CDHO

COLLEGE OF DENTAL
HYGIENISTS OF ONTARIO

Council Meeting Agenda

Friday, September 26, 2025
9:00 a.m. – 4:30 p.m.

Location: Virtual Meeting

CDHO
COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Council Meeting Agenda — September 26, 2025

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

Item	Topic	Action	Lead if not Chair	Est. Time
1.0	**CALL TO ORDER**			9:00
1.1	Opening Remarks	Council Is Addressed	M. Atkinson	9:00
1.2	Council Code of Conduct	For Information	M. Atkinson	9:05
1.3	Council Policy Manual Update	For Information	M. Atkinson	9:05
2.0	**APPROVAL OF AGENDA**			9:10
2.1	Review and Approval of Agenda	For Approval	M. Atkinson	9:10
3.0	**DECLARATIONS OF POTENTIAL CONFLICT OF INTEREST**			9:10
3.1	Declarations of Conflict of Interest	Declare Conflicts	M. Atkinson	9:10
4.0	**MEETING MINUTES APPROVAL**			9:10
4.1	Meeting Minutes – June 20, 2025	For Approval	M. Atkinson	9:10
5.0	**INFORMATION REQUESTED BY THE COUNCIL**			
5.1	**Statutory Committee Reports**			
5.1.1	Executive Committee	For Information	M. Atkinson	9:15
5.1.2	Discipline Committee	For Information	E. Betts	9:15
5.1.3	Fitness to Practise Committee	For Information	Christina Lee-Rotstein	9:15
5.1.4	Inquiries, Complaints and Reports Committee	For Information	M. Atkinson	9:15
5.1.5	Patient Relations Committee	For Information	J. Jovanov	9:15
5.1.6	Quality Assurance Committee	For Information	T. Strawn	9:15
5.1.7	Registration Committee	For Information	T. Strawn	9:15
5.2	**Incidental Briefing Reports**			
5.2.1	Council Chair's Report	For Information	M. Atkinson	9:15

5.2.2	Registrar's Administrative Report	For Information	Dr. G. Pettifer	9:20
6.0	**COUNCIL EDUCATION**			9:30
6.1	Regulatory Issues and Trends	For Information	Julie Maciura	9:30
	BREAK			**10:30**
6.1	Regulatory Issues and Trends (continued)	For Information	Julie Maciura	10:45
7.0	**GOVERNANCE PROCESS ITEMS**			11:15
7.1	Governance Committee Update *The Chair will provide an update to Council on the committee's activities.*	For Information	M. Atkinson	11:15
7.2	Mentorship Report	For Information	C. Lee-Rotstein	11:20
7.3	2026 Council Meeting Dates *Council will be asked to approve the 2026 meeting dates.*	For Approval	M. Atkinson	11:25
7.4	Status Update - Amendments to the Examinations and Registration Regulations	For Information	E. Bruce	11:30
7.5	Registration Regulation Amendment – Approval of Accrediting Bodies	For Approval	E. Bruce	11:30
7.6	Changes to Labour Mobility Exemptions for Nunavut and the Yukon	For Information	E. Bruce	11:35
6.0	**COUNCIL EDUCATION**			
6.2	Registration Process	For Information	E. Bruce	11:40
	LUNCH			**12:00**
7.0	**GOVERNANCE PROCESS ITEMS**			1:00
7.7	Risk Register Overview	For Approval	Doha Melhem, Pivotal Research and Dr. G. Pettifer	1:00
7.8	Strategic Plan- Implementation • Modernize governance practices ○ Regulator's Practice proposal • CDHO system partner ecosystem • Enhance collaboration with the public, profession and system partners • Support professionalism, quality care and continuous learning	For Discussion	M. Atkinson and Dr. G. Pettifer	2:00

	• Advance commitments to equity and inclusion			
8.0	**MONITORING COUNCIL PERFORMANCE**			
8.1	CRD-4 Registrar/CEO Performance	For Information	M. Atkinson	2:30
8.2	CRD-5 Registrar/CEO Compensation	For Information	M. Atkinson	2:40
9.0	**COUNCIL-REGISTRAR DELEGATION ITEMS FOR CONSIDERATION**			
9.1	Policy Content Review: CRD-4 Monitoring Registrar/CEO Performance	For Approval	M. Atkinson	2:50
9.2	Policy Content Review: CRD-5 Registrar/CEO Compensation	For Approval	M. Atkinson	3:00
10.0	**EXECUTIVE LIMITATIONS ITEMS FOR CONSIDERATION**			
10.1	Policy Content Review: EL-2	For Consideration	M. Atkinson	3:10
10.2	Policy Content Review: EL-3	For Consideration	M. Atkinson	3:15
10.3	Policy Content Review: EL-4	For Consideration	M. Atkinson	3:20
10.4	Policy Content Review: EL-6	For Consideration	M. Atkinson	3:35
10.5	Policy Content Review: EL-9	For Consideration	M. Atkinson	3:30
—	**COUNCIL MOVES IN CAMERA (ITEM 11.1-11.5)** To discuss personnel matters. Monitoring Reports on Ends and Executive Limitations form part of the Registrar's Performance Evaluation			
11.0	**MONITORING CEO PERFORMANCE**			
11.1	Internal Monitoring: EL-1	For Approval	G. Pettifer	3:30
11.2	Internal Monitoring: EL-4(1)	For Approval	G. Pettifer	3:40
11.3	Internal Monitoring: EL-5	For Approval	G. Pettifer	3:50
11.4	Internal Monitoring: EL-10	For Approval	G. Pettifer	4:00
11.5	Internal Monitoring: EL-11	For Approval	G. Pettifer	4:20
—	**COUNCIL MOVES OUT OF CAMERA**			
12.0	**SELF-EVALUATION OF GOVERNANCE PROCESS**			
12.1	Council Meeting Evaluation	For Evaluation and Discussion	M. Atkinson	4:25
13.0	**NEXT MEETING DATE — December 12, 2025**			
14.0	**ADJOURNMENT**			4:30

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

Briefing Note

To: Council

From: Chair

Date: September 26, 2025

Topic: Policy Manual Update

The following policy was updated at the June 20, 2025 Council meeting:

- GP-6.2 Ownership Linkage Committee Terms of Reference was removed
- GP-7 Council and Committee Stipend and Expenses
- CRD-6 Registrar/CEO Succession
- CRD-7 Registrar/CEO Termination

CDHO

Suggested Motion – Friday, September 26, 2025

2.1 ADOPTION OF AGENDA

MOTION: **THAT** Council moves to approve the September 26, 2025 Council meeting agenda as presented.

Moved:

Seconded:

VOTE:

Suggested Motion – Friday, September 26, 2025

4.0 MEETING MINUTES APPROVAL

MOTION: **THAT** Council moves to approve the June 20, 2025 meeting minutes as presented.

Moved:

Seconded:

VOTE:

Council Meeting Minutes

Virtual Zoom Meeting – Livestreamed to the CDHO YouTube Channel
Friday, June 20, 2025 – 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), Krista Dufour, Juli Kreutner, Liisa Moore, Tiffany Murray, Vanessa Pereira, Balbir Sohi, Terri Strawn (Vice-Chair)

Public Members: Amit Sethi, Margaret Wade, Erin Betts, Pella Giabanis, Christina Lee-Rotstein, Jeny Jovanov

Regrets: Candace Herod, Loree Beniuk

Administration: Dr. Glenn Pettifer (Registrar and CEO), Anita Arzoomanian (Deputy Registrar/Director of Registration & Professional Conduct), Veronica Douglas (Executive Administrator)

Guests: Usman Paracha, Hilborn LLP (9:15-9:40a.m.) Kevin McCarthy, The Regulator's Practice, (9:45a.m.-11:50a.m.), Julie Maciura, SML, CDHO Legal Counsel (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 9:02a.m. She welcomed Council and guests to the June Council meeting.

The meeting began with an acknowledgement that 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.

Ms. Atkinson congratulated Margaret Wade on being reappointed to Council for another three years. M. Atkinson also advised Council that a new Public Member will be joining CDHO in the next few weeks.

1.2 Council Policy Manual Update

The following policies were updated at the March Council meeting:

- GP-4 President's Role
- GP-5 Vice- President's Role
- GP- 6.1- Executive Committee Terms of Reference
- EL-3 Planning
- EL-7 Compensation and Benefits
- EL-8 Communication and Support to the Board

1.3 Council Code of Conduct

Council was reminded of the Code of Conduct.

2.0 APPROVAL OF AGENDA

2.1 Review and Approval of Agenda

MOTION: **THAT** Council moves to approve the June 20, 2025 Council meeting agenda as presented.

MOVED: Vanessa Pereira
SECONDED: Jennifer Cooper
VOTE: **CARRIED**

3.0 DECLARATIONS OF POTENTIAL CONFLICTS OF INTEREST

3.1 Declarations of Conflict of Interest

No conflicts were declared.

4.0 MEETING MINUTES APPROVAL

MOTION: **THAT** Council moves to approve the March 28, 2025 meeting minutes as presented.

MOVED: Terri Strawn
SECONDED: Juli Kreutner
VOTE: **CARRIED**

5.0 INFORMATION REQUESTED BY THE BOARD

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

The Chair updated their report to add additional meeting dates: June 6th and 19th (meetings with Dr. Pettifer), and June 17th (meeting with Kevin McCarthy).

6.0 GOVERNANCE PROCESS ITEMS

6.1 2024 Draft Audited Financial Statements

Usman Paracha from Hilborn, LLP, presented the 2023 draft financial statements to Council.

MOTION: **THAT** Council approves the transfer of $395,573 from unrestricted net assets to net assets internally restricted for strategic initiatives.

MOVED: Margaret Wade
SECONDED: Jeny Jovanov

VOTE: **CARRIED**

MOTION: **THAT** Council moves to accept the 2024 draft audited financial statements as presented by Hilborn LLP.

MOVED: Juli Kreutner
SECONDED: Krista Dufour
VOTE: **CARRIED**

6.2 Auditor Assessment Tool

The Executive Committee conducted its annual assessment of Hilborn LLP, as part of its 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.

6.3 Appointment of 2025 Auditors

MOTION: **WHEREAS** *Section 10.1 of the Bylaws* 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: Terri Strawn
SECONDED: Erin Betts
VOTE: **CARRIED**

6.4 Dissolution of the Ownership Linkage Committee

The Ownership Linkage Committee (OLC) was originally established under the Policy Governance framework to assist Council in fulfill its responsibility to engage with the College's "Owners", particularly on matters related to the Ends. In the past, these Ends served as performance metrics, but moving forward, the College's performance will be assessed based on progress toward its strategic goals.

Harry Cayton and Deanna Williams' *A Report and Recommendations on Improving Governance* recommended clarifying the role, terms of reference, and work program of the OLC. The Governance Committee reviewed this recommendation and, in light of Council's transition to a strategic plan, recommended that the OLC be dissolved. There is no risk to public protection.

Given CDHO's shift from a Policy Governance model to a strategic plan framework and associated governance responsibilities of Council as a whole, Council decided to formally dissolve the Ownership Linkage Committee.

MOTION: **WHEREAS** Council has a Governance committee that will facilitate meaningful engagement with system partners to ensure Council decisions reflect the values, priorities, and needs of those the CDHO serves;

And WHEREAS the Executive Committee creates and approves the Council meeting agenda and can identify that sufficient information is available to support informed, inclusive decision-making of Council;

THEREFORE, BE IT RESOLVED THAT the Ownership Linkage Committee be dissolved with Council's appreciation extended to Committee Members for their contributions;

AND THAT the GP-6.2 Ownership Linkage Committee Terms of Reference be removed from the Policy Manual;

AND THAT the Policy Manual be renumbered accordingly.

MOVED: Vanessa Pereira
SECONDED: Liisa Moore
VOTE: **CARRIED**

6.5 Updates to Standards of Practice: Delegation and Standards of Practice for Dental Hygiene Educators

Council were presented with two standard documents containing outdated information generating confusion among registrants. Council decided to approve the proposed updates to the *Standard of Practice: Delegation* and *Standards of Practice for Dental Hygiene Educators* documents.

This supports public protection because registrants require access to accurate resources and guidance containing current information to consult on practice related expectations and requirements.

Additional background information:

The original *Standard for Authorization to Self-Initiate* was established by Council and came into effect in August 2007 in advance of amendments to the Dental Hygiene Act that would permit self-initiation by registrants. The *Standard for Authorization to Self-Initiate* was later revised in August 2013 to create additional requirements (beyond those set out in the Act and Regulation) for registrants who wish to perform scaling or root planing on their own initiative. At that time, to be granted authorization for self-initiation, a registrant had to satisfy the requirements of one of three "streams" set out in the Standard. Registered Dental Hygienists who wished to self-initiate the controlled act of scaling and root planing needed to apply for authorization from CDHO.

In September 2023, CDHO's Council rescinded the *Standard for Authorization to Self-Initiate Profession-Specific Acts*. As a result, effective September 22, 2023, registrants can perform the controlled act of scaling and root planing on their own initiative without the requirement to be authorized by CDHO. The requirement that none of the contraindications listed in the Contraindications Regulation are identified before or during the dental hygiene treatment continues. Clearance from a physician or dentist is required if any contraindications are present or if there is any doubt as to the accuracy of the client's medical or oral history.

MOTION: **WHEREAS** Council recognizes the value of providing accurate and current information to inform and guide registrants toward competent practice; and

WHEREAS Council recognizes that outdated information in standard documents can create confusion among registrants regarding their ability to practice to their full scope; and

WHEREAS the current Standard documents presented contain outdated information and language;

THEREFORE, the Council approves the proposed updates to the Standard of Practice: Delegation and Standards of Practice for Dental Hygiene Educators documents

MOVED: Krista Dufour
SECONDED: Anne-Marie Conaghan
VOTE: **CARRIED**

6.6 Governance Committee Update

In March Council tasked the Governance Committee with finding a facilitator to assist with Council's development of strategic activities that relate to strategic goal #2 (modernize governance practices). The Governance Committee has hired Kevin McCarthy from The Regulator's Practice.

The Governance Committee met with Kevin McCarthy on April 25, 2025 to discuss the strategic plan and priorities, modernizing governance practices, and the Harry Cayton and Deanna Williams' governance report recommendations. All recommendations were reviewed and any outstanding recommendations are directly tied to the strategic plan. Kevin McCarthy will continue to support Council and the Governance Committee in addressing these items.

6.7 Mentorship Framework

Based on Council's feedback at the March 28, 2025 meeting, the Governance Committee proposed updates to the mentorship program framework and checklist for Council's consideration. Council reviewed the changes and decided to update the mentorship framework.

MOTION: **THAT** Council approve the proposed changes to the mentorship program framework and checklist.

MOVED: Jeny Jovanov
SECONDED: Krista Dufour
VOTE: **CARRIED**

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

Council reviewed and discussed the proposed changes to the GP-7 policy. The changes were mainly housekeeping in nature to follow best practices and align the language with the CDHO By-Laws.

- Change 'President' to 'Chair'
- Change 'Vice-President' to 'Vice-Chair'
- Change 'stakeholders' to 'system partners'
- 7.11: Remove 'Registrar' to accurately describe the process

An increase of allowance for hotel accommodations was also proposed. The hotel rate had not been updated since 2017. Since hotel rates have increased over the past eight years, it was

recommended and deemed reasonable to increase the hotel rate from $250 to $350 per night.

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

MOVED: Pella Giabanis
SECONDED: Margaret Wade
VOTE: **CARRIED**

7.0 BOARD EDUCATION

7.1 Strategic Plan Implementation

Kevin McCarthy from the Regulator's Practice presented a proposal for governance modernization, facilitating discussion on how to implement the shift from the policy governance model to a more contemporary approach to governance. He provided background information, highlights from the Harry Cayton and Deanna Williams' governance report, and introduced four proposed governance projects:

1.Governance learning
2.Chair coaching support
3.Council performance measurement framework (evaluation)
4.CEO performance evaluation policy

These initiatives aim to strengthen Council effectiveness, improve leadership capacity, and support continuous improvement. Council engaged in both small and large group discussions to provide feedback on each project. They explored learning needs and knowledge gaps, identified key skills and supports for effective Chair leadership, discussed inputs for developing a performance measurement framework, and considered principles to guide CEO evaluation.

Kevin McCarthy will compile the Council's feedback and return with a more detailed proposal on the four streams.

8.0 MONITORING BOARD PERFORMANCE

8.1 CRD-6 Registrar/CEO Succession

The Council Chair reviewed the CRD-6 policy and confirmed Council is in compliance. There have been no instances where the Registrar was unable to perform his duties and ensure consistent leadership for the management of the organization. Council is not in a position where a successor is required, therefore Council is in compliance.

8.2 CRD-7 Registrar/CEO Termination

Council reviewed the CRD-7 policy and confirmed Council is in compliance. Council did not terminate the Registrar, therefore they are in compliance.

9.0 COUNCIL-REGISTRAR DELEGATION ITEMS FOR CONSIDERATION

9.1 Policy Content Review: CRD-6 and CRD-7

Council reviewed and discussed the proposed changes to the CRD-6 and CRD-7 policies.

The changes were housekeeping in nature to better align the policies with the language used in the CDHO By-Laws and reflect best practices.

CRD-6

- Remove gendered language
- Change 'President' to 'Chair'
- Change 'managers' to 'directors'
- Update numbering

CRD-7
- Remove a comma

Council decided to approve the changes.

MOTION: **THAT** Council approves the changes to the CRD-6 and CRD-7 policies as proposed, including changing the term 'President' to 'Council Chair' and removing gendered language.

MOVED: Krista Dufour
SECONDED: Jennifer Cooper
VOTE: **CARRIED**

10.0 ENDS ITEMS FOR CONSIDERATION

10.1 Policy Content Review: Global End

There were no changes to the Global End policy.

10.2 Policy Content Review: E-1

There were no changes to the E-1 policy.

10.3 Policy Content Review: E-2

There were no changes to the E-2 policy.

10.4 Policy Content Review: E-3

There were no changes to the E-3 policy.

10.5 Policy Content Review: E-4

There were no changes to the E-4 policy.

MOTION TO MOVE IN CAMERA

MOTION: **THAT** Council move in Camera as per RHPA, *Schedule 2, Section 7(2)(d)* at 1:28 p.m., for agenda items 11.1–11.5.

MOVED: Amit Sethi
SECONDED: Juli Kreutner
VOTE: **CARRIED**

11.0 MONITORING CEO PERFORMANCE

11.1 EL-3, 3.1, 3.2

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

MOVED: Margaret Wade
SECONDED: Christina Lee-Rotstein
VOTE: **CARRIED**

11.2 **EL-4**
MOTION: **THAT** council has assessed the monitoring reports for Executive Limitations Policy 4 and determined there is sufficient, verifiable evidence of a reasonable interpretation.

MOVED: Margaret Wade
SECONDED: Christina Lee-Rotstein
VOTE: **CARRIED**

11.3 **EL-6**
MOTION: **THAT** That council has assessed the monitoring reports for Executive Limitations Policy 6 and determined there is sufficient, verifiable evidence of a reasonable interpretation.

MOVED: Krista Dufour
SECONDED: Amit Sethi
VOTE: **CARRIED**

11.4 **EL-9**
MOTION: **THAT** That council has assessed the monitoring reports for Executive Limitations Policy 6 and determined there is sufficient, verifiable evidence of a reasonable interpretation.

MOVED: Juli Kreutner
SECONDED: Erin Betts
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 3:29p.m.

MOVED: Margaret Wade
SECONDED: Jennifer Cooper
VOTE: **CARRIED**

12.0 SELF-EVALUATION OF GOVERNANCE PROCESS

12.1 Council Meeting Evaluation

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

13.0 NEXT MEETING DATE

The next Council meeting is September 26, 2025.

14.0 ADJOURNMENT

MOTION: **THAT** the Council meeting be adjourned at 3:30 p.m.

Moved: Jeny Jovanov
Seconded: Krista Dufour
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; Terri Strawn, Vice-Chair; Vanessa Pereira

Public Members: Erin Betts, Amit Sethi

INTRODUCTION

Since its last report to Council, the Executive Committee met through videoconference on June 4th and August 26th, 2025.

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

ITEMS FOR INFORMATION

CDHO Governance

The Executive planned the agendas for the September 19th workshop and the September 26th Council meeting.

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

Public Member Appointments

The Executive Committee would like to welcome Nella Chiappetta to Council. Ms. Chiappetta has been appointed for a term of one year. Her orientation session was held on July 30, 2025 and Vanessa Pereira has been assigned as her mentor. The Executive Committee has appointed Nella Chiappetta to the Quality Assurance Committee.

Discipline Committee Report

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

Chair: Erin Betts, Public Member

Vice-Chair: Amanda Acker, Professional Member (Non-Council)

Professional Members (Council): Michelle Atkinson, Tiffany Murray, Anne-Marie Conaghan, Jennifer Cooper, Krista Dufour, Carmen Adebar, Juli Kreutner, Vanessa Pereira, Balbir Sohi, Terri Strawn, Liisa Moore

Public Members (Council): Loree Beniuk, Pella Giabanis, Candace Herod, Christina Lee-Rotstein, Amit Sethi, Margaret Wade, Nella Chiappetta, Jeny Jovanov

Professional Members (Non-Council): Siobhan Brennan, Rowena Javier

INTRODUCTION

Since its last report to Council in June 2025, the Discipline Committee has not held a plenary meeting.

ITEMS FOR INFORMATION – RELATED TO MANDATE

The following matters are currently before the Discipline Committee. Notices of hearing are posted to the public register. Prosecuting and defence counsel are engaged in preliminary discussions, and the matters will be scheduled for a hearing in due course.

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

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.

Chair: Christina Lee-Rotstein (Public Member)

Professional Members: Michelle Atkinson, Anne-Marie Conaghan, Jennifer Cooper, Krista Dufour, Juli Kreutner, Vanessa Pereira, Balbir Sohi, Terri Strawn, Liisa Moore, Tiffany Murray, Carmen Adebar

Public Members: Loree Beniuk, Erin Betts, Pella Giabanis, Margaret Wade, Amit Sethi, Candace Herod, Jeny Jovanov, Nella Chiappetta

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 2025.

CONCLUSION

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

CDHO

Inquiries, Complaints and Reports Committee Report

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

ICRC Chair: Michelle Atkinson

Panel A – Chair: Anne-Marie Conaghan

Professional Members (Council): Anne-Marie Conaghan, Liisa Moore
Public Members (Council): Pella Giabanis, Amit Sethi
Professional Members (Non-Council): Roxane Hopton, Christina Mitas

Panel B – Chair: Michelle Atkinson

Professional Members (Council): Michelle Atkinson, Jennifer Cooper
Public Members (Council): Jeny Jovanov, Christina Lee-Rotstein
Professional Members (Non-Council): Alicia Howery, Pooja Sarda

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 20, 2025 (which reported matters up until June 4, 2025) 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	June 6, 2025 August 29, 2025	July 25, 2025	June 26, 2025 September 9, 2025 (scheduled)

ITEMS FOR INFORMATION – RELATED TO MANDATE

The following tables detail, in summary form, the activities of the ICRC since the last Report to Council (which reported information up until June 4, 2025).

Number of investigations carried over from previous period(s)[1]			
	Complaints	**Registrar Reports**	**QA Referrals**
Investigations started before June 4, 2025	**15**	**12**	**1**

Intake of new investigations			
	Complaints	**Registrar's Reports**	**QA Referrals**
June 4, 2025 to September 4, 2025	**12**	**4**	**1**

Decisions made and finalized by ICRC			
	Complaints Outcomes	**Reports Outcomes**	**QAC Outcomes**
June 4, 2025 to September 4, 2025	Guidance and Recommendations: **4** Specified Continuing Education or Remediation Program (SCERP): **1**	Guidance and Recommendations: **3** Specified Continuing Education or Remediation Program (SCERP): **2** Specified Continuing Education or	**0**

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

	Alternative Dispute Resolution (ADR) Decision Ratified[2]: **2**	Remediation Program (SCERP) + Oral Caution: **1**	

At the time of writing (September 4, 2025), 3 complaint matters, and 8 report matters were deliberated by the ICRC, but the Decisions with Reasons have not been finalized. The outcomes and timelines will be reported on the next Report to Council.

Health Professions Appeal and Review Board Matters			
	Total Matters in progress (including where Decision pending)	**Matters heard, Decision pending**	**Decision(s) Received**
June 4, 2025 to September 4, 2025	**3**	**1**	**0**

Incapacity

The ICRC is currently not dealing with any incapacity matters.

Timelines

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

Numbers of days to disposition on completed matters from June 4, 2025, to September 4, 2025 (time of writing) were as follows:

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

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

CONCLUSION

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

[3] Includes 2 matters that were resolved via ADR

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: Jeny Jovanov

Professional Members (Council): Juli Kreutner, Carmen Adebar

Public Members (Council): Loree Beniuk, Jeny Jovanov, Amit Sethi

Professional Members (Non-Council): Devon Bedford

INTRODUCTION

Introduction

The Patient Relations Committee has not met since the last Committee meeting on April 10, 2025.

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: Terri Strawn

Professional Members (Council): Vanessa Pereira, Balbir Sohi, Terri Strawn

Public Members (Council): Margaret Wade, Pella Giabanis, Nella Chiappetta

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

INTRODUCTION

The Quality Assurance Committee met twice since the last Report to Council. The Committee met by video conference on June 17, 2025, and July 21, 2025.

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 18 total matters since the June 20, 2025, report.

Remediation Directed by Assessment Type		
Type of Assessment	**Number Reviewed**	**Remediation Directed**
QA Records (Paths 1, 2, 3)	0	-
Onsite Practice Visit	2	1
Chart Audit	1	1
Clinical Competency Eval.	2	2

Areas of Concern Identified During Assessment	
Assessment Tool	**Totals**
Learning Portfolio	0
QA Test (Unsuccessful)	0
Practice Assessment*	
Infection Prevention and Control	3
Emergencies / Oxygen / CPR	0
Equipment	1
Record Keeping	4

*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		**1**
Extension / Deferral Requests		**1**
	Granted	*1*
	Not Granted	*0*
Re-registered / Reinstated	Submit Records for Assessment	**6**
Non-Compliance		**7**
	Notice of Intention to Impose	*2*
	Direct Registrar to Impose TCLs	*1*
	Refer to ICRC	*1*
	No Action	*3*

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, 425 emails were sent out to those registered between May 22, 2025, and August 25, 2025.

2026 QA Assessment

For the 2026 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 22, 2025, 228 volunteers were confirmed, and the notice of selection email was sent out to 499 randomly selected RDHs.

Path 4 and Peer Circle Updates

The Fall cohort for Path 4 Peer Circles has been scheduled and will run from September 15 through November 22, 2025. 309 volunteers are scheduled to participate.

Nine Optional Peer Circle events were delivered between May and September, 2025. About 225 RDHs attended across five in person events, and 130 attended across the four online events.

Quality Assurance Records Peer Review Statistics (as of September 3, 2025)

2025 Peer Assessment

783 quality assurance records requested[1]

91 have met the assessment guidelines[2]

686 are in the assessment process[3]

0 are participating in direct learning/remediation[4]

6 are on hold[5]

2025 Practice Assessment

0 on-site practice assessments requested[1]

2024 Peer Assessment

22 quality assurance records requested[1]

17 have met the assessment guidelines[2]

1 are in the assessment process[3]

0 are participating in direct learning/remediation[4]

4 are on hold[5]

2024 Practice Assessment

1 on-site practice assessments requested[1]

0 have met the assessment guidelines[2]

0 are in the assessment process[3]

0 are participating in direct learning/remediation[4]

1 is on hold[5]

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

Professional Members (Council): Anne-Marie Conaghan, Terri Strawn, Tiffany Murray

Public Members (Council): Christina Lee-Rotstein, Erin Betts

Professional Members (Non-Council): Lisa Frisch

INTRODUCTION

This report summarizes the Registration Committee's activities from its last Report to Council on June 20, 2025, covering the period from May 7, 2025, to August 20, 2025.

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

ITEMS FOR INFORMATION – RELATED TO MANDATE

Registration Statistics

Since last reported to Council:

Certificate of Registration	May 6, 2025	August 20, 2025
General	14, 534	14,988
Specialty	647	795
Inactive	821	648
Total Registrants	16, 002	16,431

Applications for Registration

Since the last report to Council, the College has received 446 new registration applications, 3 of which required detailed review by the Registrar.

Registration Committee Meeting

Since the last report to Council, a panel of the Registration Committee met on June 23, 2025, to review two referrals from the registrar. After reviewing the submissions and considering the information provided, the Panel directed the Registrar to issue a Certificate of Registration to the applicants.

Changes to the Register

Since the last report to Council on June 20, 2025:

- 424 applicants were registered to practise
- 9 previous registrants of the College were re-registered
- 4 registrants reinstated
- 1 registrant was administratively suspended
- 0 registrants were suspended with cause
- 0 registrants were revoked for non-payment of fees
- 0 registrants were revoked with cause
- 7 registrants resigned
- 0 registrant 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 17th – Zoom meeting with Dr. Glenn Pettifer

July 30th – Orientation for new public member Nella Chiappetta

August 21st – Zoom meeting with Terri Strawn

August 25th – Zoom meeting with Dr. Glenn Pettifer and Kevin McCarthy

August 26th – Executive meeting

August 28th – Zoom meeting with Jay Reid

September 19th – Council Workshop

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 17, 2025 Meeting	March 27, 2025 Workshop	March 28, 2025 Meeting	June 13, 2025 Workshop	June 20, 2025 Meeting	September 19, 2025 Workshop	September 26, 2025 Meeting	December 11, 2025 Workshop	December 12, 2025 Meeting
Professional Members										
Adebar, Carmen	N/A	✓	✓	✓	✓	✓				
Atkinson, Michelle	✓	✓	✓	✓	✓	✓				
Conaghan-Anne-Marie	N/A	✓	✓	✓	✓	✓				
Cooper, Jennifer	N/A	✓	☒	✓	✓	✓				
Dufour, Krista	N/A	☒	✓	✓	✓	✓				
Kreutner, Juli	N/A	✓	✓	✓	✓	✓				
Moore, Liisa	✓	✓	✓	✓	✓	✓				
Murray, Tiffany	✓	✓	✓	✓	✓	✓				
Pereira, Vanessa	N/A	✓	✓	✓	✓	✓				
Sohi, Balbir	N/A	✓	✓	✓	✓	✓				
Strawn, Terri	N/A	✓	✓	✓	✓	✓				
Public Members										
Beniuk, Loree	N/A	✓	✓	✓	☒	☒				
Betts, Erin	N/A	✓	☒	☒	✓	✓				
Chiappetta, Nella	N/A	N/A	N/A	N/A	N/A	N/A				
Giabanis, Pella	N/A	✓	✓	☒	☒	✓				
Herod, Candace	N/A	☒	☒	☒	☒	☒				
Jovanov, Jeny	N/A	N/A	✓	✓	✓	✓				
Lee-Rotstein, Christina	N/A	✓	✓	✓	✓	✓				
Sethi, Amit	N/A	✓	✓	✓	✓	✓				
Wade, Margaret	N/A	✓	✓	✓	✓	✓				

✓ *Attended*
✗ *Did not attend*

APPENDIX 2

Professional Council Members' Honorarium and Expense Claims - Quarterly Submission

For the Year ending December 31, 2025

	Q1 HONORARIUM	Q1 EXPENSES	Q2 HONORARIUM	Q2 EXPENSES	Q3 HONORARIUM	Q3 EXPENSES	Q4 HONORARIUM	Q4 EXPENSES	TOTAL
Michelle Atkinson (chair)	2,304.00	-	3,391.00	948.73					6,643.73
Terri Strawn (vice-chair)	1,385.00	-	2,805.00	267.86					4,457.86
Vanessa Pereira	830.00	-	2,060.00						2,890.00
Krista Dufour	-	-	1,505.00						1,505.00
Anne-Marie Conaghan	740.00	-	2,065.00						2,805.00
Jennifer Cooper	900.00	-	1,945.00						2,845.00
Tiffany Murray	505.00	-	1,345.00						1,850.00
Carmen Adebar	690.00	-	1,665.00						2,355.00
Liisa Moore	690.00	-	1,965.00	927.58					3,582.58
Balbir Sohi	715.00	-	1,505.00						2,220.00
Juli Kreutner	530.00	-	1,665.00						2,195.00
Non-Council Professional Members (combined)	1,430.00	-	3,380.00	-		-		-	4,810.00
TOTAL	10,719.00	0.00	25,296.00	2,144.17					38,159.17

Includes claims for:

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

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 done in between Council meetings and represents a report of this ongoing work since Council's last general meeting on June 20, 2025.

CRM and Annual Renewals

The Registration and IT Teams are conducting final preparations for and have concluded the required testing in advance of the launch of the annual renewal process on October 15, 2025. This will be the first year that annual renewals are conducted in the upgraded CRM database and Self-Service Portal. Staff are working diligently, as in previous years, to ensure that registrants experience a smooth renewal process.

To help ensure that registrants are ready to renew, reminders to log-in to the new Self-Service Portal in advance of renewals (if they have not yet done so) along with regular reminders during the renewal period (October 15 – December 1) are being sent out.

Risk Identification and Management

Doha Melhem of Pivotal Research will be presenting the final draft version of the Enterprise Risk Register and associated Risk Monitoring Dashboard to Council at its September 26, 2025, meeting. Additional initiatives related to risk management in Dental Hygiene practice include explorations of the patient-side risks in the access of Dental Hygiene care and the impact of identifiable risks to RDH continuing competence. CDHO has completed the focus groups with invited RDHs who participated in online discussions regarding the characterization and quantification of patient-side risks that are also identified in the CDHO Practice Profile document. Council's oversight of the ERR and development and oversight of the RRR are both initiatives addressed in recommendations arising from the Cayton-Williams and are included in CDHO 2025-2027 Strategic Plan.

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 in June, the Practice Advisory Service responded to 396 enquiries.

	Calls	Email	Total Enquiries	Top Topics
June 2025	76	50	126	1. Regulation (contraindications, radiographs, records) 2. Standards of Practice (process of care, communication) 3. IPAC (monitoring, procedures, PPE)
July 2025	84	52	136	
August 2025	92	42	134	

In the area of Inter-professional collaboration, approximately 23% of our inquiries will have an element related to inter-professional collaboration in the question. Of those, approximately 51% will involve inter-professional collaboration with associations; 24% with family physicians or specialists, and 24% with other regulators.

Program Elements

Communications and System Partner Engagement

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

Website Stats (June 4 – September 4, 2025)

- 143,043 English Sessions; 3,594 French Sessions (Sessions = # of users who interacted with a page(s) and includes repeat views)
- 10,964 clicks to the Public Register
- Top visited pages (excluding the homepage)
    - Knowledge Network (landing page)
    - Hypertension Fact Sheet
    - Standards and Resources
    - Peer and Practice Assessment
    - Graduates from Accredited Educational Programs

- **Top PDF downloads:**
    - Dental Hygiene Standards of Practice
    - IPAC Guidelines
    - Code of Ethics
    - Clinical Information Practice Standard
    - Registrants' Handbook

Social Media Stats (June 4 – September 4, 2025)

Facebook

- 100 new followers
- Content most engaged with (i.e., clicks, comments, shares): Profession age range post; Burlington Peer Circle post; Dating a client article post

Instagram

- 119 new followers
- Content most engaged with: Ottawa Peer Circle post; Profession age range post; Burlington Peer Circle post

LinkedIn

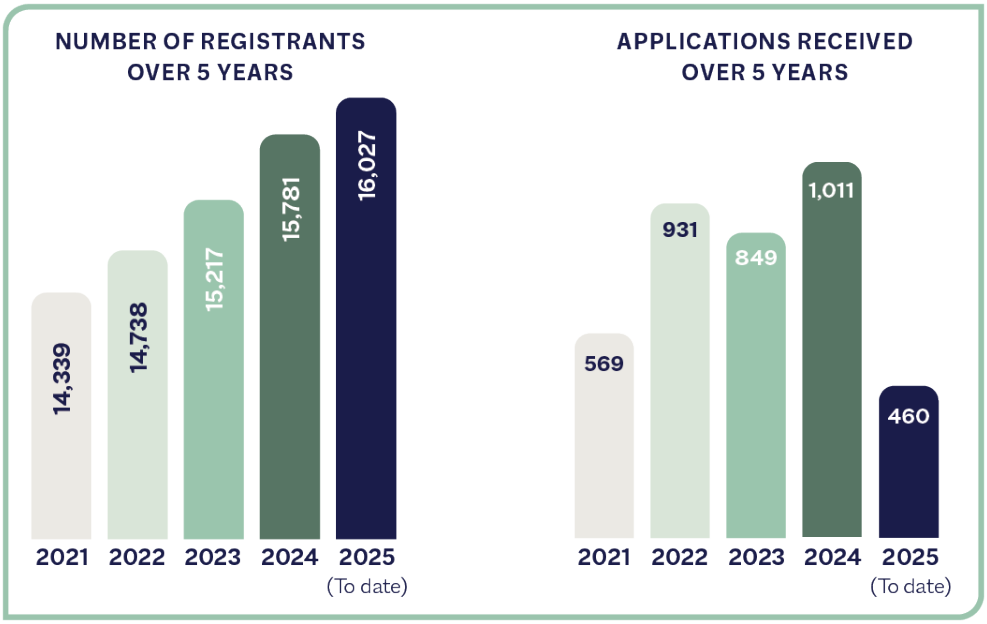
- 124 new followers
- Content most engaged with: Registrar's 2024 Annual Report message; Chair's 2024 Annual Report message; new Public Health Ontario IPAC course post

Public Awareness Campaign

CDHO's year-long public awareness campaign ended on August 31, 2025. A fulsome campaign overview will be provided at the December Council meeting. Staff are working to extend the campaign for the remainder of 2025

Registration

As of September 11th, 2025, the CDHO has 16, 446 Registrants (15, 016 General, 648 Specialty, and 782 Inactive).



The registration applicant **Application Process Experience Survey** continues. This feedback process is designed to characterize the experience of applicants as they engage with the CDHO during their initial Registration process. This qualitative data will assist us in identifying opportunities for improvement in our application process, an important component of our general principles of accessibility and accountability. Pivotal Research has provided the Annual Registration Experience Report. There is a strong level of satisfaction among applicants with the registration process, rising from 90% satisfaction in 2024 to 95% in 2025. Of those applicants who interacted with staff, 97% reported positive experiences,

unchanged from 2024 to 2025. Satisfaction with the clarity of the application process in 2025 was high (87%), though slightly lower than in 2024 (91%).

Legislative/Regulatory Updates – As of Right

There has been no update from the Ministry of Health since the last report to Council regarding possible "As of Right" regulatory changes. While it is expected that dental hygienists will be included along with other regulated health professionals in any changes, CDHO has no update as to what such changes are likely to include or when such changes may come into effect. Staff continue to make preparations to be able to respond quickly if and when the Ministry takes further action.

Staff will provide an update on the status of the proposed amendments to the Examination and Registration Regulation separately.

Equity, Diversity and Inclusion

CDHO presented to the Office of the Fairness Commissioner on best practices and effective methods for collecting and analyzing race-based data on July 23, 2025. The information was well received and continues to serve as a model for other health regulatory bodies who are developing and implementing strategies for the collection, analysis, and use of race-based data.

CDHO established a working group for the development of a practice standard on cultural safety, humility, and anti-racism. The new standard will specify the requirements for Registered Dental Hygienists to provide culturally safe services to persons and communities and address Indigenous-specific racism in service delivery. This working group includes eight individuals with extensive personal and professional experiences. An in-person meeting is scheduled in November 2026.

As part of the strategic plan to prioritize equity and inclusion initiatives, CDHO is preparing a 2026 action plan focused on efforts to support staff and registrants with incorporating EDI and cultural safety principles within practice, as well as to identify opportunities for collaboration with system partners. Two staff have completed the Equity Sequence® training, which is a model that serves as a framework for decision making with an equity lens. This framework has been adopted by other health regulators in Ontario, and we continue to share knowledge and best practices with system partners.

Quality Assurance Program and Resource Development

This summer, Peer Circles were in full swing! 222 RDHs were welcomed at events in Oshawa, Burlington, Ottawa, Thunder Bay, and Guelph, and another 123 participated in Peer Circles online.

After careful review and validation from our consultant, we are ready to move forward with delivering results from the Spring Path 4 cohort. Of the 245 participants, 5.7% will receive recommendations for self-directed development, and 2.1% will have the opportunity to participate in additional peer coach assisted development.

The Fall cohort for Path 4 Peer Circles has been scheduled and will run from September 15 through November 22, 2025, with over 300 volunteers participating.

For the 2026 QA assessment, 228 volunteers signed up, and 499 RDHs were selected through stratified random selection. Notices of selection and volunteer confirmations were sent on August 22, 2025.

Over 5200 RDHs have joined our Communities of Practice (CoPs). We have four CoPs that are open to all RDHs: Contraindications and Dental Hygiene, Restorative, Orthodontic, and Public Health.

In the last 90 days, the Contraindications and Dental Hygiene CoP has been viewed 671 times across all topics. The Orthodontic CoP has had 177 views, Restorative CoP has had 143 views, and the Public Health CoP has had 298 views. Top searched-for topics across all communities include IPAC, blood pressure, and nightguards.

The CoP Leaders will have their quarterly Zoom meeting in October to connect and support one another in managing their respective Communities and brainstorm ideas for further engagement!

The Educational Module library currently contains modules addressing: Consent and the Dental Hygienist, Confidentiality and Privacy, Oral Healthcare Professionals and Mandatory Reporting, and Trauma- and Violence-Informed Care. Modules covering the topics of Oral Health Care for People with Disabilities, Record Keeping, and Professionalism and Communication have been developed and will be released to the profession throughout the next several months, into 2026.

Professional Conduct

There are currently 20 open complaint matters (three of which are currently being managed in the Alternative Dispute Resolution process) and 18 open report matters. There are currently 3 matters before HPARB.

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

Complaints and Risk Areas

A review of the complaints received since January 2025 reveals that received complaints fall in the following domains: relational behaviours (interpersonal interactions (communications), boundaries, discrimination), professionalism, management and operations (record keeping, billing, IPAC processes), and dissatisfaction with clinical care (pain, discomfort, oral tissue trauma).

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. Some teams will hold in-office team meetings outside of the two anchor days. During the anchor days we conduct a general staff meeting and routinely participate in team building and team education activities. 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.

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. While financial gains are important, perhaps one of the greater benefits in sharing space with other health profession regulators is that this space sharing establishes the framework for the exchange of information and ideas between individuals and organizations that have the common mandate of health profession regulation.

System Partner Representation

Federation of Dental Hygiene Regulators of Canada

This national federation 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. Following the development of a 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 have recently been elected Vice-Chair of the Federation for a one-year term. In this role, I sit on the Executive and Governance Committees.

Commission on Dental Accreditation of Canada (CDAC)

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

As a member of the Federation of Dental Hygiene Regulators of Canada, I represent the FDHRC on the new CDAC Board that was created when CDAC was cleaved off the Canadian Dental Association. I also sit on CDAC's Finance, Audit and Risk Management Committee. The Board is currently undergoing significant transformation that includes modifications to its governance structure, funding model and program survey framework. A new CEO has been in place since April 2024 and has been instrumental in developing a strategic plan for the organization, revising funding models, modifying organizational efficiency and contemplating a review of the accreditation standard framework.

Health Profession Regulators of Ontario

HPRO supports information sharing and some collaborative initiatives among Ontario's Health Profession Regulators in Ontario. The group is comprised of the Registrars from each of Ontario's 26 health regulatory colleges that regulate 29 distinct health professions. HPRO supports collaborative initiatives to assist colleges in fulfilling their regulatory roles.

Ontario Oral Health Professions Registrars

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

CDHO
COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

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

Name of New Council Member: Christina Lee-Rotstein

Name of Mentor: Vanessa Pereira

Date Report Completed and Submitted to CDHO: September 2025

COMPLETION OF THE PROGRAM

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

Was there unnecessary information included in the orientation? If so, please provide examples. Was the information presented logically? If not, please suggest improvements to the order of presentation.	☐ Yes ☑ No ☑ Yes ☐ No
New Council Member Notes/Comments:	
4. Mentorship Orientation Did the Mentorship Orientation assist with your understanding of the program and help with the success of the mentorship?	☑ Yes ☐ No
Did the Council Mentor Program significantly contribute to your learning and the ease with which you have been able to successfully become an active member of the CDHO Council?	☐ Strongly Agree ☑ Agree ☐ Not Sure ☐ Disagree ☐ Strongly Disagree
New Council Member Notes/Comments:	
Please share any suggestions to enhance the Council Mentor Program:	

New Council Member Mentor Program Checklist Attached: ☑ Yes

COUNCIL MENTOR PROGRAM CHECKLIST

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

Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
Phase 1 – Part 1 — First Connection **Timeline: Within the First Two Weeks of Announcement of Mentorship** • Initial welcome and introduction made by Mentor. ○ Plan for the first mentor session (i.e., Phase 1 – Part 2).	☑	
• Introduction of both parties. ○ Brief backgrounds of each party (professional, governance history and experience, and connection to CDHO if any).	☑	
• Further contact information and how best to contact each other to address any questions which may arise.	☑	
• Confirm that the new Council Member has been assigned and has successfully connected with their assigned CDHO email address, which is only for use in CDHO business.	☐	
Date Completed: Septembre 20, 2024, prior to Council workshop		
Phase 1 – Part 2 — First Mentor Session **Timeline: Prior to New Council Member's First Council Meeting** • General overview of what to expect at the new Council Member's first Council meeting.	☑	
• Answer any top-of-mind questions by the new Council Member.	☑	

Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
• How to find the CDHO offices and Council Room or to connect to virtual Council meetings through the Council Member's designated CDHO email. ○ The Council Member sign-in process upon arrival at the office for in-person meetings.	☐	
• The general flow of Council meetings.	☑	
• Where to find the Council pre-reading package online.	☑	
• Using the CDHO Council portal online (Board Effect).	☐	
• How to read/follow the Council meeting agenda.	☑	
• How to link the Council meeting agenda to the Council Strategic Priorities	☑	
• How to navigate the Council meeting material package for the upcoming Council meeting.	☑	
• Overview of how motions are made and passed at CDHO Council meetings.	☑	
• Difference between "in camera" and open to the public meetings and rationale.	☐	
• The phases of the New Council Member Mentor Program.	☑	
• Topics for the New Council Member to become familiar with and discuss with the Mentor as needed: ○ Governing legislation: *Regulated Health Professions Act, 1991*, the *Dental Hygiene Act, 1991*, *Fair Access to Regulated Professions and Compulsory Trades Act*, etc. ○ The CDHO Council Mandate, and Responsibilities regarding the Protection of	☐	

Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
Public Interest as the most critical decision determinant in Council decision- making. ○ CDHO Regulations and By-laws. ○ CDHO Code of Conduct. ○ The CDHO Strategic Priorities. ○ The CDHO Council Policies on Ends (Critical Outcomes) and Executive Limitations. ○ The CDHO Council Policies on Governance Process and Council/Staff Relationship. ○ The CDHO Monitoring process through the Strategic Plan. ○ Ministry of Health's College Performance Measurement Framework (CPMF). ○ The CDHO Council's work to date on the Ownership Linkage Plan. ○ The CDHO External Assessment Review. ○ The CDHO Governance Review. ○ Key CDHO System Partners (i.e., government, provincial & national professional associations, Federation of Dental Hygiene Regulators of Canada, Health Profession Regulators of Ontario). ○ Key acronyms.	☐	

Date Completed: September 20 and 24, 2024

New Council Member Observations/Comments:

On-boarding was organized and thorough. Veronica had me up to speed with technology and welcome meeting with Terri and Glenn covered a lot before I was connected with Vanessa

Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
<u>Phase 2 – Second Mentor Session</u> **Timeline: Immediately Following New Council Member's Initial Council Meetings** • Answers to any outstanding questions which arose for the new Council Member from their first Council meetings.	☑	
• Review of the Council Governing Style (Policy No. GP 1), Council Job Contributions (GP 2), Council Planning Cycle and Agenda Control (GP 3) and Council Member's Code of Conduct (Bylaw No 5, 3.7).	☑	
• Review of the types and structure of the CDHO Council Policies and the Council Policy Manual Table of Contents.	☑	
• Description, by Mentor, of the most helpful documents and/or experiences in learning the job of being a CDHO Council Member.	☑	
Date Completed: September 24, 2024		
New Council Member Observations/Comments:		
<u>Phase 3 – Third Mentor Session</u> **Timeline: Between New Council Member's First and Second Set of Council Meetings** • Any further questions/topics arising from the first Council meeting for which the new Council Member requires more input or context.	☑	
• Review of the upcoming topics related to Council's Strategic Priorities. ○ Review the topics coming up at the next Council meeting.	☑	

Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
• A summary by the Mentor of the key strategic and governance issues related to Council's Strategic Priorities.	☑	
• Any other outstanding questions by the new Council Member.	☑	
Date Completed: December 3rd, 2024 by email. There were no questions so no need for meeting.		
New Council Member Observations/Comments: I was comfortable with content and how to find by December meeting		
<u>Phase 4 – Fourth Mentor Session</u> **Timeline: Just Prior to the New Council Member's Second Set of Council Meetings** • Any topics, from the Council Meeting pre-reading package, for which the new Member has questions or requires further background or context.	☐	
• Types of governance questions a Council Member may choose to ask throughout the different components of the Council meeting, including appreciative inquiry evaluation questions for Registrar Monitoring Reports.	☐	
• Overview of Council and Council Members' role in assessing the Registrar annual Ends Interpretation and monitoring Registrar performance (the process and relevant questions to ask). ○ Review and discuss the layout/structure of one of the Registrar Monitoring Reports in the Council Meeting Package.	☐	
Date Completed: No need for meeting.		

Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
New Council Member Observations/Comments: Agreed - no need for meeting		
Phase 5 – Report to Full Council by New Council Member **Timeline: At Least Two Weeks Prior to New Council Member's Third Set of Council Meetings** • Report to Full Council (using the standard template) completed by the new Council Member. ○ Signed off by new Council Member and Mentor and forwarded to CDHO.	☑	
Date Completed: September 2025		
Any Final Comments/Observations by New Members: Vanessa was an awesome mentor! I felt that on-boarding is really structured - perhaps too structured? It was a lot of steps and didn't feel as necessary since I'm already experienced on regulatory boards. I really appreciated being connected with someone who has a lot of experience to answer my questions. I would definitely keep the initial kick-off calls with Veronica (for logistics), Glenn & Chair, and partnering with a mentor, but I think mentor and mentee should be able to determine what is needed as next steps vs. adhering to a check-list.		

Vanessa Pereira

Mentor's Signature

September 4, 2025

Date Completed

New Council Member's Signature

Sept 19, 2025

Date Completed

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

CDHO

Briefing Note

To: Council

From: Executive Committee

Date: September 26, 2025

Topic: Proposed Council Meeting Schedule 2026

Council completed a survey on scheduling preferences for 2026. The Executive Committee reviewed the survey and are proposing the following dates for the 2026 Council workshops and meetings:

Date	Notes
January	
Friday, January 9, 2026	January Council Meeting (virtual)
OR	**OR**
Friday, January 16, 2026 OR	January Council Meeting (virtual)
March:	
Thursday, March 26, 2026	Workshop (In-person/Hybrid)
Friday, March 27, 2026	March Council Meeting (In-person/Hybrid)
June:	
Friday, June 4, 2026	Workshop (In-person/Hybrid)
Friday, June 5, 2026	June Council Meeting (In-person/Hybrid)
OR	**OR**
Thursday, June 11, 2026	Workshop (virtual)
Friday, June 12, 2026	June Council Meeting (virtual)
September:	
Friday, September 10, 2026	Workshop (virtual)
Friday, September 11, 2026	September Council Meeting(virtual)
December:	
Thursday, December 3, 2026	Workshop (In-person/Hybrid)

Friday, December 4, 2026	December Council Meeting (In-person/Hybrid)

Recommended Motion:

THAT Council approves the proposed 2026 meeting dates.

MOVED:
SECONDED:
CARRIED:
DEFEATED:

Briefing Note

To: Council

From: Staff

Date: September 26, 2025

Topic: Status Update - Amendments to the Examinations and Registration Regulations

Staff Support: Registrar, Deputy Registrar

Issue:

The Ministry of Health advised CDHO on September 3, 2025, that the previously proposed amendments to the Examinations and Registration regulations[1] were approved and filed with the Registrar of Regulations. The amendments were filed on August 29, 2025, and were published in the Ontario Gazette on September 13, 2025. The amendments came into effect as of the date of filing.

Background and Timeline:

Council submitted proposed amendments to the Examinations and Registration regulations to the Ministry of Health in 2021. In summary, the proposed amendments related to the following:

- Revoking the Examinations Regulation to eliminate the fourth attempt for candidates at the national entry-to-practice examinations
- Renaming the "Inactive" class of certificate of registration to "Non-Practising"
- Replacing references to specific examining and accrediting bodies [i.e., the National Dental Hygiene Examination Board (NDHB) and the Commission on Dental Accreditation of Canada (CDAC)] with generic references
- Updating various reporting requirements (i.e., the information that an applicant must disclose regarding their conduct history) and making minor housekeeping amendments

The development and submission of these amendments occurred on the following timeline:

- **Pre-2021:** Proposed amendments developed by the Examinations and Registration Committees

[1] Parts I & VII of O. Reg. 218/94: General, made under the *Dental Hygiene Act*, 1991, S.O. 1991, c.22

- **March 2021:** Proposed revocation of the Examinations Regulation approved by Council for submission to the Ministry
- **June 2021:** Proposed revocation of the Examinations Regulation submitted to the Ministry; proposed amendments to the Registration Regulation approved by Council for submission to the Ministry
- **September 2021:** Proposed amendments to the Registration Regulation submitted to the Ministry
- **2022 to 2023:** Proposed amendments under consideration by the Ministry
- **February to July 2024:** Discussions between CDHO and Ministry staff regarding the proposed amendments
- **September 2024:** Council approves modifications to the proposed amendments based on feedback from CDHO and Ministry staff
- **October 2024 to June 2025:** Proposed amendments under consideration by the Ministry; further discussions between CDHO and Ministry staff
- **July 2025:** Sealed (finalized) regulation amendments received from the Ministry
- **August to September 2025:** Sealed regulation amendments signed by the Chair and Registrar and returned to the Ministry; regulation amendments filed and published on e-laws and in the Ontario Gazette

Next Steps:

CDHO staff have already begun implementing the amendments and an announcement was shared with all registrants notifying them of the applicable changes.

For the revocation of the Examinations regulation, applicants will no longer be permitted a fourth attempt at the national entry-to-practice examinations. Individuals who have not already completed a fourth attempt or who are in the process of completing remediation in advance of a fourth attempt are no longer eligible to take the examinations. CDHO has advised all affected individuals.

For renaming the Inactive certificate, staff have made appropriate revisions to the CDHO website, supporting documents, and messaging for applicants and registrants. The change to the name of the Inactive certificate will additionally require modifications to the public register and CDHO's internal database. These technical modifications are planned for early 2026, after the completion of the annual renewal period to avoid any potential interference with the year-end processes.

In a separate agenda item at this meeting, Council is being asked to officially name the approved accreditation bodies for registration purposes, since the specific bodies are no longer named in the Registration Regulation. Similarly, the Registration Committee will be asked at an upcoming meeting to officially name the entry-to-practice examinations for registration purposes, as the specific examinations are no longer named in the Registration Regulation.

Briefing Note

To: Council

From: Staff

Date: September 26, 2025

Topic: Registration Regulation Amendment – Approval of Accrediting Bodies

References: O.Reg 218/94 "General", Part VII "Registration"

Staff Support: Registrar, Deputy Registrar

Issue: Amendments to CDHO's Registration Regulation came into effect on August 29, 2025. Part of these amendments removed references to specifically named accreditation bodies, i.e., the Commission on Dental Accreditation of Canada (CDAC) and the American Dental Association Commission on Dental Accreditation (ADA-CDA). These references were replaced with a generic reference to an accrediting "body approved by the Council". The purpose of these amendments was to increase the flexibility of the regulation to be able to adapt in the case of any potential future changes to accrediting bodies (e.g., change of name of the organisation, amalgamation, etc.)

Because the named accrediting bodies are no longer specifically listed in the Registration Regulation, Council is being asked to formally approve both CDAC and ADA-CDA as accrediting bodies for the purpose of registration with CDHO.

Public protection rationale: CDHO protects the public by establishing requirements for registration, including the requirement for applicants to have graduated from an educational program that meets standards of rigour and quality. CDHO achieves this by requiring educational programs to be accredited by a body approved by Council or to be equivalent to such an accredited program.

Source of Authority: Subsection 31(1) of the amended Registration Regulation requires that an applicant must have "successfully completed a program in dental hygiene that is accredited by a body approved by the Council" or a program from outside Canada or the United States determined by the Registration Committee to be substantially equivalent to an accredited program. Council has the authority to approve such accrediting bodies by motion.

Background: Prior to the regulation amendments coming into effect, both CDAC and ADA-CDA were specifically named as the approved accrediting bodies in the regulation. CDAC is the body responsible for accrediting dental, dental specialty, dental residency, dental hygiene, and dental assisting programs in Canada. ADA-CDA is the equivalent organization operating in the United States. CDAC administers the accreditation process through various means, including initial and regular program reviews and on-site visits.

By naming CDAC and ADA-CDA as the approved accrediting bodies, Council ensures that the same accreditation requirements are in place as those that existed prior to the amendments to the Registration Regulation. No changes to accreditation requirements are proposed.

Next steps: It is recommended that Council approve, by motion, CDAC and ADA-CDA as the accrediting bodies for the purpose of the Registration Regulation.

Decision:

MOTION: **THAT** Council hereby moves that the Commission on Denal Accreditation of Canada and the American Dental Association Commission on Dental Accreditation are approved as accrediting bodies for the purpose of subparagraph 1.i of subsection 31(1) of Ontario Regulation 218/94.

MOVED:

SECONDED:

VOTE:

CDHO

Briefing Note

To:	Council
From:	Staff
Date:	September 26, 2025
Topic:	Changes to Labour Mobility Exemptions for Nunavut and the Yukon
Appendices:	Letter from Minister (Labour) and Deputy Minister (Health) dated 29-Aug-2025
Reference:	*Health Professions Procedural Code*, ss. 22.15 to 22.22

Background: The Health Professions Procedural Code[1] ("Code") contains provisions that implement interprovincial labour mobility for all health professions, including dental hygienists. These provisions were enacted as part of the Government of Ontario's participation in the Agreement on Internal Trade signed between various Canadian provinces and territories. The provisions create a "certificate-to-certificate" registration process, whereby a dental hygienist who is registered in another Canadian jurisdiction can apply for registration with CDHO without having to undergo any additional training, examinations, or assessments or having to hold any additional experience. The purpose of these provisions is to make it easier for dental hygienists to obtain registration in Ontario and to facilitate labour mobility between Canadian jurisdictions.

To facilitate and expedite the registration process, applicants in the labour mobility stream are deemed by law to have met most of CDHO's registration requirements, and CDHO's ability to impose additional requirements on these applicants is limited. For example, labour mobility applicants, unlike first-time applicants, do not need to provide documentation related to their educational program or entry-to-practice examinations, as these will have already been verified when they originally registered in another Canadian jurisdiction. Labour mobility applicants still need to complete CDHO's jurisprudence examination, demonstrate currency of practice, submit evidence of professional liability insurance, pay applicable fees, and provide a certificate of standing from the dental hygiene regulator in their originating jurisdiction.

Previously, when the labour mobility provisions were first enacted, the Government of Ontario registered an exception to labour mobility for dental hygienists registered in the Yukon and Nunavut. At that time, the Government was of the view that the registration requirements in those jurisdictions were not sufficiently similar to those in Ontario to permit applicants from Yukon and Nunavut to be registered under the labour mobility stream. As a result, dental hygienists registered in Yukon and Nunavut were not permitted to apply to CDHO through the labour mobility stream and had to apply through the same stream as first-time applicants.

[1] *Regulated Health Professions Act, 1991*, S.O. 1991, c.18, Schedule 2

On August 29, 2025, CDHO received a letter from the Deputy Minister of Health and the Minister of Labour, Immigration, Training and Skills Development advising that the Government of Ontario had withdrawn this exception for dental hygienists from the Yukon and Nunavut. The letter noted that the Yukon had since made regulatory amendments to its registration practices and that there were only a small number of applicants from either territory to Ontario. Consequently, there is no concern related to public safety in Ontario by removing this exemption to labour mobility.

As a result, dental hygienists who are registered in the Yukon or Nunavut may now apply for registration with CDHO under the labour mobility stream. This change came into effect immediately and no further action by CDHO was required.

Applications from individuals registered in the Yukon and Nunavut are rare. To date, CDHO has received one application from a dental hygienist currently registered in the Yukon via the labour mobility stream. It is more common for registrants in Ontario to seek registration in the northern territories than the reverse. CDHO does not anticipate that the removal of the labour mobility exemption by the Government of Ontario will change this trend.

Next steps: This matter is for Council's information only. No action or decision by Council is required. CDHO will process applications from dental hygienists registered in other Canadian jurisdictions, now including the Yukon and Nunavut, in the same manner as previously.

Ministry of Health

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Minister of Health

777 Bay Street, 5th Floor
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et ministre de la Santé

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August 29, 2025

Michelle Atkinson, RDH
President
College of Dental Hygienists of Ontario
matkinson@council.cdho.org

Dear Michelle Atkinson,

Our government has been working to protect Ontario and build a resilient economy through free trade in Canada. This includes taking action to expand "As of Right" rules to more professions and occupations. It also includes harmonizing standards, and removing barriers to services, and goods coming into Ontario from other provinces and territories as an important step towards achieving this goal.

The Ministry of Health, in partnership with the Ministry of Labour, Immigration, Training and Skills Development, have reviewed the province's health profession exceptions to labour mobility under the *Canadian Free Trade Agreement* (CFTA). With the review we have taken notice of the exception in place for dental hygienists registered in the Northern Canadian territories of Yukon and Nunavut.

The Yukon has made regulatory amendments plus we note there were a very small number of applicants from either territory to the College of Dental Hygienists of Ontario. Given these changes, the province will be eliminating this barrier to labour mobility as the basis for this exception is no longer present. The risks to Ontarians are no longer a factor.

This is part of a larger effort by the province to remove barriers to internal trade and reduce red tape for workers and goods coming to Ontario. This change will help protect workers and strengthen our economy.

The provinces and territories have been notified of the exception removal through CFTA notifications, as is the normal process for such changes. Ministry staff will continue to work with the college to provide any necessary supports.

Thank you for working with our government to protect the public and the public interest and building a stronger health care workforce.

Sincerely,



Sylvia Jones
Deputy Premier and Minister of Health

Sincerely,



David Piccini
Minister of Labour, Immigration, Training and Skills Development

c: Deborah Richardson, Deputy Minister, Ministry of Health
Jonathan Lebi, Deputy Minister, Ministry of Labour, Immigration, Training and Skills Development)
Glenn Pettifer, Registrar & CEO, College of Dental Hygienists of Ontario
Dr. Karima Velji, Chief of Nursing and Professional Practice and Assistant Deputy Minister,
David Beaulieu, Ministry of Labour, Immigration, Training and Skills Development
Allison Henry, Ministry of Health
Terence Kwaramba, Ministry of Labour, Immigration, Training and Skills Development

Briefing Note

To: Council

From: Dr. Glenn Pettifer and Doha Melhem, Pivotal Research

Date: September 26, 2025

Topic: Risk Register Overview

Appendices: Risk Register

Background:

Over the last year, Senior CDHO staff have had the privilege of working closely with Doha Melhem, Vice President of Consulting & Chief Evaluator for Pivotal Research in the development of its Enterprise Risk Register and accompanying dashboard. The process involved a lengthy review of much of the CDHO Policy framework to identify those elements that pose a risk to the efficient, effective operation of CDHO. The Enterprise Risk Register that is used to inform the Risk Dashboard is included in the Council materials. Doha Melhem is joining Council today to discuss the genesis of the Register and Dashboard.

Next steps: Council is asked to approve the Risk Register and associated Dashboard as components of the CDHOs risk management strategy.

Decision:

MOTION: **THAT** Council approves the CDHO Risk Register and Dashboard.

MOVED:

SECONDED:

VOTE:

CDHO

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO



Overview of the CDHO Risk Register and Q1FY2025 Results

September 11, 2025



Prepared by

PIVOTAL RESEARCH Inc.™

Introduction

This briefing provides an overview of CDHO's evolving approach to developing its organizational risk register and shares the initial results from the first cycle of data collection. The risk register is intended to support Council's oversight role by providing a structured, data-driven view of organizational and regulatory risks.

Background and Development Phases

In 2023, CDHO introduced a comprehensive risk management plan that identified key organizational and regulatory risks. While this was an important step forward, the initial plan was largely qualitative and descriptive.

Over the past two years, CDHO, working with Pivotal Research Inc., has transformed this into a structured, data-driven framework. The risk register now includes measurable metrics with clear targets and thresholds, supported by quarterly and annual data collection cycles. This system allows for proactive oversight, dynamic prioritization, and enhanced transparency through dashboard reporting.

The framework evolved through three phases:

- **Comprehensive planning** – Broad identification of organizational and regulatory risks using manual likelihood and impact assessments.
- **Metrics and targets** – Development of measurable indicators with thresholds to enable quantitative tracking.
- **Continuous prioritization** – Implementation of quarterly/annual monitoring cycles and dashboard visualization to support Council and leadership oversight.

Framework Development and Methodology

The methodology used to develop the risk register included:

- **Consultation with CDHO leadership and management** to confirm metrics, identify targets, and refine priority risks.
- **Document review** of CDHO bylaws, financial reporting, standards, Council reporting materials, and government-required reporting (e.g., Ministry of Health, CPMF, Office of the Fairness Commissioner).
- **Review of CDHO's existing data assets**, including both administrative performance indicators and feedback from registrants, patients, and the public (e.g., Voice of the Patient surveys, registration experience surveys, complaints feedback, registrant engagement surveys). This informed inclusion of new, forward-looking measures of regulatory risk, like registration experience, confidence in CDHO's public protection mandate, and public awareness of the College's role.

Structure of the Risk Register

The register captures both enterprise and regulatory risks, providing a framework for Council oversight and operational management. It is organized into six core domains, each with its own set of measurable indicators. Some metrics are already reportable through existing systems; others will require the development of new collection tools.

- **Financial and Procurement Management** (9 metrics) – e.g., unpaid invoices, audit findings, reserve fund adequacy, procurement compliance
- **Information and Asset Management** (4 metrics) - IT security and compliance, CRM uptime, breach incidents, record backup
- **Organizational Culture and Workplace Health and Safety** (7 metrics) – e.g., onboarding completion, staff engagement, incident resolution
- **Reputation Management and Public Confidence** (9 metrics) e.g., QA program participation, confidence in mandate, registration experience, inquiry response timeliness
- **Governance Effectiveness** (8 metrics) – e.g., conflict of interest declarations, Council composition risk, quorum rates, Council mandate alignment
- **Regulatory Compliance and Operations** (4 metrics) - CPMF reporting timeliness, bias training, legislative compliance

Each risk is scored based on two factors: *likelihood* (frequency of occurrence) and *impact* (severity of potential consequences). Using CDHO's Risk Occurrence Matrix, these scores generate a risk priority level—low, moderate, high, or extreme—enabling data-informed action.

Q1 FY2025 Results

The register has now been implemented and baseline results are available from the first quarter of FY2025 on the dashboard. All six risk domains mentioned above are currently in the "Low Risk" priority range (on a 25-point risk priority scale). Scores, from highest to lowest, are:

- *Governance Effectiveness* – 3.5
- *Information and Asset Management* – 3.0
- *Organizational Culture & Workplace Health and Safety* – 3.0
- *Financial and Procurement Management* – 2.2
- *Reputation Management and Public Confidence* – 2.1
- *Regulatory Compliance and Operations* – 2.0

While this first release captures our core set of metrics, additional measures are under development and will be integrated in future cycles. Year-to-year comparisons will be available once five quarters of data are collected.

Next Steps

CDHO is now moving into the implementation phase of its risk-based monitoring system. The following initiatives are underway or planned:

- **Quarterly monitoring cycles** - Continue tracking quarterly and annual metrics to monitor trends and detect emerging risks early.
- **Capacity building** - Maintain roles and procedures to validate, interpret, and apply risk data in operational planning and strategic oversight.
- **Enhaced data collection** - Continue developing metrics for risk areas that remain under development or require new data collection tools. This will expand coverage in domains such as information and asset management, workplace culture, and regulatory compliance, ensuring the register fully captures both enterprise and regulatory risks.

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Pivotal Research is headquartered on the ancestral land of the Nêhiyawak (Cree), Anishinaabe (Saulteaux), Niitsitapi (Blackfoot), Métis, Dene and Iyãhé Nakoda (Nakoda Sioux) in Treaty 6 Territory and Métis Region 4

PIVOTAL RESEARCH Inc.™

CDHO Risk Register

2025

September 26, 2025

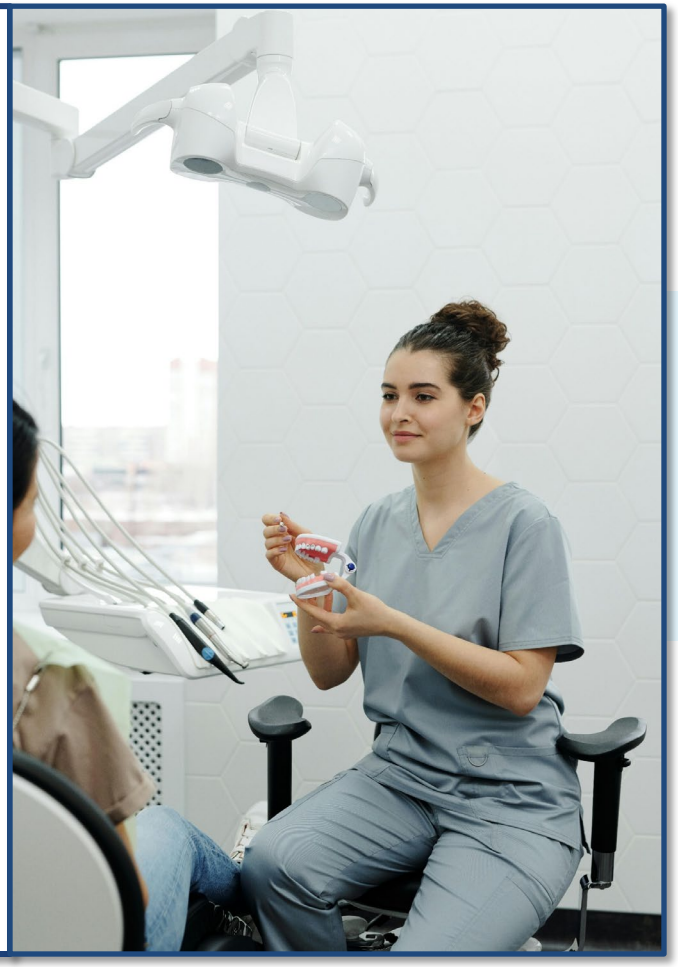
Prepared for:

CDHO

COLLEGE OF DENTAL
HYGIENISTS OF ONTARIO

Developing the CDHO Risk Register

- **Introduced in 2023 as part of CDHO's risk management plan**
- **Transformed into a structured, data-driven framework**
- **Developed through:**
  - Consultation with leadership and management
  - Review of bylaws, standards, financial and government reporting
  - Integration of existing data assets (Voice of the Patient, registration experience, complaints, engagement surveys)
- **Produced measurable metrics with clear targets and thresholds across six risk domains**



What the Risk Register Enables

- ✓ Captures both regulatory and enterprise risks
- ✓ Supports quarterly and annual monitoring cycles
- ✓ Uses dynamic risk scoring (likelihood × impact) to prioritize risks
- ✓ Integrated into a dashboard for Council oversight and decision-making

Risk Domains	Examples of Metrics
Financial & Procurement Management	audit findings, reserve adequacy
Information & Asset Management	IT security, system uptime
Organizational Culture & Workplace Health & Safety	staff engagement, incident resolution
Regulatory Compliance & Operations	CPMF reporting, bias training
Reputation & Public Confidence	QA participation, public confidence
Governance Effectiveness	quorum rates, conflict of interest

Q1 FY2025 Risk Register Outcomes



Risk Register

Domain Number	Domain Name	Priority Score	Risk Type
Domain 1	Financial and Procurement Management	2.2	Low Risk
Domain 2	Information and Asset Management	3.0	Low Risk
Domain 3	Organizational Culture and Workplace Health and Safety	3.0	Low Risk
Domain 4	Reputation Management and Public Confidence	2.1	Low Risk
Domain 5	Governance Effectiveness	3.5	Low Risk
Domain 6	Regulatory Compliance and Operations	2.0	Low Risk

Financial and Procurement Management Score	2.2	Low Risk

Risk	Risk Priority	Risk Type	Risk and Description	Risk Metric	Risk Target	Target Met	What was the actual value for this metric during the reporting period?	Data Source/Owner	Frequency of Data Collection
Risk 1.1	2	Low Risk	Accounts Payable Management Inadequate procedures for Accounts Payable Management resulting in: • Unpaid invoices • Late payment fees or interest charges • Difficulties in auditing • Difficulties in contract management and evaluation	1.1 Unpaid Invoices	No unpaid invoices beyond terms per quarter	Yes	100% - Q1 - 2025	ALL Departments	Quarterly
Risk 1.2	2	Low Risk	Accounts Payable Management Inadequate procedures for Accounts Payable Management resulting in: • Unpaid invoices • Late payment fees or interest charges • Difficulties in auditing • Difficulties in contract management and evaluation	1.2 Late Payment Fees or Interest Charges	No late payment fees or interest charges incurred per quarter	Yes	100% - Q1 - 2025	ALL Departments	Quarterly
Risk 1.3	1	No Risk	Financial Records Financial records are not sufficiently organized leading to: • Inconsistent practices • Inefficient work • Loss of confidence by employees and Council	1.3 Financial Audit	No major financial audit findings annually with 100% of auditor recommendations implemented within two quarters following Council receipt of audit findings	Yes	100% - 2024 FS/Auditor Correspondence - no auditor recommendations in the 2024 auditor correspondence	Director, Corporate Services	Annually
Risk 1.4	2	Low Risk	Fraud/Theft Risk Risk of fraud or theft due to weak internal controls, ineffective oversight, or gaps in approval processes, leading to financial loss, reputational damage, and erosion of stakeholder trust.	1.4 Clean Audit Outcome	Annual clean audit with no material findings related to fraud, theft or controls	Yes	100% - 2024 FS/Auditor Correspodence	Director, Corporate Services	Annually
Risk 1.5	3	Low Risk	Financial Resources Insufficient financial resources impact the ability of the College to meet its mandate, resulting from: • Lack of retained funds • Low registration in College • Uneven cash flow • Extraordinary expenditures	1.5 Reserve Funds Level	• Operating reserve at a minimum of 12 months' operating costs • If reserve funds fall below threshold, review registrant numbers and fees to identify trends and potential impacts on revenue.	Yes	100% - Q1 - 2025	Director, Corporate Services	Quarterly
Risk 1.6	3	Low Risk	Financial Resources Insufficient financial resources impact the ability of the College to meet its mandate, resulting from: • Lack of retained funds • Low registration in College • Uneven cash flow • Extraordinary expenditures	1.6 Registrant Stability Index - Percentage of actual registrants relative to the established baseline target.	• Year-over-year (YoY) change tracked and compared to a 10-year baseline trend (excluding 2020–2022). • Annual updates to the baseline may be required to account for changes in graduating cohort sizes and systemic trends.	Yes	2024 - 3.71% increase (compared to 1.65% 10-year [2015-2024] running average)	Director, Professional Conduct Manager, Registration	Annually

Risk 1.7	3	Low Risk	Investment Management Poor investment management that does not align with bylaw 8.3 results in the College being unable to meet strategic initiatives due to insufficient liquidity or suboptimal investment decisions.	1.7 Investment Management	• 100% compliance of investment portfolio with By law 8.3 • Investments must be in approved securities, including: i) Government of Canada or provincial government securities ii) Schedule 1 Canadian chartered banks iii) Corporate bonds with a minimum BBB rating (DBRS) or 4 stars (Morningstar)	Yes	100% - Q1 - 2025	Director, Corporate Services	Quarterly
Risk 1.8	1	No Risk	Procurement Processes Unfair, non-transparent and non-competitive procurement processes lead to: • Inability to assure Council and registrants that the College has achieved best value for money • Loss of vendor confidence • Difficulties in contract management • Potentially higher costs	1.8 Competitive Bidding and Procurement	100% of purchases exceeding $50,000 and goods purchases exceeding $25,000 involve competitive bidding, with exceptions documented and justified for unique or specialized services.	Yes	100% - 2024	Director, Corporate Services	Annually
Risk 1.9	3	Low Risk	Budget Variance Inadequate oversight by Council may lead to non-adherence to budget and Procurement policies by College staff with resulting financial loss	1.9 Budget Variance	Year-to-date budget variance must not exceed 5%. If it does, an explanation must be submitted to Council or the Executive Committee by the Registrar/CEO for review.	Yes	100% - Q1 - 2025	Director, Corporate Services	Quarterly

Information and Asset Management Score	3.0	Low Risk

Risk	Risk Priority	Risk Type	Risk and Description	Risk Metric	Risk Target	Target Met	What was the actual value for this metric during the reporting period?	Data Source/Owner	Frequency of Data Collection
Risk 2.1	2	Low Risk	Confidentiality Breach of confidentiality involving any sensitive College-held information, including: • Staff and Council Member personal information • Registrant and applicant information • Vendor information • Patient/client information Such breaches may result in reputational damage, legal liability, and loss of stakeholder trust.	2.1 Information Security and Confidentiality - Number of confirmed confidentiality breaches per quarter, tracked by information type and managed in accordance with established privacy protocols	• 0 breaches per quarter across all categories • Any detected breaches must be documented and managed in accordance with applicable privacy legislation and internal response procedure	Yes	100% - Q1 - 2025	Registrar/Privacy Officer – Registrant, applicant, patient/client information HR/Privacy Officer – Staff and Council Member information Finance & Procurement – Vendor information	Quarterly
Risk 2.2	2	Low Risk	CRM Efficiency • CRM (database) does not meet College needs. • Staff members are unable to use CRM to generate key reports for decision-making and registrants complain that their electronic records are inaccurate.	2.2 CRM Uptime	99% uptime per quarter, excluding planned system outages for maintenance.	Yes	Microsoft Platform maintains 99.99% uptime	IT Manager	Quarterly
Risk 2.3	4	Low Risk	IT Security and Compliance College's IT systems fail to meet security, compliance, and accessibility standards, resulting in: • Compromised systems due to virus, malware, ransomware, or security breaches. • Non-compliance with the Accessibility for Ontarians with Disabilities Act (AODA), leading to barriers for users and reputational damage.	2.3 IT Compliance and Security	• Uptime Report – 99% system uptime • Security Patch Compliance: 95% device patch percentage (both services and workstations • Microsoft Security Score: >80%. • Website Accessibility Compliance: Website meets WCAG 2.1 Level AA accessibility standards	Yes	Uptime Report – 100% Security Patch Compliance: 100% Microsoft Security Score: 87.83%	IT Manager	Quarterly
Risk 2.4	4	Low Risk	Equipment/Furnishings Security and Damage Risk of theft, security breaches, or permanent damage to the College's equipment and furnishings, arising from: • Theft or unauthorized access to valuable items such as computers and servers. • Damage caused by water, fire, or misuse by individuals. This could result in operational disruptions, financial loss, and the need for costly replacements or repairs.	2.4 Security and Damage Incidents	• Security Breach/Unauthorized Access: All security incidents are investigated, resolved, and mitigated within 7 days of detection • Physical Damage Incidents: All physical damage incidents are mitigated and corrective actions taken within 7 days • Insurance Claims: All eligible claims processed within 7 days of incident reporting	Yes	100%	Director, Corporate Services	Annually

Organizational Culture and Workplace Health and Safety Score	3.0	Low Risk

Risk	Risk Priority	Risk Type	Risk and Description	Risk Metric	Risk Target	Target Met	What was the actual value for this metric during the reporting period?	Data Source/Owner	Frequency of Data Collection
Risk 3.2	3	Low Risk	Orientation and Onboarding: The College provides inadequate or inconsistent onboarding processes, leaving new hires without the necessary tools or understanding of their roles.	3.2 Onboarding Completion – Percentage of new hires completing orientation and onboarding within 10 days of start date	100% onboarding completion within 10 days	Yes	100% - 2 staff onboarded to date June 2025	Director, Corporate Services	As required
Risk 3.4	3	Low Risk	Training and Development • Insufficient professional development opportunities, limiting staff expertise and growth. • Gaps in cross-training for critical roles, increasing reliance on single points of failure.	3.4 Training and Development Participation	100% of employees participate in at least one training or professional development activity annually.	Yes	100% of employees participated in individual or staff training in 2024	Director, Corporate Services	Annually
Risk 3.5	3	Low Risk	Training and Development • Insufficient professional development opportunities, limiting staff expertise and growth. • Gaps in cross-training for critical roles, increasing reliance on single points of failure.	3.5 Cross-Training	80% or more of eligible coordinators cross-trained annually* (New hires in their first year may be exempt from cross-training requirements.)	Yes	100% of eligible coordinators were cross trained in at least 2 departments in 2024	Director, Corporate Services	Annually
Risk 3.6	3	Low Risk	Organizational Values Alignment Lack of clarity, transparency, or adherence to articulated values, resulting in disengagement and dissatisfaction among employees.	3.6 Organizational Values Articulation	Organizational values are formally articulated, and 90% of employees report understanding and alignment with these values in annual engagement surveys.	No	values are formally articulated (100%). We have yet to include values in the annual engagement survey - incomplete	Director, Corporate Services	Annually
Risk 3.7	3	Low Risk	Staff Expertise and Support Quality Ineffective, poor quality support to committees and Council due to insufficient training or lack of expertise.	3.7 Staff Expertise and Support Quality	Current Target (Council Only): 90% of Council members report that meeting materials are received within the required timeframe (via quarterly Council surveys) • Future Target (Council + Committees): • ?90% of Council and committee members report materials were received on time • ?80% rate briefing notes and presentations as clear, relevant, and well-prepared	Yes	100% positive responses on the January and March 2025 survey question related to meeting materials being received within the required timeframe. Need to identify which questions on the survey relate to this area of risk and create a log. For this time, I used question 2. For future target: need to survey committees, need to establish questions directly related to clear, relevant, and well-prepared briefing notes/presentations. Currently there is a question that asks if the "information" provided was clear, concise, and complete (responses were 100% positive for Q1)	ALL	Quarterly

Risk 3.8	3	Low Risk	Capacity During Peak Activity Inability to maintain productivity during periods of high activity, leading to: • Delays or errors in meeting operational and statutory requirements. • Strain on financial and human resources. • Over-reliance on specific staff without backup capacity.	3.8 Peak Period Staffing Readiness - Percentage of departments with cross-trained staff identified in advance of known peak periods	80% of departments with defined peak-period demands have designated cross-trained support available	Yes	100%	Director of Corporate Services	Annually
Risk 3.9	3	Low Risk	Safe Working Environment Unsafe working environment created by: • Attendance of a violent/unstable individual at the College premises • Targeted threats or harassment as a result of College activities • Environmental or facility-related dangers, such as: • Fire hazards • Unsafe building conditions • Air quality concerns • Electrical safety issues	3.9 Incident Reporting and Resolution	100% reporting of all safety incidents (both individual-related and facility/environmental) and resolution within 24 hours.	Yes	100%	Director, Corporate Services Along with the H&S committee	Quarterly

Reputation Management and Public Confidence Score	2.1	Low Risk

Risk	Risk Priority	Risk Type	Risk and Description	Risk Metric	Risk Target	Target Met	What was the actual value for this metric during the reporting period?	Data Source/Owner	Frequency of Data Collection
Risk 4.4	4	Low Risk	Public Confidence Public confidence in the College's ability to regulate in the public interest may be undermined due to: • Governance failures, including biased or unfair decisions and procedural delays • Perceived or actual prioritization of professional interests over public protection • Lack of transparency, accountability, or fairness in College processes and decisions • Concerns about systemic discrimination or inequity in regulatory approaches • Insufficient communication about the College's mandate, role, and achievements • Ministry or regulatory intervention stemming from governance deficiencies, damaging the College's credibility.	4.4 Confidence in Mandate	85% confidence in College's ability to protect the public (mandate effectiveness) in annual VoP survey and biennial Registrant Engagement survey	No	64%	Director, Communications	Annually
Risk 4.3	3	Low Risk	Public Confidence Public confidence in the College's ability to regulate in the public interest may be undermined due to: • Governance failures, including biased or unfair decisions and procedural delays • Perceived or actual prioritization of professional interests over public protection • Lack of transparency, accountability, or fairness in College processes and decisions • Concerns about systemic discrimination or inequity in regulatory approaches • Insufficient communication about the College's mandate, role, and achievements • Ministry or regulatory intervention stemming from governance deficiencies, damaging the College's credibility.	4.3 Public Awareness of College	70% recognition of the College's role in annual VoP survey	No	66%	Director, Communications	Annually
Risk 4.5	3	Low Risk	Registration Experience	4.5 Registration Experience	>80% satisfied with registration experience reviewed quarterly	Yes	87.3% - As per registrant experience survey for Q1 2025	Director, Professional Conduct Manager, Registration	Quarterly
Risk 4.1	2	Low Risk	Registrant Competence and Engagement The College does not ensure, or is seen not to ensure, the competence and engagement of its registrants, resulting in: • Ineffective registration, QA, and PC processes. • Insufficient engagement in QA programs, Council elections, and committees. • Missed opportunities for registrants to contribute to governance and decision-making processes.	4.1 QA Program and Peer and Practice Assessments Participation	• 95-100% participation in the QA program measured by timely completion of the self-assessment. • 90-100% of selected registrants (e.g., those flagged through the QA selection process) complete assessments. • 70% satisfaction with QA program resources (initial benchmark), with the goal of reaching 85% over time.	Yes	99.6% (2024 annual data) 94.7% (2024 annual data) QA Satisfaction Survev not completed in 2024	Director, Professional Practice Manager, QA [illegible] [illegible]	Annually

Risk 4.10	2	Low Risk	Accessibility of College Information and Proceedings College information and proceedings may be inaccessible to some stakeholders due to: • Lack of multilingual services, including French access to Council/committee proceedings • Absence of an equity-informed or inclusive communication strategy • Complaints or scrutiny from stakeholders (e.g., Ministry, Office of the Fairness Commissioner) regarding lack of access or inclusivity • Missed expectations around statutory obligations (e.g., French language access under applicable regulations)	4.10 Bilingual Staff	At least 5% of staff are bilingual (French and English)	Yes	100%	Director, Corporate Services	Annually
Risk 4.11	2	Low Risk	Accessibility of College Information and Proceedings College information and proceedings may be inaccessible to some stakeholders due to: • Lack of multilingual services, including French access to Council/committee proceedings • Absence of an equity-informed or inclusive communication strategy • Complaints or scrutiny from stakeholders (e.g., Ministry, Office of the Fairness Commissioner) regarding lack of access or inclusivity • Missed expectations around statutory obligations (e.g., French language access under applicable regulations)	4.11 Multilingual Service Provision	• French interpretation services are available upon request for Council and committee meetings • Interpretation service is active and accessible when needed. • Complaint-related web content available in 10 languages	Yes	100%	Director, Corporate Services	Annually
Risk 4.6	1	No Risk	Customer Service/Public Relations Ineffective customer service or public relations lead to: • Dissatisfaction among stakeholders. • Perceptions of the College as unresponsive or inefficient.	4.6 Response Timeliness - Percentage of inquiries responded to within the College's service standard	Respond to 90% of inquiries within 3 business days, as verified through regular audits of departmental inboxes	No	Conduct - 100% Q1 2025 Registration - 80% Q1 2025	ALL	Annually
Risk 4.7	1	No Risk	Customer Service/Public Relations Ineffective customer service or public relations lead to: • Dissatisfaction among stakeholders. • Perceptions of the College as unresponsive or inefficient.	4.7 Satisfaction with Service	85% average satisfaction rate among stakeholders regarding customer service and responsiveness (through VoP, Complaints Feedback, Registrant Engagement Survey, Registration Experience Survey).	Yes		Pivotal Research	Annually
Risk 4.8	1	No Risk	Practice Advisors (PA) Advice Practice Advisors fail to provide accurate, current, or aligned advice, resulting in negative stakeholder experiences and reduced confidence in the College's guidance.	4.8 PA Response Time to Inquiries - Percentage of inquiries responded to within the College's service standard	Respond to 90% of inquiries within 3 business days, verified through regular audits of the Practice Advisor departmental inbox	Yes	100% (Note this is 2024 annual data)	Director, Professional Practice Practice Advisor	Annually

Governance Effectiveness Score	3.5	Low Risk

Risk	Risk Priority	Risk Type	Risk and Description	Risk Metric	Risk Target	Target Met	What was the actual value for this metric during the reporting period?	Data Source/Owner	Frequency of Data Collection
Risk 5.1	3	Low Risk	Biased or Unfair Decisions • Decisions or processes are not based on principles that apply universally to everyone. • Decisions or processes create an unfair advantage or disadvantage for a particular group. • Decisions or processes do not consider the risk of harm or public protection.	5.1 Decision-Making	• Current Target: All Council briefing notes include an assessment of the decision's impact on public protection • Future Target: ?85% agreement from Council members on: • Fairness (decisions apply universally without bias) • Public Protection (decisions prioritize the public interest) • Universality (decisions align with policies that apply to all stakeholders).	Yes	Q1: the yes is for the current target, a log will be created for the current and future target metrics	Registrar / EA	Annually
Risk 5.2	4	Low Risk	Breach of Fiduciary Obligations A breach of the fiduciary obligation of a Council or committee member to the College, resulting in: • Conflicts of interest or self-serving decisions. • Liability for either the College and/or the individual involved.	5.2 Fiduciary Obligations	100% of Council members sign conflict-of-interest declarations annually, with no recorded fiduciary breaches (through incident log or compliance review).	Yes	100% of Council members signed a conflict of interest form for 2025 (one member resigned in January 2025 so did not sign the form for 2025 but did did sign one in 2024)	Registrar / EA	Quarterly
Risk 5.3	3	Low Risk	Council Composition and Vacancies - Vacancies on Council or committees, especially public appointee vacancies due to resignation, term expiration, or government appointment delays, may result in: • Inability to meet quorum or legally constitute Council under governing legislation • Delays in committee operations due to insufficient Council or non-Council members • Increased workload on remaining members • Disruption of governance continuity and stakeholder confidence.	5.3 Council Composition Risk – • Annual resignation rate of Council and committee members (tracked through Council records) • Incidents of vacancies that jeopardize Council quorum or composition requirements (with a focus on public member seats)	• 5% resignation rate annually • Where Council risks becoming unconstituted due to public member vacancies, documented mitigation steps are taken within 30 days, including formal communication to the appointing authority and internal contingency planning	No	5.5% resignation rate (Candace Herod resigned in January) She resigned, but is still on the public registry. All mitigation steps within CDHO's control were taken within 30 days. The ministry were notified and Council has continued to be constituted	Registrar/EA	Quarterly

Risk 5.4	3	Low Risk	Council Morale Low morale among Council members caused by: • Perceived inequities in workload distribution. • Insufficient support or resources to fulfill governance responsibilities. • Lack of recognition or engagement, leading to decreased satisfaction and potential resignations.	5.4 Morale	• Current Target: 85% positive responses on quarterly Council survey questions related to peer preparedness, respectful engagement, and effective collaboration. • Future Target: 85% positive perception of Council morale	Yes	99% positive responses on the January and March 2025 survey questions related to peer preparedness, respectful engagement, and effective collaboration. Need to identify which questions on the survey relate to this area of risk and create a log. For this time, I used questions 6, 12, 18, 22, 24, 26, 30, 34, and 36. Currently there is no specific question about Council morale. Not all Council members filled out the survey, but the percentage reflects the responses that were received	Registrar/EA	Quarterly
Risk 5.5	3	Low Risk	Time Commitment by Council Members Council members have insufficient time to commit to serving on Council and committees, leading to: • Failure to achieve quorum on key statutory committee panels (e.g., Discipline Hearing Panels). • Missed statutory timelines, particularly in the area of discipline. • Procedural fairness issues arising from delays in forming panels and resolving complaints. • Increased workload and stress on remaining members.	5.5 Meeting Quorum	• 100% of statutory committees achieve quorum for meetings and panels. • Where quorum is not met, the College will document whether this is due to: i) Vacancies in public appointee positions (outside College control) ii) Availability or participation of appointed Council members (internal)	Yes	All committee meetings had quorum, a log will need to be established	Registrar/EA	Quarterly
Risk 5.6	4	Low Risk	Council Mandate Alignment Council or committees operate outside their mandate, advocate for the profession, or become engaged in operational matters, leading to: • Poor or inconsistent decisions (profession-focused rather than public interest). • Biased or discriminatory decisions.	5.6 Mandate Alignment	• Current Target: Responses to quarterly Council self-assessments reflect 100% compliance with ethical, lawful, and business-like conduct, as a proxy for mandate alignment • Future Target: 85% agreement among Council members on mandate adherence, role clarity, and focus on the public interest	Yes	99% positive responses on the January and March 2025 survey questions related to ethical, lawful, and business-like conduct and mandate alignment. Same comments as above-need to identify which questions on the survey relate to this area of risk and create a log. For this time I used questions 4, 8, 10, 14, 20, 30, 32, and 36	Registrar/EA	Quarterly

Risk 5.7	4	Low Risk	Conflict of Interest Conflict of Interest by Council, committee members, staff, when undeclared or inappropriately managed, can result in: • Decision or process is not based on principles that apply universally to everyone; • Decision or process creates an unfair advantage or disadvantage for a particular group; • Decision or process does not consider risk of harm and protect the public; • A breach of the fiduciary obligation of the person to the College; and • A liability risk for either the College and/or the individual involved	5.7 Incidents of Undeclared Conflicts - Percentag	100% of known or suspected conflicts are declared and managed.	Yes	100% staff and 100% of Council members have signed a conflict of interest form. Any additional Council conflicts are declared and managed at the beginning of any Council meeting. A comprehensive log has been created for Council and Non Council conflicts	Registrar/EADi	Annually
Risk 5.8	4	Low Risk	Conflict of Interest Conflict of Interest by Council, committee members, staff, when undeclared or inappropriately managed, can result in: • Decision or process is not based on principles that apply universally to everyone; • Decision or process creates an unfair advantage or disadvantage for a particular group; • Decision or process does not consider risk of harm and protect the public; • A breach of the fiduciary obligation of the person to the College; and • A liability risk for either the College and/or the individual involved	5.8 Conflict of Interest Register Completeness - N	• A comprehensive Conflict of Interest Register is maintained and reviewed annually. • 100% of declarations are logged and linked to appropriate follow-up (if required).	Yes	100% - A comprehensive log is created for staff conflicts. This is maintained annually. 100%- A comprehensive log is created for Council and Non Council conflicts and is maintained annually	Registrar/EADi	Annual

Regulatory Compliance and Operations Score	2.0	Low Risk

Risk	Risk Priority	Risk Type	Risk and Description	Risk Metric	Risk Target	Target Met	What was the actual value for this metric during the reporting period?	Data Source/Owner	Frequency of Data Collection
Risk 6.1	2	Low Risk	Bias or Misconduct in College Processes Risk of bias or misconduct by staff, investigator or panel members in relation to a College process/file under review	6.1 Bias Training	100% of Council members, investigators, and panel members receive training annually on bias avoidance, neutrality, procedural fairness, and awareness of systemic racism, discrimination, and equity issues • All relevant staff receive this training upon hire, with refresher training as needed based on role changes or process updates	No	All Council members received a refresher on bias and conflict of interest in January 2025. All Council and Non-Council attended a workshop in March 2025 about key attributes of an effective Council/Non-Council member. All committee members receive orientation training that includes conflict of interest/bias. Future: log needed, how much bias training is needed in the committee orientation, especially for new Non-Council members. In development- neutrality, procedural fairness, and awareness of systemic racism, discrimination, and equity issues training needeed, staff training on all topics	Registrar/EA	Annually
Risk 6.2	2	Low Risk	External Complaints Risk of complaints/reviews from other bodies/ministries/tribunals including, but not limited to: • Human Rights Tribunal • Fairness Commissioner • Privacy Commissioner • MOH • Ministry of Labour These complaints may arise as a result of supervening risks, such as internal non-compliance, governance issues, or operational deficiencies	6.2 Timely Response to External Complaints	100% of responses to external complaints submitted within legislative/organization-defined timelines (e.g., within 10 business days of receipt).	Yes	N/A - No external complaints received in the reporting period	Director, Professional Conduct	Annually
Risk 6.3	2	Low Risk	Performance Metric Reporting Failure to meet the Ministry of Health's (MOH) requirements under the College Performance Measurement Framework (CPMF), including: • Incomplete or inaccurate reporting on CPMF performance domains. • Delays in submitting required reports by established deadlines. • Misalignment with CPMF expectations regarding governance, regulatory effectiveness, and public confidence.	6.3 CPMF Reporting Timeliness	100% of required reports (e.g., CPMF, OFC Annual Report, MOH Quarterly Data Report) are submitted on time and in full	Yes	100%	Director, Communications	Annually

Risk 6.4	2	Low Risk	Legislative Amendments Compliance Failure to monitor and respond appropriately to new or amended legislative and regulatory requirements, which may result in: • Non-compliance with statutory obligations • Missed implementation deadlines • Reputational or legal risk to the College	6.4 Legislative Amendment Compliance	100% compliance with all enacted legislative and regulatory requirements applicable to the College (e.g., bilingual service obligations, health profession regulatory amendments).	Yes	Will need to create a log with all legislative/regulatory requirements	Registrar/Deputy Registrar	Annually

Briefing Note

To: Council

From: Dr. Glenn Pettifer

Date: September 26, 2025

Topic: CDHO Strategic Plan- Implementation

Consideration of Elements Arising from the CDHO Strategic Plan 2025-2027

The following documents are drafts of the CDHO System Partner Ecosystem and proposed plans aimed at accomplishing each of the four Strategic Plan initiatives. These are drafts prepared by CDHO staff and are presented to Council for consideration, amendment, and feedback.

1. Council Approved Strategic Plan 2025-2027
2. Strategic Plan Initiative 1 – Enhance Collaboration with the Public, the Profession and System Partners
    a. Draft CDHO System Partner Ecosystem
    b. Draft Plan Initiative 1
3. Strategic Plan Initiative 2 – Support Professionalism, Quality Care and Continuous Learning
    a. Draft Plan Initiative 2
4. Strategic Plan Initiative 3 – Advance Commitments to Equity and Inclusion
    a. Draft Plan Initiative 3
5. Strategic Plan Initiative 4 – Modernize Governance Practices
    a. Draft Plan Initiative 4
    b. Governance Support Proposal

Staff are currently seeking feedback that will be taken back and incorporated into the final drafts. Final drafts will be presented at December 2025 and January 2026 Council meetings.

CDHO

COLLEGE OF DENTAL
HYGIENISTS OF ONTARIO

STRATEGIC PLAN 2025 - 2027



ENHANCE Collaboration with the Public, the Profession and System Partners

Enhance awareness of the role of the College of Dental Hygienists of Ontario, the practice of Dental Hygiene, and support integrated care solutions that improve patient outcomes and experience.

SUPPORT Professionalism, Quality Care and Continuous Learning

Support a culture of professionalism and continuing competence that ensures adherence to standards of practice and the delivery of safe, ethical and evidence-based care.

ADVANCE Commitments to Equity and Inclusion

Advance equity and inclusion by embedding principles into organizational and regulatory policy development and implementation, standards, practice support, and decision-making. Initiatives promote cultural safety, trauma-informed care, and accessible care for diverse communities.

MODERNIZE Governance Practices

Modernize governance to improve transparency, accountability, and strategic and operational oversight. This includes ensuring alignment with good governance practices, risk mitigation and decision-making in the public interest.

1. Enhance Collaboration with the Public, the Profession and System Partners

CDHO System Partner Ecosystem

Issue: CDHO functions within a dynamic ecosystem, engaging with a diverse array of system partners. Clearly defining this ecosystem enhances strategic planning and provides valuable context for developing effective system partner engagement and communication strategies.

Public protection rationale: The College is required to engage with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate. A well-defined ecosystem not only supports more effective engagement but also reinforces transparency and accountability, helping CDHO fulfill its mandate with clarity and confidence.

Background: CHDO operates within a dynamic organizational ecosystem that connects to a wide range of system partners. These can be understood in five key categories: those Registered Dental Hygienists (RDHs) serve (clients, patients, families, and communities who benefit from safe, ethical, and evidence-based oral health care); those who serve RDHs (educational institutions, professional associations, practice consultants, and support networks that enable RDHs to thrive); those who the CDHO serves (the public of Ontario, by ensuring regulatory oversight that protects their health and safety, prospective RDHs, RDHs, Educators; those organizations with similar interests (oral health regulators, health profession regulators, interprofessional health organizations (HPRO), advocacy groups, and oral health partners working toward better integrated care); and those with authority (government, ministries, and oversight bodies that guide or hold CDHO accountable for its mandate). Together, these categories create a comprehensive map of system partners who influence, and are influenced by, CDHO's role as a regulator of over 16,000 RDHs in Ontario.

Defining an organizational ecosystem in this way adds clarity and strategic value when planning **system partner engagement and communication strategies**. It ensures that outreach efforts are purposeful, aligned with each group's unique role, and tailored to their expectations and needs. By understanding where each partner fits, CDHO can prioritize collaborations, identify gaps or overlaps in relationships, and communicate its mandate in a way that strengthens trust, fosters shared goals, and positions the College as a leader in public protection and oral health system integration. A well-defined ecosystem not only supports more effective engagement but also reinforces transparency and accountability, helping CDHO fulfill its mandate with clarity and confidence.

The following table details some of the system partners that exist within the CDHO ecosystem. This initial list was developed by CDHO staff and is not meant to be exhaustive, but hopefully close!

CDHO System Partner Ecosystem

Those RDHs Serve	Those who serve RDHs	Those CDHO serves	Those with similar interests	Those with authority
Ontarians accessing oral health care	Associations (ODHA, CDHA) Local societies Insurers	General public Prospective RDHs RDHs Educators	ON and CDN oral health profession regulators ON health profession regulators Educational institutions offering Dental Hygiene programs Accreditation bodies Associations (CDHA, ODHA, FDHRC) Employers	Canadian Government • CFTA, CDCP, NIHB Health Canada Ontario Government • Health Education ODSP + other programs Public Health Agencies • PHAC, PHO Office of the Fairness Commissioner Insurers

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Next steps: Council members are asked to review these lists and provide any suggestions, modifications or additions.

1. Enhance Collaboration with the Public, the Profession and System Partners

Enhance awareness of the role of the CDHO , the practice of Dental Hygiene and support integrated care solutions that improve patient outcomes and experience.

INITIATIVES	2025/2026	2027
Develop and implement an annual system partner engagement and communications strategy	• Articulate engagement and communications strategies for each group of system partners (Q4 25 - Q1 26) • KPIs: (2025-2026) Establish baseline for Registrant engagement as measured by responses to request for participation (working groups, volunteer – Path 4, elections, committee, consultations) • System Partner Ecosystem Map Developed (Q4 2025)	• Revise engagement and communications strategies in response to data received
Develop and Deliver public awareness campaigns on CDHO's mandate and the role of dental hygiene in oral/systemic health	• (Q4 25 – establish goals and content for 26 PAC; Q4 26 – establish goals and content for 27 PAC • Goals to be informed by: ▪ Information gained from annual Voice of the Patient Surveys (Pivotal; Staff); CAG consultations; Registrant feed-back; • KPI: measures of increased awareness (VOP surveys); PAC goals established, campaigns developed and delivered; data report and analysis.	• 2027 Campaign goals and content to be determined by response to elements of the 2026 campaign

DRAFT

Develop and Deliver content to Registrants designed to enhance awareness of the role of the CDHO in the regulation of DH practice	• Q4 25 – establish goals and content for awareness campaign related to our Registrants' understanding of the role of the CDHO in the regulation of DH practice. "Understanding" to be determined by multiple sources: nature of practice advice requests, complaint taxonomy, feedback from peer circle facilitators and participants, JEM exam performance characteristics.	• Continued exploration of registrant awareness of the role of CDHO in DH practice and development of resources to support enhanced awareness.
Formalize partnerships with health and regulatory system partners to advance integrated care	• Establish a small working group with representatives from oral health system partner organizations to identify determinants of workplace health and strategies for promoting the health of multi-professional oral health workplaces • KPIs: number of collaborative initiatives established annually; number of requests for partner collaboration annually.	• Establish a process for the execution of routine environmental scans that serves to identify emerging issues pertinent to oral health and collaboration opportunities • **KPIs** ○ System Partner Ecosystem Map Developed (Q4 25) ○ System Partner engagement and communications strategies developed ○ Accounting of engagement activities with public, profession, and system partners annually ○ Public awareness survey results (Pivotal; Brand Heros) ; ○ Accounting of formal relationships or joint initiatives established with system partners ○ Accounting of multi-professional projects

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2. Support Professionalism, Quality Care and Continuous Learning

INITIATIVES	2025/2026	2027
Review and update Standards of Practice, Guidelines and Registrant Handbook	• Establish a functional and efficient regulatory document framework. • Establish a routine revision and review schedule of documents contained within the framework • Amend documents and information as indicated to present readily accessible information that supports the continuing competence of Registered Dental Hygienists • Facilitate and participate in the development of a national Code of Ethics	• Amend documents and information as indicated to present readily accessible information that supports the continuing competence of Registered Dental Hygienists • Release and implementation of the National Code of Ethics; Develop and deliver registrant education materials on the new Code of Ethics
Strengthen the Quality Assurance (QA) program to focus on continuous competence and reflective practice. Support the continuous evolution of assessor role to peer coach role through education and training programs. Review, revise and develop QA resources and tools that lead to authentic implementation in practice	• Continued training of new and existing peer coaches/facilitators with attention to elements of risk-informed discussions • Continued refinement and evolution of Path 4 of the Peer and Practice Assessment program with attention to risk identification and mitigation	• Review, revise, re-develop the current Self-Assessment tool to support meaningful self-reflection and authentic self-assessment
Review and revise the current Self-Assessment tool. Create tools to better align individual's practice-relevant learning objectives with authentic self-assessments, learning resources, and coaching supports to support implementation in practice.	• Review and revise to current best practices, the current Self-Assessment tool for incorporation into the new online platform	• Incorporation of the revised Self-Assessment into the newly developed/implemented online platform.

DRAFT

Identify risks to competence for Registered Dental Hygienists and develop strategies to mitigate against the identified risks	• Engage members of the profession in working groups to identify profession-reported risks to competence throughout an individual's career. • Identify risk mitigation tools (education, monitoring)	• Develop comprehensive risk mitigation tools that include attention to education and a process for monitoring high impact risks.
Provide practice support resources (advisories, webinars, guidance documents). Identify and develop high-quality learning supports aligned with registrants' self-identified needs and interests that include authentic, embedded assessments.	• Develop and release the remaining online learning resources currently in production: ▪ Dental Hygiene Care in Patients with Disabilities ▪ Professionalism ▪ Record Keeping • Registrant survey to gather information on learning supports (topics, formats)	• Continued development of practice support resources on topics identified by registrants • Development of an instructional video on Informed Consent
Develop a secure, single, user-friendly portal interface to allow registrants rapid and easy access to information, documentation, requirements, assessments, etc.	• RFP drafted and released • Vendors interviewed • Preferred vendor engaged	• Platform developed and piloted
Develop impartial, transparent, and fair data collection and analysis systems relevant to the profession in support of QA program evaluation and evolution.	• Establish a process for monitoring and analyze complaints/discipline taxonomy data to identify risks to professionalism. • Develop risk mitigation strategies.	• Continued monitoring and analysis of complaints/discipline taxonomy data. Continued development and implementation of risk mitigation strategies

DRAFT

CDHO

3. Advance Commitment to Equity and Inclusion

CDHO's Equity and Inclusion Draft Workplan

Overall Strategic Purpose: Enhancing public confidence and promoting excellence in the regulation of Dental Hygienists.

In 2025, CDHO's Council approved a strategic plan to guide the organization's work over the next three years. One strategic goal was to advance commitments to equity and inclusion.

Public Protection Rationale: CDHO recognizes its responsibility as a regulatory body that serves the public to meaningfully address issues of inclusion, diversity, equity and accessibility.

This resource outlines CDHOs goals and activities that will advance commitments to equity and inclusion. CDHO will advance equity and inclusion by embedding principles into organizational and regulatory policy development and implementation, standards, practice support, and decision-making. It will also lead initiatives to promote cultural safety, trauma-informed care, and accessible care for diverse communities.

The following table outlines CDHO's Equity and Diversity Workplan for 2025-2027. It is a roadmap that will guide the implementation of equity, diversity, and inclusion (EDI) principles into daily activities, policies, and decision making.

Area	Initiative	2025/2026	2027
Entry into Profession	Ensure cultural safety and EDI competencies are incorporated into entry-level programs.	• Continue to work with accreditation and examination bodies to ensure *Entry-to-Practice Canadian Competencies for Dental Hygienists* is adopted by all educational programs offering entry-level education and integrated within entry-level examinations.	• In partnership with FDHRC, publish an Indigenous Anti-Racism Interpretation Guide to accompany the entry-to-practice competencies.
	TRC Call to Action #23i: *Increase the number of [Indigenous] professionals working in healthcare field.*	• Donate monies to Indspire to support Indigenous peoples accessing dental hygiene education.	• Establish renewed 3-yr agreement with Indspire.
Registrants	TRC Call to Action #23iii: *Provide cultural competency training for all health-care professionals.*	• Increase # of registrants who complete PATH course by continuing to offer it for free and promoting to registrants.	• Mandate the completion of PATH for all registrants.
		• Continue to collect demographic / race-based data.	

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	Increase the proportion of registrants reporting demographic data to assist CDHO in better understanding the registrant composition and to address equity and inclusion issues.	• Implement a focused communications campaign to build trust with registrants so that they understand the reasons for collection and to ensure privacy protection. • Present to the Office of the Fairness Commissioner on best practices and effective methods for collecting and analyzing race-based data.	• Increase proportion of registrants reporting demographic data by 10%. • Continue to reflect on and assess how we present EDI data to reduce harm and support inclusion (ensure response options reflect diversity of needs).
	Support registrants in incorporating EDI and cultural safety principles in their practice.	• Develop EDI-focused standards on cultural safety, humility, and anti-racism. • Incorporate EDI / equity assessment lens in updated version of Code of Ethics.	• Prepare educational module in collaboration with Canadian Society for Disability and Oral Health. • Incorporate EDI lens / equity assessment when updating practice standards and guidelines. • Ensure there are at least two (2) cases specific to Cultural Safety within the Peer Circle QA Program.

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System Partners / Ecosystem	Develop and strengthen relationships with system and community partners	Meaningfully engage with groups who are impacted by our work to better understand their needs and informed regulatory approaches. Groups include: • Indigenous Dental Association of Canada • Indspire • Indigenous Services Canada • Other oral health regulators (RCDSO, CDO, CDTO, FDHRC) • Public, citizen advisory group • Canadian Society of Disabilities and Health • Other System Partners in the CDHO Ecosystem • Facilitate the Voice of the Patient data collection and publish findings on website.	• Strengthen relationships and address equity needs identified by groups affected by our work. • Better understand the diversity, perspective, and experiences of the public to needs addressed and that regulatory processes do not impose inappropriate barriers. • Increase the # and diversity of system partners.
	Ensure communications are accessible to all audiences.	• Implement communication strategy that uses plain language, inclusive/person first (where applicable) approach, and trauma informed language. • Embed accessibility considerations into all organizational, registrant and public-facing services.	• Evaluate communications strategy and adjust content as needed.
	Share our EDI progress and journey with others.	• Update equity and diversity statement on web. • Contribute to HPRO-EDI group / Host event • Share our work through various reporting mechanisms (annual report, CPMF, Registrar's Report, etc.)	• Continue to update equity and diversity statement on web. • Contribute to HPRO-EDI group / Host event • Share our work through various reporting mechanisms (annual report, CPMF, Registrar's Report, etc.)

DRAFT

Staff	Raise awareness of EDI / cultural events amongst staff.	• Create a calendar of inclusion and belonging events, training, and engagement activities 3. Celebrate National Truth & Reconciliation week by: • Encouraging staff to attend events offered by the National Centre for Truth and Reconciliation • Sharing educational resources and materials from various organizations.	• Host cultural events and knowledge sharing opportunities through social committee activities, triads, and CDHO Connect.
	Strengthen staff knowledge and skills related to EDI and trauma informed approaches.	• Facilitate two training sessions related to equity, trauma-informed, and anti-bias. • (% staff completing equity and cultural safety training)	• Facilitate two training sessions on equity and cultural safety. (increase % staff completing training)
		• Adopt on Equity Framework for the organization. Report on progress.	• Prepare annual reports on the Equity and Inclusion progress for the organization. • Support statutory committees in identifying and addressing unconscious bias that could lead to unequitable decisions by including EDI themes within committee orientation. • Ensure all statutory committees receive equity and cultural safety training within orientation.
	Integrate EDI best practices within internal processes and HR policies.	• Review organizational policies, programs, and practices using the equity framework to identify opportunities for embedding EDI, anti-racism, accessibility, and culturally responsive practice.	
		• Monitor for emerging trends, issues, challenges and EDI best practices to help inform future strategies and policy direction.	
		• Review registration, QA documents and processes to remove systemic barriers and decolonize language	• Implement necessary changes to ensure documents and processes are free from systemic barriers.

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LAND ACKNOWLEDGEMENT

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.

4. Modernize Governance Practices

Modernize governance to improve transparency, accountability, and strategic and operational oversight. This includes ensuring alignment with good governance practices, risk mitigation and decision-making in the public interest.

INITIATIVES	2025/2026	2027
Council Performance Measurement Framework Established	• Draft Performance Measurement Framework completed and piloted	
CEO/Registrar Performance Evaluation Policy Established	• Registrar/CEO Performance Assessment policy drafted and piloted	

DRAFT

Proposal

To: **Michelle Atkinson**
Council Chair
College of Dental Hygienists of Ontario (CDHO)

Date: 2025/07/08

Following the recent discussion with Council, we are submitting a proposal to support the College of Dental Hygienists of Ontario (CDHO) in advancing its strategic governance initiatives. We look forward to supporting Council's continued governance evolution.

YOUR NEEDS

CDHO's governance is in transition as a result of significant shifts in public expectations of regulators, and recommendations from a recent governance review conducted by Harry Cayton and Deanna Williams. Informed by Council's June 20, 2025, governance discussions, The Regulator's Practice (The Practice) is proposing the following work to support Council strategic governance priorities:

+ Chair Learning and 1:1 coaching support
+ Development of a Council Performance Measurement Framework – incorporating Council competency profile
+ Development of a Registrar/CEO performance assessment policy

In addition to the above, we have included an additional initiative – *Governance Learning* – as an additional option for future consideration. While Council did not indicate this as a current priority, you may decide it is relevant as some point during the transition away from the Carver governance model.

PROPOSED WORK

We have outlined the priority initiatives we heard are most important to CDHO as it continues to advance its governance evolution. Each component and work stream can be tailored to best meet the needs and constraints of the organization. Included as Appendix A is a high-level visual and proposed timing of each work stream.

At the start of each project, we will meet with key project leads (this may include the Governance Committee and CDHO leadership) to confirm the detailed scope of work, timelines and key deliverables. We will also confirm how Council will be engaged, including providing project updates. The Practice will also have a dedicated Project Manager who will be providing regular progress updates (as agreed upon) and will ensure everyone is aligned on upcoming milestones of the various project deliverables in alignment with CDHO's 2025-2027 Strategic Plan.

We look forward to continuing our conversation and discussions with the College leading up to and throughout each work stream to ensure our approach fully meets your needs.

1. Chair Learning and Support

Chair support aligns with good governance practices and will contribute to Council's overall transition to collaborative governance. Our learning and 1:1 coaching support will focus on equipping the Chair with the tools, insights, and strategies to lead and facilitate with confidence, drive meaningful engagement, and enhance decision making capabilities.

We propose beginning with an initial 2-HR coaching session, led by Kevin McCarthy, to identify key areas; including agenda management, public interest decision making, conflict resolution, and collaboration, with the Registrar/CEO and staff. This initial session will also provide an opportunity to understand the support and coaching frequency that would be most helpful to the current Chair. For example, we have found some chairs prefer monthly coaching discussions whereas others prefer a coaching session in lead up to Council meetings. Each coaching session is designed to address real-time questions, Council feedback, challenges, and leadership development goals.

We have also attached more information about our Practice of Chairship course in Appendix B, which we will be offering to chairs from various regulatory bodies in the Fall 2025 (*dates and location to be confirmed*). This may be a valuable addition to the 1:1 coaching.

2. Council Performance Measurement Framework

We are proposing a three-phase process to develop a Council Performance Measurement Framework. The framework will provide a structured approach to evaluating how Council is performing in key governance areas and will enable Council to identify strengths and areas for improvement, while demonstrating transparency and effectiveness to the public and others. Developing and implementing a performance framework also fulfills a key requirement of the College Performance Measurement Framework (CPMF).

PHASE 1 | Discovery

Gather initial feedback from the Governance Committee, Registrar/CEO , and other identified key project lead(s) to align on scope expectations, and explore the College's needs with the new framework.

We will finalize a detailed Project Plan outlining our approach, timelines, and key deliverables for each phase of the project. Throughout the process, we will engage you throughout each phase ensuring clear communication and meaningful collaboration in the development of the new evaluation framework. This includes providing timely updates (as agreed upon) to Council at key milestones.

PHASE 2 | Evaluation of Current Framework and Evidence Gathering

We will conduct a detailed and evaluation of the College's existing approaches with evaluation activities, including any current and recently completed Council assessments and existing competency frameworks. In addition, we will carry out a high-level environmental scan of evaluation practices used by other Ontario health regulators, with specific attention to new and emerging provincial requirements.

Insights from this review—along with our broader scan on governance and regulatory best practices—will inform recommendations to refine and enhance the College's current framework. This work will also ensure alignment with Council's competency profile and with the College Performance Measurement Framework (CPMF), ensuring consistency with sector-wide benchmarks and accountability standards.

We will present emerging findings and our initial recommendations to the Governance Committee and Council, inviting feedback to ensure alignment, shared understanding and collective ownership prior to finalizing the updated framework.

PHASE 3 | Develop Updated Framework

Building on the research, feedback and discussions from Phase 2, we will develop the College's new framework. This framework will be grounded in best practices in regulatory governance and tailored to reflect the College's unique context, values, and public interest mandate. We will work with the Governance Committee and the Registrar/CEO to support a process for Council's review and approval of the new evaluation framework.

3. Registrar/CEO Performance Evaluation Policy

As CDHO's Council transitions away from the Carver model, the development of new policy and practice is required to guide Council's oversight and evaluation of the Registrar/CEO .

The goal is to develop a practical, principled, and sustainable evaluation approach aligned with Council's evolving responsibilities and the expectations of modern regulatory governance.

We are proposing a four-phase process for this work.

PHASE 1 | Discovery

We will begin with conducting 1:1 interviews with identified Council members— including the Governance Committee, and the Registrar/CEO. We will also facilitate a broader discussion with Council to clarify and confirm the goals and objectives of the process, explore key contextual considerations and align on timelines and key deliverables. Insights gathered from these engagements will inform the development of a detailed Project Plan, tailored to meet Council's needs and align with its broader priorities and activities.

PHASE 2 | Environmental Scan

We will conduct a thorough environmental scan of regulatory governance and broader governance practices supporting CEO evaluation. This will include a review of policies,

processes, and tools used by health professional regulators and other relevant public bodies, with particular attention to principles of good governance, accountability, and oversight.

The scan will identify emerging trends, role descriptions, common challenges, and leading practices, offering a solid evidence base for the development of a policy that is both contextually relevant and aligned with industry and public expectations. The findings will ensure the resulting CEO Evaluation Policy reflects not only the College's unique governance structure, but also broader expectations of modern, effective regulatory oversight.

The Practice will present findings and recommendations to the Governance Committee and Council, seeking feedback to ensure alignment and shared understanding prior to finalizing the policy.

PHASE 3 | Policy Development

Building on the inputs from Council, individual Council members, the Governance Committee and the Registrar/CEO, The Practice will develop a CEO Evaluation Policy that outlines principles and roles, with supplemental process documents (as required) to support ongoing and consistent evaluation of the Registrar/CEO. We will work closely with the Registrar/CEO and Council to incorporate feedback and finalize the policy.

PHASE 4 | Support Recruitment of CEO Evaluation External Provider

The Regulator's Practice does not currently facilitate CEO evaluation processes. However, we can support Council in identifying and selecting an appropriate provider to engage with to evaluate the Registrar/CEO in accordance with the newly developed policy.

4. Governance Learning

As previously mentioned, we have included this initiative for future consideration should Council decide there is a learning need that will support its governance transition.

At Practice, we are dedicated to board learning and development, to equip board members with the insights needed to excel and contribute meaningfully. Learning can be critical as Council moves away from a Carver governance framework ensuring that members have the

tools and knowledge they need. Our learning offerings are informed by board evaluations, governance reviews, research, and ongoing work with regulatory boards across the country.

We have identified and outlined some areas of learning that may be valuable to explore further that supports your governance evolution.

Below are some of our interactive governance learning modules. Each module can be tailored and designed to best suite your needs and support the needs of Council as they continue on their governance evolution journey.

- **Indicators of Good Regulatory Governance (Foundations)**: Exploring the regulatory context and key indicators of effective board governance. This is particularly important as a regulator transition away from Carver because how "good governance" is defined changes.
- **Public Interest Decision-Making**: Practical exercises to support consistent, transparent decision-making for regulatory boards.
- **Council Oversight Responsibilities**: As a board transitions away from Carver it needs to become more aware of its oversight responsibilities as they are no longer "codified" in governance policies. This session looks at these oversight responsibilities.

Bradley Chisholm and Kevin McCarthy will collaborate with you to design and deliver this regulatory governance learning.

PROJECT TEAM

For this work, The Regulator's Practice is proposing the following team:

- Kevin McCarthy, Project Lead
- Bradley Chisholm, Project Advisor
- Project Management Team

PRICING

We have outlined the estimated fees associated with each component below.

These estimates are based on a number of assumptions – all of which can be discussed and adjusted to best align with the organization's needs, constraints, and expectations.

COMPONENTS	ESTIMATED FEES
+ **Chair Learning & Coaching Support**	**$500/coaching hour + tax**
	• 1:1 Chair Coaching *(hourly)*
	$1500 + tax *(special rate)*
	• Practice of Chairship Course *(Fall 2025 dates TBC)*
+ **Council Performance Measurement Framework**	**$25,000 + tax**
	• Discovery meeting(s) with project leads • Review of CDHO's current evaluation practices • Conduct environmental scan of best practices in Ontario • Development and presentation of customized performance review framework for approval
+ **CEO Performance Evaluation Policy**	**$15,000 + tax**
	• 1:1 interviews with identified Council members, Governance Committee and the Registrar/CEO • Facilitate broader engagement (focus group) with Council • Conduct environmental scan of best practices supporting CEO evaluation • Develop and finalize CEO evaluation policy with Registrar/CEO and Council • Support recruitment for external CEO evaluation provider
+ **Governance Learning**	**$2,500 - $10,000 + tax**
	• 2 to 2.5 Hour Governance Learning - **$2,500** • Half-Day (up to 4-hrs) Governance Learning - **$5,000** • 1-Day (up to 8-hrs) Governance Learning - **$10,000**

Further to the outlined project fees, any applicable taxes, travel expenses, venue and/or printing costs will be in addition to the fees outlined above. Kevin McCarthy is based in Toronto, ON and Bradley Chisholm is based in Victoria, BC.

NEXT STEPS

The Regulator's Practice would be happy to work with CDHO to further discuss the various learning offerings and customize an approach which would be most suitable to your needs. We would be honoured to support you as you evolve as an organization and a regulator.

We are happy to further discuss our proposal and provide additional details to ensure our approach fully meets your needs

We look forward to the opportunity to work with you all.

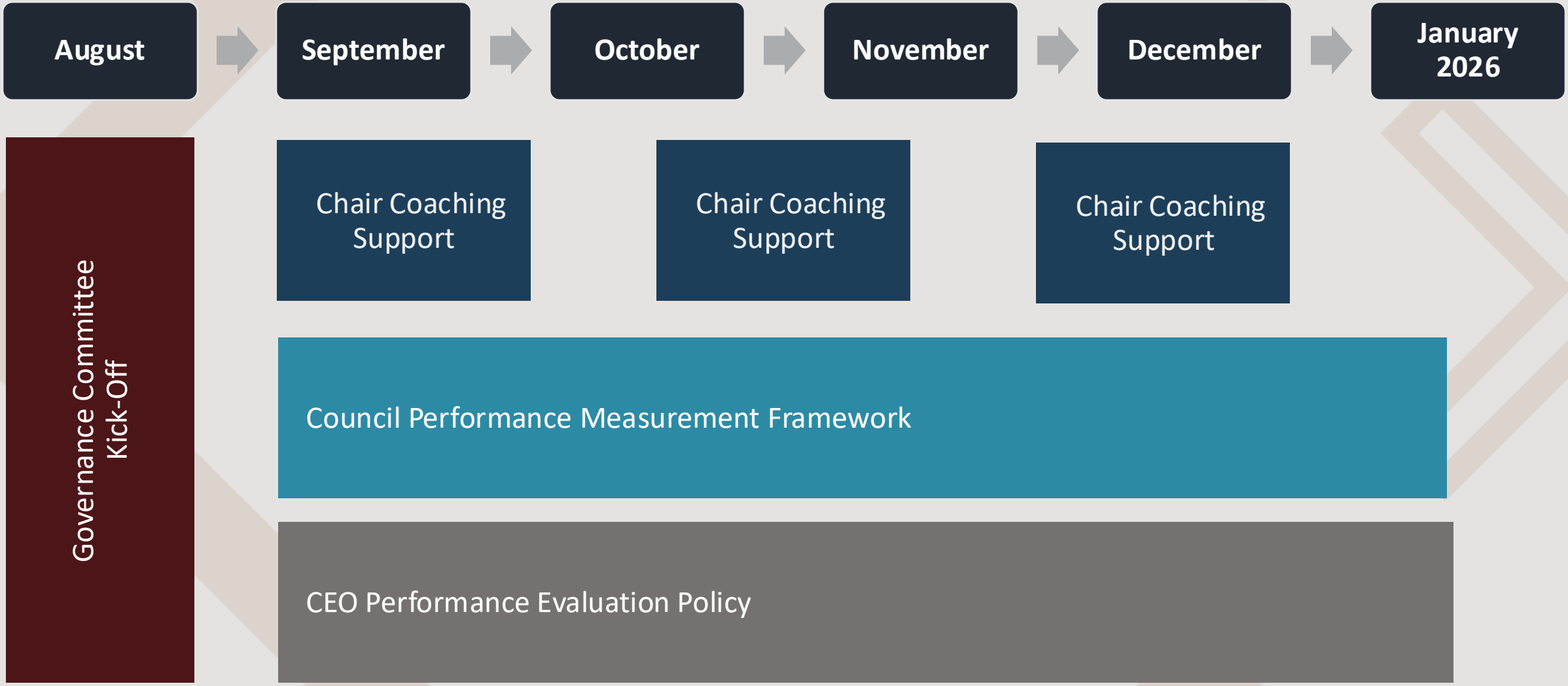
Sincerely,



Kevin McCarthy
VP Advisory Services

APPENDICES

PROJECT WORK STREAMS





The Regulator's Practice

Enhance Your Impact as a Chair

THE PRACTICE OF CHAIRSHIP

Chairing a regulatory board or committee presents unique challenges, especially for those new to this critical leadership role. Our two-day course, "The Practice of Chairship," is specifically designed for both current and aspiring regulatory board chairs.

What You Will Gain:

Insightful Learning

Engage in three interactive sessions with experienced facilitators, governance practitioners and fellow regulatory chairs who will share invaluable insights and real-world experiences.

Practical Tools and Techniques

Equip yourself with advanced tools and practices, curated for the complexities of regulatory governance.

Enhanced Meeting Preparation & Facilitation Skills

Learn to effectively prepare for and facilitate meetings, ensuring productive outcomes and streamlined discussions.

Ongoing Support Strategies

Develop strategies to support your board and committee members continuously, fostering a collaborative and efficient governance environment.

Embrace the opportunity to elevate your chairship skills and lead with confidence in your regulatory role.

COURSE DATES

FALL 2025 | TO BE DETERMINED

WHO SHOULD ATTEND:

+ Current board or committee chairs
+ Incoming board or committee chairs
+ Board members aspiring to take on a chair role in the future

FACILITATORS:

Bradley Chisholm,
Principal & Founder at The Regulator's Practice

Charles Holmes,
Senior Advisor at The Regulator's Practice

COURSE MODULES

- Governance Foundations
- Meeting Preparation
- Meeting Facilitation
- Meeting Follow-up



PRICING

Individual

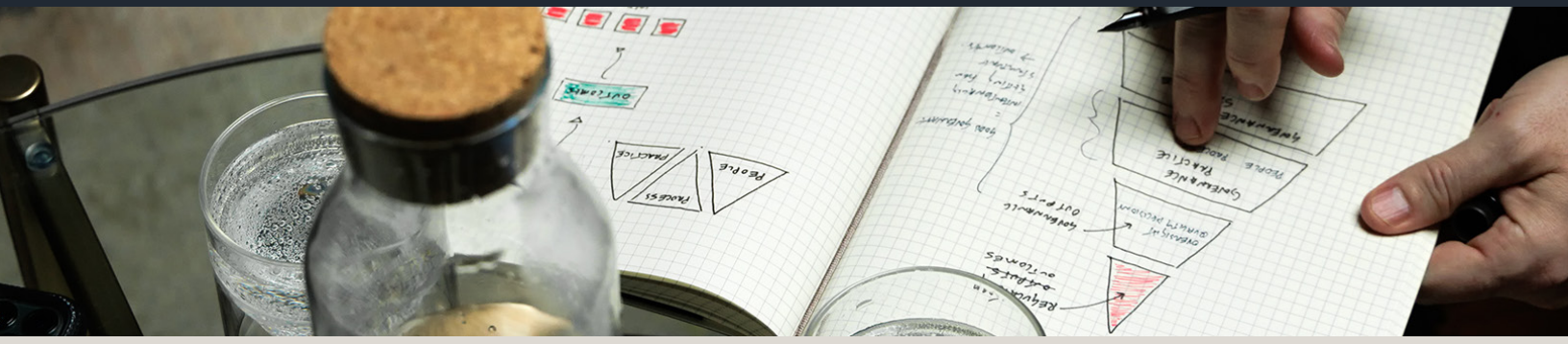
$2,000 + GST for three course sessions
(1 in-person & 2 virtual)

Special Rate

For **two or more participants** from the same organization: **$1750 + GST / person**

REGISTRATION

Contact us at ***support@regulatorspractice.com*** to save your spot today.



For more information
support@regulatorspractice.com
regulatorspractice.com

This pilot program is being hosted and supported by the BC Health Regulators

BC Health Regulators
Our Purpose, Your Safety

Briefing Note

To: Council

From: Chair

Date: September 26, 2025

Topic: Policy Content Review: Council-Registrar Delegation Policies

---

Council will review and discuss the proposed changes to the CRD-4 and CRD-5 policies.

The changes are housekeeping in nature and better align the policies with the language used in the CDHO By-Laws and reflect best practices.

CRD-4

- Update the annual schedule
- Change 'Board' to 'Council'

CRD-5

- Change 'President' to 'Chair'

MOTION: **THAT** Council approves the changes to the CRD-4 and CRD-5 policies as proposed, including changing the term 'President' to 'Chair', 'Board' to 'Council', and removing gendered language.

Moved:
Seconded:
VOTE:

CRD-4 MONITORING REGISTRAR/CEO PERFORMANCE

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

1. Organization performance will be only that performance revealed by the monitoring system to be directly related to criteria given by the Council in policy.

2. The purpose of monitoring is simply to determine the degree to which Council policies are being fulfilled. Only information that does this will be considered to be monitoring.

3. A given policy may be monitored in one or more of three ways:

   3.1. Internal report**:** Disclosure of compliance information by the Registrar/CEO, along with their explicit interpretation of Council policy, and justification for the reasonableness of interpretation.

   3.2. External report**:** Discovery of compliance information by an impartial, external auditor, inspector or judge who is selected by and reports directly to the Council. The external party will first be provided with the Registrar/CEO's explicit interpretation of the policy and justification for the reasonableness of interpretation. The report must assess the reasonableness of the interpretation of Council policy, and compliance with it. The basis for assessment is not the standards of the external party, unless the Council has previously indicated that party's opinion to be the standard.

   3.3. Direct Council Inspection: Discovery of compliance information by a designated Council member, a committee or the Council as a whole. This is a Council inspection of documents, activities or circumstances directed by the Council that assesses compliance with policy, with access to the Registrar/CEO's justification for the reasonableness of their interpretation. Such an inspection is only undertaken at the instruction of the Council.

4. In every case, the standard for compliance shall be any reasonable Registrar/CEO interpretation of the Council policy being monitored. The Council is the final arbiter of reasonableness, but will always judge with a "reasonable person" test rather than interpretations favoured by Council members or even the Council as a whole.

5. Upon the choice of the Council, any policy can be monitored by any of the above methods at any time. For regular monitoring, however, each Ends and Executive Limitations policy will be classified by the Council according to frequency and method.

ANNUAL SCHEDULE OF MONITORING OF ENDS AND EXECUTIVE LIMITATIONS

Policy no.	Policy	Method	Frequency	Date
	GLOBAL END	Internal Report	Annually	Mar.
E-1	Safe, High Quality, Professional Practice	Internal Report	Annually	Mar.

E-2	Engagement with Other Professionals	Internal Report	Annually	Mar.
E-3	Health System and Public Policy Influence	Internal Report	Annually	Mar.
E-4	Public Awareness and Access to Benefits	Internal Report	Annually	Mar.
	GENERAL EXECUTIVE CONSTRAINT	Internal Report	Annually	Dec.
EL-1	Treatment of Public and Registrants	Internal Report	Annually	Sep.
EL-1	Treatment of Public and Registrants	External Report	Every 3 years	Sep. 2027
EL-2	Treatment of Staff	Internal Report	Annually	Dec.
EL-2	Treatment of Staff	External Report	Every 3 years	Jun. 2026
EL-3	Planning 3(3)-3(8)	Direct Inspection	Annually	Dec.
	Planning (3, 3.1)	Internal Report	Annually	Jun.
EL-4	Financial Conditions and Activities	Internal Report	Annually	Jun.
EL-4(1)	Fund management standards	Internal report	Quarterly	Mar., May, Sept., Dec.
EL-5	Protection of Assets	Internal Report	Annually	Sep.
EL-6	Investment	Internal Report	Annually	Jun.
EL-7	Compensation and Benefits	Internal Report	Annually	March
EL-7(1)	Limits to Power (Registrar Expense Claims)	Direct Inspection	Annually	Jun.
EL-8	Communication and Support to Council	Internal Report	Annually	Dec.
EL-9	Ethical Behaviour	Internal Report	Annually	Jun.
EL-10	Development of Standards Governing Practice	Internal Report	Annually	Sep.
EL-11	Amendments to the Act or Bylaws	Internal Report	Annually	Sep.

6. A formal evaluation of the Registrar/CEO by the Council will occur annually, based on the achievement of a reasonable interpretation of the Council's Ends Policies and non-violation of its Executive Limitations policies, reasonably interpreted. This formal evaluation will be conducted by cumulating the regular monitoring data provided during the year and the ~~Board's~~ Council's recorded

acceptance or non-acceptance of the reports, and identifying performance trends evidenced by that data.

6.1. In December of each year, the Registrar/CEO will identify for the Council the Registrar/ CEO's reasonable interpretation (measurable conditions supported by a rationale) of a one-year segment of progress towards achievement of the Council's Ends policies.

6.2. Formal evaluation of the Registrar/CEO is concluded in June at the time of its June Council meeting.

6.2.1. In March following the submission of the Ends monitoring report, the Executive Committee will compile a summary of the results of the Council's assessment of regular monitoring data received during the year, along with any additional necessary monitoring data. The Executive Committee will identify evident performance trends.

6.2.2. The Executive Committee will circulate their summary of Registrar performance to Council members for review and feedback.

6.2.3. The Executive Committee will review the Council members' feedback and prepare a final Registrar Performance Summary which will be reported in-camera to the Council. The Executive Committee will also propose to Council a recommendation for Registrar/CEO compensation. (Ref. CRD-5: Registrar/CEO Compensation).

6.2.4. Only after the final Registrar Performance Summary is reported to the Council will the Executive Committee meet with the Registrar/CEO. The performance review meeting will normally be held in June at the time of the Council meeting.

CRD-5 REGISTRAR/CEO COMPENSATION

The Registrar/CEO's compensation will be decided by the Council as a whole and based on organization performance and executive market conditions.

1. Total compensation is to be competitive with the executive market. The executive marketplace to be considered is Ontario regulatory colleges of comparable scope, size (budget and staff complement), challenges and complexity. Total compensation includes salary, benefits, pension, perquisites and incentives.

   1.1. Every three years the Council will commission a formal review of compensation to ensure total compensation is aligned with the market. In each of the intervening two years, the base salary is adjusted by a percentage equivalent to a cost-of-living increase.

2. Annually in December, the Council will approve, with due consideration of the organization's financial capacity, a budget for the salary and benefits package for the coming fiscal year, including provision for any incentive pay to be made available.

   2.1. The Executive Committee may gather information and provide options and their implications to the full Council for its decision.

3. The Registrar/CEO's base salary is adjusted annually. Council will decide on compensation at its June meeting. Any adjustment will be effective retroactively to January 1st. A lump sum payment representing the difference in prior year and current year compensation will be made on June 30th.

4. Compensation may include an Ends-related performance-based incentive.

5. The ~~President~~ Chair will confirm the Council's decision about compensation to the Registrar/CEO in a letter after the Executive Committee has presented to Council the results of its annual performance review meeting with the Registrar/CEO and Council has approved the compensation adjustment.

CDHO

Briefing Note

To: Council

From: Chair

Date: September 26, 2025

Topic: Policy Content Review: Executive Limitations Policies

No changes proposed. Council will review the EL-2, EL-3, EL-4, EL-6, and EL-9 policies and determine if any changes are needed.

EL-2 TREATMENT OF STAFF

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

1. Allow staff to be without current, enforced, documentation that clarifies expectations and working conditions, provides for effective handling of grievances, and protects against wrongful conditions.

1.1. Permit staff to be without adequate protection from harassment and discrimination.

1.1.1. Discriminate unfairly against hiring persons living with exceptionalities which do not prevent fulfillment of job requirements.

1.1.2. Permit a workplace which is insufficient to accommodate staff living with exceptionalities.

1.2. Permit staff to be uninformed of the performance standards by which they will be assessed.

1.2.1. Neglect to undertake annual performance reviews that are based on performance standards.

2. Discriminate against any staff member for non-disruptive expression of dissent.

3. Allow staff to be unprepared to deal with emergency situations.

4. Permit staff to be without an appropriate orientation and reasonable opportunity for professional growth and development.

5. Allow staff to be unacquainted with the Registrar/CEO's interpretation of their protections under this policy.

5.1. Prohibit a staff member with a complaint against the Registrar/CEO from appealing to Council.

EL-3 PLANNING

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

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

1. Operate without a documented, multi-year strategy.

    1.1. Permit planning that does not explain and justify assumptions and identify relevant environmental factors.

2. Permit budgeting for any fiscal period or part of any fiscal period that is not derived from the multi-year strategy.

3. Permit budgeting that does not provide for the incremental cost of implementing the multi-year strategy.

    3.1. Project revenue from fees on any basis other than current Council- authorized fees.

4. Permit budgeting that does not maintain, or provide for an amount to increase, reserves to the Council-approved target level unless approved by the Council.

5. Permit budgeting that projects a year-end operating deficit unless approved by the Council.

6. Permit financial planning that risks incurring any situation or condition described as unacceptable in the “Financial Condition and Activities” policy.

7. Permit financial planning that does not provide the amount determined annually by the Council for the Council’s direct use during the year, such as costs of fiscal audit, Council development, Council and Council committee meetings, Council legal fees, and ownership linkage.

8. Permit planning that endangers the fiscal soundness of future years or ignores the building of organizational capability sufficient to achieve strategic priorities in future years.

    8.1. Operate without succession plans to facilitate smooth operations during key personnel transitions and ensure competent operation of the organization over the long term.

    8.2. Permit the organization to be without sufficient organizational capacity and current information about Registrar/CEO and Council issues and processes for the competent operation of the organization to continue in the event of sudden loss of Registrar/CEO services.

EL-4 FINANCIAL CONDITIONS AND ACTIVITIES

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

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

1. Expend more funds than have been received in the fiscal year to date unless the debt guideline below is met.

    1.1. Allow debt to be incurred for anything other than trade payables or reasonable liabilities incurred in the ordinary course of operations.

2. Borrow funds from any financial institution.

3. Loan CDHO funds.

4. Use any long-term reserves.

5. Allow cash accounts to drop below a safety reserve equal in value to nine months' operating expenses invested in liquid assets.

6. Allow the untimely payment of payroll and debts.

7. Write off receivables without having first aggressively pursued payment after a reasonable grace period.

8. Allow tax payments or other government ordered payments or reports to be overdue or inaccurately filed.

9. Acquire, encumber or dispose of land or buildings.

EL-6 INVESTMENT

The Registrar/CEO shall not permit investments to be managed in a way that is inconsistent with the objectives of reasonable growth and capital preservation.

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

1. Permit investments to be managed without the active involvement of a well- qualified Investment Professional who is independent of any investment fund.
    1.1. Permit the Investment Professional to take title to any assets.
    1.2. Permit the Investment Professional to withdraw any funds from the accounts except to cover payment of previously agreed fees, or at the CDHO's specific direction.
    1.3. Neglect the regular review of Investment Professional's performance.

2. Permit investments which are exposed to greater than a low level of risk and insufficiently diversified and staged to maximize return while protecting the principal.
    2.1. Permit investments outside the Fixed Income Investment categories defined in Article 8.3(2) of the CDHO bylaws, more specifically defined below:
        - Bonds, debentures or other evidence of indebtedness, a) of or guaranteed by the government of Canada, b) of or guaranteed by the government of any province/territory of Canada.
        - Bank commercial paper and Bankers' Acceptances of Schedule 1 Banks.
        - Corporate Commercial Paper with an R1 rating or equivalent by the Dominion Bond Rating Service at the time of purchase.
        - Guaranteed Investment Certificates of any trust corporation registered under the *Loan and Trust Corporations Act* of a province of Canada or the government of Canada and trust corporation CDIC insured term deposits.
        - Corporate Debt instruments with a credit rating at the time of purchase of not less than BBB as determined by Dominion Bond Rating Service.
        - High-rate savings account.
    2.2. Allow the maturity of any individual security to exceed 12 years.

3. Permit investments that are inconsistent with the liquidity requirements of the College.

EL-9 ETHICAL BEHAVIOUR

The Registrar/CEO shall not permit an organizational culture that lacks a high degree of integrity at all levels of the organization.

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

1. Permit the organization to be without an enforced internal Code of Conduct, of which all employees, consultants, contract workers and volunteers are made aware, that clearly outlines the organization's ethical expectations of them.
    1.1. Permit employees, consultants, contract workers and volunteers to be unaware of the level of confidentiality required to protect organizational integrity.
    1.2. Permit employees, consultants, contract workers and volunteers to be without guidelines for avoiding actual or potential conflicts of interest.
2. Permit employees and others to be without a mechanism for anonymous and confidential reporting of alleged or suspected improper activities and without fear of retaliation.

CDHO

Suggested Motion – Friday, September 26, 2025

11.0 MOTION TO MOVE IN CAMERA

MOTION: **THAT** Council move in Camera as per RHPA, Schedule 2, Section 7(2)(d) at ____:____ p.m., for agenda items 11.1–11.5.

Moved:

Seconded:

VOTE:

Suggested Motions – Friday, September 26, 2025

11.0 MONITORING CEO PERFORMANCE

11.1 EL-1

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

MOTION 2: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy 1 and determined that the interpretation is reasonable but there is insufficient verifiable evidence and has asked for a new monitoring report by [date]; OR

MOTION 3: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy 1 and determined that the interpretation is not reasonable and has asked for a new monitoring report by [date].

Moved:
Seconded:
VOTE:

11.2 EL-4(1)

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

MOTION 2: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy 4(1) and determined that the interpretation is reasonable but there is insufficient verifiable evidence and has asked for a new monitoring report by [date]; OR

MOTION 3: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy 4(1) and determined that the interpretation is not reasonable and has asked for a new monitoring report by [date].

Moved:
Seconded:
VOTE:

11.3 EL-5

MOTION 1: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy 5 and determined there is sufficient, verifiable evidence of a reasonable interpretation; OR

MOTION 2: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy 5 and determined that the interpretation is reasonable but there is insufficient verifiable evidence and has asked for a new monitoring report by [date]; OR

MOTION 3: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy 5 and determined that the interpretation is not reasonable and has asked for a new monitoring report by [date].

Moved:
Seconded:
VOTE:

11.4 EL-10

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

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

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

Moved:
Seconded:
VOTE:

11.5 EL-11

MOTION 1: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy 11 and determined there is sufficient, verifiable evidence of a reasonable interpretation; OR

MOTION 2: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy 11 and determined that the interpretation is reasonable but there is insufficient verifiable evidence and has asked for a new monitoring report by [date]; OR

MOTION 3: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy 11 and determined that the interpretation is not reasonable and has asked for a new monitoring report by [date].

Moved:
Seconded:
VOTE:

CDHO

Suggested Motion – Friday, September 26, 2025

11.0 MOTION TO MOVE OUT OF CAMERA

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

Moved:

Seconded:

VOTE:

Suggested Motion – Friday, September 26, 2025

14.0 ADJOURNMENT

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

Moved:

Seconded:

VOTE: