CDHO

COLLEGE OF DENTAL
HYGIENISTS OF ONTARIO

Council Meeting Agenda

Friday, September 11, 2026
9:00 a.m. – 2:00 p.m.

Location: Virtual Meeting

CDHO
COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Council Meeting Agenda — September 11, 2026

Virtual Meeting

Time: 9:00 a.m. to 2:00 p.m.

Item	Topic	Action	Lead if not Chair	Est. Time
1.0	**CALL TO ORDER**			
1.1	Opening Remarks	Council is Addressed	M. Atkinson	9:00
1.2	Council Code of Conduct	For Information	M. Atkinson	9:00
2.0	**APPROVAL OF AGENDA**			
2.1	Review and Approval of Agenda	For Approval	M. Atkinson	9:05
3.0	**DECLARATIONS OF POTENTIAL CONFLICT OF INTEREST**			
3.1	Declarations of Conflict of Interest	Declare Conflicts	M. Atkinson	9:05
4.0	**MEETING MINUTES APPROVAL**			
4.1	Meeting Minutes – June 12, 2026	For Approval	M. Atkinson	9:05
5.0	**INFORMATION REQUESTED BY THE COUNCIL**			
5.1	**Statutory Committee Reports**			
5.1.1	Executive Committee	For Information	M. Atkinson	9:05
5.1.2	Discipline Committee	For Information	V. Pereira	9:05
5.1.3	Fitness to Practise Committee	For Information	TBD	9:05
5.1.4	Inquiries, Complaints and Reports Committee (ICRC)	For Information	M. Atkinson	9:05
5.1.4.1	ICRC Legal Audit 2025	For Information	M. Atkinson	9:05
5.1.5	Patient Relations Committee	For Information	C. Adebar	9:05
5.1.6	Quality Assurance Committee	For Information	B. Sohi	9:05
5.1.7	Registration Committee	For Information	A-M. Conaghan	9:05
5.2	**Incidental Briefing Reports**			
5.2.1	Council Chair’s Report	For Information	M. Atkinson	9:05

5.2.2	Registrar's Administrative Report	For Information	Dr. G. Pettifer	9:05
6.0	**COUNCIL EDUCATION**			
6.1	Conflict of Interest – Considerations and Case Discussions	For Information	E. Richler, SML Law	9:15
	BREAK			**10:45**
7.0	**GOVERNANCE PROCESS ITEMS**			
7.1	Mentorship Reports	For Information	K. Afzalzada, D. Gartshore, K. McElrea	11:00
7.2	Governance Committee Update	For Information	M. Atkinson	11:15
7.3	Risk Register	For Information	Dr. G. Pettifer	11:30
	LUNCH			**12:00**
7.4	Policy Governance Modernization	For Information	Paula Benbow	1:00
7.4.1	Strategic Direction Policy	For Approval	Paula Benbow	1:00
7.4.2	Governance Processes Policy	For Approval	Paula Benbow	1:00
7.5	Declaration on the Use of Artificial Intelligence (AI)	For Approval	Paula Benbow	1:30
7.6	2027 Council Meeting Dates *Council will be asked to approve the 2027 meeting dates.*	For Approval	M. Atkinson	1:45
8.0	**SELF-EVALUATION OF GOVERNANCE PROCESS**			
8.1	Council Evaluation Pulse Check	For Evaluation and Discussion	M. Atkinson	1:50
9.0	**NEXT MEETING DATE — December 4, 2026**			2:00
10.0	**ADJOURNMENT**			2:00

Code of Conduct

Excerpt from Policy Manual:

GP-8 CODE OF CONDUCT

Council Members shall conduct themselves in accordance with the bylaws.

Please refer to Bylaws section 3.7 for more details.

CDHO

Suggested Motion – Friday, September 11, 2026

2.1 ADOPTION OF AGENDA

MOTION: **THAT** Council moves to approve the September 11, 2026 Council meeting agenda as presented.

Moved:

Seconded:

VOTE:

CDHO

Suggested Motion – Friday, September 11, 2026

4.0 MEETING MINUTES APPROVAL

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

Moved:

Seconded:

VOTE:

Council Meeting Minutes

Virtual Zoom Meeting – Livestreamed to the CDHO YouTube Channel
Friday, June 12, 2026 – 9:00 a.m. to 4:30 p.m.

COUNCIL MEMBERS PRESENT

Professional Members: Carmen Adebar, Michelle Atkinson (Chair), Anne-Marie Conaghan (Academic), Jennifer Cooper (Academic), Juli Kreutner, Liisa Moore (9:00a.m.-10:30a.m.), Tiffany Murray (9:00a.m.-9:50a.m.), Vanessa Pereira, Balbir Sohi, Krystal Afzalzada, Kylie McElrea

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

Regrets: Pella Giabanis, Jeny Jovanov

Administration: Dr. Glenn Pettifer (Registrar and CEO), Paula Benbow (Director, Policy and Strategic Initiatives), Suzanne Fox (Director, Corporate Services) (10:10a.m.-10:30a.m.), Veronica Douglas (Executive Administrator)

Guests: Julie Maciura, SML, CDHO Legal Counsel, Usman Paracha, Hilborn LLP (10:10 a.m.-10:25a.m.), Blair MacKenzie, Hilborn LLP (10:10 a.m.-10:25a.m.), Doha Melhem, Pivotal Research (1:00-1:30p.m.), Hafsah Ali, Pivotal Research (1:00p.m.-1:30p.m.)

1.0 CALL TO ORDER

1.1 Opening Remarks

The Chair, Michelle Atkinson, called the meeting to order at 9:00 a.m. She welcomed Council, staff, and guests to the June Council meeting. The following land acknowledgment was made:

The CDHO office and staff operate out of Toronto, Ontario, within the Dish With One Spoon Territory. The name Toronto originates from "Tkaronto", a Mohawk word meaning "the place in the water where the trees are standing". Toronto is the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples and is now the home to many diverse First Nations, Inuit, and Metis peoples. Toronto is also covered by Treaty 13 signed with the Mississaugas of the Credit, and the Williams Treaties signed with multiple Mississaugas and Chippewa bands. We wish to acknowledge this land on which CDHO operates and are thankful to be able to work and live in these territories.

1.2 Council Code of Conduct

Council was reminded of the Code of Conduct.

2.0 APPROVAL OF AGENDA

2.1 Review and Approval of Agenda

Item 9.2 Bylaw Amendment was removed from the agenda.

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

MOVED: Margaret Wade
SECONDED: Erin Betts
VOTE: **CARRIED**

3.0 DECLARATIONS OF POTENTIAL CONFLICTS OF INTEREST

3.1 Declarations of Conflict of Interest

No conflicts were declared.

4.0 MEETING MINUTES APPROVAL

The spelling of Krystal Afzalzada's name was corrected in the meeting minutes.

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

MOVED: Loree Beniuk
SECONDED: Amit Sethi
VOTE: **CARRIED**

5.0 INFORMATION REQUESTED BY THE BOARD

Vanessa Pereira provided an update on the Discipline Committee. A hearing for Sahar Sultani has been scheduled for July 16, 2026.

Anne-Marie Conaghan confirmed she is the Chair of the Registration Committee.

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

The Chair updated their report to add additional meeting dates: June 1st and 5th (Veronica Douglas), June 10th (Vanessa Pereira), and June 11th (Dr. Glenn Pettifer).

6.0 COUNCIL EDUCATION

6.1 Decisive and Defensible Decisions

Julie Maciura, SML, provided a presentation to Council on Decisive and Defensible Decisions. She discussed Council's mandate, the types of decisions Council should and shouldn't make, and what criteria Council should use in making decisions. Julie Maciura discussed governance effectiveness including the rules of order and procedures. Council discussed a variety of scenarios and contemplated how Council should respond in each scenario.

7.0 GOVERNANCE PROCESS ITEMS

7.1 2025 Draft Financial Statements

Usman Paracha and Blair MacKenzie from Hilborn, LLP presented the 2025 draft financial statements to Council.

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

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

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

MOVED: Nella Chiappetta
SECONDED: Krystal Afzalzada
VOTE: **CARRIED**

7.2 Auditor Assessment Tool

The Executive Committee conducted its annual assessment of Hilborn LLP as part of their oversight responsibilities. This evaluation supports the Executive Committee's obligation to provide an informed recommendation regarding the firm's potential reappointment. The assessment report was presented to Council and reflected a positive opinion of Hilborn LLP. CDHO will be appointed a new partner from Hilborn LLP for the 2026 assessment.

7.3 Appointment of Auditor for 2026

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

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

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

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

MOVED: Tiffany Murray
SECONDED: Liisa Moore
VOTE: **CARRIED**

7.4 Governance Committee Update

Michelle Atkinson advised that the Governance Committee met once since the March Council meeting. They reviewed the steps to start the implementation of the new CEO/Registrar Performance Evaluation Policy and the Council Performance Evaluation Framework (CPEF) that

were approved in March. The Governance Committee decided to hire a consultant to start the process for developing a compensation tool for the CEO/Registrar performance. Council will begin implementing the CPEF today through a new evaluation tool at the end of the meeting that is replacing the written survey.

The Governance Committee also reviewed their terms of reference and are working on updates.

Paula Benbow will be discussing a policy review plan at today's meeting. There will be a transition period where new policies are being developed and approved and those will take precedence over the old policies. Once all the new policies are in place, then the old policies will be repealed.

7.5 Risk Register

Dr. Glenn Pettifer presented the CDHO Enterprise Risk Register for Q1 of 2026. The Dashboard contains metrics for the following Domains:

- Financial Procurement and Management
- Information and Asset Management
- Organizational Culture and Workplace Health and Safety
- Regulatory Compliance and Operations
- Reputation Management and Public Confidence
- Governance Effectiveness

These metrics are linked to existing Policies. As existing policies are retired and newer policies introduced, the information in the Policy Number column will change.

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

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

7.6 CAG Report

Dr. Glenn Pettifer provided Council with a summary from the Citizen Advisory Group consultation report* check language. Council were provided the report in advance of the meeting and provided space to discuss key takeaways. The best dental hygiene experiences were primarily shaped by communication, trust, respectful conversations, and a sense of safety. The reasons people avoided dental hygiene care were financial barriers, confusion

around decision making, previous negative experiences, and lack of knowledge of the profession. General themes included:

- Positive dental hygiene experiences are associated with communication, respect, transparency, agency, clear explanations, respectful interactions, opportunity to ask questions.
- Informed access is supported through clear communication, transparent billing practices, education about the role of the DH and the CDHO and efforts aimed at reducing financial, language and cultural barriers.
- CDHO play a greater role in public education regarding dental hygiene care, role of the regulator, what clients can expect, Bill of Rights?

7.7 Scope of Practice Enhancement

On May 11th, the Honourable Sylvia Jones, Deputy Premier and Minister of Health, announced that the Ontario Government is directing Ontario's regulatory colleges, including CDHO, to begin developing the regulatory framework for future changes to scopes of practice. These changes will permit RDHs to:

- Order x-rays
- Be designated Radiation Protection Officers
- Prescribe and administer local anaesthetic by injection in the orofacial complex

CDHO had their first meeting with Ministry staff on Wednesday, June 10th, and broadly charted out the course to bring about these changes. Any changes that require legislative amendments will need to wait until fall. In the meantime, CDHO staff have started engaging in the work necessary to bring these elements into practice. This includes updating the existing regulatory framework, developing new Standards of Practice, identifying the competency profiles for these elements, and establishing a credentialing process.

8.0 COUNCIL EDUCATION CONTINUED

8.1 Registrant Engagement Survey

Doha Melhem and Hafsah Ali presented the Registrant Engagement Research Program Outcomes for 2026 to Council. The initiative was to gather actionable feedback from Registered Dental Hygienists (RDHs) on their experiences with College programs, professional practice, and CDHO's role as a regulator. The program tracks changes over time and identifies areas for improvement. The 2026 cycle builds on the 2023 baseline with new areas added in QA program implementation, scope of practice updates, cultural safety expectations, and AI in dental hygiene practice. The survey was conducted March 2-26, 2026 and a total of 2,700 registrants participated. Some highlights include the renewal experience improved significantly in 2026, most RDHs rate CDHO communications positively for tone and clarity, and the QA program is generally understood. Key considerations include aligning supports and guidance with evolving and diverse practice, embedding workplace experience insight into guidance, and deepening insight through targeted analysis. A full report is available through the dashboard on the CDHO website.

9.0 GOVERNANCE PROCESS ITEMS CONTINUED

9.1 Draft Financial Management Policy

Paula Benbow, Director of Policy and Strategic Initiatives, presented a Financial Management

Policy to Council for approval. The policy reflects the College's transition away from the Carver Policy Governance framework toward a modernized governance framework.

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

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

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

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

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

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

The Governance Committee and CDHO Staff will prepare remaining policies to align with the new policy architecture and format according to the schedule below. It is recommended that Council officially retire the previous policies when the full policy framework is in place.

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

Council reviewed and approved the Financial Management Policy.

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

MOVED: Nella Chiappetta
SECONDED: Jennifer Cooper
VOTE: **CARRIED**

9.2 Policy Content Review: GP-11 Council Linkage with Owners

Given Council's efforts in modernizing governance practices, the policy manual is being thoroughly reviewed. As such, Council did not make any updates to the GP-11 Council Linkage with Owners policy. The revised Global-Governance Process Policies are scheduled to be brought to Council at the September 2026 meeting.

10.0 MONITORING COUNCIL PERFORMANCE

10.1 GP-11 Council Linkage with Owners

At the March 27, 2026 meeting, Council adopted a new Council Performance Evaluation Framework (CPEF) that supports modernizing CDHO's governance practices and aligns with the strategic plan. Monitoring policies were part of the Carver Policy Governance Framework and with the adoption of the new CPEF, is no longer needed. Council is transitioning to a new evaluation framework.

11.0 ENDS ITEMS FOR CONSIDERATION

Given Council's efforts in modernizing governance practices, the policy manual is being thoroughly reviewed. As such, Council did not make any updates to the Global End, E-1, E-2,

E-3, or E-4 policies. The revised Ends policies are scheduled to be brought to Council at the September 2026 meeting.

MOTION TO MOVE IN CAMERA

MOTION: **THAT** Council move in Camera as per RHPA, *Schedule 2, Section 7(2)(d)* at 2:09 p.m., for agenda items 12.1–12.5.

MOVED: Erin Betts
SECONDED: Nella Chiappetta
VOTE: **CARRIED**

12.0 MONITORING CEO PERFORMANCE

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

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

MOVED: Juli Kreutner
SECONDED: Erin Betts
VOTE: **CARRIED**

12.2 EL-4

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

MOVED: Krystal Afzalzada
SECONDED: Anne-Marie Conaghan
VOTE: **CARRIED**

12.3 EL-6

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

MOVED: Amit Sethi
SECONDED: Derek Gartshore
VOTE: **CARRIED**

12.4 E-9

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

MOVED: Nella Chiappetta
SECONDED: Krystal Afzalzada
VOTE: **CARRIED**

MOTION TO MOVE OUT OF CAMERA

MOTION: **THAT** Council move out of Camera as per RHPA, *Schedule 2, Section 7(2)(d)* at 3:14 p.m.

MOVED: Jennifer Cooper
SECONDED: Loree Beniuk
VOTE: **CARRIED**

13.0 SELF-EVALUATION OF GOVERNANCE PROCESS

13.1 Council Evaluation Pulse Check

Council completed their first Post-Meeting Evaluation using the questions identified in the new Council Performance Evaluation Framework. They discussed and provided feedback on the following:

1. What worked well at today's meeting?
   - There was a lot of discussion
   - Participation from most Council members
   - The Chair emailed Council members in advance of the meeting asking them to reflect on the top three take-aways from each report so they would be ready for the discussion. It worked well and helped engagement and preparedness.

2. What was tricky?
   - Some felt the structure for reviewing policies for approval was challenging
   - Is there a way to review, collaborate, and make changes instead of yes/no approvals?
   - During the in-camera session, the discussion veered off topic

3. Did everyone have an adequate opportunity to share their perspectives, and did we allow for diverse opinions?
   - Yes

4. Did we make decisions in alignment with our public protection mandate and role as CDHO's Council /Committee?
   - Yes

5. Were the meeting materials and any other provided information clear, comprehensive, and relevant?
   - Yes
   - Some felt slides are more helpful than briefing notes
   - Why are there slides, a briefing note, and a report?

6. Is there anything we should do differently at our next meeting?
   - For Julie Maciura's presentation, more time in the breakout rooms to discuss the scenarios would have been useful

The Executive Committee will review the feedback.

14.0 NEXT MEETING DATE

The next Council meeting is September 11, 2026.

15.0 ADJOURNMENT

MOTION: **THAT** the Council meeting be adjourned at 3:29 p.m.

MOVED: Juli Kreutner
SECONDED: Jennifer Cooper
VOTE: **CARRIED**

Approved by:

_____ _____

Signature of Chair, Michelle Atkinson Date

Executive Committee Report

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

Professional Members: Michelle Atkinson, Chair; Vanessa Pereira, Vice-Chair; Jennifer Cooper

Public Members: Jeny Jovanov, Amit Sethi

INTRODUCTION

Since its last report to Council, the Executive Committee met through videoconference on August 11, 2026.

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

ITEMS FOR INFORMATION

CDHO Governance

The Executive Committee planned the agenda for the September 11, 2026, meeting.

The Executive Committee reviewed the CDHO's Q2 Financial report and no issues were raised.

The Executive Committee participated in a training session with Hilborn LLP to review the audit process. There will be additional training related to this in the future.

Public Member Appointments

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

The Executive Committee appointed Derek Gartshore and Christina Lee-Rotstein to the Registration Committee.

Mentorship for Council Members

Krystal Afzalzada, Derek Gartshore, and Kylie McElrea have completed the mentorship process with their respective mentors, Anne-Marie Conaghan, Vanessa Pereira, and Jennifer Cooper. Their Mentorship Reports are provided under item 7.1.

Discipline Committee Report

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

Chair: V. Pereira, Professional Member

Vice-Chair: C. Adebar, Professional Member

Professional Members (Council): K. Afzalzada, M. Atkinson, A-M. Conaghan, J. Cooper, J. Kreutner, K. McElrea, L. Moore, T. Murray, B. Sohi

Public Members (Council): L. Beniuk, E. Betts, N. Chiappetta, D. Gartshore, P. Giabanis, J. Jovanov, C. Lee-Rotstein, A. Sethi, M. Wade

Professional Members (Non-Council): A. Acker, S. Brennan

INTRODUCTION

Since its last report to Council in June 2026 and as of the date of writing (August 17, 2026), the Discipline Committee has held no plenary meetings.

ITEMS FOR INFORMATION – RELATED TO MANDATE

The following matters are currently before the Discipline Committee. Notices of hearing are posted to the public register.

CDHO v. Ferdous Ebrahem Ahmed Al-Matary #1 (referred May 15, 2025)
CDHO v. Osama Ahmed Kaid Al-Saidi (referred May 15, 2025)
CDHO v. Fakhara Rabab (referred May 15, 2025)

- Individual pre-hearing conferences were held on December 9, 2025 (Rabab), February 5, 2026 (Al-Matary #1), and February 11, 2026 (Al-Saidi). A joint pre-hearing conference for all three matters was held on May 7, 2026. The registrants submitted a joint motion on May 22, 2026, to which CDHO responded on July 10, 2026. The registrants sought leave to conduct cross-examination on CDHO's responding affidavits, which was granted on July 31, 2026. Cross-examination was conducted on August 7, 2026. The joint motion is scheduled to be heard by a panel on October 2, 2026.

CDHO v. Sahar Sultani (referred on December 5, 2025)

- The matter proceeded by way of uncontested hearing on July 16, 2026, with an agreed statement of facts and a joint submission on penalty. The hearing panel found that the registrant had engaged in professional misconduct and imposed a penalty composed of a reprimand, a three-month suspension, and a requirement to complete a remedial course in professionalism and ethics. The registrant was also directed to pay costs of $2,500 in 20 monthly installments. The panel's reasons for decision are pending.

CDHO v. Ferdous Ebrahem Ahmed Al-Matary #2 (referred on March 25, 2026)

- The matter was referred by a panel of the Inquiries, Complaints and Reports Committee on March 25, 2026. A Notice of Hearing was issued on April 15, 2026. Counsel are working to schedule a pre-hearing conference.

CDHO v. Meryem Iftikhar (referred on April 29, 2026)

- The matter was referred by a panel of the Inquiries, Complaints and Reports Committee on April 29, 2026. A Notice of Hearing was issued on May 8, 2026. A pre-hearing conference is scheduled for August 26, 2026.

CDHO v. Diljyot Singh #1 & #2 (referred on May 29, 2026)

- Two matters concerning the registrant were referred by a panel of the Inquiries, Complaints and Reports Committee on May 29, 2026. A Notice of Hearing was issued on June 17, 2026. Counsel are working to schedule a pre-hearing conference.

CDHO v. Tiffany Lynn Campbell (referred on May 29, 2026)

- The matter was referred by a panel of the Inquiries, Complaints and Reports Committee on May 29, 2026. A Notice of Hearing was issued on June 15, 2026.

CDHO v. Ann-Marie Wellington (referred on May 29, 2026)

- The matter was referred by a panel of the Inquiries, Complaints and Reports Committee on May 29, 2026. A Notice of Hearing was issued on June 25, 2026.

CONCLUSION

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

Fitness to Practise Committee Report

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

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

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

INTRODUCTION

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

ITEMS FOR INFORMATION – RELATED TO MANDATE

The Fitness to Practise Committee has not met since the last report to Council in June 2026.

CONCLUSION

The 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

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

ICRC Chair: Michelle Atkinson

Panel A – Chair: Michelle Atkinson

Professional Members (Council): Michelle Atkinson, Liisa Moore
Public Members (Council): Loree Beniuk, Margaret Wade
Professional Members (Non-Council): Christina Mitas, Pooja Sarda

Panel B – Chair: Jennifer Cooper

Professional Members (Council): Krystal Afzalzada, Jennifer Cooper
Public Members (Council): Christina Lee-Rotstein, Amit Sethi
Professional Members (Non-Council): Roxane Hopton, Alicia Howery

INTRODUCTION

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

Since the last Report to Council on June 12, 2026 (which reported matters up until May 21, 2026), the panels of the ICRC met on the following dates by video conference:

Committee as a Whole	Panel A	Panel B	Panel C
Did not meet	May 29, 2026 September 4, 2026 (scheduled)	June 16, 2026 June 23, 2026	Did not meet

ITEMS FOR INFORMATION – RELATED TO MANDATE

The following tables summarize the activities of the ICRC since the last Report to Council (which reported information up to May 21, 2026).

Number of investigations carried over from previous period(s)[1]			
	Complaints	**Registrar's Reports**	**QA Referrals**
Investigations started before August 20, 2026	**24**	**15**	**3**

Intake of new investigations			
	Complaints	**Registrar's Reports**	**QA Referrals**
June 11, 2026 to August 20, 2026	**8**	**5**	**1**

Decisions made and finalized by ICRC			
	Complaints Outcomes	**Reports Outcomes**	**QAC Outcomes**
June 11, 2026 to August 20, 2026	No Further Action: **6** Guidance and Recommendations: **4** Specified Continuing Education or Remediation Program (SCERP):	Guidance and Recommendations: **4** Specified Continuing Education or Remediation Program (SCERP): **1** Oral Caution:	Referral of Specified Allegations to Discipline: **1**

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

	1 Oral Caution: **1** SCERP + Oral Caution: **1** Alternative Dispute Resolution (ADR) Decision Ratified: **2** Referral of Specified Allegations to Discipline: **1**	**3** Referral of Specified Allegations to Discipline: **3**	

At the time of writing (August 20, 2026), 2 complaint matters and 1 report matter were deliberated by the ICRC, but the Decisions with Reasons have not been finalized. The outcomes and timelines will be reported on the next Report to Council.

Health Professions Appeal and Review Board Matters			
	Total Matters in progress (including where Decision pending)	**Matters heard, Decision pending**	**Decision(s) Received**
June 11, 2026 to August 20, 2026	**6**	**0**	**1 -** Decision and Reasons upheld by HPARB

Incapacity

The ICRC is currently not dealing with any incapacity matters.

Timelines

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

Number of days to disposition on completed matters from June 11, 2026, to August 20, 2026 (time of writing) were as follows:

Timeline	Complaints	Registrar's Reports	QA Referrals
150 days or less	11[2]	1	-
151 days to 210 days	-	3	-
211 days to 240 days	2	1	1
More than 240 days	3	5	-

CONCLUSION

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

[2] Includes 2 matters that was resolved via ADR

MEMORANDUM

To:	Glenn Pettifer, Registrar
From:	Eric Bruce, Deputy Registrar
Date:	January 5, 2026
Subject:	ICRC Legal Audit 2025

Overview

On December 19, 2025, staff received the final report from Ms. Erica Richler, partner at SML, of her audit of the CDHO Inquiries, Complaints and Reports Committee (ICRC) process. This report follows on audits conducted by Julie Maciura in 2020 and 2015. A copy of the report is attached to this memo.

Overall, Ms. Richler found that the ICRC has "strong processes and is operating well" and that the "ICRC processes followed at the CDHO generally meets the legal requirements mandated by the Code and the common law."

Ms. Richler made a series of 14 recommendations that are summarized in the chart below along with my comments. She described her recommendations as being in the "nature of quality improvement", rather than as to address high risk or significant concerns. I largely agree with Ms. Richler's recommendations, subject to some minor comments.

The Conduct team will work to implement these recommendations in the coming months. Some recommendations would require the intervention of Council to amend CDHO's bylaws; in these cases, I can provide a separate briefing note for consideration by the new Executive Committee, if desired.

Recommendation	Further Details	Response / Proposed Action
Recommendation 1: Consider reviewing the maximum term limit for ICRC members (e.g., removing the 12-month waiting period and allowing a maximum of six one-year terms).	Ms. Richler reiterates an observation from Ms. Maciura's 2015 audit report that the three-year term limit on ICRC is short, given the nature of the ICRC's work and the steep learning curve. She notes that in the meeting she observed the panel struggled with the decision-making process. She suggests that CDHO may wish to reconsider the 12-month cooling off period to allow for members to serve up to six years consecutively.	I strongly agree with this recommendation. Due to the low volume of complaints and investigations, members of the ICRC often do not have an opportunity to review many cases during their one-year appointment. It is often only after multiple terms on the ICRC that members can develop strong familiarity with the process. Having members able to serve for a longer consecutive period would help to build requisite expertise and hopefully lead to more efficient case reviews and better reasoned outcomes. I would support bringing a proposal to Council to amend the bylaws to remove the one year cooling off period for members of the ICRC to permit a term of up to six consecutive years.
Recommendation 2: Continue to offer both orientation and mid-year training to ICRC members. Recommendation 3: Incorporate training on being a panel chair, as well as additional training on incapacity proceedings and interim orders.	Ms. Richler describes the new member orientation and jeopardy slide decks used during committee member orientation as "excellent". She notes that a mid-year training session was not offered in 2025 due to staff workload and scheduling challenges. Ms. Richler highlights that chair training / meeting facilitation may be an area to provide additional training for committee members. She also notes that committee members did not appear to be familiar with either incapacity proceedings or interim orders, perhaps due to their rarity. She suggests this as an area for further training. Based on comments from committee members, Ms. Richler also identifies the use of AI and administrative information for public member compensation as potential topics for further education.	I agree with these recommendations. Although staff have provided education on how to present a case file in the past, this topic bears repeating. Incorporating training specifically for how to chair a panel meeting and facilitate discussions would also be of benefit. This may also be a topic of interest to Council as a whole. Staff will incorporate information related to incapacity proceedings and interim orders as part of the orientation materials for the coming term. I note that these two topics come up very rarely, which Ms. Richler acknowledges may be why committee members were less familiar with them.

Recommendation	Further Details	Response / Proposed Action
Recommendation 4: Refer ICRC Members to the Resource Manual more frequently to help them understand the principles applicable to their work.	Ms. Richler reiterates a recommendation also made by Ms. Maciura in 2020 that staff should refer committee members to the Resource Manual with greater frequency to help them understand the principles applicable to their work.	I agree with this recommendation, as I did with Ms. Maciura's recommendation in 2020. The Resource Manual is a detailed 33-page document that can be cumbersome for panel members to use as a reference during a panel meeting. In practice, staff have tended to simply answer questions or remind the panel of applicable rules during a panel meeting without specific reference to the Resource Manual. Staff will endeavour to refer to the Resource Manual more intentionally, which may help to remind committee members of its existence and encourage them to refer to it when reviewing a file. Staff will also explore revising the Resource Manual and/or creating summary or "cheat sheet" documents that may be more accessible and concise for use during panel meetings.

Recommendation	Further Details	Response / Proposed Action
Recommendation 5: Review the current ICRC Risk Assessment and Decision-Making Tool and update it, if applicable, and incorporate the use of a decision-making tool at all panel meetings.	Ms. Richler recommends that the risk tool be used more consistently during panel deliberations. She notes that the risk tool is currently under review by staff.	I agree with this recommendation. I am currently part of an HPRO working group comparing risk tools used by various health regulatory colleges. I anticipate that the findings of this working group will be compiled by Q2 2026. CDHO staff can use these findings to help inform potential modifications and improvements to CDHO's risk tool. I note that committee members are not consistent in their use of the risk tool; while some panels and committee members refer to it frequently, others do not. I agree that referring to the tool more intentionally should assist in panel deliberations, particularly where, as in the cases observed by Ms. Richler, the panel members struggled to structure their deliberations and reach a conclusion.
Recommendation 6: Ensure that the concerns are accurately captured in the Case Summary Document before a panel starts to deliberate.	For each case on an agenda, staff create a "Case Summary Document", a one-page document setting out basic information, including the names of the parties, the date of registration and educational institution of the registrant, and a brief synopsis of the concerns in the file. Ms. Richler identifies some instances where the synopsis of the concerns in the "Case Summary Document" is overly general or potentially inaccurate. She recommends either leaving this section of the document blank (allowing the issues to be identified by committee members during the meeting) or having it mirror the concerns listed on the "Confirmation of Issues" form signed by the complainant or the appointment of investigator.	I agree with this recommendation. I do not normally review the Case Summary Document. I agree that any summary of the concerns should be accurate. For the time being, I will ask staff to replicate the concerns as noted in the "Confirmation of Issues" form or appointment of investigator to ensure that there is no discrepancy between the two forms. In future, it may be worth examining whether having the committee members fill out this document on their own would be a better approach.

Recommendation	Further Details	Response / Proposed Action
Recommendation 7: Revise the format of the ICRC Policies document to record when the policies were prepared, who approved them, and when they are scheduled to be reviewed in the future.	Ms. Richler recommends including additional information in the ICRC Polices document.	I agree with this recommendation. In practice, the ICRC Policies are reviewed and approved each year at the first meeting of the ICRC; however, we can be more explicit in recording this information in the document itself.
Recommendation 8: Revise the ICRC Policies to state that the Chair's direction to appoint panels shall be documented and ensure that the Chair directs the appointment of panels each year.	Ms. Richler notes that the ICRC Chair did not recall approving the composition of the ICRC panels in 2025 and there was no record of her approval. She recommends updating the ICRC policies to ensure that this is documented consistently.	I agree with this recommendation. It was my understanding and expectation that staff were obtaining approval from the ICRC Chair for all panels either during the first meeting of the committee (for standing panels) or by email (for ad hoc panels), and that this approval was being recorded either in the meeting minutes or by keeping the email approval on file. If this was not done in 2025, it was due to staff error. I will reiterate this expectation with staff to ensure that proper documentation is taking place.
Recommendation 9: Consider amending CDHO's bylaws to clarify the wording about electronic meetings and to provide that unanimous written resolutions may be made by committees.	The ICRC approves decisions via email. Ms. Richler recommends updating the CDHO bylaws to make explicit that this is authorized.	I agree with this recommendation. I can prepare a briefing note for Council at an upcoming meeting to implement this recommended change.
Recommendation 10: Update the ADR Policy to specify who approved it, when it was approved and if it is scheduled to be reviewed in the future.	Similar to Recommendation 7, Ms. Richler recommends including further information in the ADR policy document.	I agree with this recommendation. Staff will add the recommended information to the document.

Recommendation	Further Details	Response / Proposed Action
Recommendation 11: If a complainant does not return their signed confirmation of issues form in a timely manner, provide notice of the complaint to the registrant within 14 days of receipt of the complaint to ensure compliance with section 25(6) of the Code.	When receiving a complaint, staff send the complainant a "Confirmation of Issues" form and request that they sign and return it to formalize their complaint. Staff count the receipt of complaint from the date this document is received for the 14-day registrant notification period. Ms. Richler recommends sending notification to the registrant earlier (within 14 days of receipt of the initial communication), if the complainant is not prompt in returning the Confirmation of Issues form. She notes that this is a low risk.	I agree with this recommendation. In practice, most complaints are confirmed and the registrant notified promptly. The number of cases where a delay by the complainant would exceed the 14-day notification period is small. I am also of the view that this is a low risk, given that staff are actively trying to confirm and formalize the complaint during this period, and the use of a confirmation of issues form is common among health regulatory colleges.
Recommendation 12: Consider implementing a consistent template for all decisions and reasons that outline the role of the ICRC and the issues the ICRC considers in each case (e.g., whether the allegations are serious enough for discipline, whether there is sufficient evidence, and if a referral is not made whether other action is appropriate).	Ms. Richler recommends using template language in all decisions that sets out the role of the ICRC and the three-part legal test it considers.	I agree that setting out the three-part legal test is useful in some cases; however, I believe that in other cases, setting out the legal test in full may be counter productive. For example, many cases deal with issues that, while of great subjective concern to the complainant, are not sufficiently serious to refer to disciplinary proceedings. Telling a complainant plainly that their concerns are "not sufficiently serious" could lead to a negative reaction and be more likely to result in an appeal to HPARB. Reasons for decision should be written with the unsuccessful party in mind. It may not be necessary to specifically state that concerns are not sufficiently serious for discipline in low-risk cases, particularly where the panel provides clear reasons for the results. I believe that staff should consider this recommendation on a case-by-case basis.

Recommendation	Further Details	Response / Proposed Action
Recommendation 13: Ensure that panels articulate the rationale (the "why") for coming to their decisions. Recommendation 14: Ensure that panels articulate why they take no action in credibility cases.	Based on a review of select cases, Ms. Richler identifies instances where the reasons for decision could be improved or the language of the reasons be clarified. Ms. Richler notes that, notwithstanding the above, "[o]verall, the reasons were very well written and supported the dispositions that were ordered."	I agree with Ms. Richler's comments and recommendations regarding improving the specific reasons for decision that she identifies. Staff will endeavour to incorporate these recommendations into future drafts. While staff do their best to present the panel's reasons for decision (including the "why" and the rational for the result), they are ultimately only able to document the reasons articulated by the panel. Where a panel is itself unclear or does not provide adequate reasons during deliberations, this is reflected in the ultimate reasons document. I also note that all 14 cases appealed to HPARB over the past 5 years were upheld, suggesting that the reasons for decisions were adequate, if not perfect.

Patient Relations Committee Report

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

Chair: Carmen Adebar

Professional Members (Council): Carmen Adebar, Juli Kreutner

Public Members (Council): Margaret Wade, Derek Gartshore, Amit Sethi

Professional Members (Non-Council): Devon Bedford

INTRODUCTION

The Patient Relations Committee has not met since the last Committee Meeting on March 4, 2026.

ITEMS FOR INFORMATION – RELATED TO MANDATE

No further information to report.

Quality Assurance Committee Report

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

Chair: Balbir Sohi

Professional Members (Council): Balbir Sohi, Carmen Adebar, Tiffany Murray

Public Members (Council): Jeny Jovanov, Nella Chiappetta

Professional Members (Non-Council): Fatma Eldesouki, Wendy Wardlaw

INTRODUCTION

The Quality Assurance Committee met one time since the last Report to Council. The Committee met by video conference on August 10, 2026.

ITEMS FOR INFORMATION – RELATED TO MANDATE

The following tables detail, in summary form, the activities of the QA Committee since the last Report to Council. The Committee reviewed 13 total matters since the June 12, 2026, report.

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

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

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

Other Matters Reviewed by the QA Committee		
Matter	**Outcome**	**Totals**
Review of completed SCERP		**2**
Extension / Deferral Requests		**7**
	Granted	*7*
	Not Granted	*0*
Re-registered / Reinstated	Submit for Assessment	**3**
Non-Compliance**		**1**
	Notice of Intention to Impose TCLs	*1*
	Direct Registrar to Impose TCLs	*0*
	Refer to ICRC	*1*
	No Action	*0*

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

Welcome Emails

'Welcome to the Profession' notices are sent out by automated email at the time of registration. The notice is designed to promote quality practice and to increase awareness of the CDHO resources available, such as the CDHO Knowledge Network, the practice advisors, and the Quality Assurance Program Self-Assessment and educational tools. Since the last report to Council, 436 emails were sent out to those registered between May 19, 2026, and August 20, 2026.

2027 QA Assessment

For the 2027 Quality Assurance assessment, space was held for RDHs who wanted to volunteer to participate, in addition to using a stratified random selection process. The stratified random selection was completed by applying variable percentages with more focus on RDHs with greater number of years since graduation and who had never previously participated in a QA assessment. On August 12, 2026, 167 volunteers were confirmed, and the notice of selection email was sent out to 614 randomly selected RDHs. In addition, 8 Registrants were carried forward from previous assessment years through Committee deferrals, and 14 registrants were included as a result of not completing the 2026 self-assessment. In total, 803 registrants will participate in the 2027 QA assessment.

Registrants will be asked to confirm their Path option in October to support resource planning. Path 1 and Path 2 deadlines have been moved to September 30, 2027, with coaching scheduled for October and November. This change reflects challenges with summer coaching in previous years and better aligns these Paths with the completion timelines for Paths 3 and 4. Path 3 participants will complete the QA Test and onsite practice assessment by the end of 2027. Path 4 participants will be invited in January to select either the spring (March–May) or fall (September–November) cohort.

Quality Assurance Records Peer Review Statistics (as of August 20, 2026)

2026 Peer Assessment

683 quality assurance records requested[1]

344 have met the assessment guidelines[2]

282 are in the assessment process[3]

3 are participating in direct learning/remediation[4]

54 are on hold[5]

2026 Practice Assessment

0 on-site practice assessments requested[1]

2025 Peer Assessment

764 quality assurance records requested[1]

746 have met the assessment guidelines[2]

5 are in the assessment process[3]

4 are participating in direct learning/remediation[4]

9 are on hold[5]

2025 Practice Assessment

0 on-site practice assessments requested[1]

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

2 Includes Registrants who are A1 status (complete)
3 Includes Registrants who were carried forward from a previous assessment period and those placed into Path 3 for failure to submit QA records.
4 Includes Registrants who were granted an extension to submit, those awaiting Committee decision, and those required to participate in an onsite practice review as part of their assessment.
5 Includes Registrants who may have resigned or deferred to another assessment period, and those referred to the ICRC for noncompliance.

Registration Committee Report

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

Chair: Anne-Marie Conaghan

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

Public Members (Council): Pella Giabanis, Loree Beniuk, Derek Gartshore, Christina Lee-Rotstein

Professional Members (Non-Council): Lisa Frisch

INTRODUCTION

This report summarizes the Registration Committee's activities from its last Report to Council on June 12, 2026, covering the period from May 20, 2026, to August 14, 2026.

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

ITEMS FOR INFORMATION – RELATED TO MANDATE

Registration Statistics

Since last reported to Council:

Certificate of Registration	May 19, 2026	August 14, 2026
General	15,272	15,714
Specialty	652	660
Non-Practising	853	830
Total Registrants	16,777	17,204

Applications for Registration

Since the last report to Council, the College has received 464 new registration applications. There were six referrals to the Registrar during this period. There are three active 'as-of-right' applications.

Registration Committee Meeting

Since the last report to Council, a panel of the Registration Committee met on July 14, 2026, to review a restorative dental hygiene program for substantial equivalency, two referrals from the Registrar, and a clinical refresher/ remediation course submission.

A panel of the Registration Committee also convened on July 17, 2026, for an orientation session.

Changes to the Register

Since the last report to Council on June 12, 2026:

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

Council Chair's Report to Council

PUBLIC INTEREST RATIONALE

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

CHAIR'S ACTIVITIES

July 7 – Met with Glenn Pettifer

July 14 – Met with Anita Arzoomanian

July 15 – Met with Glenn Pettifer, Veronica Douglas, and Megan Callaway

July 28 – Governance Coaching Session with Julie Maciura and Vanessa Pereira

August 11 – Executive Committee Meeting

August 11 – Shadow Audit with Hilborn LLP

August 14 – Scope Enhancement meeting with Paula Benbow

August 24 – Scope Enhancement meeting with Paula Benbow

EXPENSE POLICY EXCEPTIONS

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

The Chair approved the following expenses:

None

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

COST OF GOOD GOVERNANCE

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

APPENDIX 1

Name	New Member Orientation	January 9, 2026 Meeting	March 26, 2026 Workshop	March 27, 2026 Meeting	June 12, 2026 Meeting	September 11, 2026 Meeting	December 3, 2026 Workshop	December 4, 2026 Meeting
Professional Members								
Adebar, Carmen	N/A	✓	✓	✓	✓			
Afzalzada, Krystal	✓	✓	✓	✓	✓			
Atkinson, Michelle	N/A	✓	✓	✓	✓			
Conaghan-Anne-Marie	N/A	✓	✓	✓	✓			
Cooper, Jennifer	N/A	✓	✓	✓	✓			
Kreutner, Juli	N/A	✓	✓	✓	✓			
McElrea, Kylie	✓	✓	✓	✓	✓			
Moore, Liisa	N/A	✓	✗	✓	✓			
Murray, Tiffany	N/A	✓	✓	✓	✓			
Pereira, Vanessa	N/A	✓	✓	✓	✓			
Sohi, Balbir	N/A	✓	✓	✓	✓			
Public Members								
Beniuk, Loree	N/A	✓	✓	✓	✓			
Betts, Erin	N/A	✓	✓	✓	✓			
Chiappetta, Nella	N/A	✓	✓	✗	✓			
Giabanis, Pella	N/A	✗	✗	✓	✗			
Jovanov, Jeny	N/A	✓	✓	✗	✗			
Lee-Rotstein, Christina	N/A	✓	✓	✓	✓			
Sethi, Amit	N/A	✓	✓	✓	✓			
Wade, Margaret	N/A	✓	✓	✓	✓			
Gartshore, Derek	✓	✓	✗	✗	✓			

✓ *Attended*

✗ *Did not attend*

APPENDIX 2

Professional Council Members Honorarium and Expense Claim Submissions - Quarterly

For the Year ending December 31, 2026

	Q1 HONORARIUM	Q1 EXPENSES	Q2 HONORARIUM	Q2 EXPENSES	Q3 HONORARIUM	Q3 EXPENSES	Q4 HONORARIUM	Q4 EXPENSES	TOTAL
Michelle Atkinson (chair)	1,836.00	-	4,717.00	1,068.88					7,621.88
Vanessa Pereira (vice-chair)	1,010.00	-	2,580.00	29.42					3,619.42
Jennifer Cooper (executive)	530.00	-	2,675.00	891.94					4,096.94
Anne-Marie Conaghan	160.00	-	1,905.00	702.45					2,767.45
Tiffany Murray	345.00	-	1,235.00	-					1,580.00
Carmen Adebar	765.00	-	1,555.00	-					2,320.00
Liisa Moore	345.00	-	780.00	-					1,125.00
Balbir Sohi	635.00	-	2,223.85	-					2,858.85
Juli Kreutner	160.00	-	1,185.00	-					1,345.00
Krystal Afzalzada	320.00	-	1,925.00	431.34					2,676.34
Kylie Mcelrea	320.00	-	1,545.00	777.47					2,642.47
Non-Council Professional Members (combined)	1,345.00	-	4,750.00						6,095.00
TOTAL	7,771.00	0.00	27,075.85	3,901.50	0.00	0.00	0.00	0.00	38,748.35

Includes claims for:

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

March Council Meeting honorariums and expenses will be reflected in Q2 reporting, as they were paid out during Q2 through CDHO's payroll platform.

REGISTRAR'S ADMINISTRATIVE REPORT

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

This report provides Council with a summary update on work that was completed between Council meetings and represents a report of this ongoing work since Council's last general meeting on June 12, 2026.

Scope of Practice Enhancements

Council will be aware that on May 11, 2026, the Honourable Sylvia Jones, Deputy Premier and Minister of Health, announced that the Ontario Government is directing Ontario's regulatory colleges, including CDHO, to begin developing the regulatory framework for future changes to scopes of practice. These changes will permit RDHs to:

1. Order x-rays
2. Be designated Radiation Protection Officers
3. Prescribe and administer local anesthetic by injection in the orofacial complex for the purpose of providing analgesia/anesthesia.

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

Following initial meetings with MOH staff to discuss the implementation of these elements, College staff have been involved in identifying the competency profiles and learning needs associated with these scope enhancement pieces. This work is carried out with the very welcomed assistance and advice of CDHO system partners including educators and program administrators, professional associations and members of the profession.

175 Bloor St E., Suite 601, North Tower
Toronto, ON M4W 3R8
416-961-6234
www.cdho.org

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

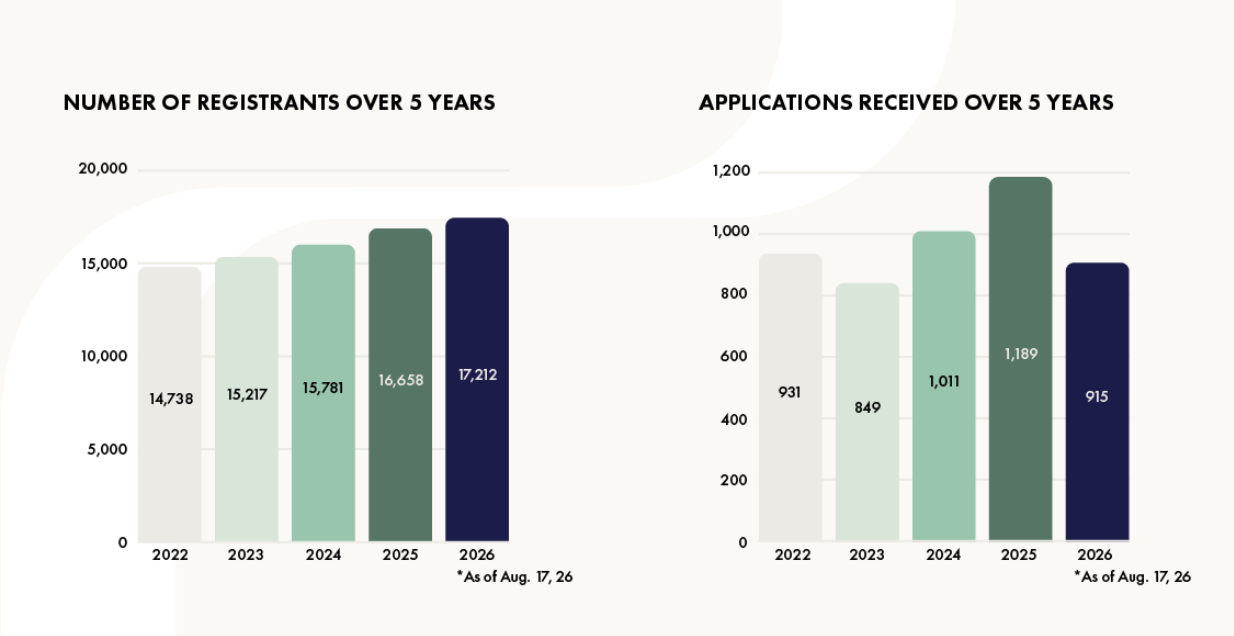
Registration

Legal Audit

The CDHO conducted an external legal audit of its registration processes in 2022. As a result, significant updates were implemented to streamline and enhance the registration processes. In alignment with best practices for risk management, compliance, and accountability, the CDHO is committed to performing an external legal audit of its registration processes in early 2027.

Number of Registrants (as of August 17, 2026): **17,212** (15,723 General, 660 Specialty, and 829 Non-Practising).

Applications received in 2026 (as of August 17, 2026): **915**



Program Elements

Equity, Diversity, and Inclusion

CDHO has enhanced the Inclusion, Diversity, Equity, and Accessibility (IDEA) section of its website to include more up-to-date resources, initiatives, and accomplishments.

A calendar of events has also been developed to highlight dates of significance for recognition and celebration. September 30 reflects National Day for Truth and Reconciliation, a day of remembrance to honor residential school survivors, their families, and communities, and to publicly commemorate the tragic history and ongoing impacts of the residential school system. CDHO staff will be participating in an Indigenous-led KAIROS Blanket Exercise, an experiential learning opportunity that explores more than 500 years of history, including pre-contact Indigenous societies, treaties, colonization, residential schools, the Sixties Scoop, and contemporary realities.

CDHO is working with NVision Insight Group Ltd., an Indigenous consulting firm committed to balanced relationships, fulfilled responsibilities, and thriving Indigenous communities, to engage community members throughout the development of the Standard of Practice for Cultural Safety, Humility and Anti-Racism. This work ensures Indigenous voices are meaningfully and intentionally incorporated into the practice of Dental Hygienists in Ontario.

Throughout July and August, a diverse group of First Nations, Métis, and Inuit peoples have met to discuss broad themes of culturally safe dental hygiene practice, including self-reflective practice, education and training, creating culturally safe spaces, anti-racist practice, strengths-based and trauma-informed care, and relational person-centred care. The consulting group has wrapped up the fourth meeting and is preparing an interim report for CDHO with recommendations for the Standard of Practice. A final advisory committee meeting is scheduled for early spring, following the public consultation phase of the standards development. This will allow the group to review the feedback received and provide insights through an Indigenous lens.

CDHO continues to work collaboratively with Indspire, an Indigenous national charity, to help improve access to education for First Nations, Métis, and Inuit peoples. The CDHO Bursary for Indigenous Students in Dental Hygiene Programs promotes Truth and Reconciliation efforts for Indigenous students enrolled in accredited Dental Hygiene programs within post-secondary institutions in Ontario. For more information: https://indspirefunding.ca/cdho/

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

Quality Assurance Program

For the **2026 QA assessment**, coaching conversations have continued this summer for the **82** Path 1 and **217** Path 2 participants. Results for the spring Path 4 cohort were sent out in June. **91.7%** of Path 4 participants received notice that their assessment was complete, **6.9%** received recommendations for self-directed development, and **1.4%** are participating in peer-supported development. The fall cohort will participate in Path 4 sessions beginning September 14 and running through to November 21, 2026.

Over **165 RDHs volunteered** to participate in the **2027 QA assessment**. In addition to the volunteers, **613 RDHs were randomly selected** from amongst those who have never previously been assessed, focusing on RDHs with greater number of years since graduation.

A **new Peer Circle discussion group** designed specifically for **early career RDHs** is under development. Building on the existing optional Peer Circle model, the new stream will support registrants in the early stages of practice through guided discussion, reflection, and peer learning focused on common practice challenges and risks. In July, a working group of early career RDHs met to help plan the initiative and identify case topics that reflect the experiences and needs of registrants new to practice. New case writers and reviewers, who are also in the early stages of their careers, met throughout August to develop and review cases that incorporate these perspectives. Facilitators will meet in September to review the new cases and explore facilitation strategies tailored to the unique needs of early career RDHs, before the pilot sessions launch in October. This initiative will help ensure the QA Program continues to support the learning needs of registrants at different stages of their careers.

Our **Communities of Practice (CoPs)** continue to grow, with more than **6,290 RDHs** now connected. We currently host four CoPs: Contraindications and Dental Hygiene, Restorative, Orthodontic, and Public Health.

Engagement has remained strong.

Over the last 90 days:

- Contraindications and Dental Hygiene received **288 views**
- Orthodontic received **151 views**

- Restorative received **66 views**
- Public Health received **223 views**

Across all CoPs, the most frequently searched topics include medical emergencies, IPAC, and reflection.

Four new Community Leaders have volunteered to help lead the Communities of Practice. They will join the existing Community Leaders at the next quarterly meeting to share ideas, explore ways to increase engagement and strengthen connections.

Professional Conduct

There are currently 17 open complaint matters (three of which are currently being managed in the Alternative Dispute Resolution process), and 9 open report matters (three of which are referrals from the Quality Assurance Committee). There are currently six open matters before HPARB. Recently, one ICRC decision was confirmed by HPARB.

Typically, complaints received by the College will touch on at least one of the following categories:

- relational behaviours (interpersonal interactions),
- management and operations (billing, not discussing fees before treatment), and
- dissatisfaction with clinical care (perceptions of inadequate treatment, pain experienced during or after dental hygiene treatment, discomfort during or after treatment, perceived oral tissue trauma).

Since the introduction of the Canada Dental Care Plan (CDCP), there has been a predictable, slight increase in concerns expressed to the College by individuals using the plan. These concerns typically relate to individuals not fully understanding the level of coverage and being surprised when additional services or treatment are recommended or required. CDHO staff are developing resources to assist the public in understanding more details about oral health care coverage under the CDCP.

Communications and System Partner Engagement

Website Stats (May 16 - August 16, 2026)

- 165,197 English Sessions; 3,527 French Sessions (Sessions = # of users who interacted with a page(s) and includes repeat views)

- 10,518 clicks to the Public Register
- Top visited pages (excluding the homepage)
    - Knowledge Network (landing page)
    - Hypertension Fact Sheet
    - Standards & Resources
    - Peer and Practice Assessment
    - Graduates from Accredited Educational Programs
- Top PDF downloads:
    - Dental Hygiene Standards of Practice
    - Clinical Information Practice Standard
    - Code of Ethics
    - Registrants' Handbook
    - IPAC Guidelines

Social Media Stats (May 16 - August 16, 2026)

Facebook

- 64 new followers
- Content most engaged with (i.e., clicks, comments, shares): Informed Consent Guideline reminder; CPR certification reminder; Electronic records article

Instagram

- 73 new followers
- Content most engaged with: 2025 Annual Report registration data snapshot; CDCP renewal deadline reminder; How CDHO protects the public post

LinkedIn

- 124 new followers
- Content most engaged with: 2025 Annual Report registration data snapshot; Indigenous Advisory Group recruitment post; 2025 Annual Report release

2026 Public Awareness Campaign

Phase 3 of our public awareness campaign is live. The campaign builds on the success of previous campaigns by highlighting CDHO's role, the importance of checking the Public Register for up-to-date information on RDHs, and what to expect during treatment. Digital

ads went live in mid-June on Facebook, Instagram, YouTube, Google, Reddit and Spotify. Ads are also running on Indigenous radio stations and in two northern newspapers. Our vendor will provide results at the end of the three-month mark.

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 396 inquiries.

	Calls	Emails	Total Inquiries	Top Topics
June 2026	101	68	169	1. Standards of Practice (Process of Care, CPR & First Aid, Communication) 2. Regulations (Contraindications, Records) 3. Scope (Orthodontics, Local Anesthesia, Radiographs) 4. IPAC (Monitoring tests, Procedures, Records) 5. Independent Practice (Start-Up Information, Requirements)
July 2026	110	57	167	
August 1-14, 2026	43	17	60	

Approximately 37% of our inquiries will have an element related to interprofessional collaboration. Interprofessional collaboration can involve collaboration or consultation with professional associations (20%), dentists, family physicians, or specialists (35%); and 45% with other regulators.

HUB601

The HUB601 continues to be a very successful and welcomed initiative for the CDHO. The four participating organizations not only share the space but are also combining resources

in the delivery of common (staff team) initiatives. In total, the financial contributions of our **HUB601** partners for 2025 result in approximately 25% of our lease expenses. We are in the process of completing the space-sharing agreement renewals. To date, one of our HUB partners (College of Dieticians of Ontario) has renewed their agreement. The renewals for the College of Denturists of Ontario and the College of Audiologists and Speech Language Pathologists are pending.

Operations

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

System Partner Representation

Federation of Dental Hygiene Regulators of Canada

The FDHRC is currently undertaking a revision of the National Code of Ethics for Dental Hygienists and the implementation of the updated National Competency Profile for Dental Hygienists. A review of the current National Competency Profile through an indigenous lens has begun. Following the development of the National Code of Ethics, the development of a set of National Standards of Practice is anticipated. I represent the CDHO at the FDHRC table and am serving as Vice-Chair of the Federation for a one-year term. In this role, I sit on the Executive and Governance Committees.

Health Profession Regulators of Ontario

HPRO supports information sharing and 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.

I have recently accepted an invitation to join the Canadian Network for Regulatory Performance Measurement which is made up of representatives of regulators from across Canada that was convened by the Ontario College of Pharmacists to engage in discussions

around the advancement of regulatory performance measurement. I have also recently joined the Ministry of Health IPAC Guidelines Working Group.

Ontario Oral Health Professions Registrars

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

Memo

To: CDHO Council

From: Dr. Glenn Pettifer, Registrar & CEO

Date: August 28, 2026

Topic: CDHO Enterprise Risk Register for Q2 FY 2026

Overall Enterprise Risk Profile: Low Risk

The Enterprise Risk Dashboard contains metrics for the following Domains:

- Financial Procurement and Management
- Information and Asset Management
- Organizational Culture and Workplace Health and Safety
- Regulatory Compliance and Operations
- Reputation Management and Public Confidence
- Governance Effectiveness

These metrics are linked to existing Policies. As existing policies are retired and newer policies introduced, the information in the Policy Number column will change.

For this quarter (Q2 FY 2026) all domains are assessed as Low Risk.

The Enterprise Risk Dashboard compiled by Pivotal Research is located here:

Enterprise Risk Register Dashboard for Q2

You will note that there are a number of metrics for which data was not collected in Q2 ("Did Not Collect Data"). The Risk Register prescribes Annual reporting of these metrics, rather than Quarterly. As noted above, there will be some revisions/variations in the dashboard metrics as the policy framework is upgraded.

Development of the Patient Risk Register

With information from the Citizen Advisory Group report, the Voice of the Patient Surveys, Registrant Risk Working Group, our Complaints Data, and Standards of Practice, we have partnered with Pivotal Research in the development of a Patient Risk Register and associated Dashboard tool. Preliminary analysis suggests six patient risk domains: Clinical Safety and Quality; Communication, Consent and Patient Agency, Cost Transparency and Billing Conduct, Equity, Cultural Safety and

Non-Discrimination; Privacy, Records and Information; Professional Conduct and Regulatory Compliance. Using the information from these sources and subsequent focus group feedback, a proposed Patient Risk Framework will be drafted. The development of the draft framework will proceed through Q3 and Q4 FY 2026 with a confirmation session with Council in early 2027.

CDHO

Briefing Note

To: CDHO Council

From: Dr. Paula Benbow, Director Policy and Strategic Initiatives

Date: September 11, 2026

Topic: Strategic Direction & Governance Processes Policies: Modernizing the Governance Policy Manual

Attachment: 1) Strategic Direction Policy
2) Governance Processes Policy

Purpose: To seek Council's approval of the proposed Strategic Direction Policy and Governance Processes Policy as part of the ongoing modernization of the College's Governance Framework.

Background: The College is undertaking a comprehensive review of its Governance Policy Manual as it transitions away from the Carver Policy Governance model.

The former policy framework was developed around the principles and structure of Policy Governance, including the use of Global Ends policies to articulate the outcomes the College was expected to achieve. As the College moves toward a governance framework that more clearly distinguishes Council's responsibilities for strategic direction, oversight, and accountability from the operational responsibilities of the Registrar & CEO, the Governance Policy Manual is being revised to reflect this approach.

The revised framework is intended to provide greater clarity regarding:

- Council's governance roles and responsibilities;
- the strategic direction and priorities established by Council;
- the processes through which Council conducts its business and makes decisions;
- the respective roles of Council, the Chair, Committees, and the Registrar & CEO; and
- the authorities and accountabilities that support effective governance.

The proposed Strategic Direction Policy and Governance Processes Policy are two foundational components of this work. Both policies are principles-based and are intended to work in tandem with relevant legislation, the College's By-laws and other governance policies. These policies do not replace statutory or by-law requirements. Where detailed

procedures are required, those details may be addressed through supporting procedures, guidelines, or committee terms of reference.

Strategic Direction Policy: The proposed Strategic Direction Policy provides a framework for Council to articulate the College's priorities and desired direction while maintaining appropriate oversight of organizational performance. It establishes Council's role in setting the strategic direction of the College and overseeing the development, implementation, monitoring, and review of the College's Strategic Plan.

The policy recognizes that Council's primary responsibility is to govern the College in the public interest and establishes strategic planning as a key mechanism through which Council identifies priorities and provides direction to the organization.

The policy also distinguishes Council's strategic role from management's responsibility for operational implementation. The Registrar & CEO is responsible for leading the development of the Strategic Plan for Council's consideration and implementing the approved plan through operational planning, resource allocation, and organizational management.

This approach replaces the function previously served by the Global Ends policies with a more integrated and contemporary framework for strategic direction and organizational oversight.

Governance Processes Policy

The Governance Processes Policy provides clarity and consistency regarding the processes Council uses to deliberate, make decisions, manage its meetings, and conduct its business. While each new policy describes who is responsible for broad governance activities, the Governance Processes Policy addresses how Council carries out its work and makes decisions.

The policy is intended to support governance that is transparent, fair, respectful, efficient, and accountable, while allowing detailed procedural requirements to remain in the administrative procedures and Committee Terms of Reference where appropriate.

Next Steps: Subject to Council's approval, the Strategic Direction Policy and Governance Processes Policy will also form part of a broader suite of governance policies currently being developed or revised. The review and modernization of the remaining governance policies will continue, with policies being brought forward to Council for consideration as they are completed. Other resources, such as committee terms of reference will be reviewed separately.

SUGGESTED MOTION:

MOTION: THAT Council approves the Strategic Direction Policy as presented.

MOVED:
SECONDED:
VOTE:

MOTION: THAT Council approves the and Governance Processes Policy as presented.

MOVED:
SECONDED:
VOTE:

Policy – Strategic Direction [Policy #_]

Policy Section:	Governance Policies
Approved By:	Council
Approval Date:	YYYY-MM-DD
Next Review Date:	YYYY

1. PURPOSE

This policy establishes the College's approach to developing the strategic direction of the organization and oversight of the strategic planning process. This policy affirms Council's responsibility for establishing the College's strategic priorities and monitoring the progress toward achieving those priorities. Council also has the responsibility of ensuring that organizational resources and activities align with the College's statutory mandate, protection of the public interest.

2. SCOPE

This policy applies to Council, its committees, the Registrar/CEO, and staff involved in the creation, implementation, monitoring, and evaluation of the College's Strategic Plan.

3. DEFINITIONS

Strategic Direction: The long-term priorities and desired outcomes of organizational initiatives established by Council that support the College's legislated mandate, protection of the public interest.

Strategic Plan: A multi-year organizational plan approved by Council that identifies the strategic priorities, objectives, initiatives, and performance metrics that guide the College's work.

Operational Plan: The annual plan developed by the Registrar & CEO that outlines the activities, projects, resource allocation, and performance metrics associated with Strategic Plan implementation.

Public Interest: Council's statutory obligation to regulate the profession in a manner that protects the health and safety of the public and promoting ethical, competent, and accountable professional practice.

4. POLICY

Council is responsible for establishing the strategic direction of the College and approving a Strategic Plan that advances its legislated mandate to regulate the dental hygiene profession in the public interest.

In carrying out this responsibility, Council shall:

- approve a multi-year Strategic Plan that reflects the College's statutory responsibilities, regulatory priorities, and risk management and opportunities.
- ensure that the Strategic Plan is informed by:
    - the College's legislated mandate;
    - the public interest;
    - environmental scanning, literature reviews, primary data collection (including surveys and focus groups), and emerging issues;
    - identification of risks affecting the regulatory environment;
    - System partner perspectives, where appropriate; and
    - available organizational resources and capacity.

- Review and update the strategic plan as necessary to respond to changes in the regulatory, legislative, or oral healthcare environment.
- Monitor organizational performance from regular reporting on progress toward the Strategic Plan's objectives and outcomes.
- Use the Strategic Plan to guide Council's decision-making, governance priorities, and oversight activities.

The Strategic Plan provides strategic direction and priorities but does not prescribe operational activities. Responsibility for implementing the Strategic Plan rests with the Registrar & CEO.

5. ROLES AND RESPONSIBILITIES

5.1 Council

- establishes the College's strategic direction;
- approves the Strategic Plan and any significant amendments;
- ensures the Strategic Plan aligns with the College's legislated mandate and public interest responsibilities;
- monitors progress toward achieving strategic objectives through regular reporting; and
- evaluates strategic outcomes and consider future strategic priorities.

5.2 Registrar/CEO

- leads the development of the Strategic Plan for Council consideration;
- implements the Strategic Plan through operational planning and organizational management;
- allocates resources to support approved strategic priorities;
- provides regular reports to Council on implementation, risks, and performance; and
- identifies emerging issues that may require adjustments to the Strategic Plan.

5.3 Staff

- supports implementation of the Strategic Plan;
- develops operational initiatives aligned with strategic priorities;
- monitors performance and outcomes; and
- reports progress to the Registrar & CEO.

6. RELATED DOCUMENTS & LEGISLATION

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

Revision History

September XX, 2026	This policy has been prepared to reflect the new governance framework and provide greater transparency.

CDHO

Policy – Governance Processes [Policy #_]

Policy Section:	Governance Policies
Approved By:	Council
Approval Date:	YYYY-MM-DD
Next Review Date:	YYYY

1. PURPOSE

This policy establishes the governance processes and responsibilities that support effective, transparent, and accountable decision-making. It provides the framework for the conduct of Council business while supporting Council's responsibility to govern in the public interest.

2. SCOPE

This policy applies to Council, its Committees, the Registrar & CEO, and any staff supporting Council governance. This policy shall be read in conjunction with the College's By-laws and applicable legislation.

3. DEFINITIONS

Agenda: The schedule of business prepared for Council meetings.

In-camera Session: A portion of a Council meeting that is closed to the public where Council considers matters authorized by legislation, the By-laws, or policy.

Motion: A formal proposal presented to Council for consideration and decision.

Quorum: The minimum number of Council Members required to conduct business.

4. POLICY

Council shall conduct its business in a manner that is transparent, fair, respectful, efficient, and consistent with its statutory responsibility to regulate the profession in the public interest.

In carrying out its responsibilities, Council shall adhere to the following governance processes:

4.1 Decision-Making

- Council makes decisions by considering the information before it, engaging in respectful deliberation, and voting on motions presented for decision.
- Council decisions shall be determined by a majority vote of Council Members present and entitled to vote.
- Council decisions, declarations of conflicts of interest, and other information necessary to provide an accurate record of Council's proceedings shall be documented in the official meeting minutes.

4.2 Rules of Order

- Council meetings shall be conducted in accordance with applicable legislation, the College's By-laws, and policies.
- The Chair facilitates meetings in a manner that promotes orderly deliberation, fairness, respectful participation, and efficient decision-making. Where procedural matters are not

addressed by legislation, the By-laws, or Council policy, the Chair may determine the appropriate process, guided by principles of procedural fairness and good governance.
- Council Members must keep their comments relevant to the issue under consideration.
- Proposals that Council act or decide a particular matter shall be made by main motion of a Council Member, discussed, and then voted on. Motions require a second to proceed to discussion and subsequent vote.

4.3 Agenda Management

- The Chair, in conjunction with the Registrar, shall establish the agenda for each Council meeting.
- Agenda items shall:
    - relate to Council's governance responsibilities;
    - clearly identify whether they are for information, discussion, or decision;
    - include sufficient supporting information to enable informed decision-making; and
    - prioritize matters requiring Council oversight or approval.
- Requests for new topics after agenda distribution may be considered at the discretion of the Chair.

4.4 In-Camera Sessions

- Council recognizes the importance of conducting its business openly and transparently.
- The public may be excluded from any meeting or part of a meeting where confidentiality is necessary, as prescribed in the Health Professions Procedural Code, Schedule 2 of the *RHPA, 1991* involving:
    - matters involving public security
    - financial or personal matters may be disclosed and the harm created by disclosure outweighs the desirability that meetings be open to the public;
    - a person involved in a legal proceeding may be prejudiced;
    - personnel matters or property acquisitions are discussed;
    - instructions from Council to solicitors for the College or Council receives advice from the College solicitors
- A motion shall be passed before Council enters an in-camera session where the public is excluded. Only individuals authorized by the Chair may attend.
- If Council excludes the public from all or part of a meeting, the grounds for this exclusion must be noted in the minutes of the meeting.

5. ROLES AND RESPONSIBILITIES

5.1 Council

- governs the College in accordance with the *Regulated Health Professions Act, 1991*, the *Dental Hygiene Act, 1991,* CDHO By-laws, and other legislation as required;
- acts in the public interest when exercising its authority and making decisions;
- conducts meetings in a respectful, impartial, and professional manner;
- maintains the confidentiality of matters considered in-camera or in any other setting where confidentiality is expressly required; and
- approves governance policies and other matters reserved by Council.

5.2 Council Chair

- serves as Chair of Council and Chair of the Executive Committee
- provides leadership to Council and ensures Council and Executive Committee meetings are conducted fairly, efficiently, and in accordance with legislation and the By-laws;
- promotes alignment on Council decisions
- facilitates respectful discussion and balanced participation;
- decides procedural questions that are not addressed by legislation, By-laws, or policies; and
- in conjunction with the Registrar, establishes Council meeting agendas.

5.3 Council Vice-Chair

- serves as Vice-Chair of Council and Vice-Chair of the Executive Committee
- supports the Chair in fulfilling their responsibilities;
- assumes the Chair's duties when the Chair is absent or unable to act; and
- assists in promoting effective governance.

5.4 Council Members

- prepare for and actively participate in Council meetings;
- exercise independent judgment that is focused on the public interest;
- disclose conflicts of interest in accordance with applicable policies;
- participate in orientation and continuing governance education; and
- support decisions made by Council.

5.5 Council Committees

- carry out delegated responsibilities within their legislated authority and terms of reference; and
- provide advice and recommendations to Council, where appropriate.

5.6 Committee Chairs

- provide leadership to their committee;
- in collaboration with CDHO staff, establish meeting agendas, ensure meetings are effective, respectful, and focused on the committee's mandate;
- report committee activities and recommendations to Council;

5.7 Registrar & CEO

- in collaboration with CDHO staff, prepares meeting materials and supports the administration of Council meetings;
- implements Council decisions and approved policies; and
- provides Council with information, analysis, and recommendations to support decision-making that is focused on the public interest.

6. RELATED DOCUMENTS & LEGISLATION

- *Regulated Health Professions Act, 1991*
- *Dental Hygiene Act, 1991*
- CDHO By-laws
- Statutory and non-Statutory Committee Terms of Reference
- Council-CEO Relations Policy

Revision History

September XX, 2026	This policy has been prepared to reflect the new governance framework and provide greater transparency.

Briefing Note

To: CDHO Council

From: CDHO Staff

Date: September 11, 2026

Topic: Declaration on the Use of Artificial Intelligence for Council & Non-Council Committee Members

Attachment: Declaration on the Use of Artificial Intelligence

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Purpose: To seek Council's acknowledgement and support for a requirement that Council and non-Council Committee Members sign a declaration confirming that they will not use artificial intelligence (AI) tools in connection with Council or Committee work.

Background: AI tools are becoming increasingly accessible and are being used for a wide range of activities, including drafting, summarizing, analyzing, and reviewing information. The use of AI raises important considerations for the College, particularly in relation to confidentiality, privacy, information security, accuracy, and the integrity of Council and Committee deliberations. In addition, there is little evidence that use of AI could enhance the work of Council or Committee members.

Council and non-Council Committee Members are asked to review and sign the attached declaration. Work will continue on the assessment of the utility of AI Use Policy in CDHO Council and Committee work.

SUGGESTED MOTION:

MOTION: THAT Council approves the Declaration on the Use of Artificial Intelligence for Council and non-Council committee members as presented.

MOVED:
SECONDED:
VOTE:

Declaration on the Use of Artificial Intelligence

I, _____, agree **not** to use AI tools, platforms, or applications for any CDHO Council or committee work. This includes, but is not limited to, using AI to:

- review, summarize, analyze, or interpret confidential Council or Committee materials;
- draft or revise meeting notes, correspondence, motions, or governance documents using confidential or non-public information;
- upload, input, or disclose confidential, privileged, or non-public College information to any AI platform; or
- otherwise use AI in a manner that could compromise confidentiality, privacy, security, or the integrity of Council or Committee deliberations.

I acknowledge my continuing obligations under the College's confidentiality requirements, Code of Conduct, and applicable legislation. This declaration remains in effect until any further approved policies regarding the use of AI for Council or Committee work become available.

I confirm that I have read, understood, and agree to comply with this declaration.

Signature: _____ Date: _____

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CDHO

Briefing Note

To: Council

From: Executive Committee

Date: September 11, 2026

Topic: Proposed Council Meeting Schedule 2027

The Executive Committee is proposing the following Council meeting dates for 2027:

Date	Notes
January	
Friday, January 22, 2027	Council Workshop/Meeting (virtual)
March	
Thursday, March 11, 2027	Council Workshop (in-person)
Friday, March 12, 2027	Council Meeting (in-person)
June	
Thursday, June 3, 2027	Council Workshop (in-person)
Friday, June 4, 2027	Council Meeting (in-person)
September	
Friday, September 24, 2027	Council Meeting (online)
December	
Thursday, December 2, 2027	Council Workshop (in-person)
Friday, December 3, 2027	Council Meeting (in-person)

SUGGESTED MOTION:

MOTION: THAT Council approves the proposed 2027 meeting dates.

MOVED:
SECONDED:
VOTE:

Suggested Motion – Friday, September 11, 2026

10.0 ADJOURNMENT

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

Moved:

Seconded:

VOTE: