College of
Dental Hygienists
of Ontario

Protecting your health and your smile

CDHO COUNCIL MEETING

Friday, June 11, 2021

9:00 a.m. – 3:00 p.m.

Location:

Virtual Meeting

College of Dental Hygienists of Ontario
Protecting your health and your smile

CDHO COUNCIL MEETING AGENDA

Friday, June 11, 2021

9:00 a.m. – 3:00 p.m.

Agenda Item	Topic and Relevant Council Policy	Proposed Outcome	Lead if not Chair	Verbal Report/ Attachment	Est. Time
1.0	**CALL TO ORDER**				**9:00**
1.1	Roll Call	Council Attendance	C. Lotz	**TAB 1**	**9:00**
1.2	Opening Remarks	Council Is Addressed	C. Lotz	--	**9:02**
1.3	Council Policy Manual Update	Council Is Informed	C. Lotz	**TAB 2**	**9:08**
1.4	Council Code of Conduct	Council Is Informed	C. Lotz	**TAB 3**	**9:09**
2.0	**APPROVAL OF AGENDA**				**9:10**
2.1	Review and Approval of Agenda	Council Approval	C. Lotz	**TAB 4**	**9:10**
3.0	**DECLARATIONS OF POTENTIAL CONFLICT OF INTEREST**				**9:12**
3.1	Declarations of Conflict of Interest *Council will be asked to declare any conflicts of interest that have not been included on their Conflict of Interest form.*	Declared Conflicts	C. Lotz	**TAB 5**	**9:12**
4.0	**CONSENT AGENDA**				**9:15**
	CONSENT AGENDA ITEMS (4.1. – 4.4.2) A consent agenda is a bundle of items that is voted on, without discussion, as a package. It differentiates between routine matters not needing explanation and more complex issues needing examination. The Chair will ask if any one wishes to remove an item from the consent agenda. Any Council member may request an item be removed so it can be discussed. To test whether an item should be included in the consent agenda, ask: 1. Is this item self-explanatory and uncontroversial? Or does it contain an issue that warrants board discussion? 2. Is this item for information only? Or is it needed for another meeting agenda issue?				
4.1	**Council Meeting Minutes**				
4.1.1	Meeting Minutes – March 5, 2021	Council Approval	C. Lotz	**TAB 6**	**9:15**
4.2	**Statutory Committee Reports**				
4.2.1	Executive Committee	Council Is Informed	C. Lotz	**TAB 7**	**9:15**

4.2.2	Discipline Committee	Council Is Informed	E. Betts	**TAB 7**	**9:15**
4.2.3	Fitness to Practise Committee	Council Is Informed	TBD	**TAB 7**	**9:15**
4.2.4	Inquiries, Complaints and Reports Committee	Council Is Informed	M. Atkinson	**TAB 7**	**9:15**
4.2.5	Patient Relations Committee	Council Is Informed	TBD	**TAB 7**	**9:15**
4.2.6	Quality Assurance Committee	Council Is Informed	T. Strawn	**TAB 7**	**9:15**
4.2.7	Registration Committee	Council Is Informed	M. Atkinson	**TAB 7**	**9:15**
4.3	**Non-Statutory Committee Reports**				
4.3.1	Examinations Committee	Council Is Informed	L. Voytek	**TAB 7**	**9:15**
4.4	**Incidental Briefing Reports**				
4.4.1	Council President's Report	Council Is Informed	C. Lotz	**TAB 8**	**9:15**
4.4.2	Registrar's Administrative Report	Council Is Informed	D. Adams	**TAB 8**	**9:15**
5.0	**OWNERSHIP LINKAGE**				**9:20**
5.1	Status of Ownership Linkage Activities *The Chair of the committee will provide a verbal update on their activities.*	Council Is Informed	C. Grbac	--	**9:20**
6.0	**GOVERNANCE PROCESS ITEMS FOR DECISION**				**9:30**
6.1	2020 Draft Audited Financial Statements *Hilborn LLP will present the 2020 financial statements to the Council. Council will be asked to review and approve the statements.*	Council Approval	Hilborn LLP	**TAB 9**	**9:30**
6.2	Appointment of Auditor for 2021 *Council will be asked to appoint an auditor for 2021.*	Council Approval	C. Lotz	**TAB 10**	**10:00**
6.3	ICRC Terms of Reference *Council will be asked to review and approve the updated terms of reference.*	Council Approval	M. Atkinson	**TAB 11**	**10:05**
6.4	Competency Profile Committee *Council will be asked to provide feedback on the revised Competency Framework.*	Council Review	V. Pereira	**TAB 12**	**10:15**
	BREAK				**10:30**

6.5	Council Evaluation *Council will be asked to task the CPMF committee with directing the development of a comprehensive and integrated evaluation framework.*	Council Approval	D. Adams	**TAB 13**	**10:45**
6.6	Policy Amendment: GP 4.12 CPMF Terms of Reference *Council will be asked to approve the updated policy.*	Council Approval	C. Lotz	**TAB 13**	**11:00**
6.7	Registration Regulation Amendment *Council will be asked to direct Registrar to submit the proposed amendments to the Ministry of Health as per their submission requirements.*	Council Approval	C. Lotz	**TAB 14**	**11:10**
6.8	Tri-Council Memorandum of Understanding *Council will be asked to agree to drafting and signing a Memorandum of Understanding between the three colleges, and agree to the formation of a Transition Oversight Committee.*	Council Approval	C. Lotz	**TAB 15**	**11:40**
	LUNCH				**12:00**
6.9	Exam Ownership *Council will be asked to agree to transferring the administration and ongoing maintenance of the Canadian Performance Exam in Dental Hygiene to the National Dental Hygiene Certification Board.*	Council Approval	C. Lotz	**TAB 16**	**1:00**
6.10	EL 2.7.7 Protection of Retirement Benefits *Council will be asked to rescind policy 2.7.7.*	Council Approval	C. Lotz	**TAB 17**	**1:15**
6.11	Policy Content Review: GP 4.4 President's Role (deferred from March)	Council Approval	C. Lotz	**TBD**	**1:25**
6.12	Policy Content Review: GP 4.5 Vice-President's Role (deferred from March)	Council Approval	C. Lotz	**TBD**	**1:25**
7.0	**ENDS ITEMS FOR DECISION**				**1:30**
7.1	Policy Content Review: E 1 Overall Public Benefit Ends Policy (deferred)	Council Approval	C. Lotz	--	**1:30**
7.2	Policy Content Review: E 1.1, E 1.2, E 1.3 and E 1.4 (deferred)	Council Approval	C. Lotz	--	**1:30**

8.0	**COUNCIL REGISTRAR DELEGATION ITEMS FOR DECISION**				**1:30**
8.1	Policy Content Review: CRD 3.6 Registrar/CEO Succession	Council Approval	C. Lotz	**TBD**	**1:30**
8.2	Policy Content Review: CRD 3.7 Registrar/CEO Termination	Council Approval	C. Lotz	**TBD**	**1:30**
9.0	**EXECUTIVE LIMITATIONS ITEMS FOR DECISION**				**1:35**
9.1	Financial Reporting Dates *Council will be informed about the updated schedule.*	Council Is Informed	C. Lotz	**TAB 18**	**1:35**
10.0	**REQUIRED APPROVALS AGENDA**				**1:40**
	There are no agenda items at this meeting.				
11.0	**MONITORING BOARD PERFORMANCE**				**1:40**
11.1	Council Self-Monitoring: GP 4.4 President's Role (deferred from March)	Council Approval	C. Lotz	**TAB 19**	**1:40**
11.2	Council Self-Monitoring: GP 4.5 Vice-President's Role(deferred from March)	Council Approval	C. Lotz	**TAB 19**	**1:45**
11.3	Council Self-Monitoring: CRD 3.6 Registrar/CEO Succession	Council Approval	C. Lotz	**TAB 19**	**1:50**
11.4	Council Self-Monitoring: CRD 3.7 Registrar/CEO Termination	Council Approval	C. Lotz	**TAB 19**	**1:55**
12.0	**BOARD EDUCATION**				**2:00**
12.1	Entry-to-Practice Canadian Competencies for Dental Hygienists (EPCCoDH) *Representatives from the Federation of Dental Hygiene Regulators of Canada Competency Project Steering Committee will speak to the presentation of the ETP framework Council is being asked to review prior to the meeting.*	Council Approval	FDHRC	**TAB 20**	**2:00**
13.0	**SELF-EVALUATION OF GOVERNANCE PROCESS**				**2:30**
13.1	Council Meeting Evaluation	Council Is Informed	C. Lotz	**--**	**2:35**
--	**COUNCIL MOVES IN CAMERA (ITEMS 14.1-14.2)** To discuss personnel matters. Monitoring Reports on Ends and Executive Limitations form part of the Registrar's Performance Evaluation				

14.0	**MONITORING CEO PERFORMANCE**				**2:40**
14.1	Internal Monitoring: EL 2.4.1 Fund Management Standards	Council Approval	D. Adams	**TAB 21**	**2:45**
14.2	Internal Monitoring: EL 2.2, EL 2.3, EL 2.4, EL 2.6, EL 2.7.1, EL 2.9 (deferred)	Council Is Informed	D. Adams	**--**	**2:50**
--	**COUNCIL MOVES OUT OF CAMERA**				
15.0	**NEXT MEETING DATE — September 24, 2021**				**2:55**
16.0	**ADJOURNMENT**			**TAB 22**	**3:00**

College of **Dental Hygienists** of Ontario
L'Ordre des **hygiénistes dentaires** de l'Ontario
Protecting your health and your smile / Nous protégeons votre santé et votre sourire

Roll Call

Council Meeting

Friday, June 11, 2021

Virtual Meeting

❑	Michelle Atkinson	Elected
❑	Loree Beniuk	Public
❑	Erin Betts	Public
❑	Anne-Marie Conaghan	Academic
❑	Jennifer Cooper	Academic
❑	Jenny Gibson	Elected
❑	Carla Grbac	Elected
❑	Alex Greco	Public
❑	Joshua Hollenberg	Public
❑	Ehizele Martin Iyamabo	Public
❑	Pauline Leroux	Elected
❑	Meghan Leuprecht	Public
❑	Caroline Lotz	Elected
❑	Vanessa Pereira	Elected
❑	Ilga St. Onge	Elected
❑	Terri Strawn	Elected
❑	Amit Vig	Public
❑	Margaret Wade	Public
❑	Jacqueline White	Elected

/19 total members

College of Dental Hygienists of Ontario

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BRIEFING NOTE

To: Council

From: Chair

Date: June 11, 2021

Topic: Council Policy Manual Update

The following policies were amended at the March 5, 2021 Council Meeting and the Policy Manual has been updated.

GP 4.7.2.1 Stipend & Expenses Schedule

College of Dental Hygienists of Ontario

Protecting your health and your smile

COUNCIL CODE OF CONDUCT

4. GLOBAL GOVERNANCE PROCESS POLICY

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

4.14 Code of Conduct

Council Members shall conduct themselves in accordance with the bylaws.

Excerpt from Bylaw 5

3.7 Council and Non-Council Committee Member Code of Conduct

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

Fiduciary Duties

(2) Council Members shall act in the best interests of the College and of the public of Ontario. They shall perform their duties in accordance with the Act, the bylaw and any policies of the College.

(3) Council Members shall conduct themselves in a manner which is ethical, business-like and lawful and upholds the reputation of the CDHO. This includes proper use of authority and appropriate decorum when acting as Council Members. Council Members shall treat one another and staff members with respect, co-operation and a willingness to deal openly on all matters.

(4) Council Members must have loyalty to the College that supersedes any loyalties to staff, other organizations or any personal interest as a consumer.

(5) Council Members are accountable to exercise the powers and discharge the duties of their office honestly and in good faith. Members shall exercise the degree of care, diligence and skill that a reasonably prudent person would exercise in comparable circumstances.

(6) Council Members will not attempt to exercise individual authority over the organization.

(7) When interacting with staff, Council Members must recognize that individual Council Members have no authority to instruct or evaluate employees, and no authority to insert themselves into employee operations.

(8) Council Members shall recognize that the President or designate is the only person authorized to speak to the media on behalf of the Council. Council Members shall not presume to speak for the Council when interacting with the public. Council Members shall only report actual Council policy decisions when interacting with the public.

(9) Council Members shall be familiar with the incorporating documents, relevant legislation and regulations, bylaws, and policies of the organization as well as the rules of procedure and proper conduct of a meeting so that any decision of the Council may be made in an efficient, knowledgeable and expeditious fashion.

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

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

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

(13) Council Members are expected to attend all meetings and to be punctual.

(14) Council Members who are unable to attend a meeting shall inform the President and the Registrar/CEO of their expected absence and the reason for it.

(15) Council Members shall be prepared **to serve on** committees and complete individual tasks as assigned by the Council from time to time.

Conflict of Interest

(16) The terms "conflict of interest" and "appearance of bias" are often used interchangeably. The term "conflict of interest" generally applies to policy or administrative decisions while the term "appearance of bias" generally applies to an adjudicative type of decision. For the purpose of this bylaw, they mean the same thing.

(17) Council Members must not carry out their duties when they are in a conflict of interest. A conflict of interest exists where a reasonable person could conclude that the personal interests of the individual or a related person or company could improperly influence the individual's judgment in performing his or her duties as a Council Member.

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

(19) Council Members may not accept an employment or administrative position with the College, including that of the Registrar, unless one year has passed since he or she was a Council Member or Non-Council Member.

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

Examples of Conflicts of Interest

(21) Without limiting the usual and ordinary meaning of "conflict of interest" or "appearance of bias", some examples of activities or circumstances that would usually constitute a conflict of interest or an appearance of bias for a Council or Non-Council Member include the following:

(a) Where the decision could confer a more than trivial financial or other benefit or burden to the Council Member or their close relative or friend or affiliated entity;

(b) Where the Council Member or their close relative or friend or affiliated entity seeks or accepts more than a nominal gift from a person or entity connected to or affected by the College or its mandate or a gift which could reasonably be viewed as influencing the Council or Committee Member;

(c) Where the Council Member or their close relative or friend or affiliated entity uses the Council Member's position with the College to advance their personal or financial interests;

(d) Where the Council Member takes action or counsels another to take action against the College, the reputation of the College or its staff;

(e) Where the Council Member is running for national or provincial public office and where the Council or Committee Member has not taken a leave of absence from all Council and committee positions at the College;

(f) Where the Council Member agrees to give or gives a presentation on an issue related to the College's role or activities without prior College approval;

(g) Where the Council Member agrees to participate or participates in a committee, working group, task force or other group related to the College's role or activities without prior College approval;

(h) Where the Council Member, who is not the official spokesperson for the College, is in communication with government officials, politicians or the media on any matter related to the College without prior College approval;

(i) Where the Council Member publishes, including a posting on social media, a statement that could impair the public's confidence in the College or compromise the policy or public image of the College or the Council Member's ability to make transparent, objective, impartial and fair decisions that are in the public interest;

(j) Where the Council Member appears to give preferential access to a person or entity that advances the interests of dental hygienists or that has policy-making responsibilities for dental hygienists or that oversees the regulation of dental hygienists without prior College approval;

(k) Where the Council Member advises or assists anyone in their dealings with the College, including acting as a peer mentor unless the Council Member has prior College approval;

(l) Where the Council Member demonstrates a closed mind on an issue that is coming up, or is likely to come up, before the College;

(m) Where the Council Member is the subject of an inquiry or investigation by the College, the police or another authority that impairs the ability of the Council Member to participate in a decision or to continue to serve in his or her position or has the potential to jeopardize public trust in the member, the Council, the Committee or the College;

(n) Where the Council Member applies for employment with the College without first resigning all Council and committee positions;

(o) Where the Council Member has a connection with a person or issue to be determined that would reasonably be seen by those who know all of the circumstances as incompatible with his or her responsibilities as an impartial decision-maker; and

(p) Where the Council Member or their close relative or friend or affiliated entity uses materials developed for the College for commercial purposes without prior College approval.

Preventing and Addressing Conflicts of Interest

(22) Council Members shall avoid, where feasible, situations where they would have conflicting duties of confidentiality and disclosure between their role with the College and with another person or entity.

(23) Where a Council Member is in doubt as to whether he or she has a conflict of interest, the Council Member shall consult with an appropriate person such as the Chair of the affected committee, the President, the Registrar, or independent legal counsel in a hearing.

(24) If a Council Member believes that he or she has a conflict of interest in a particular matter, he or she shall,

(a) prior to any consideration of the matter, declare to the Council or the committee that he or she has a conflict of interest that prevents him or her from participating;

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

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

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

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

(26) Where a Council Member believes that another Council Member has a conflict of interest that has not been declared despite any appropriate informal communications with the other Council Member, the first Council Member shall advise an appropriate person such as the Chair of the affected committee, the President, the Registrar, or independent legal counsel in hearing matters. The person who is suggested as having a conflict of interest is entitled to address the matter before any decision is made regarding the issue under paragraph 28 of this Article.

(27) Where a Council Member believes that another Council or Committee Member has already acted in a conflict of interest or is in an ongoing conflict of interest, he or she shall advise in writing an appropriate person such as the Chair of the affected committee, the President, the Registrar or independent legal counsel in hearing matters. The person who is suggested as having a conflict of interest is entitled to make submissions about the matter before any decision is made regarding the issue under paragraph 28 of this Article.

(28) Where the Council or a Committee concludes that one of its members has a conflict of interest that has not been declared, it can, after allowing the affected member to make submissions regarding the issue, direct that the Council or Committee Member not participate in the discussion or decision, leave the room for that portion of the meeting and not try to or otherwise exert influence in the matter.

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

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

Confidentiality

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

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

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

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

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

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

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

(37) Where a Council Member believes that there has been a breach of confidentiality by a Council or Committee Member, whether intentional or unintentional, he or she shall immediately advise the Registrar in writing providing all of the details. The Registrar shall notify the President as soon as possible of any breach of confidentiality by a Council or Committee Member.

(38) Council Members will sign annually their agreement to abide by the Code of Conduct in its entirety.

3.8 Disqualification of Council and Non-Council Members

(1) The Council shall disqualify a Registrant from sitting on Council or a Committee or serving as a Non-Council Member if the Registrant:

(a) is found by a panel of the Discipline Committee to have committed an act of professional misconduct or to be incompetent;

(b) is found by a panel of the Fitness to Practise Committee to be incapacitated;

(c) subject to the discretion of Council to excuse the absence, fails, without reasonable cause, to attend two consecutive meetings of the Council or fails, for any reason, to attend three consecutive meetings of the Council;

(d) subject to the discretion of Council to excuse the absence, fails to attend two consecutive meetings of a Committee without reasonable cause or fails, for any reason, to attend three consecutive meetings of a Committee of which she or he is a member;

(e) fails, without reasonable cause, to attend a hearing of a panel for which he or she has been selected;

(f) in the case of an Elected Member, ceases to qualify for election in the electoral district for which the Elected Member was Elected;

(g) in the case of an Academic Member, ceases to be Faculty;

(h) breaches section 36 of the Act which, in the opinion of Council, is of such a nature that warrants disqualification;

(i) ceases to be a Registrant;

(j) fails, in the opinion of the Council, to discharge properly or honestly any office to which he or she has been Elected, Selected or Appointed;

(k) has breached the Code of Conduct or conflict of interest provisions of this bylaw which, in the opinion of the Conduct Committee or its delegate, is of such a nature that warrants disqualification;

(l) becomes a member of a Council of any other College regulated under the Act;

(m) is found guilty of a criminal offence which, in the opinion of Council, is of such a nature that warrants disqualification;

(n) has not complied, within 30 days, or as otherwise specified, of being given notice of the failure, the College's requirements to pay fees, or the College's requirements for the provision of information;

(o) has a term, limit or condition imposed by the Quality Assurance Committee, the Discipline Committee or the Fitness to Practise Committee on his or her certificate of registration;

(p) is or becomes an officer, director or employee of a Professional Advocacy Association (however, a Council Member shall not be disqualified by reason of serving on an association or organization to which he or she has been appointed by the Council as a representative of the College);

(q) initiates, joins, continues or materially contributes to a legal proceeding against the College of any Committee or representatives of the College;

(r) has been directed by the Inquiries, Complaints and Reports Committee to complete a specified continuing education or remediation program and/or to appear before a panel of the Committee to be cautioned in the six years prior to the term of such Member, or during the term of such Member; or

(s) has given an undertaking to the College in response to a request by a panel of the Inquiries, Complaints and Reports Committee related to a complaint or for a matter in which an investigator is appointed under clause 75(1)(a) or clause 75(1)(b) of the Code, in the six years prior to the term of such Member, or during the term of such Member.

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

(a) subject to the discretion of Council to excuse the absence, fails, without reasonable cause, to attend two consecutive regular meetings of the Council or fails, for any reason, to attend three consecutive meetings of the Council;

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

(c) fails, without reasonable cause, to attend a hearing of a panel for which she or he has been selected;

(d) breaches section 36 of the Act which, in the opinion of Council, is of such a nature that warrants disqualification;

(e) has breached the Code of Conduct or conflict of interest provisions of this bylaw which, in the opinion of the Conduct Committee or its delegate, is of such a nature that warrants disqualification;

(f) ceases to be a resident of Ontario;

(g) fails, in the opinion of the Council, to discharge properly or honestly any office to which he or she has been appointed;

(h) becomes a member of a Council of any other College regulated under the Act;

(i) is found guilty of a criminal offence which, in the opinion of Council, is of such a nature that warrants disqualification;

(j) is or becomes an officer, director or employee of a Professional Advocacy Association (however, a Public Member shall not be reported to the Public Appointments Secretariat by reason of serving on an association or organization to which he or she has been appointed by the Council as a representative of the College); or

(k) initiates, joins, continues or materially contributes to a legal proceeding against the College or any Committee or representatives of the College.

(3) A person who has served as a Council or Non-Council Member may not become an employee of the College until one year has passed following the expiration of their term of office.

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

College of Dental Hygienists of Ontario
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Suggested Motion – Friday, June 11, 2021

2.1 ADOPTION OF AGENDA

MOTION: **THAT** Council moves to approve the June 11, 2021 Council meeting agenda as presented.

Moved:

Seconded:

VOTE:

College of
Dental Hygienists
of Ontario
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Council Member Declaration

I Alessandro (Alex) Greco (please print name):

- [x] Have read sections 3.7 to 3.9 of the CDHO Bylaw 5 and I understand that I am accountable as a member of Council to conduct myself in compliance with these bylaws.
- [x] I understand that I am obligated to declare a conflict of interest with my Council responsibilities, if and when one arises.
- [x] I also understand that I am obligated to report instances of another Council member's conflict of interest with Council responsibilities of which I become aware.
- [x] Having reviewed the examples of conflict of interest [sec. 3.7(21)], I am declaring that I currently have no conflicts of interest in my role as a member of Council.

OR

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

Organization, Associate, Vendor, Business, Person(s)	Description of Relationship, Role or Involvement

Alessandro Greco

Signature

January 2nd, 2021

Date

College of
Dental Hygienists
of Ontario
Protecting your health and your smile

Council Member Declaration

I AMIT VIG (please print name):

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

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

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

☐ Having reviewed the examples of conflict of interest [sec. 3.7(21)], I am declaring that I currently have no conflicts of interest in my role as a member of Council.

OR

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

Organization, Associate, Vendor, Business, Person(s)	Description of Relationship, Role or Involvement
DR. ROLI VIG DENTISTRY P.C.	WIFE

Signature

JAN 20, 2021
Date

College of Dental Hygienists of Ontario
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Council Member Declaration

I Anne-Marie Conaghan (please print name):

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

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

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

☑ Having reviewed the examples of conflict of interest [sec. 3.7(21)], I am declaring that I currently have no conflicts of interest in my role as a member of Council.

OR

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

Organization, Associate, Vendor, Business, Person(s)	Description of Relationship, Role or Involvement
Georgian College	Program Coordinator, Dental Hygiene
Commission on Dental Accreditation of Canada	Site- surveyor out-of-province DH programs
Commission on Dental Accreditation of Canada,	Governance Steering Committee: Committee member

AConaghan
Signature

January 21, 2021
Date

College of
Dental Hygienists
of Ontario
Protecting your health and your smile

Council Member Declaration

I CARLA GRBAC (please print name):

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

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

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

☐ Having reviewed the examples of conflict of interest [sec. 3.7(21)], I am declaring that I currently have no conflicts of interest in my role as member of Council.

OR

☑ I am declaring potential conflicts of interest in my role as member of Council.

Organization, Associate, Vendor, Business, Person(s)	Description of Relationship, Role or Involment
RDHGuru Dental Hygiene Seminars	I provide Dental Hygiene Seminars to other RDHs. The topics I cover range from diabetes and perio dz, client positioning, AAP classification, etc. I understand that seminars pertaining to portfolio writing or QA do pose a conflict of interest and will Not be providing them anymore. I will also add a disclaimer to ALL the seminars I provide stating that the information provided does NOT represent the views of the CDHO nor would I be introducing myself as a Council member, I will simply be Carla Grbac BSc, RDH.

Signature

Feb-5-2021
Date

College of Dental Hygienists of Ontario
Protecting your health and your smile

Council Member Declaration

I Caroline Lotz (please print name):

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

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

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

☐ Having reviewed the examples of conflict of interest [sec. 3.7(21)], I am declaring that I currently have no conflicts of interest in my role as a member of Council.

OR

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

Organization, Associate, Vendor, Business, Person(s)	Description of Relationship, Role or Involvement
Fanshawe College	Faculty - School of Health Sciences - teaching in the Dental Assisting and Dental Hygiene Programs
London & District Dental Hygiene Society	Treasurer - a volunteer position - not active at present due to COVID - may be dissolved post COVID

Caroline Lotz

Signature

January 23, 2021

Date

College of Dental Hygienists of Ontario
Protecting your health and your smile

Council Member Declaration

I Erin Betts _____ (please print name):

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

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

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

☑ Having reviewed the examples of conflict of interest [sec. 3.7(21)], I am declaring that I currently have no conflicts of interest in my role as a member of Council.

OR

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

Organization, Associate, Vendor, Business, Person(s)	Description of Relationship, Role or Involvement

_____ January 21, 2021

Signature Date

College of Dental Hygienists of Ontario
Protecting your health and your smile

Council Member Declaration

I Ilga St Onge (please print name):

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

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

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

☑ Having reviewed the examples of conflict of interest [sec. 3.7(21)], I am declaring that I currently have no conflicts of interest in my role as a member of Council.

OR

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

Organization, Associate, Vendor, Business, Person(s)	Description of Relationship, Role or Involvement

Ilga St Onge
Signature

January 22, 2021
Date

College of Dental Hygienists of Ontario
Protecting your health and your smile

Council Member Declaration

I Jacqueline White (please print name):

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

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

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

☑ Having reviewed the examples of conflict of interest [sec. 3.7(21)], I am declaring that I currently have no conflicts of interest in my role as a member of Council.

OR

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

Organization, Associate, Vendor, Business, Person(s)	Description of Relationship, Role or Involvement
None	

White

Signature

January 21, 2021

Date

College of Dental Hygienists of Ontario
Protecting your health and your smile

Council Member Declaration

I Jennifer Cooper (please print name):

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

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

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

☐ Having reviewed the examples of conflict of interest [sec. 3.7(21)], I am declaring that I currently have no conflicts of interest in my role as a member of Council.

OR

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

Organization, Associate, Vendor, Business, Person(s)	Description of Relationship, Role or Involvement
Commission on Dental Accreditation of Canada	Dental Assisting Site Surveyor - 2019

Signature

January 20, 2021
Date

College of Dental Hygienists of Ontario
Protecting your health and your smile

Council Member Declaration

I Jenny Elizabeth Gibson (please print name):

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

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

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

☐ Having reviewed the examples of conflict of interest [sec. 3.7(21)], I am declaring that I currently have no conflicts of interest in my role as a member of Council.

OR

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

Organization, Associate, Vendor, Business, Person(s)	Description of Relationship, Role or Involvement
Township of Black River - Matheson	Municipal Councillor
MICs Hospital Board	Board Member, Municipal Representative

J. Gibson
Signature

January 21st, 2021
Date

College of
Dental Hygienists
of Ontario
Protecting your health and your smile

Council Member Declaration

I Joshua Hollenberg (please print name):

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

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

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

☑ Having reviewed the examples of conflict of interest [sec. 3.7(21)], I am declaring that I currently have no conflicts of interest in my role as a member of Council.

OR

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

Organization, Associate, Vendor, Business, Person(s)	Description of Relationship, Role or Involvement

Joshua H
Signature

1/22/2021
Date

College of Dental Hygienists of Ontario
Protecting your health and your smile

Council Member Declaration

I Margaret Wade (please print name):

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

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

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

☑ Having reviewed the examples of conflict of interest [sec. 3.7(21)], I am declaring that I currently have no conflicts of interest in my role as a member of Council.

OR

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

Organization, Associate, Vendor, Business, Person(s)	Description of Relationship, Role or Involvement

Margaret Wade
Signature

January 26th, 2021
Date

College of
Dental Hygienists
of Ontario
Protecting your health and your smile

Council Member Declaration

I EHIZELE MARTIN ITAMABO (please print name):

- [x] Have read sections 3.7 to 3.9 of the CDHO Bylaw 5 and I understand that I am accountable as a member of Council to conduct myself in compliance with these bylaws.
- [x] I understand that I am obligated to declare a conflict of interest with my Council responsibilities, if and when one arises.
- [x] I also understand that I am obligated to report instances of another Council member's conflict of interest with Council responsibilities of which I become aware.
- [x] Having reviewed the examples of conflict of interest [sec. 3.7(21)], I am declaring that I currently have no conflicts of interest in my role as a member of Council.

OR

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

Organization, Associate, Vendor, Business, Person(s)	Description of Relationship, Role or Involvement

Signature

Jan 26th 2021
Date

College of Dental Hygienists of Ontario
Protecting your health and your smile

Council Member Declaration

I Meghan Stouffer Leuprecht (please print name):

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

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

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

☐ Having reviewed the examples of conflict of interest [sec. 3.7(21)], I am declaring that I currently have no conflicts of interest in my role as a member of Council.

OR

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

Organization, Associate, Vendor, Business, Person(s)	Description of Relationship, Role or Involvement
Member, OCSWSSW	Regulatory College
Member, OASW	Professional Association

M. Stouffer Leuprecht

Signature

January 26, 2021

Date

College of
Dental Hygienists
of Ontario
Protecting your health and your smile

Council Member Declaration

I Michelle Atkinson (please print name):

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

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

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

☑ Having reviewed the examples of conflict of interest [sec. 3.7(21)], I am declaring that I currently have no conflicts of interest in my role as a member of Council.

OR

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

Organization, Associate, Vendor, Business, Person(s)	Description of Relationship, Role or Involvement
Algonquin College	Program Coordinator & Full time faculty

Signature

January 18 2021

Date

College of Dental Hygienists of Ontario
Protecting your health and your smile

Council Member Declaration

I Pauline Leroux (please print name):

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

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

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

☐ Having reviewed the examples of conflict of interest [sec. 3.7(21)], I am declaring that I currently have no conflicts of interest in my role as a member of Council.

OR

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

Organization, Associate, Vendor, Business, Person(s)	Description of Relationship, Role or Involvement
George Brown College	Clinical Instructor
Durham College	Clinical Instructor
CDHO Peer Mentor	CDHO Peer Mentor

Pauline Leroux
Signature

January 20, 2021
Date

College of Dental Hygienists of Ontario
Protecting your health and your smile

Council Member Declaration

I Terri Strawn (please print name):

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

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

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

☐ Having reviewed the examples of conflict of interest [sec. 3.7(21)], I am declaring that I currently have no conflicts of interest in my role as a member of Council.

OR

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

Organization, Associate, Vendor, Business, Person(s)	Description of Relationship, Role or Involvement
Durham College	Partial Load Faculty
ODHA	Previous board member (over 4 years ago)
CDAC	Periodic Site Surveyor
NDHCB	Item writer (haven't written in approx 1 year)

Signature

January 20, 2021

Date

College of Dental Hygienists of Ontario
Protecting your health and your smile

Council Member Declaration

I Vanessa Pereira (please print name):

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

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

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

☑ Having reviewed the examples of conflict of interest [sec. 3.7(21)], I am declaring that I currently have no conflicts of interest in my role as a member of Council.

OR

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

Organization, Associate, Vendor, Business, Person(s)	Description of Relationship, Role or Involvement

Vanessa Pereira

Signature

January 20, 2021

Date

College of
Dental Hygienists
of Ontario
Protecting your health and your smile

Council Member Declaration

I LOREE BENIUK (please print name):

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

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

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

☒ Having reviewed the examples of conflict of interest [sec. 3.7(21)], I am declaring that I currently have no conflicts of interest in my role as a member of Council.

OR

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

Organization, Associate, Vendor, Business, Person(s)	Description of Relationship, Role or Involvement

Loree Beniuk
Signature

Feb 9 2021
Date

College of Dental Hygienists of Ontario
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Suggested Motion – Friday, June 11, 2021

4.0 CONSENT AGENDA ITEMS (4.1. – 4.4.2)

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

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

Moved:

Seconded:

VOTE:

College of Dental Hygienists of Ontario
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COUNCIL MEETING MINUTES

Virtual Zoom Meeting

Livestreamed to the CDHO YouTube Channel

Friday, March 5, 2021

9:00 a.m. – 12:00 p.m.

COUNCIL MEMBERS PRESENT:

Caroline Lotz, Professional Member, President
Pauline Leroux, Professional Member, Vice-President
Michelle Atkinson, Professional Member
Loree Beniuk, Public Member
Erin Betts, Public Member
Anne-Marie Conaghan, Academic Member
Jennifer Cooper, Academic Member
Jenny Gibson, Professional Member
Carla Grbac, Professional Member
Alessandro Greco, Public Member
Joshua Hollenberg, Public Member
Ehizele Martin Iyamabo, Public Member
Meghan Leuprecht, Public Member
Vanessa Pereira, Professional Member
Ilga St. Onge, Professional Member
Terri Strawn, Professional Member
Amit Vig, Public Member
Margaret Wade, Public Member
Jacqueline White, Professional Member

ADMINISTRATION:

Deborah Adams, Registrar and CEO
Jane Keir, Deputy Registrar, Director Professional Practice
Suzanne Fox, Director, Corporate Services
Eric Bruce, Director, Professional Conduct
Veronica Douglas, Executive Assistant

GUESTS:

Julie Maciura, CDHO Legal Counsel
Rose Mercier, Governance Coach
Larissa Voytek, Non-Council Member, Examinations Committee Chair

1.0 CALL TO ORDER

1.1 Roll Call

The Chair, Caroline Lotz, called the meeting to order at 9:00 a.m.

1.2 Opening Remarks

Caroline Lotz welcomed Council and guests to the March Council meeting. It was acknowledged that the CDHO office is located on the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat people and is now home to many diverse First

Nations, Inuit and Métis people. It was also acknowledged that Toronto is covered by Treaty 13 with the Mississaugas of the Credit.

CDHO Registrar, Deborah Adams, thanked staff and invited Council and the public to attend a virtual Meet & Greet on March 9, 2021.

1.3 Council Policy Manual Update

The Chair reported that the Council Policy Manual was updated to show that the following policies have been updated:

- GP 4.11 Competency Profile Terms of Reference
- GP 4.12 CPMF Terms of Reference
- EL 2.8.1.4 Incidental Reporting

1.4 Council Code of Conduct

Council was reminded of the Code of Conduct.

2.0 APPROVAL OF AGENDA

2.1 Review and Approval of Agenda

Items 7.5 (Policy Content Review of GP 4.4), 7.6 (Policy Content Review of GP 4.5), 11.1 (Council Self-Monitoring of GP 4.4) and 11.2 (Council Self-Monitoring of GP 4.5) were deferred to the June Council meeting.

MOTION: **THAT** Council moves to approve the March 5, 2021 Council meeting agenda as amended.

Moved: Pauline Leroux
Seconded: Jenny Gibson
VOTE: **CARRIED**

3.0 DECLARATIONS OF POTENTIAL CONFLICTS OF INTEREST

3.1 Declarations of Conflict of Interest

No conflict was declared.

4.0 CONSENT AGENDA (4.1-4.4.2)

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

Moved: Erin Betts
Seconded: Ilga St. Onge
VOTE: **CARRIED**

5.0 OWNERSHIP LINKAGE

5.1 Status of Ownership Linkage Activities

Ilga St.Onge updated Council on the Ownership Linkage Committee activities.

6.0 ENDS ITEMS FOR DECISION

There were no agenda items for this meeting.

7.0 GOVERNANCE PROCESS ITEMS FOR DECISION

7.1 College Performance Measurement Framework (CPMF)

Pauline Leroux updated Council on the status of the College Performance Measurement Framework. The CPMF is a reporting tool developed by the Ontario Ministry of Health to assess how well regulatory colleges are executing their mandate to act in the public interest. It is aimed at improving accountability and performance in regulatory colleges. Since its inception in December 2020, the CPMF working group has met on January 15, February 2, and February 10, 2021 to complete the Council's sections of the document on behalf of the Council. Council reviewed the draft CPMF at their workshop on March 4, 2021. The CPMF is in its final stages and will be submitted to the government by March 31, 2021. Once completed, it will be available on the CDHO website.

7.2 Competency Committee

Vanessa Pereira and Terri Strawn updated Council on the activities of the Competency Committee. The goal of the committee is to develop competency profiles and define diversity in order to ensure the CDHO has an inclusive and skilled Council to make decisions on behalf of the public.

The Competency Committee developed a draft list of competencies and a draft definition of diversity which they brought to Council for feedback at the Council workshop on March 4, 2021. The committee will continue their work developing a competency framework and bring it to Council in June 2021.

7.3 Dissolution of the Registrar Transition Committee

MOTION: **WHEREAS** Council formed a Registrar Transition Committee on September 18, 2020 to support Council in its recruitment, selection, and orientation of a Registrar/CEO;

WHEREAS Council appointed Catherine Ranson (professional academic member), Caroline Lotz (professional member), Pauline Leroux (professional member), Maria Lee (public member) and Margaret Wade (public member) to serve as the Registrar Transition Committee;

WHEREAS Alex Greco replaced Maria Lee when her appointment as a public member ended;

WHEREAS the committee carried out its responsibilities in accordance with Governance Process policy 4.9, including presenting a select number of candidates for consideration and final selection by Council as a whole;

WHEREAS the committee has now completed its responsibilities;

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

Moved: Carla Grbac
Seconded: Terri Strawn
VOTE: **CARRIED**

7.4 <u>Examinations Regulation Issue Assessment</u>

Council reviewed the briefing note from the Examinations Committee and had an opportunity to discuss and ask questions. Larissa Voytek, Chair of the Examinations Committee, was available to answer Council's questions.

Council unanimously agreed to amend and approve the proposed motion (amendment has been underlined).

MOTION: **WHEREAS** the CDHO is committed to administering valid, reliable, fair and legally defensible examinations to assess entry-to-practice competency; and

WHEREAS the number of attempts on the CDHO entry-to-practice examinations is currently inconsistent with all other Canadian jurisdictions and does not support the intent of the interprovincial trade agreements; and

WHEREAS the Council values stakeholder input and gives due consideration to the potential effect regulation changes will have on stakeholders;

THEREFORE BE IT RESOLVED THAT Council directs the Registrar to proceed with seeking revocation of the Examinations Regulation and adopts the Entry-to-Practice Examinations Policy as outlined in Appendix 2 with the addition of stakeholder consultation to come into effect once such revocation is completed.

Moved: Ilga St. Onge
Seconded: Meghan Leuprecht
VOTE: **CARRIED**

7.5 Policy Content Review: GP 4.4 President's Role

Policy content review of GP 4.4 President's Role was deferred until June.

7.6 Policy Content Review: GP 4.5 Vice-President's Role

Policy content review of GP 4.5 Vice-President's Role was deferred until June.

7.7 Policy Content Review: GP 4.7 Executive Committee

MOTION: **WHEREAS** Council intends to review its policy GP- 4.13 every two years;

THEREFORE, BE IT RESOLVED THAT the current wording of Governance Process policy 4.7.2.1, which currently reads:

"Biannually in September, circulation for Council's consideration at its December meeting, of possible changes in the Governance Process policy on Council and Committee Stipend and Expenses (GP-10)",

BE AMENDED TO READ AS FOLLOWS:

"Every other year in September, circulation for Council's consideration at its December meeting, of possible changes in the Governance Process policy on Council Stipend and Expenses (GP-4.13)".

Moved: Meghan Leuprecht
Seconded: Jenny Gibson
VOTE: **CARRIED**

8.0 COUNCIL-REGISTRAR DELEGATION ITEMS FOR DECISION

There were no agenda items for this meeting.

9.0 EXECUTIVE LIMITATIONS ITEMS FOR DECISION

9.1 Policy Content Review: EL 2 General Executive Constraint

Council reviewed the EL 2 General Executive Constraint Policy at the Council workshop on March 4, 2021 and no changes were made.

9.2 Policy Content Review: EL 2.3 Planning

Council reviewed the EL 2.3 Planning policy at the Council workshop on March 4, 2021 and no changes were made.

9.3 Policy Content Review: EL 2.7 Compensation and Benefits

Council reviewed the EL 2.7 Compensation and Benefits policy at the Council workshop on March 4, 2021 and no changes were made.

9.4 Policy Content Review: EL 2.8 Communication and Support to Council

Council reviewed the EL 2.8 Communication and Support to Council policy at the Council workshop on March 4, 2021 and no changes were made.

10.0 REQUIRED APPROVALS AGENDA

There were no agenda items for this meeting.

11.0 MONITORING BOARD PERFORMANCE

11.1 GP 4.4 President's Role

Self-monitoring of GP 4.4 President's Role was deferred until June.

11.2 GP 4.5 Vice-President's Role

Self-monitoring of GP 4.5 Vice-President's Role was deferred until June.

11.3 GP 4.7 Executive Committee

MOTION: **THAT** Council has assessed its compliance with its policy GP 4.7 (Executive Committee) and determined that there is sufficient data to support a reasonable interpretation of the policy.

Moved: Pauline Leroux
Seconded: Amit Vig
VOTE: **CARRIED**

12.0 BOARD EDUCATION

12.1 Risk-Based, Right-Touch Regulation

Deborah Adams presented to Council about risk-based, right-touch regulation. "Right-touch" regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. It relies on some common principles of good regulation: being proportionate, consistent, targeted, transparent, accountable and agile. This approach to regulation directly aligns with the College Performance Measurement Framework.

13.0 SELF-EVALUATION OF GOVERNANCE PROCESS

13.1 Council Meeting Evaluation

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

MOTION TO MOVE IN CAMERA

MOTION: **THAT** Council move in Camera as per RHPA, *Schedule 2, Section 7(2)(d)* at 11:53 a.m., for agenda items 14.1–14.2.

Moved: Terri Strawn
Seconded: Ilga St.Onge
VOTE: **CARRIED**

14.0 MONITORING CEO PERFORMANCE

14.1 Fund Management Standards (EL 2.4.1)

MOTION: **THAT** Council has assessed the monitoring report for Executive Limitations Policy 2.4.1 and determined there is sufficient, verifiable evidence of a reasonable interpretation.

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

MOTION TO MOVE OUT OF CAMERA

MOTION: **THAT** Council move out of Camera as per RHPA, *Schedule 2, Section 7(2)(d)* 12:06 p.m.

Moved: Carla Grbac
Seconded: Meghan Leuprecht
VOTE: **CARRIED**

15.0 NEXT MEETING DATE

The next Council meeting is Friday, June 11, 2021.

16.0 ADJOURNMENT

MOTION: **THAT** the Council meeting be adjourned at 12:07 p.m.

Moved: Joshua Hollenberg
Seconded: Jenny Gibson
VOTE: **CARRIED**

Approved by:

Signature of Chair, Caroline Lotz **Date**

College of Dental Hygienists of Ontario
Protecting your health and your smile

EXECUTIVE COMMITTEE REPORT

June 11, 2021

COMMITTEE MEMBERS

Chair: Caroline Lotz, Professional Member, President

Professional Members (Council)
Pauline Leroux, Vice-President
Terri Strawn

Public Members (Council)
Ehizele Martin Iyamabo
Joshua Hollenberg

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

INTRODUCTION

Since its last report to Council, the Executive Committee met through videoconference on February 26, April 16, and May 6, 2021. Executive Committee meeting minutes (approved) are available to Council via Ourboardroom under the 'Documents' tab.

ITEMS FOR INFORMATION

CDHO Governance

The Executive planned the agendas for the June 4 Council workshop and the June 11 Council meetings.

A new meeting materials format is being used to better articulate the public protection components of the work of the College.

A new Council and committee platform for meeting materials called Board Effect will be replacing OurBoardroom as of September 2021. Training will be offered to Council members in August.

The Executive Committee hosted a meeting with ODHA Executive Director and Board of Directors April 17, 2021. A variety of common interest items were discussed. A Joint Communication has been posted on the CDHO website. Joint Communication to CDHO Registrants and ODHA Members – April 2021

Public Member Appointments

Alessandro Greco was reappointed to a three-year term on Council effective May 13, 2021.

Auditor Assessment

The Executive held a teleconference with Blair MacKenzie and Usman Paracha from Hilborn LLP on February 26, 2021 to discuss the 2020 audit process. The Executive held a virtual meeting with Hilborn LLP on May 6, 2021 for a post-audit discussion and review of the 2020 draft financial statements. The post-audit report will be presented to Council at the June Council meeting.

Training

The President, Vice-President and senior staff at the CDHO participated in media training on April 9, 2021.

The Executive committee arranged for Hilborn LLP to provide a presentation on financial statements to Council at the June workshop.

The 2021 Govern for Impact conference will be held virtually in June. Communication was sent to Council for expressions of interest in attending this conference.

The Health Profession Regulators of Ontario (HPRO) is offering training sessions in the fall. Dates will be confirmed and offered to Council members.

Tri-Council Meeting

The Councils of CDHO, the College of Denturists of Ontario (CDO) and the College of Dental Technologists (CDTO) met on March 17, 2021 to discuss the future of the three colleges. Motions to accept the principles and visions presented in the "Initial Steps to Amalgamation" document and enter into a memorandum of understanding to proceed with planning amalgamation and to form a Transition Oversight Committee will be brought to Council to vote on at the June meeting.

Competency Profile Committee

The Competency Profile Committee has revised draft competency profiles for Council consideration and discussion at the June workshop and Council meetings.

College of Dental Hygienists of Ontario
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DISCIPLINE COMMITTEE REPORT

June 11, 2021

COMMITTEE MEMBERS

Chair: Erin Betts, Public Member

Professional Members (Council)
Michelle Atkinson
Anne-Marie Conaghan
Jennifer Cooper
Jenny Elizabeth Gibson
Carla Grbac
Pauline Leroux
Caroline Lotz
Vanessa Pereira
Ilga St. Onge
Terri Strawn
Jacqueline White

Public Members (Council)
Loree Beniuk
Erin Betts
Alessandro Greco
Joshua Hollenberg
Ehizele Martin Iyamabo
Meghan Leuprecht
Amit Vig
Margaret Wade

Professional Members (Non-Council)
Tracy Burke
Gillian Dunn
Lisa Kelly
Paula Malcomson
Mary Yeomans

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

INTRODUCTION

Since its last report to Council in March 2021, the Discipline Committee has not held a general meeting.

ITEMS FOR INFORMATION – Related to Mandate

The appeal in the matter of *CDHO v. Alexandru Tanase* is scheduled to be heard before the Ontario Court of Appeal on May 11, 2021. The registrant was previously found guilty of professional misconduct related to the treatment of his spouse, which resulted in a mandatory order revoking his certificate of registration. The registrant is challenging the constitutionality of the mandatory revocation provisions of the *Health Professions Procedural Code*.

The matter of *CDHO v. Christal Anne Chuback* remains adjourned by agreement of the parties pending the outcome of the appeal in *Tanase.*

The matter of *CDHO v. Cynthia DeMarco* had been on hold during the registrant's incarceration. The College is in the process of resuming the matter following the registrant's recent release from prison.

A panel of the Committee met on February 16, 2021, to conduct a penalty hearing in the matter of *CDHO v. Sherry Lynn MacDonald*. The registrant had previously been found to have engaged in professional misconduct related to a sexual relationship with a patient. The matter proceeded by way of a joint submission on penalty. The panel accepted the joint submission and issued an order on February 17, 2021, including revocation of the registrant's certificate of registration. The panel delivered its reasons on penalty on April 15, 2021. The decision of the panel is currently under appeal to the Divisional Court.

A panel of the Committee met to hear the three related matters of *CDHO v. Patricia Blundon, Trina Lewis, and Patricia Sinnott*, on February 22 to 24, and March 29, 2021. As of the date of preparing this report to Council, the decision of the panel is under reserve.

The two related matters of *CDHO v. Jessie Kalvatis and Tara Jeffrey* have been adjourned at the request of the parties until after the matters of *Blundon, Lewis,* and *Sinnott* have been concluded.

A panel of the Committee met to hear the matter of *CDHO v. Chirag Saraiya* on March 16, 2021. The matter proceeded by way of an agreed statement of facts and joint submission on penalty, which was accepted by the panel. The panel issued its order on March 16, 2021, and provided its reasons for decision on April 12, 2021.

The matter of *CDHO v. Kristin Chant* is scheduled to be heard on May 21, 2021.

The matters of *CDHO v. Elizabeth Diego* and *CDHO v. Kelly Miranda Lourenco* are in the process of being scheduled.

CONCLUSION

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

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FITNESS TO PRACTISE COMMITTEE REPORT

June 11, 2021

COMMITTEE MEMBERS

Chair: Vacant

Professional Members (Council)
Michelle Atkinson
Anne-Marie Conaghan
Jennifer Cooper
Jenny Elizabeth Gibson
Carla Grbac
Pauline Leroux
Caroline Lotz
Vanessa Pereira
Ilga St. Onge
Terri Strawn
Jacqueline White

Public Members (Council)
Loree Beniuk
Erin Betts
Alessandro Greco
Joshua Hollenberg
Ehizele Martin Iyamabo
Meghan Leuprecht
Amit Vig
Margaret Wade

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

INTRODUCTION

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

ITEMS FOR INFORMATION – Related to Mandate

The Fitness to Practise Committee has not met and panels of the Committee have conducted no hearings since the last report to Council in March 2021.

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INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT

June 11, 2021

COMMITTEE MEMBERS

Panel A
Chair: Michelle Atkinson,
Professional Member

Professional Members (Council)
Michelle Atkinson – Chair of Panel A
Jennifer Cooper

Public Members (Council)
Loree Beniuk
Amit Vig

Professional Members (Non-Council)
Linda Douglas
Kim McNamara

Panel B
Chair: Anne-Marie Conaghan,
Professional Member

Professional Members (Council)
Anne-Marie Conaghan – Chair of Panel B
Pauline Leroux

Public Members (Council)
Meghan Leuprecht
Margaret Wade

Professional Members (Non-Council)
Dorothy Dziunikowski
Julie Farmer

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

INTRODUCTION

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

Orientation of the ICRC Committee was completed on February 19, 2021, followed by a meeting of the Committee as a whole at which time Michelle Atkinson was acclaimed Chair of the Committee.

The panels of the ICRC met on the following dates by video conference since the last Report to Council of March 5, 2021.

Panel A	Panel B
March 19, 2021 May 17, 2021 (scheduled)	March 12, 2021 May 7, 2021

ITEMS FOR INFORMATION − Related to Mandate

The following tables detail, in summary form, the activities of the ICRC since the last Report to Council (which reported information up to February 10, 2021).

Number of investigations carried over from previous period(s) [1]			
	Complaints	**Reports**	**QA Referrals**
Investigations commenced before February 10, 2021	**13**	**17** **2** (incapacity)	**0**

Intake of new investigations			
	Complaints	**Registrar's Reports**	**QA Referrals**
February 10, 2021, to May 14, 2021	**2**	**10** **1** (incapacity)	**0**

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

Decisions made and finalized by ICRC			
	Complaints Outcomes	**Reports Outcomes**	**QAC Outcomes**
February 10, 2021, to May 14, 2021	No Further Action: **4** No Further Action with Undertaking: **1** Recommendation/ Guidance: **3** Specified Continuing Education or Remediation Program (SCERP): **2**	Recommendation/ Guidance: **2** Specified Continuing Education or Remediation Program (SCERP): **1** Referral of Specified Allegations to Discipline: **1** Referral to Incapacity Proceedings: **1** Resigned: **1** (incapacity)	No QAC Outcomes to Report

At the time of writing (May 14, 2021), the ICRC has not finalized the written Decision with Reasons in three (3) matters which were reviewed on May 7, 2021. The final outcome and timelines until completion will be reported in the next Report to Council.

Health Professions Appeal and Review Board Matters			
	Matters in progress	**Matters heard, Decision pending**	**Decision(s)**
February 10, 2021, to May 14, 2021	**6**	---	**1**

The ICRC Decision with Reasons was upheld in the one HPARB decision that was issued.

Incapacity

The ICRC is currently dealing with one new incapacity matter since the last Report to Council.

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 February 10, 2021, to May 14, 2021 (time of writing) were as follows:

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

CONCLUSION

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

[2] One of the matters was referred back from HPARB and re-investigated.

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PATIENT RELATIONS COMMITTEE REPORT

June 11, 2021

COMMITTEE MEMBERS

Chair: Vacant

Professional Members (Council)
Vanessa Pereira
Jacqueline White

Professional Members (Non-Council)
Elaine Yang

Public Members (Council)
Erin Betts
Alessandro Greco
Meghan Leuprecht

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

INTRODUCTION

The Patient Relations Committee did not meet since the last Council meeting on March 5, 2021.

ITEMS FOR INFORMATION — Related to Mandate

No further information to report.

College of Dental Hygienists of Ontario
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QUALITY ASSURANCE COMMITTEE REPORT

June 11, 2021

COMMITTEE MEMBERS

Chair: Terri Strawn, Professional Member

Professional Members (Council)
Vanessa Pereira
Ilga St. Onge
Terri Strawn

Public Members (Council)
Ehizele Martin Iyamabo
Margaret Wade

Professional Members (Non-Council)
Jaspreet Kaur Singh
Tonia Peachman-Faust

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

INTRODUCTION

The Quality Assurance Committee met three times since the last Report to Council. The Committee met by video conference on February 25, March 14, and May 4, 2021. The next meeting is scheduled for May 28, 2021.

ITEMS FOR INFORMATION – Related to Mandate

Welcome Emails

The Quality Assurance Committee sent out 'Welcome to the Profession' notices by email on April 6, 2021, to the 268 registrants who registered between January 15 and March 31, 2021. The notice is designed to promote quality practice and to increase awareness of the CDHO resources available, such as the CDHO Knowledge Network, the practice advisors, and the Quality Assurance Program Self-Assessment and educational tools. This notice is being sent by email to all new registrants quarterly.

Quality Assurance Records Peer Review Statistics (as of May 17, 2021)

2021 Peer Assessment

Of the 2587[1] quality assurance records requested

1948 have met the assessment guidelines[2]

639 are in the assessment process[4]

0 are participating in directed learning/remediation

2021 Practice Reviews

Of the 50[3] on-site practice assessments requested

0 have met the assessment guidelines[2]

50 are in the assessment process

0 are participating in directed learning/remediation

2020 Peer Assessment

Of the 2473[1] quality assurance records requested

2393 have met the assessment guidelines[2]

21 are in the assessment process[4]

59 are participating in directed learning/remediation

2020 Practice Reviews

Of the 116[3] on-site practice assessments requested

43 have met the assessment guidelines[2]

19 are in the assessment process

54 are participating in directed learning/remediation

---

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

[2] Includes registrants who have resigned, were exempted, or deferred to another assessment period and those referred to the ICRC for non-compliance.

[3] Includes registrants who were carried forward from a previous assessment period and those placed into Path 3 for failure to submit QA records.

[4] Includes registrants who were granted an extension to submit, those awaiting Committee decision, and those required to participate in an onsite practice review as part of their assessment.

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REGISTRATION COMMITTEE REPORT

June 11, 2021

COMMITTEE MEMBERS

Chair: Michelle Atkinson, Professional Member

Professional Members (Council)
Michelle Atkinson – Chair
Jenny Elizabeth Gibson
Caroline Lotz

Public Members (Council)
Loree Beniuk
Margaret Wade

Professional Member (Non-Council)
Mary Yeomans

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

INTRODUCTION

The Registration Committee convened by videoconference on March 3, 2021, March 25, 2021 and April 23, 2021 since the last report to Council.

ITEMS FOR INFORMATION – Related to Mandate

Registration Statistics

Since last reported to Council:

	February 10, 2021	May 17, 2021
General Certificate of Registration	12,344	12,542
Specialty Certificate of Registration	608	609
Inactive Certificate of Registration	993	930
Total Registrants	13,945	14,081
Authorized to Self-Initiate	6,414	6,488

APPLICATIONS FOR REGISTRATION

Since the last report to Council, the College received 193 new applications for registration. Of these, three applications required detailed review by the Registrar. The issues of concern included:

- prior criminal convictions
- allegations of professional misconduct related to failing to cooperate with the CDHO's QA program
- allegations of professional misconduct with another health regulator related to inappropriate billing
- a registrant who was registered with another Canadian dental hygiene regulator and failed to satisfy the TCLs placed on her registration.

Proposed Changes to the Registration Regulation

The Registration Committee has received the feedback from the September 2020 Stakeholder Consultation regarding the proposed amendments to Part VII Registration of the General Regulation and bringing it forward to Council to seek direction regarding submission to government.

Changes to Dental Hygiene Program Clinical Requirements/Curriculum due to COVID-19

As previously reported, the Committee reviewed submissions in 2020 from Ontario dental hygiene programs regarding changes to clinical requirements/curriculum as a result of COVID-19. The Committee found no substantive changes had been made to any programs and all graduates from the submitted cohorts were approved for registration in September of 2020.

As the pandemic continued, educational institutions received notification from CDAC in October 2020 and January 2021 and had to report on any changes/modifications to their programs and submit this to CDAC in November of 2020 and February 2021.

CDAC has no obligation to report any of this to the CDHO during the process. Educational programs do not always tell the CDHO they made changes to their program requirements either. CDHO can receive applicants from a number of cohorts from educational programs during an 18-month period. From a public protection standpoint, this was a significant concern for the CDHO as CDAC cannot ensure a program is meeting an entry-to-practice requirement at all times.

The Registration Committee decided to request all educational programs submit that same information that was submitted to CDAC, to the CDHO, to provide details regarding any further course modifications in response to the COVID-19 pandemic. This was requested of all programs on April 15, 2021 with a deadline for each program to submit by April 30, 2021.

The Registration Committee has received the information requested on April 15, 2021 from all Dental Hygiene programs in Ontario related to any ongoing or new modifications made to the programs related to COVID-19. The Registration Committee will be meeting soon to determine

if graduates of these programs continue to meet the entry-to-practice competencies in light of changes made to the programs.

Changes to the Register

Since last reported to Council on March 5, 2021:

- 195 applicants were registered to practise
- 7 previous registrants of the College were re-registered
- 5 registrants were reinstated (from suspended)
- 0 registrants were suspended for non-payment of fees
- 3 registrants were revoked for non-payment of fees
- 9 registrants resigned
- 76 registrants were authorized to self-initiate

College of Dental Hygienists of Ontario
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EXAMINATIONS COMMITTEE REPORT

June 11, 2021

COMMITTEE MEMBERS

Chair: Larissa Voytek, Non-Council Member

Professional Members (Non-Council)
Fatimah Datoo
James Fung

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

INTRODUCTION

The Examinations Committee has not met since the last Council meeting on March 5 2021.

CONCLUSION

The Examinations Committee continues to fulfill its mandate.

College of Dental Hygienists of Ontario
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President's Report to Council

June 11, 2021

President's Activities

February 26: Executive meeting with Hilborn LLP re audit fieldwork
March 10: Tri-Council planning meeting with CDO & CDTO Presidents
March 17: Tri-Council meeting
March 24: Meeting with Leslie Lutz from Facilitative First Inc re Fall Council Education session
March 25: Meeting with D. Adams and Pauline Leroux re Council Evaluation
March 30: Tri-Council de-brief meeting with CDO & CDTO Presidents
April 8: Media Training with Margot Cronis from Media Savvy
April 16: ODHA/CDHO Joint Meeting & Executive Committee Meeting
April 26: Meeting with D. Adams & RCDSO Registrar and President
May 6: Executive Committee meeting – including Hilborn LLP – post audit presentation
May 17: Meeting with Rose Mercier re June Council self-monitoring

Expense Policy Exceptions

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

There were no expenses approved outside the policy allocation.

Council Monitoring

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

Council Workshop/Meeting Attendance 2021

Name	Jan. 21 Workshop	Jan. 22 Workshop and Meeting	Mar. 4 Workshop	Mar. 5 Meeting	June 10 Workshop	June 11 Meeting
Professional Members						
Atkinson, Michelle	✓	✓	✓	✓		
Conaghan, Anne-Marie (A)	✓	✓	1/2 day	✓		
Cooper, Jennifer	✗	✓	✓	✓		
Gibson, Jenny	✓	✓	✓	✓		
Grbac, Carla	✓	✓	✓	✓		
Leroux, Pauline (Vice-President)	✓	✓	✓	✓		
Lotz, Caroline (President)	✓	✓	✓	✓		
Pereira, Vanessa	✓	✓	✓	✓		
Ranson, Catherine (A) (Outgoing President)	✓	✓	N/A	N/A	N/A	N/A
St. Onge, Ilga	✓	✓	✓	✓		
Strawn, Terri	✓	✓	✓	✓		
White, Jacqueline	✓	✓	✓	✓		
Public Members						
Beniuk, Loree	N/A	N/A	✓	✓		
Betts, Erin	✓	✓	✗	✓		
Greco, Alex	✓	✓	✗	✓		
Hollenberg, Joshua	✓	✓	✗	✓		
Iyamabo, Ehizele Martin	✓	✓	✓	✓		
Leuprecht, Meghan	✓	✓	✓	✓		
Vig, Amit	✓	✓	✓	✓		
Wade, Margaret	✓	✓	✓	✓		
Winkle, Yvonne	✗	✗	N/A	N/A	N/A	N/A

Appendix 2

Professional Council Members Honorarium and Expense Claim Submissions -

For the Year ending December 31, 2021

	Q1 HONORARIUM	Q1 EXPENSES	TOTAL
Caroline Lotz (president)	6,335.00	0.00	6,335.00
Pauline Leroux (vice-president)	5,399.39	0.00	5,399.39
Terri Strawn	3,663.00	0.00	3,663.00
Ilga St. Onge	2,877.50	0.00	2,877.50
Jenny Elizabeth Gibson	1,382.00	0.00	1,382.00
Michelle Atkinson	2,958.50	0.00	2,958.50
Ann-Marie Conaghan	2,379.00	0.00	2,379.00
Vanessa Pereira	2,802.50	0.00	2,802.50
Jennifer Cooper	2,202.00	0.00	2,202.00
Carla Grbac	1,998.00	0.00	1,998.00
Jacqueline White	1,998.00	0.00	1,998.00
Catherine Ranson	4,146.40	0.00	4,146.40
Non-Council Professional Members (combined)	5,089.00	0.00	5,089.00
			43,230.29

Includes claims for:

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

College of Dental Hygienists of Ontario

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Registrar's Report

Respectfully submitted: June 11, 2021

Public Interest Rationale – The Registrar is responsible for stewarding CDHO's effectiveness in achieving its public interest mandate, ensuring that people who access dental hygienists in Ontario receive safe, ethical, quality dental hygiene services and that the statutory responsibilities of the *Regulated Health Professions Act, 1991*, the *Dental Hygiene Act, 1991* and other applicable legislation are fulfilled. This report provides Council with a summary update on work that was done in between meetings.

COVID-19 Update – Staff continues to work remotely and will do so for the foreseeable future. Operations are running effectively using information and communications technology. Regular departmental meetings and bi-weekly full staff meetings are held to maintain efficiency and ensure team members have needed supports.

Regular communication with registrants continues, particularly in regard to access to vaccinations and adhering to required infection prevention and control (IPAC) measures. Staff attend bi-weekly Emergency Operations Centre updates via teleconference and senior management is kept apprised of any relevant developments.

A working group with representatives from CDHO, the College of Dental Technologists of Ontario, the College of Denturists of Ontario and the Royal College of Dental Surgeons of Ontario is working to develop unified IPAC guidance for respective registrants.

Government – Ministry of Health

College Performance Measurement Framework (CPMF) – I have been asked to participate as a member of the working group that the Ministry has established to provide input and advice to the Ministry of Health on the continued success of Ontario's College Performance Measurement Framework (CPMF). Meetings have commenced and will continue through the summer. I am pleased to be able to play a role in this important initiative.

System Partners

Office of the Fairness Commissioner (OFC) – Early in the year, the OFC resumed consultations related to modernizing the compliance framework and as a result, released a new Risk-informed Compliance Framework and Policy. This new framework will be transitioned in over the course of the year, starting April 1, 2021, and coming fully into force on April 2, 2022. The approach aligns with the right-touch approach, based in transparency, professionalism and collaboration.

Health Profession Regulators of Ontario (HPRO) – HPRO continues to support collaborative initiatives to assist colleges in fulfilling their regulatory roles. Bi-weekly meetings have been held for registrars and other college representatives during the pandemic and a CPMF working group continues to meet on a monthly basis. I attend regular Board of Director meetings and am also a member of the Anti-BIPOC Racism Working Group.

Federation of Dental Hygiene Regulators of Canada (FDHRC) – I have attended a number of meetings with members of the FDHRC to discuss issues of mutual interest including COVID IPAC, the work of the Commission on Dental Accreditation of Canada and a shared approach to letters of good standing.

National Dental Hygiene Certification Board (NDHCB) – I attended the NDHCB annual general meeting on May 11. Attendees were provided with the annual report and updated on the amalgamation efforts.

Education Programs – Colleges of Applied Arts and Technology Oral Health Committee (CAAT) – Following meetings with the majority of Ontario education programs' representatives, I was able to attend the CAAT Oral Health Committee meeting on May 14 to provide general updates and seek input on a plan to develop an effective collaborative relationship between CDHO and education programs going forward.

Ontario Dental Hygienists' Association (ODHA) – Cooperation with the ODHA is ongoing to ensure comprehensive and timely information is being provided to registrants regarding vaccine access. A joint communication was shared on May 10, following the meeting of the ODHA Board representatives and the CDHO Executive Committee.

Staffing
Will Kenny resigned from the position of Manager, Information Technology on March 26
Tom Amsden, Manager Information Technology, retired on April 30
Heidi Yang joined CDHO on March 8 as Applications Analyst
Melanie Warnock joined CDHO on April 19 as Executive Administrator

Practice Advisory Service
During the first quarter (i.e., January 1 to March 31), Practice Advisory Service responded to 1488 enquiries.

	Calls	Emails	Total Enquiries	Top 3 Topics
January	291	306	**597**	1. IPAC (Aerosol Generating Procedure Protocols; PPE selections, gowns N95 and alternatives; fallow time) 2. COVID-19 (Lockdown, out of Canada travel and screening positive); temperature screening, screening positive and what to do; vaccines) 3. Recordkeeping (documenting new COVID-19 guidelines, codes for PPE)
February	213	184	**397**	
March	240	254	**494**	

Communications
Website updates and registrant communications – Since Council last met, a number of communications have been posted to the website and forwarded to registrants.

These included:

COVID-19 Vaccination for Ontario Dental Hygienists (ongoing updates)

Vaccination Resources (ongoing updates)

April 30, 2021 Communication to Registrants Re: COVID-19 Point-of-Care Testing

April 23, 2021 Guidance document to accompany CMOH Directive #2

April 21, 2021 UPDATE re Directive #2 and the provision of dental hygiene services

April 7, 2021 Communication to CDHO Registrants

March 18, 2021 MOH Updated Resources

Milestones 2021 | Issue 1

College Performance Measurement Framework (CPMF)

Web analytics – Please see attached report (Appendix A).

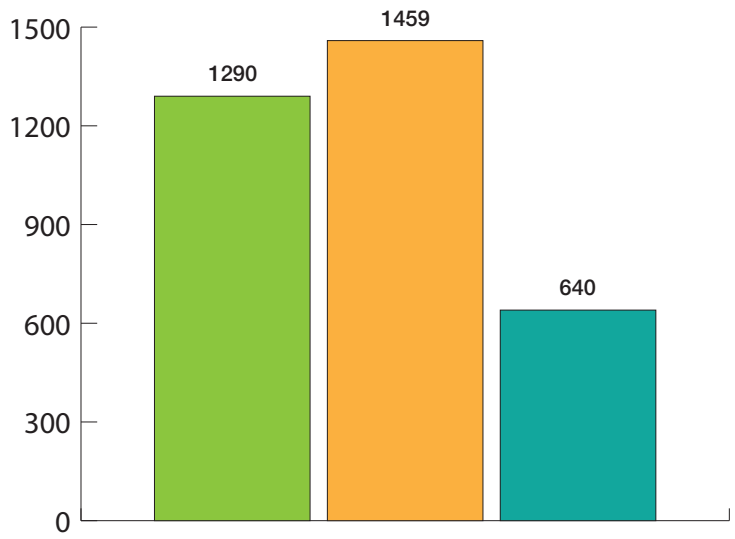
Media – I have conducted two media interviews since Council last met, both on April 19. I was interviewed on the Radio 1010 AM Jerry Agar Show. The topic of the interview was whether or not RDHs are prohibited by the CDHO from sharing their vaccination status. I was interviewed for The Registrar Magazine regarding CDHO's IPAC guideline. This interview has yet to be published.

Appeals Hearing
The Court of Appeal of Ontario heard the appeal of Alexandru Tanase versus CDHO on May 12. The five-member panel reserved their decision. We anticipate receiving the decision at some point in the next month or so. Council will be kept up to date.

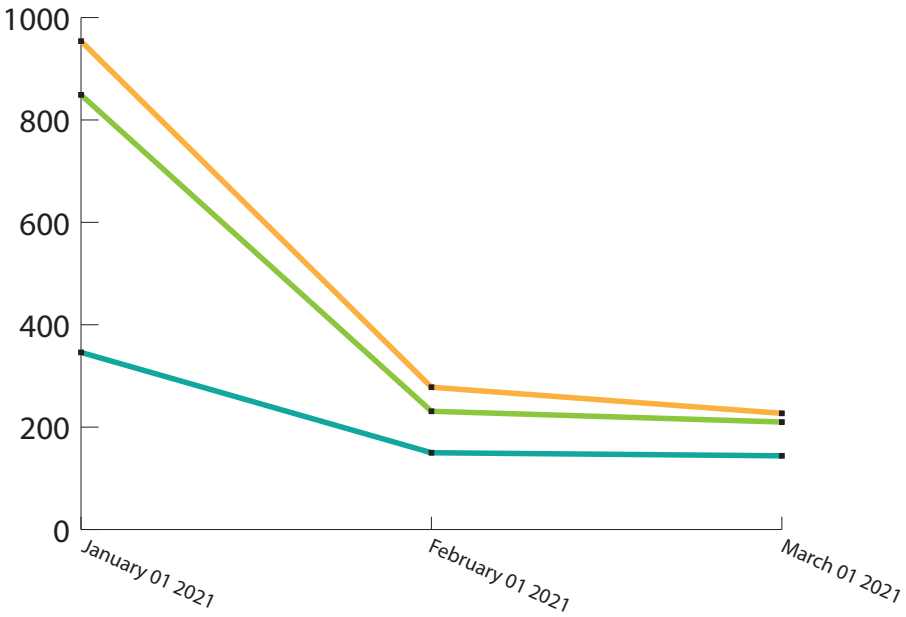
Appendix A: Web Analytics

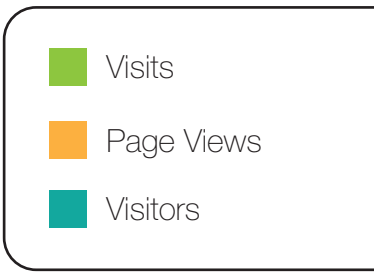
JANUARY 01, 2021 TO MARCH 31, 2021

Total Visits, Visitors and Page Views



Visits vs. Visitors vs. Page Views (Monthly View)

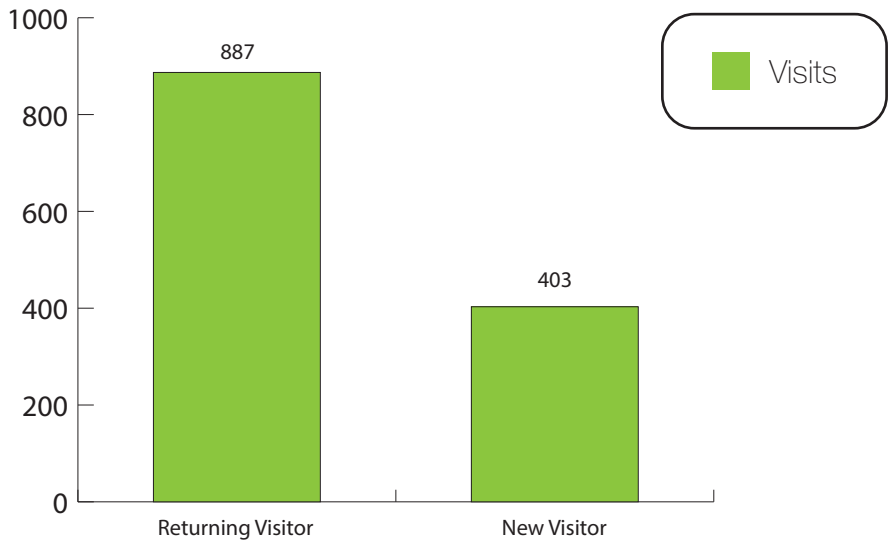




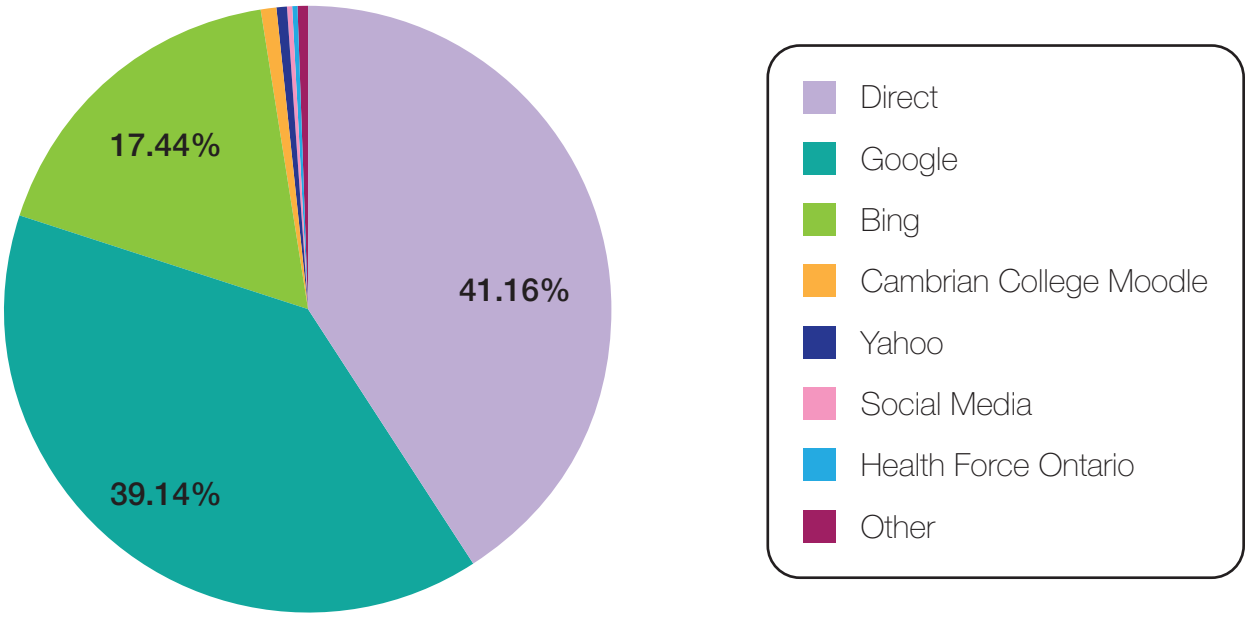
CDHO WEBSITE PERFORMANCE

JANUARY 01, 2021 TO MARCH 31, 2021

New vs. Returning Visitors



Referral Sources



- A little less than half of visitors are going directly to the site.
- More than half are finding us through searches.
- The remaining 2.26% are finding us through other sources.

WHAT ARE VISITORS ACCESSING?

JANUARY 01, 2021 TO MARCH 31, 2021

So What Are Visitors Accessing?

A few notable findings:

- A few visitors are utilizing our search engine. (See below for "What Are Visitors Searching?")
- Other than our Homepage and Search Results page, the majority are accessing the Self-Service Portal, which indicates this majority of visitors are registrants.
- Good to know visitors are using News Feed for latest information.
- Also notable that the COVID-19 page, CDHO Knowledge Network, and IPAC page are being used.
- The "For the Public" page comes in at #14, which indicates some traffic from members of the Public.
- Although visitors are accessing the "About the Register" page, there is no data on how many are actually accessing/using the Public Register as this is hosted outside the website.

Content by title details

PAGE	PAGEVIEWS
College of Dental Hygienists of Ontario	575
Search Results	118
CDHO - Self-Service Portal	98
CDHO News	58
My CDHO	54
Legislation and Bylaws	45
COVID-19 Updates	41
CDHO - Certificate of Registration	36
CDHO Knowledge Network	33
Infection Prevention and Control (IPAC)	30
CDHO - About the Register	27
CDHO - Discipline	26
CDHO - Contacts and Staff Directory	17
CDHO - For the Public	17
CDHO - Milestones	17
Ontario Government Update	14
Registrants Resources	13
Update to CDHO Guidance on Returning to DH Practice and Use of Isolation Gowns	13
CDHO - About the Self-Service Portal	10
Dental Hygiene Services NOT Affected by Provincial Lockdown	10

So What Are Visitors Searching?

A few search queries:

1. What does Inactive mean?
2. Pregnancy and cleanings
3. Finding a hygienist
4. Quality Assurance year to submit
5. COVID
6. Gowns
7. Goggles / Safety Glasses / N95 Masks
8. Reporting abuse
9. Practice advice staff
10. Registration staff

JANUARY 01, 2021 TO MARCH 31, 2021

Facebook

As of March 31, 2021:

- 5,144 total page likes
- 5,710 page followers

Posts with biggest engagement/reach (Jan-March):

- Post about "Second Provincial Emergency Declaration and Stay-At-Home Order" – **9,931 Reach**
- Post about "New Registrar Search" – **4,173 Reach**
- Post about "Moving in to Green Zone and Vaccinations" – **2,193 Reach**
- Post on "Lowering the Risk of COVID-19 Transmission (WHO repost)" – **2,252 Reach**

When someone **likes** a Page, they're showing support for the Page and that they want to see content from it. The Page will show up as being liked in the About section of that person's profile.

When someone **follows** a Page, it means they may receive updates about the Page in their News Feed.

Keep in mind that:

- People who like a Page will automatically follow it.
- Even if people like a Page, they can still choose to unfollow it, which means they'll stop receiving updates about the Page.
- People can follow a Page, even if they haven't liked it.
- The name or the profile picture of the person who likes the Page may be shown on the Page or in ads about the Page.

Twitter

715 Followers as of May 18, 2021

21.1K Impressions (Jan-March)

Tweets with biggest impressions (Jan-March):

- Tweet about "Meet and Greet with New Registrar"– **1,299 Impressions**
- Tweet about "Election Results"– **2,006 Impressions**
- Tweet about "Appointment of New Registrar"– **2,104 Impressions**

Impressions: Number of times people saw this Tweet on Twitter

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

FINANCIAL STATEMENTS

DECEMBER 31, 2020

HILBORN LLP

HILBORN LLP

Independent Auditor's Report

To the Council of the College of Dental Hygienists of Ontario

Opinion

We have audited the financial statements of the College of Dental Hygienists of Ontario (the "College"), which comprise the statement of financial position as at December 31, 2020, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at December 31, 2020, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the College in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Information

Management is responsible for the other information. The other information comprises the information, other than the financial statements and our auditor's report thereon, in the annual report.

Our opinion on the financial statements does not cover the other information and we will not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information identified above and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

The annual report is expected to be made available to us after the date of our auditor's report. If, based on the work we will perform on this other information, we conclude that there is a material misstatement of this other information, we are required to report that fact to those charged with governance.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the ability of the College to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the financial reporting process of the College.

Independent Auditor's Report (continued)

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

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

Toronto, Ontario
Date to be determined

Chartered Professional Accountants
Licensed Public Accountants

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Statement of Financial Position

December 31	2020 $	2019 $
ASSETS		
Current assets		
Cash	**5,789,467**	5,860,987
Investments (note 3)	**1,690,263**	1,441,262
Prepaid expenses	**41,154**	111,479
	7,520,884	7,413,728
Discipline cost recoverable (note 9)	**128,000**	128,000
Investments (note 3)	**7,281,539**	6,426,179
Capital assets (note 4)	**1,898,856**	2,111,695
Intangible assets (note 5)	**349,708**	488,509
	9,658,103	9,154,383
	17,178,987	16,568,111
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities (note 6)	**489,408**	558,668
Deferred registration fees	**5,309,040**	5,387,600
	5,798,448	5,946,268
Deferred lease incentives (note 7)	**182,297**	204,619
	5,980,745	6,150,887
NET ASSETS		
Invested in capital and intangible assets	**2,066,267**	2,395,585
Internally restricted for complaints and discipline (note 8)	**2,000,000**	2,000,000
Unrestricted	**7,131,975**	6,021,639
	11,198,242	10,417,224
	17,178,987	16,568,111

The accompanying notes are an integral part of these financial statements

Approved on behalf of the Council:

President

Vice-President

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Statement of Operations

Year ended December 31	2020 $	2019 $
Revenues		
Registration fees	**6,099,820**	5,866,616
Investment income	**210,046**	221,051
	6,309,866	6,087,667
Expenses		
Salaries and benefits	**2,655,810**	2,316,595
Complaints and discipline (note 9)	**293,463**	287,140
Public education	**138,302**	208,233
Consulting	**56,125**	6,179
Premises rent (note 7)	**423,830**	358,630
Stationery, postage and printing	**22,868**	27,944
Clinical examinations	**26,476**	666
Council fees and expenses	**388,980**	436,695
General and administrative	**171,609**	250,158
Commission on dental accreditation	**124,386**	121,143
Quality assurance	**280,196**	212,567
Professional fees	**89,654**	62,359
Special project - clinical exam agreement	**56,731**	15,321
Furniture and equipment rental and maintenance	**256,436**	415,356
Telephone, website and internet	**62,282**	43,827
Amortization - capital assets	**259,112**	248,620
Amortization - intangible assets	**163,053**	154,969
	5,469,313	5,166,402
Excess of revenues over expenses before other expense	**840,553**	921,265
Other expense		
COVID-19 related	**59,535**	-
Excess of revenues over expenses for year	**781,018**	921,265

The accompanying notes are an integral part of these financial statements

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Statement of Changes in Net Assets

Year ended December 31

	Invested in capital and intangible assets $	Internally restricted for complaints and discipline $	Unrestricted $	2020 Total $
Balance, beginning of year	2,395,585	2,000,000	6,021,639	**10,417,224**
Excess of revenues over expenses for year	-	-	781,018	**781,018**
Purchase of capital assets	46,273	-	(46,273)	**-**
Purchase of intangible assets	24,252	-	(24,252)	**-**
Amortization of capital assets	(259,112)	-	259,112	**-**
Amortization of intangible assets	(163,053)	-	163,053	**-**
Amortization of deferred lease incentives	22,322	-	(22,322)	**-**
Balance, end of year	2,066,267	2,000,000	7,131,975	**11,198,242**

The accompanying notes are an integral part of these financial statements

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Statement of Changes in Net Assets

Year ended December 31

	Invested in capital and intangible assets $	Internally restricted for premises relocation $	Internally restricted for complaints and discipline $	Unrestricted $	2019 Total $
Balance, beginning of year	1,671,607	1,000,000	2,000,000	4,824,352	9,495,959
Excess of revenues over expenses for year	-	-	-	921,265	921,265
Purchase of capital assets	1,319,016	(1,000,000)	-	(319,016)	-
Purchase of intangible assets	13,170	-	-	(13,170)	-
Lease incentives received in the year	(223,220)	-	-	223,220	-
Amortization of capital assets	(248,620)	-	-	248,620	-
Amortization of intangible assets	(154,969)	-	-	154,969	-
Amortization of deferred lease incentives	18,601	-	-	(18,601)	-
Balance, end of year	2,395,585	-	2,000,000	6,021,639	10,417,224

The accompanying notes are an integral part of these financial statements

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Statement of Cash Flows

Year ended December 31	2020 $	2019 $
Cash flows from operating activities		
Excess of revenues over expenses for year	**781,018**	921,265
Adjustments to determine net cash provided by (used in) operating activities		
Amortization - capital assets	**259,112**	248,620
Amortization - intangible assets	**163,053**	154,969
Interest received on investments capitalized in prior years	**61,441**	66,920
Interest capitalized on investments	**(65,987)**	(76,778)
Amortization of deferred lease incentives	**(22,322)**	(18,601)
	1,176,315	1,296,395
Change in non-cash working capital items		
Decrease in prepaid expenses	**70,325**	18,076
Decrease in accounts payable and accrued liabilities	**(69,260)**	(781,472)
Increase (decrease) in deferred registration fees	**(78,560)**	276,700
	1,098,820	809,699
Cash flows from investing activities		
Purchase of investments	**(2,529,815)**	(1,501,000)
Proceeds from sale of investments	**1,430,000**	3,281,325
Purchase of capital assets	**(46,273)**	(1,072,123)
Purchase of intangible assets	**(24,252)**	(13,170)
Receipt of lease incentives	**-**	223,220
	(1,170,340)	918,252
Net change in cash	**(71,520)**	1,727,951
Cash, beginning of year	**5,860,987**	4,133,036
Cash, end of year	**5,789,467**	5,860,987

The accompanying notes are an integral part of these financial statements

Notes to Financial Statements

December 31, 2020

Nature and description of the organization

The College of Dental Hygienists of Ontario (the "College") was incorporated as a non-share capital corporation under the Regulated Health Professions Act, 1991 ("RHPA"). As the regulator and governing body of the dental hygiene profession in Ontario, the major function of the College is to administer the Dental Hygiene Act, 1991 in the public interest.

The College is a not-for-profit organization, as described in Section 149(1)(l) of the Income Tax Act, and therefore is not subject to income taxes.

1. **Significant accounting policies**

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations and include the following significant accounting policies:

(a) **Revenue recognition**

Registration fees are recognized as revenue in the fiscal year to which they relate. The registration year of the College coincides with that of the fiscal year of the College, being January 1 to December 31. Registration fees received in advance of the fiscal year to which they relate are recorded as deferred registration fees.

Investment income comprises interest from cash and investments and realized gains and losses on the sale of investments. Interest on investments is recognized over the terms of the investments using the effective interest method.

(b) **Investments**

Investments consist of Canadian fixed income investments with maturity dates greater than twelve months from date of acquisition. Investments that mature within twelve months from the year-end date are classified as current.

(c) **Net assets invested in capital and intangible assets**

Net assets invested in capital and intangible assets comprises the net book value of capital and intangible assets less the unamortized balance of deferred tenant inducements used to purchase the capital assets.

1. **Significant accounting policies (continued)**

(d) **Capital assets**

The costs of capital assets are capitalized upon meeting the criteria for recognition as a capital asset, otherwise, costs are expensed as incurred. The cost of a capital asset comprises its purchase price and any directly attributable cost of preparing the asset for its intended use.

Capital assets are measured at cost less accumulated amortization and accumulated impairment losses.

Amortization is provided for, upon commencement of the utilization of the assets, on a straight line basis at rates designed to amortize the cost of the capital assets over their estimated useful lives. The annual amortization rates are as follows:

Equipment	10 years
Furniture	10 years
Computer equipment	3 years
Leasehold improvements	10 years

A capital asset is tested for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. If any potential impairment is identified, the amount of the impairment is quantified by comparing the carrying value of the capital asset to its fair value. Any impairment of the capital asset is recognized in income in the year in which the impairment occurs.

An impairment loss is not reversed if the fair value of the capital asset subsequently increases.

(e) **Intangible assets**

The costs of intangible assets are capitalized upon meeting the criteria for recognition as an intangible asset, otherwise, costs are expensed as incurred. The cost of an intangible asset comprises its purchase price and any directly attributable cost of preparing the asset for its intended use.

Intangible assets are measured at cost less accumulated amortization and accumulated impairment losses.

Amortization is provided for, upon commencement of the utilization of the assets, on a straight line basis at rates designed to amortize the cost of the intangible assets over their estimated useful lives. The annual amortization rates are as follows:

Computer software	3 years
Database management software	6 years

December 31, 2020

1. **Significant accounting policies (continued)**

(e) **Intangible assets(continued)**

An intangible asset is tested for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. If any potential impairment is identified, the amount of the impairment is quantified by comparing the carrying value of the intangible asset to its fair value. Any impairment of the intangible asset is recognized in income in the year in which the impairment occurs.

An impairment loss is not reversed if the fair value of the intangible asset subsequently increases.

(f) **Deferred lease incentives**

Lease incentives consist of tenant inducements received in cash used to purchase capital assets.

Lease incentives received in connection with original leases are amortized to income on a straight-line basis over the terms of the original leases. Lease incentives received in connection with re-negotiated leases are amortized to income on a straight-line basis over the period from the expiration date of the respective original lease to the expiration date of the re-negotiated lease.

(g) **Financial instruments**

(i) **Measurement of financial assets and liabilities**

The College initially measures its financial assets and financial liabilities at fair value adjusted by the amount of transaction costs directly attributable to the instrument.

The College subsequently measures all of its financial assets and financial liabilities at amortized cost.

Amortized cost is the amount at which a financial asset or financial liability is measured at initial recognition minus principal repayments, plus or minus, the cumulative amortization of any difference between that initial amount and the maturity amount, and minus any reduction for impairment.

Financial assets measured at amortized cost include cash, discipline cost recoverable and investments.

Financial liabilities measured at amortized cost include accounts payable and accrued liabilities.

December 31, 2020

1. **Significant accounting policies (continued)**

(g) **Financial instruments (continued)**

(ii) **Impairment**

At the end of each year, the College assesses whether there are any indications that a financial asset measured at amortized cost may be impaired. Objective evidence of impairment includes observable data that comes to the attention of the College, including but not limited to the following events: significant financial difficulty of the issuer; a breach of contract, such as a default or delinquency in interest or principal payments; and bankruptcy or other financial reorganization proceedings.

When there is an indication of impairment, the College determines whether a significant adverse change has occurred during the year in the expected timing or amount of future cash flows from the financial asset.

When the College identifies a significant adverse change in the expected timing or amount of future cash flows from a financial asset, it reduces the carrying amount of the financial asset to the greater of the following:

- the present value of the cash flows expected to be generated by holding the financial asset discounted using a current market rate of interest appropriate to the financial asset; and

- the amount that could be realized by selling the financial asset at the statement of financial position date.

Any impairment of the financial asset is recognized in income in the year in which the impairment occurs.

When the extent of impairment of a previously written-down financial asset decreases and the decrease can be related to an event occurring after the impairment was recognized, the previously recognized impairment loss is reversed to the extent of the improvement, but not in excess of the impairment loss. The amount of the reversal is recognized in income in the year the reversal occurs.

(h) **Management estimates**

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make judgments, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the current year. Actual results may differ from these estimates, the impact of which would be recorded in future years.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognized in the year in which the estimates are revised and in any future years affected.

December 31, 2020

2. Financial instrument risk management

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

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

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

Credit risk

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

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

	2020 $	2019 $
Cash	5,789,467	5,860,987
Discipline cost recoverable	128,000	128,000
Investments	8,971,802	7,867,441
	14,889,269	13,856,428

The College reduces its exposure to the credit risk of cash by maintaining balances with a Canadian financial institution.

The College reduces its exposure to the credit risk of discipline cost recoverable by maintaining liens on properties of members or ex-members of the College.

The College manages its exposure to the credit risk of investments through their investment policy which restricts the types of eligible investments.

Liquidity risk

Liquidity risk is the risk that the College will not be able to meet a demand for cash or fund its obligations as they come due.

The liquidity of the College is monitored by management to ensure sufficient cash is available to meet liabilities as they come due.

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

Market risk

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

Currency risk

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

The College is not exposed to currency risk.

Interest rate risk

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

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

Other price risk

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

The College is not exposed to other price risk.

Changes in risk

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

December 31, 2020

3. **Investments**

	2020 $	2019 $
Current	1,690,263	1,441,262
Long-term	7,281,539	6,426,179
	8,971,802	7,867,441

Investments have effective interest rates ranging from 0.95% to 3.22% (2019 - 1.60% to 3.22%), and maturity dates ranging from May 2021 to October 2026 (2019 - April 2020 to December 2024).

4. **Capital assets**

	Cost $	Accumulated Amortization $	2020 Net $
Equipment	138,283	27,657	110,626
Furniture	345,231	69,047	276,184
Computer equipment	300,529	263,427	37,102
Leasehold improvements	1,843,679	368,735	1,474,944
	2,627,722	728,866	1,898,856

	Cost $	Accumulated Amortization $	2019 Net $
Equipment	138,283	13,828	124,455
Furniture	345,231	34,523	310,708
Computer equipment	254,256	237,036	17,220
Leasehold improvements	1,843,679	184,367	1,659,312
	2,581,449	469,754	2,111,695

5. Intangible assets

	Cost $	Accumulated Amortization $	2020 Net $
Computer software	121,510	91,330	30,180
Database management software	971,975	652,447	319,528
	1,093,485	743,777	349,708

	Cost $	Accumulated Amortization $	2019 Net $
Computer software	97,260	64,056	33,204
Database management software	971,975	516,668	455,307
	1,069,233	580,724	488,509

6. Accounts payable and accrued liabilities

	2020 $	2019 $
Trade payables and accrued liabilities	241,908	168,668
Accrued liabilities - complaints and discipline	247,500	390,000
	489,408	558,668

7. Deferred lease incentives

In the prior year, pursuant to the lease agreement for the office premises of the College (note 10), lease incentives comprised of tenant inducements were received in the amount of $223,220.

	Cost $	Accumulated Amortization $	2020 Net $
	223,220	40,923	182,297

	Cost $	Accumulated Amortization $	2019 Net $
	223,220	18,601	204,619

Amortization of lease incentives in the amount of $22,322 (2019 - $18,601) was credited to premises rent in the current year.

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

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

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

9. **Complaints and discipline**

	2020 $	2019 $
Complaints and discipline	304,990	305,303
Cost recoveries	(11,527)	(18,163)
	293,463	287,140

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

10. **Commitment**

The College is party to a lease agreement for its office premises for the period March 1, 2019 to February 28, 2029.

The future annual lease payments, including an estimate of premises common area expenses, are as follows:

	$
2021	563,729
2022	578,491
2023	588,961
2024	595,818
2025	606,523
Subsequent years	1,976,508
	4,910,030

11. **Impact of COVID-19**

The global pandemic of the virus known as COVID-19 has led the Canadian Federal government, as well as provincial and local governments, to impose measures, such as restricting foreign travel, mandating self-isolations and physical distancing and closing non-essential businesses. Because of the high level of uncertainty related to the outcome of this pandemic, it is difficult to estimate the future financial effect, if any, on the College.

HILBORN

LISTENERS. THINKERS. DOERS.

401 Bay Street - Suite 3100 - P.O. Box 49 - Toronto - ON - CA - M5H 2Y4 - P416-364-1359 - F416-364-9503 - hilborneca.com

HILBORN LLP

PRIVATE & CONFIDENTIAL April 26, 2021

The Council of the
College of Dental Hygienists of Ontario
175 Bloor Street East, North Tower
Suite 601
Toronto, Ontario
M4W 3R8

re: College of Dental Hygienists of Ontario (the "College")

Dear Members of the Council:

We have substantially completed our audit of the College of Dental Hygienists of Ontario for the year-ended December 31, 2020. We wish to communicate with you certain matters that may be of interest to you.

The objective of an audit is to form and express an opinion on the financial statements of the College. The audit is not designed to identify matters that may be of specific interest to you, and accordingly, an audit would not usually identify all such matters.

The following is a summary of matters we have communicated with you through our communication of December 1, 2020 and this correspondence:

Communication of December 1, 2020

- Auditor Independence
  - communicated through the Engagement letter issued for the December 31, 2020 year-end

- Auditors' Responsibility Under Generally Accepted Auditing Standards
  - communicated through the Engagement letter issued for the December 31, 2020 year-end

- Summary of Audit Approach, Materiality and Other Issues

Current Communication

- Auditor Independence
  - we are independent with respect to the College within the meaning of the Chartered Professional Accountants of Ontario Code of Professional Conduct as of April 26, 2021

- Audit Plan
  - the approach to the audit was consistent with that of our audit plan as described in our Pre-audit communication. We conclude that there were no significant disruptions to the audit process or to the quality of the audit evidence obtained

- The Auditors Responsibility to Consider Fraud
  - we did not note any evidence of fraud during the course of the audit

- Misstatements - Illegal Acts
  - no misstatements of a material nature were identified
  - there were no uncorrected misstatements aggregated during the audit
  - we did not identify any illegal acts during the course of the audit

- Internal Control
  - an increased risk profile is inherent in an organization of this size relative to the lack of segregation of incompatible duties. Segregation of incompatible duties is a key internal control intended to minimize the occurrence of errors or fraud. The principle of segregating incompatible duties is to divide the responsibilities of a key process such that no one individual performs two or more of the functions related to custody, authorization or approval and recording or reporting.

- Related Party Transactions
  - we did not note any related party transactions during the course of the audit

- Matters Having a Significant Effect on the Qualitative Aspect of Accounting Principles used in the College's Financial Reporting
  - we did not note any significant qualitative aspects, including those detailed below, that required communication with Council, during the course of the audit:
    - initial selection of and changes in significant accounting policies, including the adoption of new accounting pronouncements
    - effect of significant accounting policies in controversial or emerging areas
    - existence of acceptable alternative policies and methods, and the acceptability of the particular policy or method used by management
    - effect on the financial statements of significant unusual transactions
    - issues involved, and related judgments made by management, in formulating particularly sensitive accounting estimates and disclosures (for example, disclosures related to going concern, subsequent events and contingency issues)
    - basis for the auditor's conclusions regarding the reasonableness of the estimates made by management in the context of the financial statements taken as a whole
    - factors affecting asset and liability carrying values, including the basis for determining useful lives assigned to tangible assets
    - timing of transactions that affect the recognition of revenues or avoid recognition of expenses

- Annual Report
  - we will review the annual report prior to it being finalized to ensure there are no inconsistencies with the summary audited financial statements

- Other Issues
  - we did not encounter any serious difficulties while performing the audit, including significant delays in management providing information required for the audit and an unnecessarily brief timetable in which to complete the audit
  - we did not discuss any major issues with management in connection with our re-appointment as the auditor, including, among other matters, discussions regarding the application of accounting principles and auditing standards, and fees
  - we did not note any instances of management consulting with other accountants about auditing and accounting matters

- Other Issues (continued)
  - we did not note any disagreements with management about matters that individually or in the aggregate could be significant to the College's financial statements or the auditor's report, whether or not subsequently resolved
  - we did not note any other issues arising from the audit that would be important or relevant to Council
  - a management letter was deemed to not be necessary for the December 31, 2020 year-end
  - a representation letter is to be obtained from management upon finalization

This communication is prepared solely for the information of Council and is not intended for any other purpose. We accept no responsibility to a third party who uses this communication.

We would be pleased to discuss further any of the matters noted above in more depth or to make further investigations of areas where you may believe there are problems we may assist you with.

Yours very truly,

I.B.MacKenzie/up

Chartered Professional Accountants

College of Dental Hygienists of Ontario
Protecting your health and your smile

COUNCIL MOTION

To: Council

From: Chair

Date: June 11, 2021

Topic: 2020 Draft Audited Financial Statements

Recommended Motion:

THAT Council moves to accept the 2020 draft audited financial statements as presented by Hilborn LLP.

VOTE:

MOVED:
SECONDED:

CARRIED:
DEFEATED:

Annual and Comprehensive Assessment of the External Auditor by the Executive Committee

June 2021

Table of Contents

Introduction

A key oversight activity of the Executive Committee is annually assessing the effectiveness of the external auditor. This annual assessment assists the Executive Committee to meet their responsibility to make an informed recommendation to Council on whether the external audit firm should be put forward for reappointment. The Executive Committee conducts a Comprehensive Audit Assessment in place of an Annual Assessment every five years. Assessments are conducted to align with best practices as laid out under the Enhanced Audit Quality Initiative put forward by the Chartered Professional Accountants of Canada.

The purpose of the Annual Assessment is to assist the Executive Committee to better understand the purpose of an audit, to frame out expectations in terms of service delivery, identify suggestions for the audit firm, if any, and to assist with the decision of whether the external auditor should be put forward for reappointment or the audit should be put forward for tender. In the event that the Executive Committee finds real concerns, they could choose to recommend tender early, but normally this would be a decision made at the time of the Comprehensive Assessment.

Key Factors of Audit Quality

There are three key factors of audit quality for the Executive Committee to consider and assess:

1. **Independence, objectivity and professional skepticism** – Do the external auditors approach their work with objectivity to ensure they appropriately question and challenge management's assertions in preparing the financial statements?
2. **Quality of the audit team / service** – Does the audit firm put forward team members with the appropriate industry and technical skills to carry out an effective audit?
3. **Quality of communications and interactions with the external auditor** – Are the communications with the external auditor (written and oral) clear? Is the external auditor open and frank, particularly in areas of significant judgments and estimates or when initial views differ from management?

Within each of these factors, a number of sub-questions are listed as possible indicators of audit quality. The Executive Committee should determine which of these indicators are most relevant in their circumstances and what information is available to assist them in their assessment.

Annual Assessment Process

1. Determine the Scope, Timing and Process

Points to Consider	Observation
Have there been significant changes that require changes to the assessment process this year?	No significant changes have been made to the assessment process.
What is the appropriate timing of the annual assessment in relation to the planned meeting agendas of the Executive Committee?	Timing was according to determined schedule with alignment to Executive Committee meetings at key stages of the process (pre-audit, during audit, post-audit)
Do the results of the prior year assessments indicate areas that should be given particular focus this year?	No areas were identified from 2019 that required particular focus for the 2020 audit.
What additional information from the College is needed to help the Executive Committee conduct the assessment?	The roles and responsibilities of the employees involved in the financial management of the organization provide the Executive Committee and Council financial statements in accordance with Canadian Accounting Standards for a not-for profit organization.
What information, if any, from the external auditor is needed to help the Executive Committee conduct the assessment?	The auditor provided the Executive Committee with an Engagement letter, and at a virtual meeting a summary of the audit approach, materiality and timelines.
What changes need to be made to other sections of this tool to reflect the approach to this year's annual assessment?	No changes made.

2. Obtain Input from College Personnel

Points to Consider	Observation
Re: independence, objectivity and professional skepticism	
How does the external auditor demonstrate integrity, objectivity and professional skepticism (e.g. by maintaining a respectful but questioning approach throughout the audit)?	The auditor has regular dialogue with management and has no concerns asking us the difficult questions - it is expected and welcomed. It gives us assurance they are doing their job by questioning us when needed.
How does the external auditor demonstrate independence (e.g. by proactively discussing independence matters and reporting exceptions to its compliance with independence requirements)?	A phone discussion/in person conversation with executive prior to the audit process outlines the 'independence' piece.
How did the external auditor adjust the audit plan to respond to changing risks and circumstances?	Much like previous years, the Auditor understands we are a small organization and some duties overlap – they have assisted us in providing best practices for our situation.
How were significant differences in views, if any, between management and the external auditor resolved?	There were no differences in views.
How forthright is the external auditor in dealing with difficult situations (e.g. by proactively identifying, communicating and resolving technical issues)?	Very forthright. The auditor has an exceptionally good working relationship with all internal staff members. All discussions are respectful, clear and to the point.
To what extent do you have concerns about the relationship between the external auditor and College personnel that might affect the external auditor's independence, objectivity or professional skepticism?	No concerns.

Re: quality of the audit team / service	
How would you assess the technical competence and ability of the external auditor to translate knowledge into practice (e.g. by using technical knowledge and independent judgment to provide realistic analysis of issues and by providing appropriate levels of competence across the team)?	I believe the team we are provided with each year has a particularly good understanding of our needs. They are knowledgeable and thorough. They have a strong understanding of the complexities of our database.
How would you assess the external auditor's understanding of our business and industry (e.g. by demonstrating an understanding of our specific business risks, processes, systems and operations)?	We have had the same lead auditor for the last 4 years - he is knowledgeable with respect to all areas of our business.
The external auditor should have performed risk assessment at the outset of the audit, including assessment of fraud risk. Conclude if this process was followed.	The process was followed.
How sufficient are resources assigned by the external auditor to complete work in a timely manner (e.g. by providing access to specialized expertise during the audit and assigning additional resources to the audit as necessary to complete work in a timely manner)?	I request a detailed list of our requirements months in advance, so management/departments have time to compile information, I set internal deadlines so we are prepared for the auditors. The goal of the College is to ensure we are providing all necessary information in a timely and efficient manner.
To what extent is the external auditor effective in completing the audit on a timely basis?	Hilborn always meets their deadlines. Our lead auditor is often juggling other audits so the questions and requests can often come in slowly after the fieldwork has been completed, but ultimately they always have the draft financial statements to us 3 weeks to 1 month prior to the council meeting.
To what extent does the external auditor keep management informed about the progress of the audit and difficulties encountered?	Once the fieldwork is complete, the lead auditor is in contact weekly (often daily) to keep us up to date on the progress and/or to request additional information.
To what extent has the external auditor maintained a respectful and professional attitude during the audit?	The auditor is always respectful and professional. This has never been a concern.
To what extent is the external auditor proactive in identifying information requirements and timely in requesting information from management?	During the fieldwork week the questions and requests come in frequently. Once the fieldwork is completed, as mentioned above, the auditors will follow up with additional requests and questions.

Re: communication and interaction with the external auditor	
How candid and complete was the dialogue between the external auditor and management? How well did the external auditor explain accounting and auditing issues?	The dialogue was very candid and complete. The auditor is great at explaining accounting and audit issues in a clear and concise manner.
How effectively does the external auditor provide timely and informative communications about accounting and other relevant developments?	The auditor is effective in corresponding and keeping management up to date on the progress of the audit.
Provide your overall views on how your relationship with the external auditor contributed to your ability to produce reliable financial reporting throughout the assessment period.	The consistency as well as the advice we are provided with each year has assisted in streamlining our processes and allowed us to adjust best practices as needed.

Other Input Requested from College Personnel	

3. Executive Committee Analysis

Points to Consider	Observation
Re: independence, objectivity and professional skepticism	
Does the external auditor either confirm their independence or inform the Executive Committee about matters that might reasonably be thought to bear on their	This is identified in the yearly engagement letter addressed to CDHO. In addition, Blair and Usman addressed their independence during the pre-audit discussion and audit presentation.
How did the external auditor adjust the audit plan to respond to changing risks and circumstances?	The auditor reports that they did not change their plan. This plan is designed prior to the audit.
What steps does the external auditor take to ensure that their audit team exhibits the values, ethics and attitudes necessary to support a quality audit?	The audit team follows best practices and CPA guidelines. The auditor reported that on their team they have a partner of professional standards who monitors their audits.
How were significant differences in views if any, between management and the external auditor resolved?	The auditor reports there were no unresolved issues.
Is the Executive Committee aware of any significant differences in views between management and the external auditor that are unresolved?	The auditor reports there were no unresolved issues.
What evidence is there that the external auditor challenges significant decisions made by management in preparing the financial statements?	During the presentation of the audit examples were provided by the audit team - questions asked to management for clarification or recommendations

How has the external auditor addressed potential risks of fraud (e.g. incorporating an element of unpredictability into audit procedures during the period)?	No potential risks of fraud were found during the course of the 2020 audit.
Re: quality of the audit team / service	
How did the external auditor and the audit team ensure that the necessary knowledge and skills (entity-specific, industry, accounting, auditing) were dedicated to the audit?	The audit team has 5 years experience with CDHO and the auditor organization has expertise in regulated health organizations.
What evidence was there that the engagement partner devoted sufficient attention and leadership to the audit?	The external auditor provided a comprehensive discussion on the process of the audit prior to commencing. The external auditor provided a comprehensive document which included a detailed breakdown of the findings and discussion of the post audit. This was presented to executive May 6 2021 and then presented to council on June 11th, 2021. A letter was also provided to executive to confirm no concerns of mishandling of funds or potential risk of fraud.
How well did the external auditor meet their commitments (e.g. by meeting agreed-upon performance delivery dates and being available and accessible to management and the Executive Committee)?	The external auditor met all of their commitments and met delivery times and were accessible and flexible to executives' schedule.
How would you assess the professionalism of the engagement partner and audit team?	Exemplary, very knowledgeable, professional and transparent. Flexible
How proactive and communicative is the external auditor (e.g. soliciting input relative to business risks or issues that might impact the audit plan)?	The auditor identified all potential risks and presented several examples related to CDHO. His extensive knowledge of the regulatory professions allow him to provide us with examples in comparing regulatory organizations.
How proactive is the external auditor in identifying opportunities and risks (e.g. by anticipating and providing insights and approaches for potential business issues and improving internal controls)?	The auditor identified all potential risks and presented several examples related to CDHO. His extensive knowledge of the regulatory professions allow him to provide us with examples in comparing regulatory organizations.
How would you assess the value for money delivered by the external audit (e.g. do the audit fees fairly reflect the cost of the services provided given the size, complexity and risks of the College and a cost-effective audit audit)?	We do not have a comparative organization to draw upon. However, given the size, the organization, the potential risks and complexity of the CDHO the process presented suggests good value for money. The executive committee felt comfortable with deliverables of the external audit.

Re: communication and interaction with the external auditor	
How candid and complete was the dialogue between the external auditor and the Executive Committee. How well did the external auditor explain accounting and auditing issues?	During the engagement presentation, pre-audit discussion, audit presentation and post-audit discussion Blair and Usman present comprehensive details of the audit process to the Executive Committee. Executive Committee members had the opportunity to ask questions. The audit presentation was clear and comprehensive, making it understandable for all involved. The post audit discussion was comprehensive and it reported that no misstatements of a material nature were identified and no illegal acts during the course of the audit were identified.
How would you assess the external auditor's discussion about the quality of the College's financial reporting, including the reasonableness of accounting estimates and judgments, appropriateness of the accounting policies and adequacy of the	Acceptable practices were identified - they demonstrate an understanding of our organizational structure and processes. The auditors are well versed, prepared, and able to provide assessment and discussion relating to estimates, judgments ,etc.
What is your assessment of how the external auditor discussed sensitive issues (e.g. were concerns about management's reporting processes, internal control over financial reporting or the quality of the College's financial management team discussed in a timely, candid and professional manner)?	The audit team was frank and candid. As an example the size of the organization does not lend itself to the delineation of roles (lack of segregation of incompatible duties such as overseeing functions of custody, authorization or approval and recording or reporting - there is overlap in these roles with Suzanne), however, the audit team is aware of this issue. It is common for regulatory colleges at this size of employees.
How well did the external auditor inform the Executive Committee of current developments in accounting and auditing standards relevant to the College's financial statements and their potential impact on	The auditor clearly articulated current development in accounting and auditing standards in the Engagement presentation.
Other Input Requested from College Personnel	
None	

4. Conclude on the Annual Assessment and Communicate Results

Conclude on the results of the Annual Assessment and recommend to the Council whether to reappoint the external auditor for a further year.

Points to consider:

- Has sufficient information been obtained to allow the Executive Committee to reach a conclusion and consider the assessment complete? If the preliminary results of the assessment are not satisfactory, the Executive Committee may need to perform further due diligence to determine whether its preliminary conclusions are justified and to consult with those affected by its recommendations.

1. What recommendations for action should be made to the Council? These would include:
    - recommendation for the following year's audit assessment type (annual or comprehensive)
    - recommendation to reappoint the external auditor or go to tender (in years where a Comprehensive Assessment took place)
    - any recommended changes to assessment procedures (as needed).
2. Does the Executive Committee need to formally discuss the results of the assessment with the Council or will a written report suffice?

Record items to be raised with the external auditor for follow-up or future changes:

Item	Person Responsible for Follow-up
None identified	

Potential future changes to the Annual Assessment, Comprehensive Assessment, or Executive Committee Process:

Potential Change	Person Responsible for Follow-up
None identified	

Comprehensive Assessment Process

The Comprehensive Assessment assumes that the Committee has conducted robust Annual Assessments of the external auditor in the previous years. The Comprehensive Assessment includes all processes included in the Annual Assessment as well as the additional assessment elements discussed in these pages. This assessment would cover not just the previous year's audit but would also review all audits that underwent annual assessments since the last Comprehensive Assessment.

It should be noted that the Executive Committee is responsible for determining the scope, timing and process for the Comprehensive Assessment and not staff or the external auditor. Although the staff and the external auditor contribute, the process belongs to the Executive Committee. A Comprehensive Assessment should be conducted at least every five years.

1. Additional Information to Determine Scope, Timing, and Process

In addition to the considerations noted in the Annual Assessment process, the Executive Committee may wish to also consider the following:

Points to Consider	Observation
When was the last Comprehensive Assessment conducted and what period should this assessment cover?	

2. Obtain Additional Information from College Personnel

- ☐ Relevant Executive Committee meeting minutes and results of Annual Assessments.
- ☐ Whistleblowing policy and associated reports that may have relevance to the relationship with the audit firm.
- ☐ Information about any significant financial reporting matters that have been questioned by regulators or the press that may have relevance for the relationship with the external auditor.

3. Obtain Input from the External Auditor

- ☐ Analysis of total services provided by the audit firm, covering audit and non-audit services and related fees since the last Comprehensive Assessment
- ☐ Summary of external auditor's reports
- ☐ Summary of reports issued to the Executive Committee, including significant matters addressed.
- ☐ A communication from the firm regarding any conflict of interest issues, or independence issues.
- ☐ Summary of reports to management.
- ☐ Summary of key elements of the firm's quality control processes and how they were applied to the College's audit.

Points to Consider	Observation
How long has the audit firm been the external auditor? What steps have been taken to address possible institutional familiarity threats?	
What are the firm's plans for the training and development of the audit team?	
What are the firm's expectations as to future partner rotation or other changes to senior audit team personnel?	
How are the size and resources of the audit firm changing?	
What efforts are being made to enhance audit quality within the audit firm, generally, and the external audit of the College specifically?	
How has the audit firm's relevant expertise in the industries and markets in which the College operates been evolving? What are the audit firm's future plans to serve the College with an audit team with appropriate expertise?	

What reputational challenges, if any, are facing the audit firm and how are these being addressed?	
How have significant differences in views, if any, between management and the firm been addressed?	
What institutional familiarity threats has the audit firm identified? What steps have been taken to address them?	
To what extent has the College employed former audit firm staff in key financial positions?	
What personnel changes, if any, in the audit firm or the College could create a perception that the external auditor is no longer independent?	

What corporate hospitality has been provided to the audit firm / management by management / the audit firm that could bring the external auditor's independence into question?	
What reputational damage or regulatory action, if any, has the audit firm suffered that could bring into question its professionalism, independence or financial stability?	

4. Conclude on the Comprehensive Assessment and Communicate Results

Conclude on the results of the Comprehensive Assessment and recommend to the Council whether to reappoint the external auditor for a further year.

Points to consider:

- Has sufficient information been obtained to allow the Executive Committee to reach a conclusion and consider the assessment complete? If the preliminary results of the assessment are not satisfactory, the Executive Committee may need to perform further due diligence to determine whether its preliminary conclusions are justified and to consult with those affected by its recommendations.

1. What recommendations for action should be made to the Council? These would include:
    - recommendation for the following year's audit assessment type (annual or comprehensive)
    - recommendation to reappoint the external auditor or go to tender (in years where a Comprehensive Assessment took place)
    - any recommended changes to assessment procedures (as needed).
2. Does the Executive Committee need to formally discuss the results of the assessment with the Council or will a written report suffice?

Record items to be raised with the external auditor for follow-up or future changes:

Item	Person Responsible for Follow-up

Potential future changes to the Annual Assessment, Comprehensive Assessment, or Executive Committee Process:

Potential Change	Person Responsible for Follow-up

APPENDIX 1 – Templates

TEMPLATE: ANNUAL ASSESSMENT REPORT TO COUNCIL

Reporting Year:	2020
Summary Observations:	See above
Recommendations made to the external auditor:	none
Recommended Audit Structure for the Following Year (FOR APPROVAL BY COUNCIL):	☐ Comprehensive Assessment ■ Annual Assessment
Any recommended changes to the Assessment Process for future:	None

TEMPLATE: COMPREHENSIVE ASSESSMENT REPORT TO COUNCIL

Reporting Year:	N/A 2020
Summary Observations:	
Recommendation to Council – renew external auditor or go to tender (FOR APPROVAL BY COUNCIL):	
Recommended Audit Structure for the Following Year (FOR APPROVAL BY COUNCIL):	☐ Comprehensive Assessment ☐ Annual Assessment
Any recommended changes to the Assessment Process for future:	
Recommendations made to the external auditor: (In the event that the external auditor is to be	

College of Dental Hygienists of Ontario
Protecting your health and your smile

COUNCIL MOTION

To: Council

From: Chair

Date: June 11, 2021

Topic: Appointment of 2021 Auditors

Recommended Motion:

WHEREAS Bylaw No. 5 *Section 10.1* requires that Council appoint an auditor licensed under the *Public Accounting Act, 2004* (Ontario) each year to conduct an audit and issue an audited financial statement for each and every fiscal year; and

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

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

THEREFORE BE IT RESOLVED THAT the firm of *Hilborn, LLP* be reappointed as auditors of the College of Dental Hygienists of Ontario for the fiscal year of 2021.

VOTE:

MOVED:
SECONDED:

CARRIED:
DEFEATED:

College of Dental Hygienists of Ontario
Protecting your health and your smile

Council
BRIEFING NOTE

Meeting date:	June 11, 2021
Agenda item:	6.3 ICRC Terms of Reference
Appendices:	Appendix A: Terms of Reference for the Inquiries, Complaints and Reports Committee with Draft Amendments
References:	None
Owner:	Chair, Inquiries, Complaints and Reports Committee
Staff support:	Director of Professional Conduct

Issue:
The Inquiries, Complaints and Reports Committee recommends minor housekeeping amendments to its terms of reference to Council for its approval.

Public protection rationale:
The College's Inquiries, Complaints and Reports Committee (ICRC) acts as a screening committee for matters dealing with alleged professional misconduct, incompetence, and incapacity related to registrants. The operation of the ICRC is a key component of the College's public protection mandate; ensuring that its administrative processes are up to date supports that mandate.

Source of Authority:
As a statutory committee, the ICRC derives its jurisdiction and mandate directly from the *Health Professions Procedural Code* ("*Code*"). Additionally, clauses 94(1)(h.1) to (h.4) of the Code authorize the Council to make by-laws providing for the composition of committees, among other matters. Council has enacted By-Law 5.11, which sets out the composition of the ICRC.

Council has also established terms of reference for the ICRC, which provide an overview of the ICRC's jurisdiction, mandate, and composition, as well as set out procedures for purely administrative matters related to the operation of the ICRC. Importantly, the terms of reference cannot contradict rules found in the by-laws or Code.

Background:
The College conducts an external legal audit of its ICRC processes every five years.
In late 2020, Ms. Julie Maciura, the College's general counsel, completed this routine periodic audit.

In her report, Ms. Maciura recommended several minor housekeeping amendments to the ICRC's terms of reference to reflect recent legislative changes, to provide additional clarification on certain matters, and to update cross-references to other College documents. College staff also identified minor grammatical edits. The terms of reference were last updated in April 2017.

The ICRC considered the proposed amendments at its meeting on February 19, 2021; the ICRC approved the amendments in principle and referred them to Council for its consideration.

A copy of the draft terms of reference with the proposed amendments is attached as an appendix. The proposed amendments

- Make reference to the ability of the ICRC to impose interim orders, granted as a result of legislative amendments since the terms of reference were last revised
- Clarify the term of committee members by referring to the appropriate sections of the by-laws
- Update cross-references to other College documents
- Make minor grammatical edits

None of the amendments have any substantive impact on the operation of the ICRC, and all are in keeping with the College's by-laws.

Next steps:
The ICRC recommends that the Council approve the amended terms of reference.

Decision:

MOTION: **WHEREAS** the College conducts an external legal audit of its ICRC processes every five years; and

WHEREAS several minor housekeeping amendments to the ICRC's terms of reference were recommended; and

WHEREAS the terms of reference were last updated in April 2017;

THEREFORE, BE IT RESOLVED THAT the College of Dental Hygienists of Ontario adopt the amended terms of reference as presented in Appendix 1.

MOVED:
SECONDED:
VOTE: CARRIED:
DEFEATED:

Available Options:

1. Pass the motion to approve the amended ICRC terms of reference as presented in Appendix A.
2. Defeat the motion
3. Other

College of Dental Hygienists of Ontario
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INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE (ICRC) TERMS OF REFERENCE
(Last Revised June 2021)

Deleted: April 2017
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Committee Type: Statutory

Mandate

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

Membership

As per Bylaw No. 5.

Committee Composition:

The **ICRC** shall be composed of at least:

a) four Council Members who are Registrants;

b) four Council Members who are Public Members; and

c) one or more Registrant(s) of the College who is/are a Non-Council Member, as required. The total number of Non-Council Members shall not exceed the total number of Council Members on the Committee.[1]

Deleted: ,
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Committee Meets as a Whole and In Panels

The ICRC meets as a whole at least once per year. It is divided into at least two (2) separate Panels[2] of no less than three (3) members, one of whom shall be a public member, which meet at regular intervals to review complaints, reports and inquiries.

Nature of Committee Work

- Review complaints, referrals, inquiries, concerns, or mandatory reports and provide direction to the investigative/administrative staff as to appropriate action.
- Request or approve the appointment of investigators.
- Review reports of investigations, relevant documentation, oral health records, registrant's responses and expert reports, where applicable.
- Imposing interim orders as required.

[1] Bylaw No. 5, Article 5. 11(4).
[2] To be assigned by the Chair of the Committee, or in the event there is no Chair, to be assigned by staff in accordance with ICRC Policy 1.

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- Determine appropriate disposition of complaints, referrals, inquiries, concerns, or mandatory reports, and articulate reasons for its decisions.
- Take action that it considers appropriate (i.e., administering oral cautions, directing specified continuing education or remediation programs, referring specified allegations to the Discipline Committee, etc.) and is consistent with the *RHPA*, the *Code*, and College Bylaws.
- Review decisions of the Health Professions Appeal and Review Board and take appropriate action.
- Review and periodically update the ICRC resource manual and policies.

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Reporting Relationship

The ICRC makes independent decisions within its mandate and prepares reports for Council on its activities.

Time Commitment

The time commitment required to sit on the ICRC includes at least one orientation and number of regularly scheduled meetings. The scheduling of such meetings is dependent on the number and nature of complaints, referrals, inquiries, concerns, or mandatory reports received by the College.

Chair

In accordance with article 5.6 of the College's Bylaw No. 5[3], the Chair of the Committee shall be chosen by the members of the Committee at the first meeting following the first regular meeting of Council. The Chair of the ICRC shall be a Council Member. Each panel of the ICRC selects its own Panel Chair.

To avoid actual and potential conflicts of interest, the following restrictions are placed on those members of Council who are eligible to be chosen as ICRC Chair and ICRC Panel Chair:

1. The Chair may not be a current member of the Quality Assurance Committee (QAC).
2. The Chair may not have been a member of the QAC in the preceding year.

Term

The term of office of a Council Committee member shall commence immediately after the appointment and shall continue for approximately one (1) year. Council Committee members can be reappointed for a maximum of two more consecutive terms. A Committee Member who has served the maximum term of three consecutive years is deemed ineligible for re-appointment for a period of at least 12 months following the expiry of her or his final term of office. [4]

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

[4] See Article 5.3 of College's Bylaw No. 5.

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The term of office of a Non-Council Committee member shall commence on January 1 following their appointment unless otherwise specified by Council. The term shall last for two (2) years to a maximum term of service of six (6) consecutive years. [5]

Frequency and Location of Meetings

The Committee and Panel meetings shall, wherever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Committee and Panels to conduct its business.

Quorum

The quorum for the Committee or any Panel is three (3) members, one (1) of whom must be a public member.[6]

Voting

Wherever possible, decision-making at the Committee level (e.g. policies) and at Panel level (e.g. registrant-specific decisions) shall be conducted using a consensus model. When necessary, formal voting will be used.

Unless specifically provided for otherwise under the *Regulated Health Professions Act, 1991* or the College's Bylaw No. 5, every motion that properly comes before the Committee or a Panel shall be decided by a simple majority of the votes cast at the meeting by the Committee members present.

The Committee Chair, as a member of the Committee, may vote.

Conflict of Interest

All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest.

Comprehensive information regarding conflict of interest is included in the College's Bylaw No. 5 under Article 3.7.

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Administrative Support

Director, Professional Conduct
Case Managers, Complaints and Investigations

Deleted: Coordinator, Professional Conduct¶

Resource Materials

[5] See Article 3.3(4) of College's Bylaw No. 5.
[6] See sections 25(2) to 25(3) of the *Health Professions Procedural Code*, being Schedule 2 of the *Regulated Health Professions Act 1991*.

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Regulated Health Professions Act, 1991
Dental Hygiene Act, 1991 and the Regulations under that Act
College Bylaw No. 5
ICRC Resource Manual Standards of Practice
CDHO Registrants' Handbook
Guidelines and Best Practices

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Council
BRIEFING NOTE

Meeting date:	June 11, 2021
Agenda Item:	6.4 Competency Profile Committee
Appendices:	Appendix A: Council Competency Profile Appendix B: Committee Composition Profile Appendix C: Panel Competency Profile
Owner:	Competency Profile Committee
Staff support:	D. Adams

Issue: Council has determined that it will adopt a competency framework. Review of draft documents and direction to the Competency Profile Committee are needed in order to finalize the proposed framework.

Public protection rationale: As the body charged with ensuring that Dental Hygienists provide safe, ethical and competent care to Ontarians, CDHO must make certain that individuals serving on Council and committees possess the knowledge, skills and experience to discharge their duties effectively. Emerging best practices in regulation suggest that developing and adopting a competency framework, which sets out the required individual and Council level competencies, allows Colleges to be most effective. The framework directs that qualified individuals are elected, appointed and recruited and that appropriate training and professional development is provided to ensure continued competence across all regulatory and governance functions.

Source of Authority: The **College Performance Management Framework** (CPMF) includes the following standard:

1. *Council and Statutory Committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.*

The measures related to this standard require that Council and Statutory Committee members demonstrate that they have the knowledge, skills and commitment prior to becoming a member. Evidence related to this measure include:

a. *Professional members are eligible to stand for election to Council only after:*
    i. *meeting pre-defined competency / suitability criteria*

b. *Statutory Committee candidates have:*
    i. *met pre-defined competency / suitability criteria, and attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.*

The second measure related to this standard requires that the Council *regularly assess its effectiveness and addresses its identified opportunities through ongoing education*.

Through **policy 4.11 Competency Profile Committee terms of reference,** Council has directed that the Competency Profile Committee lead the development and adoption of a competency framework that includes descriptions and options for diversity; professional, public and non-Council competencies.

Background: At Council's direction, the Competency Committee has worked with staff to further refine the framework, taking into account discussion at the Council meeting in March and models being used by other regulators.

Next steps: Using learning from the workshop presentations on diversity and inclusion and on the use of the competency framework, the Competency Profile Committee is presenting the revised draft of competencies and asking Council to discuss:

- any suggested additions or changes that they feel are needed
- ways in which to broaden the diversity of perspective at the Council and committee tables

Following review and discussion, Council will be asked to direct the Competency Profile Committee with regards to formal adoption of the overall competency framework.

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Council Competency Profile

Council and committee members need specific knowledge, skills and attributes to effectively execute their fiduciary role and responsibilities pertaining to the public protection mandate of the College. This profile comprises the framework for assessing and supporting development of the required competencies.

Knowledge	Core Understanding	How Is the Knowledge Demonstrated?		How Is the Knowledge Gained?
		Entry	Expert	
Awareness of governance processes (including monitoring) and principles to support an understanding of authority and accountability within the College's work.	Governance competence supports the provision of strategic direction and oversight for Colleges. It allows members to be able to carry out the stewardship responsibilities, creates robust accountability for regulatory and financial performance, and enables Council to set and achieve strategic goals.	– Knows difference between role of staff (management) and Council (governance) – Can identify potential issues and escalate where appropriate – Can contribute to group discussions	– Source of further guidance for peers – Identifies and explains governance concepts to Council – Can challenge colleagues where appropriate – Contributes to technical discussions on governance issues	Substantive prior experience with a governance board in the private, public, and/or voluntary/nonprofit sector, acquired through board or committee service or reporting to/or working with a board as an employee. Completion of governance-specific training or professional development.
Understanding and valuing differences in the values and norms of other cultural frameworks.	Diversity and inclusion competence supports the ability to shift cultural perspective and adapt one's behaviour to function effectively across attributes – that include, but are not limited to, gender, ethnicity,	– Considers the different experiences of marginalized and equity-seeking communities – Understands the concept of client rights	– Understands implications of client rights in the context of oral health care (e.g., informed consent)	Commitment to and participation in continuous learning / professional development in diversity, inclusion and cultural competence.

Knowledge	Core Understanding	How Is the Knowledge Demonstrated?		How Is the Knowledge Gained?
		Entry	Expert	
Awareness of human rights and acknowledgement of the existence of discrimination, including systemic racism. Ability to apply this knowledge of the experience of diversity to deliberations and decision making.	religion, sexual orientation, disability, and socio-economic class – supports the College in ensuring that it regulates in a way that reflects the community the College serves, addresses inequities in the provision and receipt of dental hygiene care and supports decisions that are balanced, relevant and reflective of the public.		− Understands that social and cultural context can affect how people access and experience oral health care − Applies an anti-racist, anti-oppressive lens to deliberations and decision making	Seeking and utilizing feedback from diverse sources.
Basic financial literacy including financial concepts and how they relate to the organization and how they should inform Council's decision making.	Financial competence supports Council in ensuring the prudent use of all assets for the College's effectiveness and sustainability.	− Has a basic understanding of financial management (e.g., recognizes the place of financial statements) in order to ensure the integrity of financial information received by Council − Can contribute to group discussions	− Ability to read and understand financial statements − Can identify potential issues and escalate where appropriate	Completion of finance-specific training or professional development. Prior employment experience in business or finance.
Understands and can identify risks and threats and take appropriate action to mitigate. Can identify both	Risk management competence supports Council in identifying, evaluating and prioritizing organizational and regulatory risks	− Can explain basic risk management concepts to colleagues	− Identifies and prioritizes risk − Can articulate how risk should be managed and how	Completion of risk management-specific training or professional development.

Knowledge	Core Understanding	How Is the Knowledge Demonstrated?		How Is the Knowledge Gained?
		Entry	Expert	
organizational and regulatory risks and potential impacts on the public.	and ensuring appropriate action is taken to mitigate them.	– Can identify potential issues & escalate where appropriate – Can contribute to group discussions	to achieve the right balance of risk	Prior employment experience in business, finance, communications or public administration.
Understands the process of strategic change and the obstacles and enablers to implement it.	Strategy competence allows the Council to set vision and direction for the College through planning and prioritizing, monitoring progress and managing change.	– Can explain basic strategic planning concepts to colleagues – Can identify potential issues & escalate where appropriate – Can contribute to group discussions	– Can distinguish between strategic and operational decisions – Demonstrated ability to think critically about systemic issues and the role of the organization in the health care system in Ontario	Substantive prior experience serving on a governing board and participating in a strategic planning process. Prior employment experience in business, finance, communications or public administration.
Understands the public protection mandate of health profession regulators and has an awareness of evolving issues, the applicable legislation, regulations, bylaws and policies that are core to the work of the College.	Regulatory knowledge allows Council clarity about the function and purpose of the RHPA and the College's mandate, and how the Act and Regulations should be interpreted and applied.	– Is aware of legislation, regulations, standards and bylaws that govern health care professionals – Understands the College's role in the health care system	– Knowledge of College functions and issues facing Council – Awareness and knowledge of regulatory trends – Can identify when to seek ethical aspects of Council's decision making	Prior experience working within a regulatory framework. Prior employment experience in legal field.

Knowledge	Core Understanding	How Is the Knowledge Demonstrated?		How Is the Knowledge Gained?
		Entry	Expert	
Understands how health care is delivered in Ontario.	Health system knowledge allows Council to understand the opportunities, challenges and external forces affecting the provision of mental health services.	– Can contribute to group discussions	– Understanding of the workings of government and ability to access government officials	Prior employment experience in health care administration. Experience working in the health care system in Ontario. Experience as a recipient of health care in Ontario.

Skills	Rationale	How Is the Skill Demonstrated?		How Is the Skill Gained?
		Entry	Expert	
Be able to work electronically in order to uphold security, privacy and efficiency of the College's work.	Technological competence allows Council members to participate effectively in committee and panel work through efficient use of information and communication technology.	– Understands how to keep information secure and confidential in an electronic or online environment – Basic internet skills, including email, downloading and uploading, using secured Wi-Fi connection – Experience downloading, installing and using videoconference software	– Experience using presentation slides, including graphics and multimedia components – Can identify how technology impacts risk and strategy	Prior experience working in administrative or professional field. Completion of IT-specific training courses, workshops, etc.

Attributes	Rationale	How Is the Attribute Demonstrated?	
		Entry	Expert
Demonstrates consistent attendance and preparedness at meetings.	Committed Council and committee members devote the required time and energy to the role to achieve best possible outcomes for the public. Members who are prepared to give time, skills and knowledge to developing themselves and others in order to perform as highly effective regulators.	– Reads Council documents in advance and is prepared to engage and ask questions	– Participates in ongoing development in order to enhance ability to contribute to Council work
Communicates clearly and openly to secure and further understanding (ask questions to understand content).	Council members who are prepared to listen contribute to discussion to develop ideas and problem-solve collectively.	– Listens actively, pays attention to non-verbal communications – Willingly contributes to discussion and deliberations	– Articulate; able to make point clearly and succinctly – Provides appropriate challenge to the status quo, not taking information or data at face value and always driving for improvement
Works effectively and respectfully with other Council/committee members, staff and stakeholders of varying experience and understanding.	Stakeholder relations and communications competence supports the Council in being well informed about the views and needs of key stakeholders, enabling productive relationships.	– Identifies key stakeholders and their relationship with the organization – Not afraid to say “I don’t know” or to ask questions – Willingness to listen to opposing views, demonstrating appropriate consideration and courtesy	– Articulates techniques to better engage with stakeholders – Considers the impact of Council’s decisions and the effect they will have on the key stakeholder groups – Demonstrated ability to communicate a position to the intended audience – Willingness to share expertise with newer members / ability to mentor

Attributes	Rationale	How Is the Attribute Demonstrated?	
		Entry	Expert
			- Supporting and dovetailing from other perspectives - Listening to others - Building on prior comments - Openness to questions from newer members - Welcoming and supportive environment builder
Uses judgement and common sense in evaluating information and making informed decisions.	Critical thinking skills enable the Council to know that the information that they are receiving about the College's performance is accurate, to challenge appropriately where necessary and to hold the College accountable for regulatory outcomes vs. external expertise, easy to understand (e.g., legal advice, other expertise).	- Seeks external expertise where needed - Demonstrates ability to analyze and interpret data	- Appropriately questions whether the College is collecting the right data to inform regulatory work - Challenges appropriately when data collection is not adding value - Reviews and analyses a broad range of information and data in order to spot trends and patterns
Undertakes learning and development to improve Council skills and is aware of own strengths and weaknesses.	Developing knowledge and skills enables Council members to lead and contribute to courageous conversations, to express their opinion and to play an active role on Council.	- Prepared to give time, skills and knowledge to developing themselves in order to become a highly effective regulator	- Has an enquiring mind and understands the value of meaningful questioning

Attributes	Rationale	How Is the Attribute Demonstrated?	
		Entry	Expert
Acts with transparency and integrity, takes responsibility for actions and manages personal conflicts of interest.	Ensuring transparency of all decisions related to the College's regulatory processes and activities fosters public trust by demonstrating that they are impartial, evidence-informed, and advance the public interest.	− Understand conflict of interest and is able to seek advice as needed to mitigate any potential conflict − Appreciates the importance of both perceived and actual conflict of interest and / or bias	− Understands both conflict of interest and bias − Appropriately challenges colleagues who might be conflicted or biased − Aware of different types of bias and how they manifest themselves
Commitment to equity, diversity, social justice, social responsibility and servant leadership.	Diversity, equity and inclusion competence supports the ability to shift cultural perspective and adapt one's behaviour to function effectively across attributes that include, but are not limited to, gender, ethnicity, religion, sexual orientation, disability, and socioeconomic class. Profession-specific diversity may include attributes such as region of practice, practice setting and context, or specialization.	− Demonstrating respect and actively advocating for diverse perspectives in discussions − Holding criticisms and comments to hear different views before making decisions	− Conducting self-assessment to understand how one's own attitudes and values may create bias − Adjusting and adapting communication styles to be effective across diverse contexts (e.g., does not use ethnophaulisms or outdated terms, does use preferred terms) − Responding to inappropriate and non-inclusive behaviour to redirect and to build awareness.
Ability to speak with one voice, unified and solidly standing behind joint decisions.	Council members who clearly understand their role and their limits are able to contribute more effectively to deliberations and decision making.	− Accepting decision of Council; "stand down" − Respectfully moving forward − Recognizing when not in majority; accepting the decision − Not bringing it up again − Avoidance of bitterness	− Understands that authority lies with Council, not individual members − Makes appropriate requests for information or clarification in order to inform decision making − Professional members exercise appropriate caution in their interactions as a registered

Attributes	Rationale	How Is the Attribute Demonstrated?	
		Entry	Expert
			practitioner (e.g., responding in writing to any complaint against them)
Anticipates and embraces opportunities for regulatory and governance innovation.	Willingness to embrace change enables Council to effectively mobilize to further the mandate of the organization, adapt to changing circumstances, respond to crisis, identify opportunities for change and growth, and create future leaders.	− Not averse to change where appropriate − Demonstrates a commitment to keeping up to date with regulatory and health system developments	− Leading rather than following, suggesting ideas rather than responding to others − Identifies reasons for and benefits of change to stakeholders − Ensures change contributes to Ends Policies − Supports strategic change and ensures change is in public interest

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Committee Composition Profile

Each committee must be comprised to provide the needed mix of experience and skills to fulfill its mandate. The following are specific attributes required of members appointed to statutory and non-statutory standing committees.

All committees will bring the following DIVERSE EXPERIENCE, BACKGROUNDS and PERSPECTIVES:	**One or more committee members will have the following specific PROFESSIONAL EXPERIENCE, KNOWLEDGE and SKILLS:**
Culture A variety of cultural and historical backgrounds and experiences that reflect the community the College serves and the cultural context within oral health care.	**Ability** Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.
Education A variety of educational backgrounds and experiences that reflect the diverse public served by the College.	**Adjudication and Hearing** Knowledge and experience of participating in and/or chairing hearings within a legislative framework, and an understanding of administrative law principles and procedural fairness.
Gender Diversity A variety of perspectives to support decisions that are balanced, relevant and reflective of the public.	**Committee/Panel Leadership** Experience in facilitating committee or panel meetings, developing a positive culture, conflict resolution, and fostering effective decision making.
Region Regional diversity, to reflect the reality that practice, access to oral healthcare, and the public's expectations of the oral health care system varies throughout the province.	**Governance Expertise** Understand how governance works, how committees should function, and be able to think critically about committee structures and practices.
Registrant Practice (professional members) Diverse practice experiences, backgrounds and practice settings that inform dialogue and decision making, ensuring decisions meet intended objectives, are practical and, ultimately, protect the public.	**Standards/Scopes of Practice** Understand the standards and scopes of practice that guide dental hygiene practice in Ontario.
Sector Diverse leadership experience in any of the public, private or oral health care sectors to promote knowledge and the sharing of best practices.	**Practice Setting/Specialty** Experience with at least one modality of dental hygiene practice, to ensure that deliberations are informed by a variety of practice perspectives,

Registration Committee Member Attributes

One or more Registration Committee members will have the following specific PROFESSIONAL EXPERIENCE, KNOWLEDGE and SKILLS:
Dental Hygiene Practice Familiarity with clinical practice, entry level dental hygiene competence, and practice setting (clinical, education, research, and administration, etc.).
Education Curriculum Experience with program/advanced education changes, trends and innovation, developing, implementing and evaluating curriculum, including representation from diverse post-secondary institutions offering dental hygiene education.
Examination Administration Knowledge and experience with the development and administration of high-stakes examinations.
International Health Professional/Graduate Understand the process for becoming a dental hygienist in Canada with foreign credentials, or, ideally, have experience in navigating that process.
BIPOC Community Practice Voices from the communities of Black, Indigenous, people of colour to ensure that deliberations are informed, and decisions include and respect the perspectives of racialized people, that biases are identified and questioned, and that the College's collective work continues to grow in its cultural safety and humility journey, contributing to positive systemic change.
Equity-Seeking Community Practice Voices from communities that experience significant barriers to participation in Ontario's health and education systems to ensure that deliberations are informed to acknowledge and decisions are made to address barriers based on age, ethnicity, disability, economic status, gender, nationality, race, sexual orientation and transgender status.

Quality Assurance Committee Member Attributes

One or more Quality Assurance Committee members will have the following specific PROFESSIONAL EXPERIENCE, KNOWLEDGE and SKILLS:
Quality Improvement Experience and understanding of the quality assurance and quality improvement programs and assessments in health care, and experience in developing tools that enable meaningful feedback and continuous improvement.
Quality Assurance Program Know how to use methods that align with the developmental intention of the College's quality assurance program and philosophy
Standards/Scopes of Practice Understand the standards and scopes of practice that guide dental hygiene practice in Ontario and be able to determine where a breach or potential breach might occur.
BIPOC Community Practice Voices from the communities of Black, Indigenous, people of colour to ensure that deliberations are informed, and decisions include and respect the perspectives of racialized people, that biases are identified and questioned, and that the College's collective work continues to grow in its cultural safety and humility journey, contributing to positive systemic change.
Equity-Seeking Community Practice Voices from communities that experience significant barriers to participation in Ontario's health and education systems to ensure that deliberations are informed to acknowledge and decisions are made to address barriers based on age, ethnicity, disability, economic status, gender, nationality, race, sexual orientation and transgender status.

Inquiries Complaints Reports Committee Member Attributes

One or more Inquiries Complaints Reports Committee members will have the following specific PROFESSIONAL EXPERIENCE, KNOWLEDGE and SKILLS:
Traumatic Experience Awareness Experience in, understanding of, and sensitivity to the effects of stress or potential stress on individuals involved in a complaint/report process, and experience in creating safe spaces and trust-building processes.
Lived Health Care Experience Significant personal experience or experience caring for someone with health challenges or maneuvering through the oral health care system.
Professional Standards and Professional Ethics Knowledge and experience of the standards of practice and standards of professional ethics at regional, provincial, national and international levels.

BIPOC Community Practice Voices from the communities of Black, Indigenous, people of colour to ensure that deliberations are informed, and decisions include and respect the perspectives of racialized people, that biases are identified and questioned, and that the College's collective work continues to grow in its cultural safety and humility journey, contributing to positive systemic change.
Equity-Seeking Community Practice Voices from communities that experience significant barriers to participation in Ontario's health and education systems to ensure that deliberations are informed to acknowledge and decisions are made to address barriers based on age, ethnicity, disability, economic status, gender, nationality, race, sexual orientation and transgender status.

Discipline Committee Member Attributes

One or more Discipline Committee members will have the following specific PROFESSIONAL EXPERIENCE, KNOWLEDGE and SKILLS:
Procedural Fairness Understand administrative law and quasi-judicial processes, commit to the unbiased balancing of issues, meticulously weigh evidence, think critically about issues at hand, consider options within the scope of the College's mandate and power, and bring consistency and sound judgment to decision making in accordance with procedural fairness principles set out in common law.
Traumatic Experience Awareness Experience in, understanding of, and sensitivity to the effects of stress or potential stress on individuals involved in a complaint process, and experience in creating safe spaces and trust-building processes.
BIPOC Community Practice Voices from the communities of Black, Indigenous, people of colour to ensure that deliberations are informed, and decisions include and respect the perspectives of racialized people, that biases are identified and questioned, and that the College's collective work continues to grow in its cultural safety and humility journey, contributing to positive systemic change.
Equity-Seeking Community Practice Voices from communities that experience significant barriers to participation in Ontario's health and education systems to ensure that deliberations are informed to acknowledge and decisions are made to address barriers based on age, ethnicity, disability, economic status, gender, nationality, race, sexual orientation and transgender status.

Patient (Client)* Relations Committee Member Attributes

One or more Client Relations Committee members will have the following specific PROFESSIONAL EXPERIENCE, KNOWLEDGE and SKILLS:
Traumatic Experience Awareness Experience in, understanding of, and sensitivity to the effects of stress or potential stress on individuals involved in a complaint process, and experience in creating safe spaces and trust-building processes.
Sexual Violence Awareness Understand the social and cultural context of violence and abuse, including factors such as gender, sexual orientation, social class, ethnicity, religion, developmental stage, Indigenous intergenerational and current trauma, and immigrant or refugee history.

* Legislation references 'patients' however, CDHO uses the term 'clients' as this is how dental hygienists refer to the people who receive their care.

Executive Committee Member Attributes

One or more Executive Committee members will have the following specific PROFESSIONAL EXPERIENCE, KNOWLEDGE and SKILLS:
Innovation and Trends in Governance Knowledge of how organizations within the health regulatory system and beyond are reviewing data, processes and various initiatives to improve and transform their governance practices and structures.
Finance and Audit Experience Have a reasonable understanding of financial and budgeting information, and the confidence to ask questions that safeguard the financial stewardship of the College and enable the College to effectively fulfill its mandate by weighing evidence, thinking critically, considering options and bringing sound judgment to financial decision making.
R**egulation and System Context** Understand dental hygiene practice, the regulatory system, and how the College's work affects, or might affect the system.
Political Awareness Understand how to work within the system, move the evaluation process forward in a sensitive way, and recognize the political interests and sensitivities that might exist.
Heightened Confidentiality Understand the sensitive nature of executive performance evaluation and compensation, the process information that can be shared, and the information that needs to be held in strict confidence.

Dental Hygiene Practice Familiarity with clinical practice, entry level dental hygiene competence, and practice setting (clinical, education, research, and administration, etc.).
Risk Management/Oversight Understand how to sustain and evolve an effective and meaningful risk management and risk oversight program, and the difference between the two allowing them to oversee the College's risk management process, ensuring that the College understands, manages and leverages its risk.
Business Acumen Business experience, an understanding of what an organization needs to operate effectively, including the economic forces that need to be incorporated into decisions, good management principles, and strategic planning.
Organizational Decision Making Understand the development of policy and decision making in a large, complex system, ensuring that decisions are based on objective principles, and informed by evidence and best practice.
Executive HR Experience with and exposure to executive performance evaluation and compensation review, allowing them to oversee the Registrar evaluation process and compensation philosophy.
Recruitment/Succession Planning Understand recruitment and succession planning processes, how to foster sustainable leadership and teams, and be able to translate and apply those principles to the nominations and election process.

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Committee Panel Competency Profile

Council members and non-elected members serving on committee panels are expected to demonstrate the attributes and have the competencies required of all Council members. The following are specific attributes and competencies required of those members who participate as panel members in setting policies related to and rendering decisions on complaints and reports, quality assurance and registration matters related to individual applicants and registrants.

Attribute Competency	How is the Attribute Demonstrated?
Fair	Reviews panel materials in an impartial, unbiased and just manner.
Respectful	Demonstrates appropriate consideration and courtesy to everyone who comes before or makes submissions to the panel.
Timely	Performs reviews and rendering decisions within established time frames based on reasonable expectations.
Effective Communicator	Listens actively, pays attention to non-verbal communications and deals effectively with challenging individuals and situations.

Knowledge	Core Understanding	How is the Knowledge Demonstrated?	
		Entry	**Expert**
Fiduciary responsibilities	Acts transparently with integrity, discretion and humility to consider a range of perspectives and diverse ways of thinking to reject assumptions and take nothing for granted. Devotes the required time and energy to the role, determined to achieve best possible outcomes in public protection. Prepared to give time, skills and knowledge to developing themselves and others in order to achieve excellent regulatory outcomes.	– Asks if decisions are in the public's best interests – Adheres to established rules on transparency and communication – Complies with College's Code of Conduct and acts in a way that exemplifies and reinforces its culture and values – Reviews all meeting materials in advance – Understands role of panel in hearing and deciding each matter – Understands role of and interacts appropriately with staff and outside counsel	– Effectively locates/centers issues considering the parties and/or concerns involved – Weighs and discusses competing considerations in a manner that is appropriate and respectful – Understands and complies with the duty to accommodate language rights, other Charter rights, and rights set out in Human Rights codes
Conflict of interest	Appreciates that a conflict of interest is any interest, relationship, association or activity that interferes with the member's obligations to the panel to make a decision in the best interest of the public.	– Can clearly identify what is a conflict in themselves and in others	– Knows how to deal with a conflict at the time of screening for appointment to the panel and if conflict arises during the panel deliberations

Knowledge	Core Understanding	How is the Knowledge Demonstrated?	
		Entry	**Expert**
	Understands that the test as to if the member should be disqualified from the panel is whether the facts could give rise to a reasonable apprehension of conflict in the mind of a reasonable and informed person. Appreciates the difference between actual, perceived or potential conflicts of interest and understands that all types of conflict must be addressed.	– Understands when it is appropriate to recuse oneself due to a conflict or perceived conflict	– Appropriately challenges colleagues who might have a conflict of interest
Bias	Appreciates that bias is a preconceived or unreasoned feeling or inclination that is incompatible with the member's obligations to the panel to make a decision that is impartial. Understands that the test as to if the member should be disqualified from the panel is whether the facts could give rise to a reasonable apprehension of bias in the mind of a reasonable and informed person.	– Able to identify personal biases – Considers only the evidence in front of them when reviewing panel materials	– Appropriately challenges colleagues who might be biased – Aware of different types of bias and how they manifest themselves
Principles and practice of right-touch regulation	Understands the need to strike a balance in regulation by ensuring that decisions are proportionate, consistent and targeted.	– Understands the range of appropriate and possible dispositions available to the panel	– Uses a risk-based approach in assessing seriousness and determining the appropriate outcome of each case – Considers relevant precedents – Considers enforceability of and unintended consequences to any decision – Knows how and when to exercise discretion and the principles that apply to this
Legislative interpretation and sources of authority	Knows and understands the principles and values of administrative law. Knowledgeable about the governing framework for regulating dental hygienists and where each source of authority (regulation, policy standard, guideline) applies.	– Acts within the mandate and broader terms of reference for the Committee/panel – Applies relevant policies, standards and guidelines	– Is familiar with the legislation relevant to each matter before a panel – Is familiar with the life cycle of a file (intake, investigation/submissions, screening, decision)
Finding fact and managing/weighing evidence	Understands how to apply analytical skills to thorough preparation in reviewing and assessing panel materials.	– Efficiently and effectively manages panel materials – Understands the framework in which panel is operating – Establishes relevant facts – Recognizes relevant evidence	– Able to discern onus and burden of proof and how it applies – 'Weighs' relevant evidence and applies the test for seriousness

Knowledge	Core Understanding	How is the Knowledge Demonstrated?	
		Entry	**Expert**
		– Understands the panel's function and scope (i.e., does not look for findings or credibility at the screening level, does not explore beyond the facts of the case)	
Clear and adequate reasons	Appreciates the principles of fairness and transparency as they apply to the need to explain how a decision was made.	– Understands what must be decided – Is familiar with the legal duty to give reasons – Provides reasons that demonstrate fairness by proving that the panel heard and understood the evidence and arguments of the parties	– Expresses reasons in a risk-based framework in clear and accessible language – Provides adequate reasons that explain not only the "what" of the findings but the "why" of the reasons for the Decision
Enforceable decisions	Understands the need for decisions to be reasonable and justifiable in order to maintain trust of the public and cooperation of registrants.	– Understands what an enforceable decision is within the framework of applicable legislation – Understands how little or how much information is necessary for a good decision	– Builds familiarity with recent HPRAC decisions and reasons for those decisions

Discipline and Fitness to Practise Hearing Panel Competency Profile

Council members and non-elected members serving on Discipline and Fitness to Practise Hearing panels are expected to demonstrate the attributes and have the knowledge required of all Council members, as well as the competencies for committee panel members. The following are specific attributes and knowledge required of those members who participate as panel members in rendering decisions in matters that are referred to Discipline and Fitness to Practise hearings.

Attribute Competency	How is the Attribute Demonstrated?
Fair	Reviews panel materials in an impartial, unbiased and just manner.
Respectful	Demonstrates appropriate consideration and courtesy to everyone who comes before or makes submissions to the panel.
Timely	Performs reviews and rendering decisions within established time frames based on reasonable expectations.
Effective Communicator	Listens actively, pays attention to non-verbal communications and deals effectively with challenging individuals and situations.

Knowledge	Core Understanding	How is the Knowledge Demonstrated?	
		Entry	**Expert**
Rules of procedure	Panel members who understand the general process and what should occur are able to conduct an effective and efficient public hearing.	– Acts with professionalism and civility, maintaining independence, integrity and high standards of behaviour – Follows appropriate decorum; demonstrating respectful behaviour toward all hearing participants while preserving hearing efficiency	– As Chair, follows agreed-to script for procedural matters with familiarity of the underlying principles underlying a script (e.g., affording both parties their opportunity to speak) – Can make introductions of hearing panel members, provide the statement of the authority of the panel, and outline the purpose of the hearing – Knows how to plan the day ahead, limit arguments, address preliminary procedural issues, etc. – Provides appropriate assistance to self-represented parties – Can effectively facilitate a pre-hearing conference
Active adjudication	Understanding the need to remove unnecessary barriers by helping the parties navigate the rules and processes ensures a perception of fairness and the best possible public protection outcome.	– Engages with appropriate sense of decorum to avoid perceptions of bias	– Effectively questions, avoiding improper questioning, when something is unclear – Responds to unexpected issues by appropriately relying on Independent Legal Counsel

Knowledge	Core Understanding	How is the Knowledge Demonstrated?	
		Entry	Expert
Privacy law	Familiarity with the various requirements affecting how information is presented and shared as well as privacy best practices allows panel members to appropriately maintain confidentiality.	– Considers the nature of information (personal health or other sensitive information) when posting questions during a hearing	– Protects parties' privacy by providing reasons that avoid personal information – Understands the concepts of open vs. closed hearings, privilege, confidentiality and publication bans, and can apply them to manage private info (e.g. personal health information) in the course of deliberations and decisions
Making and explaining credibility findings	Conducting and appropriately communicating a detailed analysis of witnesses based on relevant factors (e.g., probability, consistency, corroboration, motivation, ability to recall, etc.) ensures that decisions will withstand scrutiny.	– Considers personal differences, reliability of evidence as well as credibility and makes findings of facts based on the evidence – Considers power imbalance between registrant and complainant (member of public)	– Understands how evidence is weighed, e.g. looking at detail of recall, etc. – Understands what does and does not make a witness credible, is aware of the perils of demeanour as an indicator

College of Dental Hygienists of Ontario

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Council
BRIEFING NOTE

Meeting date:	June 11, 2021
Agenda item:	6.5 Council Evaluation and 6.6 CPMF Terms of Reference
Appendices:	Appendix A: Evaluation Components Appendix B: CPMF Committee Terms of Reference Draft Revisions
Owner:	Executive Committee
Staff support:	D. Adams

Public protection rationale: The College Performance Measurement Framework (CPMF) requires that colleges ensure that Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College. Rigorous and regular evaluation assists in identifying and addressing any deficits. The CPMF mandates an independent evaluation completed by an external expert as a means of providing essential insight into how the Council functions as a regulator.

Background: The CPMF speaks to the need for a comprehensive evaluation of individual competence (with a view to addressing opportunities to provide support to build needed competencies at the committee and Council table), of statutory committee effectiveness, Council meetings and – wrapping all of this together – Council effectiveness.

The Executive Committee has discussed an opportunity to develop an integrated approach to evaluation working from the requirements of the CPMF and efforts of the Committee struck to complete CDHO's 2020 report.

At their April 16 meeting, the Executive Committee reviewed a summary of possible evaluation elements (see Appendix A), approach and tools to support discussion of the CDHO's approach to this work. The Executive Committee discussed the scope of the work of developing and implementing a comprehensive, integrated evaluation framework and considered staff's suggestion that this work might be led by the CPMF Committee over the course of the next three years, culminating with the external evaluation required by the government as part of the CPMF reporting.

The Registrar proposed and the Executive Committee agreed that the CPMF Committee would act as reviewers for any evaluation tools that were proposed, versus being asked to develop these tools. This would mean that the workload and timelines for this stage of the work would be less intensive than the work that was required for the CPMF

submission. Additional members may be sought to join the committee to ensure the needed competence and diversity of perspective are available; this is something that could be accomplished following Council's direction to undertake the work.

Next steps: The Council is being asked **i)** to provide direction for the Registrar to commence the research needed to support the development of an evaluation framework; **ii)** direct that the CPMF Committee be re-convened in advance of the September meeting of Council in order to lead the evaluation work. They are also being asked to review and approve the revised terms of reference for the CPMF Committee.

Decision:

MOTION:

WHEREAS the College Performance Measurement Framework (CPMF) requires that colleges ensure that Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College; and

WHEREAS a comprehensive evaluation of Council effectiveness is needed;

THEREFORE, BE IT RESOLVED THAT the Registrar commence the research needed to support the development of an evaluation framework; and

THEREFORE, BE IT RESOLVED THAT the CPMF Committee be re-convened prior to the September 2021 meeting in order to lead the evaluation work.

MOVED:
SECONDED:

VOTE: CARRIED:
DEFEATED:

Available Options:

1. Pass the motion
2. Defeat the motion
3. Other

MOTION:

WHEREAS the CPMF Committee has been tasked by Council to develop a comprehensive evaluation of Council effectiveness as required by the CPMF;

THEREFORE, BE IT RESOLVED THAT Council approve the revised Terms of reference for the CPMF Committee as presented in Appendix B.

MOVED:
SECONDED:

VOTE:
CARRIED:
DEFEATED:

Available Options:

4. Pass the motion
5. Defeat the motion
6. Other

Appendix A Evaluation Components

Meeting and panel evaluation tool

- These could be used for every Council, committee and panel meeting to evaluate:
    1. Meeting materials (feedback to staff)
    2. Meeting quality / Chair performance (feedback to chair)
    3. Decisions made in the public interest (feedback to Council efficacy)

Individual competence evaluation tool

- Rating against the competence matrices (once adopted by Council for both Council and committee level work to be completed annually for each member) these could be used to provide a useful evaluation and individual competence development plan to inform ongoing education.

Committee evaluation tool

- While not explicitly required by the CPMF, the evaluation of committee work could be useful in determining ways to improve the core work of regulation done by statutory and ad hoc committees.
- A committee evaluation could be used to support productivity, provide a solid orientation to new committee members and be a reasonable degree of ongoing monitoring of the committee-level work plans. Not including this tool in the annual overall evaluation could mitigate evaluation fatigue. Results could, if desired, be incorporated into the overall evaluation report (discussed below).

Council efficacy evaluation tool

- Operating from the position that Council "effectiveness" needs to be evaluated in a way that is connected through the standards under each domain and so needs to incorporate a number of measures including whether or not:
    1. Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.
    2. Council work enables the College to use best practices across all critical attributes of regulatory excellence.
    3. The College acts to foster public trust through transparency about decisions made and actions taken.
    4. Council decisions are made in the public interest.

Appendix B
CPMF Committee Terms of Reference (revised)

4.12 CPMF COMMITTEE TERMS OF REFERENCE

The CPMF Committee will assist the Council in determining and assembling the data required in sufficient time to complete the CPMF report by the Ontario Ministry of Health deadline each year.

4.12.1 Committee Products

The committee products are to support the Council's job, never to decide for the Council unless explicitly stated below.

4.12.1.1 CPMF Report Due Date

For Council's consideration at or before the March Council meeting, completion of Domain 1: Governance as part of the College Performance Management Framework Report.

4.12.1.2 Other Report Due Dates

For Council's consideration at or before the March Council meeting, completion or contribution to Measures or Required Evidence of such other Standards in other Domains where Council has responsibility.

4.12.1.3 CPMF Report Consistency and Due Date

For Council's consideration at or before the March Council meeting, a review of the completed CPMF Report for consistency with Council's governance responsibility prior to submission to the Ontario Ministry of Health.

4.12.1.4 Relevant Review of Executive Limitations

For Council's future consideration, at or before the June Council meeting, a review of Executive Limitations that might be relevant to the completion of the CPMF Report. Ideally, preparing the CPMF should be delegated to the Registrar and placed on the Required Approvals Agenda of a Council meeting.

4.12.1.5

For Council's consideration, a draft framework for an integrated evaluation as required by the CPMF.

4.12.2 Committee Authority

The committee's authority enables it to assist the Council in its work, while not interfering with Council holism.

4.12.2.1 Changing Council Policies

The committee has no authority to change Council policies.

4.12.2.2 Expenditure Authority

The committee has authority to spend funds as required to accomplish its work in accordance with its Council-approved budget for meetings and other activities related to its deliverables.

4.12.2.3 Communication Authority

The committee does not have the authority to communicate the progress of its work.

4.12.2.4 Use of Staff

The committee has authority to use staff resource time consistent with the Registrar's interpretation of a reasonable amount normal for administrative support around meetings. The committee does not have the authority to instruct the Registrar/CEO or any other staff member, other than to request support required in the conduct of its duties.

4.12.3 Committee Composition and Tenure

The committee shall comprise the number of Professional Council Members and Public Council Members as determined by the Council, provided that at least one of them is a Public Member. The tenure of the committee members shall be determined by the Council as required.

4.12.3.1 Chair

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

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Council Briefing Note

Meeting date:	June 11, 2021
Agenda item:	6.7 Submission of proposed Registration Regulation amendment
Appendices:	**Appendix A:** DRAFT Standard of Practice: Authorization to Practise Restorative Dental Hygiene **Appendix B:** Stakeholder Consultation Feedback Request (including 3-column chart)_Registration Regulation amendment_ September 18 '20 **Appendix C:** Stakeholder Consultation Feedback Summary_ Registration Regulation amendment_September 18 '20 **Appendix D:** Stakeholder Consultation Feedback Individual Responses_ Registration Regulation amendment_September 18 '20
References:	Ontario Regulation 218/94 General Regulation under the Dental Hygiene Act Part VII Registration of the General Regulation 2020 Issue 3 of CDHO Milestones
Owner:	Registration Committee
Staff support:	K. Fraser

Issue: The Registration Committee has received the feedback from the September 2020 consultation regarding the proposed amendments to Part VII Registration of the General Regulation and is bringing it forward to Council to seek direction regarding submission to government.

Public protection rationale: As the body that sets and evaluates entry-to-practice competencies, CDHO must ensure that it has processes and procedures in place to assess the competency, safety and ethics of the people it registers to practice.

Colleges must be able to review and respond to change. This includes evaluating and revising regulations and processes that are in place to ensure that they provide clarity to the public they are intended to protect.

Source of Authority: Ontario Regulation 218/94 is the 'General' regulation under the *Dental Hygiene Act*, *1991*. Part VII Registration prescribes the requirements for registration with CDHO.

Background:
In September 2020, the Registration Committee proposed changes to the Registration Regulation that included administrative changes to update the regulation, making any reference to examinations and accreditation generic, and removing the "Specialty Certificate" of registration from the regulation and replacing it with a Standard (See Appendix A) to authorize registrants to practise restorative dental hygiene (as a holder of a "General Certificate").

Removing references to the National Dental Hygiene Certification Board, the Commission on Dental Accreditation of Canada and the American Dental Association Commission on Dental Accreditation in relation to required competency evaluations and as the accrediting bodies, respectively, creates more flexibility for CDHO in administering entry-to-practice requirements.

In proposing the changes, the Committee noted that it meets the objective of regulatory modernization as it clarifies that the Specialty is an enhancement to holders of the General certificate. Further, the proposed change brings the current provision in line with the two other authorizations under the General certificate (i.e., "Authorized for Prescription" and "Authorized to Self-Initiate"). Under the proposed approach, the authorization would display on the register, wall certificate, and wallet card for registrants holding a General Certificate of registration. Application and requirements for the designation would be handled by Standard, Policy, and Bylaw amendments.

Under the proposed amendment, the Standard would be used to allow registered dental hygienists who have received training to perform select restorative procedures to use the title "RDH, authorized to practise Restorative Dental Hygiene" in the same way that those who are authorized to prescribe or self-initiate represent their status.

The rationale for this change was articulated as follows:

> *Approximately 4%[1] of CDHO registrants are Restorative Dental Hygienists. The current term, Specialty, does not accurately reflect the training that restorative hygienists receive. A meeting with the Citizen Advisory Group found that a change of certificate title might better assist those reading the Public Register in understanding the scope of practice of these hygienists.*
>
> *A survey of our own membership revealed that 30% were uncertain or did not know what Specialty meant. 60% did not feel that the term Specialty reflected the scope of what a restorative hygienist could practise.*

[1] An error was made in the three-column chart that was circulated in September, which noted that 2% of registrants are RRDHs.

On September 18, 2020 the Registration Committee presented the proposed changes to the Registration Regulation to Council for approval for circulation to stakeholders for their comment. Council approved the circulation, which began on September 23, 2020 and lasted for 60 days. This consultation is a mandatory part of the regulation amendment process set out by government under subsection 95 (1.4) and / or subsection 94 (2) of the Health Professions Procedural Code (HPPC), if applicable, which is Schedule 2 of the *Regulated Health Professions Act, 1991*.

Stakeholders invited to submit feedback on the proposed revisions included:

- All CDHO registrants
- 26 Ontario health regulatory colleges
- Canadian dental hygiene regulators (in the absence of provincial regulator, government or association oversight bodies)
- Ontario dental hygiene institution program directors
- National and provincial professional dental hygiene associations
- National and provincial oral health associations
- Ontario government representatives

Any individual or organization – including all registrants – who have agreed to receive information from CDHO as a stakeholder was emailed with an invitation to comment. CDHO registrants received an additional announcement in the monthly E-brief newsletter. A Memorandum was published in 2020 Issue 3 of CDHO *Milestones* magazine, which is sent to all registrants, and e-copies are available on the CDHO website. The CDHO online publications are available to the public. External legal counsel and relevant Ministry of Health representatives were also asked to provide feedback on the proposed amendments.

In total, 30 responses were received. The breakdown of those responses is as follows:

- 26 respondents who are RRDHs[2]
    - 22 against removing the restorative Specialty Certificate
        - at the time of circulation, 4.3% or 607 of all DHs had the Specialty Certificate
            - survey respondents therefore represent
                - 3.62% of RRDHs
                - 0.16% of registrants as a whole
    - 1 DH querying rationale for inclusion of academic misconduct
    - 1 DH who combined comments related to the Examination Regulation in the submission related to the Registration Regulation
    - 2 DHs supporting the changes in general

[2] Note that one registrant respondent is also the Restorative Dental Hygiene Program Coordinator/ Professor and a second registrant is the Chair of the school of Dental Health programs, both at George Brown College.

- 1 professional association (the Ontario Dental Hygienists' Association, which represents about 57% of all registrants) had comments regarding removal of the restorative Specialty Certificate (specifically with regards to use of title) but did not take a position against it
- the College of Dental Hygienists of Nova Scotia wrote to:
    - support the removal of restorative specialty, noting that this approach is aligned with theirs
    - note that CDHNS does not support the use of protected title by retired DHs
- George Brown College wrote against removing the restorative Specialty Certificate, noting that they are one of two publicly funded programs in Ontario to offer the training for this practice

The Registration Committee reviewed this feedback, looking specifically at:

- concerns related to feedback from registrants who oppose eliminating the Specialty Certificate and implementing as a standard to holders of a General Certificate in order to support regulatory modernization by clarifying that the Specialty is an enhancement to holders of the General Certificate
- committee discussion related to including the 'Retired' category under the non-practising category and not charging a fee for this
- risks related to:
    - the fact that the current regulation notes that an applicant "must be the holder of a certificate issued by the National Dental Hygiene Certification Board." If the Registration Regulation is not amended to note that an "applicant must have successfully completed a competency evaluation set or approved by the Registration Committee" before the NDHCE / CPEDH amalgamation occurs, CDHO could be without an approved exam for entry-to-practice
    - the fact that the current regulation names the Commission on Dental Accreditation of Canada or by the American Dental Association Commission on Dental Accreditation as the accrediting bodies

Next steps: If directed, the Registrar will prepare the submission of the proposed amendments to the Ministry of Health as per their submission requirements.

Decision:

MOTION: **WHEREAS** as the body that sets and evaluates entry-to-practice competencies, CDHO must evaluate and revise regulations and processes that are in place to ensure that they provide clarity to the public they are intended to protect; and

WHEREAS the proposed revisions to Part VII Registration of the General Regulation are intended to enhance clarity, ensure ongoing relevance of entry-to-practice requirements and contribute to public protection.

THEREFORE, BE IT RESOLVED THAT Council approve the submission of the amended Part VII Registration of the General Regulation to government.

MOVED:
SECONDED:
VOTE: CARRIED:
DEFEATED:

Available Options:

1. Pass the motion to submit the proposed amended Part VII Registration of the General Regulation to government.
2. Defeat the motion
3. Other

College of **Dental Hygienists** of Ontario
STANDARD OF PRACTICE

Authorization to Practise Restorative Dental Hygiene

Registration Committee

Approved by Council: YYYYMMDD

Intent:

Within the Registration Regulation under the *Dental Hygiene Act, 1991*, the Specialty certificate of registration had its own section (S. 33 & 34) and required the registrant to hold a General certificate of registration before they could apply for a Specialty certificate. The intent of this Standard is to remove the Specialty certificate of registration from the regulation and position it as authorization to practise Restorative Dental Hygiene (by a holder of a General certificate).

- All dental hygienists who formally held the Specialty certificate of registration will now register for a General certificate of registration and receive Authorization to Practise Restorative Dental Hygiene.
- Registrants who hold the General certificate of registration and would like to be Authorized to Practise Restorative Dental Hygiene must meet the requirements of this Standard of Practice below.

Description of Standard:

The following are the requirements for Authorization to Practise Dental Hygiene:

1. The applicant must be the holder of a general certificate of registration.
2. The applicant must have successfully completed a program in restorative dental hygiene approved by the Registration Committee.
3. If the applicant completed a program referred to in paragraph 2 more than three years before the date of the application for Authorization to Practise Restorative Dental Hygiene, the applicant must,
    i. within 18 months before the day the Authorized for Restorative designation is issued, have successfully completed a professional competency assessment set or approved by the Registration Committee and, if recommended by the professional competence assessment, upgrading courses set or approved by the Registration Committee, or,
    ii. have been practising restorative dental hygiene in any jurisdiction within the three years before the issuance of the certificate of registration in a manner that demonstrates that the applicant could meet current standards of practice in Ontario and provide the College with a certificate of professional conduct from any such jurisdiction.
4. The applicant, other than an applicant who has successfully completed a program referred to in subparagraph 2 i, must have successfully completed an evaluation set or approved by the Registration Committee and complied with all requirements associated with the evaluation, including payment of the relevant fees set by the by-laws. O. Reg. 36/12, s. 1.

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MEMORANDUM

To: CDHO Registrants and Other Stakeholders

From: CDHO Registration Committee

Date: Friday, September 25

Subject: Amendments to the CDHO Registration Regulation

The College's Registration Regulation ensures that registration practices are transparent, objective, impartial, and fair. From time to time, and as necessary, the Regulation is amended to reflect changes or improvements in standards, practices and policy, and go through a rigorous process to make sure they meet the objective of protecting the public. The process includes feedback from stakeholders such as practitioners and patients, ongoing review by the Registration Committee, and feedback from the Ministry of Health. These results are used to inform the Committee's recommendations for changes to the regulation with an eye toward meaningful change.

The last revision of the Registration Regulation was initiated in 2008 with the final version being proclaimed in April 2012. Items that were revised in 2012 focused on language clarity, graduation requirements, and labour mobility. In the fall of 2019, CDHO began the process of updating and clarifying the regulation to reflect current practices and standards.

The Registration Committee met to discuss the proposed regulation on November 15, 2019; May 4, 2020; and May 21, 2020. The Committee also surveyed registrants and engaged public opinion through the Citizen Advisory Group. The recommended changes are:

- Eliminate the specific titles of accrediting and certification bodies and allow the regulation to refer to the broader governing principles of these groups. A regulation tied to a named organization could potentially tie the hands of the Registration Committee where the organization's mandate and/or processes have evolved and is no longer consistent with the needs of the College. Removing such references enable the Committee to select organizations as approved by the Committee, rather than restricting them to a single named organization.
- Renaming the Inactive certificate to Non-practising

cont'd on next page…

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- Removing the Specialty certificate from the regulation and making it a Standard to holders under the General certificate: Authorized for Restorative Practice. This brings the current provision in line with the two other authorizations under the General certificate (Authorized for Prescription, Authorized to Self-Initiate)
- Adding Visiting and Retired certificates of registration
- Updating section 29 to be consistent with the RHPA
- Removing gender references

Before adopting the changes to the regulation, the registration committee and the CDHO Council have asked that the draft of changes of the registration regulation be circulated to registrants and other stakeholders. Council will consider your feedback prior to the March Council meeting.

The proposed amendments and other relevant documentation can be found on the following pages of this document.

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Proposed Amendments to the Registration Regulation

Current	Proposed Change	Rationale
27. The following are prescribed as classes of certificates of registration:	**27.** The following are prescribed as classes of certificates of registration:	No change
1. General	1. General	No change
2. Specialty	**Removed to become a Standard**	Currently, in order to obtain a Specialty certificate of registration, the registrant must already hold the General certificate. We propose that the Specialty certificate be eliminated and become a standard to holders of a General certificate. This meets the objective of regulatory modernization: it clarifies that the Specialty is an enhancement to holders of the General certificate. This brings the current provision in line with the two other authorizations under the General certificate: • Authorized for Prescription • Authorized to Self-Initiate The authorization would display on the register, wall certificate, and wallet card for registrants holding a General certificate of registration. Application and requirements for the designation would be handled by Standard, Policy, and Bylaw amendments.

Current	Proposed Change	Rationale
		Approximately 2% of CDHO registrants are Restorative Dental Hygienists. The current term, Specialty, does not accurately reflect the training that restorative hygienists receive. A meeting with the Citizen's Advisory Group found that a change of certificate title might better assist those reading the Public Register in understanding the scope of practice of these hygienists. A survey of our own membership revealed that 30% were uncertain or did not know what Specialty meant. 60% did not feel that the term Specialty reflected the scope of what a restorative hygienist could practice.
3. Inactive. O. Reg. 36/12, s. 1.	3. Non-practising	**Non-practising** (Formerly Inactive) • This is a title change only. • The term Non-practising is what BC, Alta, Sask, Man, NB, and NFLD use for this category of certificate. When completing Certificates of Professional Conduct for CFTA mobility, it creates less confusion for regulatory bodies if we all use the same certificate nomenclature. • Must be the holder of a General certificate of registration first (having met all requirements of that class) – can switch to Non-practising at time of renewal only.

Current	Proposed Change	Rationale
		• Upgrading from Non-practising class into General requires an application and appropriate evaluation(s) for a registrant who has not practised in 3 years or longer; also requires application, payment, and proof of insurance. • Non-practising class of registrants can still use the protected title. • Not required to have liability insurance. • Ineligible to vote or sit on Council. • Registration in this class would not change.
New Category	**Retired**	This certificate is for members who would like to use the protected title and receive the newsletter. Retired members would not be allowed to practise dental hygiene. A retired member who wants to practise dental hygiene would have to submit an application for a general certificate and satisfy all of the requirements of registration. A retired member must have held a General or Specialty (restorative) or Non-practising certificate at time of application. Registrants have asked for this category in the past.

Current	Proposed Change	Rationale
		There would be a fee associated with it. Last known practice address would show on the Register.
New Category	**Visiting**	This certificate would be for those who are coming from another jurisdiction to Ontario for a short-term assignment such as examining or teaching a course. The CDHO will require this certificate to bring examiners from other provinces under the CPEDH agreement. Up until now, examiners or teachers who have come to the province have had to pay the full year's certificate of registration. Examiners from other provinces maintain the standardization of a national examination system. Examiners from all provinces will keep the integrity of knowledge equal across Canada. This certificate's duration would be for 90 days maximum and would not be allowed mobility into other certificates of registration. Those who acquire a Visiting certificate would have to disclose the need for the certificate to CDHO and could not change this purpose without notifying the College. The member must carry liability insurance equivalent to the liability insurance of the General certificate. There will be a fee associated with this certificate.

Current	Proposed Change	Rationale
28. (1) A person may apply for a certificate of registration by submitting a completed application to the Registrar, in the manner specified by the Registrar, together with all required supporting documentation and the application fee. O. Reg. 36/12, s. 1.	**28.** (1) A person may apply for a certificate of registration by submitting a completed application to the Registrar, in the manner specified by the Registrar, together with all required supporting documentation and the application fee. O. Reg. 36/12, s. 1.	No change
(2) This Regulation, as it read immediately before March 26, 2012 continues to apply to applications for a certificate of registration that were received by the Registrar and that were not finally determined before that date. O. Reg. 36/12, s. 1.	(2) This Regulation, as it read immediately before March 26, 2012 continues to apply to applications for a certificate of registration that were received by the Registrar and that were not finally determined before that date. O. Reg. 36/12, s. 1.	No change
29. (1) It is a registration requirement for a certificate of registration of any class that the applicant provide details of any of the following that relate to the applicant:	**29.** (1) It is a registration requirement for a certificate of registration of any class that the applicant provide details of any of the following that relate to the applicant:	No change
1. Any charge for any criminal offence, including a charge under the *Criminal Code* (Canada), the *Controlled Drugs and Substances Act* (Canada) or the *Food and Drugs Act* (Canada), unless the ensuing proceedings concluded with a verdict of not guilty.	1. Any finding of guilt related to any federal, provincial, or other offence, either inside or outside Canada	Updated to match self-reporting requirements under the RHPA 85.6.1.(1) *A member shall file a report in writing with the Registrar if the member has been found guilty of an offence* and Bylaw 5 14.3.g. *Details about any finding by a court against the Registrant in respect of a federal, provincial or other offence.*
2. Any charge for any other offence where the ensuing proceedings resulted in the imposition of incarceration or a fine of more than $1,000.	2. Any current or outstanding charges related to any federal, provincial, or other offence, either inside or outside of Canada	Updated to match self-reporting requirements under the RHPA 85.6.4.(1) *A member shall file a report in writing with the Registrar if the member has been charged with an offence, and the report shall include information about every bail condition or other*

Current	Proposed Change	Rationale
		restriction imposed on, or agreed to, by the member in connection with the charge. and Bylaw 5 14.3.i. *Details about any current charges against a Registrant, in respect of a federal, provincial or other offence.*
	3. Any currently existing conditions of release or other restrictions that have been imposed upon or agreed to by the applicant in connection with any charge or finding in connection to any federal, provincial, or other offence, either inside or outside of Canada	Updated to match self-reporting requirements under Bylaw 5, 14.3 (h) *Conditions, terms, orders, directions or agreements relating to the custody or release of the registrant in respect of federal, provincial, or other offence processes*
	4. Any details about registration, membership, or licensure with any regulatory body, for any profession, in any jurisdiction either inside or outside of Canada	Updated to match self-reporting requirements under the RHPA 85.6.3 (1) *A member shall advise the Registrar in writing if the member is a member of another body that governs a profession inside or outside of Ontario. 2017, c. 11, Sched. 5, s. 26* and Bylaw 5 14.3 *Details about registration, membership or licensure with any regulatory body inside or outside of Ontario*
3. A finding of professional misconduct, incompetency or incapacity, or any like finding, in Ontario in relation to another profession, or in another jurisdiction in relation to the profession or another profession.	5. Any finding of professional misconduct, incompetence, or incapacity, or any similar finding, in relation to any profession, either inside or outside of Canada	Updated to match self-reporting requirements under the RHPA 85.6.3 (2) *A member shall file a report in writing with the Registrar if there has been a finding of professional misconduct or incompetence made against the member by another body that governs a profession inside or outside of Ontario.* and Bylaw 5 14.2 (l) *Information about any finding of incapacity or similar finding that has been made against the*

Current	Proposed Change	Rationale
		Registrant by a body that governs a profession , inside or outside of Ontario, where that finding has not been reversed on appeal.
4. A current proceeding for professional misconduct, incompetency or incapacity, or any like proceeding, in Ontario in relation to another profession, or in another jurisdiction in relation to the profession or another profession.	6. Any current proceedings for professional misconduct, incompetence or incapacity, or any similar proceeding, in relation to any profession in any jurisdiction, either inside or outside of Canada.	Updated to match self-reporting requirements under Bylaw 5 14.2 (k) *Information about any referral to a hearing or finding of professional misconduct or incompetence or similar referral to a hearing or finding that has been made against the Registrant by a body that governs a profession, inside or outside of Ontario, where that finding has not been reversed on appeal.* Also Bylaw 5 14.3 (f) *Details about misconduct, incompetence, incapacity or similar proceedings against the Registrant, whether completed or ongoing by a regulatory body in or outside of Ontario.*
	7. Any finding of professional negligence or malpractice related to the practice of any profession in any jurisdiction, either inside or outside of Canada	Updated to match self-reporting requirements under the RHPA 85.6.2 (1) *A member shall file a report in writing with the Registrar if there has been a finding of professional negligence or malpractice made against the member* and Bylaw 5 14.2 (o) *information about any finding by a court made after June 3, 2009 of professional negligence or malpractice against the Registrant.*
5. An unsuccessful application for registration as a dental hygienist in Ontario or another jurisdiction.	8. An unsuccessful application for registration to a regulated profession in Ontario or any other jurisdiction either inside or outside of Canada	Requirement to report unsuccessful application is found in the current regulation only – text change for clarity and to include any other regulated profession.

Current	Proposed Change	Rationale
6. An attempt to pass an examination or evaluation required for purposes of being licensed or certified to practise any profession whether in Ontario or another jurisdiction that has not, at the time of the application, resulted in a passing grade. O. Reg. 36/12, s. 1.	9. An attempt to pass an examination or evaluation required for purposes of being licensed or certified to practice dental hygiene or equivalent profession in any jurisdiction, either inside or outside of Canada, which has not, at the time of the application, resulted in a passing grade. O. Reg. 36/12, s. 1.	Requirement to report any unsuccessful exams is found in the current regulation only – text change for clarity and to specify that it is in relation to dental hygiene or equivalent profession only (rather than any profession).
	10. Any finding of academic misconduct	Requirement to report academic misconduct would be new. Ontario regulators have been adding this to regulation/policy changes since the 2015 Dalhousie University dental program scandal.
(2) An applicant shall provide the information referred to in subsection (1) upon application or, if an event referred to in subsection (1) occurs after the application is submitted but before a certificate of registration is issued, immediately after the event occurs. O. Reg. 36/12, s. 1.	(2) An applicant shall provide the information referred to in subsection (1) upon application or, if an event referred to in subsection (1) occurs after the application is submitted but before a certificate of registration is issued, immediately after the event occurs. O. Reg. 36/12, s. 1.	No change
(3) Where an applicant has undertaken a program in dental hygiene that at the time of the applicant's graduation was not accredited by the Commission on Dental Accreditation of Canada or by the American Dental Association Commission on Dental Accreditation, it is a registration requirement for a certificate of registration of any class that the applicant provide a copy of a verification of his or her program in dental hygiene that has been	(3) Where an applicant has undertaken a program in dental hygiene that at the time of the applicant's graduation was not accredited by the Commission on Dental Accreditation of Canada or by the American Dental Association Commission on Dental Accreditation, it is a registration requirement for a certificate of registration of any class that the applicant provide a copy of a verification of their program in dental hygiene that has been prepared by an	No content change Changed his or her to their for gender neutral

Current	Proposed Change	Rationale
prepared by an assessment agency that has been approved by the Registration Committee for that purpose. O. Reg. 36/12, s. 1.	assessment agency that has been approved by the Registration Committee for that purpose. O. Reg. 36/12, s. 1.	
(4) In addition to the requirements in subsection (1), the following are registration requirements for a registration of any class:	(4) In addition to the requirements in subsection (1) the following are registration requirements for a registration of any class:	No change
1. The applicant must provide the College with a police record check that is dated no earlier than one year before the date on which his or her application was submitted.	1. The applicant must provide the College with a police record check that is dated no earlier than one year before the date on which their application was submitted.	No change in content Changed his or her to their for gender neutral
2. Within the 12-month period immediately preceding the submission of his or her application, the applicant must successfully complete a jurisprudence course set or approved by the Registration Committee.	2. Within the 12-month period immediately preceding the submission of their application, the applicant must successfully complete a jurisprudence course set or approved by the Registration Committee.	No change in content Changed his or her to their for gender neutral
3. The applicant must be able to effectively comprehend and communicate in either English or French, both orally and in writing. O. Reg. 36/12, s. 1.	3. The applicant must be able to effectively comprehend and communicate in either English or French, both orally and in writing. O. Reg. 36/12, s. 1.	No change
30. It is a condition of a certificate of registration of any class that the member provide the College with details of any of the following that relate to the member and that occur or arise after registration:	**30.** It is a condition of a certificate of registration of any class that the member provide the College with details of any of the following that relate to the member and that occur or arise after registration:	No change
1. A charge for any offence unless the ensuing proceedings concluded with a verdict of not guilty.	1. A charge for any offence unless the ensuing proceedings concluded with a verdict of not guilty.	No change

Current	Proposed Change	Rationale
2. A finding of professional misconduct, incompetency or incapacity, or any like finding, in Ontario in relation to another profession, or in another jurisdiction in relation to the profession or another profession.	Remove	Proceedings and Findings combined since they ask the same thing – and now becomes subsection 2 below
3. A proceeding for professional misconduct, incompetency or incapacity, or any like proceeding, in Ontario in relation to another profession, or in another jurisdiction in relation to the profession or another profession. O. Reg. 36/12, s. 1.	2. Any current proceeding or finding of professional misconduct, incompetency, incapacity, professional negligence or malpractice, or any similar proceeding, in relation to any profession in any jurisdiction, either inside or outside of Canada.	This combines subsection 2 and 3 into one
31. (1) An applicant for the issuance of a general certificate of registration must meet the following non-exemptible registration requirements:	**31.** (1) An applicant for the issuance of a general certificate of registration must meet the following non-exemptible registration requirements:	No change
1. The applicant must have,	1. The applicant must have,	No change
i. successfully completed a program in dental hygiene that is equivalent to a full-time program of two years and which, at the time of the applicant's graduation, was accredited by the Commission on Dental Accreditation of Canada or by the American Dental Association Commission on Dental Accreditation, or	i. successfully completed a program in dental hygiene that is equivalent to a Canadian Dental Hygiene program and which, at the time of the applicant's graduation, was accredited by a Canadian or American Dental Hygiene program accreditation agency approved by the Registration Committee, or	Program length can vary by school and some programs are now 3 years in length – if not 4-year degrees. The Registration committee is establishing the minimum requirements for a Dental Hygiene Program. Dental Hygiene programs are not equal across Canada. Accreditation is sufficient to ensure appropriate program length. Tying it to a single provider by name (CDAC or ADA) doesn't allow for name changes or flexibility for changing accreditation agencies in title or in function.

Current	Proposed Change	Rationale
ii. subject to subsection (2), successfully completed a program in dental hygiene that the Registration Committee considers to be substantially equivalent to a program referred to in subparagraph i.	ii. successfully completed a program in dental hygiene that the Registration Committee considers to be substantially equivalent to a program referred to in subparagraph i	Removes *subject to subsection 2*
	iii. Despite subsection i and ii, it is a non-exemptible requirement that the applicant applying for a General certificate has graduated from a dental hygiene program or its equivalent within the last 12 months unless they have successfully completed a competency evaluation set or approved by the Registration Committee.	This 12-month period ensures currency of the applicant. If they have never practised hygiene, the skill set deteriorates at an accelerated rate as compared to a practitioner who has been away from practice. This is consistent with other provinces.
2. The applicant must be the holder of a certificate issued by the National Dental Hygiene Certification Board or, if he or she was never eligible to sit for the National Dental Hygiene Certification Examination but otherwise meets the registration requirements, must have successfully completed the written competency evaluation set or approved by the Registration Committee.	2. The applicant must have successfully completed a competency evaluation set or approved by the Registration Committee.	Registration requirements cannot be tied to a national examination like NDHCE. Council has voted it will not support the CPEDH and the NDHCE and CPEDH are slated to come together in 2022.
3. Subsequent to having met the requirement in paragraph 2, the applicant must have successfully completed a clinical competency evaluation set or approved by the Registration Committee, unless the applicant has successfully completed a program referred to in subparagraph 1 i.	3. Subsequent to having met the requirement in paragraph 2, the applicant must have successfully completed a clinical competency evaluation set or approved by the Registration Committee, unless the applicant has successfully completed a program referred to in subparagraph 1 i.	No change

Current	Proposed Change	Rationale
4. An applicant who submits to an evaluation under paragraph 2 or 3 must pay the applicable fees.	4. An applicant who submits to an evaluation under paragraph 2 or 3 must pay the applicable fees.	No change
5. The applicant must provide evidence satisfactory to the Registrar that the applicant will have professional liability insurance in the amount and in the form as required by the by-laws as of the anticipated date for the issuance of his or her certificate of registration. O. Reg. 36/12, s. 1.	5. The applicant must provide evidence satisfactory to the Registrar that the applicant will have professional liability insurance in the amount and in the form as required by the by-laws as of the anticipated date for the issuance of their certificate of registration. O. Reg. 36/12, s. 1.	No change in content Changed his or her to their for gender neutral
(2) Where the program referred to in subparagraph 1 ii of subsection (1) was taken in Canada or the United States of America, the Registration Committee shall not consider it to be substantially equivalent to a program referred to in subparagraph 1 i of subsection (1) if the applicant completed the program on or after March 26, 2015. O. Reg. 36/12, s. 1.	(2) Where the program referred to in subparagraph 1 ii of subsection (1) was taken in Canada or the United States of America, the Registration Committee shall not consider it to be substantially equivalent to a program referred to in subparagraph 1 i of subsection (1) if the applicant completed the program on or after March 26, 2015. O. Reg. 36/12, s. 1.	No change
(3) The College shall provide the applicant with a copy of the list of programs referred to in subparagraph 1 i of subsection (1) upon request. O. Reg. 36/12, s. 1.	Remove	This is easily found on our website and is irrelevant to a registration regulation.
(4) Where section 22.18 of the Health Professions Procedural Code applies to an applicant, the applicant is deemed to have met the requirements of subsection 29 (3), paragraphs 1, 2 and 3 of subsection (1) and paragraph 2 of section 32. O. Reg. 36/12, s. 1.	(3) Where section 22.18 of the Health Professions Procedural Code applies to an applicant, the applicant is deemed to have met the requirements of subsection 29 (3), paragraphs 1, 2 and 3 of subsection (1) and paragraph 2 of section 32. O. Reg. 36/12, s. 1.	Number change

Current	Proposed Change	Rationale
(5) Despite subsection (4), it is a non-exemptible registration requirement that an applicant referred to in that subsection, provide a certificate, letter or other evidence satisfactory to the Registrar or a panel of the Registration Committee that the applicant is in good standing as a dental hygienist in every jurisdiction where the applicant holds an out-of-province certificate. O. Reg. 36/12, s. 1.	(4) Despite subsection (3), it is a non-exemptible registration requirement that an applicant referred to in that subsection, provide a certificate, letter or other evidence satisfactory to the Registrar or a panel of the Registration Committee that the applicant is in good standing as a dental hygienist in every jurisdiction where the applicant holds an out-of-province certificate. O. Reg. 36/12, s. 1.	Number change
(6) Despite subsection (4), it is a non-exemptible registration requirement that, where an applicant referred to in that subsection is unable to satisfy the Registrar or a panel of the Registration Committee that the applicant practised the profession to the extent that would be permitted by a general certificate of registration at any time in the three years immediately prior to the date of the applicant's application, the applicant must, within 18 months before the day the general certificate of registration is issued, have successfully completed either,	(5) Despite subsection (3), it is a non-exemptible registration requirement that, where an applicant referred to in that subsection is unable to satisfy the Registrar or a panel of the Registration Committee that the applicant practised the profession to the extent that would be permitted by a general certificate of registration at any time in the three years immediately prior to the date of the applicant's application, the applicant must, within 18 months before the day the general certificate of registration is issued, have successfully completed,	Change in numbering and removed either since (a) below is deleted
(a) a refresher course set or approved by the Registration Committee; or	Delete	A professional competency assessment provides a better indication of any further education the applicant may require. Refresher courses cover the material in one broad stroke. The professional competency assessment provides the College with an understanding where the applicant may be lacking knowledge. Education

Current	Proposed Change	Rationale
		may be then targeted to deficiencies found in the applicant and the College can recommend upgrading courses.
(b) a professional competency assessment as set or approved by the Registration Committee and, if recommended by the professional competency assessment, upgrading courses as set or approved by the Registration Committee. O. Reg. 36/12, s. 1.	b) a professional competency assessment as set or approved by the Registration Committee and, if recommended by the professional competency assessment, upgrading courses as set or approved by the Registration Committee. O. Reg. 36/12, s. 1.	No change, no content change.
(7) Despite subsection (4), a requirement set out in subsection 29 (3) or in paragraphs 1, 2 and 3 of subsection (1) or in paragraph 2 of section 32 will continue to apply to an applicant where that requirement is a requirement described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 36/12, s. 1.	(6) Despite subsection (4), a requirement set out in subsection 29 (3) or in paragraphs 1, 2 and 3 of subsection (1) or in paragraph 2 of section 32 will continue to apply to an applicant where that requirement is a requirement described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 36/12, s. 1.	Number change. No change to content.
(8) An applicant referred to in subsection (4) is deemed to have met the requirement in paragraph 3 of subsection 29 (4) where the requirements for the issuance of the applicant's out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 36/12, s. 1.	(7) An applicant referred to in subsection (4) is deemed to have met the requirement in paragraph 3 of subsection 29 (4) where the requirements for the issuance of the applicant's out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 36/12, s. 1.	Number change. No change to content.
32. The following are registration requirements for a general certificate of registration:	**32.** The following are registration requirements for a general certificate of registration:	No change

Current	Proposed Change	Rationale
1. Nothing in the applicant's conduct affords reasonable grounds for the belief that the applicant will not practise the profession safely and with decency, integrity and honesty, and in accordance with the law.	1. Nothing in the applicant's conduct affords reasonable grounds for the belief that the applicant will not practise the profession safely and with decency, integrity and honesty, and in accordance with the law.	No change
2. If the applicant completed a program referred to in paragraph 1 of subsection 31 (1) more than three years before the date of the application for registration, the applicant must,	2. If the applicant completed a program referred to in paragraph 1 of subsection 31 (1) more than three years before the date of the application for registration, the applicant must,	No change
i. within 18 months before the day the general certificate of registration is issued, have successfully completed either,	i. within 18 months before the day the general certificate of registration is issued, have successfully completed a professional competency assessment as set or approved by the Registration Committee and, if recommended by the professional competency assessment, upgrading courses as set or approved by the Registration Committee, or	Combines 32.2.i with 32.2.i.B and eliminates 32.2.i. A
A. a refresher course set or approved by the Registration Committee, or	Delete	A professional competency assessment provides a better indication of any further education the applicant may require. Refresher courses cover the material in one broad stroke. The professional competency assessment provides the College with an understanding where the applicant may be lacking knowledge. Education may be then targeted to deficiencies and the College can recommend upgrading courses.

Current	Proposed Change	Rationale
B. a professional competency assessment as set or approved by the Registration Committee and, if recommended by the professional competency assessment, upgrading courses as set or approved by the Registration Committee, or	Delete	Moved to above 2.i
ii. have been practising dental hygiene in any jurisdiction within the three years before the issuance of the certificate of registration in a manner that demonstrates that he or she could meet the current standards of practice in Ontario and provide the College with a certificate of professional conduct from any such jurisdiction.	ii. have been practising dental hygiene in any jurisdiction within the three years before the issuance of the certificate of registration in a manner that demonstrates that they could meet the current standards of practice in Ontario and provide the College with a certificate of professional conduct from any such jurisdiction.	No change in content, he/she changed to they for gender neutral
3. The applicant must be a Canadian citizen or a permanent resident of Canada or be authorized under the *Immigration and Refugee Protection Act* (Canada) to engage in the practice of the profession. O. Reg. 36/12, s. 1.	3. The applicant must be a Canadian citizen or a permanent resident of Canada or be authorized under the *Immigration and Refugee Protection Act* (Canada) to engage in the practice of the profession. O. Reg. 36/12, s. 1.	No change
	4. The member shall maintain professional liability insurance in the amount and in the form as required by the by-laws. O. Reg. 36/12, s. 1.	This is former 33 (2) and is a change in number
33. The following are conditions of a general or specialty certificate of registration:	**33.** The following are conditions of a general certificate of registration	Removes Specialty

Current	Proposed Change	Rationale
1. The applicant must be a Canadian citizen or a permanent resident of Canada or be authorized under the *Immigration and Refugee Protection Act* (Canada) to engage in the practice of the profession.	1. The applicant must be a Canadian citizen or a permanent resident of Canada or be authorized under the *Immigration and Refugee Protection Act* (Canada) to engage in the practice of the profession.	No change
2. The member shall maintain professional liability insurance in the amount and in the form as required by the by-laws. O. Reg. 36/12, s. 1.	2. The member shall maintain professional liability insurance in the amount and in the form as required by the by-laws. O. Reg. 36/12, s. 1.	No change
34. (1) The following are non-exemptible registration requirements for a specialty certificate of registration as a restorative dental hygienist:	Remove	Removed the Specialty certificate to Standard
1. The applicant must be the holder of a general certificate of registration.	Remove	Remove
2. The applicant must have,	Remove	Remove
i. successfully completed a program in restorative dental hygiene that at the time of the applicant's graduation was accredited by the Commission on Dental Accreditation of Canada or by the American Dental Association Commission on Dental Accreditation, or	Remove	Remove
ii. successfully completed a program in restorative dental hygiene that the Registration Committee considers to be substantially equivalent to the program referred to in subparagraph i.	Remove	Remove

Current	Proposed Change	Rationale
3. If the applicant completed a program referred to in paragraph 2 more than three years before the date of the application for a specialty certificate of registration, the applicant must,	Remove	Remove
i. within 18 months before the day the specialty certificate of registration is issued, have successfully completed either,	Remove	Remove
A. a restorative dental hygiene refresher course set or approved by the Registration Committee, or	Remove	Remove
B. a professional competency assessment as set or approved by the Registration Committee and, if recommended by the professional competency assessment, upgrading courses as set or approved by the Registration Committee, or	Remove	Remove
ii. have been practising restorative dental hygiene in any jurisdiction within the three years before the issuance of the certificate of registration in a manner that demonstrates that the applicant could meet current standards of practice in Ontario and provide the College with a certificate of professional conduct from any such jurisdiction.	Remove	Remove
4. The applicant, other than an applicant who has successfully completed a program referred to in subparagraph 2 i, must have successfully completed a specialty evaluation set or	Remove	Remove

Current	Proposed Change	Rationale
approved by the Registration Committee and complied with all requirements associated with the evaluation, including payment of the relevant fees set by the by-laws. O. Reg. 36/12, s. 1.		
(2) Where section 22.18 of the Health Professions Procedural Code applies to an applicant, the applicant is deemed to have met the requirements of subsection 29 (3) and of subsection (1). O. Reg. 36/12, s. 1.	Remove	Remove
(3) Despite subsection (2), it is a non-exemptible registration requirement that an applicant referred to in that subsection provide a certificate, letter or other evidence satisfactory to the Registrar or a panel of the Registration Committee that the applicant is in good standing as a dental hygienist with a specialty in restorative dental hygiene in every jurisdiction where the applicant holds an out-of-province certificate. O. Reg. 36/12, s. 1.	Remove	Remove
(4) Despite subsection (2), where an applicant referred to in that subsection is unable to satisfy the Registrar or a panel of the Registration Committee that the applicant practised restorative dental hygiene to the extent that would be permitted by a specialty certificate of registration as a restorative dental hygienist at any time in the three years immediately prior to the date of that applicant's application, that	Remove	Remove

Current	Proposed Change	Rationale
applicant must, within 18 months before the day the specialty certificate of registration as a restorative dental hygienist is issued, have successfully completed either,		
(a) a restorative dental hygiene refresher course set or approved by the Registration Committee; or	Remove	Remove
(b) a professional competency assessment as set or approved by the Registration Committee and, if recommended by the professional competency assessment, upgrading courses as set or approved by the Registration Committee. O. Reg. 36/12, s. 1.	Remove	Remove
(5) Despite subsection (2), a requirement set out in subsection 29 (3) or in subsection (1) will continue to apply to an applicant where that requirement is a requirement described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 36/12, s. 1.	Remove	Remove
(6) An applicant referred to in subsection (2) is deemed to have met the requirement in paragraph 3 of subsection 29 (4) where the requirements for the issuance of the applicant's out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 36/12, s. 1.	Remove	Remove

Current	Proposed Change	Rationale
(7) For the purposes of paragraph 3 of subsection (1) and of subsection (4), "practised restorative dental hygiene" and "practising restorative dental hygiene" mean having performed restorative procedures for which an order would have been required under subsection 5 (2) of the Act if the procedures were performed in Ontario. O. Reg. 36/12, s. 1.	Remove	Remove
(8) The College shall provide the applicant with a copy of the list of programs referred to in subparagraph 2 i of subsection (1) upon request. O. Reg. 36/12, s. 1.	Remove	Remove
(9) Only a member who holds a specialty certificate shall use the title "restorative dental hygienist", a variation or abbreviation or an equivalent in another language. O. Reg. 36/12, s. 1.	Remove	Remove
35. (1) It is a non-exemptible registration requirement for an inactive certificate of registration that the applicant must,	**35.** (1) It is a non-exemptible registration requirement for an non-practising certificate of registration that the applicant must,	Title change from inactive to non-practising
(a) be a member who has previously been the holder of a general certificate of registration;	(a) be a member who has previously been the holder of a general certificate of registration;	No change
(b) meet the requirements of paragraphs 1, 2, 3 and 4 of subsection 31 (1) and the registration requirements of paragraphs 1 and 3 of subsection 29 (4) and paragraphs 1 and 3 of section 32; or	(b) meet the requirements of paragraphs 1, 2, 3 and 4 of subsection 31 (1) and the registration requirements of paragraphs 1 and 3 of subsection 29 (4) and paragraphs 1 and 3 of section 32; or	No change

Current	Proposed Change	Rationale
(c) be an applicant to whom subsection 31 (4) applies, and meet the registration requirements of paragraphs 1 and 3 of subsection 29 (4) and of paragraphs 1 and 3 of section 32, with the exception that, where the requirements for the issuance of the applicant's out-of-province certificate of registration included language proficiency requirements equivalent to those required by paragraph 3 of subsection 29 (4), the requirements of that paragraph do not have to be met. O. Reg. 36/12, s. 1.	(c) be an applicant to whom subsection 31 (4) applies, and meet the registration requirements of paragraphs 1 and 3 of subsection 29 (4) and of paragraphs 1 and 3 of section 32, with the exception that, where the requirements for the issuance of the applicant's out-of-province certificate of registration included language proficiency requirements equivalent to those required by paragraph 3 of subsection 29 (4), the requirements of that paragraph do not have to be met. O. Reg. 36/12, s. 1.	No change
(2) It is a condition of an inactive certificate of registration that the member not practise as a dental hygienist in Ontario. O. Reg. 36/12, s. 1.	(2) It is a condition of a Non-practising certificate of registration that the member not practise as a dental hygienist in Ontario. O. Reg. 36/12, s. 1.	No change
36. (1) Subject to subsections (2) and (3), a member who holds an inactive certificate of registration may, upon application, be issued a general certificate of registration or, if appropriate, a specialty certificate of registration if the member continues to meet the requirements of subsection 29 (4) and paragraphs 1 and 3 of section 32 and meets at least one of the following registration requirements:	**36.** (1) Subject to subsections (2) and (3), a member who holds an non-practising certificate of registration may, upon application, be issued a general certificate of registration if the member continues to meet the requirements of subsection 29 (4) and paragraphs 1 and 3 of section 32 and meets at least one of the following registration requirements:	Inactive changed to non-practising and removed reference to specialty certificate (which is now moving to Standard)
1. The member has practised dental hygiene within the previous three years and has done so in a manner that demonstrates that the member could meet the current standards of practice in Ontario.	1. The member has practised dental hygiene within the previous three years and has done so in a manner that demonstrates that the member could meet the current standards of practice in Ontario.	No change

Current	Proposed Change	Rationale
2. The member has, within 18 months before the day the general or specialty certificate of registration is issued, successfully completed,	2. The member has, within 18 months before the day the general certificate is issued, successfully completed, a professional competency assessment as set or approved by the Registration Committee and, if recommended by the professional competency assessment, upgrading courses as set or approved by the Registration Committee. O. Reg. 36/12, s. 1.	Combines i and ii from below and removes reference to specialty certificate
i. a refresher course set or approved by the Registration Committee, or		Adds this to 2 above.
ii. a professional competency assessment as set or approved by the Registration Committee and, if recommended by the professional competency assessment, upgrading courses as set or approved by the Registration Committee. O. Reg. 36/12, s. 1.		Added to 2 above.
(2) The member must provide evidence satisfactory to the Registrar that the applicant will have professional liability insurance in the amount and in the form as required by the by-laws as of the anticipated date for the issuance of his or her general or specialty certificate of registration. O. Reg. 36/12, s. 1.	(2) The member must provide evidence satisfactory to the Registrar that the applicant will have professional liability insurance in the amount and in the form as required by the by-laws as of the anticipated date for the issuance of their general certificate of registration. O. Reg. 36/12, s. 1.	Specialty is removed Removed gender his and her replaced with their
(3) If the member is applying for a general or specialty certificate of registration on the basis of having met the requirements of paragraph 1 of subsection (1) and the member has practised in a jurisdiction outside of Ontario during the	(3) If the member is applying for a general certificate of registration on the basis of having met the requirements of paragraph 1 of subsection (1) and the member has practised in a jurisdiction outside of Ontario during the	Removed reference to specialty He/she replaced with their

Current	Proposed Change	Rationale
preceding three years, the member must provide the College with a certificate of professional conduct from every jurisdiction in which he or she practised. O. Reg. 36/12, s. 1.	preceding three years, the member must provide the College with a certificate of professional conduct from every jurisdiction in which they practised. O. Reg. 36/12, s. 1.	
37. (1) If a member fails to provide the annual information return required by the by-laws, the Registrar may send the member notice that he or she must comply within 30 days of receiving the notice. O. Reg. 36/12, s. 1.	**37.** (1) If a member fails to provide the annual information return required by the by-laws, the Registrar may send the member notice that they must comply within 30 days of receiving the notice. O. Reg. 36/12, s. 1.	Removed gender
(2) If the member fails to provide an information return within 30 days of receiving the notice under subsection (1), the Registrar may suspend the member's certificate of registration. O. Reg. 36/12, s. 1.	(2) If the member fails to provide an information return within 30 days of receiving the notice under subsection (1), the Registrar may suspend the member's certificate of registration. O. Reg. 36/12, s. 1.	No change
(3) The Registrar shall lift the suspension of a certificate suspended under subsection (2) if the member provides the information required under the by-laws and pays any outstanding fees and penalties in an amount set out in the by-laws. O. Reg. 36/12, s. 1.	(3) The Registrar shall lift the suspension of a certificate suspended under subsection (2) if the member provides the information required under the by-laws and pays any outstanding fees and penalties in an amount set out in the by-laws. O. Reg. 36/12, s. 1.	No change
38. (1) The Registrar shall suspend the certificate of registration of a member holding a general or specialty certificate of registration who fails to comply with the condition set out in paragraph 1 or 2 of section 33. O. Reg. 36/12, s. 1.	**38.** (1) The Registrar shall suspend the certificate of registration of a member holding a general certificate of registration who fails to comply with the condition set out in paragraph 1 or 2 of section 33. O. Reg. 36/12, s. 1.	Removed specialty
(2) If the Registrar suspends a member's certificate of registration under subsection (1), the Registrar shall lift the suspension on,	(2) If the Registrar suspends a member's certificate of registration under subsection (1), the Registrar shall lift the suspension on,	No change

Current	Proposed Change	Rationale
(a) the receipt of proof that section 33 is now being fully complied with; and	(a) the receipt of proof that section 33 is now being fully complied with; and	No change
(b) the payment of the fees set out in the by-laws. O. Reg. 36/12, s. 1.	(b) the payment of the fees set out in the by-laws. O. Reg. 36/12, s. 1.	No change
39. (1) If the Registrar suspends or revokes a member's certificate of registration for failure to pay a prescribed fee, the Registrar shall lift the suspension or issue a new certificate on the payment of,	**39.** (1) If the Registrar suspends or revokes a member's certificate of registration for failure to pay a prescribed fee, the Registrar shall lift the suspension or issue a new certificate on the payment of,	No change
(a) the fee the member failed to pay;	(a) the fee the member failed to pay;	No change
(b) the reinstatement fee as required under the by-laws;	(b) the reinstatement fee as required under the by-laws;	No change
(c) all outstanding fees, costs and expenses; and	(c) all outstanding fees, costs and expenses; and	No change
(d) any applicable penalties or other fees owing under the by-laws. O. Reg. 36/12, s. 1.	(d) any applicable penalties or other fees owing under the by-laws. O. Reg. 36/12, s. 1.	No change
(2) If a person whose certificate of registration has been revoked or suspended as a result of disciplinary or incapacity proceedings applies to have a new certificate issued or the suspension lifted, and the Registrar is directed under the *Health Professions Procedural Code* to issue the new certificate or lift the suspension, the Registrar shall do so on the payment of,	(2) If a person whose certificate of registration has been revoked or suspended as a result of disciplinary or incapacity proceedings applies to have a new certificate issued or the suspension lifted, and the Registrar is directed under the *Health Professions Procedural Code* to issue the new certificate or lift the suspension, the Registrar shall do so on the payment of,	No change
(a) all outstanding fees, costs and expenses; and	(a) all outstanding fees, costs and expenses; and	No change

Current	Proposed Change	Rationale
(b) any applicable penalties or other fees owing under the by-laws. O. Reg. 36/12, s. 1.	(b) any applicable penalties or other fees owing under the by-laws. O. Reg. 36/12, s. 1.	No change
(3) A certificate of registration that has been suspended by the Registrar is deemed to have been revoked the day after the second anniversary of the event that gave rise to the suspension, if the suspension is still in effect at that time. O. Reg. 36/12, s. 1.	(3) A certificate of registration that has been suspended by the Registrar is deemed to have been revoked the day after the second anniversary of the event that gave rise to the suspension, if the suspension is still in effect at that time. O. Reg. 36/12, s. 1.	No change
New	40.(1) Retired Certificate	Members in this category can retain the use of the protected title, receive news of the College through email, and receive the *Milestones* newsletter.
	The following are registration requirements for a Retired certificate	
	1. The applicant must hold a general or Non-practising certificate of registration	
	2. The applicant must not have Quality Assurance requirements that are outstanding, be in default of any fee, fine or amount owed to the College or in default of providing any information to the College.	
	3. The applicant must not engage in the practice of dental hygiene or be employed or volunteer in any capacity where the use of dental hygiene knowledge is expected	

Current	Proposed Change	Rationale
	4. The member must sign a declaration avowing to subsections 1, 2, and 3.	
	5. Members who use the RDH in a signature must add "Retired" after the RDH	
	(2) It is a condition of a retired certificate of registration that the member not practise as a dental hygienist in Ontario.	
	41. Visiting Certificate	
New	The following are registration requirements for a Visiting Certificate	
	1. The applicant must have successfully completed a program in Dental Hygiene that is acceptable to the Registration Committee	
	2. Pay the applicable fee	
	3. The applicant must hold a valid dental hygiene registration or licensure certificate from another jurisdiction acceptable to the Registration Committee.	
	4. The applicant is in good standing as a Dental Hygienist in every jurisdiction where the applicant holds an out-of-province certificate.	
	5. The applicant must provide a police records check	

Current	Proposed Change	Rationale
	6. The applicant must declare in writing the agency of employment and nature of the assignment and may not change either without the permission of the Registrar	
	7. The visiting certificate of registration is valid for no longer that 90 days after it is issued.	
	8. The applicant must provide evidence of liability insurance that is no less in coverage than the current requirements of the General certificate	

College of Dental Hygienists of Ontario
Protecting your health and your smile

Standard for Authorization to Practise Restorative Dental Hygiene

From: Registration Committee

Approved by Council: YYYYMMDD

Intent:

Within the Registration Regulation under the *Dental Hygiene Act, 1991*, the Specialty certificate of registration had its own section (S. 33 & 34) and required the registrant to hold a General certificate of registration before they could apply for a Specialty certificate. The intent of this Standard is to remove the Specialty certificate of registration from the regulation and position it as authorization to practise Restorative Dental Hygiene (by a holder of a General certificate).

- All dental hygienists who formally held the Specialty certificate of registration will now register for a General certificate of registration and receive *Authorization to Practise Restorative Dental Hygiene.*
- Registrants who hold the General certificate of registration and would like to be Authorized to Practise *Restorative Dental Hygiene* must meet the requirements of this Standard of Practice below.

Description of Standard:

The following are the requirements for Authorization to Practise Dental Hygiene:

1. The applicant must be the holder of a general certificate of registration.
2. The applicant must have successfully completed a program in restorative dental hygiene approved by the Registration Committee.
3. If the applicant completed a program referred to in paragraph 2 more than three years before the date of the application for Authorization to Practise Restorative Dental Hygiene, the applicant must,
    i. within 18 months before the day the Authorized for Restorative designation is issued, have successfully completed a professional competency assessment set or

approved by the Registration Committee and, if recommended by the professional competence assessment, upgrading courses set or approved by the Registration Committee, or,

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

4. The applicant, other than an applicant who has successfully completed a program referred to in subparagraph 3 i, must have successfully completed an evaluation set or approved by the Registration Committee and complied with all requirements associated with the evaluation, including payment of the relevant fees set by the by-laws.
O. Reg. 36/12, s. 1.

PART VII
REGISTRATION

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

1. General.
2. Specialty.
3. Inactive.

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

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

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

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

(2) An applicant shall provide the information referred to in subsection (1) upon application or, if an event referred to in subsection (1) occurs after the

application is submitted but before a certificate of registration is issued, immediately after the event occurs.

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

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

1. The applicant must provide the College with a police record check that is dated no earlier than one year before the date on which his or her application was submitted.

2. Within the 12-month period immediately preceding the submission of his or her application, the applicant must successfully complete a jurisprudence course set or approved by the Registration Committee.

3. The applicant must be able to effectively comprehend and communicate in either English or French, both orally and in writing.

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

1. A charge for any offence unless the ensuing proceedings concluded with a verdict of not guilty.

2. A finding of professional misconduct, incompetency or incapacity, or any like finding, in Ontario in relation to another profession, or in another jurisdiction in relation to the profession or another profession.

3. A proceeding for professional misconduct, incompetency or incapacity, or any like proceeding, in Ontario in relation to another profession, or in another jurisdiction in relation to the profession or another profession.

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

1. The applicant must have,

    i. successfully completed a program in dental hygiene that is equivalent to a full-time program of two years and which, at the time of the applicant's graduation, was accredited by the

Commission on Dental Accreditation of Canada or by the American Dental Association Commission on Dental Accreditation, or

ii. subject to subsection (2), successfully completed a program in dental hygiene that the Registration Committee considers to be substantially equivalent to a program referred to in subparagraph i.

2. The applicant must be the holder of a certificate issued by the National Dental Hygiene Certification Board or, if he or she was never eligible to sit for the National Dental Hygiene Certification Examination but otherwise meets the registration requirements, must have successfully completed the written competency evaluation set or approved by the Registration Committee.

3. Subsequent to having met the requirement in paragraph 2, the applicant must have successfully completed a clinical competency evaluation set or approved by the Registration Committee, unless the applicant has successfully completed a program referred to in subparagraph 1 i.

4. An applicant who submits to an evaluation under paragraph 2 or 3 must pay the applicable fees.

5. The applicant must provide evidence satisfactory to the Registrar that the applicant will have professional liability insurance in the amount and in the form as required by the by-laws as of the anticipated date for the issuance of his or her certificate of registration.

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

(3) The College shall provide the applicant with a copy of the list of programs referred to in subparagraph 1 i of subsection (1) upon request.

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

(5) Despite subsection (4), it is a non-exemptible registration requirement that an applicant referred to in that subsection, provide a certificate, letter or other evidence satisfactory to the Registrar or a panel of the Registration Committee that the applicant is in good standing as a dental hygienist in every jurisdiction where the applicant holds an out-of-province certificate.

(6) Despite subsection (4), it is a non-exemptible registration requirement that, where an applicant referred to in that subsection is unable to satisfy the

Registrar or a panel of the Registration Committee that the applicant practised the profession to the extent that would be permitted by a general certificate of registration at any time in the three years immediately prior to the date of the applicant's application, the applicant must, within 18 months before the day the general certificate of registration is issued, have successfully completed either,

(a) a refresher course set or approved by the Registration Committee; or

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

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

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

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

1. Nothing in the applicant's conduct affords reasonable grounds for the belief that the applicant will not practise the profession safely and with decency, integrity and honesty, and in accordance with the law.

2. If the applicant completed a program referred to in paragraph 1 of subsection 31 (1) more than three years before the date of the application for registration, the applicant must,

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

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

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

   ii. have been practising dental hygiene in any jurisdiction within the three years before the issuance of the certificate of registration in a manner that demonstrates that he or she could meet the current

standards of practice in Ontario and provide the College with a certificate of professional conduct from any such jurisdiction.

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

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

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

2. The member shall maintain professional liability insurance in the amount and in the form as required by the by-laws.

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

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

2. The applicant must have,

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

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

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

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

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

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

   ii. have been practising restorative dental hygiene in any jurisdiction within the three years before the issuance of the certificate of

registration in a manner that demonstrates that the applicant could meet current standards of practice in Ontario and provide the College with a certificate of professional conduct from any such jurisdiction.

4. The applicant, other than an applicant who has successfully completed a program referred to in subparagraph 2 i, must have successfully completed a specialty evaluation set or approved by the Registration Committee and complied with all requirements associated with the evaluation, including payment of the relevant fees set by the by-laws.

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

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

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

(a) a restorative dental hygiene refresher course set or approved by the Registration Committee; or

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

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

(6) An applicant referred to in subsection (2) is deemed to have met the requirement in paragraph 3 of subsection 29 (4) where the requirements for the issuance of the applicant's out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph.

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

(8) The College shall provide the applicant with a copy of the list of programs referred to in subparagraph 2 i of subsection (1) upon request.

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

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

(a) be a member who has previously been the holder of a general certificate of registration;

(b) meet the requirements of paragraphs 1, 2, 3 and 4 of subsection 31 (1) and the registration requirements of paragraphs 1 and 3 of subsection 29 (4) and paragraphs 1 and 3 of section 32; or

(c) be an applicant to whom subsection 31 (4) applies, and meet the registration requirements of paragraphs 1 and 3 of subsection 29 (4) and of paragraphs 1 and 3 of section 32, with the exception that, where the requirements for the issuance of the applicant's out-of-province certificate of registration included language proficiency requirements equivalent to those required by paragraph 3 of subsection 29 (4), the requirements of that paragraph do not have to be met.

(2) It is a condition of an inactive certificate of registration that the member not practise as a dental hygienist in Ontario.

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

1. The member has practised dental hygiene within the previous three years and has done so in a manner that demonstrates that the member could meet the current standards of practice in Ontario.

2. The member has, within 18 months before the day the general or specialty certificate of registration is issued, successfully completed,

   i. a refresher course set or approved by the Registration Committee, or

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

(2) The member must provide evidence satisfactory to the Registrar that the applicant will have professional liability insurance in the amount and in the form as required by the by-laws as of the anticipated date for the issuance of his or her general or specialty certificate of registration.

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

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

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

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

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

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

(a) the receipt of proof that section 33 is now being fully complied with; and

(b) the payment of the fees set out in the by-laws.

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

(a) the fee the member failed to pay;

(b) the reinstatement fee as required under the by-laws;

(c) all outstanding fees, costs and expenses; and

(d) any applicable penalties or other fees owing under the by-laws.

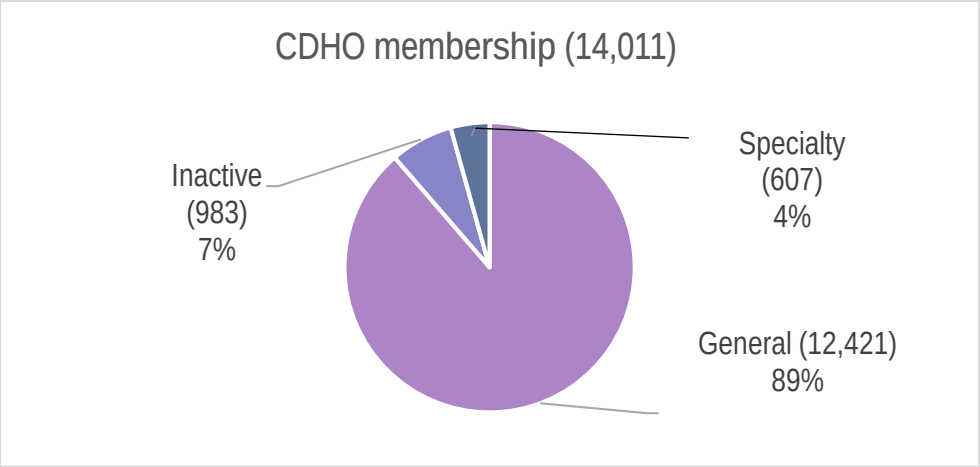
(2) If a person whose certificate of registration has been revoked or suspended as a result of disciplinary or incapacity proceedings applies to have a new certificate issued or the suspension lifted, and the Registrar is directed under the Health Professions Procedural Code to issue the new certificate or lift the suspension, the Registrar shall do so on the payment of,

(a) all outstanding fees, costs and expenses; and

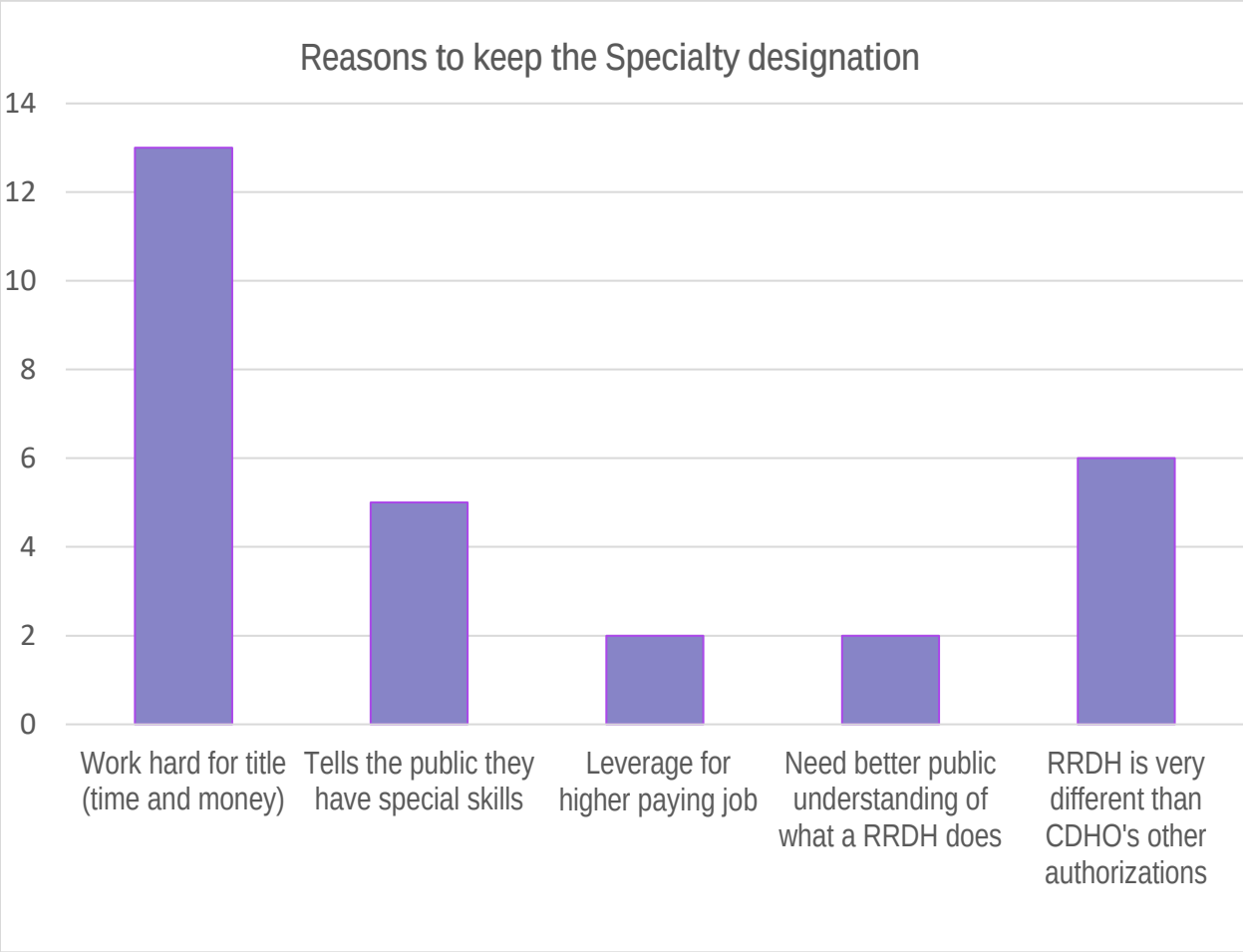
(b) any applicable penalties or other fees owing under the by-laws.

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

Stakeholder Consultation Feedback – Registration



Proposal: the Specialty certificate be eliminated and become a standard to holders of a General certificate.



CDHNS

In favour of:

- removing “Specialty”
- changing from “Inactive” to “Non-Practising”
- “Visiting” status

Not in favour of:

- “Retired” category (okay with providing newsletter and other CDHO info)

To consider: Request that you consider a revision and only allow those that hold a practising licence to use the protected titles.

Please read the CDHNS comments provided on pp. 18-19

ODHA

In favour of:

- Removing accreditation provider names from the regulation
- Removal of the requirement for "[t]he College [to] provide the applicant with a copy of the list of programs referred to in subparagraph 1 I of subsection (1) upon request".

Not in favour of:

- “Visiting” status
- “Retired” status

Clarity needed:

- Will those that can practise restorative dental hygiene continue to use the RRDH designation?
- New Category - Retired - Considering that the proposed category of Retired has a fee associated with it, would this classification allow dental hygienists holding this certificate the ability to participate in CDHO surveys, sit on Council, or vote?
- ODHA would like to understand the rationale for requiring "[m]embers who use the RDH in a signature must add "Retired" after the RDH." This condition is the same for an inactive certificate. However, dental hygienists holding an inactive certificate do not need to state 'inactive' after RDH in their signature. Is there evidence to suggest retired dental hygienists pose an additional and significant risk to the public?

Please read the ODHA comments provided on pp. 36-39

George Brown

In favour of:

Keeping “specialty” or even changing to “restorative dental hygiene practitioner”

Not in favour of:

“academic conduct” as criteria for registration – further dialogue is needed to understand the obligatiobn of the applicant/member to self-report and the risk of harm to public safety.

Please read the George Brown Chair’s comments comments provided on pp. 40-43

NDHCB

Registration regulations

1. If the intent is to remove reference to the name of accrediting/certifying agencies, 6(3) still refers to CDAC while 31 (1) 1.i. has it removed.
2. 31(1)2 removes the name NDHCB/NDHCE with the rationale that the NDHCB is going to be implementing a performance-based exam in 2022. Please note that, as indicated in our Ends, the NDHCB will work towards implementing a performance-based exam once it has been assigned by the owners. At present, an implementation plan has not been developed and we are still in the exploratory phase.

Examinations policy

1. Number 6 states that “A candidate who fails the examinations may apply for re-examination twice.” Please adjust the language as it is not about applying but attempting the exam. I.e. a lot of times, people apply to take the exam many times but change their mind at the last minute, withdrawing or transferring out. It is not the times an application is submitted that counts but rather the exam attempts.

College of
Dental Hygienists
of Ontario

Protecting your health and your smile

Stakeholder Feedback

Registration Regulation

From: Kieran Jordan
To: Denise Lalande
Subject: Stakeholder consultation feedback from NDHCB
Date: October 1, 2020 11:21:12 AM

Good morning,

Thank-you for the opportunity to provide feedback on the proposed changes to Examination and Registration Regulations. Below is a summary of feedback:

Registration regulations

1. If the intent is to remove reference to the name of accrediting/certifying agencies, 6(3) still refers to CDAC while 31 (1) 1.i. has it removed.
2. 31(1)2 removes the name NDHCB/NDHCE with the rationale that the NDHCB is going to be implementing a performance-based exam in 2022. Please note that, as indicated in our Ends, the NDHCB will work towards implementing a performance-based exam once it has been assigned by the owners. At present, an implementation plan has not been developed and we are still in the exploratory phase.

Examinations policy

1. Number 6 states that "A candidate who fails the examinations may apply for re-examination twice." Please adjust the language as it is not about applying but attempting the exam. I.e. a lot of times, people apply to take the exam many times but change their mind at the last minute, withdrawing or transferring out. It is not the times an application is submitted that counts but rather the exam attempts.

Thank-you,
Kieran

Kieran Jordan
Chief Executive Officer / Directrice générale
National Dental Hygiene Certification Board / Bureau national de la certification en hygiène dentaire
75-B rue Colonnade Road
Ottawa, ON K2E 0A8
613-260-8156
Web: ndhcb.ca / Site Web: fr.ndhcb.ca
Twitter: @NDHCB_BNCHD

From:	Natalie Burtniak
To:	Denise Lalande
Subject:	Stakeholder Feedback on EXAMINATIONS Regulation
Date:	November 1, 2020 9:05:41 AM

Please DO NOT remove the specialty designation for restorative hygienists

Restorative hygienists work very hard for that title. It is well deserved

From:	Natalie Burtniak
To:	Denise Lalande
Subject:	Stakeholder Feedback on REGISTRATION Regulation
Date:	October 1, 2020 5:46:52 AM

Please do not remove specialty. Restorative hygienists work very hard for that designation.

From:	Erinda Dede
To:	Denise Lalande
Subject:	Stakeholder Feedback on REGISTRATION Regulation
Date:	November 24, 2020 12:44:33 AM

To whom it may concern,

My name is Erinda Bleta, I am a Registered Restorative Dental Hygienist. I recently became one. I finally completed a dream that goes back ever since I was in high school. I entered the dental hygiene field so I could eventually become a Restorative Dental Hygienist with a broader set of skills in order to provide additional care for the public. I was mentored by Restorative Dental Hygienists at York University dental office where I took a job as a sterilization assistant while attending the university studying health sciences. I was amazed by their skillsset and I set my eyes on that dream. 7 years later, I am a Restorative Dental Hygienist and right when I felt such massive happiness, my big sigh of relief was frozen in space by this devastating news of registration changes.
I strongly oppose the removal of 'specialty' status and our title as 'restorative' because that makes a difference in differentiating our level of educations, skills and knowledge.

Firstly, to become a Restorative Dental Hygienist, I and my colleges alike went through rigorous advanced theoretical and practical training at George Brown College. The acceptance at this program is limited where I had to submit an application, undergo a lengthy interview and pay a high tuition and supplies cost of $20,000. I studied under qualified professors for a full year as a full time student at an accredited program. I believe this alone awards a 'Specialty' status and 'Restorative' title.
It was mentioned in the proposal that 'restorative set of skills will be mentioned as do permission for dispensing drugs or Self Initiative. The drug test costs $250 and Self Initiation is gained with experience and application. But neither one is comparable neither in skills nor in monetary value, even if both were combined together. For myself, and my colleges to achieve the restorative skills and ultimately our diploma, a lot of work went into it. Countless hours of in class theory, hours of self study, group projects, assignments, presentations, hands on creative projects, stimulation labs, research, clinics, patients appointment management, inter-professional skills with dental hygienist students, dental assistant students, denturists students, dentists, professors and support staff.
Not to mention, commuting to school, expenses for travelling, parking, cutting down hours at work or working weekends which cuts down on family time and meeting financial hardships. All in hopes of achieving higher education which ultimately grants a title to differentiate you in the scheme of skills.

Secondly, for our profession to have a 'specialty' group of professionals within the profession of dental hygiene only adds value to the profession in general. Keeping the 'Restorative' as part of the title tells the public the difference between the set of skills of a Dental Hygienist and a Restorative Dental Hygienist. This adds trust in the public eye. It creates diversity within the profession and opens doors for developing and increasing our scope of practice in order to reach the public and combat oral disease. I think of the scope of practice as a bouquet of flowers, the more different the colours the more beautiful the bouquet is. And how amazing it is that these flowers are recognized for the value they add to the bouquet. By maintaining the 'Specialty' status and 'Restorative' title the profession of dental hygiene will gain the trust of other dental hygienists, dental hygiene students and aspiring dental hygienists' that if you have the will of improving, educating, learning, advancing skills your regulatory body will give you the recognition you deserve. The profession will only flourish.

Thirdly, and most importantly, when an individual advances their skills and knowledge in their chosen career it is to lend a higher paying job. By keeping the 'specialty' status and 'restorative' title we are telling the employer of our set of skills. At a glance of the Specialty registration card, the employer can easily understand that the education level is higher and so the set of skills which translates in higher monetary value.
The Specialty registration is of the outmost importance to tell the employer why you deserve a higher pay. Performing the duties of restorative dental hygiene comes with great responsibility and it should manifest into our wedge. But if our own regulatory body does not show value in restorative dental hygiene skills why should the

employer?!

If the registration and title of Restorative Dental Hygienists is removed I will personally be heart broken and discouraged. It feels as our profession is taking a step back.

All in all, I believe that Restorative Dental Hygienist and their specialty registration should remain the same with no change.

Sincerely,
Erinda Bleta
Sent from my iPhone

From:	olha boryskina
To:	Denise Lalande
Subject:	Stakeholder Feedback on REGISTRATION Regulation
Date:	November 23, 2020 9:46:10 PM

Good afternoon,
I would like to provide feedback in regards to the change in registration title for Restorative Hygienists. This recent issue concerns me deeply because as a proud individual in the 2% statistic, I believe that the time, effort and care that needs to be put into restorative training far exceeds the ‘Standard’ title. I completely understand and agree with the need for transparency between us and our colleagues so that they can fully understand what services we provide, but I don’t see how this change in title accomplishes the objective you have set. To me a more logical and understandable solution (from the viewpoint of the public) would be to simply have the title of a Registered Restorative Dental Hygienist. I believe the public can easily enough understand the meaning of the title and if confusion still arises, we should have enough supports to educate them. I believe educating the public is far more valuable than standardizing our titles or removing the specialty of them since we (the 2%) worked hard to get to where we are and that should be represented.

Best regards,
Olha Boryskina, RRDH

Sent from my iPhone

From:	Malgorzata BARSZCZ
To:	Denise Lalande
Subject:	Stakeholder Feedback on REGISTRATION Regulation
Date:	November 23, 2020 7:12:27 PM

Regarding "specialty ",maybe instead of taking away our specialty status (on which we work very hard) we should educate public and make sure that and the public understands "Restorative " and what comes with it.
Regards
Malgorzata Barszcz RRDH

Sent from my iPad

From:	Melissa Crawford
To:	Denise Lalande
Subject:	Stakeholder Feedback on REGISTRATION Regulation
Date:	November 23, 2020 1:30:02 PM
Attachments:	Standard for Authorization to Practise Restorative Dental Hygiene Melissa Crawford.docx
Importance:	High

November 23, 2020

Dear CDHO Registration Committee:

The mission statement of the College of Dental Hygienists of Ontario (CDHO) is to regulate the practice of dental hygiene in the interest of the overall health and safety of the public in Ontario. It ensures that the public has access to safe competent and ethical dental hygiene services as disclosed on the CDHO website.

Keeping in alignment with this mission statement, I would like to comment on the proposed amendment to the REGISTRATION Regulation to remove the Specialty certificate from the regulation and make it a Standard to holders under the General certificate: Authorized for Restorative Practice. The CDHO believes that this would bring the current provision in line with the two other authorizations under the General certificate (Authorized for Prescription, Authorized to Self-Initiate).

I have proudly held the Registration Status of “Specialty” with the CDHO in Restorative Dental Hygiene for over thirty-seven years. Recognizing that to stay current in the dental world, to improve standards and practices, one must be open to reflection and revisions. The CDHO’s Registration Regulations states that they ensure that registration practices are transparent, objective, impartial, and fair.

I welcome the opportunity as a RRDH registrant to provide feedback on the proposed decisions and processes involving the removal of the Specialty certificate from the regulation and make it Standard to holders under the General certificate with an authorization for Restorative Practice. To be transparent to the public, I agree with the Citizen’s Advisory Group that the name of the certificate title of “Specialty” does not reflect accurately the Restorative Dental Hygienist’s Scope of Practice. Only 70% of the CDHO members involved in the survey knew what Specialty meant according to the information provided by the CDHO Registration Committee dated September 25, 2020 on their website. In addition, 60% did not feel that the term Specialty reflected the scope of what a restorative hygienist could practice. Moving the descriptor of the Registration Status from Specialty to Restorative I believe would meet the requirements intended for transparency with the public. This change in language would also meet the needs of any Dentist who might be exploring the employment of a Restorative Dental Hygienist for their practice.

A post-graduate certificate is achieved upon successful completion of the stand alone Restorative Dental Hygiene program at George Brown College. It is a full-time, twenty-seven week, two semester program.

This program is designed to prepare graduates for restorative procedures in addition to their scope of practice as a traditional dental hygienist. Under the general supervision of a dentist, the restorative dental hygienist performs all procedures according to the current scope of practice as per the CDHO. To practice as a restorative dental hygienist in Ontario, the graduates must successfully complete all registration requirements, as set by the College of Dental Hygienist of Ontario (CDHO)

The Restorative Dental Hygiene program outcomes are as follows:

The graduate has reliably demonstrated the ability to:

1. Research, evaluate and discuss currently available restorative dental materials and analyse information on materials and techniques.
2. Predict the histological effect of restorative dental materials through the analysis of their chemical properties.
3. Integrate the basics of growth, development, malocclusion and tooth movement into functional occlusion.
4. Determine, place and finish the appropriate materials for proposed restorations that best meet the needs of the client.
5. Perform accepted mercury hygiene procedures as required, having determined the advantages and disadvantages in relation to each client.
6. Analyse and integrate the relationship of coronal anatomy, functional occlusion, aesthetics and the protection of the periodontium to create an ideal restoration.
7. Compare dental materials and techniques to determine the appropriate materials for fabrication of indirect and provisional restorations.
8. Contribute to client and personal safety in all aspects of work in the dental environment.
9. Perform all clinical procedures within the current scope of practice of the Restorative Dental Hygienist,
   collaborating with other health care professionals.

The required courses including the correlated hours are as follows:

Semester 1

DENT 1087	Science of Dental Materials	35 hours
DENT 1086	Pre-Clinical Techniques I	164 hours
DENT 1085	Occlusion and Bioesthetics	112 hours
HSTL 4001	Advanced Dental Histology and Embryology	28 hours

Semester 2

DENT 1088	Pre-Clinical Techniques II	54 hours
DENT 1089	Clinical Techniques Theory	20 hours
DENT 1090	Clinical Techniques Practical	120 hours
DENT 1091	Field Placement	18 hours

I acknowledge that there is additional learning that is required to become authorized for Prescriptions, and additional experience required to become Self-Initiated. For reasons of transparency, I personally do not believe that it is in the public's best interest to be given the perception from the CDHO that Authorized for Prescription and Authorized to Self-Initiate have a similar depth of knowledge, skills and judgment that a Restorative Dental Hygienist has. Restorative Dental Hygienists are 2% of the CDHO registrants who are specialized with an elevated scope of practice that should be reflected in the Registration Regulations and status. It is for these reasons, that I agree with the Citizen's Advisory Group to change the Registration Status descriptor from "Specialty" to Restorative.

I have attached a copy of this email response for your reference. As Coordinator of the Restorative Dental Hygiene program at George Brown College, please reach out to me if you require further information.

Regards,
Melissa Crawford

Melissa Crawford RRDH, B.Ed.
Restorative Dental Hygiene Program Coordinator/Professor
Centre for Health Sciences, George Brown College
Waterfront Campus, 51 Dockside Drive
Toronto ON. M5T 2T9
Telephone: 416-415-5000 x4555
mcrawfor@georgebrown.ca

If you have any questions regarding George Brown College's commitment to comply with Canada's Anti-Spam Legislation (CASL), please view our Anti-Spam Commitment at http://www.georgebrown.ca/casl

From:	The Woods
To:	Denise Lalande
Subject:	Stakeholder Feedback on REGISTRATION Regulation
Date:	October 31, 2020 8:33:55 PM

To whom it may concern ,
I feel that removing the specialty certificate for restorative is a big mistake , those few that have obtained this have worked hard to achieve it , and removing it now is hurtful, to an already defeated feeling profession .
Sent from my iPad

From:	The Woods
To:	Denise Lalande
Subject:	Stakeholder Feedback on REGISTRATION Regulation
Date:	November 22, 2020 10:19:43 PM

Don’t remove the specialty certificate , many of us have worked very hard to achieve it, and deserve some recognition for our efforts and hard work , it is so much more responsibility and stressful , we should get some credit .

Sent from my iPad

From:	Ashleigh Poirier
To:	Denise Lalande
Subject:	Stakeholder Feedback on REGISTRATION Regulation
Date:	November 22, 2020 9:35:34 PM

Hello,

I am writing to provide feedback to the proposed amendment to the Registration Regulation. When I first heard of Restorative Dental Hygienists, I was a dental assistant. For the last 5 years I have worked tirelessly to first become a Registered Dental Hygienist and then complete the restorative dental hygiene training. I am finally working as a RRDH and am very proud of my title and the 5 years of dedication to get here.

Each time I meet a client I introduce myself as a Restorative Dental Hygienist, I then explain the additional training I have completed. Having the title and Speciality Certificate helps clients understand the role. I feel that removing the title may jeopardize client acceptance and understanding.

I know all through my Dental Hygiene program it was discussed the importance of introducing yourself as a Registered Dental Hygienist; to advocate for our profession, scope, and titles with pride and professionalism. I feel the same is true with my Specialty Certificate.

I do understand the importance of the Authorizations to Prescribe and to Self-Initiate; however, I do not feel that the Speciality Certificate of Restorative Dental Hygiene falls under the same category. Both prescribing chlorhexidine and the ability to know when to proceed with Dental Hygiene treatment safely and effectively are taught in Dental Hygiene school, whereas Restorative Dental Hygiene is not. Restorative Dental Hygiene is a post-graduate program that must be obtained from an accredited institution. Furthermore, prescribing chlorhexidine and self-initiation are related to our initial authorized act and scope of practice of treating and preventing periodontal disease. Restorative Dental Hygiene is a completely different skill set and role that should not be classified under the same category.

Thank you,

Ashleigh Poirier RRDH/DA

019414

From: judith manchester
To: Denise Lalande
Subject: Stakeholder Feedback on REGISTRATION Regulation
Date: November 22, 2020 6:06:49 PM

Dear CDHO Registration Committee,

I am writing this letter in response to the proposed change in registration of a Specialty Certificate to that of a General Certificate: Authorized for Restorative Practice.

I having been a practicing Registered Dental Hygienist for over 40 years, and graduated from George Brown College in 1991, from the then called, Expanded Duties Programme. I have very much enjoyed and practiced as a Restorative Dental Hygienist since.

While I whole heartedly agree than the current Specialty Certificate, as well as the past Expanded Duties Certificate do not reflect the scope of practice of a hygienist who has completed the Restorative Programme, I feel that moving 'us' to a general certificate with 'extra authorization' does not adequately reflect on this extra skill set.

As you well know, the Restorative Dental Hygiene Course has a very intense, demanding and lengthy curriculum. Living 2 hours from the GTA, I left my husband and young family weekly for six months to pursue this exciting field. It satisfied a need to further my career in the dental field. I have helped countless individuals attain healthier mouths and smiles over the past 28 years. I feel that removing some sort of Registration status degrades, and is a discredit to the 2% who have a distinct elevated scope of practice. It is not a time sensitive achievement as is the Authorized to Self Initiate, and I believe it is not comparable in judgement, skills and education to those completing a home study course to be Authorized to Prescribe.

Living in an area where there are numerous Dental Hygienists currently working with a Specialty Certificate, I inquired to a number of Dental offices whether they felt it was important to be easily able to search for a Restorative Dental Hygienist by the current Specialty Certificate. The response was 100% YES.

The CDHO's Registration Regulations states that they ensure registration practices that are transparent, objective, impartial and fair. In keeping with this I would recommend that the "Specialty" Certificate be replaced with one termed "Restorative"

Sincerely,

Judith Manchester RRDH
Collingwood Dental Centre

60 Hume St, Collingwood, ON
L9Y1V4 705-444-1500

7751 36/37 Nottawa Side Road
Nottawa, ON L0M1P0
705-444-1541

Sent from Mail for Windows 10

From: Anne-Marie Conaghan
To: Denise Lalande
Subject: Stakeholder Feedback on REGISTRATION Regulation
Date: November 22, 2020 1:40:58 PM

To Whom it May Concern:
Thank you for the opportunity to provide feedback on the proposed amendment to the Registration Regulation.
I support the recommended changes. I do have one question regarding item #10 on page 8 relating to the reporting of academic misconduct. I see the value in requiring this information; I am wondering how it would be used? Would the registration committee use the information and potentially reject an application for registration based on the nature of the misconduct, or is it something that would be recorded on the registrant's record?
Thank you.

Kind regards,
Anne-Marie

Anne-Marie Conaghan RDH BA MaEd
Program Coordinator, Dental Hygiene
Georgian College| One Georgian Drive | Barrie ON | L4M 3X9
705.728.1968, ext. 1006 | Anne-Marie.Conaghan@GeorgianCollege.ca
To book an appointment please use: https://calendly.com/anne-marie-conaghan/15min

From: CDHNS Registrar
To: Denise Lalande
Subject: Stakeholder Feedback on REGISTRATION Regulation
Date: November 19, 2020 3:41:04 PM
Attachments: image001.png

Overall, I am supportive of the majority of the proposed Regulation revisions. Well done. Most of the proposed revisions seem consistent with many other provincial registration processes and should not pose challenges with labour mobility, or public protection. There are a few areas that are not consistent with how we use specific terms, in NS, and may cause confusion nationally. The areas of concern are noted below (highlighted in yellow).

Below are a comments on the sections:

Current Section 2: Support the change to remove this category and authorize RDHs to perform this procedure as part of their practising licence. This is consistent with NS practice for restorative – and your proposal will be in line with our newly proposed regulation revisions as well.
Current Section 3: Support the title change from Inactive to Non-Practising. NS also uses the term non-practising and our registrants only "switch" to non-practising during renewal. They can obviously apply to transfer from the Non-Practising Class to the Practising Class at anytime throughout the year, as long as they meet the requirements.
For your consideration: In NS, (consistent with AB for sure), you cannot use the protected titles DH, RDH, etc., unless you hold a practising licence. I am aware that what you're proposing is currently the process in ON, but would request that you consider a revision and only allow those that hold a practising licence to use the protected titles. It has caused problems in the past, because ON graduates (or CDHO registrants) believe they can use the protected titles here in NS, which is a direct contravention of our legislation. This is part of the NS Jurisprudence Exam that they take, and is posted on our website, but they do not always integrate this info.
Retired: New category: **Do not support re: use of protected title; support providing newsletter and other CDHO info. Same comments as non-practising.** We do not allow those who have retired and no longer hold a practising licence, to use the protected titles. This will cause confusion. I'm not sure why they want to use the protected titles. You've made it very clear that they can't do anything that uses their DH knowledge e.g., research, without holding a practising licence. *Can they not just use their educational credentials?* If this was implemented, I'm presuming you would be able to investigate this category, since they can use your protected titles.
Visiting: Support: We have something similar to help to facilitate this, but it is also used for other reasons (provisional). Your "visiting" category would likely work better. This was done in AB and the only thing that I would say is that you'll need to be clear about the 90 days – and when it can be "renewed". There is the potential for abuse. I'm happy to provide more details of my experiences if you want more. Great to see that it doesn't allow mobility into other certificates of registration. I reviewed the requirements in Section 41. They look comprehensive.
Section 29/30. Support all changes.

Section 31: Support entire section changes:

- Removing a specific accreditation body name and the program length: As a regulatory body who also has specific accreditation names within its legislation, it is unnecessarily restrictive. We have also applied for this change. We do not have a program length listed in our legislation.
- Like the addition of 31 (1) (iii) This is very important from a public safety stand point and is supported by research.
- (31)(2) We have also applied for a similar change, for the same reason.
- (6) We have a similar element – ours is called "approved alternates" – these approved alternate competency assessments include refresher courses.
    - The wording is a bit confusing re: the 18 months section – I had to read it three times to ensure that I understood it. I realize it has been in there before. I am not sure that I'm clear on the timeline of the 18 months (which was in there previously).
    - ***Would it be wiser to remove the 18 month requirement which restricts you from making a change if future evidence shows you that this span is too long?*** Our timeline is in policy – and it is currently 12 months i.e., completion of the alternative option is considered valid, for the purpose of obtaining a CDHNS practising licence, for a period of one year from the date of successful completion. I believe AB's is the same.

Section 34: Support removal – Reviewed your Standard around authorization. Do you have a full set of competencies that are used to review restorative programs, approved by the Registration Committee? I would love to get your current one, if possible.
Section 36: Support – consistent with our processes – with the exception that our competency assessment must be completed within 12 months of application, not 18.
Section 37-39. Support all changes.
Section 40: Support except for retention of protected title. Why can they not merely use their educational credentials instead? Everything else is well-laid out. *It appears that you are defining practice in a similar manner to the CDHNS, but as noted previously, our protected titles can only be used by those who hold a practising licence.*

Warm regards,

Stacy Bryan, RDH, Dip DH, MA Lead
Registrar, CDHNS
11-2625 Joseph Howe Drive
Halifax, NS B3L 4G4
Ph: 902-444-7241
www.cdhns.ca
Please note: From March to Aug 2020, all CDHNS staff worked remotely. We have now returned to full in-office hours (M-F 8:30 am to 4:30 pm). Please review our office reopening plan, to see the protocols developed to safely reopen our doors to the public. **Please contact info@cdhns.ca to schedule an appointment if you need to visit our physical location for any reason.** *For all other operations, please continue to contact us via email or by phone.* We thank you for your cooperation and understanding.

College of Dental Hygienists of Nova Scotia

From: Tina Mantzoris-Hassos
To: Denise Lalande
Subject: Stakeholder Feedback on REGISTRATION Regulation
Date: November 18, 2020 3:34:51 PM

Dear Sir /Madam,

As a Restorative Dental Hygienist since 1991, I chose to return to school after 5 years of working as an RDH to complete the expanded duties program. For the 2% of the dental hygienist who have completed the specialty program, does the proposed change limit the use of the designation RRDH, or will all hygienists be recognized with the designation RDH irrespective of the additional certificates/specialties that they hold (ie. with a specialty in restorative, authorized to self initiate, prescribe CHX, administer local anaesthetic, peer mentoring). I have completed all the aforementioned, however, the only specialty that required 6 months of additional education was the expanded duties program. I believe that the hygienists who have completed this program should be recognized with the additional designation.

Thank you for taking the time to request and review feedback from the stakeholders.

Keep well and healthy,

Tina Mantzoris-Hassos, RRDH

From: tinamaryzumbo@gmail.com
To: Denise Lalande
Subject: Stakeholder Feedback on REGISTRATION Regulation
Date: November 17, 2020 4:24:02 AM

Dear CDHO

I would like to give you my feedback regarding the Specialty Certificate.

I don't think it should be under the General Certificate Status. I feel it is a true specialty and warrents the specific status.

The required education, clinical skill acquired, and process to become a RRDH is far more in depth than a proposed extra category of a General Certificate.

I feel the CDHO's status in a RRDH's opinion would continue to be one of great respect and honour.

I feel it would only diminish registrants sense of accomplishment in their careers, which is unnecessary and should be carefully taken into consideration.

Acquiring a RRDH education is not easy, and can't be earned unless valid effort and skill is obtained. I feel the other subcategories under the General Certificate are too easy to acquire and shouldn't be compared. I have heard of a RDH who offered all the answers to the pharmacology test which of coarse Should be refused, reason being that learning the material and achieving status the correct way is the only way to achieve the certificate. I feel that RRDH had to study and practice to graduate from their programs. This is one example of why I feel Specialty is very different. I don't think there is any cheating when you are in a RRDH College Program, therefor validating the Specialty Status, setting this achievement apart from the sometimes too easy to acquire sub category items.

Please consider my feedback, I hope it helps your decision.

Tina Zumbo RRDH

Sent from my iPhone

From:	Janet Bradley
To:	Denise Lalande
Subject:	Stakeholder Feedback on REGISTRATION Regulation
Date:	November 16, 2020 8:37:25 PM

I am NOT in favour of a title change of ‘Specialty' as a Registered Restorative Dental Hygienist. As a matter of fact, I strongly object to the change.
It cost me thousands of dollars as well as many many hours of studies and clinic time, far beyond the knowledge, skill level and duties of a Dental Hygienist, to achieve this accreditation which I am extremely proud of.
It feels wonderful to be recognized for this accomplishment and like a punishment to have the title stripped away by a small group of people, to whom it means nothing. We as RRDH’s have earned this title of Specialty and deserve to keep it.
How would you feel if you went on to earn a PHD, only to be classified as a university grad.
I think you get my point!!!!!

Jan Bradley RRDH

From: Beverly Tseng
To: Denise Lalande
Subject: Proposed Amendments to REGISTRATION regulation feedback
Date: November 7, 2020 11:43:04 PM

To whom it may concern,

I am writing to the CHDO in regards to the proposed changes to the registration regulations to remove the "specialty" status from the regulation and making it standard to holders under the General certificate. I'm hoping for a reconsideration of the decision to align the authorization to prescribe and self-initiate with restorative practices.

The definition of specialty is to pursue some special line of study, work, etc. To receive the graduate certificate from completing the Restorative Dental Hygiene program takes months of dedication, sacrifice, motivation, and passion. We've changed our schedules to dedicate over 500 hours strictly on restorative dentistry to expand our scope of practice.

I believe such changes would affect many who have worked extremely hard to increase their knowledge in dentistry to better help their clients. It minimizes their efforts to specialize in a certain aspect of dentistry. I believe we've come a long way in educating others within the field of the possibilities with a restorative hygienist within the practice and these changes would potentially bring us steps back.

With this, please consider keeping restorative dental hygiene as a specialty status and thank you in advance for your time.

Best Regards,

Beverly Tseng, RRDH

From: Tania Matthews
To: Denise Lalande
Subject: Stakeholder Feedback on REGISTRATION Regulation
Date: November 6, 2020 1:45:14 PM

To whom it may concern,

My name is Tania Baldwin. I have been in the dental field for 20 years. I have been a dedicated Dental Hygienist for 15 years. Recently I went back to school to become a Restorative Dental Hygienist. I am immensely proud of what I have accomplished as I am a single mother of two and a survivor of domestic assault. I wanted to further my career and to provide an better life for myself and my two children of which I have sole custody. I would feel very let down if you take away my value of holding a specialty license. It is very frustrating to hear that everything I have worked so extremely hard for to become a Restorative Hygienist and then to only to hold a general license saddens me. I have struggled financially to pay for my Restorative schooling ($20,000.00) and to provide for my children. I hope you consider how much it means to me to hold a specialty license. I propose to either keep it as a specialty license or change it to a Restorative license.

Thank you,

Tania Baldwin

From: D Mahon
To: Denise Lalande
Subject: Stakeholder Feedback on REGISTRATION Regulation
Date: October 31, 2020 6:32:53 PM

I just read the proposed changes to registration and feel that removing the "specialty" of restorative dental hygiene to be authorized is a slap in the face of those registered as Specialty. The amount of education and training is much more than an "authorized" act for prescribing or self initiating. These three identities are not the same at all. Simply taking a prescribing course and writing an exam or paying a fee for self initiating is nothing comparing to taking a restorative dental hygiene course. The registration should reflect the difference in dedication to the learning and skills attained. Please reconsider leaving the specialty registration as is.

Debra Mahon, RRDH

From: Sally Bassam
To: Denise Lalande
Subject: Stakeholder Feedback on REGISTRATION Regulation
Date: October 31, 2020 9:02:02 AM

To whom it may concern,

I am writing in regards to the proposed changes of removing the specialty certificate and changing it to an "authorization," in hopes that you reconsider the decision of these changes.

As written in the dictionary, the definition of a specialty is "**a pursuit, area of study, or skill to which someone has devoted much time and effort and in which they are expert.**" By no means I am saying that Restorative Dental Hygienists are experts as soon as they achieve their graduate certificate for restorative hygiene, but they do become experts with repetitive experience in restorative dentistry.

"**Removing the Specialty certificate from the regulation and making it a Standard to holders under the General certificate: Authorized for Restorative Practice. This brings the current provision in line with the two other authorizations under the General certificate (Authorized for Prescription, Authorized to Self-Initiate)**." Authorization for prescribing Chlorhexidine and Self-Initiating cannot be compared with restorative dental hygiene, and these are the reasons why:

1. Self-Initiation does not extend scope of practice but allows dental hygienists to continue doing what they have done for the +3000 hours they have spent in the profession without the standing order of a dentist.

2. To receive the certificate of authorization for prescribing Chlorhexidine, one must do a simple exam online worth $250 per attempt. From my understanding one can have multiple attempts.

3. A graduate certificate is received after completing a Restorative Dental Hygiene program. It is a form of specialized training, and before receiving the Restorative Dental Hygiene graduate certificate, I spent over 500 hours dedicated to restorative dentistry alone. I have educated my fellow dentist colleagues on new restorative materials and different applications that I learned about during the Restorative Dental Hygiene Program that they were never taught in dental school

I spent around $19,000 on the Restorative Dental Hygiene Program, we were full time students from September through April, studying and researching different aspects of restorative dentistry. The following were the program learning outcomes that we achieved to during the program, along with hours spent in each course not including self study.
"1. Research, evaluate and discuss currently available restorative dental materials and analyze information on materials and techniques.
2. Predict the histological effect of restorative dental materials through the analysis of their chemical properties.
3. Integrate the basics of growth, development, malocclusion and tooth movement into functional occlusion.
4. Determine, place and finish the appropriate materials for proposed restorations that best meet the needs of the client.
5. Perform accepted mercury hygiene procedures as required, having determined the advantages and disadvantages in relation to each client.
6. Analyze and integrate the relationship of coronal anatomy, functional occlusion, aesthetics and the protection of the periodontium to create an ideal restoration.
7. Compare dental materials and techniques to determine the appropriate materials for fabrication of indirect and provisional restorations.
8. Contribute to client and personal safety in all aspects of work in the dental environment.
9.Perform all clinical procedures within the current scope of practice of the Restorative Dental Hygienist collaborating with other health care professionals." https://www.georgebrown.ca/programs/restorative-dental-hygiene-program-postgraduate-s400?year=2020

Time spent in school on each course:
Occlusion and Bioesthetics - 112 hours
Pre-Clinical techniques - 226 hours
Science of Dental Materials - 42 Hours
Clinical techniques (theory) - 20 hours
Clinical Techniques (practical) -120 hours
Field Placement - 36 hours
Advanced Dental histology and embryology - 28 hours

"**A survey of our own membership revealed that 30% were uncertain or did not know what Specialty meant**." That leaves majority of 70% who are knowledgable behind the meaning of specialty.

"60% did not feel that the term Specialty reflected the scope of what a restorative hygienist could practice." When such changes need to happen that will affect many people who have worked hard to extend their knowledge and achieve the specialty status, feelings must be set aside as it is an emotional state, and facts must be determined prior to making any changes. As a Registered Dental Hygienist, I did not know the scope of practice of a restorative dental hygienist before learning about it in school, were those who participated in the survey fully knowledgable in what was taught in the Restorative Dental Hygiene program?

An example of this situation is a dentist interested in becoming an oral surgeon, he will need to earn separate degrees and that schooling will involve all aspects of oral surgery, not just one type of surgery. That is a specialization.

Dental Hygienists who want to specialize in restorative dentistry learn all aspects of restorative dentistry. Such as applying bonding systems and liners, placing and finishing composite and amalgam restorations, taking final impressions, fabricating and cementing provisional restorations, cementing and bonding indirect restorations, and cosmetic dentistry. We also learn to use critical thinking to determine why an older restoration failed, before restoring again to prolong the life of the new restoration.

Please consider keeping Restorative Dental Hygiene as a specialty, and thank you for taking the time to read this letter.

Sincerely,
Sally Bassam, RRDH

From: Ryan Lee
To: Denise Lalande
Subject: Stakeholder Feedback on REGISTRATION Regulation
Date: October 30, 2020 9:13:18 PM

To whom it may concern,

My name is Ryan Lee. I am a registered restorative dental hygienist(RRDH) working since 2013 and have been working full time as RRDH since registration.

I am writing this letter to oppose the CDHO's proposed amendments to the Registration and Examinations Regulation to registrants, specifically to 'Removing the Specialty certificate from the regulation and making it a Standard to holders under the General certificate: Authorized for Restorative Practice. This brings the current provision in line with the two other authorizations under the General certificate (Authorized for Prescription, Authorized to Self-Initiate)'.

Certification to specialty in dental hygiene is a post graduate program that integrate one year of academic curriculum and clinical(patient) treatment. It is a program in which allows the dental hygienist to perform and engage patients differently in the dental health of patients. The education itself is hard earned process academically and clinically. The specialty certification should not be categorized with an quick online application process to authorize prescription and self initiate, as its core meaning it different naturally.

As to compare to a Nurse Practitioner, which is also a professional where the duties are not fully recognized by many citizen, is specialty in itself. The professional education is not categorized with the ability to prescribe, nor ability to provide treatment such as a providing care, i.e. proving needle. It is fundamentally divided differently and recognized superior to a registered nurse and registered practical nurse.

Dentists are also specialized in several different specialty. However the professional specialty does not get downgraded because the citizen does not recognize their duties or responsibilities.

I working in a community where 20,000 population in town recognize my profession as I explain and perform restorative duties.

It is essentially CDHOs superior recognition to the public in which should be protected and recognized as a hard earn medal. I impose such act to remove specialty certification and strongly urge the CDHO to protect the only specialty recognition as a profession.

Thank you

Ryan Lee RRDH

From: Van Wan
To: Denise Lalande
Subject: Stakeholder feedback on registration regulation
Date: October 29, 2020 10:47:53 PM

I disagree about the amendment to remove the term 'specialty' for the restorative hygienists.

The definition of specialty is "a pursuit, area of study, or skill to which someone has devoted much time and effort and in which way they are expert."

Currently, there is no other specialty in the hygienist field other than the restorative.

To become a hygienist, one has to go through a two years dental hygiene program. Whereas to become a restorative hygienist, one needs to be dedicated and complete the one year restorative program (Tuition: $17 839), learning advanced restorative procedures – which clearly reflect the scope of what a restorative hygienist practices as a Specialty.

As a specialty in restorative with specific skills to perform restorative procedures should not be grouped together with being able to prescribe CHX or being able to scale without the dentist's standing order. The amount of time and money invested in the restorative program is **no comparison** to the 25 hours $250 (used to be free) drug course online to "authorized for prescription" or the 33 hours $199 self initiation course online to "authorized to self-initiate."

The survey of our own membership revealed that 30% were uncertain or did not know what Specialty meant, that also means 70%, the **majority** of the members know what Specialty mean.

60% did not feel that the term Specialty reflected the scope of what a restorative hygienist could practice, that also means 40% agree the term Specialty reflect the scope of what a restorative hygienist practice. Since the percentage of hygienists whom are restorative are only 2%, the result of the survey would not be a good representation and in fact quite biased.

I am deeply concerned that the result of the vote will be opened to interpretation and potentially manipulation.

Thank you,
Vanessa Wan RRDH

From: stecjuk stecjuk
To: Denise Lalande
Subject: Stakeholder Feedback on REGISTRATION Regulation
Date: October 5, 2020 10:38:35 AM

Dear Registrar,

I have a major concern with these proposed amendments to the CDHO registration regulation. In particular, the proposed elimination of the specialty certificate.

I have been a Registered Restorative Dental Hygienist since 1981. With this special designation, I have carried out procedures above and beyond what a regular dental hygienist designation provides. By eliminating this special designation, the CDHO will no longer recognize the additional training and experience dental hygienists, such as myself, have earned. I believe there is a general lack of awareness around these special designations, as not many dental hygienist have pursued specialized training. I feel the college would be doing itself and the profession a disservice in not recognizing the additional skills/ specialization that can be held.

I addition to the Restorative Dental Hygiene, I have also pursued the authorization to self-initiate from the CDHO, successfully completed the Drugs in Dental Hygiene Practice examination and Radiation Protection Officer from the ODHA. In 1989, I passed the examination for a licence to practice in British Columbia and passed the training for Local Anaesthesia certificate.

Throughout my career I have continued to seek education and expand my skill set. This has provided better employment opportunities and allowed me to pursue higher wages. I ask the college to continue to recognize the efforts of dental hygienist, such as myself, and our contributions to our profession.

Best regards,

Charlane Stecjuk RRDH

001266

From:	vicky colbourne
To:	Denise Lalande
Subject:	Stakeholder Feedback on REGISTRATION Regulation
Date:	September 28, 2020 8:16:05 AM

If accreditation is removed and an national examination occurs. "Eliminate the specific titles of accrediting and certification bodies and allow the regulation to refer to the broader governing principles of these groups. A regulation tied to a named organization could potentially tie the hands of the Registration Committee where the organization’s mandate and/or processes have evolved and is no longer consistent with the needs of the College. Removing such references enable the Committee to select organizations as approved by the Committee, rather than restricting them to a single named organization."

"Removing such references enable the Committee to select organizations as approved by the Committee, rather than restricting them to a single named organization."

Sent from my iPhone

From:	Heather Kleinberg
To:	Denise Lalande
Subject:	Stakeholder Feedback on REGISTRATION Regulation
Date:	September 27, 2020 10:34:11 PM

To whom it may concern;
After reading through this document I am supportive of the changes.
Heather Kleinberg RDH

From:	Camille Savory
To:	Denise Lalande
Subject:	Stakeholder Feedback on REGISTRATION Regulation
Date:	September 26, 2020 10:57:10 PM

There was a lot to take out n and read, but think These changes will be good and will help past, present and future stakeholders.

Camille Savory, IRDH

From: sheva gindil
To: Denise Lalande
Subject: Stakeholder Feedback on REGISTRATION Regulation
Date: September 26, 2020 10:28:33 PM

Hello,

I don't support the any of the changes to registration,
I have already paid for my specialty and this proposal down grades Restorative hygiene.
It was costly to take the program and require time to achieve.
Restorative hygienists are not the same as general practice and deserve the title of specialty
Thank you
Sent from Mail for Windows 10

odha
Ontario Dental Hygienists' Association

Comments on Proposed Amendments to the Registration Regulation

The Ontario Dental Hygienists' Association (ODHA), as the provincial representative and voice of Ontario dental hygienists, provides the following input on the College of Dental Hygienists of Ontario's (CDHO) proposed amendments to Registration (O. Reg 218/94 – Part VII). In reviewing the proposed amendments and rationale, ODHA considered transparency, clarity, fairness, and objectiveness from the perspective of dental hygienists.

ODHA's feedback consists of general and specific comments, and concerns for CDHO to consider and provide clarification. ODHA's feedback is predicated on acknowledgement and understanding that CDHO's mandate is to regulate safe, effective dental hygiene practice in Ontario.

General comments

ODHA applauds the CDHO Registration Committee for moving to gender neutral language promoting inclusivity and contributing to social change and greater equality.

Specific comments

27. 2. Specialty - ODHA understands the rationale for eliminating the Specialty certificate and moving it to a standard to align with other authorizations. However, the proposal does not specifically state that holders of a General certificate authorized to practise restorative dental hygiene will continue to use the RRDH designation.

This should be clarified in the proposed amendments in consideration of changes proposed for 40. (1) 5. state "Members who use the RDH in a signature must add "Retired" after the RDH."[1] Clarity is important to enhance understanding.

Additionally, a third bullet point could be added to capture the intent in the proposed *Standard for Authorization to Practise Restorative Dental Hygiene*[2], such as:

- Registrants who hold the General certificate of registration authorized to Practise *Restorative Dental Hygiene* are permitted to use the designation RRDH (Restorative Registered Dental Hygienist) after their signature.

[1] CDHO. Proposed Amendments to the Registration Regulation, September 2020, page 27
[2] CDHO. Proposed Standard for Authorization to Practise Restorative Dental Hygiene

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Further, the authorization under the General certificate is referenced as "Authorized to Prescription"[3] should more correctly reference 'Authorized to prescribe'. In addition, references to "restorative hygienists"[4] should reference the title protected in legislation – 'restorative dental hygienists.'

Likewise, in the proposed *Standard for Authorization to Practise Restorative Dental Hygiene* it states that "[t]he following are the requirements for Authorization to Practise Dental Hygiene"[5] and should read 'Authorization to Practice Restorative Dental Hygiene.'

The *Certificates of Registration and Entry-to-Practice Requirements Survey* conducted by CDHO, stated that "the College is thinking about renaming the Certificates of Registration as they will appear on the Public Register. This is a preliminary discussion; no decisions will be made at this time."[6] However, results of this survey are now being used and quoted as rationale for change. The initial survey *Certificates of Registration and Entry-to-Practice Requirements Survey* should have stated that results of the survey will be utilized to inform decision-making by the CDHO. This would have improved transparency, may have altered participant responses, and may have encouraged more members with alternate views to participate.

35. (2) Title change to non-practising – Note there is a misprint in the rationale which states there is "no change".[7] However, there is wording change from 'inactive' to 'non-practising'.

New Category – Retired – Considering that the proposed category of Retired has a fee associated with it, would this classification allow dental hygienists holding this certificate the ability to participate in CDHO surveys, sit on Council, or vote? Dental hygienists who choose this category are obviously still interested in the profession and should have a voice. It might be assumed since holders of an inactive certificate are "[i]neligible to vote or sit on Council"[8] this would also be true for the 'Retired' classification. Again, clarity is important for transparency.

ODHA would like to understand the rationale for requiring "[m]embers who use the RDH in a signature must add "Retired" after the RDH"[9]. The proposed amendment specifically states:

> *(2) It is a condition of a retired certificate of registration that the member not practise as a dental hygienist in Ontario.*[10]

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[3] CDHO. Memorandum to CDHO Registrants and Other Stakeholders, September 25, 2020, page 2; Proposed Amendments to the Registration Regulation, September 2020, page 1
[4] CDHO. Proposed Amendments to the Registration Regulation, September 2020, page 2
[5] CDHO. Standard for Authorization to Practise Restorative Dental Hygiene, From: Registration Committee, page 1
[6] CDHO. Certificates of Registration and Entry-to-Practice Requirements Survey. January 2020
[7] CDHO. Proposed Amendments to the Registration Regulation, September 2020, 35. (2) page 22
[8] CDHO. Proposed Amendments to the Registration Regulation, September 2020, page 3
[9] CDHO. Proposed Amendments to the Registration Regulation, September 2020, 40. (1). 5., page 27
[10] CDHO. Proposed Amendments to the Registration Regulation, September 2020, 40. (2)., page 27

This condition is the same for an inactive certificate. However, dental hygienists holding an inactive certificate do not need to state 'inactive' after RDH in their signature. Is there evidence to suggest retired dental hygienists pose an additional and significant risk to the public?

Furthermore, why does CDHO feel it is important and necessary for members who select the Retired classification to "sign a declaration avowing to subsections 1, 2, and 3."[11] Currently, no other classification requires a member to sign such a declaration. When a member selects the 'Retired' classification, CDHO would already know whether or not the applicant "hold[s] a general or Non-practising certificate of registration"[12] or if the applicant has "Quality Assurance requirements that are outstanding, be in default of any fee, fine or amount owed to the College or in default of providing any information to the College.[13]

Further, the document states that [t]he applicant must not engage in the practice of dental hygiene or be employed or volunteer in any capacity where the use of dental hygiene knowledge is expected."[14] The volunteer prohibition has the potential to be a great loss to advocacy for vulnerable and disadvantaged Ontarians. Retired dental hygienists registered with CDHO would not be able to volunteer for public oral care interest groups while those not registered with CDHO would be able to do so. This is the equivalent of taking the position that retired teachers cannot volunteer for a library reading initiative because it is related to their former profession and they have specified knowledge about reading engagement.

Moreover, the registration requirements for a Retired certificate are confusing. The following might provide more clarity:

> *It is a registration requirement for a Retired certificate of registration that the applicant must be a member who has previously been the holder of a general certificate of registration or a non-practising certificate of registration.*

New Category – Visiting –
The need for this category is not supported by the rationale and invites the following questions/concerns:

- Are there inadequate numbers of dental hygienists in Ontario to perform the function of examining or teaching a course in Ontario – so much so that dental hygienists from other jurisdictions need to be brought in? There are "over 14,000 registered dental hygienists in Ontario."[15]
- Is CDHO considering the development of new examinations in Ontario that would necessitate the need to bring in dental hygienists from other jurisdictions?

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[11] CDHO. Proposed Amendments to the Registration Regulation, September 2020, 40. (1). 4., page 27
[12] CDHO. Proposed Amendments to the Registration Regulation, September 2020, 40. (1). 1., page 26
[13] CDHO. Proposed Amendments to the Registration Regulation, September 2020, 40. (1). 2., page 26
[14] CDHO. Proposed Amendments to the Registration Regulation, September 2020, 40. (1). 3., page 26
[15] CDHO. What We Do. The College of Dental Hygienists. 2020. https://www.cdho.org/about-the-college/about/what-we-do

- If these "visitors" are to assist in the administration of the clinical competency examination, would it not be less cumbersome and administrative for the regulatory bodies involved to mutually recognize each others' regulatory framework for the purposes of the examination administration.

More importantly, the rationale for the new 'Visiting' category does not state how often this certification can be renewed and if the 'Visiting' dental hygienist's name, contact information from the jurisdiction where they are registered/licensed, contact information from their temporary Ontario business address, registration history, etc. will be posted on the CDHO's public register, including dates of registration and expiration. Surely, this information is vital for both public protection and transparency. Additionally, dental hygienists, dental hygiene candidates, and employers should have access to this information on the CDHO public register.

ODHA supports removing accreditation provider names (Commission on Dental Accreditation of Canada, American Dental Association Commission on Dental Accreditation) from the regulation for increased flexibility and less legislative time need.

ODHA supports the proposed removal of the requirement for "[t]he College [to] provide the applicant with a copy of the list of programs referred to in subparagraph 1 I of subsection (1) upon request". However, ODHA suggests, as a minimum, accredited programs in other Canadian jurisdictions be added to the CDHO website.[16]

In conclusion

ODHA appreciates and values the opportunity to provide input on the proposed amendments to the Registration Regulation. We look forward to further dialogue and input on these matters.

[16] CDHO. Accredited Dental Hygiene Programs in Ontario, 2020. https://www.cdho.org/become-a-dental-hygienist/registration/ontario-accredited-dental-hygiene-programs

From:	Lisa Rogers
To:	Denise Lalande
Cc:	Lisa Rogers
Subject:	Stakeholder Feedback on REGISTRATION Regulation
Date:	November 24, 2020 4:16:55 PM
Attachments:	Feedback submission L. Rogers GBC.pdf

Hi
Please find attached a submission regarding the stakeholder feedback for the registration regulation changes.
Kind regards,

Lisa Rogers RDH, B.Ed., M.A.Ed.,
George Brown College
Chair, School of Dental Health
Daphne Cockwell Centre for Health Sciences
51 Dockside Drive, P.O. Box 1015, Station B
Toronto, Ontario M5A 0B6
T: 416-415-5000 x 6948
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Station B, Toronto, ON
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Attention to: CDHO Registration Committee

From: Lisa Rogers, Chair School of Dental Health

Date: November 24, 2020

RE: Stakeholder Feedback on REGISTRATION Regulation

Sent by email to feedback@cdho.org

Thank you for the opportunity to provide feedback related to the consultative process regarding proposed regulation changes for the College of Dental Hygienists of Ontario (CDHO). The following comments relate to the REGISTRATION Regulation on two of the proposed changes:

1. Remove the Specialty certificate from the regulation and envelope it under the General certificate as "Authorized for Restorative Practice"

2. Add "Academic Misconduct" to the Registration criteria.

First, I will comment on point 1): Removal of the Specialty Certificate

George Brown College, is one of two publicly funded colleges in Ontario to offer a Restorative Dental Hygiene Program. For over 35 years, our 27-week post diploma certificate program has been focused on the attainment of outcomes that increase the scope of practice, knowledge and abilities related to the provision of restorative care.

The Ministry of Education has listed this program with its own program code, and a set of distinct program learning outcomes.

Students who graduate from our program register under the separate category of "specialist". We understand that this is under review due to the lack of clarity of what a "specialist" represents.

We feel it is important our students with this educational certificate and increased scope of practice are recognized as distinct practitioners. We recommend that to create awareness and transparency for the public, the term specialist be changed to "restorative dental hygiene practitioner" as a distinct registration speciality.

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Secondly, I will comment on point #2: "Academic Misconduct"

The term "Academic Misconduct" has multiple definitions at academic institutions. For this reason other behavioural policies exist at academic institutions which are not limited to; Human Rights, Discrimination and Harassment; Sexual Assault & Sexual Violence; and Community Standards and Behaviour Policies. Therefore, a clear and concise definition needs to be developed for what constitutes "Academic Misconduct".

Then consideration needs to be given to who this self-reporting will apply to; newly graduating students, those who are registered members and extending their educational development, and/or professional development opportunities? This requires further clarification.

Within academia, the learning continuum allows for both informal and formal process improvements when there is a breach in academic integrity. Academic institutions have various approaches to resolution. Some have traditional sanctions, which range from written reprimand to suspension or expulsion. However, in post secondary education there exists a restorative and reparative approach with alternatives in resolution practices for learning from mistakes and recovery. It seems the declaration of academic misconduct to the regulator is overly punitive rather than leaving sanctions with the academic institution.

The listed rationale for change in this regulation by the CDHO is the following: "Requirement to report academic misconduct would be new. Ontario regulators have been adding this to regulation/policy changes since the 2015 Dalhousie University dental program scandal."

We are not aware of other professional oral health regulators who have implemented this change in registration criteria. Further consultation is required. Moreover, there may be unintended consequences if this becomes a registration standard. It may detract students from seeking education in professional programs if a breach of resolved historical academic misconduct is a reportable criterion along ones academic pathway.

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From publicly available information regarding the Dalhousie scandal, there appeared to be a process to resolve the charges through a restorative justice model. It appears the students graduated from the dental program. Were graduates then able to register in their province and deemed "safe" to the public to practice?

Hence, a clearer understanding of this and other precedent breaches in academic misconduct is required to evaluate where the responsibility for disciplinary action resides. We believe the responsibilities for decisions regarding sanctions resides with the academic institution.

If "academic misconduct" were to be criteria for registration, CDHO must have provisions in the Standards that identify the definition and implications of a fair process to allow applicants to respond or appeal any consequences imposed.

Therefore, we urge the registration committee to remove the suggested inclusion as a new regulation until further dialogue can occur to understand the obligation of the applicant/member to self-report and the risk of harm to the safety of the public.

Please let me know if you require any further information. Thank you for the opportunity to provide feedback as a stakeholder.

Regards,

Lisa Rogers

Lisa Rogers RDH, B.Ed, M.A.Ed., Chair, School of Dental Health,
Daphne Cockwell Centre for Health Sciences,
51 Dockside Drive, 7-01
P.O. Box 1015, Station B, Toronto, Ontario M5T 2T9
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From: Judy Hunt
To: Denise Lalande
Subject: Stakeholder Feedback on REGISTRATION Regulation
Date: November 24, 2020 3:49:55 PM

Dear CDHO committee,

Thank you for the opportunity to provide feedback to the proposed amendment to remove the term specialty and replace it with authorized for restorative alongside authorized for prescription and authorized for self-initiation. I appreciate this suggestion may make sense on paper, will simplify the registration process, and reduce our registration fee, however I can assure you that this will be a step backwards and a disservice to all of our members, the Dental Hygiene profession, to our Dentists and the general public. By word of definitions alone the Restorative Hygienists of Ontario have earned the distinction of this specialty. Words do matter and give weight to concepts. I am reflecting on the years of hard work and dedication of past members like Fran Richardson, Anne Bosey , and Debbie Daniels who gave the Restorative Hygienists a voice and the amount of thought that went into the language for registration. Words do matter.

Definitions:

AUTHORIZATION
Noun:
The action of authorizing
. a document giving official permission

SPECIALITY
Noun:
. a pursuit, area of study, or skill to which someone has devoted much time and effort and which they are expert

DISTINCTION
Noun:

. a difference or contrast between similar things or people
. the separation of people or things into groups according to their characteristics

As a proud practising Restorative Dental Hygienist of 37 years it has enabled me to advance beyond my imagination. It has enabled me to change many lives, support my family, opened many doors as a consultant, speaker and educator, established businesses, deep friendships and connections as a direct result of having this specialty License and the status that it holds. It has become my life's work. I have had the on-going privilege to teach, promote and incorporate this specialty into many Dental Offices across Ontario. Now more than ever we need your continued support as more education and promotion is required to advance this concept within our own profession.
I can assure you that those 2% of members, dentists and the public who do know us and know what we do, hold us in high regard. We are a small but mighty group who are just getting started. When we shine out in the world the whole Profession shines. We are dentistry's best kept secret whose time has come.

With highest regards,
Judy Roberts-Hunt RRDH

College of Dental Hygienists of Ontario
Protecting your health and your smile

Council
BRIEFING NOTE

Meeting date:	June 11, 2021
Agenda item:	6.8 Amalgamation Next Steps
Appendices:	Summary Questions Tri-Council Meeting March 17 '21 and Motions
References:	Governance Vision_Initial Steps to Amalgamation
Owner:	Executive Committee
Staff support:	D. Adams

Issue: The Councils of CDHO, the College of Denturists of Ontario (CDO) and the College of Dental Technologists of Ontario met on March 17, 2021. At the meeting, the Councils agreed to consider if they would move to develop a memo of understanding to work together to explore amalgamation and, if so, if they would form a Transition Oversight Committee.

Public protection rationale: As the body charged with ensuring that Dental Hygienists provide safe, ethical and competent care to Ontarians, CDHO must execute its mandate in an effective, efficient and/or coordinated manner and to ensure it is responsive to changing public expectation. The exploration of an amalgamation with two of the other oral health colleges may represent an opportunity to be more effective, efficient and coordinated in the protection of public interest.

Source of Authority: Since the work being contemplated is non-binding, there is currently no source of authority to be cited. Should any formal commitment be made, the government would need to be prepared to amend the RHPA, the profession-specific acts and the regulations under them.

Background: Following the meeting, Kris Bailey (CDO President) prepared the appended document Summary Questions Tri-Council Meeting March 17, 2021 and Motions.pdf

The stated intent of preparing this document was to provide the three councils with a standard set of responses to so-called 'burning questions' raised at the tri-council meeting. These responses were to be used to support discussion and voting on the two motions.

Next steps: Council is being asked to vote on the motions as proposed.

Decision:

MOTION 1: **BE IT RESOLVED THAT** the Council of the College of Dental Hygienists of Ontario, accepts the principles and vision presented in the "Governance Vision: Initial Steps to Amalgamation" document (January 18, 2021) and agrees to the drafting and signing of a Memorandum of Understanding between the CDHO, CDTO, and CDO to proceed with planning the amalgamation of the three organizations.

MOVED:
SECONDED:
VOTE: CARRIED:
DEFEATED:

Available Options:

1. Pass the motion
2. Defeat the motion
3. Other

If Motion 1 is adopted, then Motion 2 will be considered:

MOTION 2: **BE IT RESOLVED THAT** the Council of the College of Dental Hygienists of Ontario agrees to the formation of a Transition Oversight Committee. The composition of the Transition Committee will be, from each College: one public appointee, one professional member, and the Registrar. The total number of members of the Committee will be nine. The initial mandate of this Committee will be to begin the process of oversight and direction of the amalgamation vision, starting with the preparation of Terms of Reference for the Committee.

MOVED:
SECONDED:
VOTE: CARRIED:
DEFEATED:

Available Options:

4. Pass the motion
5. Defeat the motion
6. Other

College of Dental Hygienists of Ontario
Protecting your health and your smile

College of Dental Technologists of Ontario
Ordre des Technologues Dentaires de l'Ontario

COLLEGE OF DENTURISTS OF ONTARIO

Questions (and some Answers) Arising from the Tri-Council Workshop, March 17, 2021

Relevant to the MEMORANDUM OF UNDERSTANDING/AGREEMENT that addresses the BEGINNING of Amalgamation Discussions

- ***What was the rationale for not pursuing the shared agreement model?*** *This item was discussed at length with the Presidents. The key points are:*

    - there are no tangible benefits of being in the public interest for shared services
    - it doesn't tackle commonality, simplification of processes and streamlining
    - it doesn't address shared accountability
    - Quality Assurance process are different by design, so no improvement here for the public
    - generally, "purchased" services agreements are just that, they can be very MESSY, take an incredible amount of time, wind up with WIN-LOOSE situations with very little tangible benefit for the public, for quality or for cost; these situations are usually dealt with due to a need from one organization and another who can supply, it doesn't address anything that would pertain to the whole; shared services is a purchased service arrangement. Well-articulated common service level agreements (SLA) between organizations provides clarity of the shared or purchased service and sets out expectations if used
    - There is not potential for enhanced inter-professional performance
    - The Presidents decided that this approach was not worth the time / benefit

IT IS NOTEWORTHY, that this discussion regarding amalgamation was not about cost reduction, even though that is a likely final outcome.

- ***Could the language of the Motions (provided at the end of this document) be lessened?***
    - DRAFT MOTION 1 as articulated has wording that is important "accepting the principles and the vision; agree to drafting and signing of MOU or MOA; proceed with planning". This is an agreement to proceed with fleshing out the amalgamation opportunity so that it has substance for the Councils, for membership and for the Ministry. It is about the meeting of the minds and the willingness to work cooperatively to create something that is worthy of all 3 Councils. It is difficult to see where this language might be "lessened".
    - DRAFT MOTION 2 Changes to this Motion could be in the size of the Transition Committee but there does need to be equity in the Committee membership. The Transition Chair would normally be elected by the Transition Committee. Membership should be on Council for at least one year. The size, for easy working, of the Transition Committee would be 9-12 (Registrar, President + 1 or 2 Council Members from each College = making 9 or 12. The Transition Committee would strike one or more working groups with Term of Reference).

- ***Have the Colleges given thought to possible cost concerns?***
    - No, not at this time. None of the 3 colleges is experiencing financial woes. The transitional council / committee would need to determine a budget for the work and allocation. The "newly formed" vision, would also need a budget to determine what needs to be done, when and by whom. It appeared to the Presidents that this would be cost neutral or less once implemented. There may be short out-lay (e.g. project management).

- ***Have other colleges been approached to determine if they are also considering amalgamation?***
    - No. Some discussion with RCDSO, but they declined active participation at this time. The CNO (College of Nurses of Ontario) and the Ontario College of Teachers are well advanced in changing their governance that accommodates industry changes and modernization. The UK and Australia are well advanced in health professional regulation changes. The 3 colleges (Registrars) have been speaking about this for 2 years. Our Councils have been informed of developments as they occurred. The Presidents have been actively involved for just over 1 year.

- ***What will happen if the Ministry determines that the RCDSO should be part of the amalgamation?***
    - The MOH, at this time, wants to see the development of the vision. What would it look like, how would governance work, what would need to change (vis a vis regulation and legislation), what is the impact on the public? Once the MOH reviews, asks for modification etc., they would either give the go ahead to proceed or they could issue a full Oral College amalgamation. The vote on Amalgamation would not occur by the colleges until substantive development work is done and the MOH has had time to weigh-in. There are 2 potential opportunities: Dental Assistants (currently unregulated) and the Dentists (regulated) also join. I don't think we would want to preclude them from joining, but work needs to start somewhere. Last groups(s) to participate don't get to change the essence of governance once the articles of amalgamation are created.

- ***Will there be a dispute resolution procedure if competing priorities develop?***

  At this point, any of the 3 colleges can opt out. My understanding of previous discussions with the Presidents, that this is, at this time, 3 or none. The big vote for amalgamation does not occur with Councils until we have something substantive to present.

- ***Who would be the Chair of the new Board?***
    - Transition Chair should be elected by the transition team.

- ***We need a breakdown of the costs, the benefits and the advantages, and how this will better protect the public before we can go forward?***
    - As indicated, this is a belief in a vision that should be pursued to develop the content and the detail to answer this and other pertinent questions.

- ***Governance reform is a performance requirement. Should we pursue this first?***
    - Given that this is something we all need to do, it would make sense to do it once and together for uniformity. The public only wants 1-stop shopping. It would make it easier for them, for the government and ultimately for congregate operations.

RELEVANT TO WORK OF THE TRANSITION COMMITTEE.

- *Once the Memorandum of Agreement was signed, could one college change its mind?* During each PHASE of development, i would expect that the Councils would have a GO, NO GO, or ADJUSTMENT. The substantive decision for go, no go, adjustment would be made when substantive development of the vision is completed.
- The Transition Committee would cope with the following questions during their work. It would be presumptuous to answer the specifics of these questions before the Transition Committee or Working Groups have had an opportunity to thoroughly discuss each.

    a. *How would elections occur?*
    b. *Will the new Board operate under the policy governance model* (i.e. the governance model currently utilized by the CDHO)?
    c. *What will occur if the amalgamation does not work*? Is there a contingency plan? T
    d. *Will the Colleges seek registrant/stakeholder feedback on amalgamation? This is a communication plan.*
    e. *Is there a risk for the CDTO to be aligned with this oral health trio vs with the RCDSO (given the relationship registrants have with dentists vs being public facing). What challenges will the CDTO face if they were to go this route?*
    f. *How does each profession retain their professional presence in an amalgamated college?*
    g. What are specific benefits to the public? (see CNO, Teachers, McMaster Forum, UK Oral Health College, BC Oral Health College materials for inspiration)
    h. Some believe that the Colleges are so different; how will discipline and other committees function? (see the materials as provided in g., but we will need to derive how things will work, what will be different and why?)
    i. How does amalgamation benefit the college vs the regulatory environment for public protection and safety?

THE MOTIONS:

Motion 1.

Be it resolved that:

The Council of the College of [ ], accepts the principles and vision presented in the "Initial Steps to Amalgamation" document (January 18, 2021) and agrees to the drafting and signing of a Memorandum of Understanding between the CDHO, CDTO, and CDO to proceed with planning the amalgamation of the three organizations.

If Motion 1 is adopted, then Motion 2 will be considered:

Motion 2

Be it resolved that:

The Council of the College of [ ] agrees to the formation of a Transition Oversight Committee. The composition of the Transition Committee will be, from each College: one public appointee, one professional member, and the Registrar. The total number of members of the Committee will be nine. The initial mandate of this Committee will be to begin the process of oversight and direction of the amalgamation vision, starting with the preparation of Terms of Reference for the Committee.

College of Dental Hygienists of Ontario
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College of Dental Technologists of Ontario
Ordre des Technologues Dentaires de l'Ontario

COLLEGE OF DENTURISTS OF ONTARIO

TO: **Council Members - College of Dental Hygienists of Ontario, College of Dental Technologists of Ontario, College of Denturists of Ontario**

FROM: Kris Bailey (CDO), Caroline Lotz (CDHO), Michael Karrandjas (CDTO)

DATE: January 18, 2021

REPORT: INITIAL STEPS IN AMALGAMATION

The duty of a Health Profession Regulatory College is to serve and protect the public's interest in access to safe, competent, and ethical care provided by a regulated Health Professional. This obligation is currently met individually, in profession-specific contexts, by the College of Dental Technologists of Ontario (CDTO), the College of Dental Hygienists of Ontario (CDHO), and the College of Denturists of Ontario (CDO). The Councils of these three Colleges have agreed to explore the amalgamation of these three entities into one single Oral Health Profession Regulatory College.

The Process So Far

Since late 2018, the Councils of the CDTO, CDO, and CDHO have been exploring and following global trends in Health Profession Regulation and governance models of regulatory organizations. The College of Nurses of Ontario's Vision 2020[1], the Cayton Report into the performance of the College of Dental Surgeons of British Columbia[2], and, more recently, the amalgamation of Oral Health Profession regulatory bodies in British Columbia[3] have provided comprehensive, useful information for our three organizations as they look toward a common future as a single Oral Health Profession regulatory body.

In early 2020, the Registrars, Presidents, and Vice-Presidents of our three Colleges engaged in a discussion about opportunities for modernization and reform of operational and governance structures of the Colleges. A wide range of possibilities, from shared services to organizational amalgamation, were considered during these discussions. Following these conversations, a Discussion Paper[4] that framed further discussion of these options by individual Councils was developed and presented to each Council.

While a planned, combined discussion involving all three Councils was postponed because of the COVID-19 pandemic, discussions at each College continued throughout 2020. These discussions resulted in all three Councils expressing interest in exploring organizational amalgamation.

The Registrars, Presidents and Vice-Presidents of our three Colleges met again on December 18, 2020 and formed a smaller group consisting of one representative of each College and one Registrar (acting as a resource). At a meeting on January 8, 2021, this smaller group discussed the approach to this complex project and identified the need to articulate the guiding principles surrounding the amalgamation and a vision of the organizational governance structure as essential next steps in the conversation. The group also requested a legal opinion regarding the broad regulatory framework(s) in which such an amalgamation could occur.

Guiding Principles

Anticipating a need for a framework for ongoing discussions, the following draft Principles were developed by the group for consideration by the individual College Councils. Once finalized, these Principles will form the basis for a Memorandum of Agreement that will be adopted and signed by each College.

The Principles:

In our work together, we will:

- Hold the protection of the public's interest in access to safe, competent, and ethical care provided by a regulated Health Professional at the forefront of all discussions and decisions;
- Engage our key stakeholders in conversations at appropriate, key points;
- Commit to transparency in stakeholder communications;
- Ensure a combined responsibility for decisions that are shared between the three Colleges and Councils;
- Respect the autonomous, independent decision-making of the Colleges;
- Ensure continued attention to the maintenance of professional identity in all discussions and decisions; and
- Inform our actions and decisions with the principles of good resource stewardship.

Organizational Governance Structure - Vision 2021

The envisioned joint organizational governance structure of the amalgamated organization will see the transition of the three independent Councils to a single Board of Directors. This Board of Directors will oversee one multi-disciplinary regulatory authority, the duty of which will be to regulate the Oral Health Professions of Dental Hygiene, Dental Technology, and Denturism.

This single regulatory authority would support accessible, transparent Oral Health Profession regulation and provide the public with a single point of contact for inquiries or complaints regarding each of the three Oral Health Professions. It would, by the nature of its structure, promote strong, positive interprofessional collaboration, streamline and simplify the many common health profession regulatory processes, and allow for the maintenance of profession-specific standards. It would also support unified, targeted public awareness of the role of a Health Profession Regulator in Oral Health care. This amalgamated organization would be better equipped to respond collectively to emerging trends and policy across the three regulated Oral Health professions[5].

As a central theme and foundation, the three Colleges would be committed to a shared goal of public interest and protection in accordance with the Colleges' regulatory mandate, set out in the *Regulated Health Professions Act (1991)*.

The oversight body, the Board of Directors, will oversee the combined Oral Health Profession Regulatory Authority created by the three existing Colleges and led by a transitional team whose members are drawn from the membership of the three existing College Councils. Task-focused working groups, with equal representation from each College, would undertake the specific work of designing "the what" and "the how" of the amalgamation process that will occur at many levels of the organizational structure. This work will be evidence-informed and support the Principles outlined above.

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Legal Considerations

Since an amalgamation initiative of this scale and complexity requires regulatory change, an opinion on how such a regulatory change could occur was sought from Rebecca Durcan, Partner at Steinecke Maciura LeBlanc. Two broad models of consolidation are available:

1. Amalgamation and Continuation maintains the existence of the original corporations while creating and acknowledging a new corporation will be the regulator. This approach is less complex and avoids any future argument over jurisdiction.

2. Repeal and Create is more legally complex and carries with it the risk of loss of jurisdiction, in some matters, when the profession-specific regulatory framework is repealed.

We, the authors of this memo, recommend Amalgamation and Continuation. This option is more inclusive, pays attention to the past, is less complex and more aligned with the Ministry of Health, which retains final approval for any legislative modification related to Health Profession Regulation.

Next Steps

This document and its accompanying resources are provided to the members of all three Councils for review. A virtual joint session of the three Councils for the purposes of introduction and further discussion of broad strokes of the Project and any questions arising from review of the document will be scheduled in March 2021. One of the deliverables from this meeting will be agreement on the final version of this document. Once an agreement is reached, a Memorandum of Agreement will be drafted and signed by each College. Another deliverable will be establishing the composition (suggest 9) of the transitional group that will be responsible for the project oversight.

REFERENCES

1. College of Nurses Ontario – A Vision for the Future 2020

https://www.cno.org/globalassets/1-whatiscno/governance/final-report---leading-in-regulatory-governance-task-force.pdf

2. **Harry Cayton** - An Inquiry into the Performance of the College of Dental Surgeons of British Columbia

https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/cayton-report-college-of-dental-surgeons-2018.pdf**3. British Columbia** – Steering Committee on Modernization of Health Professional Regulation, November 2019

https://engage.gov.bc.ca/app/uploads/sites/578/2019/11/Modernizing-health-profession-regulatory-framework-Consultation-Paper.pdf

4. **Discussion Paper** for the Councils of Three Oral Health Colleges (see Appendix 1)

OTHER RESOURCES

PROPOSED

McMaster Health Forum - Evidence Brief Modernizing the Oversight of the Health Workforce in Ontario 21 September 2017

https://www.mcmasterforum.org/docs/default-source/product-documents/evidence-briefs/workforce-oversight-eb.pdf?sfvrsn=ab6e54d5_4

Appendix 1

DISCUSSION PAPER

for the Councils of Three Oral Health Colleges

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Ordre des Technologues Dentaires de l'Ontario

COLLEGE OF DENTURISTS OF ONTARIO

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INTRODUCTION

The purpose of this discussion paper is to further the conversation on governance reform that has been discussed at the registrar and executive committee level and informally within boards/councils and bring that discussion into a public forum. There has been suggestion that the current regulatory model in

Ontario does not sufficiently provide assurance that public interest is being served effectively and efficiently. This is not unique to the Ontario model, but is also being questioned in other Canadian jurisdictions. What is occurring in other jurisdictions and within Ontario will be discussed later in this paper.

A meeting of the Registrars, Presidents, Vice-Presidents and/or Council members of three oral health regulatory Colleges- the College of Dental Hygienists of Ontario (CDHO), the College of Denturists of Ontario (CDO) and the College of Dental Technologists of Ontario (CDTO) was held on February 14, 2020 . This meeting provided a forum for discussion of the above noted issues with a view to develop proposals for consideration by the three respective Councils.

SCOPE OF CONSULTATION

Consultation on these proposals will be occurring initially at the March/April Council meetings of the College of Dental Hygienists of Ontario (CDHO), College of Denturists of Ontario (CDO) and College of Dental Technologists of Ontario (CDTO) so that individual Councils can learn the aspects of governance reform that are important to them. It is proposed that on April 24, 2020, all three councils are brought together in a facilitated discussion to explore the ways the three colleges might work together to improve the effectiveness and efficiency of the current governance model and what that might look like.

It should be noted that the colleges are still in a preliminary phase of discussion and concept development, and accordingly, initial discussions are being held amongst College Councils at this stage. It is agreed by all three Colleges that, once a more concrete plan is developed, a thorough consultation process involving all stakeholders will be undertaken.

BACKGROUND

In Ontario, regulated health professions colleges' primary duty is to the public of Ontario, and as such, each college is responsible to ensure that their registrants meet the entry-to-practice requirements set by the college; and remain competent to practise throughout their professional lives. In addition, each college must also have a fair and transparent mechanism to deal with complaints about their registrants who fall below the expectations of their clients. The concept of self-regulation provides each profession the privilege of being part of the governance of the profession through the development of competencies, regulations and standards for the profession, educational requirements, entry-to-practice requirements, and the ability to investigate and make determinations of wrongdoing.

The *Regulated Health Professions Act, 1991* (RHPA) is the overriding legislation that created the regulatory model for the health professions in Ontario. The RHPA describes the delegation of power to the Minister and names acts that are considered risky enough that they should be prohibited from non-authorized persons. Schedule 1 of that document names each of the regulated health professions and each college's governing Act. Schedule 11, the Health Professions Procedural Code (the Code) sets out the objects of the college and the parameters to how they should be carried out. The scope of practice for each profession can be found in their profession-specific Act.

There have been criticisms that the current regulatory framework in Ontario is out of date and does not address the increased public concern over accountability and transparency. Moreover, media attention has amplified fears that the current regulatory framework:

- fosters a culture that favours professional interests over public interest
- has created silos between professions in the era of inter-professional and team-based care
- amounts to turf protection between professions
- keeps a protective wall between the profession and the public contrary to the public's need for transparency and accountability
- is inefficient
- creates a duplication of services if a complaint involves more than one profession
- does not have sufficient oversight.
- gives rise to skepticism that regulators can be trusted to put public interest above all other(s) within the current electoral and 'representative' model
- is too costly, resulting in numerous regulators 'struggling' to effectively meet legislative and regulatory obligations
- may create barriers to inter-professional care, thereby impacting patient safety

The question might be whether or not it is within the purview of the colleges to address these issues. The health regulatory colleges are split on this question. There are some that have adopted a wait-and-see approach while others feel that they would like to be part of the design of a better regulatory framework. Who better to look for ways forward than those currently work within the limits of the current legislation now? Is this in the public interest? We believe it is, given the public concern that has been raised about accountability, efficiency, effectiveness and transparency. The group that met on February 14th shared the collective view that to ignore these concerns would be contrary to our mandate to protect public interest.

REGULATORY TRENDS AND BEST PRACTICES

It has been generally accepted in the regulatory community that self-regulation as we know it today is on its way out. There are many signs that this is so. Some signs come from our own Ministry and some come from other provinces. For example, the Ontario government provided financial support to the McMaster Health Forum to investigate how to modernize the regulatory framework for the health workforce in Ontario and most recently, the British Columbia government released "Modernizing the provincial health profession regulatory framework: A paper for consultation" based on recommendations arising from the external review conducted by Harry Cayton and the PSA. To foster greater collaboration regarding regulation of professionals working together in interdisciplinary models, the BC government has proposed that an amalgamation of five regulated oral health professions (dental therapists, dental hygienists, dental technologists, denturists and dentists) under one oral health regulator would be in the public interest. There are very strong indications that change is in the air.

We already have an idea of what change may look like in Ontario by looking at some of the recommendations coming from these reports and by looking to some of our international counterparts. Luckily, a lot of the work has been done in discovering best practices that are becoming the trends for

change. Some of the most relevant information that has been collected and key findings have been highlighted below.

McMaster Forum Report: September 2019 Ontario

- Use a risk-based approach to health-workforce oversight
- Use competencies as the focus of oversight
- Employ a performance-measurement and -management system for the health workforce and its oversight bodies.
- Combine regulatory bodies, either by similar disciplines (ie. Oral health practitioners) or according to identified risk to the public (ie. Professions that have little contact with the public or no authorized controlled acts). Either of these moves would remove a majority professional interest on a regulatory Council.
- Greater involvement of citizens, through established Citizen Advisory Groups
- Silent on structure and selection of governing boards/councils.

BC Engineers & Geoscientists/ PSA Review (2018)

- Public members should be 50% on board/council (higher on committees)
- Reduce board/council from 17 to a more manageable number
  - Rigorous merit-based selection process
  - Ensuring a mix of skills and experience
- Enforceable Code of Conduct.

College of Nurses (CNO) A vision for the Future (2017)

- Competency-based appointments
- Training prior to appointment
- Smaller board/council (33 to 12)
- No board/council on committees
- Paying public members
- Appointment committee.

Ontario College of Teachers Governance Review Report (2018)

- Smaller board/council (14)
- No executive committee
- Competency-based appointments

- Increased public representation
- Governance/nominating committee
- New name – **The Ontario Teachers Regulatory Authority**.

British Columbia Nurses (PSA Review 2016)

- Separate governance and operations
- Mandatory board/council training
- Education for committees
- Increase in public engagement.

British Columbia Dentists (PSA 2018 commissioned by BC government)

- Smaller board/council
- Separation board/council and committees
- Competency-based appointments to board/council and committees
- Minimum 3-year separation from association position to board/council appointment
- Separation from professional association (no special influence on board/council decisions)
- 50% public representation on board/council
- Separate adjudicative body
- Oversight body for all regulatory colleges
- Single register for all health professions
- Standard Code of Ethics for all health professions.

Professional Engineers of Ontario PSA 2019

- Clarity and separation of roles (governance & operations; regulatory & advocacy)
- Separation of board/council and committees.

BC Government: Modernizing the provincial health profession regulatory framework:

A paper for consultation (2019)

- Competency-based board/council appointments
- Equal public representation
- Reduction in board/council size

- Reduction in number of regulatory colleges
- Creation of an oral health regulatory body
- Creation of an oversight body (eventually funded by regulators)
  - Power to make appointments
  - Create general (common) standards and Code of Ethics for professions
  - Oversight of regulatory functions
- Creation of performance measures and standards for the regulators
- Discipline decisions made outside of the regulator.

In review of these reports you will see a number of common threads. One of the most obvious is the involvement of the Professions Standards Authority (PSA) in reviewing various regulators. Why the PSA?

The Professions Standards Authority (PSA) operates out of the United Kingdom, is government appointed and is recognized as an authority in regulatory effectiveness. This is mostly because of the reputation they have built as an oversight body, the research they have conducted or commissioned, and the work they have done around the development of standards and guidance for regulators. It is no surprise that governments and regulators have sought out their expertise.

Is the proposed change happening in British Columbia coming to Ontario? This is hard to know. But there are indications that the Ontario government has looked to recommendations coming from the PSA to the BC government. This most obvious is the Ontario government's soon-to-be released College Performance Measurement Framework (CPMF). The design of the framework is to identify best practices and at first, provide guidance leading to reporting by the colleges that will be evaluated for efficiency and effectiveness. It is a step towards increased oversight by government and accountability of colleges.

All four oral health colleges are embracing the CPMF and have committed to working together to create a template for reporting and sharing resources and staff to help each other collect and analyze data and identify best practices. This is a wonderful example of the oral health colleges taking a leadership role and getting together for a common purpose aimed at regulatory effectiveness. This is definitely a step in the right direction. The more processes and practices become common to all regulatory bodies, the better for the public. In addition, this may lead to other collaborative adventures aimed at regulatory effectiveness and efficiencies.

The CDHO, CDO and CDTO councils have decided that they would like to take a proactive approach to modernizing their governance models rather than taking the wait-and-see approach. Councils recognize that improvements to the current regulatory model would be in the public interest. Knowing that there are established best practices already identified and being utilized by others, it is natural that we give consideration to them. It is in a collaborative effort that all three councils will share their collective experiences and wisdom to work on governance changes that might in turn be adopted by all three colleges.

We are not the first to look to changing our governance model. That credit should be given to the CNO who did much of the heavy lifting by way of evidence gathering, and who so willingly shared their

findings with us and other regulators in Ontario and other provinces. But their model may not be our model. This is our time to use our collective thoughts and ideas to create our own vision for the future.

It is a given that what we might envision for the future may require legislative change and an opening of the RHPA. This cannot be done without the involvement and will of the government. Other colleges such as the CNO have already asked the government to amend the RHPA to provide for a new governance model and the timing for us to map out what an improved regulatory model might look like is ripe. In a conversation in 2019 with Harry Cayton- who conducted the PSA reviews above- he suggested to the registrars of the CDHO, CDO and CDTO that we should not limit ourselves in what we ask government for if it is in the public interest to do so. He urged us not to be bound by thinking it can never happen or they will not consider it. There are better and different ways to conduct regulatory affairs that will do more to protect public interest, demonstrate a commitment to transparency and accountability and still preserve a place for the profession in self-regulation.

THE STARTING POINT

The registrars of the three oral health colleges, with each council's blessing, have met a number of times in the last year to talk about possibilities. Building on experiences at the CDO and the CDTO- who shared ICRC staff resources for a short period of time in 2017-18 , discussions focused on ways where we three Colleges could perhaps share resources and processes going forward. At the same time these discussions were happening, some of the reports mentioned earlier in this paper were being released. It was clear that if governance reform was coming, it would be prudent for our three colleges to work together and try to find a common model.

At the recent meeting on February 14th, with the council representatives of all three Colleges present, a vison of what a future regulatory model might look like was developed as a starting point to a larger discussion. The proposed regulatory model proposals are described below with discussion points to be explored.

REGULATORY MODEL PROPOSALS

1. Improved governance

The need for governance exists anytime a group of people come together to accomplish an end. In regulating a profession, a council acts as a board of directors who is accountable to the public for regulating the profession in their interest and for effectively fulfilling its oversight role by following good governance principles and defined and accountable practices. Ideally, the governance of the professions should be shared between the public and the professions in the interest of society as a whole. Identified best practice is where there is at least parity in the numbers of professional and public members on regulatory Councils and committees. Increasingly, jurisdictions are moving to models where regulated professions are combined under fewer regulatory bodies to create the critical mass required to support efficient and effective regulatory performance.

> "The role of the board is distinct from the role of the organisation it oversees. It is the function of the board that determines its form, not the function of the organisation. In health professional

> regulation, it is the function of the council (board) that determines its form, not the function of the regulator, which may vary according to the details of its legislation."[1]

Smaller boards/councils

> "There is no single "right" answer, but our experience suggests that a council of around 8 to 12 members is likely to be most conducive to effectiveness."[2]

Evidence shows the most effective size for a governing board/council is between eight and 12 members. Larger than this and boards/councils are challenged to engage every board/council member in a meaningful activity, which can result in apathy and loss of interest, meetings are difficult to schedule, there is a tendency to form cliques and core groups, thus deteriorating overall cohesion, there is a danger of loss of individual accountability, and it may be difficult to create opportunities for interactive discussions.

> "Larger boards can lead to communication and co-ordination problems, causing effectiveness and performance to suffer. A reduction in board size will help ensure boards provide effective strategic decision making and oversight."[3]

Smaller boards/councils also have cost benefits to an organization. As an example, reducing the CDHO professional members on council from 11 to 6 would represent a saving of approximately 50% for honorariums and expenses. While cost should never be considered in isolation, it is a consideration.

To improve functioning and effectiveness, it is proposed that regulatory college boards/councils move to a more consistent and smaller size.

Question 1a. *Do you support reducing the size of boards/councils?*
Question 1b. *Are there any possible challenges to reducing board/council size, and if so, how can they be addressed?*

Equal representation of public members

Under the RHPA, in recognition that public representation on boards/councils is essential to the function of profession regulation, public membership on Ontario's health regulatory Councils was changed to allow for just under 50% of Councils to be public appointees. Public members are widely seen to bring value to boards/councils and are a constant reminder that the purpose of the board/council is the protection of public rather than professional interests. It is a widely held belief that increasing the number of public members to at least 50% positively increases public's confidence that the regulator will make better decisions that put the public interest first.

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[1] Board size and effectiveness: advice to the Department of Health regarding health professional regulators September 2011

[2] Board size and effectiveness: advice to the Department of Health regarding health professional regulators September 2011

[3] *Idem*

[3] *Idem*

> "…shared regulation has benefits for professions too in building credibility and reinforcing the independence of the regulator. A credible regulator is absolutely in the interests of the profession as well as of the public."[4]

> "Unlimited self-regulation has in general proved itself unable to keep patients safe or to adapt to changing healthcare provision and changing public expectations. Professional regulation needs to be shared between the profession and the public in the interests of society as a whole… ….It would be beneficial to move to fully appointed boards combining health professionals and members of the public in equal parts."[5]

It is proposed that regulatory college boards/councils have equal numbers of professional and public members.

Question 1c. *Do you support an equal number (50/50) of public and professional board/council members?*

Question 1d. *Are there any possible challenges to the proposed approach, and if so, how can they be addressed?*

Elimination of the Executive Committee

The need for an Executive Committee seems to be linked to larger boards/councils and to limited communication avenues. The concept of the Executive Committee making decisions on behalf of the board/council came from a time when getting 5 people together to make a decision was easier than getting 20 together. With a smaller board/council, this is not seen as such a problem and given the advances in communication technology, it is easier than ever to communicate without being in one physical location. It has also been suggested that good governance is not having a board/council delegate its responsibility to a few board/council members but responsibility should remain with the whole.

> "A small board will not require an Executive Committee. The board will have full accountability for its agenda and decisions."[6]

It is proposed that regulatory boards/councils do not include an Executive Committee.

Question 1e. *Do you support the elimination of an Executive Committee?*

Question 1f. *Are there any possible challenges to eliminating the Executive Committee, and if so, how can they be addressed?*

Changes in Terminology

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[4] Fit and Proper? Governance in the public interest PSA March 2013

[5] An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act December 2018

[6] Final Report: A Vision for the Future CNO 2017

In alignment with best regulatory governance practices in leading jurisdictions, proposed changes in current terminology were considered. In keeping with council's role as a governance board, it would be more appropriate to eliminate the use of terms like president and vice-president,(which are commonly used in member-service associations or organizations) and use the terms chair and vice-chair. This provides additional clarity to the role of the chair of the board/council, which is more of a job versus a 'president' , which is often seen as a position of honour, power or prestige. It was further suggested that the term' member' should more appropriately be changed to 'registrant' to provide clarity that the regulator registers and regulates members of the profession but that it is not granting 'memberships' in the College. These are changes that may be able to be made through by-law revisions.

A proposal to change the names of regulators from "Colleges" (which implies educational institutions) to "regulatory authorities or boards" (that makes clear the regulatory role) has support but would require legislative amendments.

Competency-based Councils

> "There is an important shift in thinking required in the governance of regulatory bodies in moving away from the concept of representativeness in membership."[7]

The PSA report to the BC government found that the election of registrant board members has continued to promote the misconception that these board members are accountable to those who have elected them, rather than being accountable to protect British Columbians. To address this issue, Mr. Cayton, in his report, proposes the elimination of elected board members in favour of "fully appointed boards combining health professionals and members of the public in equal parts."[8]

Research on what makes a board/council high performing suggests that boards/councils -that recruit members, review and evaluate their performance and develop their capacity to work effectively- perform better than those that do not. This is not supported by the current election process used by Ontario regulators. Canada remains one of a few leading jurisdictions that still permits elections of professional members onto regulatory Councils; internationally, best regulatory practice is that all regulatory Council members, both professional and lay members, are appointed to Councils pursuant to defined and accountable competency-based recruitment and selection processes.

The PSA recommends that all board/council members (registrant and public) be recommended for appointment through a competency-based process, which considers diversity, is independently overseen, and is based on clearly specified criteria and competencies. Details on how this would be accomplished would need to be investigated further. One thought for professional members might be to have persons selected through a competency-based process and placing those who qualify on an electoral ballot until such time as the legislation can be changed to remove the requirement for election.

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[7] Board size and effectiveness: advice to the Department of Health regarding health professional regulators September 2011

[8] Board size and effectiveness: advice to the Department of Health regarding health professional regulators September 2011

It is Mr. Cayton's view that reflection of specific geographic or demographic groups on regulatory Councils is un-important for good regulatory governance and that elimination of district elections would help address the misconception that those elected are accountable to those who elected them. Some boards/councils may be able to make changes to their election process through bylaws.

It is proposed that all board/council members (professional and public) be recommended for appointment through a competency-based process.

Question 1g. *Do you support a competency-based process for the appointment of professional and public board/council members?*

Question 1h. *Are there any possible challenges to the proposed approach, and if so, how can they be addressed?*

Separation of board/council and committees

> "The group that sets policy should not be making statutory decisions. There is a potential to bring bias and perceptions of bias from the board to statutory committees and vice versa."[9]

Looking to regulatory models outside Ontario and Canada it is a general principle that the work of the boards/councils is separate and apart from the work of the committees. Keeping a separation between those that make governance decisions and those that apply those decisions is seen to enhance the perception of the independence of those committees. This is especially true for the ICRC and Discipline committees.

It has been further suggested that the competencies required to sit on boards/councils may be different than those required for membership in a committee. Committee composition would still include representation of members of the public. Competencies would be identified for each committee and committee members would be appointed through a board-/council-approved process to ensure they have the competencies needed to fulfil their respective roles.

Having no board/council members on statutory committees will enhance the perception of the independence of those committees.

> "Both the public and members of the profession support composing these committees with different people than Council. Both groups, and other senior self-regulated professions, favour a competencies-based approach to committee selection."[10]

It is proposed that no board/council members be appointed to statutory committees.

Question 1i. *Do you support the exclusion of board/council members from sitting on statutory committees?*

Question 1j. *Are there any possible challenges to the proposed approach, and if so, how can they be addressed?*

[9] Final Report: A Vision for the Future CNO 2017

[10] ONTARIO COLLEGE OF TEACHERS Governance Review Report November 26, 2018

Compensation for both professional and public members

The current compensation of board/council members is a shared responsibility between the Ontario government and the regulatory colleges. The model sees public members compensated by government and the professional members compensated by the college. The public member rate is set by the government and the professional rate is determined by each board/council. In many colleges there is a disparity between public and professional pay, with the public rate well below that of the profession. For example, the CDHO professional (council) members receive an honorarium of $308 per day and public members receive $150.

The PSA has endorsed the idea that board/council members should be compensated appropriately for the responsibility and work that they do, especially if the board/council wishes to attract those with the competencies to contribute effective board/council governance. Given that equal pay for equal work is a fundamental societal value, all board/council members should be compensated the same. The responsibility to pay board/council members falls on the college and is the cost of self-regulation.

While it has been said that the payment of public members by the profession's fees may be seen as a conflict of interest and might suggest that the public members are working for the profession, this seems to be unique to some Canadian provinces including Ontario. In many other jurisdictions this occurs without question and seems to be working effectively.

This same argument if accepted might also be said to apply to professional members. What makes them different? If accepting money from fees collected from the profession infers that you are looking after the professions interests, then no wonder there is the perception by the public that the professional members are promoting the interests of the profession.

The operation of the regulatory college by the profession's registration fees includes the compensation of the board/council. This is the profession's responsibility in self-regulation and compensation should include all board/council members. A move towards transparent competency-based appointments for both professional and public members of Councils who are equally compensated by the regulator for their work, may help to eliminate any perception of conflicts of interest that may arise.

It is proposed that the compensation of public members be a responsibility of the college.

Question 1k. *Do you support the compensation of public members by the college?*
Question 1l. *Are there any possible challenges to the proposed approach, and if so, how can they be addressed?*

2. Amalgamation of oral health colleges

This may be where the conversation gets more difficult and readers may have to remind themselves that this paper is written from a regulatory standpoint. As such, this is not about what may or may not be in the profession's interest but what is in the public interest. Of course the profession will have some interest in this and rightly so. It should and will have an opportunity to contribute to any further discussions should boards/councils think amalgamation might be a consideration.

On February 14th, the group considered a number of ways that the three Colleges could begin to work together relatively quickly and without having to wait for legislative changes. However, if we look to what is happening in British Columbia and consider comments made by ministry representatives in the

past, we would be short-sighted if we did not expand our thinking 'outside the box 'on the premise that what is happening in BC could also happen here.

But this is not the sole reason for looking at this concept. Some of the anticipated pros/benefits of going further than simply sharing services were considered. These include: a shared commonality of purpose; potential for an improved quality infrastructure; development of a shared comprehensive risk management program; better quality management programs with metrics, coordinated policy development and standards of practice. It is also proposed that costs will be reduced through amalgamation of infrastructure, and that more importantly, the sharing of talent to ensure the right persons are performing the right roles. All three Colleges have talented staff whose expertise could be maximized in regulating the three professions to benefit the public. Size is another factor, since smaller regulators which are held to the same legislative and regulatory organizations as larger ones may not be sustainable. The increasing costs of self-regulation (talented staff, IT, operating funds, program development and implementation, capital requirements etc) challenge long term sustainability. Amalgamation could result in increased efficiency and effectiveness and lower overall costs and registration fees.

There is acknowledgement that such a move, however, will be seen by some as a perceived loss of autonomy; a change in or loss of the current self-regulation model and a change in or loss of current organizational cultures.

Through a public interest lens, how might the public interest be better served with fewer regulators providing a more streamlined process and why is this something worth considering?

Clarity to the public

With few exceptions, most people who access oral health services would have difficulty identifying which regulator is responsible for regulating the oral health professional they received treatment from. In some cases, one visit to a clinic may have exposed them to multiple oral health professions increasing the likelihood of confusion. If someone or some treatment did not meet their expectations, where do they go to complain? What if it involves more than one profession?

Regulatory colleges have tried to encourage the public to actively seek information on their healthcare practitioners through the public register. In the oral health community, this means consulting four public registers depending on how many practitioners you are seeing. You can see not only the confusion in this but also the time and effort a person would have to expend. This creates of course an argument for a common health register but that is outside of this discussion. A register common to the oral health colleges would go a long way towards making it easier for clients who visit oral health practitioners. This is something that could be accomplished without amalgamation but becomes easier when other regulatory processes that feed the register are in harmony.

Cost of infrastructure/cost of self-regulation

> "….research findings for both the UK and Australia which show that the larger the register, certainly up to 100 thousand registrants, the greater the economies of scale".[11]

[11] An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act December 2018

The cost of running a regulatory college is predominately borne by the registrants of that college with the exception of the compensation of the public members and the costs incurred by the government ministry that oversees the 26 Ontario health colleges. We cannot forget that it is the taxpayers that pay for the infrastructure that considers HPARB appeals, fair registration practices, regulations, etc. A reduction in the number of colleges and the number of public appointments and a reduction in the number of transactions between the government, its agencies and one college instead of three should see a reduction in costs and time for the government.

A larger financial benefit may be experienced by registrants. All colleges, regardless of size, have the same mandate, requirements for infrastructure and processes and reporting. This comes at a cost that is spread out over the number of registrants. Registrants of smaller colleges pay higher fees than registrants of larger colleges. In the example of the three oral health colleges, an amalgamation should see a significant reduction in fees for the registrants of the two smaller colleges.

College	Annual budget (2020)	Number of staff	Number of registrants	Registrant fees
CDHO	$6,459,195.00	21	14,300	$415
CDO	$1,692,037.40	5	743	$1,900 + $247 HST = $2,147
CDTO	$1,045,667.00	6	561	$1,616

Effectiveness and Efficiency

On combining processes, there is an opportunity to learn from each other and develop best practices. Just because a larger college does something one way does not mean it is the best way. All processes will benefit from a multi-organizational review. This is another way efficiency and effectiveness will be enhanced through an amalgamation.

Enhanced public and registrant services are also a desired outcome of amalgamation. A more efficient public register has been discussed already. Registration services through a common self-service portal will also improve registrants' experiences. Sharing human resources means that the public will have access to bilingual services that may have been difficult for smaller colleges to offer.

> "It is possible to envisage groupings of colleges around particular services such as dentistry (currently four colleges) or by creating a multi-occupation college, as has been done in Ireland and the UK. These regulators have provided effective and efficient services to both patients and registrants of multiple smaller occupations."[12]

[12] An inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act

We have acknowledged that there are economies of scale in monetary terms. But money is not the only resource in consideration. Presently, services are occurring in duplication at all three colleges. We all have staff handling registration, quality assurance and complaints. In smaller colleges, staff have multiple roles where in larger colleges there may be teams handling a work function. If the work was centralized, it would free up other staff members to pursue other college initiatives. In other words, we could utilize our human resources more effectively.

Currently, all three colleges have databases that are costly to maintain. Establishing a single database for multiple professions would be cost effective, and make populating the public register easier and streamline data transfers to the government.

There are many operational items such as HR, payroll, office space, employee benefits, staff education, office equipment that, if centralized, would create greater efficiencies and may also provide benefits to employees at smaller colleges that did not have access to them before. It would also go towards attracting future employees and retaining current ones.

Board/Council and committee composition

A true amalgamation of the three oral health colleges would see one board/council with equal representation of all three governed professions. To have a board/council of twelve, there would be two dental hygienists, two denturists, two dental technologists and six members of the public.

There are a number of different models for committee composition that could be considered under this model. One models the composition of board/council with a mix of the profession and another separates committees by professions. Another might combine both concepts where you have mixed profession committees that could use profession-specific panels. There are models used in other jurisdictions that can be consulted.

> "The most successful regulators have shown that while clinical input is essential at various stages of the regulatory core functions, the job of regulating does not itself require clinical skills, training, or registration as a health or care professional. It requires people who have the relevant skills to undertake regulation and provide organisational management with dedication and competence whether they are health or care professionals or not. Openness in reporting performance and transparency of process will demonstrate fairness and build credibility."[13]

Size matters

An amalgamation of the three oral health colleges would contribute to a larger college for all three. In the regulatory world, like it or not, size does seem to matter. Three professions speaking with one voice would be a stronger voice.

Dentistry

By all accounts, based on what has been discussed above, it would provide more clarity to the public if all the oral health colleges had one point of contact and common processes and standards, etc. However, at this stage in time, our initial discussions have been limited to these three oral health

[13] Fit and Proper? Governance in the public interest PSA March 2013

Colleges who have expressed interest in proactively seeking more cost-effective solutions. Cost, because of the size of the RCDSO, is probably not a factor in their consideration of amalgamation. However, improved risk management, efficiency, and effectiveness are common quests for all colleges.

We have already agreed to work as four oral health colleges on finding ways to improve our processes and effectiveness. We do not want the discussions we are having on the amalgamation of the three colleges to have a negative impact on that collaboration. Perhaps we can find another way to share regulatory processes without the need to amalgamate all four colleges in a traditional sense. Perhaps we can find a way that preserves professional regulatory autonomy and still do all that we want to meet the needs of the public.

Once this document becomes public, we will no doubt have conversations with the RCDSO about how this may play out. We will welcome those conversations and any insight they may offer. Our intent is not to exclude.

All this being said, there are no set rules to how an amalgamated college might be structured. Those details would have to be worked on further if this is the direction the colleges wish to pursue. There are models in the UK, Ireland and Australia that might provide working examples for the Ontario oral health colleges.

We are all agreed that a model will not work if there is not equal representation at the board/council table. That is to say if there are twelve board/council members and six are public members, then the remaining six would have two professional members of each of the three professions. No profession would have power or influence greater than another.

Moving forward

At this point, it must be stressed that these discussions are very high level and that there are many more consultations and details to work out before our Councils put forward any proposal to the Ministry. On this basis, we are asking you to consider:

The proposal that the three oral health colleges identified in this paper work towards an amalgamation that would see three colleges become a single college.

Question 2a. *Are you supportive of the proposed approach to amalgamate the three oral health colleges?*

Question 2b. *Please share your concerns with this approach, as well as your suggestions to address challenges.*

Legislative requirements

Many of the discussion points in this paper would require changes to legislation. This means that the final decisions would be made by government. This fact should not limit the thinking brought forward by this paper. Considering all the information before them, boards/councils should be creative in looking for ways to improve the current regulatory model. Look for ways to make small changes that do not require more than bylaw changes. The best practices have already been identified in other jurisdictions. The question may be, how can we make them work for us? Or perhaps out of all our discussions we may find our own better and unique way to improved governance.

RESOURCES

An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act PSA December 2018

Board size and effectiveness: advice to the Department of Health regarding health professional regulators PSA September 2011

Final Report: A Vision for the Future CNO 2017

Fit and Proper? Governance in the public interest PSA March 2013

ONTARIO COLLEGE OF TEACHERS Governance Review Report November 26, 2018

College of Dental Hygienists of Ontario
Protecting your health and your smile

Council
BRIEFING NOTE

Meeting date:	June 11, 2021
Agenda item:	6.8 Canadian Performance Exam in Dental Hygiene ownership
Appendices:	Appendix A: Proposal for the Administration of the CPEDH
References:	Reference A: November 7, 2014_Funding for National Standardized Clinical Examination Project Reference B: June 16, 2017_Adoption of National Clinical Examination in Dental Hygiene Ontario Regulation 218/94, the Dental Hygiene Act, 1991 Part 1 Examinations and Part VII Registration of O. Reg. 218/94: General
Owner:	Executive Committee
Staff support:	J. Keir / D. Adams

Issue: The owners of the Canadian Performance Exam in Dental Hygiene (CPEDH) — the CDHO, the College of Registered Dental Hygienists of Alberta (CRDHA) and the College of Dental Hygienists of British Columbia (CDHBC) — requested that the National Dental Hygiene Certification Board submit a proposal (Appendix A) to take over the administration and ongoing maintenance of the CPEDH.

CDHO must determine if this proposal supports the sustainability of administering a high validity and reliability exam to ensure that only those who possess the mandatory entry-to-practice competencies are registered as dental hygienists in Ontario and the rest of the country.

Public protection rationale: Regulatory Colleges must have processes and procedures in place to assess the competency, safety, and ethics of the people who obtain registration. Where entry-to-practice competence exams are used, it is important to ensure that they are reliable (i.e., they offer consistent results over time, across items and raters) and are valid (i.e., they measure the required competencies). Reliability and validity are increased when the test is administered consistently to a large enough group of test takers. Having an exam that is reliable and valid is one measure by which to ensure that the assessment of applicants to the CDHO is effective.

Additionally, labour mobility legislation in Canada requires each jurisdiction operate using a 'permit on permit' model, which essentially means that regulated professionals who are in good

standing in their own province must be registered in other jurisdictions. Having a sustainable national level exam contributes to CDHOs ability to protect Ontarians by ensuring that individuals seeking registration through labour mobility will have been assessed using a reliable examination.

Source of Authority: Ontario Regulation 218/94, the *Dental Hygiene Act, 1991* gives CDHO to set "the examinations to be taken by applicants to the College for registration" (s1. Part 1 Examinations of O. Reg. 218/94: General).

Further, the current Part VII Registration regulation specifies that graduates of programs not accredited by the Commission on Dental Accreditation of Canada or by the American Dental Association Commission on Dental Accreditation "must have successfully completed a clinical competency evaluation set or approved by the Registration Committee," (s 31.(1) 3.) which is granted to anyone successfully passing the NDHCE. Note that this referred to the clinical competency evaluation CDHO used to rely on. Council approved the CPEDH to fill this (see the June 16, 2017 Issue Assessment).

Background: The CPEDH was developed by the owners as a clinical examination with the intent of creating a national standardized exam that would allow all Canadian dental hygiene regulators to be confident that successful candidates would be similarly evaluated. This exam is currently required for international applicants and graduates of non-accredited dental hygiene programs.

Initial funding for exam development was received from the government of Alberta. Council subsequently approved $100,000 to continue the development of the exam (see the November 7, 2014 Issue Assessment). The current operations of the exam are at a loss both in terms of hard expenses over revenue and in terms of in-kind contributions of staff work on the administration and delivery of the exam.

Current annual costs to CDHO with shared ownership:

YEAR	CANDIDATES	REVENUE	COST	NET
2017	5	$2,500 (5 @ $500)	$42,000 *($16,000 startup, $27,000 delivery)*	-$39,500*
2020	6	$15,900 (6 @ $2,650)	$50,000	-$34,100¤*
2021	20	$53,000 (20 @ $2,650)	$160,000	-$107,000*

¤ These costs were estimated. No exam was offered in 2020 because of COVID-19.

*This does not include considerable in-kind contributions or staff time, which in the past were dependent on the location of the exam sitting.

Proposed ongoing cost to CDHO with transfer of ownership:

YEAR	CANDIDATES	REVENUE	COST	NET
2022	7*	$17,850 (7 @ $2,550)	$100,913¤	-$27,867 (-$83,063/3)
2023	7	$18,207 (7 @ $2,601)	$102,931¤	-$28,308 ($84,924/3)

*It is estimated that approximately 7 candidates per year would write the exam. This number may fluctuate.

¤ These costs are estimated based on actuals from the owners in 2017 to 2019. They do not include the considerable in-kind contributions.

The NDHCB proposal is to manage all aspects of the administration of the exam, from registration to the delivery of results. The overall goal of the proposal is to successfully administer the CPEDH in its current format to registered candidates one time per year in Q3-4 at (a) location(s) to be determined based on availability and candidate location beginning in 2022–2023.

Should the other provinces move to requiring all applicants pass the clinical exam, it is expected that it would be revenue neutral as the cost of developing and delivering the exam would be covered by examinee fees. This is currently the case with the written exam that is administered by the NDHCE. If this scenario is realized, a new agreement would be required and it is expected that CDHO would continue to have access to the exam for candidates required to take it to register in Ontario without any significant increase over the current administration costs.

Risk Assessment: Since the proposed approach assumes that all aspects of exam administration would be assumed by the NDHCB with contributions from the three provinces ensuring that it was revenue neutral, the out-of-pocket cost to CDHO should remain fairly static. The benefits would be that CDHO will not be required to provide in-kind and staff support. Staff is suggesting that risks to CDHO relate to the transfer of ownership would be:

1. Actual costs would be assigned back to CDHO rather than staff being able to proactively manage exam administration costs. However, the risk of unexpected costs or overrun could be mitigated by having a consistent team of experienced NDHCB staff who have specific high-stakes exam administration and an established network of consultants/ vendors to administer the exam. Furthermore, the amalgamation of FDHRC and NDHCB will allow CDHO to participate in the oversight of exam administration.

2. Once a year offerings of high-stakes exams can be seen as problematic (e.g., to stakeholders such as the Office of the Fairness Commissioner). On its own, CDHO would be hard pressed to find or justify the resources it would take to run the CPEDH more frequently. The NDHCB is not opposed to offering the exam more frequently than once a year if the volume of candidates warranted this. Note that the cost would be significantly higher if it were offered more often, and exposure of exam content (which is

a function of the number of times/days exam content is being used as well as the number of candidates writing) would need to be considered as well.

3. If CDHO was not to transfer ownership when the other two provinces agreed to, managing the clinical exam would become prohibitively more expensive for the small number of applicants required to undergo the CPEDH.

Next Steps: Council decides whether or not to approve the NDHCB proposal to take over the administration and ongoing maintenance of the CPEDH.

Decision:

MOTION: **WHEREAS** the National Dental Hygiene Certification Board has submitted a proposal to take over the administration and ongoing maintenance of the CPEDH; and
WHEREAS having a sustainable national level exam contributes to CDHOs ability to protect Ontarians;
THEREFORE, BE IT RESOLVED THAT Council approve the NDHCB proposal to take over the administration of the CPEDH as presented in Appendix A.

MOVED:
SECONDED:
VOTE: CARRIED:
DEFEATED:

Available Options:

1. Pass the motion to transfer the administration of the CPEDH to the NDHCB.
2. Defeat the motion
3. Other

Appendix A
NDHCB Proposal

Reference A

DECISION: **REGULATORY**

TO: CDHO Council

FROM: Executive Committee

DATE: November 7, 2014

SUBJECT: **Funding for National Standardised Clinical Examination Project**

BACKGROUND

In May 2012, Yardstick and the Dental Hygiene regulatory colleges for British Columbia, Alberta, and Ontario began the project of creating a standardized clinical examination for the purpose of evaluating the clinical skills of internationally-educated Dental Hygienists, as well as graduates from non-accredited DH schools in Canada.

The project group consists of a steering committee comprised of two members from each of the three participating regulatory authorities (www.CRDHA.ca, www.CDHBC.com, www.CDHO.org) and two external consultants. The six regulatory committee members each hold staff positions with their respective regulatory authority. The two external consultants have been contracted from Yardstick Testing and Training Experts (www.getyardstick.com) to provide expertise and guidance as it relates to the development and validation of assessment tools.

The College of Registered Dental Hygienists of Alberta (CRDHA) received an $184,000 grant from the Alberta Human Services Innovation Fund Project to put towards the national project and all three provinces contributed in kind for college representatives to work on the project and attend/host meetings.

The project milestones are on track and progress reports have been submitted to the Province of Alberta as required. The funding will run out by February 2015. A summary of activities under the Alberta Human Services Innovation Fund Project is presented in **Appendix A**.

The next step in the project is the validation of the standardized clinical examination and the adoption of this examination by all Canadian dental hygiene regulators (**see Appendix B**). It is important to note that performance-based and live client assessment tools were developed but not analyzed as part of the AB Government funded project. There are additional costs to complete this phase of the project that will not be covered by past funding.

The steering committee is investigating further funding from all three provincial governments as well as from the Department of Human Resources and Skills Development (HRSD). While this has not been fruitful to date, there is a strong desire to see this project to completion.

At the Federation meeting in Moncton October 1, 2014 the registrars of all provinces endorsed the importance of the project and the registrars of Alberta, British Columbia and Ontario committed to finding monies to help further the project.

BUDGETARY IMPLICATIONS:

The proposal is to use a maximum of $100,000 from CDHO's reserve fund.

DATE OF IMPLEMENTATION:

Funds would be available January 1, 2015

LEGAL IMPLICATIONS:

None

RELATIVE TO MANDATE:

This project is in keeping with the regulatory responsibilities delegated by the provincial government to the CDHO to maintain professional standards and ensure public safety by assessing the qualifications and competence of persons applying for registration. As noted, all three regulators currently conduct provincial clinical skills evaluations as part of their registration processes, however, the evaluation processes vary substantially. The goal is to first standardize the clinical evaluation processes in Alberta, British Columbia and Ontario and then have the other Canadian dental hygiene regulators adopt the standardized clinical evaluation process. A similar successful standardization project was undertaken in the early 1990s to establish a standardized national written examination. The National Dental Hygiene Certification Board Exam (written) is now a requirement for entry-to-practice in all provinces except Quebec.

RELATIVE TO GOALS:

CRITICAL SUCCESS FACTOR #2: Ongoing effective regulation of the profession.

Goal #2: The reputation and integrity of the College is maintained, ensuring confidence in the College's ability to govern its registrants.

STAKEHOLDER POSITIONS:

The practice of dental hygiene in Canada is regulated provincially. For someone who is applying to enter the profession the requirements are different depending on the province. Most provinces require a national written examination that is managed by a third party and a "clinical skills" evaluation managed and delivered provincially. The clinical skills evaluation and cost to participate in the evaluation differs from province to province. For example Alberta and British Columbia hold a 2 day clinical evaluation and Ontario holds a ½ day evaluation. In addition some of the smaller provinces, especially the ones who have recently become self-regulated, do not have the funds to create a clinical evaluation process and are looking to the larger regulatory bodies for help. Thus far, Alberta, British Columbia and Ontario being the provinces with the largest demand for a clinical skills evaluation have recognized the need to standardize the evaluation process and have taken the leadership in resolving the disparities between provinces.

At the Federation meeting in Moncton October 1, 2014 the registrars of all provinces (except Quebec) endorsed the importance of the project and indicated their willingness to support a national clinical examination.

The new standardized clinical exam will improve the foreign qualifications assessment and recognition process by ensuring that those applicants who are required to complete a clinical exam in order to become registered will receive the same style of exam and be tested on the same nationally accepted competencies, regardless of the jurisdiction in which they take the exam. Development of improved processes and common tools to assess foreign trained applicants will support and enhance collaboration of dental hygiene regulators across Canada and improve fairness, transparency and consistency for foreign qualified exam candidates.

RECOMMENDATION TO COUNCIL

The Committee recommends that Council pass the following motion:

Whereas the College has monies available in its reserve fund and;

Whereas a standardised national clinical examination would end disparities between the entry to practice evaluations across jurisdictions and;

Whereas the Colleges of Alberta and British Columbia have already committed monies to the project;

Therefore be it resolved that up to $100,000 from the College's reserve be used, if required, in the development of the national clinical examination.

MOVED: Executive Committee

CARRIED:
DEFEATED:

AVAILABLE OPTIONS:

1. Pass the motion…
2. Defeat the motion…
3. Defeat the motion and refer to Committee…
4. Other?

Committee Recommendation

The Executive Committee recommends Option #1.

APPENDIX - A

Pan-Canadian Project	Steps	Progress
Stage One Identification of Clinical Competencies	1. Review of National Competencies to identify the target clinical competencies to be evaluated by the standardized clinical exam. 2. Survey of educators. 3. Survey of practitioners & regulators. 4. Analysis of current AB, BC & ON clinical examination processes.	1. Completed 2. Completed 3. Completed 4. Completed
Stage Two Exam Blueprinting	1. Determine importance of individual competencies 2. Determine weighting for competence categories. 3. Determine performance environment required for demonstration and assessment of each competency (i.e. written exam, performance-based exam, assessment using live clients). 4. Create Exam Blueprint. 5. Create rules for multiple hurdle exam (Phase One – written, Phase Two – performance-based, Phase Three – live patient). 6. Conduct survey of practitioners & regulators to validate blueprint.	1. Completed 2. Completed 3. Completed 4. Completed 5. Completed 6. Completed
Stage Three Development of Performance Indicators & Tasks	1. Specify candidate tasks for each competency based on performance environment. 2. Define performance standards and passing scores for performance-based and clinical exam elements.	1. Completed 2. Completed
Stage Four Item & Task Development and Review	1. Subject matter experts develop performance tasks for Phase Two-performance- based exam. 2. Development of exam guides for examiners and candidates. 3. Review policies regarding eligibility, administration, appeals.	1. Sufficient tasks developed to run Pilot. Exam bank will need to be expanded. 2. In progress 3. Not complete
Stage Five Examination Pilot and Analysis	1. Identify target group for pilot of Phase Two-performance-based exam 2. Training of exam administration personnel 3. Orientation of examiners.	1. Completed 2. Completed for pilot only 3. Completed for pilot only

APPENDIX - B

Pan-Canadian Project Objectives (Final phase)	Key Activities	Results
Validation of a standardized clinical examination designed to assess competence of foreign qualified applicants for registration.	1. Beta-test Phase Two (performance-based exam) 2. Beta-test Phase 3 (live client exam) 3. Evaluate inter-rater reliability and adjust training tools/orientation processes accordingly. 4. Development of common sets of assessment tools (i.e. client charts, models and other items to support exam case scenarios, assessment forms) for use in any jurisdiction.	1. A reliable and valid standardized clinical examination process to measure the competence of foreign qualified applicants. 2. Evidence of reliability. The exam scores accurately measure competence. 3. Evidence of validity. The exam supports the measurement objective to verify that the competence (knowledge, skills and judgment) of each exam candidate is comparable to the Canadian nationally accepted entry-to-practice competencies. 4. Evaluator guides and training ensures each regulatory authority applies the exam process fairly and consistently. 5. Use of common assessment tools ensures each regulatory authority delivers the exam process fairly and consistently.
Adoption of the new standardized clinical exam by other dental hygiene regulatory authorities in Canada.	1. Develop a communication strategy to support roll-out of the Standardized National Clinical Exam 2. Face-to-face meetings with other Canadian dental hygiene regulators to seek acceptance of this assessment process and a Pan-Canadian Standard.	1. Dental hygiene regulators in addition to AB, BC and ON adopt the standardized clinical exam. 2. Applicants for registration who are required to take a clinical exam receive the same exam and are tested on the same nationally accepted competencies, regardless of the jurisdiction in which they take the exam. 3. The standardized clinical examination supports the intent of the interprovincial trade agreements.

Reference B

DECISION: **REGULATORY**

TO: CDHO Council

FROM: Examinations Committee

DATE: June 16, 2017

SUBJECT: Adoption of National Clinical Examination in Dental Hygiene

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BACKGROUND

The College currently administers a clinical competency examination for applicants from non-accredited dental hygiene programs at least once a year. A similar examination is also conducted in Alberta and British Columbia. In May 2012, all three provinces began a project aimed at creating a standardised examination that was psychometrically sound and ensured that applicants sitting an examination in any of the 3 provinces experienced the same examination.

The National Clinical Examination in Dental Hygiene was developed ensuring adherence to best practices with a grant received from the Alberta government. In 2015, recognizing the importance of this project, the CDHO Council passed a motion to financially support the project with funding in the amount of $100,000 which was matched by the other two participating regulators. With the guidance of qualified psychometricians, this examination has gone through rigorous testing to ensure that reliability, validity and fairness standards have been met to produce a defensible examination.

The development of the examination is now complete and the examination is available to the provinces who wish to administer it. The national clinical examination has received endorsement from the Federation of Dental Hygiene Regulators of Canada (FDHRC) and Alberta, British Columbia and Ontario are seeking approval of their Councils to start using the national examination.

In 2016, knowing the completion of the national examination project was imminent, the College hired an independent psychometrician to evaluate the CDHO's current clinical examination. Although a lot of time and resources had gone into the national examination project, there would be no point in bringing forward a new examination to Council if the current examination was sound. There were a number of recommendations for improvement that came out of that report. The proposed national clinical examination addresses all of the recommendations in the report.

The Examinations Committee after reviewing the psychometricians report and the proposed national clinical examination developed by the 3 provinces are bringing this issue assessment forward and asking Council to approve the National Clinical Examination in Dental Hygiene as a replacement for the clinical examination currently conducted by the College.

BUDGETARY IMPLICATIONS:

Costs associated with administering the examination in 2017 will rise due to the format and increased resources required.

DATE OF IMPLEMENTATION:

The next scheduled examination is November 4, 2017

LEGAL IMPLICATIONS:

The CDHO must deliver a valid, reliable, and fair examination that aligns to current accepted standards for high-stakes examinations. An exam that incorporates best practices into the testing process lessens the probability of legal challenges or appeals based on the presence of irregularities of sufficient magnitude to have materially affected a candidate's performance.

RELATIVE TO MANDATE:

This project is in keeping with the regulatory responsibilities delegated by the provincial government to the CDHO to maintain professional standards and ensure public safety by assessing the qualifications and competence of persons applying for registration and is consistent with Council's commitment to fair, equitable and transparent practises.

RELATIVE TO ENDS:

Consistent with Ends Policy Criteria #1: Safe, High Quality Professional Practice

STAKEHOLDER POSITIONS:

The new standardized clinical exam will improve the assessment and recognition process by ensuring that those applicants who are required to complete a clinical exam in order to become registered will receive the same style of exam and be tested on the same nationally accepted competencies, regardless of the jurisdiction in which they take the exam. Development of improved processes and common tools to assess internationally trained applicants and those from non-accredited programs will support and enhance collaboration of dental hygiene regulators across Canada and improve fairness, transparency and consistency for all exam candidates.

RECOMMENDATION TO COUNCIL

The Examination Committee recommends that Council pass the following motion:

> **Whereas** the College shall specify the general areas of competency to be examined and shall ensure that the examinations provide a reliable and valid measure of a candidate's competency in knowledge, skills and ability for the practice of dental hygiene in Ontario and;

Whereas the CDHO is committed to administering a valid, reliable, fair and legally defensible examination to assess entry-to-practice competency and;

Whereas successful candidates will demonstrate competency comparable to the Canadian nationally accepted entry-to-practice competencies and;

Whereas the use of common assessment tools and evaluator training/guides ensures that each regulatory authority applies the exam process fairly and consistently and;

Whereas a standardised national clinical examination supports the intent of the interprovincial trade agreements;

Therefore be it resolved that the National Clinical Examination in Dental Hygiene be adopted to replace the current CDHO Clinical Competency Evaluation.

MOVED: Examination Committee

CARRIED:
DEFEATED:

AVAILABLE OPTIONS:

1. Pass the motion…
2. Defeat the motion…
3. Defeat the motion and refer to Committee…
4. Other?

Committee Recommendation

The Examination Committee recommends Option #1.

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Council
BRIEFING NOTE

Meeting date:	June 11, 2021
Agenda item:	6.10 Rescinding Policy 2.7.7 Protection of Retirement Benefits
References:	Policy 2.7.7 Protection of Retirement Benefits
Owner:	Executive Committee
Staff support:	D. Adams / S. Fox

Issue: Executive Limitation Policy 2.7 Compensation and Benefits provides the global constraint:
"[w]ith respect to employment, compensation and benefits to employees, consultants, contract workers and volunteers, the Registrar/CEO shall not cause or allow jeopardy to fiscal integrity or public image." Policy item 2.7.7 further limits the scope of authority of the CEO with respect to the protection of retirement benefits by putting off limits any decision by the Registrar, to [r]emove or significantly reduce retirement benefits for employees within three years of retirement."

Upon review of the policy at its March 2021 meeting, Council was asked to consider if Executive Limitation policy item 2.7.7 was necessary. The policy item withholds from the Registrar the authority for the specific decision about existing benefits to retired employees and assigns this decision to Council.

Public protection rationale: As the body charged with ensuring that Dental Hygienists provide safe, ethical and competent care to Ontarians, CDHO must be a responsible steward of its financial resources.

Source of Authority: CDHO Policy 2.7 Compensation and Benefits

Background: In 2015, external legal counsel was asked to review a prior decision by Council about the health care benefits provided as part of retirement benefits to employees who had reached the "80 (or 85)" standard (65 years + 15 years of employment). Legal counsel advised Council that the nature of retirement health benefits provided by CDHO represented a significant financial risk. This resulted in a decision to limit the health care benefits to a specific amount for a limited number of years post-retirement, a decision that Council decided it should review every three years thereafter. This led to the writing of Executive Limitation policy item 2.7.7.

Review of this policy by the Executive Committee and subsequently by Council in its March 2021 meeting, concluded that it was unnecessary to withhold the authority for this decision from the Registrar.

Next Steps: Council is being asked to rescind Executive policy item 2.7.7 and Governance Process policy item 4.2.4.7. related to Protection of Retirement Benefits.

Decision:

MOTION:

WHEREAS Executive Limitation policy 2.7 Compensation and Benefits limits Registrar authority as follows: "[w]ith respect to employment, compensation and benefits to employees, consultants, contract workers and volunteers, the Registrar/CEO shall not cause or allow jeopardy to fiscal integrity or public image."; and

WHEREAS policy item 2.7.7 Protection of Retirement further unnecessarily limits the Registrar's authority by stating that, the Registrar shall not "[r]emove or significantly reduce retirement benefits for employees within three years of retirement."; and

WHEREAS Governance Process policy item 4.2.4.7 specifies that it is Council's job to make decisions regarding benefits to retired employees;

THEREFORE, BE IT RESOLVED THAT Executive Limitation policy item 2.7.7 and Governance Process policy item 4.2.4.7 Protection of Retirement be rescinded and that Executive Limitation policy items following 2.7.7 be renumbered as required.

MOVED:
SECONDED:

VOTE: CARRIED:
DEFEATED:

Available Options:

1. Pass the motion
2. Defeat the motion
3. Other

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Council
BRIEFING NOTE

Meeting date:	June 11, 2021
Agenda item:	9.1 Financial Reporting Dates
Owner:	Executive Committee
Staff support:	D. Adams / S. Fox

Issue: Council needs to receive financial reports that allow it to ascertain the financial health of the CDHO.

Public protection rationale: As the body charged with ensuring that Dental Hygienists provide safe, ethical and competent care to Ontarians, CDHO must be a responsible steward of its financial resources.

Source of Authority: CDHO's Policy Manual directs that Council must be aware of any incidental information. Specifically, policy 2.8.1.4.1 Financial Reports indicates that Council is to receive a quarterly financial statement.

Background: Current practice is for staff to provide a report based on the dates that materials are prepared for the Council meeting (e.g., approximately two weeks before the meeting date). This does not always coincide with financial quarters and is different year to year.

Bringing reports in line with fiscal quarters is in keeping with best practices for financial reporting. Moving to quarterly reporting will provide Council with more useful information through which to judge the financial health of the College by allowing comparisons from one period to the next and year-over-year based on the regulatory calendar (e.g., renewal fee payment deadlines). This approach is also advocated by CDHO's auditor as a routine best practice.

Risk Assessment: Presenting financial information based on inconsistent reporting periods could lead to a misperception as to CDHO's financial health or operational costs. For example, Council and committee stipends reported in one year based on an arbitrary cutoff date that is shorter than a full financial quarter compared to the next year reported on a full 12-week period could be compared and seen to represent a significant increase in payments to Council members when, in fact, it was simply payments made over a longer period of time. This kind of discrepancy would also make it difficult for Council to do appropriate benchmarking.

For Council's information: The Executive Committee provided direction to staff to ensure that financial reporting to Council be aligned with fiscal quarters (i.e., January 1 to March 31; April 1 to June 30; July 1 to September 30; November 1 to December 31) in order to provide a more consistent picture of CDHO's financial status.

At times when a meeting date does not allow for the provision of a full quarter, Council will not receive a quarterly report at their meeting. Instead, staff will provide quarterly monitoring reports to the Executive Committee to allow appropriate review and discussion at their meeting and to the full Council through the normal monitoring process (i.e., through the board portal) approximately 20 business days after the end of each quarter. In order to ensure transparency, the Executive Committee will then report to Council on their receipt and review of the statements. This will ensure that information related to the financial status review is included in the meeting materials available to the public.

Financial Reporting - Quarterly

For the Year ending December 31, 2021

Revenue		2021 BUDGET	Q1	Q1 % Earned	Q2	Q2 % Earned	Q3	Q3 % Earned	Q4	Q4 % Earned	TOTAL	Y-T-D % Spent	Variance Explanation
	Registration Income	5,856,755.00	$ 5,625,205.00	96%							$5,625,205.00	96%	Q1 includes deferred revenue for 2021 renewal period (collected Nov/Dec 2020)
	Self-Initiation	16,200.00	$ 4,740.00	29%							$ 4,740.29	29%	
	Corporation Income	20,000.00	$ 11,950.00	60%							$ 11,950.60	60%	
	Professional Clinical Competency	53,000.00	$ -	0%							$ -	0%	
	Drug Exam	18,750.00	$ 6,250.00	33%							$ 6,250.33	33%	
	QA Exam	165,000.00	$ 59,100.00	36%							$ 59,100.36	36%	
	Legal Recovery	-	$ 1,650.00	0%							$ 1,650.00	0%	
	Interest Income	200,000.00	$ 5,973.19	3%							$ 5,973.22	3%	
	TOTAL Revenue	**6,329,705.00**	**$ 5,714,868.19**	**90%**							**$ 5,714,869.09**	**90%**	

Expenses		2021 BUDGET	Q1	Q1 % Spent	Q2	Q2 % Spent	Q3	Q3 % Spent	Q4	Q4 % Spent	TOTAL	Y-T-D % Spent	Variance Explanation*
Programs													
	Clinical Competency	200,000.00	$ -	0%							$ -	0%	
	Jurisprudence Expense	20,000.00	$ 5,198.00	26%							$ 5,198.26	26%	
	Drug Course and Exam	17,000.00	$ 4,875.04	29%							$ 4,875.33	29%	
	Self-Initiation	2,000.00	$ -	0%							$ -	0%	
	Mentorship Program	6,600.00	$ -	0%							$ -	0%	
	ICRC	114,000.00	$ 18,729.54	16%							$ 18,729.70	16%	
	Discipline	241,000.00	$ 80,821.00	34%							$ 80,821.34	34%	
	Public and Registrant Engagement	100,000.00	$ -	0%							$ -	0%	
	Quality Assurance	520,720.00	$ 99,677.71	19%							$ 99,677.90	19%	
	Registration	171,750.00	$ 18,523.48	11%							$ 18,523.59	11%	
	Commission on Dental Accreditation of Canada (CDAC)	130,000.00	$ -	0%							$ -	0%	
	Registrant Resources	147,000.00	$ 1,398.79	1%							$ 1,398.80	1%	
	Special Projects	50,000.00	$ 10,170.00	20%							$ 10,170.20	20%	
	National Projects	50,000.00	$ 1,000.00	2%							$ 1,000.02	2%	
	Department/Program Evaluations	50,000.00	$ -	0%							$ -	0%	
	Sexual Abuse Plan and Survivors Funding	46,500.00	$ -	0%							$ -	0%	
	Awards and Grants	5,000.00	$ -	0%							$ -	0%	
	Total PROGRAMS	**1,871,570.00**	**$ 240,393.56**	**13%**							**$240,395.14**	**13%**	
Operations													
	Salaries & Benefits	2,800,000.00	$ 727,127.33	26%							$ 727,127.59	26%	
	Information Technology	473,450.00	$ 87,692.15	19%							$ 87,692.34	19%	
	Postage/Stationery	22,000.00	$ 3,307.24	15%							$ 3,307.39	15%	
	Rent Expense	505,000.00	$ 106,554.30	21%							$ 106,554.51	21%	
	Leased Equipment	18,000.00	$ 3,592.05	20%							$ 3,592.25	20%	
	Telephone/Teleconferences	24,000.00	$ 7,269.94	30%							$ 7,270.24	30%	
	Conferences/Professional Development	70,000.00	$ 12,139.52	17%							$ 12,139.69	17%	
	Subscriptions, Memberships and Dues	24,000.00	$ 10,049.34	42%							$ 10,049.76	42%	
	General Office Administration	50,000.00	$ 3,870.29	8%							$ 3,870.37	8%	
	Consulting - General	50,000.00	$ -	0%							$ -	0%	
	Legal - General	50,000.00	$ 3,429.60	7%							$ 3,429.67	7%	
	Contingency Fund	100,000.00	$ -	0%							$ -	0%	
	COVID-19 EMERGENCY EXPENSES	-	$ 2,756.67	0%							$ 2,756.67	0%	
	Total OPERATIONS	**4,186,450.00**	**$ 967,788.43**	**23%**							**$ 967,788.66**	**23%**	
Governance													
	Council - Consulting	85,000.00	$ 23,798.71	28%							$ 23,798.99	28%	
	Council - Training	50,000.00	$ 6,215.00	12%							$ 6,215.12	12%	
	Council - Honorarium	145,000.00	$ 43,230.29	30%							$ 43,230.59	30%	
	Council - Committee Expense	205,000.00	$ 41,621.60	20%							$ 41,621.80	20%	
	Ownership Linkage	22,125.00	$ 75.76	0%							$ 75.76	0%	
	Audit Expense	25,000.00	$ -	0%							$ -	0%	
	Total GOVERNANCE	**532,125.00**	**$ 114,941.36**	22%							$ 114,941.58	22%	
	TOTAL EXPENSES	**6,590,145.00**	**$ 1,323,123.35**	**20%**							**$ 1,323,123.55**	**20%**	

*** VARIANCE EXPLANATION (Expenses)**
Explanation will be provided when the Year-to-Date Actual is >5% of the 2021 Budget Assumptions.

Cash Details - Quarterly

For the Year ending December 31, 2021

	Q1	Q2	Q3	Q4
Business Account (RBC)	4,819,071.74			
Short Term Investments (RBC Dominion Securities)	33,403.24			
Long Term Investments - GIC (RBC Dominion Securities)	9,007,206.89			
Total Funds	**13,859,681.87**			

College of Dental Hygienists of Ontario
Protecting your health and your smile

Suggested Motions – Friday, June 11, 2021

11. COUNCIL SELF-MONITORING

11.1 MOTION: **THAT** Council has assessed its compliance with its policy GP 4.4 (President's Role) and determined that there is sufficient data to support a reasonable interpretation of the policy.

Moved:

Seconded:

VOTE:

11.2 MOTION: **THAT** Council has assessed its compliance with its policy GP 4.5 (Vice-President's Role) and determined that there is sufficient data to support a reasonable interpretation of the policy.

Moved:

Seconded:

VOTE:

11.3 MOTION: **THAT** Council has assessed its compliance with its policy CRD 3.6 (Registrar/CEO Succession) and determined that there is sufficient data to support a reasonable interpretation of the policy.

Moved:

Seconded:

VOTE:

11.4 MOTION: **THAT** Council has assessed its compliance with its policy CRD 3.7 (Registrar/CEO Termination) and determined that there is sufficient data to support a reasonable interpretation of the policy.

Moved:

Seconded:

VOTE:

College of **Dental Hygienists** of Ontario
L'Ordre des **hygiénistes dentaires** de l'Ontario

Council
BRIEFING NOTE

Meeting date:	June 11, 2021
Agenda item:	12.1 Revised Entry-to-Practice Competencies
Appendices:	**Appendix A:** YouTube video: Entry-to-Practice Canadian Competencies for Dental Hygienists: A project funded by the Federation of Dental Hygiene Regulators of Canada or PowerPoint presentation version (embedded in this document) **Appendix B:** FDHRC_EPCCoDH_Final_Report_2021-02-25 **Appendix C:** EPCCoDH_EN_final_version_2021-02-25 **Appendix D:** EPCCoDH_version_française_v.02_2021-04-12
References:	Ontario Regulation 218/94 - General Regulation under the Dental Hygiene Act Part VII Registration FDHRC Competency Project
Owner:	Registration Committee
Staff support:	K. Fraser

Issue: Entry-to-practice competencies (ETP) for health professionals need to be up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology). The Federation of Dental Hygiene Regulators of Canada (FDHRC) has recently completed a comprehensive review and revision of the dental hygiene ETPs. CDHO will be asked to adopt the revised competencies; the Registration Committee will play a role in assessing and endorsing the competencies.

Public protection rationale: As the body that sets and evaluates ETP competencies, CDHO must ensure that it has processes and procedures in place to assess the competency, safety and ethics of the people it registers to practise.

Public protection is served by ensuring that the required competencies are based on the best available evidence, reflect current best practices, are aligned with changing publications and where appropriate, aligned with other Canadian dental hygiene regulators.

Source of Authority: Ontario Regulation 218/94 is the 'General' regulation under the *Dental Hygiene Act*, *1991*. Part VII Registration prescribes the requirements for registration with CDHO.

Background: The ETP competencies were developed in 2010 through what was a collaborative project involving the major stakeholders responsible for the profession; Canadian Dental Hygienists Association (CDHA), Federation of Dental Hygiene Regulatory Authorities (FDHRA), Commission on Dental Accreditation of Canada (CDAC), National Dental Hygiene Certification Board (NDHCB) and dental hygiene educators. Once the initial project was complete, these same stakeholders became the users of the competency document. As users of the document, it was understood that each organization needed to interpret the document in a manner that met their unique needs without changing the overriding intent of having one national document.

The FDHRC undertook the current review through the Competency Project, working in a collaborative approach with relevant stakeholders. It is being shared with all provincial regulators as part of the approval, endorsement and implementation processes. The attached Development of Entry-to-practice Canadian Competencies for Dental Hygienists report (Appendix B) details the process to date and expected next steps.

Next steps: Council will be attended by representatives from the FDHRC, who will be prepared to provide information to support discussion of the ETPs and the planned implementation process.

In preparation for this, Council is asked to:

- either view an 11-minute presentation on YouTube Entry-to-Practice Canadian Competencies for Dental Hygienists: A project funded by the Federation of Dental Hygiene Regulators of Canada or the attached PowerPoint version (including the notes that are provided).
- review FDHRC's Final Report (Appendix B) in order to understand the process.
- review the revised competencies (Appendix C – English and / or Appendix D – French) in order to be able to comment on them.

Once Council has had a chance to review the competencies and participate in the discussion with FDHRC representatives, they will be asked to approve them so that the process can move forward to introduce the competencies for implementation across Canada.

This implementation will involve regulators (who will need to ensure alignment in entry-to-practice requirements, ongoing competence through Quality Assurance, for the proposes of assessing competence in complaints and reports screening as well as discipline proceedings). Once the FDHRC has approval from each province, the NDHCB can start using the competencies

for the board exam, CDAC can start using the competencies for accreditation, and all of the schools across Canada can start making adjustments to their curriculum used for the accreditation standards.

Decision:

MOTION: **WHEREAS** Entry-to-practice competencies (ETP) for health professionals need to be up to date and relevant to the current practice environment; and

WHEREAS the CDHO must ensure that it has processes and procedures in place to assess the competency, safety and ethics of the people it registers to practise; and

WHEREAS the Federation of Dental Hygiene Regulators of Canada (FDHRC) has completed a comprehensive review of the dental hygiene ETPs and developed updated Entry-to-practice Canadian Competencies for Dental Hygienists;

THEREFORE, BE IT RESOLVED THAT Council approve the revised entry-to-practice competencies.

MOVED:
SECONDED:
VOTE: CARRIED:
DEFEATED:

Available Options:

1. Pass the motion to approve the revised entry-to-practice competencies
2. Defeat the motion
3. Other

Appendix A

Please note that this s also available as a YouTube video by clicking on this link:
https://www.youtube.com/watch?v=K2RNu1ghjCc

FDHRC EPCCoDH

FORHDC CoCAPHD

Entry-to-Practice Canadian Competencies for Dental Hygienists

A project funded by the Federation of Dental Hygiene Regulators of Canada

The Federation of Dental Hygiene Regulators of Canada

Fédération des organismes de réglementation en hygiène dentaire du Canada

Development of Entry-to-practice Canadian Competencies for Dental Hygienists

FINAL REPORT

February 25, 2021

Contents

Executive Summary

The principal objective of this project was to develop updated Entry-to-practice Canadian Competencies for Dental Hygienists, taking account of developments in the profession and replacing the competencies and standards published in January 2010 by a consortium of dental hygiene educators, regulators, educators, and other organizations concerned with the profession.

The project was sponsored by the Federation of Dental Hygiene Regulators of Canada (FDHRC), a federation of organizations which have a statutory responsibility to regulate the profession of dental hygiene within their respective provinces.

The competencies present a detailed description of the knowledge, skills, attitudes, behaviours, and judgement required at entry-to-practice, regardless of the practitioner's level of education or previous experience. The competencies integrate both clinical and non-clinical statements and are relevant to dental hygienists in all settings and contexts, including dental hygiene practices, dental offices, public health agencies, dental industries, educational, and research institutions.

The project involved the contribution of many individuals and organizations from across the country, most notably a working group of practicing professionals, an advisory panel, and a subject-matter expert – supported by a consultancy with expertise in the development of competencies. A nationwide survey of registered dental hygienists ensured the profile accurately reflects day-to-day work and accounts for current trends in the profession.

A Steering Committee, composed of three representatives from the FDHRC, oversaw the project through regular meetings with the project team, members of the FDHRC, and stakeholders.

The profile was developed based on a conceptual framework which included recommendations for the structure, format, and content of the competencies. The competencies themselves were organized into seven domains, and displayed in a framework which was adapted from the CanMEDS Physician Competency Diagram developed by the Royal College of Physicians and Surgeons of Canada. The ADPIE process of care, a framework for professional dental hygiene practice and continuous learning in any practice setting or role, was integrated throughout the profile.

This report is intended to record the process so that the authoritative nature of the project outcomes can be properly appreciated. It also includes a discussion regarding possible next steps related to the approval, endorsement, and implementation of the profile.

1. Introduction

1.1 Objective

The principal objective of this project was to develop updated Entry-to-practice Canadian Competencies for Dental Hygienists, taking account of developments in the profession and replacing the competencies and standards published in January 2010 by a consortium of dental hygiene educators, regulators, educators, and other organizations concerned with the profession.

Key requirements were to:

- Ensure that the competencies cover current practice, including both knowledge and performance expectations;
- Include the full range of competencies, both technical and non-technical;
- Identify what additional competencies are likely to be required due to changes in legislation, technology, and any other factors;
- Ensure that the full scope of practice is included, while accounting for provincial differences;
- Explore the format and components of the competencies to ensure they are as user-friendly useful as possible and in line with current national and international best practice.

2. Talent / Stakeholder Engagement

In an effort to ensure that as many dental hygienists as possible use and benefit from the competencies, representatives of the entire profession were solicited to fill a variety of roles. The perspectives of stakeholders were also obtained in order to build ownership and support for the product.

2.1 Project Contributors

The development of the document was the result of contributions from many sources and levels of consultation to ensure the profile accurately captures the necessary competencies, reflects current trends in the profession and society, is informed by evidence and professional expertise, and meets the needs of a broad group of stakeholders. Particularly:

1. A pan-Canadian working group composed of practitioners, educators, and regulatory representatives;
2. A subject-matter expert with experience in the clinical, education, regulatory, and association sectors;
3. An advisory panel consisting of representatives from the regulatory and examining bodies, educational programs, and professional associations;

4. A steering committee made up of representatives from the regulatory bodies, who oversaw the project and liaised with members of the FDHRC;
5. Individuals with diverse knowledge of Indigenous ways of knowing and Indigenous culture and history in Canada (in 2, 3, and 4 above);
6. A national survey which solicited input from all registered dental hygienists across the country;
7. The CamProf Inc. project consulting team, who has expertise in competency profile development.

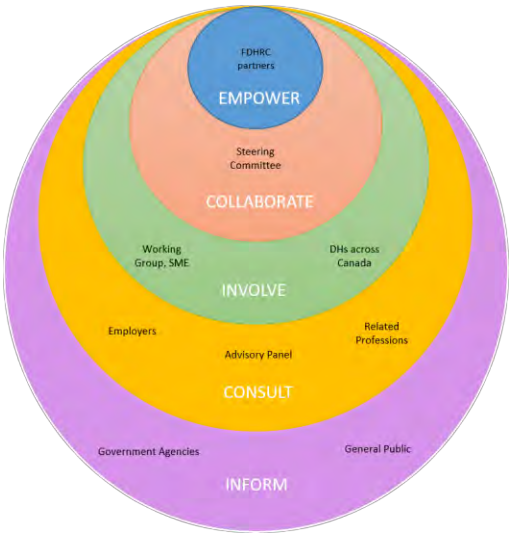
A complete list of project contributors can be found in Appendix A.

2.2 Stakeholder Engagement Plan

A Stakeholder Engagement Plan (the "Plan") was developed and approved by the Steering Committee. The Plan aimed to:

- Build mutual trust and understanding of the project;
- Build ownership and support for its various activities;
- Offer consultation, input, and expertise to the project team;
- Encourage participants to become ambassadors for the project, its objectives, and outcomes.

Key stakeholders were identified and their role in the engagement process clearly defined. CamProf Inc. was responsible to ensure that all components of the Plan were designed and delivered according to the documented plan. The diagram below identified the relevant and interested parties to the project, including their respective involvement.



In order to document how each stakeholder's interests would be addressed, the Plan included detailed activities and timelines as outlined in Appendix B.

2.3 Stakeholder consultations

In addition to the written input solicited as part of the Stakeholder Engagement Plan, the Steering Committee arranged for 5 virtual consultations:

- Two meetings with members of the FDHRC, one to present the conceptual framework and project activities/timelines, the other to discuss approval and implementation;
- One meeting with the Advisory Panel, to discuss feedback on the second draft of the profile;
- Two meetings with educators (one in each official language) to review the project and to accept feedback on the second draft of the profile.

3. Methodology

In its original proposal, CamProf Inc. identified a series of activities to support the development and completion of this project. These are summarized below.

The COVID-19 pandemic had an impact on the project methodology, which was revised to exclude face-to-face meetings after the initial meeting of the working group in March 2020. Timelines were respected overall, but remained flexible in light of the unexpected pressures on regulatory bodies.

3.1 Project Management

CamProf Inc. managed all aspects of the project, providing communications and regular progress reports to the Steering Committee through formal reporting, virtual meetings, and an online collaborative platform.

A detailed project plan was developed and tracked on a weekly basis. An overview of the plan can be found in Appendix C. The project was launched in November 2019 following a competitive bidding process.

Together with members of the Steering Committee and their respective staff, the team devised a project name, acronym, and logo in both French and English. A page dedicated to the project was added to the FDHRC website.

3.2 Review of current competency profile

The first step in the development process was to identify where the original competencies no longer adequately reflected current and anticipated entry-to-practice requirements. Information was collected from seven key informants representing various organizations and sectors within the profession (e.g., regulators, educators, certification and accreditation boards, association, and First Nations representatives).

The key informants reported having used the competencies to develop standards, curriculum, and/or examination content. Overall, they felt that although the content of the original document was generally valid, its structure was less than ideal. The informants added there was a need to incorporate elements of practice which go beyond technical skills (e.g., cultural competence, professional boundaries, leadership, collaboration, professionals).

The representatives also suggested that the updated profile should be clear, valid, current, readable, measurable, usable, comprehensive, and future-proofed.

One organization's response suggested a differing view on several of the questions posed. This view was reflective of the organization's strategic objective to establish entry-to-practice at the baccalaureate level.

3.3 Conceptual Framework

CamProf first delivered a conceptual framework for the FDHRC Steering Committee's consideration. This document set out the options, considerations, and specific recommendations which allowed the FDHRC to select how they preferred the final competencies to be expressed. In particular, recommendations were made for the structure, format, and content of the competencies.

The FDHRC endorsed the use of a structure which incorporated the following key components:

Competency Title	A short statement of what a competent practitioner is able to do.
Performance Criteria	Details the behaviours which are required, and which will be assessed. Competence requires that all performance criteria be met.
Clarifications	These provide explanations or additional information on the range of context for the performance criteria.
Knowledge Requirements	A list of relevant areas, theories, and processes underpinning each competency.
Degrees of Mastery	The level of proficiency that the practitioner must reach in order to be considered competent. This is expressed using Bloom's Trajectory©, which is explained in detail within the profile itself.

The competencies themselves were organized into seven domains (see mapping in Section 3.4 below), and displayed in a framework which was adapted from the CanMEDS Physician

Competency Diagram developed by the Royal College of Physicians and Surgeons of Canada (1996, updated in 2005 and 2015). CanMEDS is a framework that identifies and describes the abilities physicians require to effectively meet the health care needs of the people they serve. Its main purpose is to define the necessary competencies for all areas of medical practice and provide a comprehensive foundation for medical education and practice in Canada. A competent physician seamlessly integrates the competencies of all seven CanMEDS roles contained therein. The CanMEDS model has been adapted around the world, both within and outside the health professions.

The ADPIE process of care, a framework for professional dental hygiene practice and continuous learning in any practice setting or role, was integrated throughout the profile. The systemic approach incorporates fundamental principles of critical thinking, person-centred approaches to care, goal-oriented tasks, evidence-informed decision-making, and intuition. It provides the basis for safe and effective dental hygiene care and overall practice by integrating key behaviours: assessment, dental hygiene diagnosis, planning, implementation, and evaluation. Documentation and continuous reflection and evaluation behaviours take place throughout the entire process.

In finalizing the conceptual framework, the FDHRC and the CamProf team considered the national association's recommendation to have the competencies articulated at the diploma level, as opposed to being a reflection of the abilities which might be gained by graduates over time (or of the knowledge and skills gained through baccalaureate education, which have been documented separately by the association). The FDHRC's member bodies determined that a single profile would be established regardless of the academic credential for the following reasons:

- In order to comply with Canada's internal trade framework and commitments, regulatory authorities have the primary responsibility for establishing occupational standards that ensure public protection[1]. Regulators are responsible for assessing the skills and credentials of applicants against those standards in order to certify, register, and license qualified applicants. Currently, the regulatory bodies deem a single set of standards to be in the public interest;

- Foreign qualification recognition - the process of verifying that the knowledge, skills, work experience and education obtained in another country is comparable to the standards established for Canadian professionals – is based on the principles of fairness,

[1] Canadian Free Trade Agreement – Consolidated Version (2020), https://www.cfta-alec.ca/wp-content/uploads/2020/09/CFTA-Consolidated-Text-Final-English_September-24-2020.pdf, accessed January 11, 2021.

transparency, timeliness, and consistency[2]. In order to uphold these principles, the FDHRC endorses the use of a single standard which is free of the educational context and based on a single, agreed-upon, national standard;

- Standards for entry to practice are defined by the regulatory bodies solely in the public interest. While some individuals and organizations may be of the view that it is in the public interest to increase the minimum academic requirements in Canada, the FDHRC is not currently involved in advocating for legislative change which would result in such system-wide enhancements. Members of the Federation therefore anticipate that both educational credentials will be accepted for the foreseeable future;

- In addition to potentially creating regulatory barriers and necessitating extensive cooperation, the development and administration of separate standards to accommodate the existence of various credentials would be unwieldy and would pose a potential risk to defensibility.

Anecdotally, it was suggested that some educational programs (diploma programs in particular) may not meet the requirements of the new profile. Members of the FDHRC were strong in their conviction that the programs must adhere to the updated standards, for example by revising their curriculum or developing more robust assessment vehicles. Representatives of the diploma programs themselves registered no objections to the contents of the profile, nor their ability to meet the standards. Ongoing dialogue, including with the national accreditation body, will no doubt assist with addressing any concerns in this area going forward.

3.4 Improving the Competencies

Guiding Principles

In working toward improving the competencies, a number of principles were first adopted:

- Aim for a universal and comprehensive profile, while keeping it simple and easy to understand and use;
- Represent the complexities of the profession as clearly and succinctly as possible;
- Present a document which will, to the extent possible, bring about successful, widespread uptake by members of the FDHRC and stakeholders;

[2] Forum of Labour Market Ministers. A Pan-Canadian Framework for the Assessment and Recognition of Foreign Qualifications (2009), https://www.canada.ca/en/employment-social-development/programs/foreign-credential-recognition/funding-framework.html#h2.1, accessed January 11, 2021.

- Cover all major areas of competency, without being restricted to clinical aspects or those unique to the practice of dental hygiene;
- Establish a profile which addresses the dental hygienist's career span and all major job roles – or at least create a document which can be easy to augment well beyond what is currently mandatory for entry-to-practice;
- Address all areas of practice and contexts that may be required at entry-to-practice, including competencies which may just be emerging;
- Published national and international sources shall inform the development of the competencies.

Trends and New Developments

In order to update and "future-proof" (to the extent possible) the competencies, the CamProf team reviewed new and emerging trends and developments within the profession. These were then validated with members of the Working Group and the FDHRC and reflected in the competencies. These are listed below:

Dental Hygienists' Roles and Work Context

- Independent practice, self-employment, entrepreneurship
- Mobile practices
- Leadership
- Practice in a patient-centered model
- DHs as administrators and other non-clinical roles
- Inter-professional health teams, collaboration in dental/medical settings
- Oral-systemic health

Costs and Efficiency

- Pressure to deliver high volume of billable care, while reducing costs
- Pressures to limit scope of practice
- Climate change - practices, carbon footprint
- Do-it-yourself dentistry

Diversity and Inclusion

- Rural and remote care, access to care
- Impact of Truth and Reconciliation
- Trauma-informed practice
- Aging population and long-term care facilities
- Diversity of communities: economic, race, gender

Technology

- Virtual care: telehealth, tele-dentistry
- Adapting to rapidly-changing technologies;

- 3D printing, laser technology
- Electronic systems, apps

Other

- Advanced infection prevention and control
- Increasing demand for chronic disease management
- Generational issues (professionalism, values, social media)
- Addictions and legalization of drugs
- Provincial/Territorial legislation

Mapping

The first step to update the competencies consisted of performing a detailed mapping of the original competencies against the new framework. The figure below provides an overview of the results of the exercise:

Working Group Input

The regulatory bodies recruited a 16-member working group. The members of the group represented 8 out of 10 provinces, various occupations (e.g., clinician, educator, regulator, business owner) and work environments (e.g., dental clinic, dental hygiene private practice, public health, hospital).

The working group met for a three-day face-to-face meeting in Toronto in March 2020 to: (1) validate the trends, new developments, and guiding principles, and (2) assist with the development of the domains, competency titles, performance criteria, and clarifications. Sub-groups subsequently met virtually during the last two weeks of March in order to complete the work initiated in Toronto.

Members of the working group participated in two follow-up meetings - in May and October 2020 to provide input on the first and second drafts of the profiles, respectively, as well as to assist with determining degrees of mastery for each competency. Finally, they were invited to complete the national survey during the summer months.

The participants' level of commitment was exemplary, and reflected in their extremely high level of satisfaction.

3.5 Validation

Advisory Panel

The advisory panel engaged in individual reviews of the first and second drafts of the profile. The CamProf team reviewed dozens of pages of comments, and amended the profile where appropriate. Decisions and rationales were assigned to each comment.

Two significant concerns were noted by university program educators and the national association. These identified two competencies that, in their view, were not realistic outcomes for diploma graduates.

The first centered around the use of the term "research", which a few individuals felt should be reserved for graduates of baccalaureate programs. They suggested that diploma programs did not have the resources or expertise to support the attainment of the related competency. As a result of discussions and further consideration, the CamProf team: (1) proposed a definition of "research", which was reflective of the growing body of knowledge and experience of research methods within diploma programs, while including what is currently in place at the university level; and (2)

referred to the degrees of mastery as a means of clarifying exactly what is expected at entry-to-practice.

The second concern centered around the competency entitled “Engage in entrepreneurial activities”. Some panel members indicated that including this competency may give graduates a false sense of accomplishment in their knowledge and skills for independent practice. Once again, the levels of mastery are expected to address this concern, as are ongoing discussions throughout the implementation phase.

National Survey

In order to ensure the profile accurately reflects day-to-day work and accounts for current trends in the profession, a national survey was designed and launched across Canada in both official languages. It was disseminated to all dental hygienists registered with a regulatory body, in addition to territorial government representatives (for distribution to professionals within their respective jurisdictions). The survey was open for a period of 2 months.

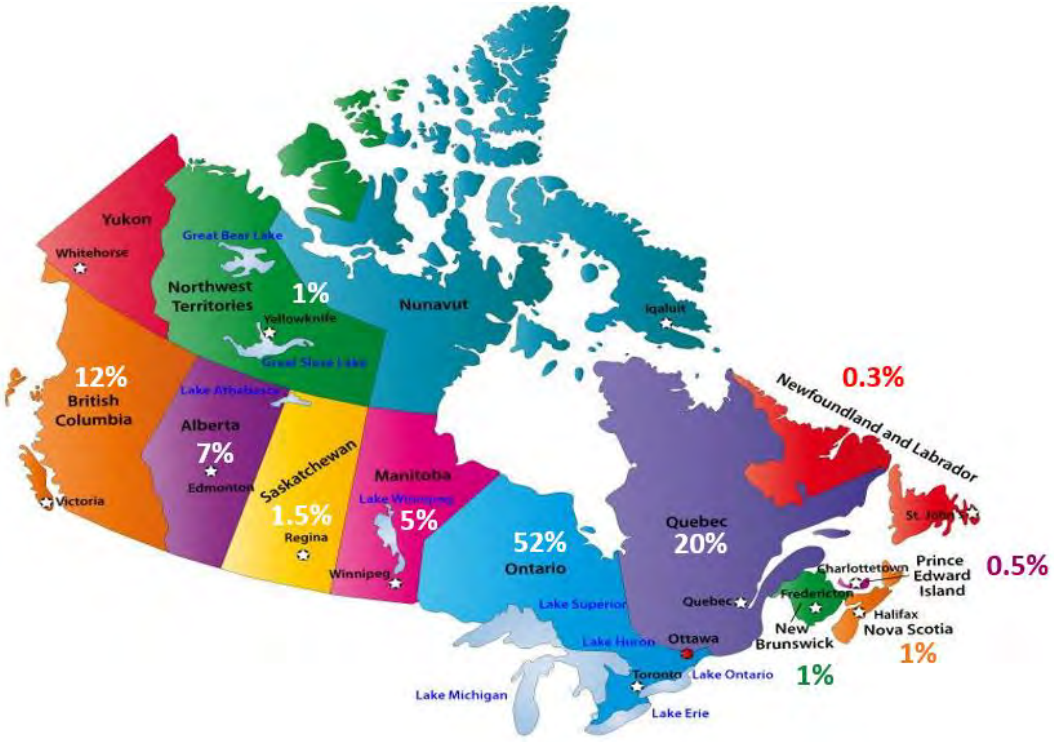
The objectives of the survey were to validate the working group’s input, to inform the establishment of the degrees of mastery, to improve the contents of the profile, and to involve stakeholder groups.

In order to maximize response rates, a number of measures were put in place:

- Detailed instructions on the goal, content, and mechanics of the survey, including animated instructions;
- Incentives (25 VISA gift cards in the amount of $50 each, awarded through a random draw of those who completed the survey and agreed to share their contact information);
- Written communications (email blast to serve as launch and reminder messaging);
- Two video messages produced by members of the working group, encouraging survey completion;
- The provision of an email help line and follow-up telephone meetings as required;
- A list of frequently asked questions based on feedback and questions received following the launch of the survey;
- Regular reporting to the Steering Committee regarding response rates and issues arising;
- Ongoing liaison with members of the FDHRC through the Steering Committee.

Approximately 12% (n = 3,552) of Canadian registered dental hygienists accessed the anonymous survey. Just over 22% of those completed the survey (n = 783). The

geographical spread of respondents is illustrated below. Percentages correspond to the portion of respondents from each jurisdiction who *completed* the survey:



Many respondents commented on the length of the survey as well as the complexity of rating mastery using Bloom's Trajectory. The consulting team was able to gather much valuable information from the responses nonetheless.

Survey respondents were asked to:

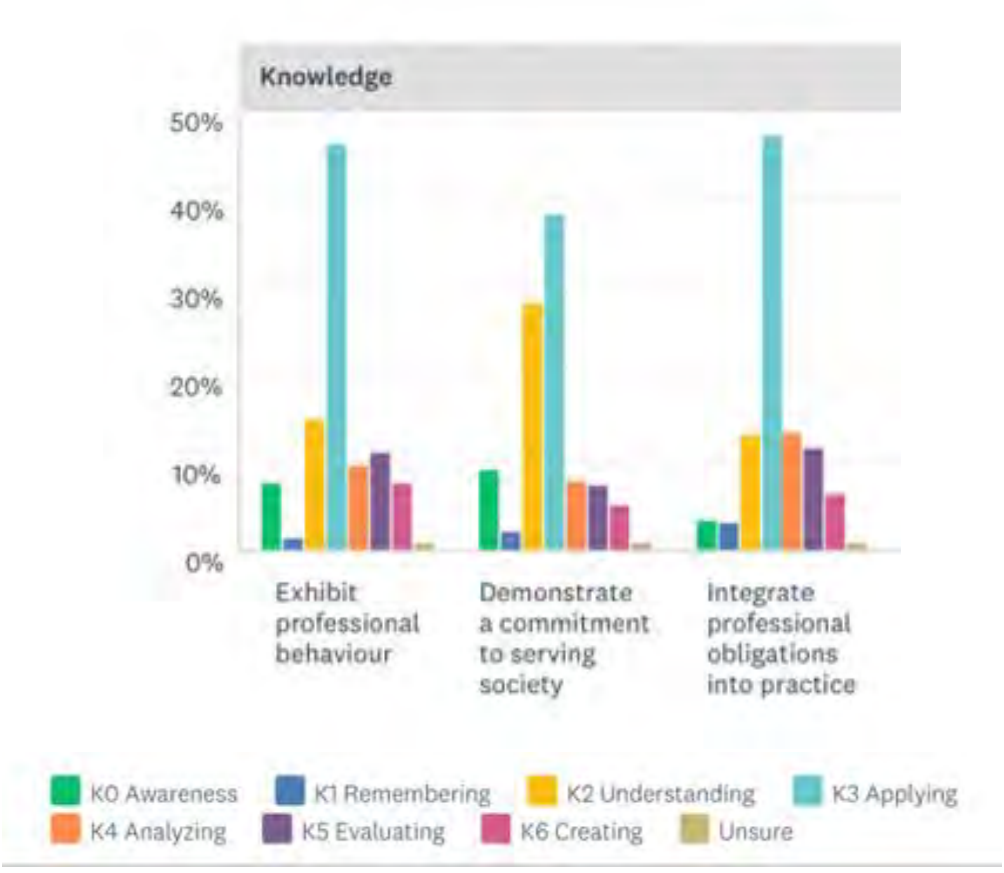
- Provide standard demographic information (e.g., geographical location, years of experience, highest educational diploma/degree obtained, practice environment) which allowed the consulting team to conduct in-depth comparisons during the analysis phase;
- Rate the expected degree of mastery for each competency for knowledge and skills for both entry-to-practice and their current status;
- Estimate the frequency with which each competency is performed;
- Rate the importance of the competency for effective performance, regardless of career stage.

Three optional open-ended questions were included, requesting that respondents:

- Provide commentary on the framework diagram;
- List additional, specific skills required for those working with priority populations[3];
- Offer any additional comments which may improve the competencies.

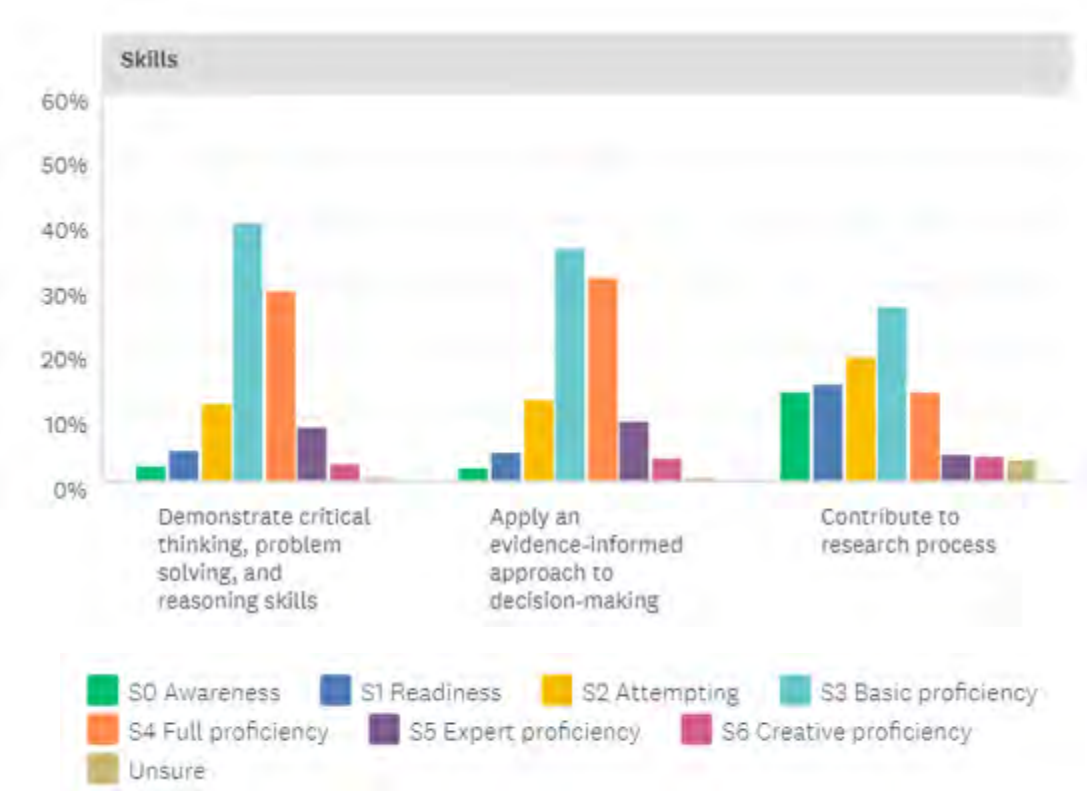
The survey data provided valuable insights regarding degrees of mastery at entry-to-practice. These were then compared with the working group's initial ratings both by the consulting team and the members of the working group.

For some competencies, degrees of mastery were quite evident, as evidenced by the following figure:



[3] "Those groups with a higher disease burden and with members who experience inequities in their health". (Tyler, I., & Hassen, N. (2015). Priority Populations Project Technical Report. Public Health Ontario, https://www.publichealthontario.ca/-/media/documents/P/2015/priority-populations-technical.pdf?la=en, accessed January 27, 2021.

For others, data revealed the need for further analysis and/or discussion:



In these cases, the team of consultants engaged in an in-depth analysis of factors or variables which may have influenced responses. The final, recommended rating was achieved by consensus amongst the team, and validated with the working group.

ALL ratings have been included in the profile document, with the understanding that the FDHRC may wish to review them further in the context of their specific assessment and standard setting needs, as well as ongoing developments within the profession.

3.6 Quality Assurance – Final Copy

Translation and adaptation

The following documents were provided in both official languages, with the support of the FDHRC: (1) The first and final draft of the profiles; (2) All content and communications related to the national survey; and (3) General project communications (e.g., website content, infographics to support communications). The CamProf team conducted internal reviews of the translations, and engaged a former dental hygienist/certified translator to assist.

Linguistic Review and Editing

In order to improve the relevancy and appropriateness of the competencies, CamProf Inc. conducted an extensive internal linguistic review.

The team then engaged a consultant to provide content/stylistic and copy editing. This consisted of ensuring that the profile:

- Uses terminology that conforms to language used by governing bodies and organizations related to the field of dental hygiene;
- Uses a clear, consistent, and professional tone;
- Is organized for coherence and logical sequence;
- Is readable (e.g., eliminating confusing constructions, jargon) and maintains the language level appropriate to the intended medium, purpose, and audience;
- Is free of bias;
- Uses consistent and appropriate formatting;
- Is free of spelling, grammar, punctuation, and usage errors.

4. Promotion and Implementation

It is the goal of the FDHRC that the competencies will be used across Canada, by a variety of stakeholders, for many purposes, including:

- For regulation of dental hygienists at entry to practice;
- For comparing dental hygienists' credentials, including internationally;
- As the basis for dental hygiene educational programs, including pre-service, supervised practice, and continuing professional development;
- As the basis for the development of learning objectives/outcomes and examination/assessment;
- To identify learning needs for self-development, performance appraisals, and organizational development;
- As a reference for the development of compliance and monitoring programs, as well as disciplinary actions.

The profile provides a coherent framework that allows regulators, educators, individual practitioners, and employers to work together, sharing terminology and definitions, expectations, goals, learning objectives, qualifications, development opportunities, training, etc. This is increasingly important as longer career spans, lifelong learning opportunities, and changes in the economy lead to recognition of prior learning, multiple occupations, career change and career progression.

There is greater benefit to come from the competencies from those who pick it up and use it. The competencies provide a common 'language' or 'currency' of performance, knowledge, and skills. The more people use them, the more they will be used and understood. It is therefore important that they are not restricted to entry to practice, but are adopted by the 90% who are already practising. This can be for recruitment, performance appraisals, personal development, and career planning – across all jurisdictions. The more the competencies are used, the greater the number of applications, tools and 'apps' will be developed to facilitate and enhance their use – a virtuous circle of increasing uptake, economies of scale, greater diversity of uses and users and a consequent multiplying of benefits and understanding.

Building awareness of the profile is the first step in encouraging its use. In this way, its value will be enhanced, feedback will be obtained, and improvements can be generated. Already, an expectation has been built up through the large-scale survey and stakeholder involvement.

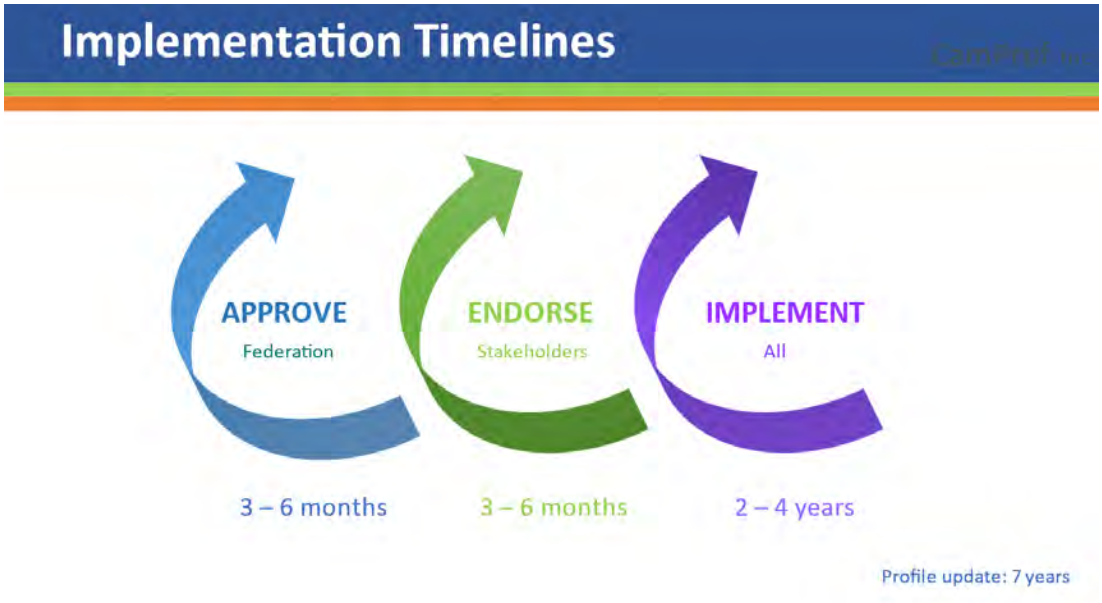
An official launch may be of benefit. This might involve informing related professions, and ministries of health and education, both provincial and national. The aim would be to brief them on the new profile, request any comments, and build their support.

It is suggested that an interactive, online version of the profile could be developed, with additional features such as guidance notes, training and reference materials, personal planner, and logbook. An example of such a version can be accessed at https://triec.ca/inclusive-workplace-competencies/. Providing a downloadable version is also recommended both for ease of access as well as to facilitate adaptation. The FDHRC may wish to monitor use of the profile by collecting analytics (e.g., number of downloads) and/or by asking users to provide contact information in exchange for the downloadable version.

A myriad of other tools and initiatives could be considered in order to promote use of the profile. These might include communities of practice, electronic portfolios, apps, the use of 'open badges' micro-credentials to recognize achievement of a competency, short training programs, recognition of prior learning processes, etc.

5. Next Steps

There are 3 key steps associated with full implementation, as illustrated below.



Approval

Members of the FDHRC will first want to engage in an approval process. While each jurisdiction will develop its specific methodology and timetable, there is value in defining the process, providing key tools, and contemplating objections. It is also recommended that the FDHRC approve the profile in principle prior to embarking on the formal provincial approval process. This will build credibility for the document and ensure that each regulatory body focuses on the outcome.

A period of 3 to 6 months is suggested to allow regulatory bodies to consult with their respective stakeholders.

Stakeholder Endorsement

A stakeholder endorsement exercise is highly recommended, as it will be key to ensuring the profile is widely adopted and used. This will allow organizations who have an interest in the profiles to provide final commentary on its contents and applicability.

By involving stakeholders from the beginning of the project, the FDHRC has established the foundation for successful endorsement. The following factors will no doubt influence progress

within of this phase: open communication, a clear definition of “endorsement”, expected outcomes, and implications.

Generally, endorsement signifies that others will support its use, and integrate it into their existing processes to the degree possible. The profile’s impact is interorganizational, but there is no mandate at this level. Each organization has its own needs and processes. It is therefore important to recognize the differing mandates of each organization, and the various tools they employ to assess competence.

The end goal is to endeavour to adopt standards and processes which are not necessarily identical but aligned. Ultimately, however, the federal government recommends that regulators involve stakeholders in modifying competency profiles, however they retain the right and the responsibility to finalize them to address their own needs and the needs of labour mobility.

A period of 3 to 6 months is suggested to allow for stakeholder endorsement.

Final Implementation

The implementation phase rests on both the approval and endorsement processes. Implementation will require developing and executing a plan by each organization who is concerned with the assessment of competence, most notably the FDHRC, educational programs, and the national certification board.

Beginning with the profile, organizations will need to review how they assess competence and recognize that there is no one tool that will assess all competencies. Just as the profile is not a one-size-fits-all for various stages on one’s career, no one tool can deliver a complete assessment.

Educators will play a key role in the implementation of the profile, as facilitating learning and assessing students is their specialty; examiners will contribute through their expertise in the field of assessment. The certification board will also have an interest in creating a new exam blueprint based on the profile, and then updating the exam.

A period of approximately 2 to 4 years is suggested to allow for full implementation, including the development and implementation of updated accreditation standards.

Guiding Principles

Based on the many interactions with those involved with this project, as well as knowledge of the profession, CamProf Inc. offers the following principles to guide the FDHRC’s next steps. These will help to steer the work, irrespective of changes in specific goals, strategies, or timelines:

1. Develop a culture of cooperation which includes ongoing consideration of regulators' and stakeholders' needs and views. Establishing an interorganizational working group would be a beneficial first step, with its first task to involve conceptualizing an implementation process.
2. Agree to the profile as a guiding document, which will help to define standards and assessment methods.
3. Organizations should strive to develop standards and processes which align with the profile, while recognizing that there are jurisdictional differences and opportunities for adaptation and creativity.
4. The FDHRC should seek a commitment from its members and stakeholders to reference the competencies in foundational documents and processes, and to consult with each other when changes or reviews are sought.

Of greatest benefit will no doubt be preparation, ongoing dialogue, change management strategies, and the view that future steps are best developed as an integrative process.

Appendix A : List of Contributors

The Federation of Dental Hygiene Regulators of Canada – Steering Committee

Jacques Gauthier, Chair, Registrar and Executive Director, Ordre des hygiénistes dentaires du Québec
Amie Dowell, Registrar & CEO, College of Registered Dental Hygienists of Alberta
Arlynn Brodie, Registrar, Executive Director, College of Dental Hygienists of Manitoba

Advisory Panel

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Jane Keir / Lisa Taylor, College of Dental Hygienists of Ontario
Stacy Bryan, College of Dental Hygienists of Nova Scotia
Mary Bertone, University of Manitoba
Evie Jesin, George Brown College
Zul Kanji, University of British Columbia
Kieran Jordan, National Dental Hygiene Certification Board of Canada
Ondina Love / Melanie Martin, The Canadian Dental Hygienists Association
Lee Callan, Commission on Dental Accreditation of Canada (CDAC)
Paulette Dahlseide, Registered Dental Hygienist, member of the Métis Nation and serving First Nations
Donna Scott, Registered Dental Hygienist, representing dental hygienists from the North

Subject-Matter Expert

Paula Benbow, Registered Dental Hygienists, Algonquin College

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Michelle Zurczak, Clinician, ON

CamProf Inc.

Nigel Lloyd
Guy Fortier
Marta Jacyniuk-Lloyd
Karen Luker, Project Manager

Appendix B : Stakeholder Engagement Plan

The Stakeholder Engagement Plan (SEP) is an important component of the project in that it involves individuals and groups that have an interest and/or a use for the final product. Specifically, the SEP aims to:

- Build mutual trust and understanding of the project;
- Build ownership and support for its various activities;
- Offer consultation, input and expertise to the project team;
- Encourage participants to become ambassadors for the project, its objectives, and outcomes.

In order to be successful, the SEP must clearly define expectations and the participatory process, and adhere to a set of core values:

1. A belief that those who are affected by a decision have a right to be involved in the decision-making process.
2. A promise that the stakeholders' contribution will influence the decision.
3. A communication plan is in place to ensure stakeholders have the information they need to participate in a meaningful way.

Stakeholders' Role

The design of a successful SEP requires that stakeholders be identified and that their role in the engagement process be clearly defined. As such, the attached framework, adapted from "*Public Participation Pillars: Internationally Recognized Principles for Making Better Decisions Together*", published by the International Association for Public Participation (iap^2), has been designed for the FDHRC.

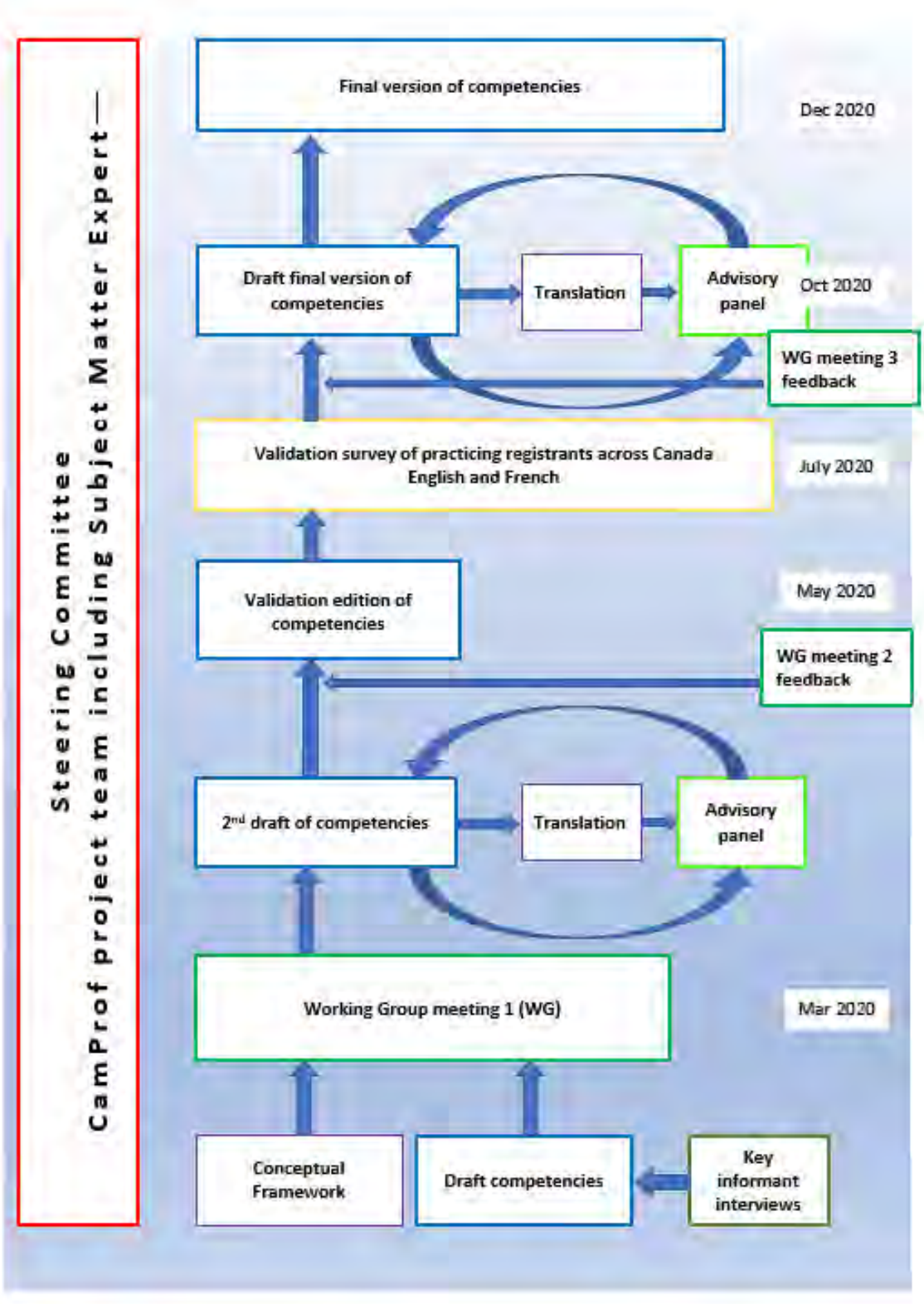
Consultant's Role

The Consultant will be responsible to ensure that all components of the SEP are designed and delivered according to the documented plan. The Consultant further commits to seeking input and/or approval from the Steering Committee regarding any substantive changes to the plan or its deliverables.

The Five Degrees of Stakeholder Engagement : Inform, Consult, Involve, Collaborate, Empower

Who?	General Public, Government Agencies, Employers	Advisory Panel, Related Professions	DHs across Canada	Working Group, SME	Steering Committee	FDHRC partners
Degree	**Inform**	**Consult**	**Involve**	**Involve**	**Collaborate**	**Empower**
Why?	To provide balanced and objective information to assist in understanding the project and its components	To obtain feedback on project components and/or decisions	To work directly throughout the process to ensure that input and concerns are consistently understood and considered	To work directly throughout the process to ensure that input and concerns are consistently understood and considered	To partner in each aspect of the decision-making process, including the development of alternatives and the identification of the preferred solution	To confer final decision-making authority
What?	Learn about project goals, timelines, participants, and progress	Provide advice on project goals and impact on professions Provide feedback on competencies	Participate in national survey	Review and update competencies Update competencies based on survey results	Provide oversight and advice on project goals and impact on professions Provide feedback on competencies	Approve initial and final version of competencies
How? By Whom?	Press release by FDHRC, project updates by Consultant Consultant will design and update project webpage	Key Informant Interviews by Consultant, virtual meetings with appropriate AP members, request for written comments from appropriate AP members	Online survey	Face-to-face and virtual meetings	Virtual meetings, written progress reports, online collaboration platform Consultant presentations for discussion, feedback & approval (process to be defined)	Consultant to present final report and be available for presentation, discussion Consultant to deliver a decision-making toolkit
When?	Quarterly	Throughout - Interviews Feb 2020	Launch June 2020	Three-day F2F meeting in March 2020, follow-up teleconferences	April 2020 (survey version), etc.	November 2020

Appendix C : Project Plan



The Federation of Dental Hygiene Regulators of Canada

Entry-to-Practice Canadian Competencies for Dental Hygienists (EPCCoDH)

February 2021

Table of Contents

Introduction

As autonomous health professionals, dental hygienists work in partnership with individuals, groups, and communities, as well as care providers, professionals, and others involved in a person's circle of care in order to provide safe, effective, and ethical oral health care services. They provide services that are founded on a reflective approach, to enhance knowledge and skills.

The dental hygienist competencies listed in this document provide a single, pan-Canadian entry-level benchmark for practitioners, educators, regulators, assessment and accreditation providers, other stakeholders, and the public. The competencies present a detailed description of the knowledge, skills, attitudes, behaviours, and judgment required at entry to practice, regardless of the practitioner's level of education or previous experience. The competencies integrate both clinical and non-clinical statements and are relevant to dental hygienists in all settings and contexts, including dental hygiene practices, dental offices, public health agencies, dental industries, and educational and research institutions. The 22 competencies are organized into seven domains.

The ADPIE (assessment, diagnosis, planning, implementation, and evaluation) process of care, a framework for professional dental hygiene practice and continuous learning in any practice setting or role, has been integrated throughout the competency profile. The systemic approach incorporates fundamental principles of critical thinking, person-centred approaches to care, goal-oriented tasks, and evidence-informed decision-making. It provides the basis for safe and effective dental hygiene care and overall practice by integrating the key behaviours defined in the ADPIE concept above. Documentation and continuous reflection and evaluation behaviours take place throughout the entire process (Bowen & Pieren, 2020).

How to Read the Performance and Knowledge Criteria

Each **competency** (A.1 - G.5) is defined using a short action statement describing what a dental hygienist must be able to perform to be considered competent at an entry-to-practice level. The verb used provides guidance as to the required level of performance.

The **performance criteria** for each competency detail the behaviours required for proficiency and to be assessed. Competence requires all performance criteria to be met.

The **clarification** section provides explanations or additional information on the range of context for the performance criteria. Words or phrases that are clarified are shown <u>underlined</u> throughout the document.

The **knowledge** section lists relevant areas, theories, and processes underpinning each competency (See Appendix A).

The **degrees of mastery** for knowledge and skills are specified separately for each competency, using Bloom's Trajectory (See Appendix B). They specify proficiency at entry-to-practice and continuing

practice, and they support initial and continuing education and informal development and assessment by clarifying to learners, practitioners, educators, regulators, and assessors exactly what is expected. The degrees of mastery may evolve over time and when applied to different circumstances and contexts. For example, they allow for educational programs to expand or enhance their curriculum and add special areas of interest.

Moving toward Reconciliation

In December 2015, the Truth and Reconciliation Commission of Canada (TRC) published its report with a list of 94 Calls to Action by different stakeholders. To correct historical and social inequities, Canadians must strive to create a safe and inclusive society in which Indigenous peoples'[1] culture and world views are respected and valued. The competencies required to achieve this will not only support Indigenous peoples in achieving optimal health and wellness but non-Indigenous peoples as well. As such, the Entry-to-Practice Canadian Competencies for Dental Hygienists (EPCCoDH), including their associated performance criteria and knowledge statements, have been carefully formulated to reflect the relevant TRC Calls to Action.

With a person-, family-, and community-centred approach to care in a country as diverse as Canada, the dental hygiene competencies inevitably encompass many aspects that relate to a person's specific context. However, the TRC goes much further, highlighting that the Indigenous peoples in Canada have a unique position that needs to be acknowledged and reconciled. Of importance is the acquisition of knowledge of Indigenous peoples related to the following:

i. Health practices, which include healing systems and cultural practices, including medicines, herbal remedies, ceremonies, and rituals that promote spiritual, mental, physical, and psychological well-being.
ii. Historical and contemporary political contexts, social structures, and resource distributions that have resulted in diminished life expectancy, disproportional burden of chronic and communicable illnesses, substance use, loss and narrowing of culture, dispossession of land, intergenerational traumas, and a need to regain harmony and balance (Greenwood et al., 2018).

As professionals, dental hygienists are committed to serving the public and maintaining competency by continuing reflection and professional development. This includes developing the competence to support the evolving and diverse health needs of the public, including Indigenous peoples, and taking action to challenge and address conditions that result in health inequities. The Federation of Dental Hygiene Regulators of Canada (FDHRC) recognizes that the process of truth and reconciliation within the profession requires more than simple inclusions in an entry-to-practice profile, and has made a commitment to ongoing dialogue and future actions.

[1] Includes First Nations, Métis, and Inuit peoples

Development and Feedback

The development of this document is the result of contributions from many sources and levels of consultation to ensure that the profile accurately captures the necessary competencies of dental hygienists in Canada, reflects current trends in the profession and society, is informed by evidence and professional expertise, and meets the needs of a broad group of stakeholders. In particular, these sources and levels of consultation include the following:

1. A pan-Canadian working group composed of sixteen practitioners, educators, and regulators
2. A subject-matter expert with experience in the clinical, education, regulatory, and association sectors
3. An advisory panel consisting of representatives from the regulatory and examining bodies, educational programs, and professional associations
4. A steering committee made up of representatives from the regulatory bodies, who oversaw the project
5. Individuals with diverse knowledge of Indigenous ways of knowing and Indigenous culture and history in Canada (in 2, 3, and 4 above)
6. A national survey, which solicited input from all registered dental hygienists across the country
7. A project consulting team from CamProf Inc. that has expertise in competency profile development

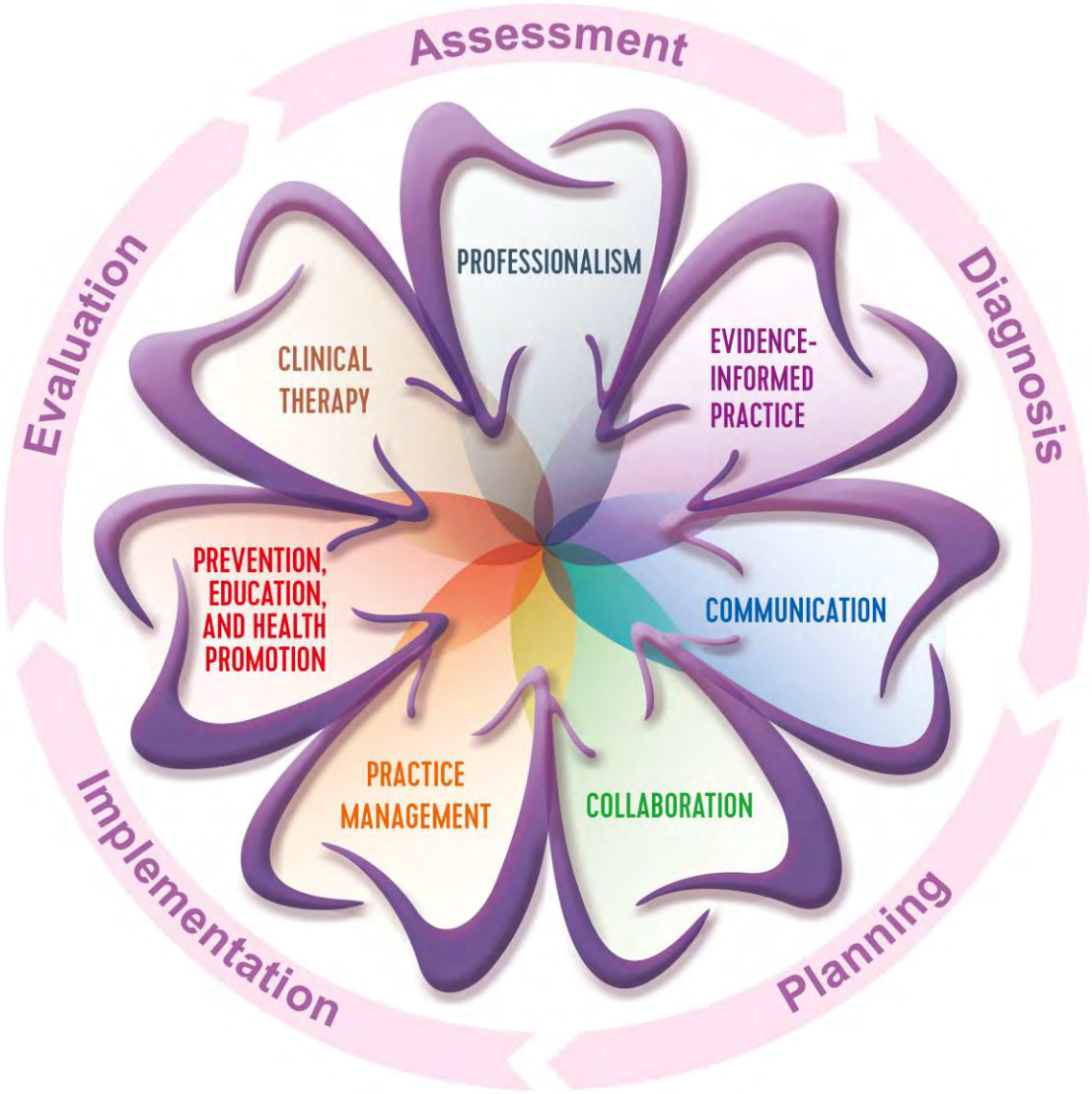
The profile was also informed by published national and international sources, as listed in the References/Bibliography of this document, and detailed mapping of the 2010 competencies, which were developed by a consortium of the following organizations and sources:

- Canadian Dental Hygienists Association
- Federation of Dental Hygiene Regulators of Canada[2]
- CDAC Commission on Dental Accreditation of Canada
- National Dental Hygiene Certification Board
- Dental hygiene educators

For more information about the project to develop this document, contact the Federation of Dental Hygiene Regulators of Canada. To subscribe for updates, please see FDHRC Project: Entry to Practice Canadian Competencies for Dental Hygienists.

[2] When the 2010 competencies were published, the organization was known as the Federation of Dental Hygiene Regulatory Authorities (FDHRA).

Domains of Expertise of Dental Hygienists in Canada



The domains of expertise are captured in the above image, which was adapted from the CanMEDS Physician Competency Diagram, with permission from The Royal College of Physicians and Surgeons of Canada (Frank et al., 2015). The image depicts a tooth for each of the seven domains, inspired by the standard purple associated with the profession. The overlapping colours in the centre of the diagram capture the complimentary nature of the domains, highlighting that a competent dental hygienist will continually draw from each of the domains, at times simultaneously. The ADPIE ring serves to highlight key behaviours contained within the process and their applicability to all domains of expertise.

Competencies, by Domain of Expertise:

A Professionalism

As professionals, dental hygienists are committed to the health of the public and to the profession, by integrating high ethical standards, best practices, and legislative requirements.

Competent dental hygienists are able to:

COMPETENCY	PERFORMANCE CRITERIA	
A.1 Exhibit professional behaviour K4 / S3	A.1.1	Demonstrate accountability.
	A.1.2	Manage their biases, perspectives, and world views.
	A.1.3	Demonstrate a professional presence.
	A.1.4	Manage conflicts of interest.
	A.1.5	Maintain public trust in the profession.
	A.1.6	Respect professional distance.
	A.1.7	Engage in mentorship activities.
	A.1.8	Maintain their wellness and fitness to practice.
	A.1.9	Enhance effective and sustainable practice through self-care and lifestyle strategies.
A.2 Demonstrate a commitment to serving society K4 / S3	A.2.1	Put the interests of society above their own.
	A.2.2	Engage in community service activities.
	A.2.3	Apply a social justice lens to promote equity.
	A.2.4	Fulfill the profession's social contract.
	A.2.5	Assist in the prevention and management of community incidents, outbreaks, and emergencies.
A.3 Integrate professional responsibilities into practice K4 / S3	A.3.1	Exhibit capacity for governability through professional regulation.
	A.3.2	Maintain privacy, confidentiality, and security.
	A.3.3	Manage their strengths and limitations.
	A.3.4	Take appropriate action when signs of abuse or neglect are identified.
	A.3.5	Report unethical, unsafe, and incompetent services to the appropriate regulatory organizations.
	A.3.6	Ensure services provided are within the scope of dental hygiene practice.
A.4 Demonstrate a commitment to lifelong learning K4 / S3	A.4.1	Reflect on opportunities for improvement through continual evaluation.
	A.4.2	Formulate specific, measurable, and realistic learning goals.
	A.4.3	Implement strategies to achieve learning goals.
	A.4.4	Integrate new knowledge and skills into practice.

B Evidence-Informed Practice

Dental hygienists are committed to excellence in practice through critical thinking, continuous learning, and application of evidence-informed decision-making. The integration of evidence-informed practice optimizes oral health care.

Competent dental hygienists are able to:

COMPETENCY	PERFORMANCE CRITERIA	
B.1 Demonstrate critical thinking, problem-solving, and reasoning skills K3 / S3	B.1.1	Explore complex issues from many points of view.
	B.1.2	Apply a systematic approach to solving problems.
	B.1.3	Develop approaches for managing ambiguities, incomplete information, and uncertainty.
	B.1.4	Use evidence and other knowledge sources to draw conclusions.
B.2 Apply an evidence-informed approach to decision-making K3 / S3	B.2.1	Access reliable sources of information.
	B.2.2	Evaluate information using relevant tools.
	B.2.3	Explore how research findings might impact practice.
	B.2.4	Make practice decisions informed by evidence, professional judgment, and the client's experience.
	B.2.5	Evaluate outcomes of decisions.
B.3 Use various methods of inquiry K2 / S2	B.3.1	Understand how knowledge is constructed.
	B.3.2	Assess gaps in current knowledge and evidence.
	B.3.3	Participate in research activities.
	B.3.4	Transfer knowledge to others.

C Communication

As communicators, dental hygienists form relationships with individuals, families, groups, and communities to facilitate the gathering and sharing of essential information for culturally safe and relevant care.

Competent dental hygienists are able to:

COMPETENCY	PERFORMANCE CRITERIA	
C.1 Demonstrate effective oral and non-verbal communication K3 / S3	C.1.1	Communicate in an open, honest, clear, and timely manner.
	C.1.2	Demonstrate oral proficiency in an official language*.
	C.1.3	Demonstrate active listening and empathy.
	C.1.4	Adjust their communication approach based on the needs of the recipient.
	C.1.5	Work with cultural brokers or interpreters when indicated.
	C.1.6	Practise cultural humility.
	C.1.7	Promote cultural safety, diversity, equity, and inclusion.
	C.1.8	Evaluate the effectiveness of communication approaches.
C.2 Use written communication effectively K3 / S3	C.2.1	Demonstrate proficiency in reading comprehension and written expression in an official language.
	C.2.2	Prepare comprehensive and accurate health records.
	C.2.3	Use electronic technologies appropriately and responsibly.

*In addition to proficiency in an official language, oral proficiency in an Indigenous language may be a supplementary competence for dental hygienists who offer services to First Nations, Métis, and Inuit peoples.

D Collaboration

As collaborators, dental hygienists are integral members of the health care team, working in partnership with others to provide safe, effective, and ethical person-, family-, and community-centred approaches to care.

Competent dental hygienists are able to:

COMPETENCY	PERFORMANCE CRITERIA	
D.1 Collaborate with people accessing dental hygiene services K3 / S3	D.1.1	Apply person-, family-, and community-centred approaches to care.
	D.1.2	Promote individual and community autonomy and self-determination.
	D.1.3	Develop relationships based on mutual trust, integrity, and respect.
	D.1.4	Share knowledge, resources, and responsibilities with others.
	D.1.5	Collaborate with people's support networks as indicated.
	D.1.6	Assist people in accessing community resources.
D.2 Collaborate with oral health professionals and others K3 / S3	D.2.1	Work together to address clients' needs.
	D.2.2	Promote teamwork and partnerships.
	D.2.3	Maintain mutually supportive working relationships.
	D.2.4	Consult with others as appropriate.
	D.2.5	Encourage others to apply organizational policies.
	D.2.6	Share client information with others, consistent with informed consent and/or as required by legislation.
	D.2.7	Engage in joint decision-making with others.
	D.2.8	Use conflict management strategies as required.

E Practice Management

Participating in the management of one's professional practice involves organization, administration, and decision-making that facilitate high-quality care, efficient use of time and personnel, and enhanced professional and personal satisfaction (adapted from Bowen & Pieren, 2020).

Competent dental hygienists are able to:

COMPETENCY	PERFORMANCE CRITERIA	
E.1 Fulfill administrative responsibilities K2 / S3	E.1.1	Coordinate appointments.
	E.1.2	Manage practice resources effectively.
	E.1.3	Make appropriate use of current technologies.
	E.1.4	Use effective organizational and time management skills.
	E.1.5	Work within a budget.
	E.1.6	Recognize the importance and roles of contractual agreements.
E.2 Integrate legislative and professional responsibilities within organizational policies K3 / S3	E.2.1	Remain current with relevant organizational policies.
	E.2.2	Exercise judgment when applying policies or when practising in their absence.
	E.2.3	Integrate evidence and best practices when developing organizational policies.
	E.2.4	Implement current infection prevention and control measures.
	E.2.5	Advocate for safe and respectful working conditions, where necessary.
	E.2.6	Participate in quality improvement initiatives.
	E.2.7	Recognize when there is a need to consult with legal professionals.
E.3 Engage in entrepreneurial activities K2 / S2	E.3.1	Evaluate their own potential for entrepreneurialism.
	E.3.2	Develop a business plan based on a chosen service delivery model.
	E.3.3	Implement the business plan.
	E.3.4	Resolve issues facing the business.

F Prevention, Education, and Health Promotion

Dental hygienists embrace an inclusive and intercultural approach to health and wellness. Through health promotion, education, and disease and injury prevention activities, dental hygienists help support others' ability to achieve and maintain optimal oral health. Dental hygiene actions are also directed toward reducing inequities. While the ADPIE framework is associated with each of the domains within this profile, it is at the core of dental hygiene services directed toward individuals, groups, and communities.

Competent dental hygienists are able to:

COMPETENCY	PERFORMANCE CRITERIA	
F.1 Lead the development of health literacy and oral self-care abilities K3 / S3	F.1.1	Provide oral and overall health education to others.
	F.1.2	Assess people's circumstances and readiness to learn.
	F.1.3	Develop learning plans based on identified needs.
	F.1.4	Support others in addressing their health needs.
	F.1.5	Contribute to the enhancement of others' knowledge, skills, and oral self-care habits.
	F.1.6	Assist persons with special health care needs in providing their own self-care.
	F.1.7	Educate care providers in supporting the oral health of others.
	F.1.8	Use social marketing techniques appropriately.
	F.1.9	Provide constructive, timely, and appropriate feedback on self-care techniques.
	F.1.10	Adjust learning plans according to evaluation of outcomes.
F.2 Engage in prevention, education, and health promotion activities K3 / S3	F.2.1	Conduct a community needs assessment.
	F.2.2	Assess the influence of the determinants of health on oral health.
	F.2.3	Monitor those at risk, using oral health indices and current evidence.
	F.2.4	Develop activities and programs that promote health and wellness.
	F.2.5	Use knowledge of culture and history for goal attainment.
	F.2.6	Promote the oral health and general well-being of others.
	F.2.7	Evaluate the outcomes of prevention, education, and health promotion interventions.
F.3 Engage in advocacy to address oral health inequities K2 / S3	F.3.1	Explore advocacy approaches for oral health issues in need of advocacy.
	F.3.2	Participate in advocacy activities that promote oral and overall health.
	F.3.3	Promote social issues and policies that reduce inequities.
	F.3.4	Facilitate change and innovation.

G Clinical Therapy

Clinical therapy involves the provision of preventive, therapeutic, and supportive dental hygiene care. . As clinicians, dental hygienists use the ADPIE framework to support safe and comprehensive person-centred care for diverse people, across the lifespan.

Competent dental hygienists are able to:

COMPETENCY	PERFORMANCE CRITERIA	
G.1 Assess oral and general health status K3 / S3	G.1.1	Determine clients' chief concerns.
	G.1.2	Obtain a comprehensive personal, health, and oral health history.
	G.1.3	Evaluate clients' vital signs as they relate to dental hygiene practice.
	G.1.4	Determine contraindications to dental hygiene care.
	G.1.5	Evaluate risk factors for disease.
	G.1.6	Assess oral hygiene practices.
	G.1.7	Perform comprehensive oral health examinations.
	G.1.8	Obtain radiographs as needed.
	G.1.9	Differentiate between normal and abnormal findings.
G.2 Formulate a dental hygiene diagnosis K3 / S3	G.2.1	Develop diagnostic statements.
	G.2.2	Discuss the diagnosis with others as appropriate.
G.3 Create a dental hygiene care plan K3 / S3	G.3.1	Determine needs that can be met through dental hygiene care.
	G.3.2	Design the care plan using a collaborative process and based on examination data.
	G.3.3	Discuss the care plan with appropriate people.
	G.3.4	Develop realistic and measurable goals related to oral health.
	G.3.5	Provide information on dental hygiene services.
	G.3.6	Refer to the appropriate professional or agency.
G.4 Implement the dental hygiene care plan K3 / S3	G.4.1	Prevent and manage medical emergencies.
	G.4.2	Adapt service delivery for persons with special health care needs.
	G.4.3	Use instruments and equipment safely and effectively.
	G.4.4	Promote comfort during care through behavioural and pain management strategies.
	G.4.5	Monitor responses to care.
	G.4.6	Perform periodontal therapy.
	G.4.7	Use caries prevention and management strategies and tools.
	G.4.8	Fabricate sports mouthguards and whitening trays*.
	G.4.9	Address dentin hypersensitivity.
	G.4.10	Perform orthodontic procedures in accordance with provincial and territorial regulations.
	G.4.11	Remove extrinsic stain.

G – continued on next page

*Fabrication of whitening trays is a reserved act in Quebec. As such, the dental hygienist must demonstrate competence.

G.5 Evaluate effectiveness of dental hygiene care K3 / S3	G.5.1	Obtain feedback on services provided and outcomes achieved.
	G.5.2	Evaluate the effectiveness of care.
	G.5.3	Evaluate and revise goals as needed.
	G.5.4	Provide recommendations for continuing care or alternate services.
	G.5.5	Identify the need for referral and coordination of care.

Clarifications

The following are definitions and explanatory notes specifying how the underlined terms are used in this document.

accountability	Accept responsibility for one's actions, including to those served and to society.
adapt	Appointment modifications, alternate therapies or approaches to care.
assess	Using indices, examination techniques, client feedback, and other evaluation methods.
business plan	Aims and objectives, activities, resources, responsibilities, program, risk assessment, sustainability, and succession.
care plan	"Statement of goals, evidence-based interventions, and appointment schedule supporting the diagnosis" (Bowen & Pieren, 2020, p. 363), informed by the dental hygiene diagnosis, the best available evidence, and the needs and preferences of those accessing dental hygiene services.
care providers	Individuals, caregivers, and professionals involved with supporting the oral health of others.
caries prevention and management	Individualized caries-prevention education, application of anticariogenic agents, application of pit and fissure sealants, and placement of temporary and permanent restorative materials, in accordance with provincial and territorial legislation.
circumstances	Needs, desires, abilities, motivations, emotional intelligence.
client(s)	"An individual, family, group, organization, or community accessing the professional services of a dental hygienist" (CDHA, 2002, p. 3). Dental hygienists engage with clients' support networks, as appropriate.
conflicts of interest	Both real and perceived.
continuing care	For example, periodontal maintenance program, fluoride varnish application intervals.
contractual agreements	For example, employment or insurance contracts, lease agreements.
coordinate	Scheduling, referrals, interprofessional communications, records management.
cultural broker	A person who offers support by working alongside of professionals and clients to interpret cultural issues and deliver culturally relevant services.
cultural humility	A process of self-reflection to understand personal and systemic conditioned biases and to develop and maintain respectful processes and relationships based on mutual trust (FNHA, 2020).
cultural safety	An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care (FNHA, 2020).
determinants of health	Include social, cultural, biological, physical, and economic environments.
diagnosis	"The use of critical decision-making skills to reach and communicate conclusions about the client's dental hygiene needs based on all available assessment data and evidence in the literature (includes referrals to a dentist or other medical professionals)" (Bowen & Pieren, 2020, p. 2).

diagnostic statements	Informed by assessment findings and unmet needs, professional knowledge, and the best available evidence.
disease	A condition that impairs normal function.
evaluate	Obtain, document, and interpret.
evaluation	Obtain feedback, observe others, identify areas of concern, and reflect on successes, errors, and omissions.
evidence	For example, quantitative, qualitative, and mixed methods research, systematic reviews and meta-analyses, practice guidelines.
evidence-informed approach	A formalized process which involves identifying, searching for, and interpreting the result of the best available evidence to inform decision-making processes.
examinations	Extraoral (head and neck), intraoral soft and hard tissues, periodontal, dentition, oral hygiene, diagnostic tests (e.g., microbiological, pulp vitality, and host response tests, swab/brush biopsies).
fabricate	Take impressions, prepare appliance, assess fit.
fitness to practice	The qualities and capabilities of dental hygienists relevant to their capacity to practise. This includes, but is not limited to, freedom from any cognitive, physical, psychological, or emotional conditions, or from dependence on substances, that impair or could impair their ability to practise (adapted from CRNBC, 2008; CRNNS, 2017).
governability	the ability to govern oneself as an autonomous professional while complying with regulatory standards and expectations.
health literacy	A person's ability to gather and interpret information in ways that promote health.
health promotion	The Ottawa Charter for Health Promotion (1986) describes five key strategies for health promotion: build healthy public policy; create supportive environments; strengthen community action; develop personal skills; and re-orient health (World Health Organization, 1986; Public Health Agency of Canada, 2008).
history	For example, the impact of colonialism and intergenerational trauma for Indigenous peoples.
informed consent	The act of providing the person with information about the proposed treatment, including risks and side effects of the proposed treatment, alternative treatments, and the consequences of not having the treatment, in order to support the person's ability to make informed decisions. In the case of a minor or others who cannot self-determine, the agreement must come from a legal guardian or substitute decision-maker.
Jordan's Principle	A child-first principle that ensures there is substantive equality and that there are no gaps in publicly funded health, social, and education programs, services, and supports for First Nations children (Assembly of First Nations, 2018).
manage	Identify, develop, correct, seek assistance when required.
needs	Values, preferences, health literacy, language.
official language	In accordance with provincial and territorial requirements.
organizational policies	Rules, protocols, parameters, and courses of action by which an organization conducts its business.
others	Those within the person's circle of care, including health and social work professionals, administrative personnel, cultural brokers, and those directly or indirectly involved in supporting the health and well-being of a client. The term may

	also include representatives from private, voluntary, and non-profit groups, and government sectors.
outcomes	Effectiveness, intended and unintended effects, costs, quality, acceptability.
pain management	Local anaesthesia, non-injectable anaesthetics, nitrous oxide–oxygen analgesia, and other pain management strategies and treatment approaches.
periodontal therapy	Nonsurgical periodontal therapy, periodontal debridement, application and removal of periodontal dressing, suture removal, management of peri-implant tissues, irrigation, use of chemotherapeutic agents.
person-, family-, and community-centred	Focuses on the whole person as a unique individual and not just on their illness or disease (RNAO, 2015). The term "community-centred approaches to care" relates to centralizing the community in all aspects.
personal	Demographic information, social history, and other determinants of health.
persons with special health care needs	Physical, developmental, mental, sensory, behavioural, cognitive, or emotional impairment (AAPD, 2016).
points of view	Values, biases, assumptions, preferences, world views.
potential	Knowledge, skills, attitudes, financial position, network of contacts and support, reputation, inputs, facilities, equipment, licences, regulatory approval.
prevention	measures taken to prevent diseases instead of curing or treating the symptoms. Includes three levels of prevention: primary (avoid development), secondary (early detection), and tertiary (reduce the negative impact of established disease).
professional distance	An obligation to ensure that a professional relationship with a client isn't compromised by putting one's needs before the client's or by a lack of impartiality or any action that may compromise the client's trust in the professional.
professional presence	Behaviour and presentation in accordance with professional standards and expectations, including verbal and non-verbal communication—including on social media—and articulation of a positive role and professional image.
proficiency	According to regulatory standards; using standard terminology.
realistic	According to client acceptance, accessibility, availability, and determinants of health.
reliable sources	For example, practice standards, scholarly peer-reviewed journals, clinical and best practice guidelines, grey literature.
research	"A process of steps used to collect and analyze information to increase our understanding of a topic or issue" (Creswell, 2008).
resources	Consumables/sundries, time, equipment, technologies.
revise goals	Based on outcomes and according to clients' circumstances and motivations to achieving and maintaining oral health.
risk factors	For example, tobacco use, recreational drug use, vaping, diet and nutrition, oral hygiene, systemic disease, and socio-economic and demographic factors.
social contract	To practise in alignment with societal expectations of health professionals.
social justice	Fair and equitable distribution of resources, including health services and other determinants of health, among groups in society (CNA, 2009).
social marketing	"The design and implementation of health communication strategies intended to influence behaviour or beliefs relating to the acceptability of an idea such as desired health behaviour, or a practice such as safe food hygiene, by a target group in the population" (Public Health Agency of Canada, 2008, p. 14).

strategies	Informal learning opportunities, mentorship, workshops, conferences, webinars, advanced education.
support networks	Family members, substitute decision-makers, powers of attorney, interpreters.
technologies	For example, dental software management programs, digital radiographs, intraoral cameras, inventory databases.
trauma- and violence-informed care	An approach to care that seeks to create safe environments for people based on understanding the impact of trauma and the intersecting effects of systemic and interpersonal violence on one's life, health, and behaviours (Ponic et al., 2018).
vital signs	Blood pressure, pulse, respiratory rate, body temperature.
wellness	Personal health and well-being, including physical, mental, emotional, and spiritual health.

Appendix A: Knowledge by Domain

The **Knowledge** column lists relevant areas, theories, and processes underpinning each **Competency**.

A Professionalism

COMPETENCY	KNOWLEDGE
A.1 Exhibit professional behaviour	Professionalism Professional values Legislation and standards of practice Conflicts of interest Professional boundaries Mentorship
A.2 Demonstrate a commitment to serving society	Professional responsibility and accountability Professional values, including altruism and promotion of public good Ethical practice Privilege of self-regulation Community service Social responsibility Social justice and equity Culture of safety Management of incidents, outbreaks, and emergency response
A.3 Integrate professional responsibilities into practice	Self-regulation Legislation, practice standards, and codes of ethics Ethical practice Ethical reasoning and application of ethical decision-making frameworks Mandatory reporting
A.4 Demonstrate a commitment to lifelong learning	Self-awareness and critical reflection Quality assurance, professional development, and continuing competency Setting learning goals Implementation and change management strategies Lifelong learning Ergonomics and strategies that support ergonomic practice Occupational health and safety Prevention of occupational injuries Self-care strategies Fitness to practice

B Evidence-Informed Practice

COMPETENCY	KNOWLEDGE
B.1 Demonstrate critical thinking, problem-solving, and reasoning skills	Critical thinking and reflection Problem-solving Evidence-informed decision-making Ways of knowing, such as Indigenous and Western world views Knowledge-based practice
B.2 Apply an evidence-informed approach to decision-making	Evidence-informed decision-making and practice Ways of knowing, such as Indigenous and Western world views Knowledge-based practice, research use Theoretical perspectives Database navigation Critical appraisal tools Research literacy Inductive and deductive reasoning Sources of evidence Knowledge translation, implementation, and mobilization
B.3 Use various methods of inquiry	Research paradigms Qualitative and quantitative research methodologies Informed consent Research ethics Research instruments Data collection Data and thematic analysis Descriptive and inferential statistics Knowledge translation, dissemination, and mobilization frameworks Research protocol and manuscript development

C Communication

COMPETENCY	KNOWLEDGE
C.1 Demonstrate effective oral and non-verbal communication	Principles of health literacy Communication principles and strategies Principles of diversity and acceptance Emotional intelligence Electronic information systems including electronic dental records management systems Legislation and standards of practice Ethical practice Health care privacy and confidentiality laws Cultural brokers Role clarification and scope of practice of other professions
C.2 Use written communication effectively	Knowledge translation and dissemination Diversity, cultural awareness, and acceptance Communication principles and strategies Professional codes of ethics Cultural safety and humility Conflict resolution Human rights Bridging knowledge systems

D Collaboration

COMPETENCY	KNOWLEDGE
D.1 Collaborate with people accessing dental hygiene services	Person-, family-, and community-centred approaches to care Team functioning, group dynamics and processes Conflict resolution and negotiation techniques Role clarification Health system navigation Trauma- and violence-informed care Relational practice
D.2 Collaborate with oral health professionals and others	Person-, family-, and community-centred approaches to care Interprofessional communication and collaborative practice Team functioning, group dynamics and processes Role clarification and scope of practice of other professionals Professional standards of practice Conflict resolution strategies Collaborative leadership

E Practice Management

COMPETENCY	KNOWLEDGE
E.1 Perform administrative responsibilities	Practice administration, financial, and personnel management Dental software programs Continuing care programs and their reporting requirements Inventory systems Time management Contracts Billing practices
E.2 Integrate legislative and professional responsibilities within organizational policies	Organizational theory Legislative requirements Workplace policies, procedures, and manuals Best practices and sources of evidence Continuous quality improvement Performance monitoring and evaluation Performance appraisals Organizational change
E.3 Engage in entrepreneurial activities	Service delivery models Business concepts Bookkeeping and accounting used in financial records for small business Marketing and advertising Entrepreneurship Practice standards, codes of ethics, and relevant legislation

F Prevention, Education, and Health Promotion

COMPETENCY	KNOWLEDGE
F.1 Lead the development of health literacy and oral self-care abilities	Teaching and learning principles Educational theories and theoretical frameworks Principles of change and stages of behaviour change Person-, family-, and community-centred approaches to care Methods of assessment Learning styles Health literacy Biofilm control Tobacco cessation and nutritional counselling Persons with special health care needs Trauma- and violence-informed care Communication techniques Social marketing
F.2 Engage in prevention, education, and health promotion activities	Population health Determinants of health Health promotion and disease prevention Policy use Community development Capacity building Health system navigation Strengths-based approach Cultural sensitivity, culturally relevant approach Epidemiology and incidence and prevalence rates Indigenous peoples' health experiences History and legacy of residential schools United Nations Declaration on the Rights of Indigenous Peoples Treaties and Aboriginal rights, Indigenous law, and Aboriginal–Crown relations Indigenous teachings and practices
F.3 Engage in advocacy to address oral health inequities	Determinants of health Epidemiology and incidence and prevalence rates Principles of social justice, equity, and substantive equality Jordan's Principle Public policy development Community development Capacity building Principles of political action Policy use Structural competency Stigma Priority populations and persons with special health care needs

G Clinical Therapy

COMPETENCY	KNOWLEDGE
G.1 Assess oral and general health status	Medico-legal-ethical principles Vital signs Informed consent Examinations (as defined within the profile) Oral health indices Risk factors (as defined within the profile) Caries risk assessments Periodontal classifications Oral-systemic link Instrumentation Periodontal probing Clinical attachment levels Radiography Impressions, study casts, and oral appliances
G.2 Formulate a dental hygiene diagnosis	Maslow's Hierarchy of Human Needs Dental Hygiene Human Needs Conceptual Model Other diagnostic models Periodontal classifications Oral-systemic link Interpretation of assessment data Communication skills Knowledge-based practice Clinical reasoning
G.3 Create a dental hygiene care plan	Current evidence and best practices Health literacy Determinants of health Cultural sensitivity and culturally relevant approaches History and legacy of residential schools Indigenous people's health experiences Jordan's Principle Informed consent Knowledge-based practice Evidence-informed treatment modalities to prevent, arrest, or control oral disease and promote oral health Sequencing and prioritizing of care Person- and family-centred care Referral networks

G.4 Implement a dental hygiene care plan	Primary, interceptive, therapeutic, preventive, and ongoing care procedures Local anaesthesia, nitrous oxide–oxygen analgesia, and pain management strategies Infection prevention and control guidelines Cardiopulmonary Resuscitation (CPR) and Basic Life Support (BLS) First aid standards Clinical judgment and reasoning Autonomous practice Ethical and knowledge-based practice Persons with special health care needs Strategies for responsive behaviours Person- and family-centred care Inflammation, immunology, microbiology, periodontology, and cariology Biofilm control Periodontal debridement Hand and powered instrumentation Peri-implant care Oral irrigation and chemotherapeutic agents Adjunctive therapies Anticariogenic agents Pit and fissure sealant Temporary and interim stabilization therapies Nutritional counselling Xerostomia management Lab procedures Dentin hypersensitivity management Orthodontics
G.5 Evaluate effectiveness of dental hygiene care	Monitoring and evaluation Continuing care Collaboration and coordination Clinical judgment and reasoning Continuous learning, self-reflection

Appendix B: Bloom's Trajectory©

The more one uses a competency, the more proficient one becomes. At entry to practice, practitioners are expected to be at a low level of proficiency for many of the competencies, but after time and use in the workplace, proficiency grows.

We use Bloom's Trajectory to describe the level of proficiency. Bloom's Trajectory specifies the proficiency separately for:

- Knowledge domain (including facts, ideas/theories/concepts)

- Skills domain:
    - Physical skills (requiring dexterity—for example, giving an injection or driving a car) and
    - Mental skills (requiring thinking—for example, using a spreadsheet, speaking a language, or following a protocol)

- Attitudes and values: these will be at a single level of proficiency for all practice, applying equally to all competencies, so this domain is not presented separately in the profile.

The levels of proficiency are listed in the following tables.

Knowledge Domain

	Level Name	Level Descriptors
K0	Awareness	“Conscious incompetence.”
K1	Remembering	“Know what.” Recall data or information; quote rules, definitions, laws.
K2	Understanding	“Know why.” Understand the meaning, translate, interpolate, and interpret instructions and problems. State a problem in one's own words.
K3	Applying	Know how to use a concept in a new situation or unprompted use of an abstraction. Apply what was learned in the classroom into novel situations in the workplace. Put a theory into practical effect; demonstrate, solve a problem, manage an activity.
K4	Analyzing	Know how to examine information in order to understand, explain, or predict. Separate material or concepts into component parts so that the organizational structure of the whole may be understood. Distinguish between facts and inferences. Interpret elements, organizational principles, structure, construction, and internal relationships. Determine quality, reliability of individual components.
K5	Evaluating	Know how to weigh up ideas and make a judgment. Make judgments about the value of ideas or materials. Assess effectiveness of whole concepts, in relation to values, outputs, efficacy, and viability. Exercise critical thinking. Conduct strategic comparison and review; make judgments relating to external criteria.
K6	Creating	Know how to bring information together in order for something to be decided or acted upon. Build a structure or pattern from diverse elements. Put parts together to form a whole, with emphasis on creating a new meaning or structure. Create new patterns/concepts, structures, systems, models, approaches, ideas.

Skills Domain (Including Mental Skills as Well as Physical Dexterity)

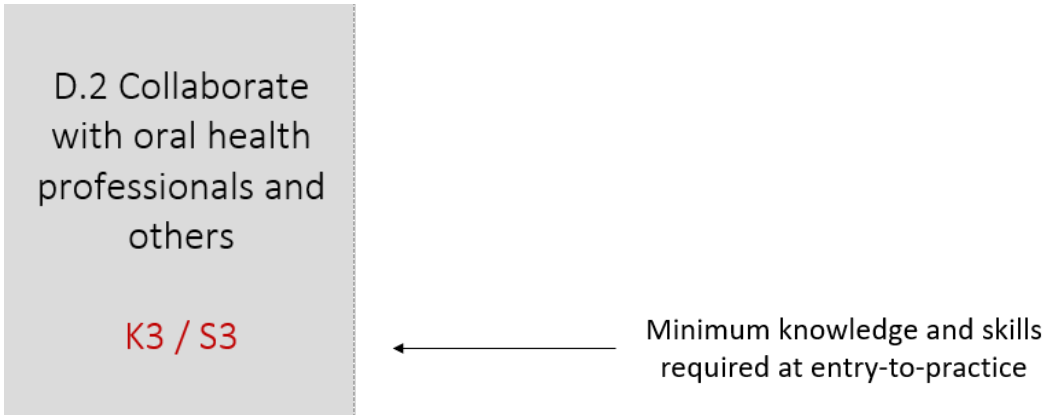
	Level Name	Level Descriptors
S0	Awareness	"Conscious incompetence."
S1	Readiness	Know and be ready to act upon a sequence of steps in a process. Recognize one's abilities and limitations (health and safety).
S2	Attempting	Imitation: Observe and pattern behaviour after someone else, following instructions and practising. Performance may be of lower quality. Guided response: Learn a complex skill (early stages), including imitation and trial and error. Adequacy of performance is achieved by practising.
S3	Basic proficiency	"Conscious competence." Learned responses have become habitual, and movements can be performed with some confidence, precision, and proficiency. A few minor errors are apparent.
S4	Full proficiency	Skilful performance involves complex patterns. Proficiency is indicated by a quick, accurate, and highly coordinated performance, requiring a minimum of energy. Coordinate and integrate a series of actions, achieving harmony and internal consistency. This category includes performing without hesitation and with automatic performance.
S5	Expert proficiency	"Unconscious competence." A high-level performance becomes natural, without needing to think much about it. Skills are well developed, and the individual can modify movement patterns to fit special requirements. Respond effectively to unexpected experiences. For example, modify instruction to meet the needs of learners. Use equipment to perform a task it was not originally intended to perform (equipment is not damaged and there is no danger in performing the new task).
S6	Creative proficiency	Create new routines to fit a particular situation or specific problem. Learning outcomes emphasize creativity based upon highly developed skills. Develop new techniques and/or procedures.

There is a similar trajectory for most learning. For some people, certain competency stages appear to be omitted. For example, some people have learned their interpersonal skills unconsciously without being taught, without any theory, so with neither "remembering" (K1) nor "understanding" (K2). On the contrary, others have had to be explicitly taught these skills, either in school or in the workplace. With sufficient practice, most will progress to "basic proficiency" (S3) or beyond.

The level of proficiency (using Bloom's Trajectory) at entry to practice for each competency is specified, so that:

- The educator knows what is expected by the end of the training/education program;
- Examiners can assess the candidate's learning precisely;
- The learner/candidate knows what level of proficiency is required;
- Employers know what they can expect in a newly qualified dental hygienist;
- The regulatory bodies' expectations are clearly expressed.

For each competency, this document indicates the minimum level of proficiency that someone must achieve to become registered, both for knowledge and for skills (see image below, which illustrates the minimum level established for competency D.2).



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La Fédération des organismes de réglementation en hygiène dentaire du Canada

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Compétences canadiennes d'admission à la profession d'hygiéniste dentaire (CoCAPHD)

février 2021

Table des matières

Introduction

En tant que professionnels de la santé autonomes, les hygiénistes dentaires travaillent en partenariat avec les personnes, les groupes et les communautés, ainsi qu'avec les fournisseurs et les professionnels de soins, et d'autres acteurs qui prennent part au cercle de soins d'une personne pour offrir des services de santé buccodentaire sécuritaires, efficaces et éthiques. Ils fournissent des services qui sont fondés sur une approche réflexive permettant l'amélioration de leurs connaissances et de leurs habiletés.

Les compétences des hygiénistes dentaires dont il est question dans ce document servent de référence unique dans tout le Canada, en matière de compétences d'admission pour les praticiens, les éducateurs, les organismes de réglementation, les évaluateurs et les prestataires d'agrément, d'autres intervenants et la population. Une description détaillée des connaissances, des habiletés, des attitudes, des comportements et du jugement requis en vue de l'admission à la profession est donnée pour chaque compétence, quel que soit le niveau de scolarité ou l'expérience antérieure du praticien. Ces compétences comprennent des énoncés cliniques et non cliniques et s'appliquent aux hygiénistes dentaires dans tous les milieux et contextes, y compris les cabinets d'hygiène dentaire, les cabinets dentaires, les services de santé publique, les industries dentaires, et les établissements d'enseignement et de recherche. Ainsi, 22 compétences sont organisées en sept domaines.

Le modèle de soins de l'ADPAE (analyse, diagnostic, planification, application et évaluation), un cadre pour la pratique professionnelle de l'hygiène dentaire et l'acquisition continue du savoir dans tout milieu de pratique ou rôle, a été intégré au profil de compétences. La démarche systématique comprend les principes fondamentaux de pensée critique, d'approches thérapeutiques orientées vers la personne, de tâches axées sur les objectifs et de prise de décisions fondée sur des données probantes. Elle sert de fondement pour des soins et une pratique globale d'hygiène dentaire sécuritaires et efficaces en intégrant les comportements clés définis dans le modèle de soins ADPAE ci-dessus. La documentation et l'adoption de comportements continus de réflexion et d'évaluation figurent tout au long du processus (Bowen et Pieren, 2020).

Comment lire les critères de rendement et de connaissances

Chaque **compétence** (de A.1 à G.5) est définie par un court énoncé d'action qui décrit ce qu'un hygiéniste dentaire doit être capable d'effectuer pour être jugé compétent au moment de son admission à la pratique. Le verbe utilisé donne une indication du niveau de rendement requis.

Les **critères de rendement** de chaque compétence décrivent en détail les comportements à adopter et qui seront évalués. Le candidat doit satisfaire à tous les critères de rendement pour établir qu'il possède une compétence.

La section « **Clarifications** » donne les définitions ainsi que des explications et des renseignements supplémentaires à l'appui des critères de rendement. Les mots ou les phrases qui sont expliqués sont soulignés à travers l'ensemble du document.

La section « **Connaissances** » énumère des domaines, des théories et des processus pertinents pour chaque compétence (voir l'annexe A).

Les **niveaux de maîtrise** des connaissances et des habiletés sont précisés séparément pour chaque compétence selon la trajectoire de Bloom (voir l'annexe B). Ils indiquent l'aptitude du candidat à son admission à la pratique et pendant l'exercice de ses fonctions, et ils appuient la formation initiale et continue, ainsi que le perfectionnement et l'évaluation informels en permettant de clarifier les attentes aux apprenants, aux praticiens, aux enseignants et aux organismes de réglementation et aux évaluateurs. Les niveaux de maîtrise peuvent évoluer au fil du temps et lorsqu'ils sont appliqués lors de différentes circonstances et divers contextes. Par exemple, ils permettent aux programmes éducatifs d'élargir ou d'améliorer leur programme d'études et d'ajouter des domaines d'intérêts particuliers.

Un pas vers la réconciliation

En décembre 2015, la Commission de vérité et réconciliation du Canada (CVR) a publié son rapport avec une liste de 94 « appels à l'action » de divers intervenants. Pour pallier les inégalités historiques et sociales, les Canadiens doivent s'efforcer de créer une société sécuritaire et inclusive dans laquelle la culture et la vision du monde des Autochtones[1] sont respectées et valorisées. Les compétences requises pour ce faire seront autant profitables aux Autochtones qu'aux personnes non autochtones pour atteindre un état de santé et de bien-être optimal. Ainsi, les Compétences canadiennes d'admission à la profession d'hygiéniste dentaire (CoCAPHD), y compris les critères de rendement et les énoncés de connaissances qui leur sont associés, ont été formulées avec soin pour refléter les appels à l'action pertinents de la CVR.

Les compétences en hygiène dentaire requises pour exercer une profession orientée vers la personne, la famille et la communauté dans un pays à la population aussi diversifiée que celle du Canada comprennent inévitablement de nombreux aspects liés aux contextes particuliers des clients. Cependant, la CVR va bien plus loin. Elle souligne le fait que les Autochtones au Canada occupent une place bien particulière qui doit être reconnue et faire l'objet d'une réconciliation.

Il est important d'acquérir des connaissances sur les Autochtones, entre autres en ce qui concerne les points suivants :

i. Habitudes de santé, y compris les systèmes de guérison et les pratiques culturelles, notamment les médicaments, les remèdes à base de plantes médicinales, les cérémonies et les rituels favorisant le bien-être spirituel, mental, physique et psychologique ;
ii. Contextes politiques historique et contemporain, structures sociales et répartition des ressources ayant entraîné une réduction de l'espérance de vie, un fardeau disproportionné des maladies chroniques et transmissibles, la toxicomanie, la perte et l'effritement culturels, la dépossession du territoire, les traumatismes intergénérationnels et un besoin de retrouver l'harmonie et l'équilibre (Greenwood et autres, 2018).

[1] Comprend : les Premières Nations, les Métis et les Inuits.

À titre de professionnels, les hygiénistes dentaires sont engagés à servir la population et à maintenir leurs compétences en poursuivant la réflexion et le perfectionnement professionnel. Cela comprend le développement de compétences pour répondre aux besoins évolutifs et divers en matière de santé de la population, y compris les Autochtones, et en aidant à pallier les états qui mènent aux inégalités en santé. La Fédération des organismes de réglementation en hygiène dentaire du Canada (FORHDC) reconnaît que le processus de vérité et de réconciliation requiert davantage qu'une simple inclusion dans le profil de compétences pour l'admission à la profession. La FORHDC s'est ainsi engagée à tenir un dialogue continu sur ces principes et à les traduire en actions.

Élaboration et rétroaction

L'élaboration du présent document est le fruit de contributions provenant de plusieurs sources et types de consultation pour veiller à ce que le profil reflète avec exactitude les compétences nécessaires des hygiénistes dentaires au Canada et les tendances courantes de la profession et de la société. Le document est fondé sur les données probantes et l'expertise professionnelle, et répond aux besoins d'un vaste groupe d'intervenants. En particulier, ces sources et types de consultation comprennent ce qui suit :

1. Un groupe de travail pancanadien composé de seize praticiens, éducateurs et organismes de réglementation ;
2. Un expert en la matière, expérimenté dans les domaines cliniques, éducatifs, réglementaires et des associations ;
3. Un comité consultatif composé de représentant des organismes de réglementation et d'examens, des programmes de formation et des associations professionnelles ;
4. Un comité directeur composé de représentants d'organismes de réglementation, qui ont supervisé le projet ;
5. Des principaux intervenants ayant des connaissances diverses sur les modes de savoir des Autochtones et la culture et l'histoire des Autochtones au Canada ;
6. Un sondage national, qui a sollicité l'avis de tous les hygiénistes dentaires autorisés partout au pays ;
7. Une équipe de conseillers de projet de CamProf Inc. qui a de l'expertise dans l'élaboration de profils de compétences.

Le profil a aussi été inspiré de sources de publications nationales et internationales, telles qu'énumérées dans les références et la bibliographie du présent document, et d'une cartographie détaillée des compétences de 2010, qui avaient été réalisées par un consortium des organisations et des sources suivantes :

- L'Association canadienne des hygiénistes dentaires ;
- La Fédération des organismes de réglementation en hygiène dentaire du Canada ;
- La Commission de l'agrément dentaire du Canada (CADC) ;

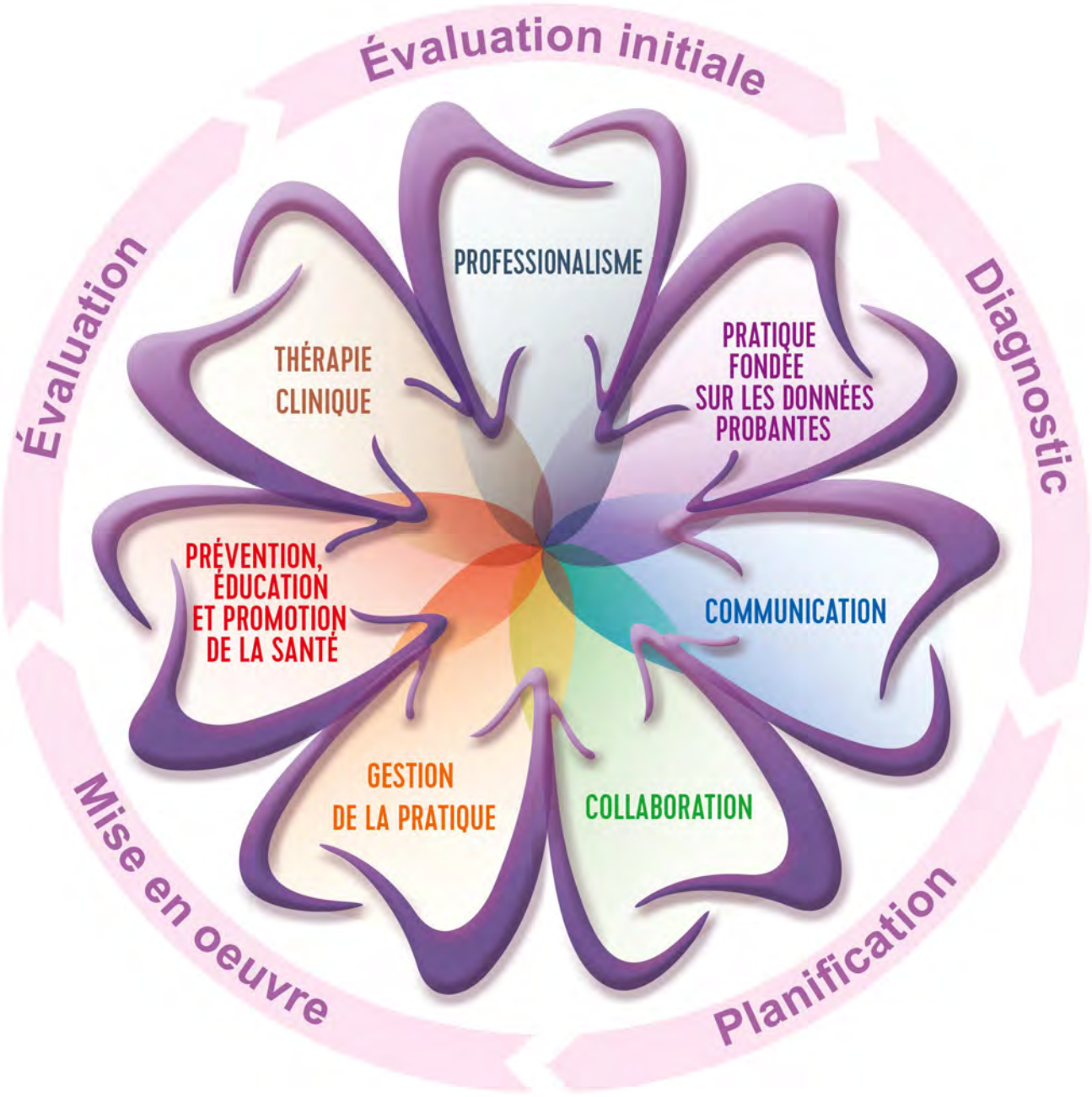
- Le Bureau national de la certification en hygiène dentaire ;
- Des enseignants en hygiène dentaire.

Les suggestions de modifications sont les bienvenues, et peuvent être le fruit de ce qui suit :

- Correction d'erreurs et d'omissions ;
- Ajouts et clarifications ;
- Commentaires d'intervenants ;
- Tendances ou changements dans la profession, la société et les types d'emplois ;
- Changements de lois et de règlements ;
- Reconnaissance de nouvelles utilisations du document sur les compétences.

Pour en savoir davantage sur le projet d'élaboration de ce document, communiquez avec la Fédération des organismes de réglementation de l'hygiène dentaire du Canada. Pour vous inscrire aux mises à jour, veuillez consulter le Projet de la FORHDC : Compétences canadiennes d'admission à la profession d'hygiéniste dentaire.

Domaines d'expertise des hygiénistes dentaires au Canada



La figure précédente est une adaptation du schéma de compétences CanMEDS pour les médecins, utilisée avec l'autorisation du Collège royal des médecins et chirurgiens du Canada (Frank et autres, 2015). Elle inclut les sept domaines de compétences illustrés chacune par une dent et la couleur mauve qui est associée à la profession d'hygiéniste dentaire. Le chevauchement des couleurs au centre de la figure illustre la complémentarité des domaines, mettant ainsi en évidence qu'un hygiéniste dentaire compétent mettra continuellement à profits des aspects de chacun des domaines, parfois simultanément. L'anneau représentant le modèle du processus de soins en hygiène dentaire sert à souligner les comportements clés contenus dans ce processus et leur application à tous les domaines d'expertise.

Compétences par domaine d'expertise

A Professionnalisme

En tant que professionnels, les hygiénistes dentaires se vouent à la santé de la population et à la profession en adhérant à des normes éthiques élevées, à des pratiques exemplaires et à des exigences législatives.

Un hygiéniste dentaire compétent doit :

COMPÉTENCE	CRITÈRES DE RENDEMENT	
A.1 Avoir un comportement professionnel C4 / H3	A.1.1	Faire preuve de responsabilité.
	A.1.2	Gérer ses propres biais, ses points de vue et ses visions du monde.
	A.1.3	Avoir une présence professionnelle.
	A.1.4	Résoudre les conflits d'intérêts.
	A.1.5	Maintenir la confiance de la population envers la profession.
	A.1.6	Respecter la distance professionnelle.
	A.1.7	Participer aux activités de mentorat.
	A.1.8	S'assurer de son bien-être et de sa capacité à exercer la profession.
	A.1.9	Améliorer la pratique en matière d'efficacité et de viabilité à l'aide de stratégies de soins personnels et de mode de vie.
A.2 Faire preuve d'un engagement à être au service de la société C4 / H3	A.2.1	Faire passer les intérêts de la société avant les siens.
	A.2.2	Participer à des activités de service communautaire.
	A.2.3	Utiliser une optique de justice sociale pour promouvoir l'équité.
	A.2.4	Réaliser le contrat social de la profession.
	A.2.5	Contribuer à la prévention et à la gestion des incidents, des éclosions et des urgences dans la communauté.
A.3 Intégrer ses responsabilités professionnelles dans sa pratique C4 / H3	A.3.1	Démontrer la capacité de se gérer soi-même en respectant la réglementation de la profession.
	A.3.2	Veiller au respect de la vie privée, à la confidentialité et à la sécurité des clients.
	A.3.3	Gérer ses forces et ses limites.
	A.3.4	Prendre les mesures qui s'imposent lorsque des signes d'abus ou de négligence sont observés.
	A.3.5	Déclarer les services non éthiques, non sécuritaires et incompétents aux organismes de réglementation appropriés.
	A.3.6	Veiller à ce que les services offerts soient conformes au champ de pratique de l'hygiène dentaire.
A.4 Faire preuve d'un engagement envers l'apprentissage continu C4 / H3	A.4.1	S'autoévaluer régulièrement pour cerner les occasions d'amélioration.
	A.4.2	Formuler des objectifs d'apprentissage précis, mesurables et réalistes.
	A.4.3	Adopter des stratégies pour atteindre ses objectifs d'apprentissage.
	A.4.4	Intégrer de nouvelles connaissances et compétences à sa pratique.

B Pratique fondée sur les données probantes

Les hygiénistes dentaires sont voués à l'excellence dans leur pratique professionnelle par la pensée critique, l'apprentissage continu et la prise de décisions fondée sur les données probantes. L'intégration d'une pratique fondée sur les données probantes permet d'optimiser les soins de santé buccodentaire.

Un hygiéniste dentaire compétent doit :

COMPÉTENCE	CRITÈRES DE RENDEMENT	
B.1 Faire preuve de pensée critique, savoir résoudre les problèmes et avoir un bon raisonnement C3 / H3	B.1.1	Évaluer les problèmes complexes sous plusieurs angles.
	B.1.2	Adopter une démarche systématique de résolution de problèmes.
	B.1.3	Concevoir des façons de gérer les ambiguïtés, les renseignements incomplets et l'incertitude.
	B.1.4	Tirer des conclusions à partir de données probantes et d'autres sources de connaissances.
B.2 Utiliser une approche fondée sur les données probantes pour prendre des décisions C3 / H3	B.2.1	Accéder aux sources d'informations crédibles.
	B.2.2	Évaluer les informations à l'aide d'outils pertinents.
	B.2.3	Explorer comment les résultats de recherche peuvent influencer la pratique.
	B.2.4	Prendre les décisions relatives à la pratique en se fondant sur les données probantes, son jugement professionnel et sur l'expérience du client.
	B.2.5	Évaluer les résultats de décisions.
B.3 Utiliser diverses méthodes d'enquête C2 / H2	B.3.1	Comprendre comment les connaissances sont construites.
	B.3.2	Cerner les lacunes en matière de connaissances actuelles et de données probantes.
	B.3.3	Participer aux activités de recherche.
	B.3.4	Transmettre le savoir aux autres.

C Communication

En tant que communicateurs, les hygiénistes dentaires tissent des liens avec les personnes, les familles, les groupes et les communautés pour faciliter la collecte et le partage de renseignements essentiels en vue de prodiguer des soins pertinents et respectueux des valeurs culturelles.

Un hygiéniste dentaire compétent doit :

COMPÉTENCE	CRITÈRES DE RENDEMENT	
C.1 Communiquer efficacement de manière verbale et non verbale C3 / H3	C.1.1	Communiquer ouvertement et avec clarté, en toute franchise, au moment qui s'y prête.
	C.1.2	Faire preuve de compétence orale dans une langue officielle*.
	C.1.3	Faire preuve d'écoute active et d'empathie.
	C.1.4	Communiquer d'une façon qui tient compte des besoins du destinataire.
	C.1.5	Travailler en collaboration avec des représentants culturels ou des interprètes, le cas échéant.
	C.1.6	Adopter l'humilité culturelle.
	C.1.7	Promouvoir la sécurisation culturelle, la diversité, l'équité et l'inclusion.
	C.1.8	Évaluer l'efficacité des approches communicatives.
C.2 Utiliser une communication écrite efficace C3 / H3	C.2.1	Maîtriser la compréhension de la lecture et l'expression écrite dans une langue officielle.
	C.2.2	Préparer un dossier médical complet et précis.
	C.2.3	Utiliser les technologies électroniques de manière responsable et appropriée.

* En plus de la maîtrise d'une des langues officielles, la maîtrise d'une langue autochtone peut être une compétence supplémentaire détenue par l'hygiéniste dentaire qui offrent des services aux Premières Nations, aux Métis et aux Inuits.

D Collaboration

En tant que collaborateurs, les hygiénistes dentaires font partie intégrante de l'équipe de soins de santé. Ils travaillent en collaboration avec d'autres pour fournir des soins au moyen d'approches sécuritaires, efficaces, éthiques et orientées vers la personne, la famille et la communauté.

Un hygiéniste dentaire compétent doit :

COMPÉTENCE	CRITÈRES DE RENDEMENT	
D.1 Collaborer avec les personnes qui accèdent aux services d'hygiène dentaire C3 / H3	D.1.1	Mettre en œuvre des approches aux soins orientées vers la personne, la famille et la communauté.
	D.1.2	Promouvoir l'autonomie individuelle et communautaire et l'autodétermination.
	D.1.3	Établir des relations fondées sur la confiance mutuelle, l'intégrité et le respect.
	D.1.4	Partager ses connaissances, ses ressources et ses responsabilités avec les autres.
	D.1.5	Collaborer avec les réseaux de soutien des personnes, le cas échéant.
	D.1.6	Aider les personnes à accéder aux ressources communautaires.
D.2 Collaborer avec des professionnels de la santé buccodentaire et d'autres C3 / H3	D.2.1	Travailler ensemble pour répondre aux besoins des clients.
	D.2.2	Promouvoir le travail d'équipe et le partenariat.
	D.2.3	Maintenir des relations de travail de soutien mutuel.
	D.2.4	Consulter les autres, le cas échéant.
	D.2.5	Encourager les autres à adhérer aux politiques organisationnelles.
	D.2.6	Partager les renseignements du client avec les autres, selon le consentement éclairé ou tel que l'exige la loi.
	D.2.7	Participer à une prise de décision conjointe.
	D.2.8	Mettre en œuvre des stratégies de résolution des conflits, le cas échéant.

E Gestion de la pratique

Participer à la gestion de sa propre pratique professionnelle en faisant preuve d'aptitudes à organiser, à administrer et à prendre des décisions qui facilitent la prestation de soins de grande qualité, l'utilisation efficace du temps et du personnel, et une satisfaction professionnelle et personnelle améliorée (adapté de Bowen et Pieren, 2020).

Un hygiéniste dentaire compétent doit :

COMPÉTENCE	CRITÈRES DE RENDEMENT	
E.1 Effectuer des tâches administratives C2 / H3	E.1.1	Coordonner les rendez-vous.
	E.1.2	Gérer efficacement les ressources du cabinet.
	E.1.3	Utiliser les technologies courantes de manière appropriée.
	E.1.4	Utiliser efficacement les habiletés organisationnelles et de gestion de temps.
	E.1.5	Respecter les budgets.
	E.1.6	Reconnaître l'importance et le rôle des ententes contractuelles.
E.2 Intégrer ses responsabilités législatives et professionnelles dans les politiques organisationnelles C3 / H3	E.2.1	Se tenir à jour en matière des politiques organisationnelles pertinentes.
	E.2.2	Faire preuve de jugement dans la mise en œuvre de politiques organisationnelles ou lors de la pratique en absence de telles politiques.
	E.2.3	Intégrer les données probantes et les pratiques exemplaires lors de l'élaboration de politiques organisationnelles.
	E.2.4	Appliquer des mesures courantes de prévention et de contrôle des infections.
	E.2.5	Faire preuve d'engagement envers les conditions de travail sécuritaires et respectueuses, le cas échéant.
	E.2.6	Participer aux initiatives d'amélioration de la qualité.
	E.2.7	Reconnaître le besoin de consulter un professionnel du domaine juridique.
E.3 Participer à des activités entrepreneuriales C2 / H2	E.3.1	Évaluer son propre potentiel d'entrepreneuriat.
	E.3.2	Rédiger un plan d'affaires fondé sur un modèle sélectionné de prestation de services.
	E.3.3	Mettre en œuvre le plan d'affaires.
	E.3.4	Résoudre les problèmes rencontrés par l'entreprise.

F Prévention, éducation et promotion de la santé

Les hygiénistes dentaires adoptent une approche inclusive et interculturelle à la santé et au bien-être. En mettant en œuvre des activités de promotion de la santé, d'éducation et de prévention des maladies et des blessures, les hygiénistes dentaires aident les autres à atteindre et à maintenir une santé buccodentaire optimale. Les actes d'hygiène dentaire visent aussi à réduire les inégalités. Bien que le modèle du processus de soins en hygiène dentaire soit associé à chacun des domaines d'expertise inclus à ce profil de compétences, il est au cœur des services d'hygiène dentaire orientés vers les personnes, les groupes et les communautés.

Un hygiéniste dentaire compétent doit :

COMPÉTENCE	CRITÈRES DE RENDEMENT	
F.1 Diriger l'élaboration de la littératie en santé et des habiletés en matière d'autosoins buccodentaires C3 / H3	F.1.1	Sensibiliser les autres sur la santé générale et la santé buccodentaire.
	F.1.2	Évaluer les circonstances des gens et leur volonté d'acquérir des connaissances.
	F.1.3	Dresser des plans d'apprentissage fondés sur les besoins ciblés.
	F.1.4	Appuyer les autres en répondant à leurs besoins en matière de santé.
	F.1.5	Contribuer à l'amélioration des connaissances, des habiletés et des habitudes d'autosoins des autres.
	F.1.6	Aider les personnes ayant des besoins spéciaux en matière de soins de santé à effectuer leurs soins personnels.
	F.1.7	Enseigner aux fournisseurs de soins comment appuyer les soins buccodentaires des autres.
	F.1.8	Utiliser les techniques de marketing social de façon appropriée.
	F.1.9	Offrir une rétroaction constructive, ponctuelle et appropriée en matière de techniques d'autosoins buccodentaires.
	F.1.10	Modifier les plans d'apprentissages selon le résultat de l'évaluation.
F.2 Participer aux activités de prévention, d'éducation et de promotion de la santé C3 / H3	F.2.1	Évaluer les besoins de la communauté.
	F.2.2	Évaluer l'influence des déterminants de la santé sur la santé buccodentaire.
	F.2.3	Surveiller les personnes qui sont à risque à l'aide d'indices de santé buccodentaire et de données probantes actuelles.
	F.2.4	Développer des activités et des programmes qui font la promotion de la santé et du bien-être.
	F.2.5	Utiliser la connaissance de la culture et de l'histoire pour atteindre les objectifs.
	F.2.6	Promouvoir la santé buccodentaire et le bien-être général des autres.
	F.2.7	Évaluer les résultats des interventions en matière de prévention, d'éducation et de promotion de la santé.
F.3 Participer à la défense d'intérêts pour pallier les inégalités en matière de santé buccodentaire	F.3.1	Explorer les approches de défense des intérêts en matière de problèmes de santé buccodentaire sur lesquels il faut insister.
	F.3.2	Participer aux activités de défense des intérêts qui font la promotion de la santé buccodentaire et globale.
	F.3.3	Promouvoir les enjeux et les politiques de la société qui réduisent les inégalités.
	F.3.4	Faciliter le changement et l'innovation.

C2 / H3

G Thérapie clinique

La thérapie clinique comprend la prestation de soins d'hygiène dentaire préventifs, thérapeutiques, préventifs et de soutien. À titre de cliniciens, les hygiénistes dentaires utilisent le modèle du processus de soins en hygiène dentaire pour prodiguer des soins sécuritaires et complets orientés vers la personne, à une clientèle diversifiée de tous les âges.

Un hygiéniste dentaire compétent doit :

COMPÉTENCE	CRITÈRES DE RENDEMENT	
G.1 Évaluer l'état de santé général et buccodentaire C3 / H3	G.1.1	Cerner les préoccupations principales du client.
	G.1.2	Obtenir des antécédents exhaustifs personnels, médicaux et buccodentaires.
	G.1.3	Évaluer les signes vitaux des clients selon la pratique de l'hygiène dentaire.
	G.1.4	Déterminer les contre-indications aux soins en hygiène dentaire.
	G.1.5	Évaluer les facteurs de risque de maladie.
	G.1.6	Évaluer les habitudes d'hygiène buccodentaire.
	G.1.7	Effectuer des examens buccodentaires approfondis.
	G.1.8	Obtenir des radiographies au besoin.
	G.1.9	Faire la distinction entre les résultats normaux et anormaux.
G.2 Poser un diagnostic d'hygiène dentaire C3 / H3	G.2.1	Rédiger des énoncés diagnostiques.
	G.2.2	Discuter du diagnostic avec les autres selon le cas.
G.3 Créer un plan de soins d'hygiène dentaire C3 / H3	G.3.1	Déterminer les besoins qui peuvent être comblés grâce à des soins d'hygiène dentaire.
	G.3.2	Élaborer le plan de soins en collaboration avec les autres et à partir des données recueillies lors de l'examen.
	G.3.3	Discuter du plan de soins avec les personnes pertinentes.
	G.3.4	Établir des objectifs réalistes et mesurables en matière de santé buccodentaire.
	G.3.5	Fournir des renseignements sur les services d'hygiène dentaire.
	G.3.6	Orienter vers le professionnel pertinent ou l'agence appropriée.
G.4 Mettre en œuvre le plan de soins d'hygiène dentaire C3 / H3	G.4.1	Prévenir et gérer les urgences médicales.
	G.4.2	Adapter la prestation de services aux personnes qui ont des besoins de santé spéciaux.
	G.4.3	Utiliser les instruments et l'équipement de manière sécuritaire et efficace.
	G.4.4	Utiliser des stratégies comportementales et de gestion de la douleur pour favoriser le confort lors de la prestation des soins.
	G.4.5	Surveiller les réponses aux soins.
	G.4.6	Effectuer la thérapie parodontale.
	G.4.7	Utiliser des stratégies et des outils de prévention et de gestion des caries.
	G.4.8	Fabriquer des protège-dents pour les sportifs et des gouttières de blanchiment des dents.*

	G.4.9	Traiter l'hypersensibilité dentinaire.
	G.4.10	Effectuer des interventions orthodontiques conformément aux règlements provinciaux et territoriaux.
	G.4.11	Enlever les taches extrinsèques.
G.5 Évaluer l'efficacité des soins d'hygiène dentaire C3 / H3	G.5.1	Obtenir de la rétroaction sur les services d'hygiène dentaire qui ont été fournis et les résultats obtenus.
	G.5.2	Évaluer l'efficacité des soins.
	G.5.3	Évaluer et revoir les objectifs au besoin.
	G.5.4	Offrir des recommandations en matière de soins continus ou de services de rechange.
	G.5.5	Cerner le besoin d'orienter et de coordonner les soins.

* Au Québec, la fabrication de gouttières de blanchiment est partie intégrante d'une activité réservée aux hygiénistes dentaires. À ce titre, ils doivent être en mesure de démontrer cette compétence.

Clarifications

Les définitions et les notes explicatives qui suivent précisent comment les termes soulignés sont utilisés dans ce document.

adaptation	Modifications des rendez-vous, thérapies non conventionnelles ou approches aux soins.
analyse	Obtenir de la rétroaction, observer les autres, cerner les domaines de préoccupations, et réfléchir aux succès, aux erreurs et aux omissions.
approche fondée sur des données probantes	Une approche formelle qui comprend l'identification, la recherche et l'interprétation des résultats des meilleures preuves offertes pour guider les processus de prise de décisions.
autres	Les personnes qui font partie du cercle de soins du client, y compris les professionnels de la santé, les travailleurs sociaux, le personnel administratif, les représentants culturels, ainsi que les personnes qui contribuent directement ou indirectement à la santé et au bien-être du client. Le terme peut aussi comprendre des représentants de groupes privés, bénévoles et sans but lucratif, et des secteurs gouvernementaux.
besoins	Valeurs, préférences, littératie en santé, langue.
bien-être	Santé et mieux-être personnels, y compris la santé physique, mentale, émotionnelle et spirituelle.
capacité à exercer sa profession	Les qualités et habiletés des hygiénistes dentaires les rendant aptes à exercer leur profession. Elles comprennent, entre autres, l'absence de tout trouble cognitif, physique, psychologique ou émotionnel et de dépendance à certaines substances qui influent sur la capacité à exercer (d'après : College of Registered Nurses of British Columbia [CRNBC], 2008; College of Registered Nurses of Nova Scotia [CRNNS], 2017).
circonstances	Besoins, souhaits, habiletés, motivations, intelligence émotionnelle.
client(s)	« Une personne, une famille, un groupe, une organisation ou une collectivité qui accède aux services professionnels de l'hygiéniste dentaire » (ACHD, 2002, p. 3). Les hygiénistes dentaires communiquent avec les réseaux de soutien des clients, le cas échéant.
compétence professionnelle	Selon les normes réglementaires : utiliser la terminologie normalisée.
conflits d'intérêts	À la fois réels ou perçus.
consentement éclairé	L'acte de donner à une personne de l'information sur le traitement proposé, y compris les risques et les effets indésirables du traitement proposé, les autres traitements offerts et les conséquences de ne recevoir aucun traitement, pour que la personne puisse prendre une décision éclairée. Dans le cas d'une personne mineure ou d'autres personnes qui ne peuvent pas donner leur accord elles-mêmes, le consentement doit être attribué par un tuteur légal ou un décideur substitut.
contrat social	Exercer conformément aux attentes sociétales des professionnels de la santé.
coordination	Fixer des rendez-vous, orienter les clients, communiquer entre professionnels, gérer les dossiers.
déterminants de la santé	Comprennent les environnements sociaux, culturels, biologiques, physiques et économiques.
diagnostic	« L'utilisation des habiletés de prise de décision critique pour tirer et communiquer des conclusions sur les besoins des clients en matière d'hygiène dentaire d'après toutes les données d'évaluation et les données probantes de la documentation (ce qui comprend l'orientation vers un dentiste ou d'autres professionnels médicaux) » [traduction libre]

	(Bowen et Pieren, 2020, p. 2).
distance professionnelle	L'obligation de veiller à ne pas compromettre la relation professionnelle avec un client en mettant ses besoins avant ceux du client ou par un manque d'impartialité ou tout acte qui pourrait compromettre la confiance du client envers le professionnel.
énoncés diagnostiques	Guidé par les résultats des évaluations et des besoins non satisfaits, les connaissances professionnelles et les meilleures preuves offertes.
ententes contractuelles	Par exemple, contrats de travail ou d'assurance, ententes de location.
évaluation	Utiliser des indices, des techniques d'examen, les commentaires des clients et d'autres méthodes d'évaluation.
évaluer	Obtenir, documenter et interpréter.
examens	Extrabuccal (tête et cou) et intrabuccal des tissus mous et durs, parodontal, de la dentition, de l'hygiène buccodentaire, tests diagnostiques (p. ex., examen microbiologique, examen de la vitalité pulpaire, tests de la réaction de l'hôte, biopsies au moyen d'un coton-tige ou d'une brosse).
fabrication	Prise d'empreintes, préparation des appareils, évaluation de l'ajustement.
facteurs de risque	Par exemple, usage de tabac, consommation de drogues à usage récréatif, vapotage, régime alimentaire et nutrition, hygiène buccodentaire, maladie systémique, facteurs socio-économiques et démographiques.
fournisseurs de soins	Personnes, soignants et professionnels qui participent à l'appui de la santé buccodentaire des autres.
gestion	Identifier, développer, corriger, demander des conseils au besoin.
gestion de la douleur	Anesthésie locale, anesthésiques non injectables, analgésique composé d'oxyde de diazote et d'oxygène et autres stratégies de gestion de la douleur et approches de traitements.
historique	Par exemple, les répercussions du colonialisme et du traumatisme intergénérationnel chez les peuples autochtones.
humilité culturelle	Un processus de réflexion sur soi-même visant à mieux comprendre les biais personnels et systémiques ainsi qu'à établir et à maintenir des relations et des processus respectueux fondés sur une confiance mutuelle (ASPN, 2020).
justice sociale	Répartition juste et équitable des ressources, y compris les services de la santé et d'autres déterminants de la santé, parmi les groupes de la société (CNA, 2009).
langue officielle	Conformément aux règlements provinciaux et territoriaux.
littératie en santé	La capacité d'une personne à recueillir et à interpréter de l'information d'une manière qui permet de promouvoir la santé.
maladie	Un état qui nuit à la fonction normale de l'organisme.
marketing social	« La conception et la mise en œuvre de stratégies de communication en santé dans le but d'influencer le comportement ou les croyances liés à l'acceptabilité d'une idée, comme le comportement souhaitable en matière de santé, ou une pratique, comme une bonne hygiène alimentaire, par un groupe cible de la population » (Agence de la santé publique du Canada, 2008, p. 14).
objectifs révisés	Selon les résultats et les circonstances et les motivations des clients à atteindre et à maintenir la santé buccodentaire.
orientés vers la personne, la famille et la communauté	S'intéresse à la personne dans son ensemble en tant que personne distincte et se concentre non seulement sur sa maladie ou son affection (AIIAO, 2015). Le terme « approches thérapeutiques orientées vers le client » porte sur la centralisation de la communauté dans tous ses aspects.

personnel	Données démographiques, antécédents sociaux et autres déterminants de la santé.
personnes qui ont des besoins de santé spéciaux	Trouble physique, développemental, mental, sensoriel, comportemental, cognitif ou émotionnel (AAPD, 2016).
plan d'affaires	Cibles et objectifs, activités, ressources, responsabilités, programmes, évaluation du risque, viabilité et relève.
plan de soins	« Énoncé des objectifs, des interventions fondées sur des données probantes et du calendrier de rendez-vous une fois le diagnostic posé » [traduction libre] (Bowen et Pieren, 2020, p. 363), guidé par le diagnostic d'hygiène dentaire, les meilleures preuves offertes, et les besoins et préférences des personnes qui accèdent aux services d'hygiène dentaire.
points de vue	Valeurs, biais, hypothèses, préférences, visions du monde.
politiques organisationnelles	Règles, protocoles, paramètres et mesures que suit une organisation dans le cadre de ses activités.
potentiel	Connaissances, habiletés, attitudes, situation financière, réseau de personnes-ressources et de soutien, réputation, commentaires, établissements, équipement, permis, approbation réglementaire.
présence professionnelle	Se comporter et se présenter d'une façon conforme aux normes et aux attentes professionnelles, y compris dans la communication verbale et non verbale, y compris sur les médias sociaux, et en établissant un rôle et une image professionnelle positifs.
preuves	Par exemple, méthodes de recherche quantitatives, qualitatives, et mixtes, revues systématiques et méta-analyses, lignes directrices de pratique.
prévention	Moyens pris pour prévenir la maladie plutôt que de la guérir ou de traiter ses symptômes. Elle inclut trois niveaux de prévention : primaire (éviter le développement de la maladie), secondaire (la détection précoce de la maladie) et tertiaire (la réduction des effets négatifs d'une maladie diagnostiquée).
prévention et gestion des caries	Éducation personnalisée en matière de la prévention des caries, application d'agents anticarieux, application de résines pour scellement des puits et fissures, et mise en place de matériaux de restauration temporaires et permanents, conformément aux lois provinciales et territoriales.
Principe de Jordan	Principe qui garantit qu'il existe une égalité réelle et qu'il n'y a pas de lacunes dans les programmes, services et soutiens publics en matière de santé, de services sociaux et d'éducation pour les enfants des Premières Nations (Assemblée des Premières Nations, 2018).
promotion de la santé	La Charte d'Ottawa pour la promotion de la santé (1986) décrit cinq stratégies clés de promotion de la santé : élaborer des politiques publiques favorisant la santé, créer des environnements favorables, renforcer l'action communautaire, acquérir des aptitudes individuelles et réorienter les services de santé (Organisation mondiale de la Santé, 1986 ; Agence de la santé publique du Canada, 2008).
réalistes	Selon les déterminants de la santé et l'acceptation, l'accessibilité et la disponibilité du client.
recherche	« Un processus d'étapes utilisées pour recueillir et analyser l'information pour augmenter notre compréhension d'un sujet ou d'un enjeu » (Creswell, 2008).
représentant culturel	Une personne qui offre du soutien en travaillant de concert avec les professionnels et les clients pour interpréter les enjeux culturels et fournir des services pertinents sur le plan culturel.
réseaux d'appui	Membres de la famille, décideurs substituts, délégations de pouvoir, interprètes.

responsabilité	Accepter la responsabilité de ses actions, y compris rendre des comptes aux personnes et à la société.
ressources	Consommables et articles divers, temps, équipement, technologies.
résultats	Efficacité, effets prévus et imprévus, coûts, qualité, acceptabilité.
sécurisation culturelle	Le résultat d'un engagement respectueux qui reconnaît et cherche à résoudre les inégalités de pouvoir inhérentes au système de soins de santé. Elle donne lieu à un environnement libre de racisme et de discrimination dans lequel les gens se sentent en sécurité lorsqu'ils reçoivent des soins de santé (ASPN, 2020).
signes vitaux	Tension artérielle, pouls, fréquence respiratoire, température corporelle.
soins continus	Par exemple, programme d'entretien parodontal, intervalles d'application du vernis fluoré.
soins tenant compte des traumatismes et de la violence	Une approche aux soins visant à créer des environnements sécuritaires pour les personnes, fondés sur la compréhension des effets des traumatismes et des effets croisés de la violence systémique et interpersonnelle sur la vie, la santé et les comportements d'une personne (Ponic et autres, 2018).
sources fiables	Par exemple, les normes de la pratique, les journaux scientifiques évalués par les pairs, les lignes directrices cliniques et sur les pratiques exemplaires, la littérature grise.
stratégies	Occasions d'apprentissage informelles, mentorat, ateliers, congrès, webinaires, formation avancée.
technologies	Par exemple, programmes de gestion de logiciel dentaire, radiographies numériques, caméras intrabuccales, bases de données d'inventaire.
thérapie parodontale	Thérapie parodontale non chirurgicale, débridement parodontal, application et enlèvement d'un pansement parodontal, enlèvement de points de suture, gestion des tissus péri-implantaires, irrigation, utilisation d'agents chimiothérapeutiques.

Annexe A : Connaissances par domaines

La colonne **« Connaissances »** énumère les domaines, les théories et les processus pertinents pour chaque **compétence**.

A. Professionnalisme

COMPÉTENCE	CONNAISSANCES
A.1 Avoir un comportement professionnel	Professionnalisme Valeurs professionnelles Législation et normes de pratique Conflits d'intérêts Limites professionnelles Mentorat
A.2 Faire preuve d'un engagement à être au service de la société	Responsabilité et transparence professionnelles Valeurs professionnelles, y compris l'altruisme et la promotion du bien de la population Pratique conforme à la déontologie Privilège de l'autoréglementation Service communautaire Responsabilité sociale Justice et équité sociales Sécurisation culturelle Gestion des incidents, des éclosions et des urgences dans la communauté
A.3 Intégrer ses responsabilités professionnelles dans sa pratique	Autoréglementation Législation, normes de pratique et codes de déontologie Pratique conforme à la déontologie Raisonnement éthique et mise en application de cadres éthiques facilitant la prise de décisions Déclarations obligatoires
A.4 Faire preuve d'un engagement envers l'apprentissage continu	Conscience de soi et réflexion critique Assurance de la qualité, perfectionnement professionnel et compétence continue Établissement d'objectifs d'apprentissage Stratégies de mise en œuvre et de gestion des changements Acquisition continue du savoir Ergonomie et stratégies qui facilitent la pratique ergonomique Santé et sécurité au travail Prévention des blessures au travail Stratégies d'autosoins Capacité à exercer sa profession

B. Pratique fondée sur les données probantes

COMPÉTENCE	CONNAISSANCES
B.1 Faire preuve de pensée critique, savoir résoudre les problèmes et avoir un bon raisonnement	Pensée critique et réflexion Résolution de problèmes Prise de décisions fondée sur des données probantes Modes de savoir, comme les visions du monde autochtones et occidentales Pratique fondée sur le savoir
B.2 Utiliser une approche fondée sur les données probantes pour prendre des décisions	Prise de décisions et pratique fondées sur des données probantes Modes de savoir, comme les visions du monde autochtones et occidentales Pratique fondée sur le savoir, utilisation de la recherche Perspectives théoriques Navigation des bases de données Outils d'évaluation critique Littératie en recherche Raisonnement inductif et déductif Sources de preuves Application des connaissances, mise en œuvre et mobilisation
B.3 Utiliser diverses méthodes d'enquête	Paradigmes de recherche Méthodologies de recherche qualitative et quantitative Consentement éclairé Éthique en matière de recherche Instruments de recherche Collecte de données Analyse de données et thématique Statistiques descriptives et inférentielles Cadres d'application des connaissances, de diffusion et de mobilisation Protocole de recherche et rédaction de manuscrit

C. Communication

COMPÉTENCE	CONNAISSANCES
C.1 Communiquer efficacement de manière verbale et non verbale	Principes de littératie en santé Principes et stratégies de communication Principes de diversité et d'acceptation Intelligence émotionnelle Systèmes d'information électroniques, y compris les systèmes de gestion des dossiers dentaires électroniques Législation et normes de pratique Pratique conforme à la déontologie Lois relatives à la protection de la vie privée et à la confidentialité des clients dans les soins de santé Représentants culturels
C.2 Utiliser une communication écrite efficace	Clarification des rôles et des champs de pratique des autres professions Application et diffusion des connaissances Diversité, sensibilisation culturelle et acceptation Principes et stratégies de communication Codes de déontologie Humilité et sécurisation culturelle Résolution de conflits Droits de la personne Faire le lien entre les systèmes de connaissances

D. Collaboration

COMPÉTENCE	CONNAISSANCES
D.1 Collaborer avec ceux qui accèdent aux services d'hygiène dentaire	Approches aux soins orientés vers la personne, la famille et la communauté Travail d'équipe et dynamiques et processus de groupes Techniques de négociation et de résolution de conflits Clarification des rôles Navigation du système de santé Soins tenant compte des traumatismes et de la violence Pratique relationnelle
D.2 Collaborer avec des professionnels de la santé buccodentaire et d'autres	Approches aux soins orientés vers la personne, la famille et la communauté Pratique collaborative et communication interprofessionnelle Travail d'équipe et dynamiques et processus de groupes Clarification des rôles et champs de pratique des autres professionnels Normes de pratique professionnelles Stratégies de résolution des conflits Leadership collaboratif

E. Gestion de la pratique professionnelle

COMPÉTENCE	CONNAISSANCES
E.1 Effectuer des responsabilités administratives	Administration du cabinet et gestion financière et personnelle Programmes de logiciels dentaires Programmes de soins continus et leurs exigences en matière de consignation Systèmes d'inventaire Gestion du temps Contrats Méthodes de facturation
E.2 Intégrer ses responsabilités professionnelles et législatives au sein des politiques organisationnelles	Théorie organisationnelle Exigences législatives Politiques, procédures et manuels du lieu de travail Pratiques exemplaires et sources de données probantes Amélioration continue de la qualité Surveillance et évaluation du rendement Évaluations du rendement Changement organisationnel
E.3 Participer aux activités entrepreneuriales	Modèles de prestation de services Concepts d'affaires Tenue des comptes et de comptabilité utilisée pour les dossiers financiers de petites entreprises Marketing et publicité Entrepreneuriat Normes de pratique, codes de déontologie et législation pertinente

F. Prévention, éducation et promotion de la santé

COMPÉTENCE	CONNAISSANCES
F.1 Diriger la mise sur pied de la littératie en santé et des habiletés d'autosoins buccodentaires	Principes d'enseignement et d'apprentissage Théories de l'éducation et cadres théoriques Principes de changement et étapes de modification du comportement Approches aux soins orientés vers la personne, la famille et la communauté Méthodes d'évaluation Styles d'apprentissage Littératie en santé Maîtrise du biofilm Abandon du tabagisme et conseils nutritionnels Personnes qui ont des besoins de santé spéciaux Soins tenant compte des traumatismes et de la violence Techniques de communication Marketing social
F.2 Participer aux activités de prévention, d'éducation et de promotion de la santé	Santé de la population Déterminants de la santé Promotion de la santé et prévention des maladies Mise en application des politiques Développement des communautés Renforcement des capacités Navigation du système de santé Approche reposant sur les atouts Sensibilisation aux réalités culturelles, approche pertinente sur le plan culturel Épidémiologie et taux d'incidence et de prévalence Expériences en matière de santé concernant les peuples autochtones Historique et conséquences des pensionnats Déclaration des Nations Unies sur les droits des peuples autochtones Traités et droits des Autochtones, droit autochtone et relations entre les Autochtones et la Couronne Enseignements et pratiques autochtones

F.3 Participer à la défense d'intérêts pour pallier les inégalités en matière de santé buccodentaire	Déterminants de la santé Épidémiologie et taux d'incidence et de prévalence Principes de justice sociale, équité et égalité substantive Principe de Jordan Principes d'action politique Développement des communautés Renforcement des capacités Principes d'action politique Mise en application des politiques Compétences structurelles Préjugés Populations prioritaires et personnes qui ont des besoins de santé spéciaux

G. Thérapie clinique

COMPÉTENCE	CONNAISSANCES
G.1 Évaluer l'état de santé général et buccodentaire	Principes médicaux, juridiques et déontologiques Signes vitaux Consentement éclairé Examens (tel que défini dans le document) Indices de santé buccodentaire Facteurs de risque (tel que défini dans le document) Évaluations du risque de carie Classifications parodontales Lien entre la santé physique et la santé buccodentaire Instrumentation Sondage parodontal Niveaux de l'attachement clinique Radiographie Empreintes, modèles d'étude et appareils buccodentaires
G.2 Poser un diagnostic d'hygiène dentaire	Hiérarchie des besoins de Maslow Modèle conceptuel des besoins humains en matière d'hygiène dentaire Autres modèles de diagnostic Classifications parodontales Lien entre la santé physique et la santé buccodentaire Interprétation des données tirées de l'évaluation Aptitudes de communication Pratique fondée sur le savoir Raisonnement clinique
G.3 Créer un plan de soins d'hygiène dentaire	Données probantes actuelles et pratiques exemplaires Littératie en santé Déterminants de la santé Sensibilisation aux réalités culturelles et approches pertinentes sur le plan culturel Historique et conséquences des pensionnats Expériences en matière de santé touchant les Autochtones Principe de Jordan Consentement éclairé Pratique fondée sur le savoir Modalités de traitements guidés par les données probantes pour prévenir, arrêter, ou contrôler la maladie buccodentaire et promouvoir la santé buccodentaire Séquence et priorisation des soins Soins orientés vers la personne et la famille Réseaux d'orientation

G.4 Mettre en œuvre le plan de soins d'hygiène dentaire	Interventions de soins primaires, d'interception, thérapeutiques, préventifs et continus Anesthésie locale, analgésique composé d'oxyde de diazote et d'oxygène et stratégies de traitement de la douleur Lignes directrices de prévention des infections et de lutte contre les infections Réanimation cardiorespiratoire (RCR) et Basic Life Support (BLS) Normes de premiers soins Raisonnement et jugement cliniques Pratique autonome Pratique fondée sur le savoir et la déontologie Personnes qui ont des besoins de santé spéciaux Stratégies pour les comportements réactifs Soins orientés vers la personne et la famille Inflammation, immunologie, microbiologie, parodontologie et cariologie Maîtrise du biofilm Débridement parodontal Instrumentation manuelle et électrique Soins péri-implantaires Irrigation buccale et agents chimiothérapeutiques Traitements auxiliaires Agents anticarieux Résines pour scellement des puits et fissures Thérapies de stabilisation temporaire Conseils nutritionnels Gestion de la xérostomie Procédures de laboratoire Gestion de l'hypersensibilité dentinaire Orthodontie
G.5 Évaluer l'efficacité des soins d'hygiène dentaire	Suivi et évaluation Soins continus Collaboration et coordination Raisonnement et jugement cliniques Acquisition continue du savoir, autoréflexion

Annexe B : Trajectoire de Bloom ©

Plus une personne utilise une compétence, plus elle la maîtrise. Il est entendu qu'au moment de l'admission à la profession, les praticiens maîtrisent plusieurs compétences à un faible niveau, mais avec le temps et l'expérience en milieu de travail, leur degré de compétence augmente.

Nous utilisons la trajectoire de Bloom pour définir les niveaux de maîtrise des compétences. La trajectoire de Bloom précise la maîtrise séparément pour :

- Domaine des connaissances (y compris les faits, les idées, les théories et les concepts) ;

- Domaine des habiletés :
    - Habiletés physiques (nécessitent de la dextérité, par exemple administrer une injection ou conduire une voiture) ; et
    - Habiletés mentales (nécessitent la pensée, par exemple, utiliser une feuille de calcul, parler une autre langue ou suivre un protocole).

- Attitudes et valeurs : un seul niveau de maîtrise étant considéré pour tous les milieux de pratique et s'appliquant de manière égale à toutes les compétences, ce domaine n'est pas traité dans le document.

Les niveaux de maîtrise sont énumérés dans les tableaux suivants :

Connaissances

	Nom	Description
C0	Prise de conscience	« Incompétence consciente ».
C1	Mémorisation	« Savoir quelque chose ». Se souvenir de données ou de renseignements ; pouvoir citer des règles, des définitions et des lois.
C2	Compréhension	« Connaître la raison ». Comprendre, traduire, interpoler et interpréter des directives et des problèmes. Expliquer un problème dans ses propres mots.
C3	Mise en application	Savoir comment utiliser un concept dans une nouvelle situation ou comment utiliser une idée abstraite de façon spontanée. Mettre en application ses apprentissages lorsque de nouvelles situations surviennent au travail. Mettre une théorie en pratique ; démontrer, résoudre un problème, gérer une activité.
C4	Analyse	Savoir comment analyser l'information pour la comprendre, l'expliquer ou faire des prévisions. Séparer une matière ou un concept en divers éléments pour que sa structure organisationnelle soit facile à comprendre. Faire la distinction entre les faits et les suppositions. Interpréter les éléments, les principes organisationnels, la structure, la construction et les liens internes. Déterminer la qualité et la fiabilité des éléments individuels.
C5	Évaluation	Être capable de soupeser les idées et d'avoir un jugement. Poser un jugement sur la valeur des idées et de la matière. Évaluer l'efficacité des concepts dans leur ensemble par rapport aux valeurs, aux résultats, à l'efficacité et à la viabilité. Utiliser la pensée critique. Faire une comparaison et une évaluation stratégiques et se faire une opinion d'après les critères externes.
C6	Création	Être capable de regrouper les renseignements pour en arriver à une décision et déterminer les mesures à prendre. Créer une structure ou une tendance d'après divers éléments. Rassembler des parties pour former un tout, surtout dans le but d'obtenir une nouvelle signification ou structure. Créer de nouvelles tendances, structures, systèmes, approches et idées et de nouveaux concepts, systèmes et modèles.

Domaine d'habiletés (y compris les habiletés mentales et la dextérité physique)

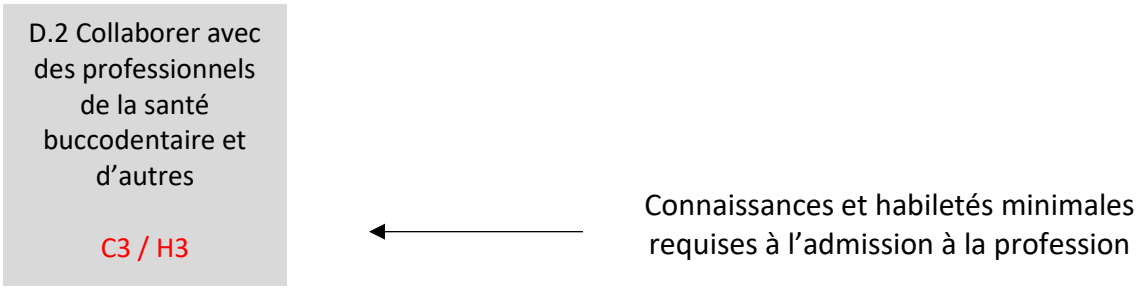
	Nom	Description
H0	Prise de conscience	« Incompétence consciente ».
H1	Préparation	Connaître les étapes d'un processus et être prêt à agir en conséquence. Reconnaître ses propres capacités et limites (santé et sécurité).
H2	Essai	Imiter : observer et copier le comportement d'une autre personne, suivre des directives et se pratiquer. Le rendement est parfois de moindre qualité. Réponse guidée : Acquérir une habileté complexe (stades précoces), y compris en imitant d'autres personnes et par essais et erreurs. Un bon rendement s'acquiert par la pratique.
H3	Compétence de base	« Compétence consciente ». Les réponses apprises sont devenues des habitudes, et les gestes peuvent être faits en toute confiance, de manière précise et compétente. Quelques erreurs mineures se produisent.
H4	Compétence avancée	Une grande habileté comprend la capacité d'accomplir une tâche complexe. Une compétence est démontrée par une tâche accomplie rapidement, de façon précise et très coordonnée, avec un minimum d'énergie. Coordonner et intégrer une série d'actions pour atteindre l'harmonie et une constance interne. Cette catégorie comprend les tâches effectuées sans hésitation, de façon automatique.
H5	Expertise	« Compétence inconsciente ». Un rendement de haut niveau devient naturel et ne nécessite plus de réflexion. La personne a perfectionné ses habiletés et peut s'adapter à diverses situations. Répondre de manière efficace à des situations imprévues. Par exemple, changer des directives pour répondre aux besoins des apprenants. Utiliser un équipement pour effectuer une tâche à laquelle il n'était pas destiné au départ (sans endommager l'équipement et sans mettre quiconque en danger).
H6	Compétence créative	Créer de nouvelles habitudes pour répondre à une situation particulière ou résoudre un problème précis. Les résultats d'apprentissage mettent en valeur la créativité acquise par des habiletés très perfectionnées. Acquérir de nouvelles techniques et mettre au point de nouvelles procédures.

La trajectoire est semblable pour la plupart des apprentissages. Certaines personnes semblent avoir sauté des étapes de l'acquisition des compétences. Dans certains cas, elles ont acquis leurs habiletés interpersonnelles de façon inconsciente, sans avoir à apprendre de théorie, et sautent donc les étapes de « mémorisation » (K1) et de « compréhension » (K2). À l'inverse, d'autres ont dû apprendre ces habiletés à l'école ou au travail. En s'exerçant suffisamment, la plupart des gens acquièrent une « compétence de base » (S3) ou plus.

Il nous faut préciser le niveau de maîtrise (d'après la trajectoire de Bloom) de chaque compétence à l'admission à la profession, ainsi :

- L'enseignant aura quel doit être le résultat du programme de formation ;
- Les examinateurs pourront évaluer avec précision la courbe d'apprentissage des candidats ;
- L'apprenant (le candidat) saura quel est le niveau de maîtrise requis ;
- Les employeurs sauront à quoi s'attendre d'un(e) hygiéniste dentaire nouvellement qualifié(e) ;
- Les attentes des organismes de réglementation seront clairement exprimées.

Pour chaque compétence, ce document indique le niveau de maîtrise minimal à acquérir pour être agréé, tant sur le plan des connaissances que des habiletés. La figure suivante (niveau de maîtrise pour l'admission à la profession) illustre le niveau minimal établi pour la compétence D.2).



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