confidentiality, fiduciary duties and governance.</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):	

		b. Statutory Committee candidates have: i. Met pre-defined competency and suitability criteria; and <div><div></div><div>Benchmarked Evidence</div><div></div></div>	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">The competency and suitability criteria are public: Yes<ul style="list-style-type: none">If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria. <p>The Committee Composition Profile is available on CDHO’s website and 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>	
ii.	attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.	The College fulfills this requirement:	Yes
		<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>Staff who support statutory committees facilitate a training session at the first meeting of the new committee. These orientation sessions last from an hour to a full day, depending on the committee, and are held virtually. Topics include:</p> <ul style="list-style-type: none">• Committee’s legislated mandate• Relevant legislation and regulations• Role of committee members and expectations• Confidentiality/conflicts of interest/bias (if applicable)• Committee policies and procedures	
		<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>	

		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.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			<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>Public appointees receive the same training (noted above) as professional members, and they also receive a general overview of dental hygiene. This training occurs whenever a new public appointee joins Council; however, there were no new appointments in 2023.</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):	

Measure: 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: i. Council meetings; and ii. Council.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
	<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> <p>Through the Policy Governance model, Council evaluates its performance at each meeting according to the schedule found on pages 19–20 and 46 of CDHO's Policy Manual. Examples include:</p> <ul style="list-style-type: none">• GP-2 and GP-6.1 (pages 7–8 of the March 2023 meeting minutes)• CRD-4, CRD-5 and GP-12 (page 6 of the September 2023 meeting minutes)• CRD-2, CRD-3, GP-7 and GP-8 (page XX of the December 2023 meeting minutes) <p><i>The Governance Coach</i>, an external advisor, reviews these reports and provides feedback. Council uses this feedback to improve their monitoring and overall performance. Cumulative results of the evaluations are reviewed by Council at the end of each meeting (see page 265 of the December 2023 Council meeting package). Separately, Council also conducts a feedback survey at the end of each meeting that focuses on the conduct of the meeting.</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)	

Commented [RP1]: Add link once approved in March 2024 and posted to website.

		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">Has a third party been engaged by the College for evaluation of Council effectiveness? YesIf yes, how often do they occur?Please indicate the year of last third-party evaluation. <p>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 June 2022 and February 2023. The final report was presented to Council at its March 2023 meeting (starting on page 182 of the March 2023 meeting materials) and is available on CDHO’s website.</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)	

		c. Ongoing training provided to Council and Committee members has been informed by:	The College fulfills this requirement:	Yes
		<div>i. the outcome of relevant evaluation(s);</div> <div>ii. the needs identified by Council and Committee members; and/or</div>	<div><div><div>• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers.</div><div>• Please insert a link to Council meeting materials and indicate the page number where this information is found OR</div><div>• Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>.</div></div><div>Council develops a plan for training at the beginning of the year and refines the plan before each meeting. The training agenda is based on input from Council members through a survey and a summary of assessments of governance performance from the previous year. The day before each Council meeting is a workshop that focuses on training and education. In a survey of Council members in January 2023, Council members identified their need for training in the following areas:</div><div><div><div>• Current regulatory issues and trends</div><div>• Core regulatory activities of the College</div><div>• Dental hygiene practice</div><div>• Foundational concepts of self-regulation</div><div>• Robert’s Rules of Order</div><div>• Assessing monitoring reports</div><div>• RHPA and other regulated legislation</div><div>• Ten Principles of Policy Governance</div><div>• Role of a Council member</div><div>• Fiduciary duty</div><div>• Policy development</div></div></div><div>This information was used in the planning for the following workshops/training in 2023:</div><div><div><div>• Council orientation — RHPA (Julie Maciura, SML Law)</div><div>• Policy Governance and risk management (Rose Mercier, Governance Coach)</div><div>• Financial literacy training (Hilborn LLP)</div><div>• Risk management (Julie Maciura, SML Law)</div><div>• Indigenous awareness training with the three other oral health profession regulators (First Peoples Group)</div><div>• Current trends in regulation (Julie Maciura, SML Law)</div><div>• Mentorship training (Anthony Marini)</div></div></div></div>	

			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):	

		<div>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</div> <div>Further clarification:</div> <div>Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders.</div> <div>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</div>	The College fulfills this requirement:		Yes	
			<div><div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div></div> <div><div>Indigenous awareness and Reconciliation</div><div>In response to growing calls to advance Reconciliation, CDHO’s Council and senior staff joined the Councils and staff of the Royal College of Dental Surgeons of Ontario, the College of Denturists of Ontario, and the College of Dental Technologists of Ontario for a day of training facilitated by First Peoples Group. The session focused on Indigenous peoples, Reconciliation and anti-bias.</div></div> <div><div>Risk management</div><div>In March 2023, Julie Maciura of SML Law facilitated a session for Council on risk management for regulators. The session covered topics such as:</div><div><div></div><div></div><div></div><div></div></div></div>			
			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):			

DOMAIN 1: GOVERNANCE	STANDARD 2	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	College Response	
		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 <u>Further clarification:</u> 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.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">• 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 Council Code of Conduct is found in sections 3.7–3.9 of CDHO's Bylaw No. 5 . The Code of Conduct also includes conflict of interest provisions (pages 19–22 of Bylaw No. 5). The Bylaw was last reviewed in December 2023 and Council approved consultation on several housekeeping amendments to the entire Bylaw (e.g., updating terminology, removing gendered terms). No changes were proposed to the Code of Conduct or conflict of interest provisions.	
			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)	

		ii. accessible to the public.	The College fulfills this requirement:		Met in 2022, continues to meet in 2023	
			<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. <p>The Council Code of Conduct can be found in sections 3.7–3.9 of CDHO Bylaw 5. The Code of Conduct also includes conflict of interest provisions (pages 13–16 of CDHO Bylaw 5).</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)			
		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 2022, continues to meet in 2023	
<ul style="list-style-type: none">Cooling off period is enforced through: By-lawPlease 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. <p>The cooling off period is stated in items 11 and 12 on pages 12–13 of Bylaw No. 5. At least one year must have passed since a registrant has been an officer, director or employee of any professional advocacy association before they can run for election. The Bylaw was last reviewed in December 2023, but only housekeeping amendments were proposed.</p>						
<u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.						

			<div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div> <div>Choose an item.</div>
		<div>Additional comments for clarification (optional)</div>	
	<div>c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally:</u> <div><div>i. the completed questionnaires are included as an appendix to each Council meeting package;</div><div>ii. questionnaires include definitions of conflict of interest;</div><div>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</div><div>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></div></div></div>	<div>The College fulfills this requirement:</div> <div>Yes</div>	
		<div><div><div><div><div></div><div></div></div><div>Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated.</div></div><div><div><div></div><div></div></div><div>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</div></div><div><div><div></div><div></div></div><div>Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number.</div></div></div><div><div>The annual conflict of interest declarations for 2023 can be found starting on page 15 of the December 2023 Council meeting package. At the beginning of every Council meeting, members declare any updates to their declaration responses and any conflicts specific to the meeting agenda. An example can be found starting on page 17 of the September 2023 Council meeting package.</div></div></div>	
		<div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div> <div>Choose an item.</div>	
		<div>Additional comments for clarification (optional)</div>	

		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).	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			<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>Examples of public interest rationales can be found on page 78, page 82 and page 92 of the December 2023 Council meeting package.</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>	

		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.	The College fulfills this requirement:	Yes
		<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>	<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 (page 4 of the CDHO Policy Manual). Formal monitoring of all policies is completed by the Council according to set schedules (pages 20–21 and 47–48 of the Policy Manual). 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. In 2023, the following policies were monitored:</p> <p>Reviewed at the March 2023 Council meeting (pages 7–9 of the March 2023 meeting minutes):</p> <ul style="list-style-type: none">• GP-2 Council Job Contributions (Mitigates risk by ensuring proper organizational performance and that Council fulfils its responsibilities)• GP-6.1 Executive Committee Terms of Reference (Mitigates risk through ensuring the Executive Committee governs lawfully, effectively, and efficiently)• Global Ends 1–4 (In policy governance, the Ends policies are the strategic ends, so by monitoring these policies CDHO ensures they are providing the public with safe, ethical, and quality dental hygiene services)• EL-4(1) Financial Conditions and Activities (Mitigates risk by monitoring of actual expenditures)• EL-7 Compensation of Benefits (Mitigates risk by ensuring an objective and fair approach to compensation and benefits) <p>Reviewed at the June 2023 Council meeting (pages 7–8 of the June 2023 meeting minutes):</p> <ul style="list-style-type: none">• EL-3 Planning (Mitigates risk by ensuring resources are allocated according to the Ends priorities)• EL-4 Financial Conditions and Activities (Mitigates risk by monitoring of actual expenditures)• EL-6 Investment (Mitigates risk by ensuring that investments are made with the objectives of reasonable growth and capital preservation)• EL-9 Ethical Behaviour (Mitigates risk by ensuring a high degree of integrity at all levels of the organization) <p>Reviewed at the September 2023 Council meeting (pages 7–9 of the September meeting minutes):</p> <ul style="list-style-type: none">• CRD-4 Monitoring Registrar/CEO Performance (Mitigates risk by ensuring accomplishment of a reasonable interpretation of the Ends and organizational operation within the boundaries established in the Executive Limitations policies)	

			<ul style="list-style-type: none">• EL-2 Treatment of Staff External Report (Mitigates risk by ensuring a work environment that is fair, respectful and safe)• EL-5 Protection of Assets (Mitigates risk by ensuring assets are protected and adequately maintained)• CRD-5 Monitoring Registrar/CEO Compensation (Mitigates risk by ensuring the Registrar's/CEO compensation is decided based on organization performance and executive market conditions)• GP-12 Special Rules of Order (Mitigates risk by ensuring Council meetings are conducted in an orderly, effective process)• EL-10 Development of Standards Governing Practice (Mitigates risk by ensuring that standards of practice are developed in a way that are defensible and consistent with the College's legislated mandate)• EL-11 Amendments to Act or Bylaws (Mitigates risk by ensuring the Bylaws do not interfere with the College's legislated mandate)• EL-4(1) Financial Conditions and Activities (Mitigates risk by monitoring of actual expenditures) <p>Reviewed at the December 2023 Council meeting (page xxx of the December meeting minutes):</p> <ul style="list-style-type: none">• CRD-2 Accountability of the Registrar/CEO (Mitigates risk by ensuring the Registrar/CEO is the Council's only link to operational achievement and conduct)• CRD-3 Delegation to the Registrar/CEO (Mitigates risk by ensuring Council directs the Registrar/CEO in accordance with the organizational Ends and outlines actions to be avoided)• GP-7 Council and Committee Stipend and Expenses (Mitigates risk by ensuring Council and Committee members are paid an honorarium and reimbursed for reasonable expenses according to the policy)• GP-8 Code of Conduct (Mitigates risk by ensuring Council members are conducting themselves in accordance with the Bylaws)• General Executive Constraint Policy (Mitigates risk by ensuring organizational practices, activities, decisions, or circumstances which are lawful, prudent and not in violation of commonly accepted business and professional ethics)• EL-3 Planning (Mitigates risk by ensuring resources are allocated according to the Ends priorities)• EL-4(1) Financial Conditions and Activities (Mitigates risk by monitoring of actual expenditures)• EL-8 Communication and Support to Council (Mitigates risk by ensuring Council is informed and supported in its work)
			<div>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</div> <div>Choose an item.</div>

Commented [RP2]: Insert link once approved.

			<i>Additional comments for clarification (if needed)</i>
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DOMAIN 1: GOVERNANCE	STANDARD 3	Measure:	
		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: <div>Met in 2022, continues to meet in 2023</div> <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. Approved Council meeting minutes and Council packages can be found on the Council meetings webpage .
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? <div>Choose an item.</div>
			Additional comments for clarification (optional)

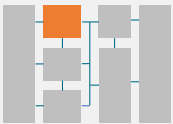
		b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information). i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions 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.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. The Executive Committee provides a written report to Council for information at each Council meeting. These reports include the Executive Committee meeting dates, topics of discussion, and decisions. These reports can be found on: <ul style="list-style-type: none">Page 83 of the March 2023 meeting packagePage 66 of the June 2023 meeting packagePage 66 of the September 2023 meeting packagePage 64 of the December 2023 meeting package	
			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)	

Measure: 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 2022, continues to meet in 2023
	<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. Council materials and the livestream link can be found on the Council meetings webpage . Council packages and approved minutes are kept on the website indefinitely.		
	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)		
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 2022, continues to meet in 2023
	<ul style="list-style-type: none">Please insert a link to the College’s Notice of Discipline Hearings. The Upcoming Discipline Hearings webpage is updated as soon as details are available, which is usually at least one month before a hearing.		

			<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	
		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).	The College fulfills this requirement:	Partially
			<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>Council will consider the development of a formal DEI strategic plan in 2024. While no formal plan has been developed, CDHO has advanced several initiatives that support DEI, including:</p> <ul style="list-style-type: none">• Providing free access to the NVision course <i>The Path: Your Journey Through Indigenous Canada</i> for all Registered Dental Hygienists and CDHO staff. The course is not mandatory, and over 2,600 Registered Dental Hygienists have completed it at the time of writing.• Partnering with Indspire, an Indigenous national charity, to create the CDHO Bursary for Indigenous Students in Dental Hygiene Programs. Through this partnership, CDHO is supporting efforts to increase access to higher education for Indigenous students.• Posting a land acknowledgment outside its office and on its website.• Staff continues to attend training and some of the sessions attended in 2023 include:<ul style="list-style-type: none">○ Unlearn and Learn Gender Diversity and Gender Inclusive Communications, and Gender Diversity and Inclusion workshop – presented by the Canadian Network of Agencies of Regulation (CNAR)○ Black History Month workshop: Canada’s History – presented by Allied Property Management (CDHO’s landlord)○ Exploring Bias – presented by the Canadian Centre for Diversity and Inclusion (CCDI) and the Canadian Society of Association Executives (CSAE)	

			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional)	

		<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>	The College fulfills this requirement:	Partially
			<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>CDHO continues to monitor the work of the Health Profession Regulators of Ontario (HPRO) on DEI. The Anti-Racism in Health Regulation Project Steering Committee delivered their final products, which includes an equity impact assessment. HPRO is holding meetings to help colleges implement these tools, which CDHO is observing. CDHO continues to study these resources to better understand how to implement them and will collaborate with the other colleges on the rollout of these tools.</p>	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional)	

		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	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>	<div>The College fulfills this requirement:</div> <div>Yes</div>
			<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>CDHO's Policy Manual (page 8 – EL-3 Planning) provides guidelines on strategy, planning and budgeting. The Senior Leadership team meets before developing the annual budget to discuss:</p> <ul style="list-style-type: none">• The multi-year plan• Strategic initiatives for the coming year• Special projects• Departmental requirements• HR needs <p>This information is then used to gather quotes in advance (if required) to develop a budget for the coming year. The budget clearly defines where funds are being allocated. CDHO’s draft 2024 budget can be found on page 88 of the December 2023 meeting package. The budget was approved at the December 2023 meeting (see page XX of the December meeting minutes).</p>
			<div>Choose an item.</div>
			<p><i>Additional comments for clarification (optional)</i></p>

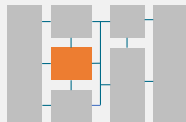
Commented [RP3]: Insert link once approved.

	•	b. The College: 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 ii. possesses the level of reserve set out in its “financial reserve policy”.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			<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. This is accomplished during CDHO’s annual audit process (Q1 2023)• Has the financial reserve policy been validated by a financial auditor? Yes <p>While CDHO does not have a separate financial reserve policy outlining minimum reserves, the Policy Manual includes several policies addressing financial matters and use of reserves (pages 8–11 of the Policy Manual). These policies are reviewed annually as part of the financial audit and the last review was Q1 2023. CDHO’s 2022 Annual Report outlines the organization’s net assets, which includes restricted and unrestricted funds (page 21 of the 2022 Annual Report).</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>	

		<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><i>Benchmarked Evidence</i></p> <hr/>	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">• Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs.• Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. <p>Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p>CDHO’s Policy Manual includes two policies related to human resources and succession planning:</p> <ul style="list-style-type: none">• EL-2 Treatment of Staff (page 7 of the Policy Manual)• CRD-6 Registrar/CEO Succession (pages 22–24 of the Policy Manual) <p>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, programs, and/or 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>	

		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).	The College fulfills this requirement:	Yes
			<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 data and technology plan includes the following elements:</p> <p>1. Robust cybersecurity framework:</p> <ul style="list-style-type: none">Implementation of comprehensive network security policies to protect digital infrastructure and personal information.Deployment of advanced antivirus, endpoint detection and response software, and real-time monitoring systems to guard against unauthorized access and cyber threats.Regular updates and vulnerability assessments, along with rigorous password security protocols and incident response plans. <p>2. Continuous improvement and compliance:</p> <ul style="list-style-type: none">Ongoing enhancement of cybersecurity posture, adhering to industry best practices and legal standards.Timely patching of vulnerabilities, precise user access management, and staff training on cybersecurity awareness to promote a culture of digital vigilance. <p>3. Resilience and recovery:</p> <ul style="list-style-type: none">Collaboration with external IT providers for 24/7 monitoring of the IT infrastructure.Enhanced backup and disaster recovery systems with on-site and off-site failover and recovery options, adhering to a 30-minute point-in-time restoration schedule.Subscription to a secondary ISP provider for backup failover to maintain uninterrupted service. <p>4. Advanced threat protection and monitoring:</p> <ul style="list-style-type: none">Implementation of advanced threat protection in the in-office firewall, including content and web filtering.Protection of endpoints through DNS filter agents, blocking access to malicious sites.Continuous monitoring of security violations by a security operations center, with instant alert generation and response based on established policies and procedures. <p>5. Staff training and awareness:</p> <ul style="list-style-type: none">Provision of monthly cyber education and training for all staff, ensuring mandatory participation (e.g., KnowBe4 platform).Availability of educational materials like the “Quick Guide: Steps to Deal with a Privacy Breach” and a detailed Cybersecurity Incident Response Plan, outlining steps for breach containment, investigation and remediation.	

			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)	

DOMAIN 3: SYSTEM PARTNER		
STANDARD 5 and STANDARD 6		
Measure / Required evidence: N/A	College response	
	<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>-</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> <p>In 2023 CDHO engaged with several regulators and other partners to strengthen its oversight mandate and align practice expectations. Examples include:</p> <p>Other regulators:</p> <ul style="list-style-type: none">Ontario’s oral health profession regulators: CDHO regularly collaborates with the Royal College of Dental Surgeons of Ontario (RCDSO), the College of Denturists of Ontario (CDO), and the College of Dental Technologists of Ontario (CDTO). The registrars meet monthly to discuss issues of common interest. A few examples of issues in which the colleges collaborated include:	

-	<ul style="list-style-type: none">• COVID-19/IPAC guidance: Recognizing the reduced risk of COVID-19, the four colleges rescinded their COVID-19 guidance and worked to align and update infection, prevention and control (IPAC) guidance. The colleges coordinated communications around rescinding COVID-19 protocols and updates to IPAC guidance and coordinated the release of information to registrants. This work built on efforts undertaken in 2021 and 2022 to better align COVID-19 and IPAC guidance.• Mandatory reporting: The four colleges collaborated to develop a mandatory reporting resource for oral health professionals. The colleges formed a working group with one representative from each college to develop plain language content on the topic. The information was converted to an interactive module that the colleges shared with their registrants in late 2023.• Discipline Committee training: CDHO collaborated with RCDSO on training for both colleges’ Discipline Committees and staff support. A hybrid session was held over two days in February 2023 and was presented by both Committees’ independent legal counsel.• Hub 601: Hub 601 was launched in April 2023 and is a multi-regulator workspace hosted by CDHO. Hub 601 is a place for partner colleges to use for in-person work, staff meetings, and Council/Board and committee meetings in a setting that promotes collaboration and innovation. Inaugural partners included CDHO (provides the space), the College of Denturists of Ontario and the College of Dietitians of Ontario. At the end of 2023, Hub 601 was pleased to welcome the College of Audiologists and Speech-Language Pathologists of Ontario. The colleges have collaborated on staff diversity training and are exploring ways to further share resources and expertise. <p>Educators: In September 2023, CDHO’s Council rescinded the Standard for Authorization to Self-Initiate Profession-Specific Acts. CDHO convened Dental Hygiene program administrators to discuss the proposed changes and gather feedback before a proposal was presented to Council.</p> <p>Professional associations: CDHO maintains close and cooperative relationships with the Ontario Dental Hygienists’ Association (ODHA), the Canadian Dental Hygienists Association (CDHA), and the Federation of Dental Hygiene Regulators of Canada (FDHRC). CDHO’s Council and Registrar/CEO meet twice a year with the ODHA’s Executive and Executive Director, or more often if required, to discuss issues of common interest. At these meetings CDHO discussed ongoing modernization of its Quality Assurance Program and proposed rescinding of the standard for self-initiation. CDHO’s Registrar/CEO is a director on the FDHRC Board, which provides a forum for networking and information exchange among Canadian dental hygiene regulators.</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.

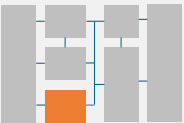
- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe 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).*

CDHO has an extensive network of system partners such as other regulators (both provincially and nationally), educational institutions, government, and other provincial and national organizations that it can reach out to or respond to for assistance at any time. The two-way relationships are collegial and collaborative and provide valuable information that is used to help CDHO respond and identify changing public/societal expectations in a timely manner. CDHO staff in most departments also belong to advisory groups related to their regulatory functions. These relationships are maintained through regular correspondence and meetings. Information and experiences are freely shared amongst the groups. Examples of how CDHO engaged with partners to respond to changing public expectations include:

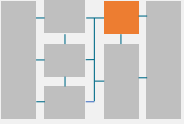
Equity, Diversity and Inclusion:

- The four oral health profession regulators engaged First Peoples Group to facilitate a session for their staff and Council on Indigenous peoples, reconciliation and anti-bias. This was a hybrid workshop that took place in June 2023.
- CDHO partnered with [Indspire](#), an Indigenous national charity, to create the [CDHO Bursary for Indigenous Students in Dental Hygiene Programs](#). Through this partnership, CDHO is supporting efforts to increase access to higher education for Indigenous students.
- CDHO partnered with NVision Insight Group to provide their course *The Path: Your Journey Through Indigenous Canada* free of charge to all Registered Dental Hygienists. Completing *The Path* provides a valuable opportunity for RDHs to learn about the history and contemporary realities of First Nations, Inuit and Métis in Canada. Completion can count toward an RDH’s Quality Assurance requirements.

	<p>Public engagement:</p> <ul style="list-style-type: none">• In 2022, CDHO engaged an external research firm to administer a Voice of the Patient (VOP) survey. The survey is administered in four languages – English, French, Mandarin and Punjabi – and 2,000 patients are surveyed. The survey asks about their experiences with Dental Hygiene practice, with a focus on equity, diversity and inclusion. The survey was administered again in 2023 and will be administered annually. CDHO uses this data to improve resources for RDHs and to develop more patient-focused information.<ul style="list-style-type: none">○ Through this survey CDHO learned that some patients experienced racism and discrimination during their dental appointments. Results were shared with other oral health regulators and CDHO will be working to provide resources and information to clients and Registered Dental Hygienists to help create more inclusive and welcoming environments.


		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	
		a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement:	
			Yes	
			• Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information. Information on how CDHO collects and uses personal information can be found on the Privacy webpage . CDHO also has a Retention and Safeguarding Policy .	
		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)		

		ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and	The College fulfills this requirement:	Yes
		iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.	<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>Information on CDHO’s cybersecurity measures can be found on the Privacy webpage. Several educational materials have also been developed for staff, including a three-step process that must be taken when a suspected breach has occurred:</p> <ol style="list-style-type: none">1. Immediately alert your manager/the senior management team2. Identify the scope of the breach and take steps to contain it3. Investigate and remediate	
		<div>Benchmarked Evidence</div>	<p>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.</p>	

		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).	
DOMAIN 5: REGULATORY POLICIES	STANDARD 8	Required Evidence	College Response
		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. <hr/> <i>Benchmarked Evidence</i> <hr/>	<div>The College fulfills this requirement:</div> <div>Met in 2022, continues to meet in 2023</div>
			<div><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>College staff regularly monitor changes in dental hygiene practices and technology through various means, including review of current evidence-based literature and consultations with system partners. These include but are not limited to other regulators in Ontario and across Canada, dental hygiene educators, HPRO working groups, dental hygiene associations, the Ministry of Health, Public Health Ontario and the Citizen Advisory Group. College policies, Standards of Practice and Practice Guidelines are reviewed every five years or as needed.</p></div> <div>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.</div>

		<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <p>i. evidence and data;</p> <p>ii. the risk posed to patients / the public;</p> <p>iii. the current practice environment;</p> <p>iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap);</p> <p>v. expectations of the public; and</p> <p>vi. stakeholder views and feedback.</p> <div><div></div><div>Benchmarked Evidence</div><div></div></div>	The College fulfills this requirement:	Yes
			<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>CDHO develops or changes its standards, guidelines, and policies by:</p> <ul style="list-style-type: none">considering emerging evidence and researchreviewing questions received via the Practice Advisory Servicecomparing regulatory practices in other jurisdictionsconsulting with registrants, the public, educators, other regulators, government, etc. <p>CDHO prioritizes development or changes based on risk to the public and requirements for the delivery of care. For example, in 2023, CDHO rescinded its COVID-19 guidance and updated its infection, prevention and control (IPAC) guidance. Recognizing the reduced risk of COVID-19, CDHO collaborated with Ontario’s three other oral health profession regulators to align this guidance and communication to oral health professionals. CDHO considered COVID-19 data from various sources (i.e., Public Health Ontario, the Public Health Agency of Canada) and regulatory trends in other Canadian jurisdictions. Another example of this process was the work to rescind the <i>Standard for Authorization to Self-Initiate Profession-Specific Acts</i>. CDHO conducted a scan of other Canadian dental hygiene regulators and considered the impacts on access to care.</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>	

		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.	The College fulfills this requirement:		Yes
			<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>An example of how CDHO considered DEI in its Standards was when Council rescinded the <i>Standard for Authorization to Self-Initiate Profession-Specific Acts</i> in September 2023. When the Standard was in effect, RDHs had to apply to CDHO for authorization to perform the controlled acts of scaling and root planing, or work under a standing order from a dentist. To apply for authorization, several criteria had to be met and RDHs had to wait until approved before performing these acts. This created a barrier to care, especially in remote and under-served communities. Rescinding the Standard made it easier for RDHs to practise independently and helped increase access to care. CDHO consulted with several partners on the change, including educators and other regulators, before implementation.</p> <p>Through its annual Voice of the Patient survey, CDHO learned that some clients experience racism and discrimination, and a follow-up survey was conducted with those who reported these experiences. This data will be used to help CDHO develop further resources to promote DEI in practice (e.g., a Standard on cultural competence, modules on trauma- and violence-informed care).</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)		

		Measure: 9.1 Applicants meet all College requirements before they are able to practice.					
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	Required Evidence	College Response				
		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 .	<table><tr><td>The College fulfills this requirement:</td><td>Met in 2022, continues to meet in 2023</td></tr><tr><td colspan="2"><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>The following processes are in place to ensure that those who meet the registration requirements receive a certificate to practice:</p><ul style="list-style-type: none">• The online application forms employ built-in logic and validation rules to ensure the accuracy of data submitted and to ensure that all required information is entered before submission.• Some supporting documentation such as transcripts and letters or certificate of good standing must be submitted directly to CDHO by the issuing body to ensure their authenticity.• Submitted applications and supporting documentation are reviewed by internal staff to confirm that all requirements have been met.• Applicants are notified of any inconsistencies or inaccuracies in information submitted and are provided an opportunity to correct the information and make any additional submissions.• Application anomalies and escalated application concerns are reported to the Registration Manager and Deputy Registrar for further review and decision.• If there are doubts based on reasonable grounds as to whether an applicant fulfills the registration requirements, the Registrar will refer their application to the Registration Committee for review and decision.• All applicants sign a release that allows CDHO to contact any institution, agency, employer or regulatory body to verify any information relevant to their application and that would assist CDHO in determining whether they are eligible to be registered.</td></tr></table>	The College fulfills this requirement:	Met in 2022, continues to meet in 2023	<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>The following processes are in place to ensure that those who meet the registration requirements receive a certificate to practice:</p> <ul style="list-style-type: none">• The online application forms employ built-in logic and validation rules to ensure the accuracy of data submitted and to ensure that all required information is entered before submission.• Some supporting documentation such as transcripts and letters or certificate of good standing must be submitted directly to CDHO by the issuing body to ensure their authenticity.• Submitted applications and supporting documentation are reviewed by internal staff to confirm that all requirements have been met.• Applicants are notified of any inconsistencies or inaccuracies in information submitted and are provided an opportunity to correct the information and make any additional submissions.• Application anomalies and escalated application concerns are reported to the Registration Manager and Deputy Registrar for further review and decision.• If there are doubts based on reasonable grounds as to whether an applicant fulfills the registration requirements, the Registrar will refer their application to the Registration Committee for review and decision.• All applicants sign a release that allows CDHO to contact any institution, agency, employer or regulatory body to verify any information relevant to their application and that would assist CDHO in determining whether they are eligible to be registered.	
		The College fulfills this requirement:	Met in 2022, continues to meet in 2023				
<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>The following processes are in place to ensure that those who meet the registration requirements receive a certificate to practice:</p> <ul style="list-style-type: none">• The online application forms employ built-in logic and validation rules to ensure the accuracy of data submitted and to ensure that all required information is entered before submission.• Some supporting documentation such as transcripts and letters or certificate of good standing must be submitted directly to CDHO by the issuing body to ensure their authenticity.• Submitted applications and supporting documentation are reviewed by internal staff to confirm that all requirements have been met.• Applicants are notified of any inconsistencies or inaccuracies in information submitted and are provided an opportunity to correct the information and make any additional submissions.• Application anomalies and escalated application concerns are reported to the Registration Manager and Deputy Registrar for further review and decision.• If there are doubts based on reasonable grounds as to whether an applicant fulfills the registration requirements, the Registrar will refer their application to the Registration Committee for review and decision.• All applicants sign a release that allows CDHO to contact any institution, agency, employer or regulatory body to verify any information relevant to their application and that would assist CDHO in determining whether they are eligible to be registered.							

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.

			<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 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.).	The College fulfills this requirement:	Yes
			<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>CDHO operationalized several recommendations from a legal audit conducted in 2022 of the Registration Committee and Registration Department. Key changes include:</p> <ul style="list-style-type: none">• Updating resources related to the orientation and training of Registration Committee members and staff on registration requirements and processes.• Updating template files related to the referral of applications to the Registration Committee by the Registrar.• Eliminating the requirement to submit notarized copies of supporting/verifying documents and the need to mail a copy of the application form and supporting documents.• Adding a new gender option on application forms (“Other/Non-Binary”). <p>In September 2023, CDHO launched a new website and the following changes were made to applicant content:</p> <ul style="list-style-type: none">• Content was organized by education stream.• An updated fee schedule and timelines were made available.• An updated listing of refresher course providers was added. <p>In late 2022, CDHO engaged a third-party research company to conduct a survey of new registrants’ experience of the application process. CDHO did the following in 2023 in response to the survey:</p>	

	<ul style="list-style-type: none">• Updated the online application form by eliminating redundancies and making the form more user friendly.• Continued working towards digitizing all aspects of the application process.• Began developing an internal service standard policy for response to external communications. <p>CDHO will continue to survey new registrants on an ongoing basis to assess their experience of the application process and to identify further improvements.</p>
	<div><div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div><div><div><div></div></div>Choose an item.</div></div>
	<div>Additional comments for clarification (optional)</div>

Measure: 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>Under CDHO’s Registration Regulation, currency is considered graduation or practise within the previous three 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>Registrants self-declare:</p> <ul style="list-style-type: none">• currency annually during renewal and on change of status and reinstatement applications.• conduct, insurance and work authorization annually during renewal and on change of status and reinstatement applications. <p>Every year, 5% of RDHs in the General Class are randomly selected to take part in an insurance audit. Currency is not addressed for registrants who continue to hold General or Specialty Certificate of Registration, though proposed regulation change will address this gap. Currency requirements were last reviewed in preparation for the proposed changes to the regulation.</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)		

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).

Measure:		
9.3 Registration practices are transparent, objective, impartial, and fair.		
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).	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
	<div><div><div><div><div></div></div><div>Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report.</div></div><div><div><div></div></div><div>Where an action plan was issued, is it: No Action Plan Issued</div></div></div><div>There were no recommendations for improvement resulting from CDHO's 2022 Fair Registration Practices Report.</div></div>	
	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 (if needed)		

Community of Practice	STANDARD 10	Measure: 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	
		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). <u>Further clarification:</u> 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.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			<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: In September 2023, CDHO’s Council voted to rescind the <i>Standard for Authorization to Self-Initiate Profession-Specific Acts</i>.<ul style="list-style-type: none">Name of Standard: Standard for Authorization to Self-Initiate (rescinded)Duration of period that support was provided: OngoingActivities undertaken to support registrants (% of registrants reached/participated by each activity):<ul style="list-style-type: none">News post on CDHO website (8,522 views since post was published)Resource page on the Contraindications Regulation (4,153 views since page was published)Email announcement (83% open rate among registrants)One community of practice (currently at 1,700 members, or 11% of registrants)Webinar – English (2,713 views)Webinar – French (105 views)Practice Advice – Available to all registrants by phone and by email (51 calls and 34 emails since announcement)Evaluation conducted on effectiveness of support provided: CDHO did not formally evaluate these efforts, but the low number of calls and emails suggest that the support is helpful, and the information was clear. Typically, if information is unclear or if more support is needed, more calls and emails are received.Does the College always provide this level of support: Yes <i>If not, please provide a brief explanation:</i> The above represents an increased availability of support due to the new Communities of Practice, but all other activities (news/announcement, email, webinar, practice advice) are normally undertaken for such a change.	

			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)	

Measure: 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: 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:	Met in 2022, continues to meet in 2023
		<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.Is the process taken above for identifying priority areas codified in a policy: YesIf yes, please insert link to the policy. <p>All registrants complete 75 hours of learning for each three-year cycle. Registrants who are selected to submit their Quality Assurance records may submit their 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. Registrants with gaps identified in knowledge (Learning Portfolio or QA Test) may be directed to complete remediation. Registrants with deficiencies in the Practice Profile are asked to participate in a telephone interview with an assessor. If the telephone interview does not clear up the deficiency, the registrant is asked to participate in an onsite practice review. Registrants with gaps in skill/judgement (Practice Profile or onsite practice review) may be directed to complete remediation and/or further assessment (onsite practice review and/or chart audit). View the QA Policies and Procedures.</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)	

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>).

		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	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			<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.• 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 in 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 in 2022 and QA Committee survey in 2022) <p>Onsite practice reviews (practice assessment) are risk based – only those with deficiencies identified in the practice profile and telephone interview 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>	
			<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>	
		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			<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>See pages 1–5 of the QA Program Guidelines and pages 4–5, 8–12 and 29–40 of the QA Policies.</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: 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 Inquiries, Complaints and Reports Committee (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 investigation. Successful completion of remediation activities is noted on the registrant’s Public Register profile.</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 CDHO. 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>		

DOMAIN 6: SUITABILITY TOPRACTICE	STANDARD 11	Measure 11.1			
		The College enables and supports anyone who raises a concern about a registrant.			
		Required Evidence	College Response		
		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;	The College fulfills this requirement:		Yes
			<ul style="list-style-type: none">• 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. <p>Information on CDHO’s complaints process can be found on the File a Complaint webpage and the Investigating your Complaint webpage. Information is also available for clients who have been sexually abused by a Registered Dental Hygienist on the Funding for Therapy webpage.</p> <p>CDHO’s complaint intake protocol includes:</p> <ul style="list-style-type: none">• acknowledging receipt of the complaint• contacting the complainant to discuss the process• verifying the concerns identified to ensure all relevant information has been received• having the complainant sign a confirmation of issues form to ensure that CDHO has understood their complaint or concerns correctly. <p>All correspondence sent to the parties informs them of the next steps in the process.</p>		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.

			<i>Additional comments for clarification (optional)</i>
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		iii. evaluated by the College to ensure the information provided to complainants is clear and useful.	The College fulfills this requirement:	Yes
		<div>Benchmarked Evidence</div>	<div><div><div>Please provide details of how the College evaluates whether the information provided to complainants is clear and useful.</div><div><div><div>CDHO uses standardized correspondence during the complaints process to ensure that information provided to complainants is consistent and useful. These templates are reviewed regularly by staff and updated as needed.</div><div>CDHO 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.</div><div>CDHO invites participants in the complaint process to participate in a voluntary survey at key points during the investigation process to provide comments on their experience, including whether the information provided by CDHO was clear and helpful. Feedback received from these surveys is reviewed and incorporated into CDHO’s protocols as appropriate.</div></div></div></div></div>	
			<div>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.</div>	
		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 2022, continues to meet in 2023
			<div>Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures).</div> <div>CDHO’s Professional Conduct department has an administrative policy to respond to all inquiries within two business days. The Professional Conduct department responded to 100% of inquiries from the public within five business days.</div>	
			<div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div>	Choose an item.

			<i>Additional comments for clarification (optional)</i>
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		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.).	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			<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>Supports available to the public during the complaints process include:</p> <ul style="list-style-type: none">• Access to interpretation/translation services• A dedicated case manager to serve as a central point of contact to respond to questions, provide guidance about the process and give updates on progress of the complaint• Staff availability outside of regular business hours where required• Tailored assistance to complainants with a disability to ensure accessibility <p>Complainants are made aware of available supports upon initial intake of their complaint, and, where needed, by CDHO staff during the complaints process.</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)	

		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.).	<div>The College fulfills this requirement:</div> <div>Yes</div> <div><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.• Complainants are assigned a dedicated case manager to serve as a central point of contact to respond to questions, provide guidance about the process and give updates on the progress of the complaint. Complainants can contact their case manager by phone, e-mail, fax or mail. All correspondence contains the contact details of the case manager and an invitation to contact them if there are any questions.• 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.</div>
		<div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div> <div>Choose an item.</div>	
		<div>Additional comments for clarification (optional)</div>	

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	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:	Yes
			<ul style="list-style-type: none">• 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). <p>CDHO formalized its complaint triage protocol in 2021. A numeric value is assigned to complaints upon intake, based on factors such as:</p> <ul style="list-style-type: none">• the nature of the alleged conduct• the registrant’s prior history• risk to other clients (e.g. infection prevention and control) <p>This value is assigned in the College’s case tracking database and used to prioritize complaints based on their assessed risk.</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)				

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 13	Measure:		
		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.).		
		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.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			<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>CDHO is participating in a working group through the Health Profession Regulators of Ontario to develop a policy for the disclosure of information to third parties. Over the past year, the College has shared information regarding the following matters:</p> <ul style="list-style-type: none"> Information related to concerns regarding a registrant to the registrant’s employer (e.g., notification of suspension) Information related to potential concerns about a regulated health professional with their regulatory college 	
			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 (if needed)	

		Measure: 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.								
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD 14	Required Evidence	College Response							
		a. Outline the College’s KPIs, including a clear rationale for why each is important.	<table><tr><td>The College fulfills this requirement:</td><td>Met in 2022, continues to meet in 2023</td></tr><tr><td colspan="2"><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>Council sets broad strategic directions for CDHO through four outcomes called “Ends Statements”. The Ends Statements can be found on page 4 of CDHO’s Policy Manual. KPIs are established using the Executive Limitations Policies (starting on page 5 of the Policy Manual).</p></td></tr><tr><td colspan="2">If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</td><td>Choose an item.</td></tr></table>	The College fulfills this requirement:	Met in 2022, continues to meet in 2023	<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>Council sets broad strategic directions for CDHO through four outcomes called “Ends Statements”. The Ends Statements can be found on page 4 of CDHO’s Policy Manual. KPIs are established using the Executive Limitations Policies (starting on page 5 of the Policy Manual).</p>		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
		The College fulfills this requirement:	Met in 2022, continues to meet in 2023							
		<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>Council sets broad strategic directions for CDHO through four outcomes called “Ends Statements”. The Ends Statements can be found on page 4 of CDHO’s Policy Manual. KPIs are established using the Executive Limitations Policies (starting on page 5 of the Policy Manual).</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 (if needed)	
		b. The College regularly reports to Council on its performance and risk review against: i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan); ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and iii. its risk management approach.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			<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>At each Council meeting, Council receives monitoring reports from the Registrar/CEO relating to the Executive Limitations Policies. Examples include:</p> <ul style="list-style-type: none">• <div>December 1, 2023 meeting minutes (starting on page XX)</div>• September 22, 2023 meeting minutes (starting on page 7)• June 2, 2023 meeting minutes (starting on page 6)• March 31, 2023 meeting minutes (starting on page 7)	
			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 (if needed)	

Commented [RP4]: Insert link once approved.

Measure: 14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
a. Council uses performance and risk review findings to identify where improvement activities are needed. <div><div></div><div>Benchmarked Evidence</div><div></div></div>	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 criteria in the monitoring reports lack defensible rationale or if there is insufficient evidence of achievement of Ends or compliance with limitations, they will provide a deadline for the Registrar to produce defensible criteria and/or further evidence, unless there is defensible reason for nonachievement. In 2023, there were no instances where there was insufficient evidence of progress. This process is laid out in the Policy Manual under CRD 3: Delegation to the Registrar and CRD 4: Monitoring Registrar Performance, starting on page 18 of Council’s Policy Manual.</p>	
	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.	
Measure: 14.3 The College regularly reports publicly on its performance.		
a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
	<ul style="list-style-type: none">Please insert a link to the College’s dashboard or relevant section of the College’s website. <p>In addition to the monitoring reports that are presented at each Council meeting, CDHO’s annual reports also detail its performance toward meeting strategic objectives and various regulatory outcomes.</p>	
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.

			<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.

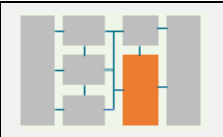
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: ‘Nil’ and indicate any plans to collect the data in the future.

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.

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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: Choose an item. <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 2023*		<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 2023. 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>	
Type of QA/QI activity or assessment:	#		
i. Learning Portfolio	14		
ii. QA Test	10		
iii. Practice Profile	15		
iv. Onsite Practice Review (incl. practice environment + chart audit)	6		
v. Chart Audit (charts only)	14		
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)

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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: Choose an item.			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
	#	%	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. 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 2023, understanding that some cases may carry over.
CM 2. Total number of registrants who participated in the QA Program CY 2023	45	0.3	
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 2023.	16	35.6	
NR			
Additional comments for clarification (if needed)			
-			

Table 3 – Context Measure 4

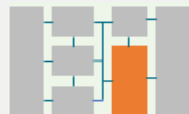
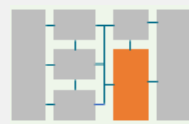
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
			
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item.			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2023:**	#	%	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. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	13	81.3	
II. Registrants still undertaking remediation (i.e., remediation in progress)	3	18.8	
NR * This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2023. **This measure may include any outcomes from the previous year that were carried over into CY 2023.			
Additional comments for clarification (if needed)			
-			

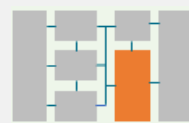
Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE					
STANDARD 12					
Statistical data is collected in accordance with the recommended method or the College’s own method: Choose an item. If a College method is used, please specify the rationale for its use:					
Context Measure (CM)					<i>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.</i>
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2023	Formal received	Complaints	Registrar initiated	Investigations	
Themes:	#	%	#	%	
I. Advertising	NR	NR	NR	NR	
II. Billing and Fees	NR	NR	NR	NR	
III. Communication	5	28%	NR	NR	
IV. Competence / Patient Care	8	44%	6	40%	
V. Intent to Mislead including Fraud	NR	NR	NR	NR	
VI. Professional Conduct & Behaviour	7	39%	7	47%	
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 Privacy / Confidentiality	NR	NR	NR	NR	
Total number of formal complaints and Registrar’s Investigations**	18	100%	15	100%	

Formal Complaints NR Registrar’s Investigation <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>	
<i>Additional comments for clarification (if needed)</i>	

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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: Choose an item.				
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 2023	18		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.
CM 7.	Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2023	23		
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 2023	15		
CM 9.	Of the formal complaints and Registrar’s Investigations received in CY 2023**:	#	%	
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	18	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	

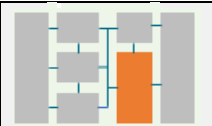
VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	NR	NR	
ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar’s Investigation <i># May relate to Registrar’s Investigations 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>			
Additional comments for clarification (if needed)			

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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: Choose an item.

If a College method is used, please specify the rationale for its use:

Context Measure (CM)								
CM 10. Total number of ICRC decisions in 2023		41						
Distribution of ICRC decisions by theme in 2023*		# 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	6	NR	NR	NR
III.	Communication	NR	NR	NR	NR	NR	NR	NR
IV.	Competence / Patient Care	NR	5	NR	NR	NR	NR	NR
V.	Intent to Mislead Including Fraud	NR	NR	NR	NR	NR	NR	NR
VI.	Professional Conduct & Behaviour	14	NR	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

Table 7 – Context Measure 11

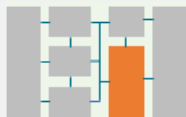
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
If College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 11. 90 th Percentile disposal of:	Days	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. A formal complaint in working days in CY 2023	173	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.	
II. A Registrar’s investigation in working days in CY 2023	317		
Disposal			
Additional comments for clarification (if needed)			
-			

Table 8 – Context Measure 12

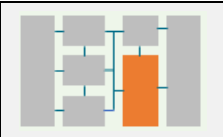
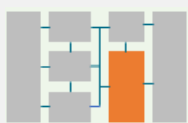
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item.			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 12. 90 th Percentile disposal of:	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 2023	146		
II. A contested discipline hearing in working days in CY 2023	855		
Disposal Uncontested Discipline Hearing Contested Discipline Hearing			
Additional comments for clarification (if needed)			
One contested discipline matter was postponed for an extended period due to a related criminal proceeding and the registrant’s subsequent incarceration.			
-			

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: Choose an item.

If College method is used, please specify the rationale for its use:

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	NR	
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	NR	
XIII. Contravene relevant Acts	NR	

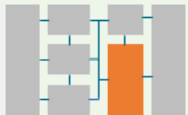
** The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.*

[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: Choose an item.		
If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		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.
Type	#	
I. Revocation	NR	
II. Suspension	NR	
III. Terms, Conditions and Limitations on a Certificate of Registration	NR	
IV. Reprimand	NR	
V. Undertaking	NR	
* 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.		
Revocation Suspension Terms, Conditions and Limitations Reprimand Undertaking NR		
Additional comments for clarification (if needed)		

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 8, 2024
Topic: CPMF Report

Council will review the annual College Performance Measurement Framework (CPMF).

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

Moved:
Seconded:
VOTE:

Governance Committee Report — March 8, 2024

Committee Mandate: The Governance Committee is responsible for advising Council on elements of the effective governance of the organization and function of the Council.

Chair: Michelle Atkinson

Professional Members (Council): Michelle Atkinson, Terri Strawn

Public Members (Council): Erin Betts

INTRODUCTION

The Governance Committee met once since the last report to Council on December 1, 2023, via videoconference. The purpose of this meeting was to review the information for the CPMF report for Domain 1. The committee also completed work on the Mentorship Framework and Mentorship Checklist that had been partially developed after our last meeting. The committee also briefly reviewed the *Report and Recommendations on Improving Governance* from Deanna Williams and Harry Caton.

ITEMS FOR INFORMATION

The Governance Committee met once since our last report to Council.

Next steps:

- Council is being asked to approve the Mentorship Framework and Mentorship Checklist at the March 8th meeting.
- The CPMF report will be finalized and submitted by staff to the Ministry of Health by March 31st, 2024.
- Council will hear from Harry Caton and Deanna Williams on their Report and Recommendations on Improving Governance at the March 8th meeting.

Briefing Note

To: Council
From: Chair
Date: March 8, 2024
Topic: Governance Committee Mentorship Program

The Governance Committee is proposing a mentorship program framework for Council's consideration.

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

Moved:
Seconded:
VOTE:

Mentorship Program Framework

Mentoring relationships and formal mentoring programs are used in many industries, including healthcare, to provide a supportive learning environment for professional growth and development. The Council Mentor facilitates professional development by adopting the role of confidante, advisor, role model and sounding board. The mentoring relationship is deliberate, conscious, and voluntary aimed at assisting in the growth and ability of another Council member.

The College of Dental Hygienists of Ontario's Council member mentorship program has been developed by CDHO Council. It is a strategic initiative that aims to facilitate the transfer of knowledge, promote leadership development, enhance board dynamics, and contribute to the long-term success of the organization. With this program there is an opportunity for Council and committee members to be paired with skilled, knowledgeable mentors who will support their smooth integration in their role.

PURPOSE

A few of the main purposes of professional mentoring programs include:

- **Facilitating the transfer of knowledge and experience** from a seasoned member to newer members which can include insights into organizational history and effective governance practices.
- **Onboarding new members** by giving them a direct point of contact who can provide guidance and help them navigate their roles.
- **Developing talent in leadership** for Committees and Council which can include guidance on decision-making, strategic thinking, and effective communication.
- **Facilitating networking** among members to build relationships and foster a collaborative and supportive Council/committee culture.
- To ensure that knowledge and expertise are passed down, mentorship is an essential component of **succession planning**.
- A mentorship program provides a structured mechanism for **ongoing learning and development**, ensuring that members stay informed about emerging trends, best practices, and changes in the regulatory environment.

The goal of a mentorship program is to enhance the overall effectiveness of the Council. By providing support, guidance, and a platform for continuous improvement, the program contributes to the Council's ability to fulfill its responsibilities and drive the success of the organization.

EXPECTATIONS

Role of the Mentor

A mentor is an experienced Council member who is selected by the executive to assist the member in fulfilling the objectives set out in their learning plan. The mentor plays a key role in assisting the member in addressing gaps in their knowledge, skill, and judgment. A mentor facilitates

competency enhancement by reviewing the learning needs of the mentee in accordance with the competency framework, and providing guidance, support, feedback, and evaluation of progress.

Who is a mentor?

1. Mentors should have sufficient length of experience on Council (guideline: 2 years), and has a good understanding of the organization, its culture, and its operations.
2. Mentors should have sufficient breadth of experience on Council and/or committees (guideline: serve(d) on at least two committees of Council).

Who is a mentee?

A mentee is a new Council member requiring guidance and support in developing their competence in the determined area of need.

Role of the Mentee

Create individual development plans that outline their learning objectives, areas of interest, communication strategies, resources, and evaluations of the learning outcomes.

Be open and receptive to the advice and suggestions offered by the mentor and respond accordingly.

Assess your own progress and submit written reports to the Council as required.

PAIRING PROCESS

Mentors and mentees will be paired based on skills, goals, and compatibility. We will make every effort to ensure diversity in mentor-mentee pairs to promote varied perspectives.

Generally, Council will request expressions of interest after the regularly scheduled election of Council members, with the reminder that ensuring succession is one of the fiduciary duties of a Council member.

Expressions of interest shall include the following information:

- The Mentor's total years of experience in governance/senior leadership roles.
- Areas of Council and/or Committee governance and processes in which the Mentor may be competent to provide guidance.
- The Mentor's potential availability (including, but not limited to, before/after meetings, outside scheduled meeting times)

Expressions of interest will be submitted prior to the first meeting of Council.

A slate of mentors and mentees will be developed and approved by the Executive Committee before the first Council meeting following the election of the new members.

In the case of mid-term elections and/or public appointments, the Executive Committee will recommend potential matches with currently serving Council members.

The matching process will take into consideration:

- Desirability of having the mentor serve on the same committee(s) as the mentee.
- Importance of ensuring members have access to expertise of both Professional and Public Council and committee members.

PROGRAM STRUCTURE

Program duration: two 6-month periods for the first year — ongoing if needed. Mentors will be rotated at the 6-month mark to ensure each new Council member will have mentorship by a public and professional member.

Frequency of Meetings:

Mentors and mentees will arrange for an informal check-in prior to each Council or Committee meeting. A debrief session will also be held after each Council or Committee meeting.

The check-in and debrief sessions should include the following discussion topics:

- Understanding the materials in relation to the applicable legislation, regulation(s), by-laws and policies, and monitoring which may be new to the member, and help the member to situate the issues within these frameworks.
- Clarification regarding processes at the College and the respective roles of Council and the management/staff team and the appropriate relationship between them.
- Areas where further guidance is required to effectively perform duties, such as how to prepare, how to manage time, the importance of participation in discussion and how to do so.
- These sessions should not include discussion or debate of specific agenda issues.

Such meetings between Mentors and Mentees will be considered part of meeting prep time for the purposes of per diem payments.

New Council members may also shadow their mentors during in-person Council meetings, committee meetings, and other relevant activities. Shadowing can assist a new Council member in understanding how Council and Committee discussions and decisions are made.

It is recommended that mentors and mentees meet monthly or as needed depending on the needs of the new Council member.

Communication channels:

Mentors and mentees may connect via email, Zoom, phone or in person between Council meetings as necessary, however the discussions should focus on understanding of process, protocols, expectations, duties and how to manage them, etc. and not on agenda content.

- Training and orientation
- An orientation to the mentorship program will be provided to mentees on the program structure, goals, and their roles.
- A training program will be provided for mentors on effective mentoring, communication skills and program expectations.

- Ongoing formal training for both mentors and mentees on topics such as effective governance, conflict resolution, or other relevant topics can be provided.
- The training will also include support systems for mentoring.
- Examples of topics: policy writing, policy governance, the role of Council, governing in the public interest, meeting processes, chairing a meeting, risk management and risk mitigation, understanding financial information, equity, diversity and inclusion, health system processes, etc.

MONITORING AND SUPPORT

Check ins – Both the mentor and mentee will use the CDHO Mentorship Checklist and the feedback from the checklist will be used to update the program.

FEEDBACK

Conduct regular feedback sessions to gather insights from both mentors and mentees and the feedback will be used to make necessary adjustments to the program.

EVALUATION

A feedback/evaluation process on the efficacy of the program in meeting the participants' needs and fulfilling the purpose of the Mentorship Program will be conducted at the end of the first 12 months of the program to inform and enhance the program going forward.

The Governance Committee will consider the findings of the feedback and evaluation process when recommending improvements to the Program to ensure it meets its purpose of preparing Council and Committee members to discharge their duties and responsibilities and to participate effectively in the business of the College.

The feedback/evaluation process will be repeated in subsequent years as required.

RESOURCES

Develop guidelines for mentors and mentees and create a repository of resources to support mentoring relationships.

Provide support beyond the formal program.

A successful program will include recognition and celebration of milestones achieved by mentees as they grow and make positive contributions to the CDHO Council and organization.

This mentorship framework was developed from information obtained from the College of Kinesiologists of Ontario (CKO) and the College of Medical Laboratory Technologists of Ontario (CMLTO) and used with their permission.

CDHO New Council Member Mentor Program Report to Council (including checklist)

Name of New Council Member: _____

Name of Mentor: _____

Date Report Completed and Submitted to CDHO: _____

COMPLETION OF THE PROGRAM

<p>1. The Investment in Governance Policy (GP # 9-2.1.2.) phases and activities have been completed and the details are outlined in the completed checklist.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial Explanation</p>
<p>New Council Member Notes/Comments:</p>	
<p>2. Welcome Letter The welcome letter provided enough initial information about the College and next steps for your orientation. If not, please provide suggested information to be included.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>New Council Member Notes/Comments:</p>	
<p>3. Council Member Orientation Did the orientation provide enough information about the College, the dental hygiene profession, the Council, and the College's/Council's processes? If not, please list what might be included.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>Was there unnecessary information included in the orientation? If so, please provide examples.</p> <p>Was the information presented logically? If not, please suggest improvements to the order of presentation.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>New Council Member Notes/Comments:</p>	
<p>Did the Council Mentor Program significantly contribute to your learning and the ease with which you have been able to successfully become an active member of the CDHO Council?</p>	<p><input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Not Sure <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree</p>
<p>New Council Member Notes/Comments:</p>	
<p>Please share any suggestions to enhance the Council Mentor Program:</p>	

New Council Member Mentor Program Checklist Attached: ☐ Yes

COUNCIL MENTOR PROGRAM CHECKLIST

In addition to the formal Council Mentor Program, new Council Members are encouraged to utilize all the resources available to all Council Members as part of their ongoing orientation and continuing education, including: the CDHO website, Council Policy Manual, Full Council Orientation Sessions.

Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
<u>Phase 1 – Part 1 – First Connection</u> Timeline: Within First Two Weeks of Announcement of Mentorship <ul style="list-style-type: none"> Initial welcome and introduction made by Mentor. <ul style="list-style-type: none"> Plan for the first mentor session (i.e., Phase 1 – Part 2). 		
<ul style="list-style-type: none"> Introduction of both parties. <ul style="list-style-type: none"> Brief backgrounds of each party (professional, governance history and experience, and connection to CDHO if any). 		
<ul style="list-style-type: none"> Further contact information and how best to contact each other to address any questions which may arise. 		
<ul style="list-style-type: none"> Confirm that the new Council Member has been assigned and has successfully connected with their assigned CDHO email address, which is only for use in CDHO business. 		
Date Completed:		
<u>Phase 1 – Part 2 – First Mentor Session</u> Timeline: Prior to New Council Member's First Council Meeting <ul style="list-style-type: none"> General overview of what to expect at the new Council Member's first Council meeting. 		
<ul style="list-style-type: none"> Answer any top-of-mind questions by the new Council Member. 		

Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
<ul style="list-style-type: none"> How to find the CDHO offices and Council Room or to connect to virtual Council meetings through the Council Member's designated CDHO email. <ul style="list-style-type: none"> The Council Member sign-in process upon arrival at office for in-person meetings. 		
<ul style="list-style-type: none"> The general flow of Council meetings. 		
<ul style="list-style-type: none"> Where to find the Council pre-reading package online. 		
<ul style="list-style-type: none"> Using the CDHO Council portal online (Board Effect). 		
<ul style="list-style-type: none"> How to read/follow the Council meeting agenda. 		
<ul style="list-style-type: none"> How to link the Council meeting agenda to the Annual Integrated Council Strategic Priorities (where to find these documents in the Council materials). 		
<ul style="list-style-type: none"> How to navigate the Council meeting material package for the upcoming Council meeting. 		
<ul style="list-style-type: none"> Overview of how motions are made and passed at CDHO Council meetings. 		
<ul style="list-style-type: none"> Difference between "in camera" and open to the public meetings and rationale. 		
<ul style="list-style-type: none"> The phases of the New Council Member Mentor Program. 		
<ul style="list-style-type: none"> Topics for the New Council Member to become familiar with and discuss with the Mentor as needed: <ul style="list-style-type: none"> Governing legislation: <i>Regulated Health Professions Act, 1991</i>, the <i>Dental Hygiene Act, 1991</i>, <i>Fair Access to Regulated Professions and Compulsory Trades Act</i>, etc. 		

Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
<ul style="list-style-type: none"> ○ The CDHO Council Mandate, and Responsibilities regarding the Protection of the Public Interest as the most critical decision determinant in Council decision-making. ○ CDHO Regulations and By-laws. ○ CDHO Code of Conduct. ○ The CDHO Strategic Priorities. ○ The CDHO Governance Process. ○ The CDHO Council Policies on Ends (Critical Outcomes) and Executive Limitations. ○ The CDHO Council Policies on Governance Process and Council/Staff Relationship. ○ The CDHO Monitoring process through Policy Governance. ○ Ministry of Health's College Performance Measurement Framework (CPMF). ○ The CDHO Council's work to date on the Ownership Linkage Plan. ○ The CDHO External Assessment Review. ○ The CDHO Governance Review. ○ Key CDHO Stakeholders (i.e., government, provincial & national professional associations, Federation of Dental Hygiene Regulators of Canada, Health Profession Regulators of Ontario). ○ Key acronyms. 		
Date Completed:		
New Council Member Observations/Comments:		

Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
<u>Phase 2 – Second Mentor Session</u>		
Timeline: Immediately Following New Council Member's Initial Council Meetings		
<ul style="list-style-type: none"> Answers to any outstanding questions which arose for the new Council Member from their first Council meetings. 		
<ul style="list-style-type: none"> Review of the Council Member Job Description (Policy No. GP IV-70) and Council Member's Code of Conduct (Policy No. GP IV-80). 		
<ul style="list-style-type: none"> Review of the types and structure of the CDHO Council Policies and the Council Policy Manual Table of Contents. 		
<ul style="list-style-type: none"> Description, by Mentor, of the most helpful documents and/or experiences in learning the job of being a CDHO Council Member. 		
Date Completed:		
New Council Member Observations/Comments:		
<u>Phase 3 – Third Mentor Session</u>		
Timeline: Between New Council Member's First and Second Set of Council Meetings		
<ul style="list-style-type: none"> Any further questions/topics arising from the first Council meeting for which the new Council Member requires more input or context. 		
<ul style="list-style-type: none"> Review of the upcoming topics related to Council's Strategic Priorities. <ul style="list-style-type: none"> Review the topics coming up at the next Council meeting. A summary by the Mentor of the key strategic and governance issues related to Council's Strategic Priorities. 		

Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
<ul style="list-style-type: none"> Any other outstanding questions by the new Council Member. 		
Date Completed:		
New Council Member Observations/Comments:		
<u>Phase 4 – Fourth Mentor Session</u> Timeline: Just Prior to the New Council Member's Second Set of Council Meetings		
<ul style="list-style-type: none"> Any topics, from the Council Meeting pre-reading package, for which the new Member has questions or requires further background or context. 		
<ul style="list-style-type: none"> Types of governance questions a Council Member may choose to ask throughout the different components of the Council meeting, including appreciative inquiry evaluation questions for Registrar Monitoring Reports. 		
<ul style="list-style-type: none"> Overview of Council and Council Members' role in assessing the Registrar annual Ends Interpretation and monitoring Registrar performance (the process and relevant questions to ask). <ul style="list-style-type: none"> Review and discuss the layout/structure of one of the Registrar Monitoring Reports in the Council Meeting Package. 		
Date Completed:		
New Council Member Observations/Comments:		

Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
<p><u>Phase 5 – Report to Full Council by New Council Member</u></p> <p>Timeline: At Least Two Weeks Prior to New Council Member's Third Set of Council Meetings</p> <ul style="list-style-type: none"> Report to Full Council (using the standard template) completed by the new Council Member. <ul style="list-style-type: none"> Signed off by new Council Member and Mentor and forwarded to CDHO. 		
Date Completed:		
Any Final Comments/Observations by New Members:		

Professional Mentor's Signature

New Council Member's Signature

Date Completed

Date Completed

Public Mentor's Signature

Date Completed

This mentorship framework was developed from information obtained from the College of Medical Laboratory Technologists of Ontario (CMLTO) and used with their permission.

Suggested Motions – Friday, March 8, 2024

9.0 MONITORING BOARD PERFORMANCE

9.1 GP-9 Investment in Governance

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

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

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

Moved:
Seconded:
VOTE:

9.2 GP-10 Governance Succession Planning

MOTION 1: **THAT** Council has assessed the monitoring report for GP-10 and determined there is sufficient, verifiable evidence of a reasonable interpretation; OR

MOTION 2: **THAT** Council has assessed the monitoring report for GP-10 and determined that the interpretation is reasonable but there is insufficient verifiable evidence and has asked for a new monitoring report by [date]; OR

MOTION 3: **THAT** Council has assessed the monitoring report for GP-10 and determined that the interpretation is not reasonable and has asked for a new monitoring report by [date].

Moved:
Seconded:
VOTE:

Briefing Note

To: Council
From: Chair
Date: March 8, 2024
Topic: Policy Content Review: GP-7

Council will review and discuss the proposed changes to the GP-7 policy.

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

Moved:
Seconded:
VOTE:

GP-7 COUNCIL AND COMMITTEE STIPEND AND EXPENSES

Council members shall be paid an honorarium and reimbursed for reasonable expenses incurred in the conduct of Council-authorized College business.

1. All remunerations for public members on CDHO's Council will be governed by the guidelines issued by the Health Board Secretariat and are not covered in this policy.
 - 1.1. The President or Committee Chairs must identify work that may be required of public members outside properly constituted meetings. The Chair is responsible for advising staff of the expected frequency and duration of this work so that they can seek approval from the Secretariat prior to any claims being made by public members.
2. The stipulations that follow apply to those persons who are: (a) Dental Hygienists duly elected to Council by the registrants of the College, and (b) Dental Hygienists selected to serve on Council according to the bylaws.
 - 2.1. Remunerations for persons not covered above, or whose remuneration is to be calculated differently, will either have their remuneration outlined in the enabling motion passed by Council or through decision by the Executive Committee or at the discretion of the Registrar.
3. A per diem is an honorarium in recognition of the contribution to CDHO and its registrants. This per diem is not a salary nor is it to be considered salary replacement. A T4A is issued for taxation purposes.
4. Daily per diem rates are reviewed annually and may be adjusted to reflect significant changes in the Cost of Living index. As per 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%
 - 4.1. The maximum claim for any one calendar day is one day's per diem.
 - 4.2. The supplemented rate for the Committee Chair can only be claimed when the individual is assuming the role of Chair at a committee meeting; it cannot be claimed when attending a meeting as a member of another committee or attending a Council meeting.
 - 4.3. The supplemented rate for the President and Vice-President roles is recognition for the extra responsibilities inherent in these roles including preparing the agenda, chairing the meeting, writing reports to Council and preparing information for the Annual Report. The President and Vice-President are reimbursed at the supplemented rate for Council and Executive Meetings and any other occasion when they act as an official representative of the College; it cannot be claimed when attending a meeting as a member of another committee.
 - 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

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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.

5. Per Diem is paid for attendance at any face-to-face meeting to conduct Council or Committee business. It is also paid for participating in properly constituted telephone or electronic meetings. With prior notice to staff, per diem can also be paid for working sessions that may not take place as preparation for or within a properly constituted meeting. For the purpose of calculating Per Diem, a meeting scheduled for or lasting up to three hours will be deemed to be a half-day and a meeting scheduled for or lasting more than three hours will be deemed to be a full day. Extenuating circumstances will be referred to the President for resolution.
 - 5.1. A “day” means within a calendar date (12:01 a.m. – midnight).
 - 5.2. The minutes of any meeting wherein a per diem may be claimed must record those in attendance and the times of Call to Order and Adjournment. These records will be the official base for per diem claims.
 - 5.3. When a scheduled meeting is cancelled within five (5) business days of the meeting, a claim for one day’s per diem may be allowed at the discretion of the President.
6. When a member is so authorized by Council or pre-approved by the President to represent the College, the regular per diem and expense stipulation will apply. Any additional honorarium, if offered, must be declined or endorsed over to CDHO; small non-monetary tokens of appreciation are exempted.
7. An honorarium for approved preparation time, when approved, shall be paid on the follow basis:
¼ day = \$25.00; ½ day = \$50.00; 1 day = \$100.00
 - 7.1. Committee Chairs must poll Committee members as to the time spent preparing for their meeting and come to a consensus. Following the meeting, the Chair must request approval from the President for preparation time. The Chair is responsible to advise Committee members of the approved amount of preparation time that may be claimed.
 - 7.1.1. Preparation time is paid at the discretion of the President. The President will inform the Registrar and Director of Corporate Services of any amounts approved at the time of approval.
8. Travel time of \$200.00 will be paid per meeting for a round-trip to conduct Council business, when a Council member must travel more than two (2) hours, one-way, regardless of when the travel is undertaken.
9. Travel expenses eligible to be reimbursed:
 - Air: Economy class round trip by the most direct route or most feasible under the circumstances, including ground transportation from home or office to and from the airport.
 - Train: VIA 1 class round trip by the most direct route including ground transportation from home or office, to and from the railway station.
 - Mileage: Mileage will be paid at the current provincial government rate as long as the total mileage to be claimed does not exceed the cost of Air or Train travel as described in the

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- preceding two bulleted statements, without prior approval of the President.
 - Parking and taxi expenses are reimbursed as per receipt. Receipt for taxi can include gratuity.
 - Public Transportation will be reimbursed as per standard fare. Receipts must include documentation showing route and cost associated with it.
10. Expenses for hotel accommodation will be reimbursed when the distance from the home residence to the meeting location exceeds 45 km. Council members are expected to make their own reservations and secure the best rate possible. Reimbursement is based on single room rate to \$250.00 per night (excluding taxes) maximum.
 - 10.1. The President may authorize reimbursement of hotel expense in the event of consecutive days of required meeting attendance regardless of the distance to the meeting from home residence.
 - 10.2. Hotel accommodation will not be reimbursed for the night before an afternoon meeting unless pre-authorized by the President.
 - 10.3. The President may pre-approve reimbursement of hotel accommodation in excess of the \$250 per night maximum in the event accommodation is unavailable at less than the maximum, or in the event of special circumstances, e.g., meetings held in cities where hotel rates exceed those in Toronto.
 11. Expenses for meals will be reimbursed at the actual cost to a daily maximum of \$90 where the maximum total amount for breakfast and lunch is \$40.00, and the maximum amount for dinner is \$50.00. Receipts inclusive of tax and tip must be submitted with the expense claim form. Expenses for alcoholic beverages will not be reimbursed.
 12. Expenses incurred for gratuities will be reimbursed to a maximum of \$10.00 per day for expenses other than gratuities included in receipts for meals and taxis. Examples for gratuities are hotel room, valet parking, bell person gratuities.
 13. Incidental receipted expenses for telephone, fax, postage, photocopying, courier, etc. and costs for related College business are eligible for reimbursement.
 14. Non-refundable expenses incurred in advance of a cancelled meeting may be claimed for reimbursement but must be accompanied by receipts and a detailed explanation.
 15. Individually purchased travel insurance is not eligible to be reimbursed. The College carries travel insurance that covers those traveling on CDHO official business including loss of life and disability insurance.
 16. Expenses being reimbursed by another source shall not be eligible for reimbursement by the College.
 17. Receipts are required in support of all expense claims. Claimants are expected to be cost conscious at all times.
 18. Claims are to be submitted within 30 days following the dates of the events upon which the claims are based. All claims for a fiscal year must be received for processing within 15 days of the close of that fiscal year, i.e., December 15th.

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19. Claims will be processed within 30 days; same day payment is not to be expected. Direct deposit is available if Individuals submit a voided cheque.
20. A member may apply to the President for consideration of early reimbursement or an advance of funds to be used towards travel. Per diems will not be paid in advance. The President's decision will be at her/his/their discretion.

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Briefing Note

To: Council
From: Chair
Date: March 8, 2024
Topic: Policy Content Review: GP-3 and GP-9

Council will review and discuss the proposed changes to the GP-3 and GP-9 policies:

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

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

Moved:
Seconded:
VOTE:

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 to the Chair the authority to confirm the agenda and meeting material for Council's public meeting prior to their publication.

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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) (2024)	Year 1 (2021) (2025)	Year 2 (2022) (2026)	Year 3 (2023) (2027)	Year 4 (2024) (2028)
	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.	Mar.
EL 1	Treatment of the Public and Registrants	Dec.	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.	Mar.
EL 8	Communication and Support to Council	Mar.	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.

GP-9 INVESTMENT IN GOVERNANCE

Consistent with its commitment to excellence in governance, the Council will invest in its governance capacity.

1. Candidates for Council membership shall be provided with information that clearly outlines the role of the Council, the necessary qualifications and the Council's expectations of Council members. The Ontario government's Public Appointments Officer will be provided with information that clearly outlines the Council's approach to governance and desirable characteristics of Council Members.
2. Council skills, methods and supports will be sufficient to assure governing with excellence.
 - 2.1. Prior to their first Council meeting, new Council members will receive a thorough orientation to ensure familiarity with the Council's process of governance, the organization's issues and structure.
 - 2.1.1. The orientation will familiarize new Council members with the Registrar performance evaluation process as well as the Registrar's reasonable interpretation (measurable conditions supported by a rationale) of a one-year segment of progress towards achievement of the Council's Ends policies as presented in December.
 - 2.1.2. An assigned Council Mentor will support an ongoing orientation of a new Council Member. Upon assignment, the Mentor will make an initial introductory contact with the new Council Member; meet with the new Member following the first new Council Member orientation; meet in person prior to the new Member's first Council meeting; and meet electronically or by telephone between the first and second Council meeting. The goal of the mentoring is to ensure new Member familiarity with Council policies, processes and ensure new Members are able to easily get their questions answered.
 - 2.2. New Council members shall receive an orientation to the operational organization including CDHO history, office facilities, staff and volunteer structure, regulatory processes, programs and services, Council communication tools and web site access.
 - 2.3. Council members shall have ongoing opportunity for continued training and education to enhance their governance capabilities.
 - 2.4. Outreach mechanisms will be used as needed to ensure that the Council's ability to listen to owner viewpoints.
 - 2.5. Outside monitoring assistance will be arranged so that the Council can exercise sufficient control over organizational performance. This includes, but is not limited to fiscal audit.
3. Costs will be prudently incurred, though not at the expense of endangering the development and maintenance of superior governance capability.

BRIEFING NOTE

- 3.1. The Council will establish annually prior to the budget cycle and be accountable for an annual budget for its own governance functions, which shall include funds for Council and Council committee meeting costs, Council education, Council member attendance at conferences and conventions, orientation, costs of fiscal audit and any other outside monitoring assistance required, and costs of methods such as focus groups, surveys and opinion analyses to ensure the Council's ability to listen to owner viewpoints and values.
4. The Council will establish governance means policies that will serve as measurable standards against which the Council's performance can be evaluated.
 - 4.1. The Council will evaluate and discuss the Council's process and performance at each meeting.
 - 4.2. Under the leadership of the Chair, at least annually the Council will conduct a self-evaluation. As a result of this evaluation, the Council will establish a governance action plan for improvement of identified areas
 - 4.3. The Council will monitor its adherence to its own Governance Process and Council-Registrar Delegation policies regularly. Upon the choice of the Council, any policy can be monitored at any time. However, at minimum, the Council will monitor its own adherence to them, according to the attached schedule.

Policy No.	Schedule of Internal Monitoring and Policy Content Review	Year 4 (2020) (2024)	Year 1 (2021) (2025)	Year 2 (2022) (2026)	Year 3 (2023) (2027)	Year 4 (2024) (2028)
	Global Council-Registrar/CEO Delegation		Dec. 2025			
CRD 1	Unity of Control	Jun. 2024				Jun. 2028
CRD 2	Accountability of the Registrar/CEO				Dec. 2027	
CRD 3	Delegation to the Registrar/CEO				Dec. 2027	
CRD 4	Monitoring Registrar/CEO Performance		Sep. 2025		Sep. 2027	
CRD 5	Registrar/CEO Compensation		Sep. 2025		Sep. 2027	
CRD 6	Registrar/CEO Succession		Jun. 2025			
CRD 7	Registrar/CEO Termination		Jun. 2025			
	Global Governance Process	Dec. 2024				Dec. 2028
GP 1	Governing Style	Jun. 2024				Jun. 2028
GP 2	Council Job Contributions				Mar. 2027	
GP 3	Council Planning Cycle and Agenda Control			Sep. 2026		
GP 4	President's Role		Mar. 2025			
GP 5	Vice-President's Role		Mar. 2025			
GP 6	Council Committee Principles	Sep. 2024				Sep. 2028

BRIEFING NOTE

Policy No.	Schedule of Internal Monitoring and Policy Content Review	Year 4 (2020) (2024)	Year 1 (2021) (2025)	Year 2 (2022) (2026)	Year 3 (2023) (2027)	Year 4 (2024) (2028)
GP 6	Council Committee Principles	Sep. 2024				Sep. 2028
GP 6.1	Executive Committee Terms of Reference		Mar. 2025		Mar. 2027	
GP 6.2	Ownership Linkage Committee Terms of Reference			Jun. 2026		
GP 6.3	Registrar/CEO Transition Committee Terms of Reference	Sep. 2024				Sep. 2028
GP 6.4	Conduct Committee Terms of Reference			Sep. 2026		Sep. 2028
GP 7	Council and Committee Stipend and Expenses		Dec. 2025		Dec. 2027	
GP 8	Code of Conduct		Dec. 2025		Dec. 2027	
GP 9	Investment in Governance	Mar. 2024				Mar. 2028
GP 10	Governance Succession Planning	Mar. 2024				Mar. 2028
GP 11	Council Linkage with Ownership			Jun. 2026		
GP 12	Special Rules of Order				Sep. 2027	
GP 13	In-Camera Sessions	Dec. 2024				Dec. 2028
Council Education		Quarterly	Quarterly	Quarterly	Quarterly	Quarterly
CEO Compensation Decision		Jun. 2024	Jun. 2025	Jun. 2026	Jun. 2027	Jun. 2028
Selection of Auditor		Jun. 2024	Jun. 2025	Jun. 2026	Jun. 2027	Jun. 2028
New Council Member Orientation		Jan. 2024	Jan. 2025	Jan. 2026	Jan. 2027	Jan. 2028

- The Council will annually monitor its adherence to items relating to Council members' fiduciary duties as defined in Bylaw 5, articles 3.7(2) to 3.7(15) and adherence to items relating to confidentiality as defined in Bylaw 5, articles 3.7(31) to 3.7(38).

Briefing Note

To: Council

From: Chair

Date: March 8, 2024

Topic: Policy Content Review: GP-10

No changes proposed. Council will review and discuss if any changes should be made to the GP-10 Governance Succession Planning policy.

GP-10 GOVERNANCE SUCCESSION PLANNING

The Council shall make known to those who are considering being a candidate or nominating a candidate for positions on Council, or those appointing Council members, the characteristics, expertise and commitment that are consistent with the Council's commitment to excellence in governance.

1. The Council shall promote its interest in candidates or public appointees who have the following characteristics that will enable them to govern, not to manage:
 - Commitment to linking with the ownership. Understanding that they stand in for an ownership of diverse people; willing to actively seek to access and understand that diversity.
 - Ability to think in terms of systems and context — to see the big picture.
 - Interest in and capability to discuss the values underlying the actions taken in the organization, and to govern through the broader formulations of these values.
 - Willingness to delegate the operational detail to others.
 - Ability and willingness to deal with vision and the long term, rather than day- to-day details.
 - Ability and willingness to participate assertively in deliberation, while respecting the opinions of others.
 - Willingness and commitment to honour Council decisions.
 - Commitment not to make judgments in the absence of previously stated criteria
2. The Council shall promote its interest in candidates with professional expertise in one or more of the following areas:
 - Dental hygiene
 - Health care sector
 - Business: small business, entrepreneurship, corporate
 - Academia, research or education
 - Communication, finance, human resources, information technology, law, marketing, public relations
 - Non-profit leadership: executive or governance
3. The Council shall emphasize the importance of having candidates who believe in the value of protecting the public interest through regulation of health professionals and understand the role of the CDHO.
4. Eligible members of the profession considering standing for election as a Professional or Academic Member of Council, are required to attend an orientation session prior to election. This session will outline the College's regulatory structure and mandate, governance structure, Council Member competency profile and expectations regarding commitment to participation as an active Member of Council.

Briefing Note

To: Council
From: Chair
Date: March 8, 2024
Topic: Policy Content Review: CRD-4

Council will review and discuss the proposed changes to the CRD-4 policy:

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

MOTION: **THAT** Council approves the changes to the CRD-4 Monitoring Registrar/CEO Performance policy to consider future years.

Moved:
Seconded:
VOTE:

CRD-4 MONITORING REGISTRAR/CEO PERFORMANCE

Registrar/CEO job performance will be measured solely by systematic and rigorous monitoring of Registrar/CEO job performance in comparison to the Council's required job outputs: organizational accomplishment of a reasonable interpretation of the Ends and organizational operation within the boundaries established in Executive Limitations reasonably interpreted:

1. Organization performance will be only that performance revealed by the monitoring system to be directly related to criteria given by the Council in policy-
2. The purpose of monitoring is simply to determine the degree to which Council policies are being fulfilled. Only information that does this will be considered to be monitoring.
3. A given policy may be monitored in one or more of three ways:
 - 3.1. Internal report: Disclosure of compliance information by the Registrar/CEO, along with their explicit interpretation of Council policy, and justification for the reasonableness of interpretation.
 - 3.2. External report: Discovery of compliance information by an impartial, external auditor, inspector or judge who is selected by and reports directly to the Council. The external party will first be provided with the Registrar/CEO's explicit interpretation of the policy and justification for the reasonableness of interpretation. The report must assess the reasonableness of the interpretation of Council policy, and compliance with it. The basis for assessment is not the standards of the external party, unless the Council has previously indicated that party's opinion to be the standard.
 - 3.3. Direct Council Inspection: Discovery of compliance information by a designated Council member, a committee or the Council as a whole. This is a Council inspection of documents, activities or circumstances directed by the Council that assesses compliance with policy, with access to the Registrar/CEO's justification for the reasonableness of their interpretation. Such an inspection is only undertaken at the instruction of the Council.
4. In every case, the standard for compliance shall be any reasonable Registrar/CEO interpretation of the Council policy being monitored. The Council is the final arbiter of reasonableness, but will always judge with a "reasonable person" test rather than interpretations favoured by Council members or even the Council as a whole.
5. Upon the choice of the Council, any policy can be monitored by any of the above methods at any time. For regular monitoring, however, each Ends and Executive Limitations policy will be classified by the Council according to frequency and method.

ANNUAL SCHEDULE OF MONITORING OF ENDS AND EXECUTIVE LIMITATIONS

Policy no.	Policy	Method	Frequency	Date
	GLOBAL END	Internal Report	Annually	Mar.
E-1	Safe, High Quality, Professional Practice	Internal Report	Annually	Mar.
E-2	Engagement with Other Professionals	Internal Report	Annually	Mar.
E-3	Health System and Public Policy Influence	Internal Report	Annually	Mar.
E-4	Public Awareness and Access to Benefits	Internal Report	Annually	Mar.
	GENERAL EXECUTIVE CONSTRAINT	Internal Report	Annually	Dec.
EL-1	Treatment of Public and Registrants	Internal Report	Annually	Sep.
EL-1	Treatment of Public and Registrants	External Report	Every 3 years	Sep. 2021
EL-2	Treatment of Staff	Internal Report	Annually	Dec.
EL-2	Treatment of Staff	External Report	Every 3 years	Jun. 2026
EL-3	Planning 3(3)-3(8)	Direct Inspection	Annually	Dec.
	Planning (3, 3.1)	Internal Report	Annually	Jun.
EL-4	Financial Conditions and Activities	Internal Report	Annually	Jun.

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EL-4(1)	Fund management standards	Internal report	Quarterly	Mar., May, Sept., Dec.
EL-5	Protection of Assets	Internal Report	Annually	Sep.
EL-6	Investment	Internal Report	Annually	Jun.
EL-7	Compensation and Benefits	Internal Report	Annually	March
EL-7(1)	Limits to Power (Registrar Expense Claims)	Direct Inspection	Annually	Jun.
EL-8	Communication and Support to Council	Internal Report	Annually	Dec.
EL-9	Ethical Behaviour	Internal Report	Annually	Jun.
EL-10	Development of Standards Governing Practice	Internal Report	Annually	Sep.
EL-11	Amendments to the Act or Bylaws	Internal Report	Annually	Sep.

6. A formal evaluation of the Registrar/CEO by the Council will occur annually, based on the achievement of a reasonable interpretation of the Council's Ends Policies and non-violation of its Executive Limitations policies, reasonably interpreted. This formal evaluation will be conducted by cumulating the regular monitoring data provided during the year and the Board's recorded acceptance or non-acceptance of the reports, and identifying performance trends evidenced by that data.
 - 6.1. In December of each year, the Registrar/CEO will identify for the Council the Registrar/CEO's reasonable interpretation (measurable conditions supported by a rationale) of a one-year segment of progress towards achievement of the Council's Ends policies.
 - 6.2. Formal evaluation of the Registrar/CEO is concluded in June at the time of its June Council meeting.
 - 6.2.1. In March following the submission of the Ends monitoring report, the Executive Committee will compile a summary of the results of the Council's assessment of regular monitoring data received during the year, along with any additional necessary monitoring data. The Executive Committee will identify evident performance trends.
 - 6.2.2. The Executive Committee will circulate their summary of Registrar performance to Council members for review and feedback.
 - 6.2.3. The Executive Committee will review the Council members' feedback and prepare a final Registrar Performance Summary which will be reported in-camera to the Council. The Executive Committee will also propose to Council a recommendation for Registrar/CEO compensation. (Ref. CRD-5: Registrar/CEO Compensation).
 - 6.2.4. Only after the final Registrar Performance Summary is reported to the Council will the Executive Committee meet with the Registrar/CEO. The performance review meeting will normally be held in June at the time of the Council meeting.

Briefing Note

To: Council

From: Chair

Date: March 8, 2024

Topic: Policy Content Review: Executive Limitation Policies

No changes proposed. 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 or EL-8 Communication and Support to the Board 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

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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.

BRIEFING NOTE

- 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 Motion – Friday, March 8, 2024

15.0 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 15.1–15.8.

Moved:

Seconded:

VOTE:

Suggested Motion – Friday, March 8, 2024

15.0 MONITORING CEO PERFORMANCE

15.1 Global End

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

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

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

Moved:

Seconded:

VOTE:

15.2 E-1

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

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

Moved:

Seconded:

VOTE:

MOTION

15.3 E-2

MOTION 1: **THAT** Council has assessed the monitoring report for End 2 and determined there is sufficient, verifiable evidence of a reasonable interpretation; OR

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

Moved:

Seconded:

VOTE:

15.4 E-3

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

MOTION 2: **THAT** Council has assessed the monitoring report for End 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 End 3 and determined that the interpretation is not reasonable and has asked for a new monitoring report by [date].

Moved:

Seconded:

VOTE:

15.5 E-4

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

MOTION 2: **THAT** Council has assessed the monitoring report for End 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

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

Moved:

Seconded:

VOTE:

15.6 EL- 1

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

Moved:

Seconded:

VOTE:

15.7 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:

MOTION

15.8 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 8, 2024

15.0 MOTION TO MOVE OUT OF CAMERA

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

Moved:

Seconded:

VOTE:

Suggested Motion – Friday, March 8, 2024

18.0 ADJOURNMENT

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

Moved:

Seconded:

VOTE: