CDHO

COLLEGE OF DENTAL
HYGIENISTS OF ONTARIO

Council Meeting Agenda

Friday, December 12, 2025
9:00 a.m. – 4:30 p.m.

Location: Hybrid Meeting

CDHO
COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Council Meeting Agenda — December 12, 2025

Hybrid Meeting

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

Item	Topic	Action	Lead if not Chair	Est. Time
1.0	**CALL TO ORDER**			9:00
1.1	Opening Remarks	Council Is Addressed	M. Atkinson	9:00
1.2	Council Code of Conduct	For Information	M. Atkinson	9:05
1.3	Council Policy Manual Update	For Information	M. Atkinson	9:05
2.0	**APPROVAL OF AGENDA**			9:10
2.1	Review and Approval of Agenda	For Approval	M. Atkinson	9:10
3.0	**DECLARATIONS OF POTENTIAL CONFLICT OF INTEREST**			9:10
3.1	Declarations of Conflict of Interest	Declare Conflicts	M. Atkinson	9:10
4.0	**MEETING MINUTES APPROVAL**			9:10
4.1	Meeting Minutes – September 26, 2025	For Approval	M. Atkinson	9:10
5.0	**INFORMATION REQUESTED BY COUNCIL**			
5.1	**Statutory Committee Reports**			
5.1.1	Executive Committee	For Information	M. Atkinson	9:15
5.1.2	Discipline Committee	For Information	E. Betts	9:15
5.1.3	Fitness to Practise Committee	For Information	Christina Lee-Rotstein	9:15
5.1.4	Inquiries, Complaints and Reports Committee	For Information	M. Atkinson	9:15
5.1.5	Patient Relations Committee	For Information	J. Jovanov	9:15
5.1.6	Quality Assurance Committee	For Information	T. Strawn	9:15
5.1.7	Registration Committee	For Information	T. Strawn	9:15
5.2	**Incidental Briefing Reports**			
5.2.1	Council Chair's Report	For Information	M. Atkinson	9:15

5.2.2	Registrar's Administrative Report	For Information	Dr. G. Pettifer	9:20
6.0	**GOVERNANCE PROCESS ITEMS**			
6.1	2026 Budget *Council will be asked to approve the 2026 budget.*	For Approval	Dr. G. Pettifer, M. Atkinson	9:30
6.2	Mentorship Reports	For Information	L. Moore and T. Murray	9:45
6.3	Strategic Goals • Advance commitments to equity and inclusion (P. Benbow and K. Simpson)	For Discussion	Dr. G. Pettifer, P. Benbow, K. Simpson	9:50
6.4	Communications Update (Strategic Goal: Enhance collaboration with the public, profession and system partners)	For Information	R. Pestana	10:20
BREAK				**10:40**
6.5	NVision Path Course Requirement	For Approval	P. Benbow	10:55
6.6	Risk Register	For Approval	Dr. G. Pettifer	11:10
6.7	Council Appreciation	For Information	M. Atkinson	11:50
LUNCH				**12:00**
7.0	**COUNCIL EDUCATION**			1:00
7.1	Voice of the Patient Survey Presentation	For Information	Doha Melhem, Pivotal Research	1:00
7.2	Strategic Goals • Modernize governance practices ○ Update-Kevin McCarthy	For Discussion	M. Atkinson, K. McCarthy, Dr. G. Pettifer	1:45
7.3	CNAR Report	For Information	M. Atkinson, T. Strawn, V. Pereira, E. Betts	2:00
7.4	CDHO Committees Overview	For Information	E. Bruce	2:30
7.5	Update on "As of Right" Practice Regulations in Ontario	For Information	E. Bruce	2:45
BREAK				**3:00**
8.0	**MONITORING COUNCIL PERFORMANCE**			

8.1	Global Council-Registrar/CEO Delegation	For Information	M. Atkinson	3:10
8.2	GP-7 Council and Committee Stipend and Expenses	For Information	M. Atkinson	3:10
8.3	GP-8 Code of Conduct	For Information	M. Atkinson	3:10
9.0	**COUNCIL-REGISTRAR DELEGATION ITEMS FOR CONSIDERATION**			
9.1	Policy Content Review: Global Council-Registrar/CEO Delegation	For Consideration	M. Atkinson	3:15
10.0	**GOVERNANCE PROCESS ITEMS FOR CONSIDERATION**			
10.1	Policy Content Review: GP-7 Council and Committee Stipend and Expenses	For Consideration	M. Atkinson	3:15
10.2	Policy Content Review: GP-8 Code of Conduct	For Consideration	M. Atkinson	3:20
11.0	**EXECUTIVE LIMITATIONS ITEMS FOR CONSIDERATION**			
11.1	Policy Content Review: EL-1	For Consideration	M. Atkinson	3:25
11.2	Policy Content Review: EL-5	For Consideration	M. Atkinson	3:25
11.3	Policy Content Review: EL-10	For Consideration	M. Atkinson	3:25
11.4	Policy Content Review: EL-11	For Consideration	M. Atkinson	3:25
—	**COUNCIL MOVES IN CAMERA (ITEM 12.1-12.5)** To discuss personnel matters. Monitoring Reports on Ends and Executive Limitations form part of the Registrar's Performance Evaluation			
12.0	**MONITORING CEO PERFORMANCE**			
12.1	Internal Monitoring: General Executive Constraint	For Approval	G. Pettifer	3:30
12.2	Internal Monitoring: EL-2 Treatment of Staff	For Approval	G. Pettifer	3:40
12.3	Internal Monitoring: EL- 3(3) to EL 3(8)	For Approval	G. Pettifer	3:50
12.4	Internal Monitoring: EL-4(1)	For Approval	G. Pettifer	4:10
12.5	Internal Monitoring: EL-8	For Approval	G. Pettifer	4:20
—	**COUNCIL MOVES OUT OF CAMERA**			
13.0	**SELF-EVALUATION OF GOVERNANCE PROCESS**			
13.1	Council Meeting Evaluation	For Evaluation and Discussion	M. Atkinson	4:25
14.0	**NEXT MEETING DATE — January 9, 2026**			
15.0	**ADJOURNMENT**			4:30

Code of Conduct

Excerpt from Policy Manual:

GP-8 CODE OF CONDUCT

Council Members shall conduct themselves in accordance with the bylaws.

Please refer to Bylaws section 3.7 for more details.

CDHO

Briefing Note

To: Council

From: Chair

Date: December 12, 2025

Topic: Policy Manual Update

The following policies were updated at the September 26, 2025 Council meeting:

- CRD-4 Monitoring Registrar/CEO Performance
- CRD-5 Registrar/CEO Compensation

CDHO

Suggested Motion – Friday, December 12 2025

2.1 ADOPTION OF AGENDA

MOTION: **THAT** Council moves to approve the December 12, 2025 Council meeting agenda as presented.

Moved:

Seconded:

VOTE:

CDHO

Suggested Motion – Friday, December 12, 2025

4.0 MEETING MINUTES APPROVAL

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

Moved:

Seconded:

VOTE:

Council Meeting Minutes

Virtual Zoom Meeting – Livestreamed to the CDHO YouTube Channel
Friday, September 26, 2025 – 9:00 a.m. to 4:30 p.m.

COUNCIL MEMBERS PRESENT

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

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

Regrets: Candace Herod, Loree Beniuk, Pella Giabanis

Administration: Dr. Glenn Pettifer (Registrar and CEO), Eric Bruce (Deputy Registrar/Director of Registration & Professional Conduct) (11:15a.m.-12:00p.m.), Veronica Douglas (Executive Administrator)

Guests: Julie Maciura, SML, CDHO Legal Counsel (9:50a.m.-1:42p.m.), Doha Melhem, Pivotal Research (1:00 p.m.- 1:20p.m.)

1.0 CALL TO ORDER

1.1 Opening Remarks

The Chair, Michelle Atkinson, called the meeting to order at 9:00 a.m. She welcomed Council and guests to the June Council meeting.

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

Ms. Atkinson welcomed new Public Member, Nella Chiappetta, to their first Council meeting.

1.2 Council Code of Conduct

Council was reminded of the Code of Conduct.

1.3 Council Policy Manual Update

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

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

2.0 APPROVAL OF AGENDA

2.1 Review and Approval of Agenda

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

MOVED: Terri Strawn
SECONDED: Christina Lee-Rotstein
VOTE: **CARRIED**

3.0 DECLARATIONS OF POTENTIAL CONFLICTS OF INTEREST

3.1 Declarations of Conflict of Interest

No conflicts were declared.

4.0 MEETING MINUTES APPROVAL

A typo in the meeting minutes was corrected.

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

MOVED: Erin Betts
SECONDED: Tiffany Murray
VOTE: **CARRIED**

5.0 INFORMATION REQUESTED BY COUNCIL

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

The Chair updated their report to add additional meeting dates: September 12th (meeting with Dr. Pettifer and V. Douglas), September 24th (meeting with Dr. Pettifer) and September 24th (meeting with Terri Strawn).

6.0 COUNCIL EDUCATION

6.1 Regulatory Issues and Trends

Julie Maciura, SML, facilitated an interactive session on current regulatory issues and trends in the regulatory world. This session was organized in direct response to Council member feedback gathered through a recent survey, which highlighted the need for education in this area.

During the session, Julie Maciura presented a series of scenarios designed to illustrate the role of Council in managing change. Each scenario was grounded in real-life challenges currently faced by Canadian regulators. The issues explored included governance reform, enhanced

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oversight, modifications to mandates, and the use of regulatory tools such as policy making, risk management, right-touch regulation, and decision trees.

Council members engaged in small group discussions to analyze the scenarios, after which they reconvened to share their perspectives and collectively examine the implications of each case. The session provided participants with practical insights into governance and oversight practices, while also offering strategies for applying regulatory tools effectively.

6.2 Registration Process

Eric Bruce, Deputy Registrar / Director, Registration and Professional Conduct, provided the committee with an overview of the registration process, including its role in protecting the public by establishing entry-to-practice requirements that ensure applicants possess the necessary clinical and professional competencies for safe practice. The presentation outlined the work of the Registration team, pathways and classes of registration, main registration requirements and conditions, the role of the Registration Committee and the application process.

7.0 GOVERNANCE PROCESS ITEMS

7.1 Governance Committee Update

The Governance Committee Chair, Michelle Atkinson, advised Council that the committee has not met since their last meeting in June. The Governance Committee is awaiting information from Kevin McCarthy regarding the Council performance framework and CEO evaluation policy. Council completed some work with Kevin McCarthy at their workshop on September 19th. The Governance Committee will reconvene once the draft framework and policy have been received from Kevin McCarthy.

7.2 Mentorship Report

As part of the mentorship program, Council invites new members who have finished their mentorship to provide feedback on the program. Christina Lee-Rotstein, who was mentored by Vanessa Pereira, provided the mentorship checklist to Council and shared her feedback. She appreciated the rigour of the program and noted that the checklist was helpful in ensuring all areas were covered. While she suggested no changes, she emphasized the importance of maintaining flexibility, particularly in addressing the differing needs of Public versus Professional members.

7.3 2026 Council Meeting Dates

Council completed a survey on scheduling preferences in advance of the meeting. It was decided that workshops would be scheduled the day before in-person meetings only. If additional workshops are required, they will be scheduled as needed in 2026.

Council reviewed and chose the following dates for the 2026 workshops and meetings:

Date	Notes
January	
Friday, January 9, 2026	January Council Meeting (virtual)
March:	
Thursday, March 26, 2026	Workshop (In person/Hybrid)
Friday, March 27, 2026	March Council Meeting (In person/Hybrid)
June:	
Friday, June 12, 2026	June Council Meeting (virtual)
September:	

DRAFT

Friday, September 11, 2026	September Council Meeting (virtual)
December:	
Thursday, December 3, 2026	Workshop (In person/Hybrid)
Friday, December 4, 2026	December Council Meeting (In person/Hybrid)

MOTION: **THAT** Council approved the proposed 2026 meeting dates.

MOVED: Balbir Sohi
SECONDED: Vanessa Pereira
VOTE: **CARRIED**

7.4 Status Update - Amendments to the Examinations and Registration Regulations

Council was provided with a briefing note regarding the amendments to the Examinations and Registration regulations.

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

In summary, the proposed amendments related to the following:

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

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

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

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

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7.5 Registration Regulation Amendment – Approval of Accrediting Bodies

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

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

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

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

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

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

MOVED: Tiffany Murray
SECONDED: Vanessa Pereira
VOTE: **CARRIED**

7.6 Changes to Labour Mobility Exemptions for Nunavut and the Yukon

Council was provided an update on the changes to labour mobility exemptions for Nunavut and the Yukon. The Health Professions Procedural Code ("Code") contains provisions that implement interprovincial labour mobility for all health professions, including dental hygienists. The provisions create a "certificate-to-certificate" registration process, whereby a dental hygienist who is registered in another Canadian jurisdiction can apply for registration with CDHO without having to undergo any additional training, examinations, or assessments or having to hold any additional experience. The purpose of these provisions is to make it easier for dental hygienists to obtain registration in Ontario and to facilitate labour mobility between Canadian jurisdictions.

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

hygienists registered in Yukon and Nunavut were not permitted to apply to CDHO through the labour mobility stream and had to apply through the same stream as first-time applicants.

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

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

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

CDHO will process applications from dental hygienists registered in other Canadian jurisdictions, now including the Yukon and Nunavut, in the same manner as previously.

7.7 Risk Register Overview

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

Doha Melhem presented the Risk Register and Dashboard to Council. She provided an overview of CDHO's evolving approach to developing its organizational risk register and shared the initial results from the first cycle of data collection. The risk register is intended to support Council's oversight role by providing a structured, data-driven view of organizational and regulatory risks.

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

Each risk is scored based on two factors: *likelihood* (frequency of occurrence) and *impact* (severity of potential consequences). Using CDHO's Risk Occurrence Matrix, these scores

DRAFT

generate a risk priority level—low, moderate, high, or extreme—enabling data-informed action.

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

While this first release captures the core set of metrics, additional measures are under development and will be integrated in future cycles. Work is in progress to include risk to patients and IT risks.

Council will be provided with the Risk Register and Dashboard and given time to provide feedback in advance of the December Council meeting. At the December meeting, Council will decide whether the Dashboard should be published on the CDHO website.

7.8 Strategic Plan Implementation

Dr. Pettifer presented drafts of the CDHO Partner Ecosystem and proposed plans aimed at accomplishing each of the first three Strategic Plan initiatives. The Chair, Michelle Atkinson, spoke to strategic priority four. The draft plans were presented to Council for consideration, amendment, and feedback. The pillars and broad initiatives were presented to Council with the understanding that during the December workshop day Council members will have the opportunity to discuss these in greater detail and drill down into specific areas. Final drafts will be presented at the December 2025 and January 2026 meetings. The following draft plans were reviewed:

- Strategic Plan Initiative 1 – **Enhance Collaboration with the Public, the Profession and System Partners**

  Council reviewed the CDHO System Partners Ecosystem document. Ryan Pestana will be providing a report on the public awareness campaign and the public engagement strategy for 2026 at the December Council meeting.

- Strategic Plan Initiative 2 – **Support Professionalism, Quality Care and Continuous Learning**

- Strategic Plan Initiative 3 – **Advance Commitments to Equity and Inclusion**

  Paula Benbow and Keisha Simpson will be presenting the workplan at the December Council meeting.

- Strategic Plan Initiative 4 – **Modernize Governance Practices**

Council were also provided with a Governance Support Proposal from Kevin McCarthy, The Regulator's Practice, that supports Council's strategic governance priorities. Council spent time

DRAFT

with Kevin McCarthy on September 19, 2025, with respect to developing a Council performance measurement framework and a Registrar/CEO performance assessment policy.

Council will meet again in December to move forward with this work and to talk about governance modernization.

8.0 MONITORING BOARD PERFORMANCE

8.1 CRD-4 Registrar/CEO Performance

The Council Chair reviewed the CRD-4 policy and confirmed the Registrar's performance review was completed in camera June 2025. Council is in compliance

8.2 CRD-5 Registrar/CEO Compensation

Council reviewed the CRD-5 policy and confirmed the Registrar's compensation was reviewed and completed in June 2025 and that Council's decision was conveyed to Dr. Pettifer in June 2025. Council is in compliance.

9.0 COUNCIL-REGISTRAR DELEGATION ITEMS FOR CONSIDERATION

9.1 Policy Content Review: CRD-4 and CRD-5

Council reviewed and discussed the proposed changes to the CRD-4 and CRD-5 policies.

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

CRD-4
- Update the annual schedule
- Change 'Board' to 'Council'

CRD-5
- Change 'President' to 'Chair'

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

Moved: Tiffany Murray
Seconded: Juli Kreutner
VOTE: **CARRIED**

DRAFT

10.0 ENDS ITEMS FOR CONSIDERATION

10.1 Policy Content Review: EL-2

There were no changes to the EL-2 policy.

10.2 Policy Content Review: E-3

There were no changes to the E-3 policy.

10.3 Policy Content Review: E-4

There were no changes to the E-4 policy.

10.4 Policy Content Review: E-6

There were no changes to the E-6 policy.

10.5 Policy Content Review: E-9

There were no changes to the E-9 policy.

MOTION TO MOVE IN CAMERA

MOTION: **THAT** Council move in Camera as per RHPA, *Schedule 2, Section 7(2)(d)* at 1:42 p.m., for agenda items 11.1–11.5.

MOVED: Jeny Jovanov
SECONDED: Nella Chiappetta
VOTE: **CARRIED**

11.0 MONITORING CEO PERFORMANCE

11.1 EL-1

MOTION: **THAT** That council has assessed the monitoring reports for Executive Limitations Policy 1 and determined there is sufficient, verifiable evidence of a reasonable interpretation.

MOVED: Margaret Wade
SECONDED: Nella Chiappetta
VOTE: **CARRIED**

11.2 EL-4(1)

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

MOVED: Jennifer Cooper
SECONDED: Amit Sethi
VOTE: **CARRIED**

11.3 EL-5

MOTION: **THAT** That council has assessed the monitoring reports for Executive Limitations Policy 5 and determined there is sufficient, verifiable evidence of a reasonable interpretation.

DRAFT

MOVED: Krista Dufour
SECONDED: Erin Betts
VOTE: **CARRIED**

11.4 EL-10
MOTION: **THAT** That council has assessed the monitoring reports for Executive Limitations Policy 10 and determined there is sufficient, verifiable evidence of a reasonable interpretation.

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

11.4 EL-11
MOTION: **THAT** That council has assessed the monitoring reports for Executive Limitations Policy 11 and determined there is sufficient, verifiable evidence of a reasonable interpretation.

MOVED: Erin Betts
SECONDED: Amit Sethi
VOTE: **CARRIED**

MOTION TO MOVE OUT OF CAMERA

MOTION: **THAT** Council move out of Camera as per RHPA, *Schedule 2, Section 7(2)(d)* at 2:42 p.m.

MOVED: Nella Chiappetta
SECONDED: Amit Sethi
VOTE: **CARRIED**

12.0 SELF-EVALUATION OF GOVERNANCE PROCESS

12.1 Council Meeting Evaluation

The Council Feedback Survey was sent to Council members to be completed electronically. The results have been included as Appendix A.

13.0 NEXT MEETING DATE

The next Council meeting is December 12, 2025.

14.0 ADJOURNMENT

MOTION: **THAT** the Council meeting be adjourned at 2:43 p.m.

Moved: Juli Kreutner
Seconded: Nella Chiappetta
VOTE: **CARRIED**

Approved by:

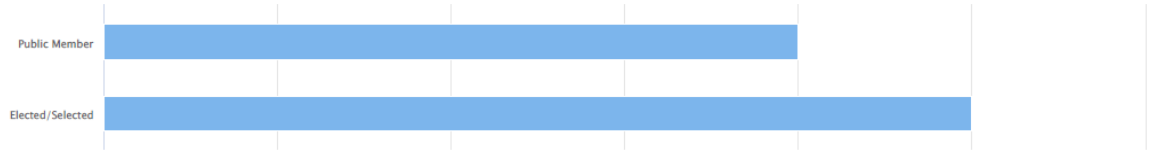
_____ _____

Signature of Chair, Michelle Atkinson Date

DRAFT

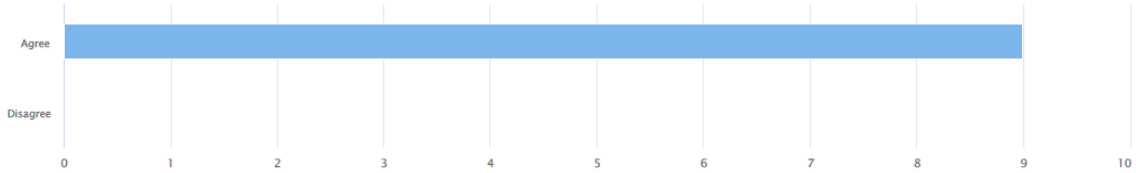
Appendix A: September 26, 2025 Feedback Survey

1.
Are you a Public or Elected/Selected Member?



Answered Question: **9**, Skipped Question: **0**, **Not Yet Answered: 8**

2.
The agenda and supporting documents were provided in sufficient time to allow me to prepare for the meeting.

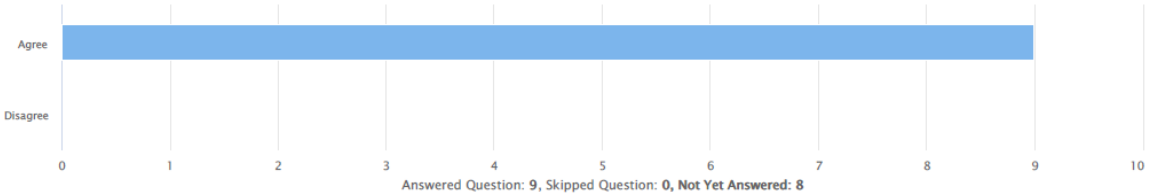


Answered Question: **9**, Skipped Question: **0**, **Not Yet Answered: 8**

3.
If you've selected 'disagree', please explain why.

Showing 0 responses

4.
The information provided was clear, concise, and complete.

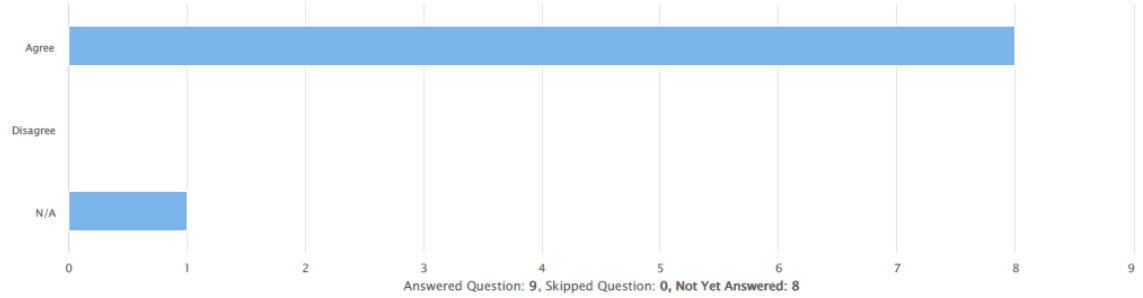


Answered Question: **9**, Skipped Question: **0**, **Not Yet Answered: 8**

5.
If you've selected 'disagree', please explain why.

Showing 0 responses

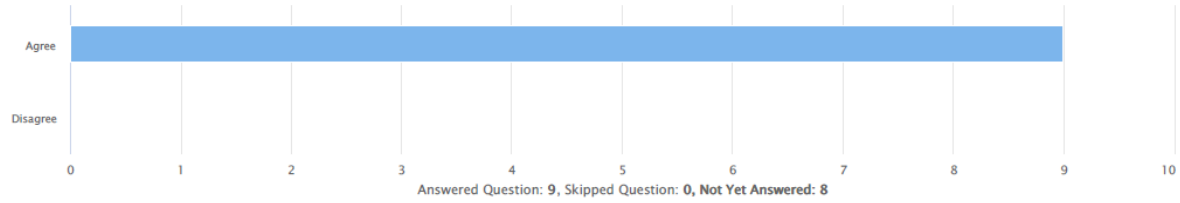
6.
I felt comfortable seeking clarification on agenda items from committee chairs or administration to ensure I was fully prepared for the meeting.



7.
If you've selected 'disagree', please explain why.

Showing 0 responses

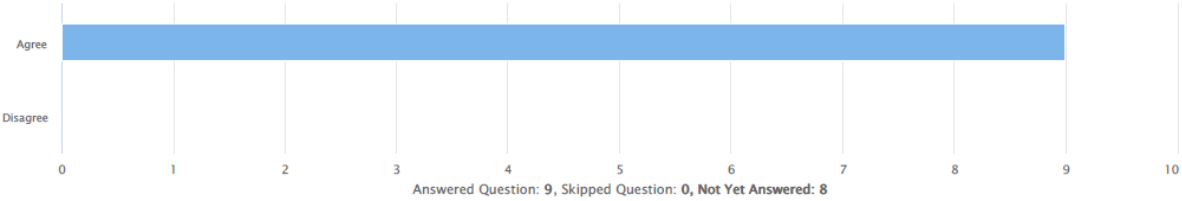
8.
The agenda was appropriate and topics were relevant to the mission and goals of the CDHO.



9.
If you've selected 'disagree', please explain why.

Showing 0 responses

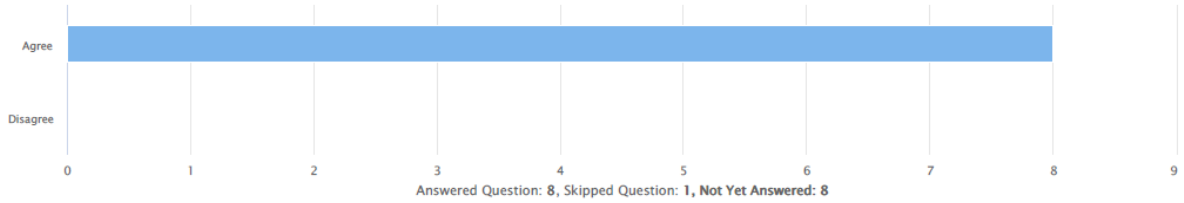
10.
Items were clearly identified for information, discussion or decision.



11.
If you've selected 'disagree', please explain why.

Showing 0 responses

12.
All Council members were adequately prepared for the meeting.



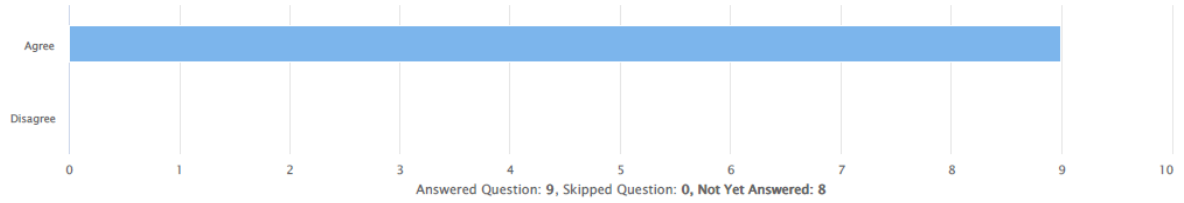
Answered Question: **8**, Skipped Question: **1**, **Not Yet Answered: 8**

13.
If you've selected 'disagree', please explain why.

Showing 1 responses

No way of knowing.

14.
Appropriate information/evidence was available to support informed decisions.

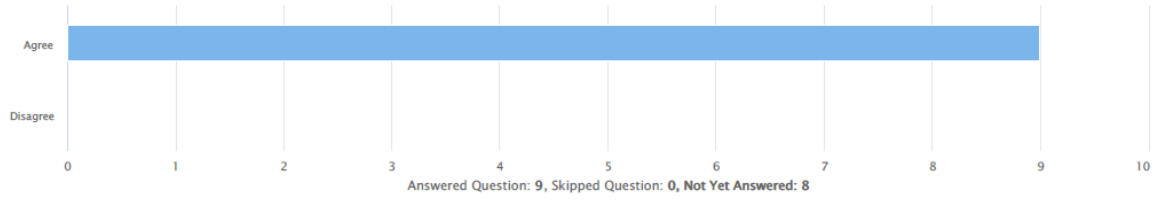


Answered Question: **9**, Skipped Question: **0**, **Not Yet Answered: 8**

15.
If you've selected 'disagree', please explain why.

Showing 0 responses

16.
All items identified on the agenda were addressed.

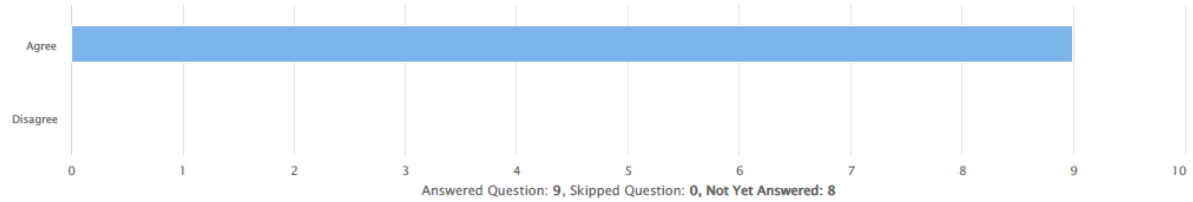


Answered Question: **9**, Skipped Question: **0**, **Not Yet Answered: 8**

17.
If you've selected 'disagree', please explain why.

Showing 0 responses

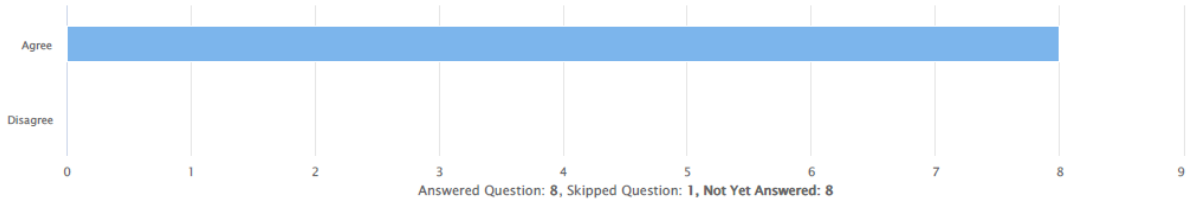
18.
The Chair encouraged expression of all Council members.



19.
If you've selected 'disagree', please explain why.

Showing 1 responses
Excellent Chair!

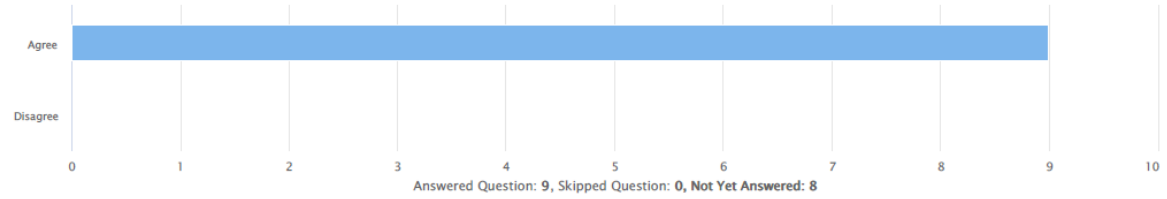
20.
The Chair recognized and addressed issues of potential conflict of interest.



21.
If you've selected 'disagree', please explain why.

Showing 0 responses

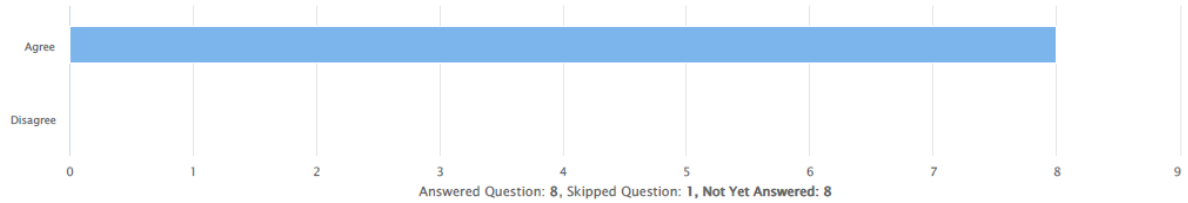
22.
Council members treated one another and staff with self respect and cooperation and the willingness to deal openly on all matters.



23.
If you've selected 'disagree', please explain why.

Showing 0 responses

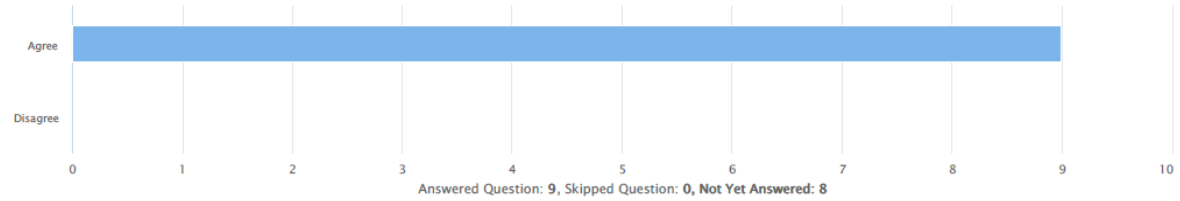
24.
Time was used effectively and discussions were focused.



25.
If you've selected 'disagree', please explain why.

Showing 1 responses
Not certain the afternoon session was time used effectively.

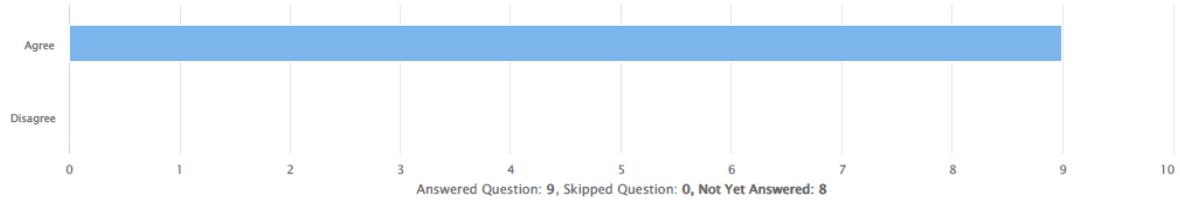
26.
As a Council member, I felt comfortable expressing my opinions.



27.
If you've selected 'disagree', please explain why.

Showing 0 responses

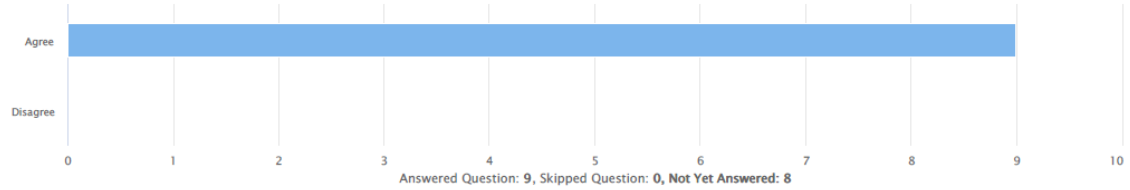
28.
Items discussed fell within the roles and responsibilities of Council.



29.
If you've selected 'disagree', please explain why.

Showing 0 responses

30.
Council applied rules of procedure and proper conduct for the meeting so that Council decisions were made in an efficient, knowledgeable, and expeditious fashion.

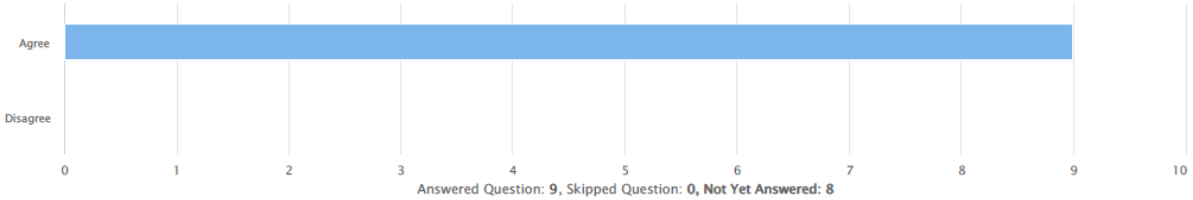


Answered Question: **9**, Skipped Question: **0, Not Yet Answered: 8**

31.
If you've selected 'disagree', please explain why.

Showing 0 responses

32.
CDHO Council meetings follow a clear and transparent meeting process.

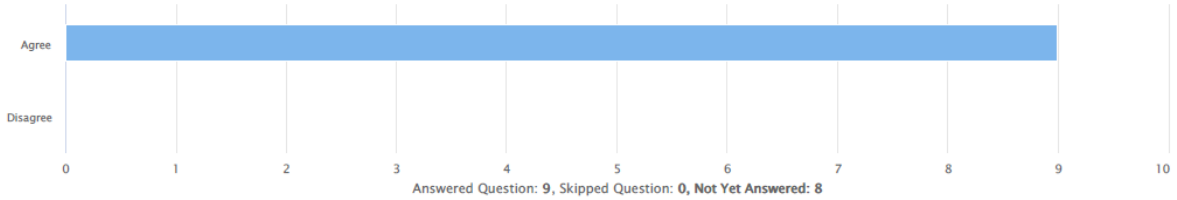


Answered Question: **9**, Skipped Question: **0, Not Yet Answered: 8**

33.
If you've selected 'disagree', please explain why.

Showing 0 responses

34.
The meeting structure and leadership encouraged the right amount of participation.

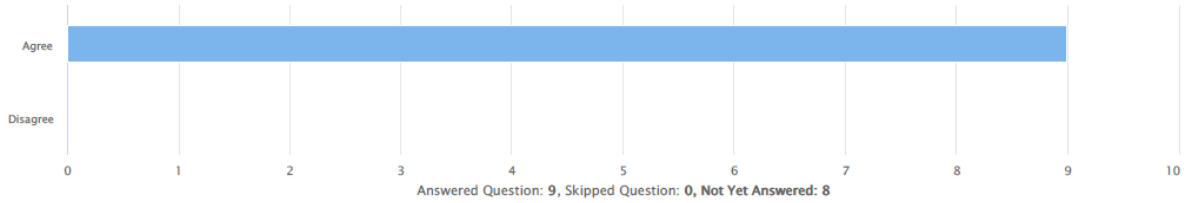


Answered Question: **9**, Skipped Question: **0, Not Yet Answered: 8**

35.
If you've selected 'disagree', please explain why.

Showing 0 responses

36.
Council members conducted themselves in a manner which is ethical, business-like, and lawful and upholds the reputation of the CDHO.



Answered Question: **9**, Skipped Question: **0, Not Yet Answered: 8**

37.
If you've selected 'disagree', please explain why.

Showing 0 responses

38.
Do you have any additional comments?

Showing 4 responses
Very well run!
The morning session promoted learning, critical thinking and understanding of the future.
Answers are based on my attendance of the afternoon portion only. I haven't had a chance to review the morning session (I was unable to attend) but will do so at my first opportunity.
I enjoyed the education session especially

Answered Question: **4**, Skipped Question: **4, Not Yet Answered: 8**

Executive Committee Report

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

Professional Members: Michelle Atkinson, Chair; Terri Strawn, Vice-Chair; Vanessa Pereira

Public Members: Erin Betts, Amit Sethi

INTRODUCTION

Since its last report to Council, the Executive Committee met through videoconference on October 31, 2025.

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

ITEMS FOR INFORMATION

CDHO Governance

The Executive planned the agendas for the December 11th workshop and the December 12th Council meeting.

The Executive Committee reviewed the CDHO's Q3 Financial Report and no issues were raised.

The Governance budget was finalized and will be brought to Council at the December meeting for approval.

The Canadian Network of Agencies of Regulation's (CNAR) annual conference took place in Calgary from October 20th-22nd, 2025. This year, Michelle Atkinson, Terri Strawn, Vanessa Pereira and Erin Betts attended the conference. A sharing of information to Council on what was learned will take place at the December meeting.

Public Member Appointments

The Executive Committee would like to welcome Derek Gartshore to Council. Mr. Gartshore has been appointed for a term of three years.

Discipline Committee Report

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

Chair: Erin Betts, Public Member

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

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

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

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

INTRODUCTION

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

ITEMS FOR INFORMATION – RELATED TO MANDATE

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

- CDHO v. Ferdous Ebrahem Ahmed Al-Matary (referred May 15, 2025)
    - Counsel for the registrant and CDHO are in discussions. The matter will be scheduled in due course.
- CDHO v. Osama Ahmed Kaid Al-Saidi (referred May 15, 2025)
    - A pre-hearing conference is being scheduled.
- CDHO v. Fakhara Rabab (referred May 15, 2025)
    - A pre-hearing conference has been scheduled for December 2025.

CONCLUSION

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

Fitness to Practise Committee Report

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

Chair: Christina Lee-Rotstein (Public Member)

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

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

INTRODUCTION

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

ITEMS FOR INFORMATION – RELATED TO MANDATE

The Fitness to Practise Committee has not met since the last report to Council in September 2025.

CONCLUSION

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

CDHO

Inquiries, Complaints and Reports Committee Report

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

ICRC Chair: Michelle Atkinson

Panel A – Chair: Anne-Marie Conaghan

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

Panel B – Chair: Michelle Atkinson

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

INTRODUCTION

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

Since the last Report to Council on September 26, 2025 (which reported matters up until September 4, 2025) the panels of the ICRC met on the following dates by video conference:

Committee as a Whole	Panel A	Panel B	Panel C
Did not meet	October 17, 2025 December 5, 2025 (scheduled)	November 14, 2025 December 16, 2025 (scheduled)	October 24, 2025

ITEMS FOR INFORMATION – RELATED TO MANDATE

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

Number of investigations carried over from previous period(s)[1]			
	Complaints	**Registrar Reports**	**QA Referrals**
Investigations started before September 5, 2025	**20**	**16**	**2**

Intake of new investigations			
	Complaints	**Registrar's Reports**	**QA Referrals**
September 5, 2025 to November 20, 2025	**5**	**4**	**1**

Decisions made and finalized by ICRC			
	Complaints Outcomes	**Reports Outcomes**	**QAC Outcomes**
September 5, 2025 to November 20, 2025	No Further Action: **5** Guidance and Recommendations: **1** Withdrawn: **3**	No Further Action: **4** Specified Continuing Education or Remediation Program (SCERP): **4**	**0**

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

At the time of writing (November 20, 2025), 2 complaint matters, and 1 report matter were deliberated by the ICRC, but the Decisions with Reasons have not been finalized. The outcomes and timelines will be reported on the next Report to Council.

Health Professions Appeal and Review Board Matters			
	Total Matters in progress (including where Decision pending)	**Matters heard, Decision pending**	**Decision(s) Received**
September 5, 2025 to November 20, 2025	**7**	**1**	**0**

Incapacity

The ICRC is currently not dealing with any incapacity matters.

Timelines

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

Numbers of days to disposition on completed matters from September 5, 2025, to November 20, 2025 (time of writing) were as follows:

Timeline	Complaints	Registrar's Reports	QA Referrals
150 days or less	6[2]	-	-
151 days to 210 days	1	5	-
211 days to 240 days	1	3	-
More than 240 days	1	-	-

[2] Includes 3 matters that were withdrawn

CONCLUSION

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

CDHO

Patient Relations Committee Report

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

Chair: Jeny Jovanov

Professional Members (Council): Juli Kreutner, Carmen Adebar

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

Professional Members (Non-Council): Devon Bedford

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

Quality Assurance Committee Report

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

Chair: Terri Strawn

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

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

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

INTRODUCTION

The Quality Assurance Committee met once since the last Report to Council. The Committee met by video conference on September 24, 2025.

ITEMS FOR INFORMATION – RELATED TO MANDATE

The following tables detail, in summary form, the activities of the QA Committee since the last Report to Council. The Committee reviewed 21 total matters since the September 26, 2025, report.

Remediation Directed by Assessment Type		
Type of Assessment	**Number Reviewed**	**Remediation Directed**
QA Records (Paths 1, 2, 3)	6	1
Onsite Practice Visit	-	-
Chart Audit	1	-
Clinical Competency Eval.	-	-

Areas of Concern Identified During Assessment	
Assessment Tool	**Totals**
Learning Portfolio	2
QA Test (Unsuccessful)	0
Practice Assessment*	
Infection Prevention and Control	2
Emergencies / Oxygen / CPR	3
Equipment	0
Record Keeping	0

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

Other Matters Reviewed by the QA Committee		
Matter	**Outcome**	**Totals**
Review of completed SCERP		**0**
Extension / Deferral Requests		**10**
	Granted	*6*
	Not Granted	*4*
Re-registered / Reinstated	Submit Records for Assessment	**2**
Non-Compliance		**2**
	Notice of Intention to Impose	*0*
	Direct Registrar to Impose TCLs	*0*
	Refer to ICRC	*1*
	No Action	*1*

Welcome Emails

'Welcome to the Profession' notices are sent out by automated email at the time of registration. The notice is designed to promote quality practice and to increase awareness of the CDHO resources available, such as the CDHO Knowledge Network, the practice advisors, and the Quality Assurance Program Self-Assessment and educational tools. Since the last report to Council, 188 emails were sent out to those registered between August 25, 2025, and November 19, 2025.

Path 4 Spring Cohort Results

The results for the spring cohort for Path 4 were sent to participants on October 10, 2025. 92.2% of participants were successful, 5.7% received recommendations for self-directed development, and 2% will participate in peer-assisted development. The results for the fall cohort are expected in early 2026.

Quality Assurance Records Peer Review Statistics (as of November 19, 2025)

2025 Peer Assessment

774 quality assurance records requested[1]

120 have met the assessment guidelines[2]

646 are in the assessment process[3]

2 are participating in direct learning/remediation[4]

6 are on hold[5]

2025 Practice Assessment

0 on-site practice assessments requested[1]

2024 Peer Assessment

22 quality assurance records requested[1]

17 have met the assessment guidelines[2]

0 are in the assessment process[3]

0 are participating in direct learning/remediation[4]

5 are on hold[5]

2024 Practice Assessment

1 on-site practice assessments requested[1]

0 have met the assessment guidelines[2]

0 are in the assessment process[3]

0 are participating in direct learning/remediation[4]

1 is on hold[5]

---

1 Includes Registrants who were selected by the Committee from referrals, for not completing the Annual Self-Assessment and/or have been carried forward from a previous assessment period.
2 Includes Registrants who are A1 status (complete)
3 Includes Registrants who were carried forward from a previous assessment period and those placed into Path 3 for failure to submit QA records.
4 Includes Registrants who were granted an extension to submit, those awaiting Committee decision, and those required to participate in an onsite practice review as part of their assessment.
5 Includes Registrants who may have resigned, were exempted, or deferred to another assessment period, and those referred to the ICRC for noncompliance.

Registration Committee Report

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

Chair: Terri Strawn

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

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

Professional Members (Non-Council): Lisa Frisch

INTRODUCTION

This report summarizes the Registration Committee's activities from its last Report to Council on September 26, 2025, covering the period from August 21, 2025, to October 30, 2025.

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

ITEMS FOR INFORMATION – RELATED TO MANDATE

Registration Statistics

Since last reported to Council:

Certificate of Registration	August 20, 2025	October 30, 2025
General	14,988	15,114
Specialty	795	650
Inactive	648	752
Total Registrants	16,431	16,516

Applications for Registration

Since the last report to Council, the College has received 159 new registration applications. There were no referrals to the Registrar during this period.

Registration Committee Meeting

Since the last report to Council, a panel of the Registration Committee met on October 7, 2025, to review a Restorative Dental Hygiene Program and to approve the National Dental Hygiene Certification Examination (NDHCE) and the Canadian Performance Examination(CPEDH) in Dental Hygiene offered by the Federation of Dental Hygiene Regulators of Canada as the competency evaluation and clinical competency evaluation for the purposes of meeting paragraphs 2 and 3 of subsection 31(1) of the Registration Regulation, respectively. After reviewing the submissions and considering the information provided, the panel approved both the Restorative Dental Hygiene Program and the NDHCE and CPEDH.

A panel of the Registration Committee also convened on October 28, 2025, and granted an exemption request from a registrant regarding the requirement to complete a refresher course or professional competency assessment within the past 18 months.

Changes to the Register

Since the last report to Council on September 26, 2025:

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

CDHO

Council Chair's Report to Council

PUBLIC INTEREST RATIONALE

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

CHAIR'S ACTIVITIES

Attended CNAR – Calgary, AB – October 20th -22nd

Met with Terri Strawn – October 22nd

Met with Glenn Pettifer– October 29th

Met with ODHA Executive - Joint ODHA/CDHO – October 31st

Met with Executive Committee – October 31st

Met with Kevin McCarthy & Glenn Pettifer – November 11th

Met with Jay Reid - November 26th

Met with Terri Strawn – November 26th

Met with Veronica Douglas – November 28th

EXPENSE POLICY EXCEPTIONS

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

The Chair approved the following expenses:

None

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

COST OF GOOD GOVERNANCE

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

APPENDIX 1

Name	New Member Orientation	January 17, 2025 Meeting	March 27, 2024 Workshop	March 28, 2025 Meeting	June 13, 2025 Workshop	June 20, 2025 Meeting	September 19, 2025 Workshop	September 26, 2025 Meeting	December 11, 2025 Workshop	December 12, 2025 Meeting
Professional Members										
Adebar, Carmen	N/A	✓	✓	✓	✓	✓	✓	✓		
Atkinson, Michelle	✓	✓	✓	✓	✓	✓	✓	✓		
Conaghan-Anne-Marie	N/A	✓	✓	✓	✓	✓	✓	✓		
Cooper, Jennifer	N/A	✓	☒	✓	✓	✓	✓	✓		
Dufour, Krista	N/A	☒	✓	✓	✓	✓	☒	✓		
Kreutner, Juli	N/A	✓	✓	✓	✓	✓	✓	✓		
Moore, Liisa	✓	✓	✓	✓	✓	✓	☒	✓		
Murray, Tiffany	✓	✓	✓	✓	✓	✓	✓	✓		
Pereira, Vanessa	N/A	✓	✓	✓	✓	✓	✓	✓		
Sohi, Balbir	N/A	✓	✓	✓	✓	✓	✓	✓		
Strawn, Terri	N/A	✓	✓	✓	✓	✓	✓	✓		
Public Members										
Beniuk, Loree	N/A	✓	✓	✓	☒	☒	✓	☒		
Betts, Erin	N/A	✓	☒	☒	✓	✓	✓	✓		
Chiappetta, Nella	N/A	N/A	N/A	N/A	N/A	N/A	✓	✓		
Giabanis, Pella	N/A	✓	✓	☒	☒	✓	✓	☒		
Herod, Candace	N/A	☒	☒	☒	☒	☒	☒	☒		
Jovanov, Jeny	N/A	N/A	✓	✓	✓	✓	✓	✓		
Lee-Rotstein, Christina	N/A	✓	✓	✓	✓	✓	✓	✓		
Sethi, Amit	N/A	✓	✓	✓	✓	✓	✓	✓		
Sidhu, Upneet (Sasha)	N/A	☒	☒	☒	☒	☒	☒	☒		
Wade, Margaret	N/A	✓	✓	✓	✓	✓	✓	✓		

✓ *Attended*
✗ *Did not attend*

APPENDIX 2

Professional Council Members' Honorarium and Expense Claims - Quarterly Submission

For the Year ending December 31, 2025

	Q1 HONORARIUM	Q1 EXPENSES	Q2 HONORARIUM	Q2 EXPENSES	Q3 HONORARIUM	Q3 EXPENSES	Q4 HONORARIUM	Q4 EXPENSES	TOTAL
Michelle Atkinson (chair)	2,304.00	-	3,391.00	948.73	1,399.00	1,142.86			9,185.59
Terri Strawn (vice-chair)	1,385.00	-	2,805.00	267.86	1,125.00	-			5,582.86
Vanessa Pereira	830.00	-	2,060.00	-	740.00	565.22			4,195.22
Krista Dufour	-	-	1,505.00	-	0.00	-			1,505.00
Anne-Marie Conaghan	740.00	-	2,065.00	-	1,015.00	-			3,820.00
Jennifer Cooper	900.00	-	1,945.00	-	445.00	-			3,290.00
Tiffany Murray	505.00	-	1,345.00	-	185.00	-			2,035.00
Carmen Adebar	690.00	-	1,665.00	0.00	505.00	-			2,860.00
Liisa Moore	690.00	-	1,965.00	927.58	260.00	-			3,842.58
Balbir Sohi	715.00	-	1,505.00	-	345.00	-			2,565.00
Juli Kreutner	530.00	-	1,665.00	0.00	185.00	-			2,380.00
Non-Council Professional Members (combined)	1,430.00	-	3,380.00	-	2,555.00	-		-	7,365.00
TOTAL	**10,719.00**	**0.00**	**25,296.00**	**2,144.17**	**8,759.00**	**1,708.08**			**48,626.25**

Includes claims for:

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

REGISTRAR'S ADMINISTRATIVE REPORT

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

This report provides Council with a summary update on work that was done in between Council meetings and represents a report of this ongoing work since Council's last general meeting on September 26, 2025.

Annual Registration Renewal

The first annual renewal process in CDHO's upgraded registrant portal and database has progressed smoothly. At the time of writing (December 1, 2025) almost all Registrants have completed or are in-progress of Registration Renewal. Delays or complications during the process are largely related to complications arising from unfamiliarity with the new process/system. Congrats to everyone involved in making this a relatively smooth transition to our new system!

The IT team will be conducting additional testing of the system in advance of the year-end processes, which run on December 31, 2025. These processes perform administrative functions in the database, such as updating the current certificate year for registrants, applying administrative suspensions for registrants who have not renewed, and closing out expired applications.

Risk Identification and Management

Council has been provided with the draft Enterprise Risk Register (ERR) and Risk Dashboard for consideration and discussion at the December 12, 2025 meeting. Current additional initiatives related to risk management in Dental Hygiene practice include explorations of the patient-side risks in the access of Dental Hygiene care and the impact of identifiable risks to RDH continuing competence. These elements will form the basis for the Regulatory Risk Register (RRR) that is focused on the safety of patients and the public, including risks relating to racism and discrimination, as outlined in the 2024 Cayton/Williams "Report and Recommendations on Improving Governance". To that end, CDHO has completed the focus

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www.cdho.org

groups with invited RDHs who participated in online discussions regarding the characterization and quantification of patient-side risks that are also identified in the CDHO Practice Profile document. The RRR will also be informed by data obtained from the Voice of the Patient Survey, consultations with the Citizens Advisory Group, Complaints data, and other information obtained from the published literature. The CDHO has also completed focus groups with RDHs that were tasked with highlighting the risks to continuing competence that individual RDHs experience.

Registrant Engagement

Practice Advisory Service

The Practice Advisory Service continues to be an accessible, valuable resource for Registered Dental Hygienists. Since the last report to Council in June, the Practice Advisory Service responded to 502 enquiries.

	Calls	Email	Total Enquiries	Top Topics
September 2025	99	70	169	1. Regulation (records, contraindications) 2. Standards of Practice (process of care) 3. IPAC (procedures) 4. Independent Practice (start-up information)
October 2025	91	74	165	
November 2025	87	81	168	

In the area of Interprofessional collaboration, approximately 13% of our inquiries will have an element related to interprofessional collaboration in the question. Of those, approximately 29% will involve interprofessional collaboration with associations; 15% with dentists, family physicians, or specialists; and 64% with other regulators.

In the area of Intra-professional collaboration, approximately 8% of our inquiries will have an element related to intra-professional collaboration in the question, handled with advice and referring to dental hygiene associations.

Program Elements

Communications and System Partner Engagement

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

Website Stats (September 5 – November 23, 2025)

- 134,983 English Sessions; 3,918 French Sessions (Sessions = # of users who interacted with a page(s) and includes repeat views)
- 9,290 clicks to the Public Register
- Top visited pages (excluding the homepage)
    - Knowledge Network (landing page)
    - Hypertension Fact Sheet
    - Annual Renewal
    - Standards & Resources
    - Proposed Enhancements to Scope of Practice

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

Social Media Stats (September 5 – November 23, 2025)

Facebook

- 52 new followers
- Content most engaged with (i.e., clicks, comments, shares): Updates to the General Regulation; Proposed changes to Scope of Practice; Fact or Fiction record keeping question

Instagram

- 90 new followers

- Content most engaged with: Fact or Fiction record keeping question; ACE workforce distribution study; Guelph Peer Circle

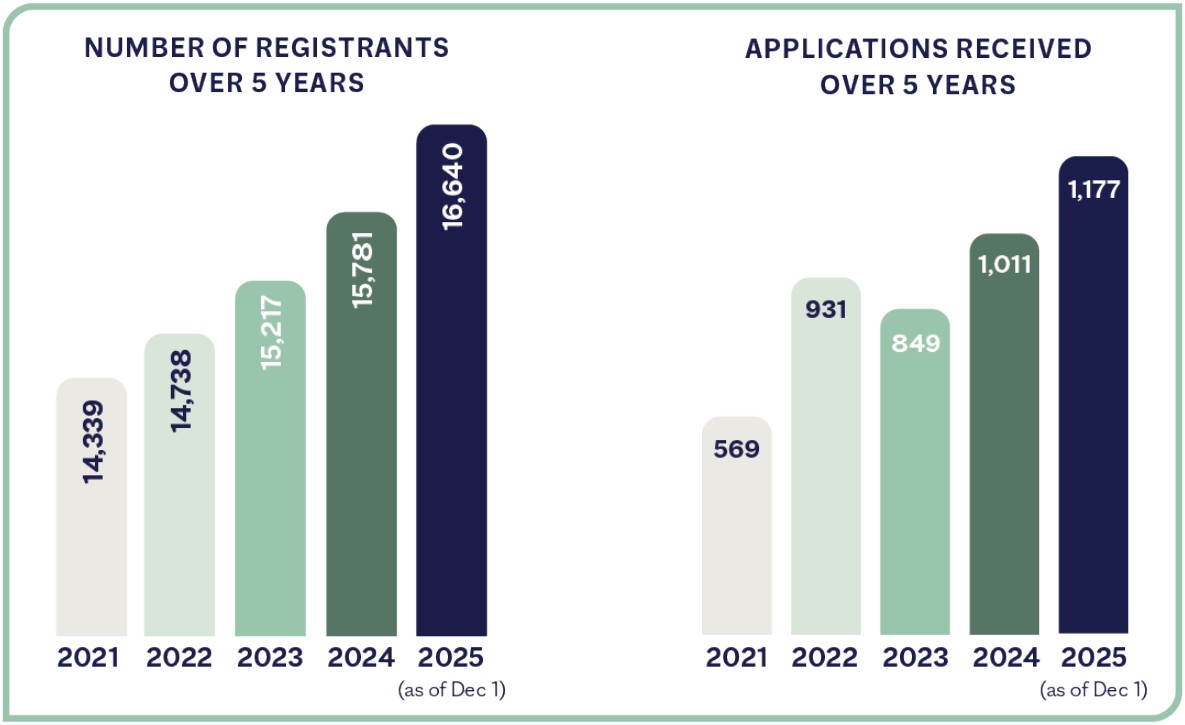
LinkedIn

- 102 new followers
- Content most engaged with: Guelph Peer Circle; Updates to the General Regulation; Proposed changes to Scope of Practice

Registration

As of December 1, 2025, the CDHO has 16,640 Registrants (15,254 General, 651 Specialty, and 735 Non-Practicing).

Applications received in 2025 (as of December 1, 2025): 1,177



The registration applicant **Application Process Experience Survey** continues. This feedback process is designed to characterize the experience of applicants as they engage with the CDHO during their initial Registration process. This qualitative data will assist us in identifying opportunities for improvement in our application process, an important component of our general principles of accessibility and accountability. Pivotal Research has provided the Annual Registration Experience Report. There is a strong level of satisfaction among applicants with the registration process, rising from 90% satisfaction in 2024 to 94.4% in 2025. Of those applicants who interacted with staff, 97% reported positive experiences. Satisfaction with the clarity of the application process in 2025 was high (87%), though slightly lower than in 2024 (91%). Recent enhancements have been made to the Registration Experience Dashboard and survey instrument to align with updated application form fields following the CRM migration, enhancing accessibility and accuracy.

Legislative/Regulatory Updates – As of Right

Council will be provided with a verbal update on the status of the "As of Right" regulatory amendments that come into effect on January 1, 2026.

Equity, Diversity, and Inclusion

CDHO published an article in the Office of the Fairness Commissioner's October newsletter, highlighting our reconciliation efforts. In 2023, CDHO partnered with Indspire, an Indigenous national charity that invests in the education of First Nations, Inuit, and Métis people for the long-term benefit of these individuals, their families and communities, to create *The CDHO Bursary for Indigenous Students in Dental Hygiene Programs*. Through this partnership, CDHO supports efforts to increase access to higher education for Indigenous students. Read the full article here.

On November 26, CDHO hosted a Cultural Safety Standards Working Group meeting to begin drafting a practice standard. The team engaged in rich discussions regarding minimal expectations for culturally safe dental hygiene care in Ontario and reconciliation efforts in regulation. Themes of the draft Cultural Safety Practice Standard include:

- Self-reflective Practice
- Education & Training
- Anti-racist Practice
- Creating Safe Healthcare Experiences
- Relational & Person-centred Care
- Strengths-based & Trauma-informed Practice

As part of the strategic plan to prioritize equity and inclusion initiatives, CDHO prepared a 3-year strategy focused on efforts to support staff and registrants with incorporating EDI and cultural safety principles within practice, as well as to identify opportunities for collaboration with system partners.

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

Quality Assurance Program and Resource Development

Peer Circles have concluded for 2025. , It has been a full and meaningful year of connection and learning. A total of **345 RDHs** joined us for **nine optional Peer Circles**, while another **555 RDHs** took part in the **36 Path 4 Peer Circles** offered across the spring and fall cohorts.

The **Fall Path 4 coaching sessions** concluded the week of November 17. Over the next month, we'll be reviewing results and sharing individual reports with the **310 participants** in early 2026.

Looking ahead to the **2026 QA assessment**, participation continues to take shape: **13%** of RDHs have selected **Path 1**, **30%** have selected **Path 2**, and **57%** have chosen **Path 4**.

This fall, a dedicated group of case writers met throughout October and November to refresh our existing Peer Circle cases. Each case now includes a new section focused on *risk discussion*, and the team also developed **ten new cases** highlighting key risks related to infection prevention and control and emergency preparedness.

Our **Communities of Practice (CoPs)** continue to grow, with more than **5,500 RDHs** now connected. We currently host four CoPs: Contraindications and Dental Hygiene, Restorative, Orthodontic, and Public Health.

Engagement has remained strong. Over the last 90 days:

- *Contraindications and Dental Hygiene* received **1,235 views**
- *Orthodontic* received **378 views**
- *Restorative* received **339 views**
- *Public Health* received **388 views**

Across all CoPs, the most frequently searched topics include Standards of Practice, IPAC, and Public Health.

To further support these communities, we continue to host quarterly meetings with CoP leaders to share ideas, explore ways to increase engagement, and strengthen connections. We've also begun highlighting CoP content in the De-Brief and on social media to help more RDHs discover and benefit from these shared learning spaces.

Staff have developed and designed all remaining educational modules. A module on Professionalism, Communication and Boundaries will be released in the December edition of The De-Brief, while the final module on Record Keeping will be released in the February edition of The De-Brief. These two modules join a library that includes modules on Consent, Confidentiality and Privacy, Mandatory Reporting, Trauma and Violence-Informed Care, and Providing Oral Health Care to Clients with Disabilities.

Professional Conduct

There are currently 15 open complaint matters, and 15 open report matters (of which 3 are referrals from the QAC). There are currently 7 matters before HPARB. The HPARB calendar is full and some of these matters were disposed of by the ICRC in 2024.

The Complaint Process Experience Feedback Survey remains available. This survey tool is used to evaluate the experience of individuals who submit complaints to the CDHO and Registrants respondents at touch points along the Complaint management journey. Pivotal Research, the company that oversees the Complaint Process Experience Feedback Survey, provided its annual results in September 2025. In this Survey report, the sample size is small (<10) and the majority of respondents indicated that they were able to easily locate information about CDHO's complaints process, they understood clearly what needed to be done to file a complaint, the instructions and information surrounding the College's complaints process was clear and the timelines were clearly communicated.

Complaints and Risk Areas-

A review of the complaints received since January 2025 reveals that the five most common concerns expressed in a complaint relate to one (or more) of:

1. Communication (i.e., concerns about the manner and content of a registrant's communication with another individual, including verbal, non-verbal, and written)
2. Failure to Provide Adequate Treatment (i.e., concerns about a registrant's competence or the adequacy of the registrant's direct clinical care)
3. Ethical Concerns (i.e., concerns about immoral or unscrupulous conduct by a registrant such as soliciting clients, discriminatory conduct or commentary, dishonesty)

4. Recordkeeping (i.e., concerns about financial recordkeeping)
5. Harassment / Boundary Violations (i.e., concerns about a breach of the professional-client relationship or the verbal, physical, psychological or emotional abuse of a client by a registrant (non-sexual))

Operations

Staff continue to work largely remotely with individuals attending the office when the work process requires in-office attendance or meetings are required. We continue with 2 monthly "anchor" days where all staff attend in-office for team meetings, staff meetings and workshops. Some teams will hold in-office team meetings outside of the two anchor days. During the anchor days we conduct a general staff meeting and routinely participate in team building and team education activities. We continue to look for opportunities to foster engagement of team members and harness the collaborative energy of in-person meetings within the context of our new hybrid work model. We have recently developed small-group Staff Triads of 3 individuals (from different Departments) who meet on a regular basis to discuss a wide variety of work-related and non-work related topics.

HUB 601

The HUB601 continues to be a very successful and welcomed initiative for the CDHO. The four participating organizations not only share the space but are also combining resources in the delivery of common (staff team) initiatives. In total, the financial contributions of our **HUB601** partners for 2025 result in approximately 25% of our lease expenses. While financial gains are important, perhaps one of the greater benefits in sharing space with other health profession regulators is that this space sharing establishes the framework for the exchange of information and ideas between individuals and organizations that have the common mandate of health profession regulation. We are at, or approaching, renewals for the space-sharing agreements we have with our HUB partners. To date, one of our HUB partners (College of Dieticians of Ontario) has renewed their agreement. The renewals for the College of Denturists of Ontario and the College of Audiologists and Speech Language Pathologists are pending.

System Partner Representation

Federation of Dental Hygiene Regulators of Canada

This national federation is currently undertaking a revision of the National Code of Ethics for Dental Hygienists and the implementation of the updated national competency profile for dental hygienists. Following the development of a National Code of Ethics, the development of a set of National Standards of Practice is anticipated. I represent the CDHO at the FDHRC table and served Vice-Chair of the Federation for a one-year term. In this role, I sit on the

Executive and Governance Committees. I also represent the FDHRC as a Director of the Commission on Dental Accreditation of Canada.

Commission on Dental Accreditation of Canada (CDAC)

CDAC is the accrediting body (along with a reciprocal arrangement with the American Dental Association Commission on Dental Accreditation - CODA) for Ontario Dental Hygiene educational programs.

Representing the Federation of Dental Hygiene Regulators of Canada on the CDAC Board, I also sit on CDAC's Finance, Audit and Risk Management Committee. The Board is currently undergoing significant transformation that includes modifications to its governance structure, funding model, program survey framework, and survey standards.

Health Profession Regulators of Ontario

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

Ontario Oral Health Professions Registrars

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

CDHO

Memo

To: Council

From: Registrar

Date: December 12, 2025

Topic: 2026 Budget

The following comments apply to elements of the proposed 2026 Operational and Governance Budgets.

INCOME

Registration / Renewals / Incorporations – estimate of income from these sources is adjusted annually based on the rate of change over previous years. We are predicting a modest increase income from these sources for the 2026 fiscal year.

HUB 601 – continues to be a significant source of income for the CDHO

Interest – income decreases slightly due to decrease interest rate compared to higher rates earlier in 2025

EXPENSES

Communications - includes Voice of Patient Surveys, Registrant Engagement Survey, Public Awareness Campaign, deBrief, E-learning module production

Quality Assurance - includes Peer Coach Workshop costs, Path 1, 2 and 4 Assessment Costs, Focus Groups costs, Case Writing Costs, Software costs, QA test maintenance, Portfolio software upgrade, Self assessment tool revision, Optional Peer Circle Costs

EDI – includes program support elements focused on development of Standard of Practice for Cultural Safety, Cultural Humility and Anti-Racism, staff and Council training, and registration costs for Registrants to take the PATH course (Indigenous Culture and History)

Salaries / Benefits – very modest increase due to the anticipated addition of one QA manager position, one QA coordinator position and one staff member (Coordinator) returning from Parental Leave and a sector consistent cost of living increase.

As with all organizations, salaries and benefits remain one of the larger expenses for the CDHO and to help ensure that we hire responsibly and use our workforce appropriately, I look for benchmark comparisons to other RHPA Regulators. One of the metrics I use is the % of staffing costs / total expenses. Across the RHPA Colleges there is quite a range (30% to 75%) but most Colleges sit around the average of 57.75%. The CDHO sits below this at 42.36%. Another metric of interest is the number of Registrants/Staff Member. The average ratio of Registrants/Staff Member = 162 (registrants)/1 staff member. For the CDHO, that ratio is 584.5 (registrants)/1 staff member. This is one of the highest ratios of the Colleges that reported this data, second only to the College of Medical Laboratory Technologists of Ontario. There is a very rough correlation between the ratio of Registrants/Staff Member and the number of Complaints / 1,000 Registrants (data from our 2023 Benchmarking Report). Recognizing that no causal relationship has been established, this data confirms the common-sense notion that Colleges that handle higher numbers of complaints on a per registrant basis, need more staff.

Quality Assurance

Costs include support of the QA program elements: Peer Coach/Facilitators training workshops, QA Assessments: Path 1, 2, 3 or 4, Smile Portal Maintenance and Upgrade, QA test maintenance, support of Communities of Practice, Optional Peer Circles, Self-assessment tool revision and update, Knowledge Network Maintenance, Development of Educational Modules.

EDI

New budget line to support EDI program elements that will include development of internal and external elements that will include a Standard of Practice for Cultural Safety, Cultural Humility and Anti-Racism, an educational module on Trauma-Informed Care and embedding DEIA principles in CDHO's regulatory framework.

SCHOLARSHIPS/BURSARIES

This line is dedicated to the funds that support the CDHO's provision of educational support bursaries through Indspire to Indigenous students enrolled in an Ontario Dental Hygiene Program. To date, CDHO's support of these students has been successful (see attached).

IT/CRM MIGRATION/DEVELOPMENT

Routine IT expenses have increased due to addition of Microsoft licensing costs. The CRM Migration program with Deloitte is winding down. Continuing costs are related to contracted support services for 2026.

GOVERNANCE COSTS

As presented.

Thank You!

building brighter futures
Bursaries and Scholarship Awards











Prepared for:

CDHO

COLLEGE OF DENTAL
HYGIENISTS OF ONTARIO

Thank you!

Dear Sponsor of the CDHO Bursary for Indigenous Students in Dental Hygiene Programs,

My name is Emme Harapchuk, and I am a dental hygiene student at the Canadian National Institute of Health in Ottawa, Ontario. I would like to begin by conveying my heartfelt appreciation for your generous selection of me as the recipient of this bursary.

Over the past five years, my desire to advance my education and career in the dental field has remained constant. However, I have always felt that I was not fully prepared, both mentally and financially. Upon discovering a program that enabled me to study dental hygiene within a span of 18 months, I was certain that I needed to seize the opportunity by applying for it. I was overjoyed when I received the news of my acceptance to CNIH. Nevertheless, alongside my excitement, I couldn't help but feel a sense of apprehension about the financial aspect.

I became aware of Indspire through my fellow Métis acquaintances, who shared with me how this organization has been instrumental in fulfilling their educational goals. I couldn't believe my eyes when I read the email saying that my application had been successful and I would receive a bursary. Tears welled in my eyes as I felt an immense wave of relief wash away the burden of financial stress off my shoulders.

Once again, I am writing to express my sincere gratitude for your generosity. Your decision to invest in my education will undoubtedly result in significant benefits for myself and the wider community. I am genuinely thankful for the opportunities this bursary will provide me, and I am fully committed to maximizing their potential. I am filled with enthusiasm for what lies ahead and am determined to bring you a sense of pride as I progress on my educational path.

Sincerely,

Emme Harapchuk

Thank you!

Dear supporter of the CDHO indigenous award,

Thank you so much for choosing me for a bursary. Your help will go a long way for me. As a mom of 2, I took the leap to go back to school to be able to provide a better future for my family. As I'm in the thick of my first term of a condensed program for dental hygiene, I can confidently say it feels like I am finally on the right path. The more I learn, the more passion I feel. I am egar to start working on clients and to continue my membership with the CDHO. I have a tuition payment coming up so this award will go towards that. Again, thank you for your support.

Sierra Delormier

Thank you!



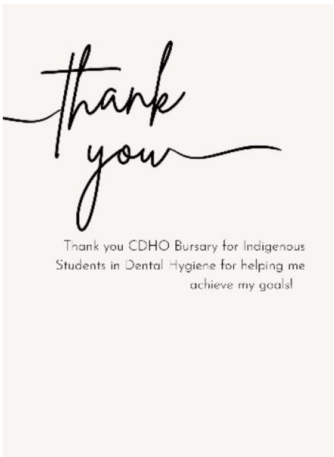
Dear CDHO Bursary for Indigenous Students in

Dental Hygiene Programs,

I am currently in my first year of dental hygiene studies in Toronto, at the TDCHA. Finding a way to afford going back to school has been a challenge, especially given certain circumstances changed for me suddenly, I did not think I could continue on with my studies. However, thanks to this generous award it has all become possible! This award has given me a chance to follow my dreams. Once I have completed my program I plan to give back to indigenous communities by ensuring they have access to oral health care. I want to share my knowledge with communities and help them understand the importance of oral health! I can not thank you enough for this award. I am beyond grateful!

Shelby Kasinec





Thank you!



Dear Sponsor of the College of Dental Hygienist of Ontario Bursary for Indigenous Students in Dental Hygiene Programs,

My name is Stefanie Wells I am a part of the six nations of the grand river. As well I am a senior dental hygiene student at Niagara College and the recipient of this year's scholarship of the CDHOs bursary for indigenous students in dental hygiene program.

I am writing this letter as a thank you for selecting me as the recipient for this bursary. This support means so much to me as it will ensure that my college tuition for the program and all supplies is covered for the remainder of my schooling. I am eternally grateful for this as I am having to still work part time on top of school full time to make sure I am able to stay in this program. My future aspirations as a dental hygienist is to work with the underserved indigenous community and provide them dental care that might not be as accessible to them as it is the rest of the province. This is something I am very passionate about as I feel dental care should be accessible to everyone as it is so important to everyday health and quality of life.

Stefanie Wells

2026 CDHO BUDGET

		2025 BUDGETED	2026 PROPOSED	2025 Y-T-D (Jan 1 - Sept 30, 2025)	2025 Y-T-D Percentage (Jan 1 - Sept 30)
INCOME					
Registration Income	**Breakdown**				
	Registration and Renewals	**6,519,785.00**	**7,157,930.00**	**4,993,336.25**	77%
	Incorporation	**47,000.00**	**64,500.00**	**59,150.00**	126%
	SUBTOTAL REGISTRATION	**6,566,785.00**	**7,222,430.00**	**5,052,486.25**	**77%**
Non-Registration Income	**Breakdown**				
	Legal Recovery	**7,800.00**	**0.00**	**6,443.28**	83%
	Hub 601 (office leasing)	**131,000.00**	**132,000.00**	**98,583.33**	75%
	Interest - Investments (bank account and portfolio interest)	**500,000.00**	**460,000.00**	**252,166.02**	50%
	SUBTOTAL NON-REGISTRATION INCOME	**638,800.00**	**592,000.00**	**357,192.63**	**56%**
	TOTAL INCOME	**7,205,585.00**	**7,814,430.00**	**5,409,678.88**	**75%**
EXPENSES					
OPERATIONAL					
Account					
JURISPRUDENCE		**35,000.00**	**45,000.00**	20,848.50	60%
DRUG COURSE AND EXAM		**17,000.00**	**17,000.00**	12,204.00	72%
ICRC		**123,500.00**	**107,000.00**	77,797.54	63%
DISCIPLINE		**75,000.00**	**85,000.00**	12,840.48	17%
COMMUNICATIONS		**260,000.00**	**333,000.00**	83,671.05	32%
QUALITY ASSURANCE		**762,500.00**	**748,200.00**	479,653.66	63%
REGISTRATION		**90,000.00**	**62,000.00**	45,489.45	51%
CDAC - Academic Program Accreditation		**170,000.00**	**190,000.00**	167,944.12	99%
NATIONAL PROJECTS		**50,000.00**	**50,000.00**	1,000.00	2%
EQUITY, DIVERSITY, AND INCLUSION (EDI)		**0.00**	**90,000.00**	0.00	0%
SCHOLARSHIPS/BURSARIES		**89,600.00**	**103,600.00**	89,600.00	100%
AMALGAMATION		**20,000.00**	**0.00**	0.00	0%
FUNDING - counselling and therapy support		**42,240.00**	**43,380.00**	0.00	0%
SALARIES / BENEFITS		**3,800,000.00**	**4,175,000.00**	2,663,868.23	70%
IT		**350,000.00**	**473,000.00**	238,707.30	68%
CRM DEVELOPMENT/MAINTENANCE		**800,000.00**	**350,000.00**	684,620.57	86%
RECORDS MANAGEMENT		**200,000.00**	**100,000.00**	86,952.90	43%
POSTAGE/ STATIONERY/PRINTING		**10,000.00**	**14,000.00**	10,039.86	100%
RENT		**475,000.00**	**475,000.00**	339,583.63	71%
LEASED EQUIPMENT		**12,000.00**	**12,000.00**	7,399.83	62%
TELEPHONE/TELECONFERENCE		**30,000.00**	**30,000.00**	12,973.33	43%
MERCHANT SERVICES FEES		**160,000.00**	**175,000.00**	8,516.55	5%
PROFESSIONAL DEVELOPMENT		**100,000.00**	**100,000.00**	34,373.82	34%
SUBSCRIPTIONS, MEMBERSHIPS AND DUES		**60,000.00**	**60,000.00**	37,588.02	63%
OFFICE ADMINISTRATION		**60,000.00**	**50,000.00**	32,104.43	54%
HUB 601 EXPENSES		**10,000.00**	**10,000.00**	0.00	0%
CONSULTING/OPERATIONAL PROJECTS		**150,000.00**	**100,000.00**	97,281.70	65%
LEGAL - GENERAL		**20,000.00**	**20,000.00**	9,024.81	45%
	SUBTOTAL FOR OPERATIONS	**8,021,840.00**	**8,018,180.00**	**5,254,083.78**	**65%**
GOVERNANCE					
CONSULTING (Governance)	*as per executive meeting - 10/31/25*	**75,000.00**	**125,000.00**	22,303.98	30%
COUNCIL TRAINING		**40,000.00**	**40,000.00**	22,855.90	57%
COUNCIL MEETING HONORARIUM		**80,000.00**	**80,000.00**	40,386.00	50%
COUNCIL/COMMITTEE MEETING EXPENSES		**200,000.00**	**200,000.00**	151,723.87	76%
OWNERSHIP LINKAGE		**100,000.00**	**0.00**	49,924.02	50%
STRATEGIC PLANNING		**100,000.00**	**0.00**	0.00	0%
AUDIT - FINANCIAL		**32,000.00**	**32,000.00**	30,227.50	94%
	SUBTOTAL FOR GOVERNANCE	**627,000.00**	**477,000.00**	**317,421.27**	**51%**
	TOTAL EXPENSES	**8,648,840.00**	**8,495,180.00**	**5,571,505.05**	**64%**
	NET (INCOME - EXPENSES)	**-$1,443,255.00**		**-$161,826.17**	

CDHO

Suggested Motion – Friday, December 12, 2025

6.1 2026 BUDGET

MOTION: **THAT** Council moves to approve the 2026 Budget as proposed.

Moved:

Seconded:

VOTE:

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COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

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

Name of New Council Member: Liisa Moore

Name of Mentor: Jennifer Cooper

Date Report Completed and Submitted to CDHO: November 28, 2025

COMPLETION OF THE PROGRAM

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

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

New Council Member Mentor Program Checklist Attached: ☑ Yes

COUNCIL MENTOR PROGRAM CHECKLIST

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

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

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

Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
Public Interest as the most critical decision determinant in Council decision- making. ○ CDHO Regulations and By-laws. ○ CDHO Code of Conduct. ○ The CDHO Strategic Priorities. ○ The CDHO Council Policies on Ends (Critical Outcomes) and Executive Limitations. ○ The CDHO Council Policies on Governance Process and Council/Staff Relationship. ○ The CDHO Monitoring process through the Strategic Plan. ○ Ministry of Health's College Performance Measurement Framework (CPMF). ○ The CDHO Council's work to date on the Ownership Linkage Plan. ○ The CDHO External Assessment Review. ○ The CDHO Governance Review. ○ Key CDHO System Partners (i.e., government, provincial & national professional associations, Federation of Dental Hygiene Regulators of Canada, Health Profession Regulators of Ontario). ○ Key acronyms.	☑	
Date Completed: March 15, 2025		
New Council Member Observations/Comments:		

Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
<u>Phase 2 – Second Mentor Session</u> **Timeline: Immediately Following New Council Member's Initial Council Meetings** • Answers to any outstanding questions which arose for the new Council Member from their first Council meetings.	☑	
• Review of the Council Governing Style (Policy No. GP 1), Council Job Contributions (GP 2), Council Planning Cycle and Agenda Control (GP 3) and Council Member's Code of Conduct (Bylaw No 5, 3.7).	☑	
• Review of the types and structure of the CDHO Council Policies and the Council Policy Manual Table of Contents.	☑	
• Description, by Mentor, of the most helpful documents and/or experiences in learning the job of being a CDHO Council Member.	☑	
Date Completed: June 3, 2025		
New Council Member Observations/Comments:		
<u>Phase 3 – Third Mentor Session</u> **Timeline: Between New Council Member's First and Second Set of Council Meetings** • Any further questions/topics arising from the first Council meeting for which the new Council Member requires more input or context.	☑	
• Review of the upcoming topics related to Council's Strategic Priorities. ○ Review the topics coming up at the next Council meeting.	☑	

Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
• A summary by the Mentor of the key strategic and governance issues related to Council's Strategic Priorities.	☑	
• Any other outstanding questions by the new Council Member.	☑	
Date Completed: June 3, 2025		
New Council Member Observations/Comments:		
<u>Phase 4 – Fourth Mentor Session</u> **Timeline: Just Prior to the New Council Member's Second Set of Council Meetings** • Any topics, from the Council Meeting pre-reading package, for which the new Member has questions or requires further background or context.	☑	
• Types of governance questions a Council Member may choose to ask throughout the different components of the Council meeting, including appreciative inquiry evaluation questions for Registrar Monitoring Reports.	☑	
• Overview of Council and Council Members' role in assessing the Registrar annual Ends Interpretation and monitoring Registrar performance (the process and relevant questions to ask). ○ Review and discuss the layout/structure of one of the Registrar Monitoring Reports in the Council Meeting Package.	☑	
Date Completed: November 14, 2025		

Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
New Council Member Observations/Comments: Training completed with Julie		
<u>Phase 5 – Report to Full Council by New Council Member</u> **Timeline: At Least Two Weeks Prior to New Council Member's Third Set of Council Meetings** • Report to Full Council (using the standard template) completed by the new Council Member. ○ Signed off by new Council Member and Mentor and forwarded to CDHO.	☑	
Date Completed:		
Any Final Comments/Observations by New Members: Very happy that the mentorship program is in place. It was helpful and made the process less intimidating knowing I had someone I could ask all my questions to.		

Mentor's Signature

November 21, 2025

Date Completed

New Council Member's Signature

November 24, 2025

Date Completed

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

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CDHO's EQUITY AND INCLUSION INITIATIVES 2025-2027

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

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

ENTRY INTO PROFESSION		
Initiative	**2025/2026 Milestones**	**2027 Milestones**
Ensure cultural safety and EDI competencies are incorporated into entry-level programs.	• Continue to work with accreditation and examination bodies to ensure *Entry-to-Practice Canadian Competencies for Dental Hygienists* is adopted by all educational programs offering entry-level education and integrated within entry-level examinations.	• In partnership with FDHRC, publish an Indigenous Anti-Racism Interpretation Guide to accompany the entry-to-practice competencies.
Respond to TRC Call to Action #23i: *Increase the number of [Indigenous] professionals working in healthcare.*	• Donate monies to Indspire to support Indigenous peoples accessing dental hygiene education.	• Establish renewed multi-year agreement with Indspire.

REGISTRANTS		
Initiative	**2025/2026 Milestones**	**2027 Milestones**
TRC Call to Action #23iii: *Provide cultural competency training for all health-care professionals.*	• Increase # of registrants who complete PATH course by continuing to offer it for free and promoting to registrants.	• Mandate the completion of PATH for all registrants.
Increase the proportion of registrants reporting demographic data to assist CDHO in better understanding the registrant composition and to address equity and inclusion issues.	• Continue to collect demographic / race-based registrant data. • Implement a focused communications campaign to build trust with applicants and registrants so that they understand the reasons for collection and to ensure privacy protection. • Present to the Office of the Fairness Commissioner on best practices for collecting and analyzing race-based data.	• Increase proportion of registrants reporting demographic data. • Continue to reflect on and assess how we present EDI data to reduce harm and support inclusion (ensure response options reflect diversity of needs).
Support registrants in incorporating EDI and cultural safety principles in their practice.	• Prepare educational module in collaboration with Canadian Society for Disability and Oral Health. • Incorporate EDI / equity assessment lens in updated version of Code of Ethics.	• Develop EDI-focused standards on cultural safety, humility, and anti-racism. • Incorporate EDI lens when updating standards and guidelines. • Ensure there are at least four (4) cases specific to Cultural Safety within the Peer Circle QA Program.

SYSTEM PARTNERS / ECOSYSTEM		
Initiative	**2025/2026 Milestones**	**2027 Milestones**

Develop and strengthen relationships with system and community partners.	• Engage with groups impacted by our work to better understand needs and to inform regulatory approaches. Groups include
	  ○ Oral health regulators (RCDSO, CDO, CDTO, FDHRC)
	  ○ Indspire
	  ○ Canadian Society of Disabilities and Health
	  ○ Indigenous Services Canada
	  ○ Public, Citizen Advisory Group
	  ○ Other System Partners in the CDHO's Ecosystem
	• Facilitate the Voice of the Patient data collection and publish findings on website.
		• Strengthen relationships and address equity needs identified by groups affected by our work.
		• Better understand the diversity, perspective, and experiences of the public to needs addressed and that regulatory processes do not impose inappropriate barriers.
		• Increase the # and diversity of system partners.

Ensure communications are accessible to all audiences.	• Implement communication strategy that uses plain language, inclusive/person first (where applicable) approach, and trauma informed language. • Embed accessibility considerations into all organizational, registrant and public-facing resources and services.	• Evaluate communications strategy and adjust content as needed.
Share our EDI progress and journey with partners.	• Update equity and diversity statement on web. • Contribute to HPRO-EDI group. • Share our work through various reporting mechanisms (annual report, CPMF, Registrar's Report, etc.).	• Continue to update equity and diversity statement on web. • Host HPRO-EDI group event. • Continue to our work through various reporting mechanisms, including an EDI report.

STAFF		
Initiative	**2025/2026 Milestones**	**2027 Milestones**

Raise awareness of EDI / cultural events amongst staff.	• Create a calendar of events, training, and engagement activities.
	• Celebrate National Truth & Reconciliation by:
	  ○ Encouraging staff to attend events offered by the National Centre for Truth and Reconciliation,
	  ○ Facilitating experiences that promote learning, reflection, and action, and
	  ○ Sharing educational resources and materials from various organizations.
		• Host cultural events and knowledge sharing opportunities through social committee activities, triads, and CDHO Connect.

Strengthen staff knowledge and skills related to EDI.	• Facilitate 2 training sessions related to equity, trauma-informed, and reconciliation.	• Increase proportion of staff with EDI training.
Integrate EDI best practices within internal processes and HR policies.	• Pilot an equity framework for organization. • Review organizational policies, programs, and practices using the equity framework to identify opportunities for embedding EDI, anti-racism, accessibility, and culturally responsive practice. • Monitor for emerging trends, issues, challenges and EDI best practices to help inform future strategies and policy direction.	• Select and adopt an equity framework for organizational decision making and processes. • Prepare annual reports on the Equity and Inclusion progress for the organization. • Support committees in identifying and addressing unconscious bias that could lead to unequitable decisions and practices.
	• Review registration, QA documents and processes to remove systemic barriers and decolonize language.	• Implement necessary changes to ensure documents and processes are free from systemic barriers.

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2025 – 2027 COMMUNICATIONS STRATEGY

Purpose

In 2025, Council approved a Strategic Plan to guide CDHO's work from 2025 to 2027. The plan includes four broad goals:

1. Enhance collaboration with the public, profession and system partners.
2. Support professionalism, quality care and continuous learning.
3. Advance commitments to equity and inclusion.
4. Modernize governance practices.

This strategy describes how the Communications function will help achieve the strategic goals.

Situational Analysis

A **PEST** (political, economic, social and technological) and **SWOT** (strengths, weaknesses, opportunities and threats) analysis specific to the Communications function were conducted to help in overall communications positioning and planning.

PEST Analysis

Political

CDHO was created by legislation. As such, priorities can shift depending on the government of the day and the direction they set. The Ontario Government is focused on increasing the supply of regulated health professionals and making it easier for them to practise by reducing entry-to-practice barriers and revising scopes of practice. The Communications function supports these initiatives by participating in government relations activities, monitoring developments, and preparing and revising communication products.

Economic

CDHO is largely dependent on fees charged to registrants and prospective registrants to fund its operations. Registrant numbers continue to increase. Many organizations are facing pressure to control costs in a period of higher inflation and increased economic uncertainty. These external factors may have implications for CDHO's operating budget, and particularly communications, which can be considered discretionary spending.

Social

The annual Voice of the Patient Survey provides several metrics on perceptions of Dental Hygiene care in Ontario. Of particular interest to the Communications function are metrics around awareness of CDHO (low, between 23 – 27%) and general awareness of a regulatory body for Dental Hygienists (higher, at 41 – 42%). This presents an opportunity for CDHO to develop public awareness initiatives that specifically name the organization and its role. There is also some distrust among the public of institutions like CDHO. CDHO must be mindful of this as it develops messaging for the public and position itself as a credible and trusted source of information.

Technological

Artificial intelligence is dominating technological discussions. The Communications function uses generative AI (ChatGPT, Copilot) for ideation and writing. These tools are rapidly evolving, and use is broadly increasing as AI becomes more accessible. There is some skepticism of the technology, which CDHO must consider as it further uses AI.

SWOT Analysis

Strengths	Weaknesses	Opportunities	Threats
•Responsive •Agile •Innovative	•Negative perceptions of regulation by some	•Artificial intelligence •Low cost of technolgy	•Artificial intelligence •Shifting political priorities

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Audiences

To achieve its strategic goals, CDHO must effectively communicate with those impacted by its work (the audience). Each audience is unique and has different communication needs. The following is a list of CDHO's primary audiences:

- The public
- Registered Dental Hygienists
- Prospective registrants (i.e., students, "As of Right" applicants, internationally educated RDHs)
- Council
- Staff
- Government (i.e., Ministry of Health, Health Canada)
- Academic institutions
- Professional associations and local societies
- Other oral health profession regulators (in Ontario and Canada)
- Insurers
- Accreditation bodies
- Office of the Fairness Commissioner

Channels

CDHO currently uses the following channels to communicate:

CHANNEL	AUDIENCE	FREQUENCY	PURPOSE
Website	All	Always	Main communications vehicle
The De-Brief	All	Every two months	Communicate updates, resources, etc.
Social media	All	Always	Supplement to website and The De-Brief
Annual report	All	Annual	Review of activities and financials

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College Performance Measurement Framework (CPMF)	All	Annual	Reporting of performance against stated criteria
Focus groups and surveys	Registrants Prospective registrants Professional associations	As needed	Gather feedback on proposed policies, standards, initiatives, etc.
School visits	Prospective registrants Faculty	Annual	Present on CDHO's role, how to register, importance of being registered, etc.
Professional associations	Boards of associations Association members	Annual	Meetings with EDs and boards to discuss common issues, share information, collaborate on initiatives, etc.
Council meetings	Anyone	Quarterly	Conduct College business

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Strategy

Goal 1: Enhance collaboration with the public, profession and system partners

Communications objectives:

1. Increase public understanding of CDHO as a regulator that protects their interests.
2. Increase registrant participation in initiatives that enable CDHO to fulfill its regulatory mandate.

Tactic	KPI	Timeline	Budget
Develop a public awareness campaign that increases understanding of how CDHO protects the public interest.	• 5% increase in "Awareness of CDHO" metric in the annual Voice of the Patient survey by 2027 survey (when compared to 2024)	November 2024 – December 2027	$100,000/year in 2026 and 2027
Enhance RDHs' understanding of how CDHO protects the public interest and how it regulates the profession.	• Interactive De-Brief content developed that highlights CDHO's role (e.g., quiz, short videos, etc.)	2026	
Maintain and increase registrant engagement through focused communications campaigns that highlight the importance of getting involved and the benefits of engagement.	• Communications plan developed per request • Case studies developed of RDHs who have gotten involved (articles, videos, etc.) and the value of engagement	On-going	

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Add an AI chatbot to the website to enable visitors to get answers to simple questions.	• Chatbot tested and installed on the website	July 2026	TBD
Develop criteria and/or schedule for meetings/presentations with partners	• Criteria and schedule developed • Key messages per audience developed • Presentations undertaken	Q1 2026	

Goal 2: Support professionalism, quality care and continuous learning

Communications objective: Provide registrants with clear, concise, and relevant information and guidance that helps them understand their regulatory obligations.

Tactic	KPI	Timeline	Budget

Collaborate with departments to develop educational content such as:
• Quizzes
• Modules
• Short articles
• Infographics
• Guidance documents
	• One piece of educational content developed for each edition of The De-Brief
	• Modules released on:
	  ○ Professionalism
	  ○ Record Keeping
	• Guidance on AI released with companion:
	  ○ One pager
	  ○ Infographic
	  ○ Video
	• Guidance on Consent develop and released:
	  ○ Document
	  ○ Video
	• Digestible content adapted from the Registrants' Handbook
		On-going	$10,000 (consent video)

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Monitor potential changes to Scope of Practice and develop focused communications.	• Webinars, in-person presentations • De-Brief articles	TBD
Continued communication about QA requirements and the importance of engaging in CPD activities.	• Focused articles in The De-Brief about QA and CPD requirements • Webinar re. potential changes to CPD requirements	On-going

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Goal 3: Advance commitments to equity and inclusion

Communications objectives:

1. Provide communications products that are accessible.
2. Help registrants and partners understand and better participate in efforts that advance equity and inclusion.

Tactic	KPI	Timeline	Budget
Ensure communications are accessible to all audiences by using plain language, an inclusive/person first (where applicable) approach, and trauma-informed language.	• All communications reviewed with an accessible lens and revised as needed	On-going	
Implement a focused communications campaign to build trust with applicants and RDHs so that they understand the reasons for collection of demographic data and to ensure privacy protection.	• Campaign developed with a 10% increase in applicants and RDHs reporting demographic data	January 2026 – on-going	
Implement a focused communications campaign to increase completion of The Path course.			
Promote the CDHO Bursary for Indigenous Students in Dental Hygiene Programs and the collaboration with Indspire.	• One boosted social media post/month in the months leading up to application deadlines to increase reach and engagement	On-going	$500/year in 2026 and 2027

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Goal 4: Modernize governance practices

Communications objective: Provide information to the public, registrants and partners on how Council is responding to changes in governance practices.

Tactic	KPI	Timeline	Budget
Revise Council webpages to include information on changes related to the Governance Review	• Webpages revised • New information posted	As needed	

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Briefing Note

To: CDHO Council

From: Staff

Date: December 12, 2025

Topic: Mandating Completion of *The Path: Your Journey Through Indigenous Canada*

Issue
Council is being asked to approve a request to mandate completion of *The Path: Your Journey Through Indigenous Canada* course by registrants by December 31, 2027.

Public Protection Rationale
CDHO protects the public by establishing continuing education or professional development requirements for quality assurance (QA) and continuing competence of Registered Dental Hygienists (RDH)s in Ontario. In alignment with the Truth and Reconciliation Commission of Canada's call for cultural competency training for all healthcare professions[1], CDHO has an obligation to respond by ensuring RDH in Ontario complete such training.

Source of Authority
The QA Program is established under section 80 of the *Health Professions Procedural Code*.[2]

> *80.1. Minimal requirements for quality assurance programs.*
> *A quality assurance program prescribed under section 80 shall include,*
> *a) continuing education or professional development designed to,*
> *i)promote continuing competence and continuing quality improvement among the members*
> *ii)address changes in practice environment, and*
> ***iii)incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council;***
> *b) self, peer, and practice assessments; and*
> *c) a mechanism for the College to monitor participation in, and compliance with, the quality assurance program.*

Background
Evidence continues to show that Indigenous peoples experience significant oral health disparities compared to their non-Indigenous counterparts. A history of colonialism along with discriminatory

[1] Truth and Reconciliation Commission of Canada. (2015). *Honouring the truth, reconciling for the future: Summary of the final report of the Truth and Reconciliation Commission of Canada*. Government of Canada Publications.

[2] *Health Professions Procedural Code, being Schedule 2 to the* Regulated Health Professions Act, 1991, *SO 1991, c 18, s 80.*

practices, such as the establishment of residential schools, have had a detrimental impact of the health of Indigenous Peoples.

RDHs' attitudes and assumptions towards Indigenous people may unknowingly and unintentionally contribute to the inequitable provision of oral health care services, ultimately leading to poor oral health outcomes among this population. Integrating cultural competency training into Dental Hygiene care has the potential to reduce such disparities and ultimately contribute to the improvement of the oral health of Indigenous peoples in Canada.[3]

In 2023, CDHO collaborated with NVision Insight Group Inc. to provide the Path Course at no cost to RDHs. The Path provides a valuable opportunity for participants to enhance their understanding of the history and contemporary realities of Canada's First Nations, Inuit, and Métis peoples. These modules also include information about cultural and historical differences between First Nations, Inuit and Métis, the evolution of the relationship between Canada and Indigenous people from pre-contact to present day, reconciliation, and resilience. It has been promoted to registrants through email communications and social media. The course is available in both English and French.

Unfortunately, the course completion rate continues to be lower than expected. **As of September 30, 2025, only 1,246 RDHs completed the course through CDHO** (~ 7.5% of registrants)**.**

Committee Support
On June 17, 2025, The Director, Professional Practice solicited feedback from the Quality Assurance Committee on mandating completion of The Path, rather than leaving it optional. The Committee was supportive of making the course a requirement. In addition, the Cultural Safety Working Group that is tasked with developing standards of practice for cultural safety, humility, and anti-racism expressed support for mandating completion.

Regulators play a critical role in reducing and eliminating discriminatory systems. Mandating Indigenous Cultural Competency courses has been observed in other provinces[4] and with other regulated professions[5]. The completion of the Path course will complement the implementation of the Cultural Safety Practice Standard expected to be published in Q1 of 2027.

Operational Process
If Motion is approved by Council, RDHs will be required to add the Path course by December 2027 to their learning goals. Completing The Path course will be a goal-related learning activity contributing 5 hours of CPD towards their Learning Portfolio.

RDHs will upload their certificate of completion to the SMILE portal followed by an attestation or declaration at registration renewal indicating that they have completed the Path course. CDHO recognizes that associations have also offered this course. Registrants who completed this course through the Association will have their Completion Certificate recognized. A random audit will be conducted in 2028 for certificates uploaded to the SMILE portal.

Draft Motion
That Council approves the request to make *The Path: Your Journey Through Indigenous Canada* mandatory for all dental hygiene registrants in Ontario by December 31, 2027.

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[3] Cavin, E. Culturally safe oral health care for Aboriginal peoples of Canada. Can J Dent Hyg. 2015;49(1):21-26.

[4] College of Dental Hygienists of Manitoba. CDHM News Short. Fall 2025.

[5] College of Pharmacists of British Columbia. Indigenous Cultural Safety, Cultural Humility, and Anti-racism Education for Pharmacy Professionals; The Law Society of Alberta. Indigenous Cultural Competency Education; The Law Society of Manitoba. The Path

DRAFT

CDHO

Memo

To: Members of Council

From: Glenn Pettifer, Registrar & CEO

Date: November 21, 2025

Topic: Draft Risk Register for Feedback

Hello Everyone:

At Council's September 26, 2025 meeting, Doha Melhem, Vice President of Consulting and Chief Evaluator for Pivotal Research spoke to Council regarding the development of the CDHO's Risk Register over the last year. This process included a comprehensive review of the College's policy framework which yielded elements that were incorporated into the Risk Register. The associated metrics were subsequently collected and that cumulative data used to create a Risk Dashboard. Such a Dashboard provides the Council and College Staff with an accessible representation of the Risk levels across identified domains. The Dashboard reports on assessed risk in 6 Domains:

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

Attached to this email is a copy of the Risk Register development document provided to Council at the September 26, 2025 meeting. Also attached to this message is an **updated version** of the Risk Dashboard and the associated summary metrics for Q3 (July – September 2025). **You will find the link to the Risk Dashboard in the attached documents.**

In the second attached document, Doha points to next steps for Council that are essential as you move forward in the development of a Risk informed governance process:

- **Provide feedback on the structure, clarity, and usability of the Risk Register Dashboard, identifying any areas where Council requires deeper analysis or supplemental reporting**
- **Discuss the potential for public transparency**

Much of the information in this draft Risk Register is operational/enterprise in nature. As suggested in the 2023 Cayton/Williams Governance Review, attention to risks to the patient/public in their access to oral hygiene care and service is an essential piece of risk-informed regulation and governance. This is a separate piece of the Risk project for staff. We are currently gathering information from patient sources such as the Citizens' Advisory Group and the Voice of the Patient and will be providing a report to Council in 2026 on this work as it relates to risks to the public in the access of oral hygiene care.

I am providing these pieces to you in advance of December's Council meeting and materials (they will also be included in the December meeting package) so that you have a little bit longer to review the Register and its elements, if needed.

All feedback is welcome. I note that the Risk Register provides very comprehensive information. Detailed examination of each metric in the register is not anticipated. Consideration of the structure of the register and the Risk Domains will suffice.

We look forward to receiving feedback and our continuing conversation.

Attachments:

Draft Risk Register for Council Feedback

CDHO Risk Register Q3FY25

CDHO

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO



Overview of the CDHO Risk Register and Q3FY2025 Results

November 17, 2025



Prepared by

PIVOTAL RESEARCH Inc.™

Introduction

This briefing provides an update on CDHO's organizational risk register for Q3 FY2025 (July 1–September 30, 2025). The risk register supports Council's oversight role by offering a structured, data-driven view of organizational and regulatory risks. As with Q2, all domains remain stable and within the *Low Risk* range.

Background

CDHO has transitioned from a qualitative risk plan (introduced in 2023) to a measurable, data-driven risk-monitoring system with quarterly and annual cycles. Q3 represents the second cycle of data collection, using defined indicators, thresholds, and dashboard reporting to support Council oversight.

The register covers enterprise and regulatory risks across six domains: Financial and Procurement Management; Information and Asset Management; Organizational Culture & Workplace Health and Safety; Reputation Management & Public Confidence; Governance Effectiveness; and Regulatory Compliance & Operations, with risks scored using CDHO's likelihood–impact matrix.

Q3 FY2025 Results

Results remain unchanged from Q2. All domains continue to fall within the *Low Risk* range, with no emerging or increasing risks this quarter. Detailed results and visualizations are presented in the Q3 Dashboard. Domain-level scores on a 25-point scale remain:

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

This stability reflects sustained compliance and steady performance across operational and regulatory areas. Additional indicators under development will be added in future cycles, with trend analysis enabled once five quarters of data are available.

Next Steps

Council is invited to consider the following next steps:

- **Provide feedback on the structure, clarity, and usability of the Risk Register Dashboard**, including whether additional contextual notes or visualizations would strengthen future reporting.
- **Discuss the potential for public transparency**, including whether the dashboard, or selected components of it, should be made publicly available (e.g., full dashboard, domain summaries, or high-level risk ratings).
- **Identify any areas where Council requires deeper analysis or supplemental reporting** in upcoming quarters.

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

PIVOTAL RESEARCH Inc.™

CDHO Risk Register

2025

September 26, 2025

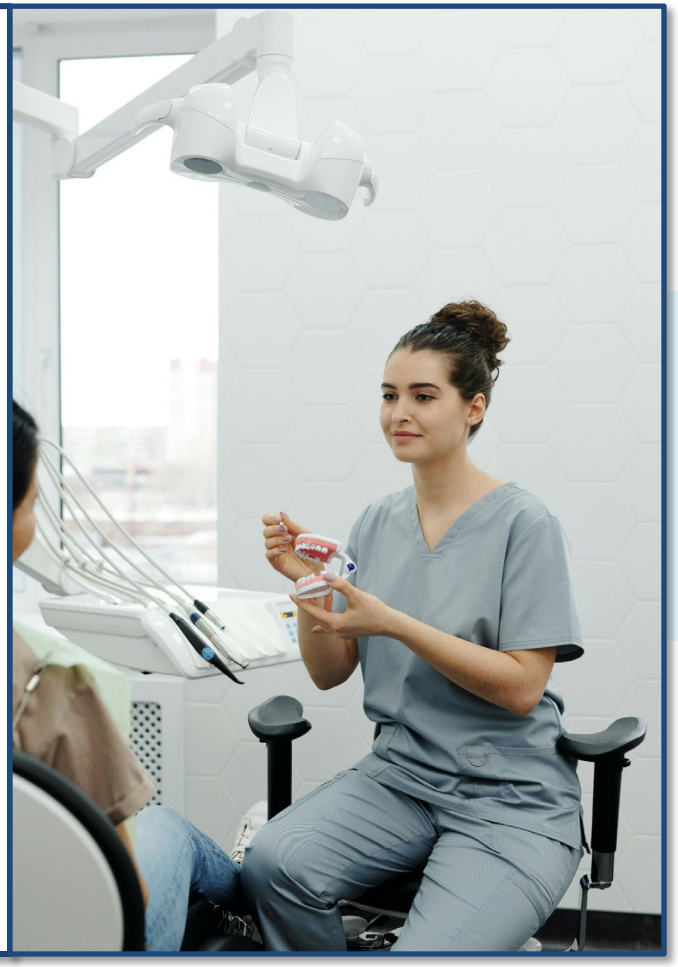
Prepared for:

CDHO

COLLEGE OF DENTAL
HYGIENISTS OF ONTARIO

Developing the CDHO Risk Register

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



What the Risk Register Enables

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

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

Q1 FY2025 Risk Register Outcomes



Risk Register

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

Financial and Procurement Management Score	2.2	Low Risk

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

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

Information and Asset Management Score	3.0	Low Risk

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

Organizational Culture and Workplace Health and Safety Score	3.0	Low Risk

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

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

Reputation Management and Public Confidence Score	2.1	Low Risk

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

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

Governance Effectiveness Score	3.5	Low Risk

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

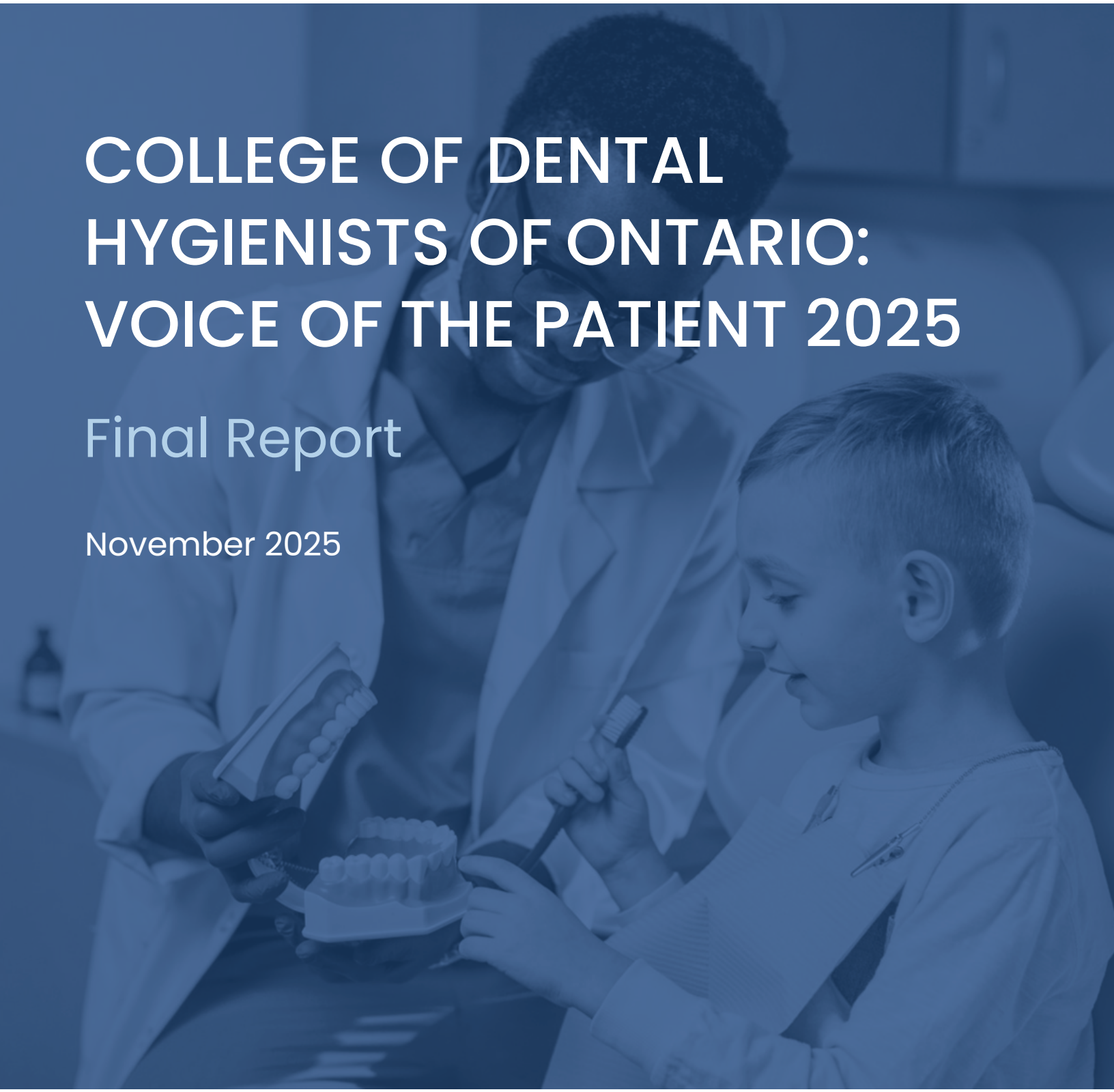
Risk 5.4	3	Low Risk	Council Morale Low morale among Council members caused by: • Perceived inequities in workload distribution. • Insufficient support or resources to fulfill governance responsibilities. • Lack of recognition or engagement, leading to decreased satisfaction and potential resignations.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

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

Regulatory Compliance and Operations Score	2.0	Low Risk

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

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



COLLEGE OF DENTAL HYGIENISTS OF ONTARIO: VOICE OF THE PATIENT 2025

Final Report

November 2025

CDHO
COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

PIVOTAL RESEARCH Inc.™

TABLE OF CONTENTS

Summary of Findings 3

Research Background & Methodology 4-6

Respondent Profile 7-9

Recent Patient Experience 10 - 27

Non-Recent Patient Experience 28 - 33

General Perceptions 34-40

Perception of The Regulator 41-46

Key Considerations 47

Appendix 48 - 69

SUMMARY OF FINDINGS



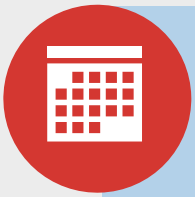
Overall satisfaction with dental hygiene care remains strong and improved in 2025, yet significant disparities persist across demographic groups. Younger adults, newcomers, racialized groups, individuals with disabilities, and respondents with lower English fluency consistently reported lower satisfaction, reduced access, and greater barriers across multiple stages of care.



Cost transparency is the strongest driver of overall satisfaction and remains a persistent gap across the patient journey. Only 64% of patients reported satisfaction with how closely final costs align with estimates, despite strong ratings in other clinical and interpersonal areas.



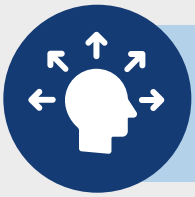
Treatment and procedure quality is the most defining stage of the patient journey, driving both the highest satisfaction and the strongest concerns. How patients feel during the procedure—comfort, communication, and attentiveness—largely determines their overall impression of care.



Access to dental hygiene care remains inconsistent, with one in five Ontarians not receiving care in the past year. Cost and limited insurance coverage are still major barriers, and many Ontarians continue to face non-financial barriers, such as low perceived need and uncertainty about preventive care and coverage. Survey findings show that cost and access concerns outweigh clinical or safety risks, with 32% worried about affordability and 18% concerned about being able to access care when needed.



Preventive-care literacy gaps and weakening perceived benefits contribute to delayed or inconsistent care. While most respondents value oral health, fewer see regular dental hygiene visits as essential, and many seek care only when problems arise. Positive outcomes, such as improved comfort, appearance, or confidence, were reported less often in 2025, suggesting the perceived value of routine care is not consistently reinforced.



Perceptions of discrimination, while relatively low, increased significantly in 2025. Nearly one in five respondents reported perceiving discrimination, with higher rates among younger adults and Indigenous respondents — a trend requiring monitoring.



Awareness and trust in CDHO remain moderate but improved among recent patients, and preferred communication channels are shifting. A third of recent patients are now aware of CDHO, trust remains higher among those who access care regularly, and the CDHO website emerged as a leading communication preference.

RESEARCH BACKGROUND AND METHODOLOGY

Background and Research Objectives

The College of Dental Hygienists of Ontario (CDHO or College) is the regulatory body for Registered Dental Hygienists in Ontario.

The College regulates the profession of dental hygiene in the interest of protecting the health and safety of the Ontario public and sets the requirements for registration as a dental hygienist. While CDHO does not train dental hygienists, it establishes practice standards for safe and ethical care.

The College commissioned Pivotal Research Inc. (Pivotal Research), a Canadian independent research firm, to ascertain the perspectives of the general public in Ontario regarding their experiences with dental hygiene care, the profession's role in Ontario, and how it is regulated by the College.

Research Methodology

CDHO's *Voice of the Patient* research program is a multi-year evaluation that began in 2022. The methodology detailed below describes the 2025 cycle, but similar sampling and data collection procedures were used in previous years. In 2023 and 2022 only the quantitative phase was employed.

Stage 1: Quantitative Phase

This stage used an online survey methodology based on a non-probability sample. The survey was conducted on behalf of the College by the sampling and data collection experts at Pivotal Research. It was administered via Cint, a globally recognized platform that connects researchers with large, diverse panels of individuals who have pre-consented to participate in research. This approach enabled broad and targeted outreach across Ontario. A screening tool ensured participants met the following eligibility criteria:

- They reside in Ontario,
- Were over the age of 18, and
- Were not Registered Dental Hygienists.

Within this eligible population, the survey captured two distinct groups:

- Recent Patients: Individuals who had accessed dental hygiene care within the past 12 months
- Non-recent Patients: Individuals who had either never accessed dental hygiene care or had done so more than a year ago

Eligible respondents were invited to complete a 10–15-minute survey. In total 1,988 completed the survey in English and 12 completed it in another language (French, Punjabi, or Mandarin). A copy of the survey instrument can be found in the Appendix.

Stage 2: Qualitative Phase

The research also included a qualitative deep-dive with 31 participants representing both recent and non-recent patients. Participants for this phase were drawn directly from the 2025 survey respondents and invited based on their survey responses. Specifically, three groups were recruited::

- Eleven (11) one-on-one interviews with Ontario residents who indicated in the survey that they had not accessed dental hygiene care in the past 12 months;
- Two focus groups with 10 Ontario residents who reported lower satisfaction scores in the survey's patient-journey measures; and
- Two focus groups with 10 Ontario residents who reported higher satisfaction scores in the survey's patient-journey measures.

A copy of the focus group and interview guides can be found in the Appendix.

RESEARCH BACKGROUND AND METHODOLOGY

Data Collection

A total of 2,000 Ontario residents over the age of 18 completed the survey between October 14th and October 21st, 2025. Respondents were asked to provide demographic information and to identify their geographic location to ensure a comprehensive representation of the Ontario population distribution. Survey participants reflected residents from communities across the province.

To enhance access to the research, the online survey was available in English, French, Mandarin, and Punjabi. The study used a non-probability online sample. A total of 2,000 completed surveys provides a probability-equivalent margin of error of approximately ±2.19 percentage points at the 95% confidence level.

All 31 participants in the qualitative phase were recruited through the online survey. Focus groups took place October 29th and 30th, 2025, and interviews were conducted between October 24th and November 13th, 2025.

Survey Instrument

Both recent patient and non-recent patient survey respondents answered a core set of questions. Recent patients were also asked additional items related to their recent care experiences. This design allowed the survey to explore public perceptions broadly while also capturing detailed feedback on patient experience.

Recent Patients

- Dental hygiene patient journey and satisfaction
- Insurance coverage

Non-recent Patients

- Reason(s) for not visiting the dental hygienist in the last 12 months
- Timeline of last visit

All Respondents

- Value of oral health and patient agency
- Perceptions of dental hygiene care regulation in Ontario
- Awareness and perceptions of CDHO
- CDHO's communication with the public
- Demographic Information



Statistical Testing

To provide deeper insights into the survey results, statistical testing was performed using a 95% confidence interval to assess how experiences varied across different demographic factors. In some cases, the sample size for certain categories was too small to support reliable statistical comparisons.

Asterisks (*) are used throughout this report's charts to indicate statistically significant differences for year-over-year (2024 vs. 2025) comparisons. Statistically significant differences for demographic groups are noted within the narrative, where relevant. For smaller subgroup populations, these differences should be interpreted as directional indicators rather than definitive findings.

Please note that percentages in tables and charts may not always total 100% due to rounding (±1%). In certain cases, only the top response categories are displayed. For questions that allow multiple selections, totals will exceed 100%.

RESEARCH BACKGROUND AND METHODOLOGY

Focus Groups and Interviews

To complement the quantitative findings, selected survey respondents who met defined criteria were invited to participate in additional qualitative research. These qualitative insights are integrated throughout the findings to provide added context. In-depth interviews and focus groups were conducted using semi-structured discussion guides tailored to three groups:

Non-recent patients

Topics explored included:

- Understanding reasons for not accessing dental hygiene care and identifying barriers to care
- Knowledge and understanding of dental hygiene and its importance
- Influence of past experiences on decisions to pursue care
- Perceptions of dental hygiene and dental care generally, including factors shaping these views
- Future intentions to seek care and what could support or enable access

Recent patients with negative experiences

Topics explored included:

- Contextual factors that contributed to negative experiences
- How experiences could have been improved or risks mitigated from the client's perspective
- Impact of negative experiences on perceptions of dental hygiene and oral care
- Actions taken in response to the experience (e.g., providing feedback, changing providers)
- Awareness of the regulator
- Influence of negative experiences on future intentions to visit the dental hygienist

Recent patients with positive experiences

Topics explored included:

- Areas of satisfaction and where improvements could be made
- Role of communication in shaping positive experiences
- Actions taken following the experience (e.g., recommending the clinic, providing feedback)
- Awareness of the regulator
- How positive experiences influence future intentions to seek care



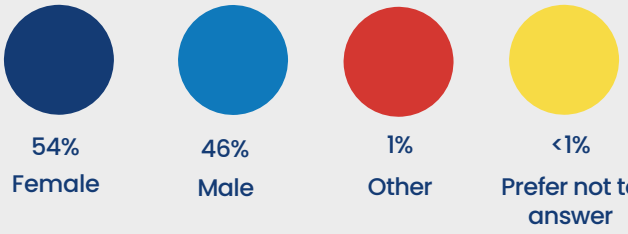
RESPONDENT PROFILE

Respondents were asked to provide demographic information, including their gender, age, place of residence, household income, and other relevant identity factors.

Around half of respondents identified as female (54%) or male (46%). One third (34%) reside in central Ontario, a quarter (25%) in Toronto, and one-fifth (20%) in western Ontario. Respondents reflected a broad distribution of ages and household incomes.

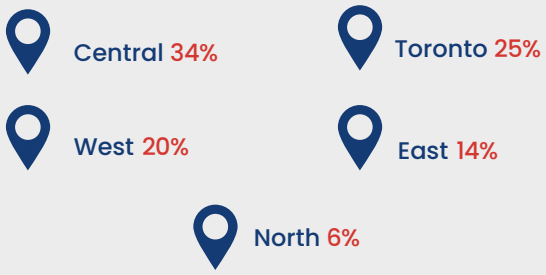
Gender Identity

n=2,000



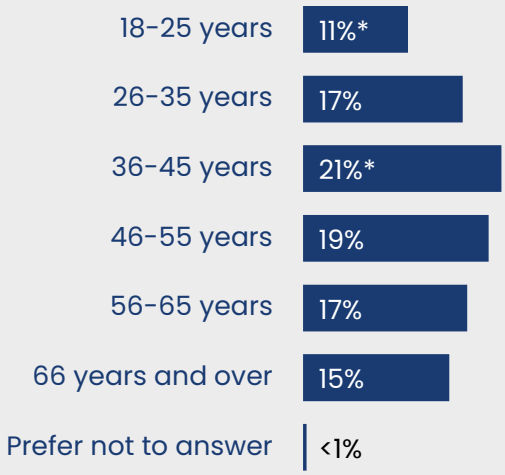
Place of Residence by Region

n=2,000



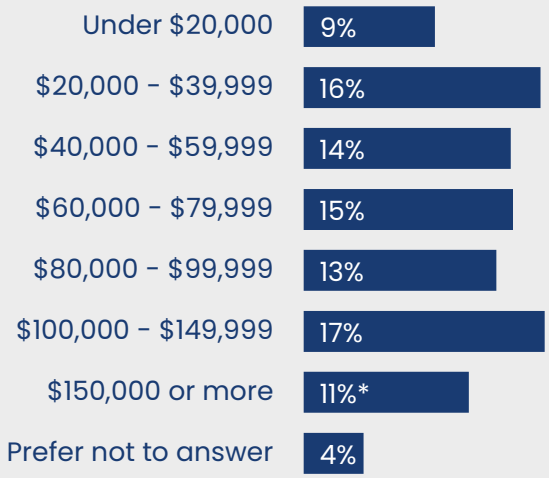
Age

n=2,000



Total Household Income

n=2,000

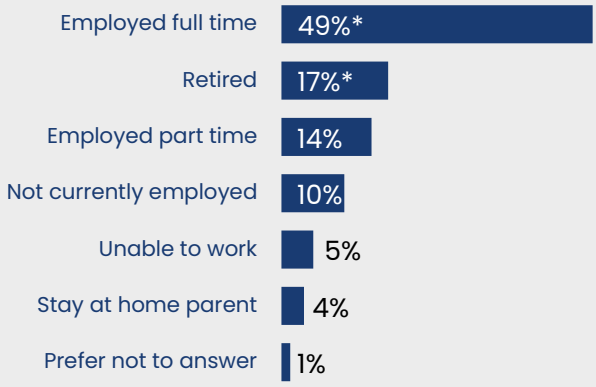


RESPONDENT PROFILE

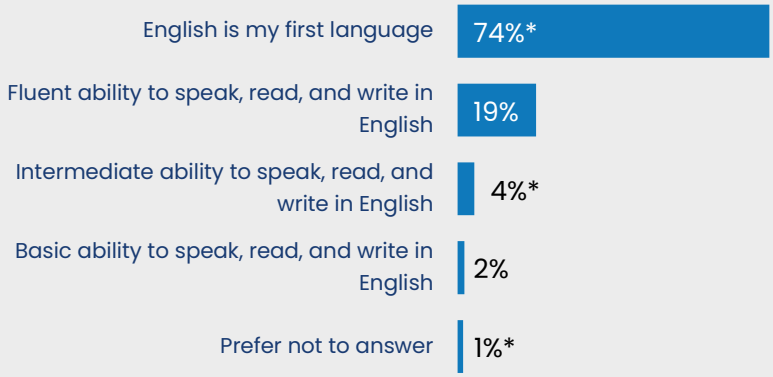
Employment status varied among respondents with half (49%) reporting full-time employment at the time of the survey and 17% reporting that they were retired. Three quarters(74%) reported English as their first language, while 19% reported another first language along with fluent ability to speak, read, and write in English.

About one-in-five respondents identified as a racial or ethnic minority (19%) or as a person with a disability (17%). A small proportion (4%) identified as Indigenous, and within this group, approximately one quarter (24%) reported living on reserve or settlement.

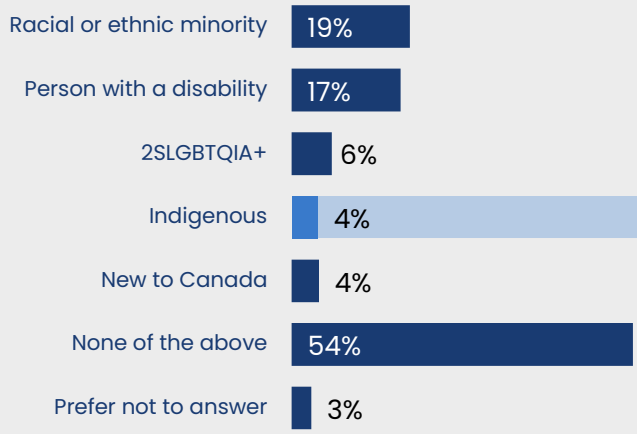
Employment Status
n=2,000



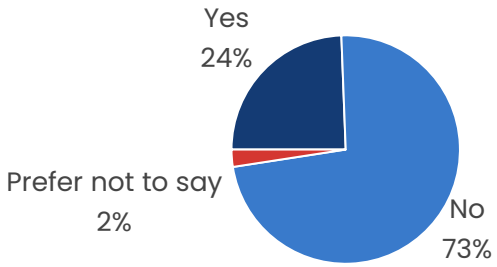
English Language Proficiency
n=2,000



Identify as....
(Select all that apply)
n=2,000



Live on a Reserve/Metis/Inuit Settlement
n=82

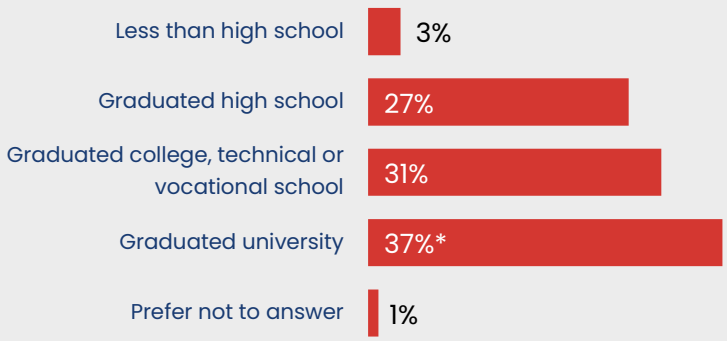


RESPONDENT PROFILE

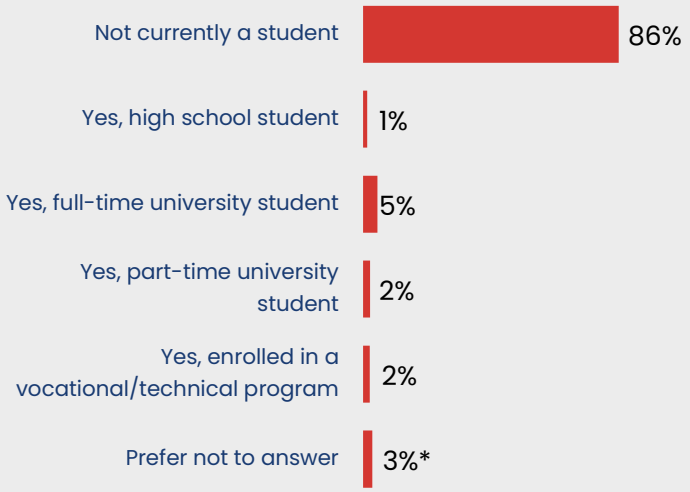
Respondents reflected a broad range of educational backgrounds: close to two-fifths (37%) reported holding a university degree, and most (86%) were not students at the time of the survey.

Household composition also varied. Most participants (59%) did not have a dependent, one in five (21%) lived alone, and half (50%) lived in two- or three-person households.

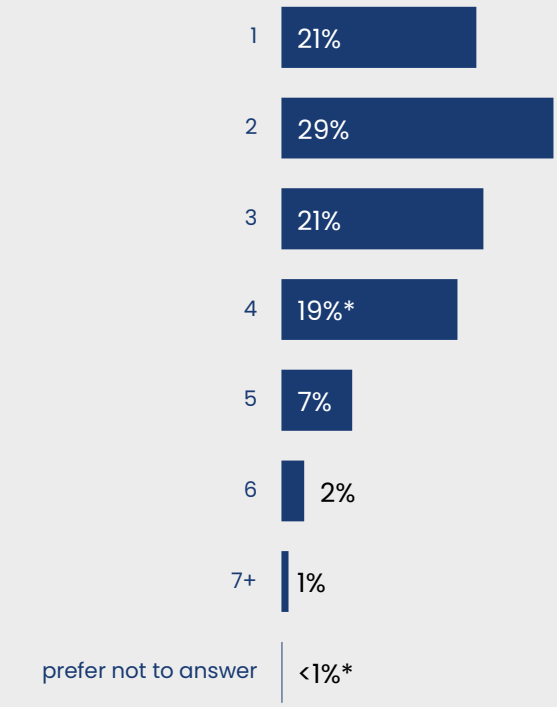
Educational Attainment
n=2,000



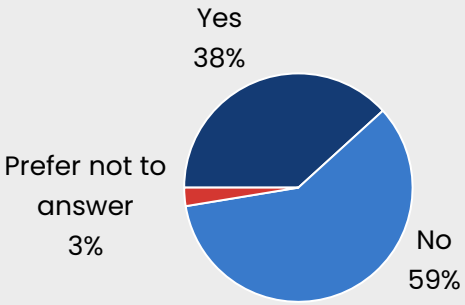
Education Status
n=2,000



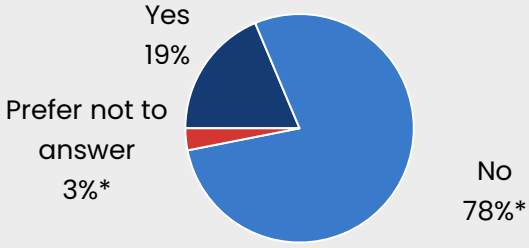
Number of people in household
n=2,000



Have Dependants....
n=2,000



Racial or ethnic minority
n=2,000





RECENT PATIENT EXPERIENCE

VISIT TO DENTAL HYGIENIST

Survey respondents were asked whether they or their dependants had received dental hygiene care within the past 12 months. Most respondents (89%) reported at least one visit—either for themselves or with a dependant—while 22% had not received care during this period.

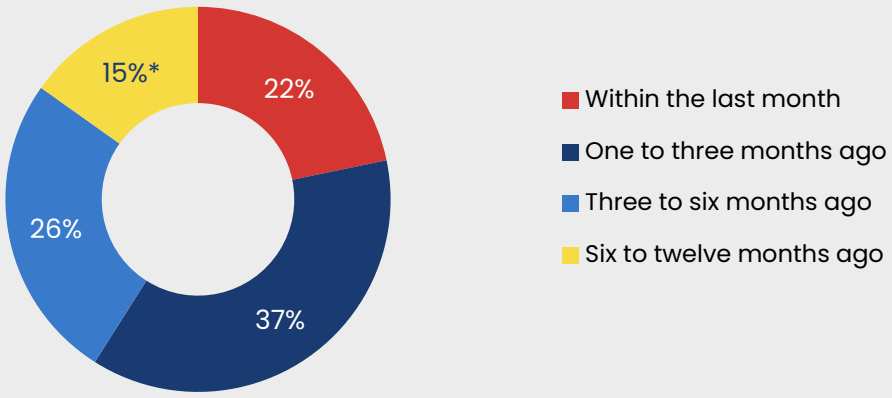
Among those who had accessed care, nine in ten (89%) were patients themselves, 8% accompanied a minor, and 4% accompanied an adult.

Incidence of Visiting Dental Hygienist
(Select all that apply)
n=2,000



Most recent patients had visited a dental hygienist relatively recently: 22% had an appointment within the last 30 days, 37% had visited one to three months prior, and the remaining 41% had received care within the past six to twelve months.

Timeline of Last Visit
n=1,490



VISIT TO DENTAL HYGIENIST

Dental Insurance Coverage

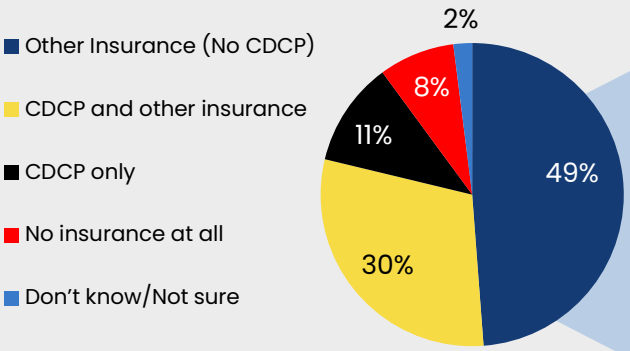
To better understand how Ontarians pay for dental hygiene care, respondents were asked about the types of insurance coverage they used during their most recent visit. The 2025 cycle reflects the first full year of availability for the Canadian Dental Care Plan (CDCP), offering a clearer picture of how patients are incorporating this new coverage option.

The rollout of the Canadian Dental Care Plan broadened coverage for many Ontarians and contributed to a notable reduction in uninsured patients. In 2025, 41% of respondents reported using CDCP coverage, with 30% combining it with another insurance plan and 11% relying on CDCP alone.

Nearly half of patient respondents (49%) did not use CDCP coverage. Among those who accessed other forms of insurance, two in five (41%) used an employer-sponsored plan. An additional 23% relied on government programs such as Social Services, Ontario Works, the Ontario Disability Support Program (ODSP), Healthy Smiles Ontario, or the Non-Insured Health Benefits (NIHB) program for Indigenous Peoples.

Just under one in ten respondents (8%) reported having no dental insurance coverage during their most recent dental hygiene visit—an improvement representing a 10-percentage-point decrease from last year's patient profile.

Dental Insurance Coverage By Type
(Select all that apply)
n=1,490



Other Insurance	%
Employer's health insurance plan	41%
Another government program	23%
Partners health insurance plan	14%
Private health insurance plan I purchased	5%
Student health insurance plan	2%
First nations health insurance	2%

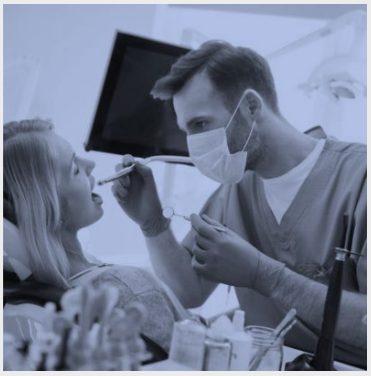
DENTAL HYGIENE PATIENT JOURNEY

Patient respondents were asked to evaluate a series of statements pertaining to their satisfaction with various aspects of their dental hygiene care journey. Statements shown to respondents covered the following areas:

- Dental Office/Dental Hygiene Clinic;
- Pre-treatment;
- Treatment/Procedure;
- Post-treatment;
- Interaction/Communication with staff;
- Payment; and
- Consent.

For each statement, respondents were presented with a seven-point scale ranging from extremely satisfied to extremely dissatisfied, as shown in the graphic below. Top-two satisfaction scores are calculated by combining the percentages for 'satisfied' and 'extremely satisfied.















DENTAL HYGIENE PATIENT JOURNEY

Overall Satisfaction with Dental Hygiene Care Experience

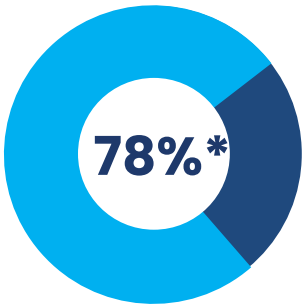
Close to four-fifths (78%) of recent patients reported being satisfied or very satisfied with their or their dependant's overall dental hygiene care experience, representing a 4 percentage-point increase from 2024.

Overall satisfaction was higher among older respondents, those with household incomes over $100,000, and native English speakers. Respondents under 25 years of age, individuals with lower incomes, and those who reported lower English fluency were less likely to report higher satisfaction. Additionally, overall satisfaction was lower among respondents who were not employed, were students, or were new to Canada (less than five years).

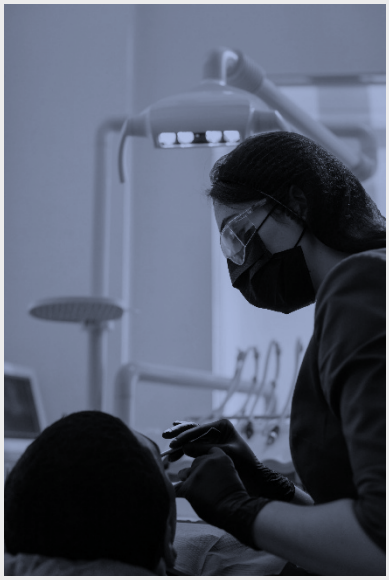
Overall Satisfaction

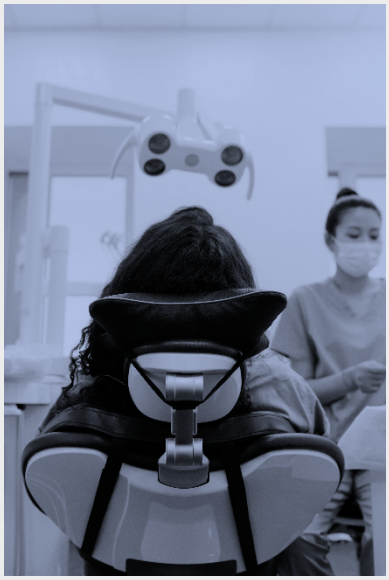
(Top Two Box)

2024: 74%





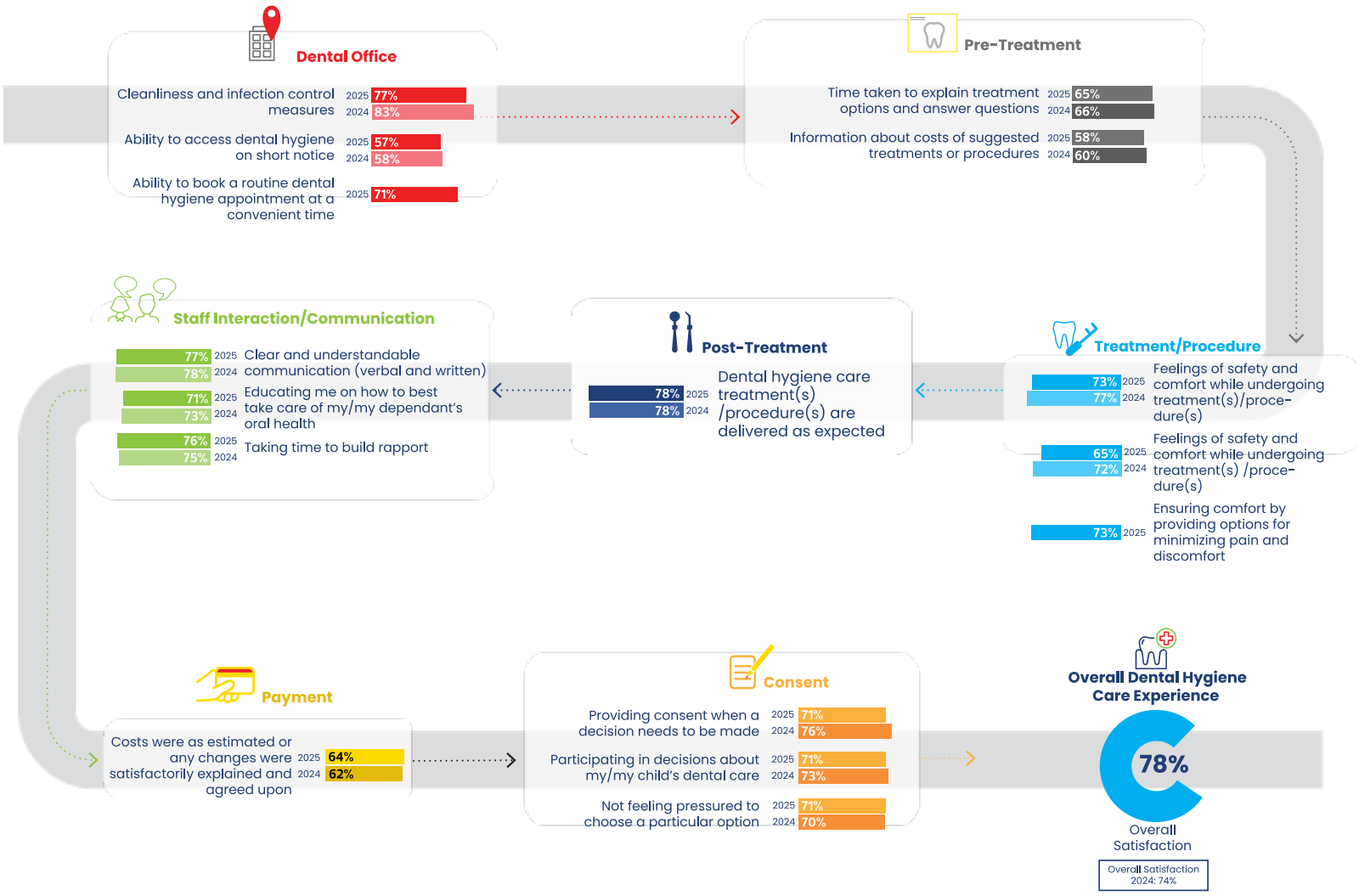




DENTAL HYGIENE PATIENT JOURNEY

Satisfaction Along the Dental Hygiene Care Journey - 2025

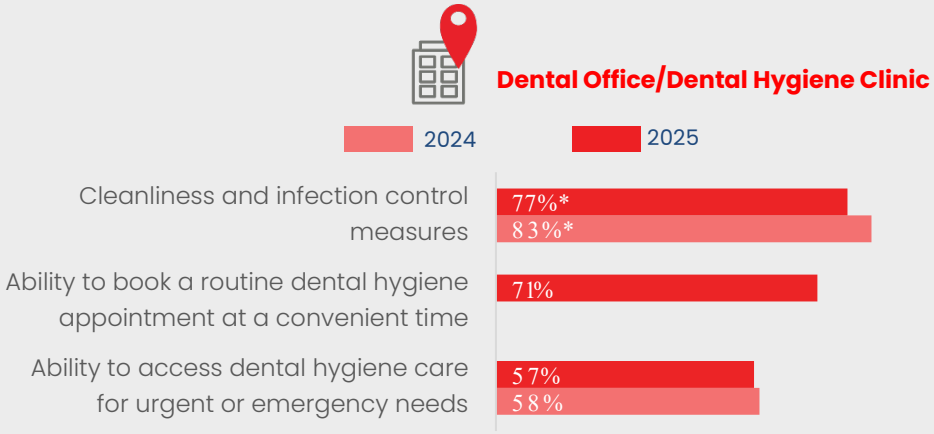
n=1,490



DENTAL HYGIENE PATIENT JOURNEY

Satisfaction with Dental Office/Dental Hygiene Clinic

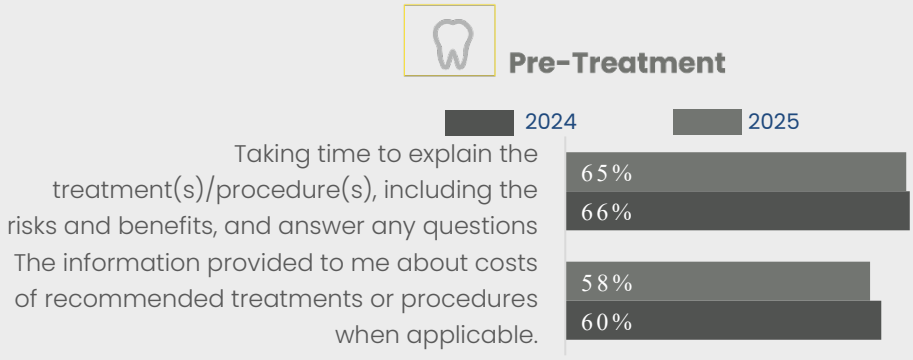
Cleanliness and infection control measures continue to receive the highest satisfaction ratings, with 83% satisfied in 2025—a six-percentage-point decrease from 2024 (77%). The 2025 survey also introduced a new question on satisfaction with the ability to book an appointment at a convenient time, with 71% of respondents reporting satisfaction. Satisfaction with the ability to access dental hygiene care on short notice was lower, at 57%.



Satisfaction with all clinic-related attributes was positively correlated with age, with older respondents reporting higher satisfaction than younger patients, and was also higher among those who were retired. Respondents whose first language is not English, those new to Canada, and those who identified as a racialized minority were less likely to report higher satisfaction with cleanliness measures and their ability to book appointments at convenient times.

Satisfaction with Pre-Treatment

Satisfaction with the pre-treatment stage was evaluated across two attributes. Two-thirds (66%) of recent patients were satisfied with the time taken by their dental hygienist to explain treatment options and answer questions. Approximately three in five (60%) were satisfied with the information provided about the costs of recommended treatment or procedures.



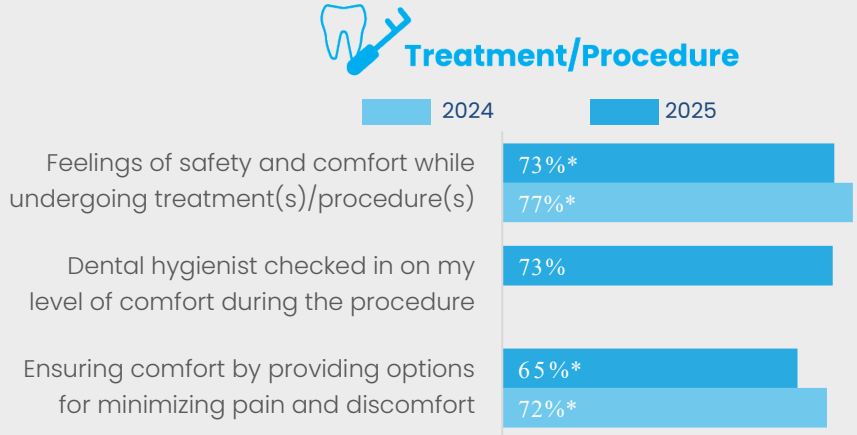
Satisfaction with pre-treatment attributes was also positively correlated with age, with older respondents reporting higher satisfaction.

Students, respondents whose first language is not English, and those who identified as a racial or ethnic minority were less likely to report satisfaction with the time taken to explain treatment details.

DENTAL HYGIENE PATIENT JOURNEY

Satisfaction with Treatment/Procedure

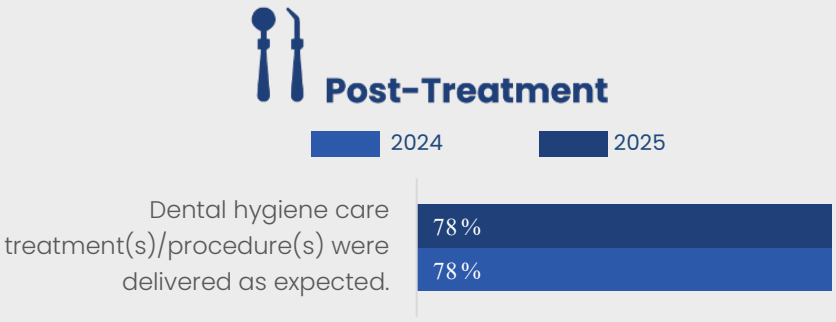
Satisfaction with treatment- and procedure-related attributes declined slightly from 2024 to 2025. In 2025, 73% of respondents were satisfied with their feelings of safety and comfort during treatments and procedures, a four-percentage-point decrease from 2024. Satisfaction with the steps taken by dental hygienists to ensure comfort and minimize pain also declined, with 65% satisfied in 2025, a seven-percentage-point decrease from the previous year. A new measure introduced in 2025—dental hygiene check-ins on comfort—received a satisfaction level of 73%.



Satisfaction with all attributes of the treatment/procedure stage was positively correlated with age, with older respondents reporting higher satisfaction, and was higher among retired respondents. Respondents whose first language is not English or who were new to Canada were less likely to report higher satisfaction across all measures. Additionally, respondents who identified as a racial or ethnic minority were less likely to report satisfaction with their dental hygienist checking in on comfort or minimizing pain or discomfort during the procedure.

Satisfaction with Post-Treatment

When it came to post-treatment care, 78% of respondents were satisfied with how their dental hygiene treatments or procedures were delivered, consistent with 2024 results.

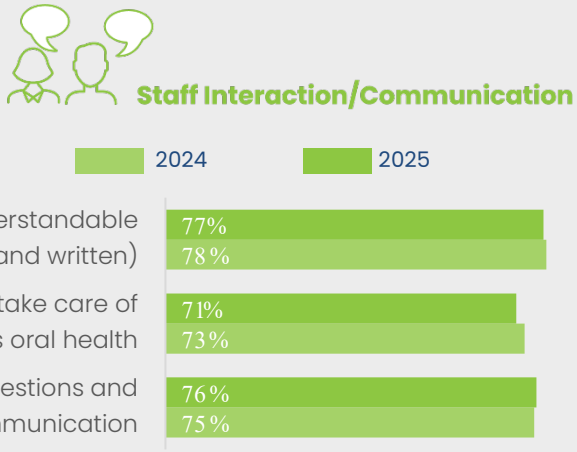


Lower satisfaction with care meeting expectations was more common among several demographic groups. Newcomers to Canada, unemployed respondents, individuals with lower English fluency, and respondents under the age of 35 were all less likely than their counterparts to report that the delivery of care met their expectations.

DENTAL HYGIENE PATIENT JOURNEY

Satisfaction with Staff Interaction/Communication

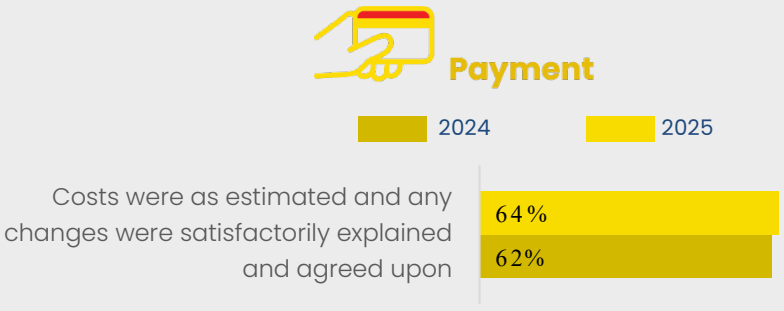
Respondents' interactions and communication with staff were evaluated across three attributes. Just over three-quarters (78%) were satisfied with the clarity of their dental hygienists' verbal and written communication, and a similar proportion (75%) were satisfied with the time taken to listen to their questions and the respect shown. Seven in ten (73%) reported satisfaction with the education provided on how best to care for their oral health.



Satisfaction with staff interaction and communication was positively associated with age, with older respondents reporting higher satisfaction than younger respondents. Retired individuals also reported higher satisfaction across these attributes. In contrast, respondents whose first language is not English and those who were new to Canada were less likely to report high satisfaction on communication-related measures.

Satisfaction with Payment

Close to two-thirds (64%) of recent patients were satisfied with the cost of dental hygiene services.



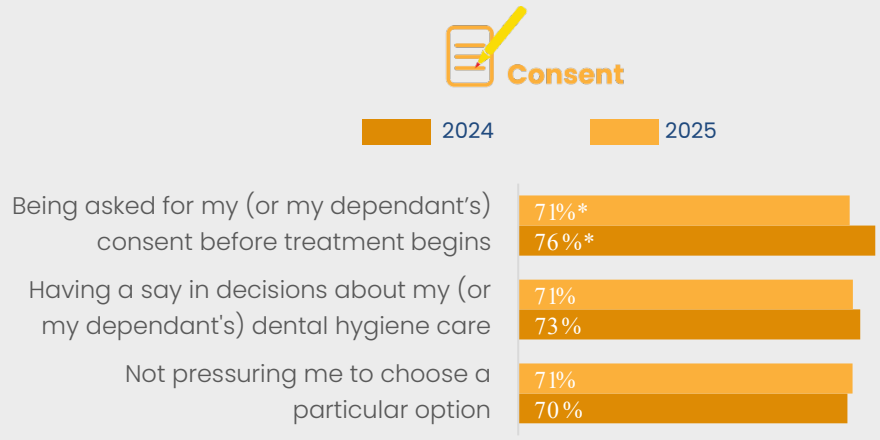
Lower satisfaction with payment was more common among young patients under the age of 25, unemployed respondents, students, and those for whom English is not their first language. Respondents with household incomes below $40,000 were also less satisfied than those with incomes of $100,000 or more. In contrast, respondents who did not identify with any marginalized group (racial/ethnic minority, disability, Indigenous identity, newcomer status, or 2SLGBTQIA+) were more likely to report satisfaction with costs. These findings highlight an opportunity to strengthen up-front communication regarding costs.

DENTAL HYGIENE PATIENT JOURNEY

Satisfaction with Consent

Satisfaction scores for statements related to consent remained in the low-to-mid 70% range in 2025. While these levels are comparable to other stages of the dental hygiene care journey, consent is an area where scores below 100% warrant careful attention, as full and informed consent is a foundational expectation across all health professions. These results highlight an opportunity for the profession and its regulator to better understand why consent may not be perceived as consistently obtained.

Between 2024 and 2025, satisfaction declined on one key measure: being asked for consent before treatment began, falling five percentage points from 76% in 2024 to 71% in 2025. In 2025, 71% of respondents also reported satisfaction with having a say in decisions about their care and with not feeling pressured to choose a particular option.



Satisfaction with the consent process varied across demographic groups. Respondents with household incomes above $100,000 were more likely to report higher satisfaction across consent-related attributes. In contrast, younger patients (under 25 years of age) consistently reported lower satisfaction. Newcomers to Canada also expressed lower satisfaction, particularly regarding being asked for consent and feeling involved in decision-making. Similarly, respondents whose first language is not English reported lower satisfaction with the consent process and were more likely to report feeling pressured to choose a particular option.

DENTAL HYGIENE PATIENT JOURNEY

Drivers of Satisfaction with Dental Hygiene Providers in Ontario

To further understand the dental hygiene experience in Ontario, an advanced key driver analysis was conducted to identify which service attributes have the greatest impact on overall satisfaction across the dental hygiene patient journey. This regression analysis assessed all 16 service attributes to determine which ones most strongly influence patient satisfaction..

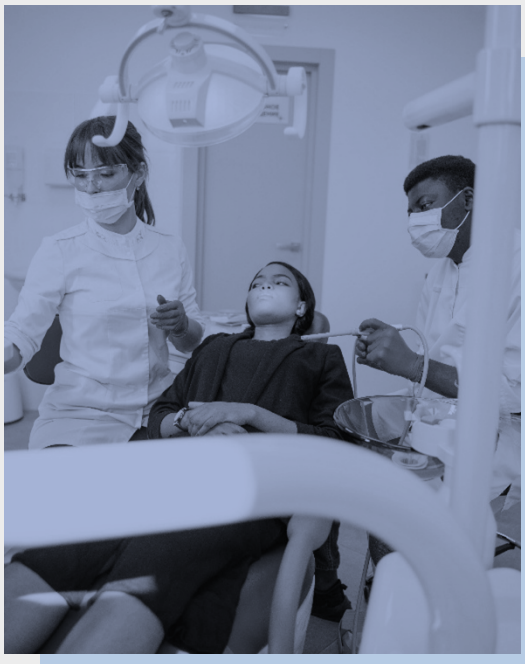
The table below highlights the patient journey attribute that is critical to overall satisfaction but is currently underperforming relative to other attributes.

The key driver analysis indicates that patients place strong emphasis on cost transparency. They expect the final cost to align with the estimate provided up front, and any changes to be clearly explained and agreed upon. Because cost transparency is the strongest driver of overall satisfaction, improvements in this area would have the greatest impact on enhancing the overall patient experience.

Key Driver of Satisfaction for Patient Respondents

Attribute	Patient Journey	Satisfaction Score
Costs were as estimated, and any changes were satisfactorily explained and agreed upon	**Payment**	64%

In 2024, three journey attributes were identified as key drivers, including a similar cost-transparency measure. The recurrence of this attribute among the top drivers reinforces that clear communication about treatment and procedure costs remains a critical expectation for patients.





DENTAL HYGIENE PATIENT JOURNEY

Focus Group Perspectives on Positive Dental Hygiene Experiences

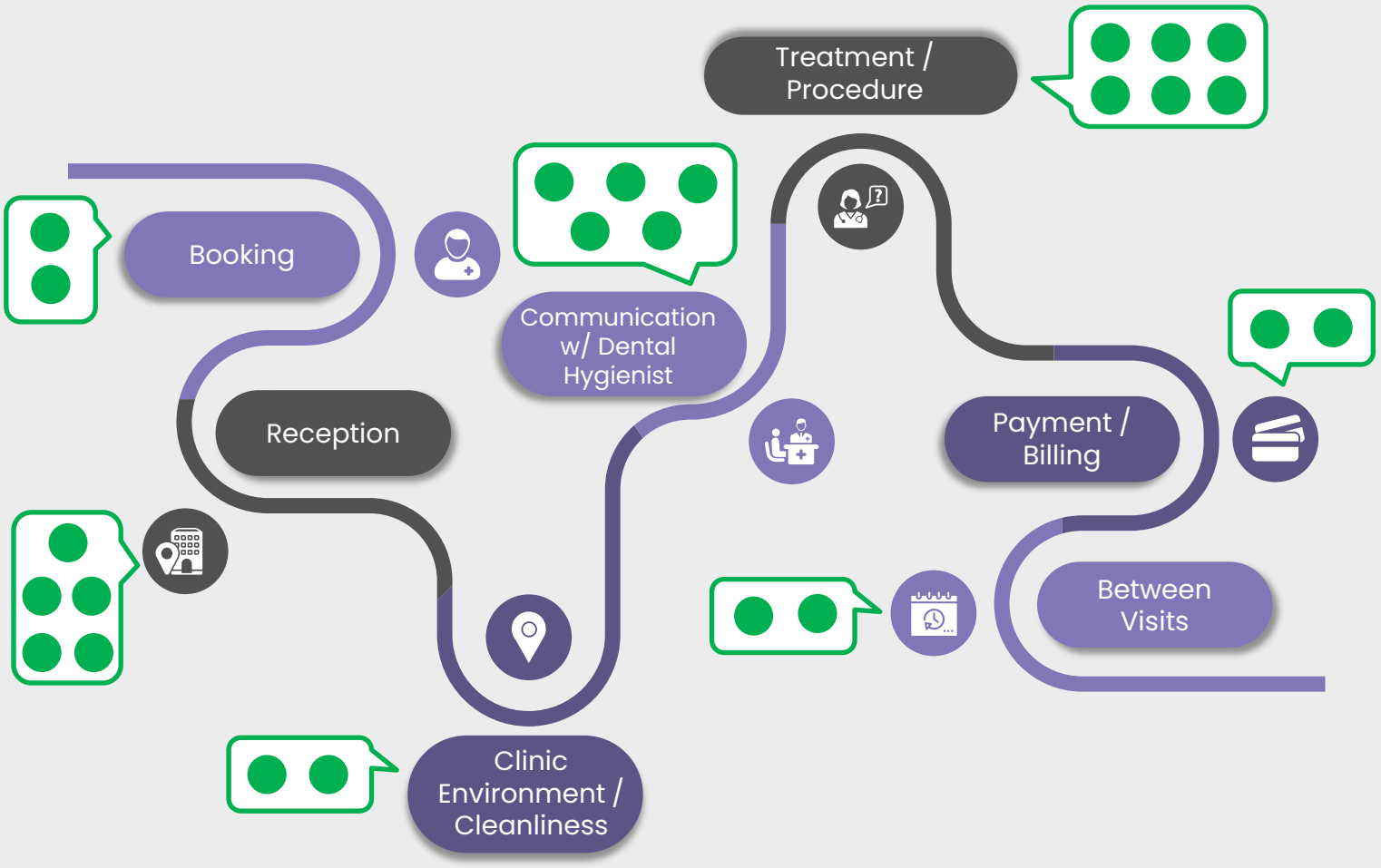
Pivotal Research conducted two 90-minute focus groups with 10 Ontario residents who had a positive experience accessing dental hygiene care within the past 12 months. Sessions were conducted online via Zoom.

The sample included seven females and three males across various age groups. Three participants identified as a racial or ethnic minority, three identified as a person with a disability, and one was new to Canada (within the last five years). Participants represented geographic locations across Ontario, including Toronto, London, Ottawa, Mississauga, Cornwall, Whitby, Brampton, and Thunder Bay.

Participants were asked to describe their satisfaction with different stages of the dental hygiene care journey. Their responses are reflected in the journey map shown below, where each green dot represents a "satisfaction point."

Satisfaction tended to cluster most strongly around treatment/procedure, communication with the hygienist, and reception. Additional positive feedback emerged around booking, clinic environment and cleanliness, payment and billing, and experiences between visits. Participants also valued clear briefing from the dentist and consistency across their visits.

Dental Hygiene Patient Journey Satisfaction Points



DENTAL HYGIENE PATIENT JOURNEY

The focus groups with recent patients who reported positive experiences revealed several themes that shape satisfaction across the dental hygiene care journey. The following pages summarize these themes by patient journey touchpoint and include direct quotes to illustrate the patient perspective.

Booking

Participants highlighted satisfaction with streamlined, efficient booking processes in established offices/clinics and highly valued reminders and follow-ups regarding appointments from the clinic.

"Booking and reception is usually the most streamlined and easiest process of them all."

"I think maybe just them following up and calling you and saying, hey, when do you want to come in for your next visit? That kind of pushes me to want to go, rather than, me just forgetting about it and nobody calling me…they actually care."

Reception

When it came to the reception staff, participants were satisfied with their friendliness and efficiency.

"The people are friendly at reception."

"I've never really had issues with reception. Even when they hire a new receptionist… they're usually trained well enough to not have any issues."

Clinic Enviroment/ Cleanliness

Several participants noted that enhanced infection control measures implemented during and after the COVID-19 pandemic contributed to their satisfaction. Improved air quality, the use of air purifiers, and continued staff masking were especially meaningful for immunocompromised individuals.

"They seemed to be clean, they used, new instruments, and then, COVID hit. […] the mask, the gloves, the screen in front of reception, a lot of different things [are critical]."

"I'm much more aware now of air quality in terms of ventilation, in terms of air purifiers. So if I go into the room… my dentist is great. Every single room has its own air purifier."

Treatment/ Procedure

The most frequently mentioned satisfaction points related to treatment and procedure, Participants appreciated gentle, careful treatment and reported being especially satisfied when procedures felt thorough, shorter, and less painful. Satisfaction was also enhanced when hygienists adapted care for mobility or jaw issues and provided comfort measures, such as blankets or pillows, for those experiencing pain or mobility challenges.

"Just physically feeling comfortable. I haven't been able to work for 18 years due to, chronic pain. So, for me, laying in one place can be uncomfortable. They're very good about if I'm cold, they'll get me a blanket. If I don't feel quite right in the chair, they'll spend a little time making sure I've got a pillow or a blanket or something."

"I had braces, so I have permanent wires in the back of my teeth. [A] great customer service means going above and beyond, taking the Super Floss and taking the time [to find the right angle]. Sometimes I forget to do it, so it'll be harder when I go in, the hygienist has to really take their time and find the right angle."

DENTAL HYGIENE PATIENT JOURNEY

Communication w/ Dental Hygienist

Participants frequently noted that the quality of communication with their dental hygienist contributed significantly to their satisfaction. Clear, step-by-step explanations helped reduce anxiety and build comfort and confidence. They also valued dental hygienists checking on their comfort, offering practical advice, and demonstrating a personal connection by remembering details from past visits.

"She clearly explained why that area is hard to clean, or why specific, gum, spots, blood, and all of that."

"She, really takes time to make sure that I understand and I know what the next steps will be."

"I have PTSD and a couple other problems, so if things come at me out of nowhere, I tend to panic in a real hurry…my hygienist knows about these things. And she goes to great lengths not to… spring anything on me."

Payment/Billing

Regarding payment and billing, participants generally accepted routine and expected costs. They reported being more satisfied when there were no surprise charges and appreciated clear communication about what their insurance covers.

"It's not the amount that you have to pay, it's the surprise."

"[In] my office, everything is done for you, so all you have to do is, [to] prepare your mouth, get it done, sign the paper, and leave. It's just very simplified for you."

Between Visits

Some participants valued reminders and proactive outreach for booking as well as continuity and being remembered between visits. Offices assisting with benefit/insurance paperwork or government dental program applications were considered helpful.

"After the procedure, I get a call asking when next I'll be coming in. That has really been helpful, and it stands out – it really does."

"The office did call me to remind me to apply for the Canadian Dental Program, because I wasn't aware that applications had opened. So, they…advised me to apply for the program, and they said, once you've got it approved, we'll check back and book you in. So that was helpful."

DENTAL HYGIENE PATIENT JOURNEY

Focus Group Perspectives on Negative Dental Hygiene Experiences

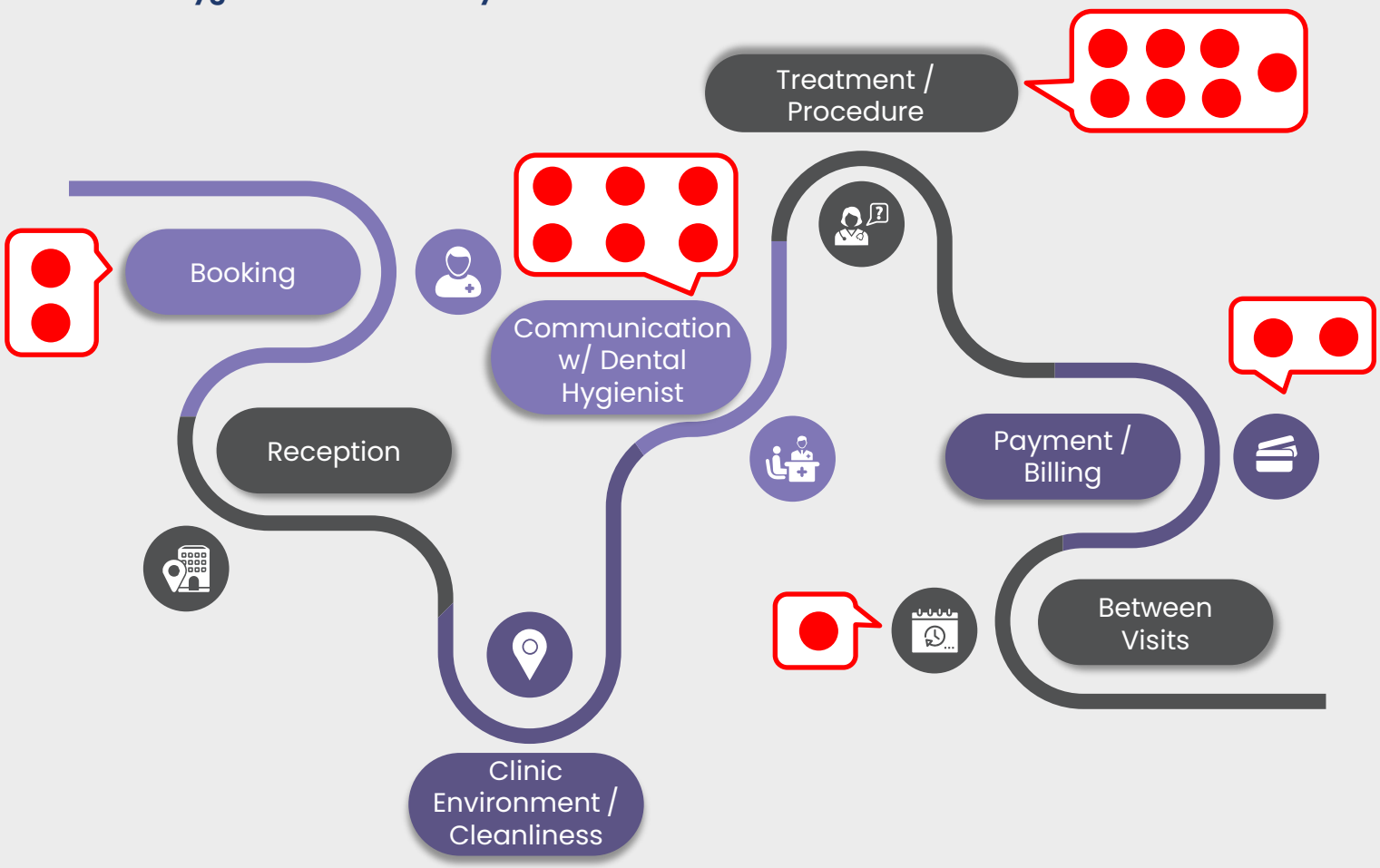
Pivotal Research conducted two 90-minute focus groups with 10 Ontario residents who had a negative experience accessing dental hygiene care within the past 12 months. Sessions were conducted online via Zoom.

The sample included five females and five males across various age groups. Three participants identified as a person with a disability (including one who identified as 2SLGBTQIA+), three identified as a racial or ethnic minority (including one newcomer to Canada), and one identified as Indigenous. Participants represented a range of geographic locations across Ontario, including Toronto, Ottawa, London, Waterloo, Mississauga, and rural communities.

Participants were asked to describe their dissatisfaction with different stages of the dental hygiene care journey. Their responses are reflected in the journey map below, where each red dot represents a concern or "pain point."

Concerns clustered most strongly around treatment/procedure and communication with the dental hygienist. Additional issues were raised related to booking, payment/billing, and experiences between visits. One participant noted not receiving debriefing, recommendations, or sample dental cleaning products as part of their negative experience. Notably, no concerns were raised about reception or the clinic environment.

Dental Hygiene Patient Journey Pain Points



DENTAL HYGIENE PATIENT JOURNEY

The focus groups with recent patients who reported negative experiences revealed several themes that shape satisfaction across the dental hygiene care journey. The following pages summarize these themes by patient journey touchpoint and include direct quotes to illustrate the patient perspective.

Booking

In terms of booking, some participants cited **frustration with inflexible or disorganized scheduling and appointments split into multiple visits.**

" The last time I did go to the dentist, for cleaning, they split it into two appointments, and then also wanted me to come back for a third… that was frustrating and not expected."

Communication w/ Dental Hygienist

The second most frequently mentioned pain point related to communication with the dental hygienist. Participants wanted clearer explanations about procedures before and during treatment and emphasized the importance of friendly, non-judgmental, and empathetic interactions that acknowledge anxiety or special needs. Several participants also expressed dissatisfaction with receiving inconsistent messages from different hygienists about recommended hygiene practices.

" She really didn't communicate till almost the end of the cleaning,…I would have preferred even small talk […] just wanted some interaction, like, engagement?"

" If they're telling me what they're doing and communicating with me, my anxiety and being scared of being there…goes down."

Treatment/ Procedure

The most frequently mentioned pain point related to treatment and procedure, which emerged as both the strongest source of satisfaction and the most common area of dissatisfaction.

Participants emphasized that procedures should not feel rushed or overly painful and that they want to be informed about each step, especially when discomfort is expected. Some noted that while a certain level of discomfort may be interpreted as a sign of thorough cleaning, excessive pain is viewed negatively.

Participants also appreciated dental hygienists who are attentive to discomfort (e.g., checking in, adjusting technique, taking time with each tooth). Many expressed that they expect tangible results, such as noticeably cleaner teeth or an improved overall appearance, as indicators of a high-quality procedure.

" [The dental hygienist] seemed to be really rushing and did hit my gums a lot… it did hurt."

" I felt uncomfortable when there was a lot of pressure, and to a point where it was, like, really painful, and even when I addressed my concerns, it was just kind of overlooked."

" [The dental hygienist] didn't explain what she was going to do… I have anxiety going to the dentist. I did fill out a questionnaire before asking about my medical history and if I have anxiety or a fear and I said yes, and it was just a piece of paper that they just threw away."

DENTAL HYGIENE PATIENT JOURNEY

Payment/Billing

Participants frequently mentioned confusion or lack of transparency over costs, insurance coverage, or billing differences between similar visits. The high cost relative to perceived value can cause dissatisfaction, especially if they felt rushed or the cleaning was not thorough.

"I don't want to pay $400, $500 for half an hour work. That is not a good job."

"I wasn't aware that I also had to take x-rays, which also switches the price of things as well, even if it is going through insurance, but I would have still liked to know beforehand."

Between Visits

When it came to between visits experience, some participants find **repeated texts/emails irritable and repetitive.**

"They text me reminders, non-stop, consistently, they call me a lot. [It's] too much [and] annoying."



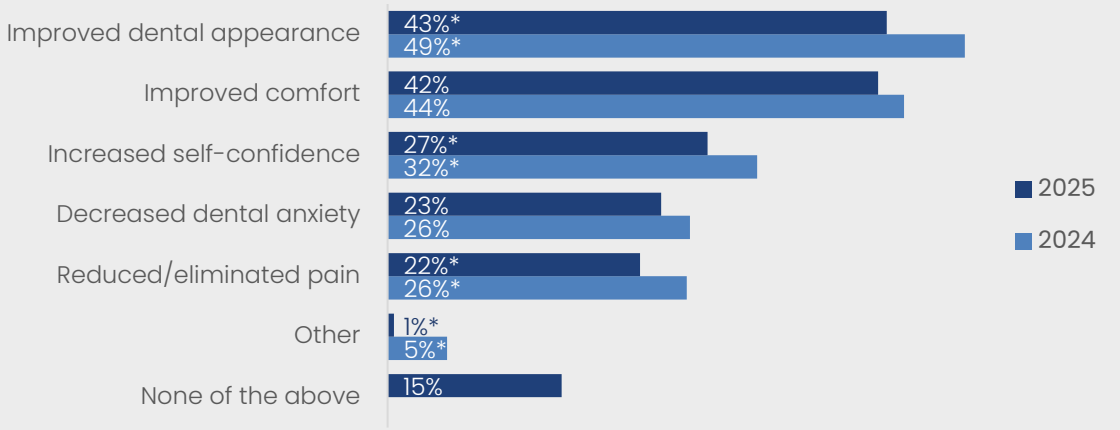


DENTAL HYGIENE PATIENT JOURNEY

Outcome of Last Experience with Dental Hygienist

Patients reported modest declines across several treatment-related outcomes in 2025, including appearance, comfort, and confidence. Two-fifths of patients (43%) reported improved dental appearance, a 6-percentage-point decrease from 2024. Reported comfort also declined slightly to 42% (down 4 points). Emotional and psychological outcomes showed smaller decreases: increased self-confidence fell to 27% (5 points lower), reduced dental anxiety to 23% (3 points lower), and reduced pain to 22% (4 points lower).

Outcome of Last Visit With Dental Hygienist
(Select all that apply)
n=1,490



KEY TAKEAWAYS

1. **Overall satisfaction with dental hygiene care remains high, but experiences are uneven across demographic groups.** Older adults, higher-income respondents, and those with higher English fluency reported stronger satisfaction, while younger patients, newcomers, unemployed respondents, and racialized groups were consistently less satisfied across several stages of care.

2. **Insurance use shifted in 2025, with the CDCP expanding coverage and reducing the share of uninsured patients.** Forty-one percent accessed the CDCP, nearly half relied on other insurance, and only 8% reported having no dental coverage.

3. **Treatment and procedure is the most influential —and sensitive —stage of the patient journey.** It generated the highest satisfaction among patients with positive experiences and simultaneously the highest dissatisfaction among patients with negative experiences, highlighting its critical role in shaping overall perceptions.

4. **Cost transparency remains a key driver of satisfaction and a persistent gap.** Patients expect upfront cost estimates to match final charges, yet satisfaction with cost clarity and alignment continues to lag behind other technical and interpersonal aspects of care.

5. **Positive outcomes from dental hygiene visits declined modestly in 2025.** Fewer patients reported improvements in appearance, comfort, confidence, or pain reduction than in 2024.



NON-RECENT PATIENT EXPERIENCE



Non-Recent Patients

A significant portion of Ontarians have gone a full year without dental hygiene care. Examining who these non-recent patients are helps identify where barriers to access may be occurring. Overall, 22% of survey respondents reported that neither they nor their dependents had received dental hygiene care in the past 12 months (non-recent patients).

Key Demographics of Non-Recent Patients

Several demographic patterns emerged among respondents who had not accessed dental hygiene care in the past year.

One-third (34%) reside in Northern Ontario, and 30% live in the western region of the province. Indicators of financial vulnerability were also common: 46% reported household incomes below $40,000, and 35% were unemployed.

Additionally, several demographic groups were disproportionately represented among non-recent patients, including newcomers to Canada (36%), individuals with disabilities (34%), and respondents aged 18–25 (31%).

Non-Recent Patients by Health Region



Non-Recent Patients by Demographic Factors



BARRIERS TO ACCESSING CARE

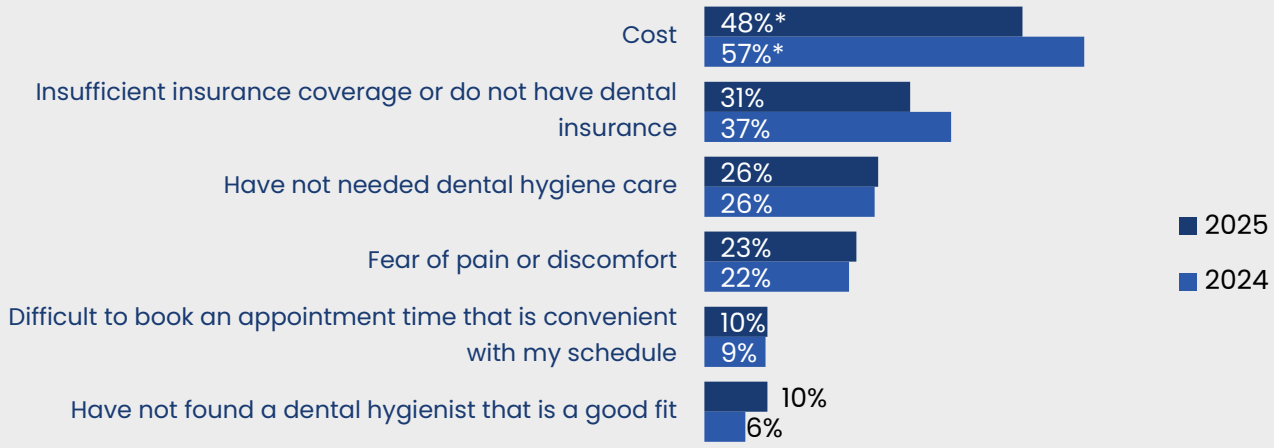
Non-recent patients were asked a series of questions about the factors that contributed to their decision not to see a dental hygienist and the timing of their last visit.

Decision Factors

Cost remains the leading barrier to accessing dental hygiene care, though fewer respondents cited it in 2025, suggesting a shift in perceived affordability and the influence of other barriers. Nearly half of non-recent patients (48%) said cost was the primary reason they had not received care in the past year, down from 57% in 2024. Other barriers included insufficient or no dental insurance (31%), not feeling a need for care (26%), and fear of pain or discomfort (23%). Smaller shares cited difficulty booking a convenient appointment or not finding a dental hygienist who felt like a good fit (10%).

When asked which factor influenced their decision the most, cost emerged as the dominant factor (30%), followed by not feeling a need for dental hygiene care (20%).

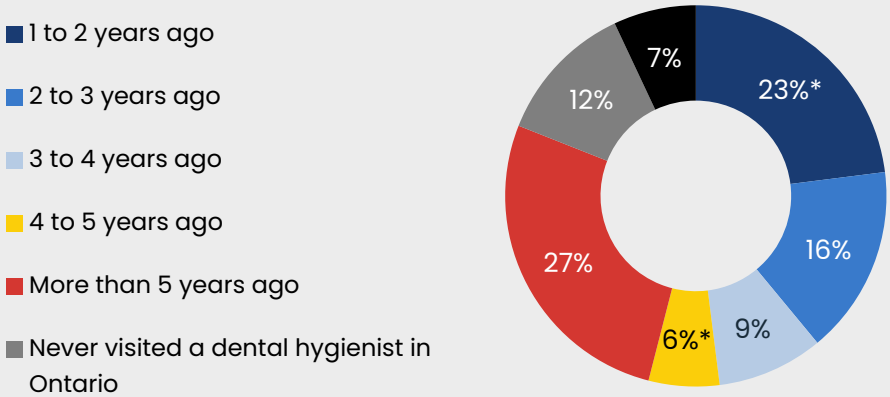
Reasons for Not Visiting a Dental Hygienist
(Select all that apply)
n=431



Last Visit to the Dental Hygienist

Among non-recent patients, 27% had not visited a dental hygienist in more than five years, and 12% reported never having visited a dental hygienist in Ontario. These findings point to sizable lapses in preventive care and a portion of respondents with no prior exposure to dental hygiene services.

Last Visit to Dental Hygienist
n=431



BARRIERS TO ACCESSING CARE

In-Depth Interview Perspectives from Non-Recent Patients

Pivotal Research conducted 11 in-depth, 30-minute one-on-one interviews with Ontario residents who had not accessed dental hygiene care in the past 12 months. Ten interviews were conducted via Teams and one by telephone.

Interviewees represented a range of ages (18 to 66+) and genders, including five females and six males. Two participants identified as a racial or ethnic minority, three as 2SLGBTQIA+, two as persons with a disability, and one as a newcomer to Canada. Participants were drawn from communities across Ontario, including Barrie, Mississauga, Brantford, Durham, Orillia, Ottawa, Scarborough, and rural areas.

Content analysis revealed several key barriers that closely align with the quantitative findings. Interviewees also identified a range of potential solutions, summarized below.

Theme 1: Cost of Care and Financial Barriers

Cost and financial constraints were the most frequently cited barriers to accessing dental hygiene care. Participants described dental hygiene services as too expensive, particularly for those on fixed or limited incomes—including retirees and seniors, unemployed individuals, students, persons with disabilities, part-time or contract workers, and stay-at-home parents.

Even among those with insurance coverage, the requirement to pay out-of-pocket upfront and wait for reimbursement created delays in seeking care.

Participants suggested several potential solutions, including installment payment plans that allow costs to be spread over time and insurance arrangements that pay providers directly at the time of service to eliminate reimbursement wait periods.

> *"For me it's been price, cost. I haven't been able to afford it. It's the biggest stumbling block."*

> *"Mostly money. [When you] need food and shelter, your teeth [are] not that high of a priority."*

Theme 2: Lack of Insurance and Confusion About Coverage

Many participants reported limited or no access to dental insurance, and those with partial coverage often described confusion about what their plans include. Participants noted uncertainty about what services are covered, how to use their benefits, and which clinics accept various insurance programs (e.g., ODSP, CDCP, or seniors' programs). Newcomers, seniors, unemployed individuals, and students were especially affected.

Participants suggested the need for clearer, more accessible information about publicly and privately covered services, including eligibility details, accepted programs, and how benefits can be used in dental hygiene settings.

> *"I am on ODSP and it's difficult to find people who take ODSP as an insurance option."*

> *"[Our university] do have some medical insurance for our students but then I haven't understood how the dental plan works because all of the medical insurance does not include dental plans."*

BARRIERS TO ACCESSING CARE

Theme 3: Lack of Perceived Need and Knowledge Gaps

Some participants did not perceive a need to visit a dental hygienist unless they were experiencing pain or visible dental problems, or if they had full dentures. Several were unaware that ongoing preventive care remains important, including oral cancer screening, gum health assessment, and removal of plaque and calculus.

Participants emphasized the need for greater public awareness about the role and value of preventive dental hygiene care, along with clear, direct communication from providers about why regular visits matter. They also noted the importance of accessible, user-friendly information at the local level—both for routine care and for special circumstances such as denture care or gum-related concerns.

"Because I have full dentures,...why would you need to see a hygienist? They're false [teeth], I didn't think it was necessary."

"I haven't [visited] last six years because I didn't feel anything [issues like decays] with my oral health."

Theme 4: Feeling of Discomfort or Hesitation About Being Judged

Several participants described past experiences that made them hesitant to return for dental hygiene care. Physical discomfort during procedures—such as gag reflex sensitivity or pain—discouraged some from seeking future care. Others expressed anxiety about being judged or patronized by dental staff because of the length of time since their last appointment.

Participants emphasized that dental hygienists should approach all patients—especially those returning after long gaps—using non-judgmental, supportive communication. They also appreciated having access to clear information or reviews about how clinics accommodate specific comfort or anxiety-related needs, such as sensory sensitivities or mobility challenges.

"There's a little bit of anxiety around how long it's been since I've seen a dentist. I guess I'm a little bit nervous about judgment around that."

"The primary reason is I have an involuntary gag reflex that's really bad. I can't find information on [whether] they are good at handling my specific issue."

NON-RECENT PATIENT FINDINGS

KEY TAKEAWAYS

1. Non-recent patients face multiple access barriers, with cost and inadequate insurance coverage remaining the most influential. Nearly half reported household incomes below $40,000 and more than one-third were unemployed, underscoring the strong financial constraints shaping care decisions.

2. **Extended lapses in preventive care are common among non - recent patients** . Over one-quarter (27%) had not visited a dental hygienist in more than five years, and 12% had never accessed dental hygiene care in Ontario.

3. **Lack of perceived need and limited understanding of preventive care contribute to not seeking treatment.** Many non-recent patients believed care was unnecessary unless they experienced pain or visible issues, consistent with the survey where "not feeling a need for dental hygiene care" was a leading factor.

4. **Several demographic groups, including newcomers, younger adults, individuals with disabilities, and respondents with lower English fluency, were disproportionately represented among non - recent patients** , indicating broader challenges in perceived need, navigation, or comfort with accessing care.







GENERAL PERCEPTIONS



IMPORTANCE OF DENTAL HYGIENE

Value of Oral Health

Both recent and non-recent patients were asked to rate the importance of dental hygiene care and their overall health. Overall, results for 2025 show improvements across several measures of health and the perceived importance of oral health compared to 2024. The 2025 cycle also introduced a new question assessing the importance of regular visits to a dental hygienist, which was not included in previous years.

In 2025, half (52%) of respondents rated their overall health as was "good" or "excellent," a 4-percentage-point increase from 2024 (48%). Three-quarters (73%) indicated that oral health is "important" or "very important" to their overall health and well-being, a 5-percentage-point increase from 2024 (68%). Over two-thirds (68%) agreed that it is important to visit a dental hygienist regularly.

Recent patients were more likely than non-recent patients to report excellent overall health and to place higher importance on regular visits to a dental hygienist.

Overall Dental Care Experience

n=2,000

52%*

Overall Health

Overall Health 2024: 48%

73%*

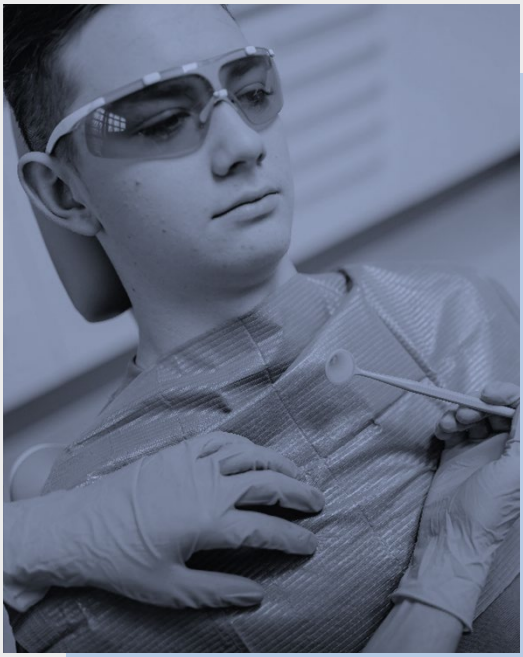
Overall Importance of Oral Health

Overall Importance of Oral Health 2024 68%

68%

Importance of Visiting a Dental Hygenists





PERCEPTIONS IN DENTAL HYGIENE CARE

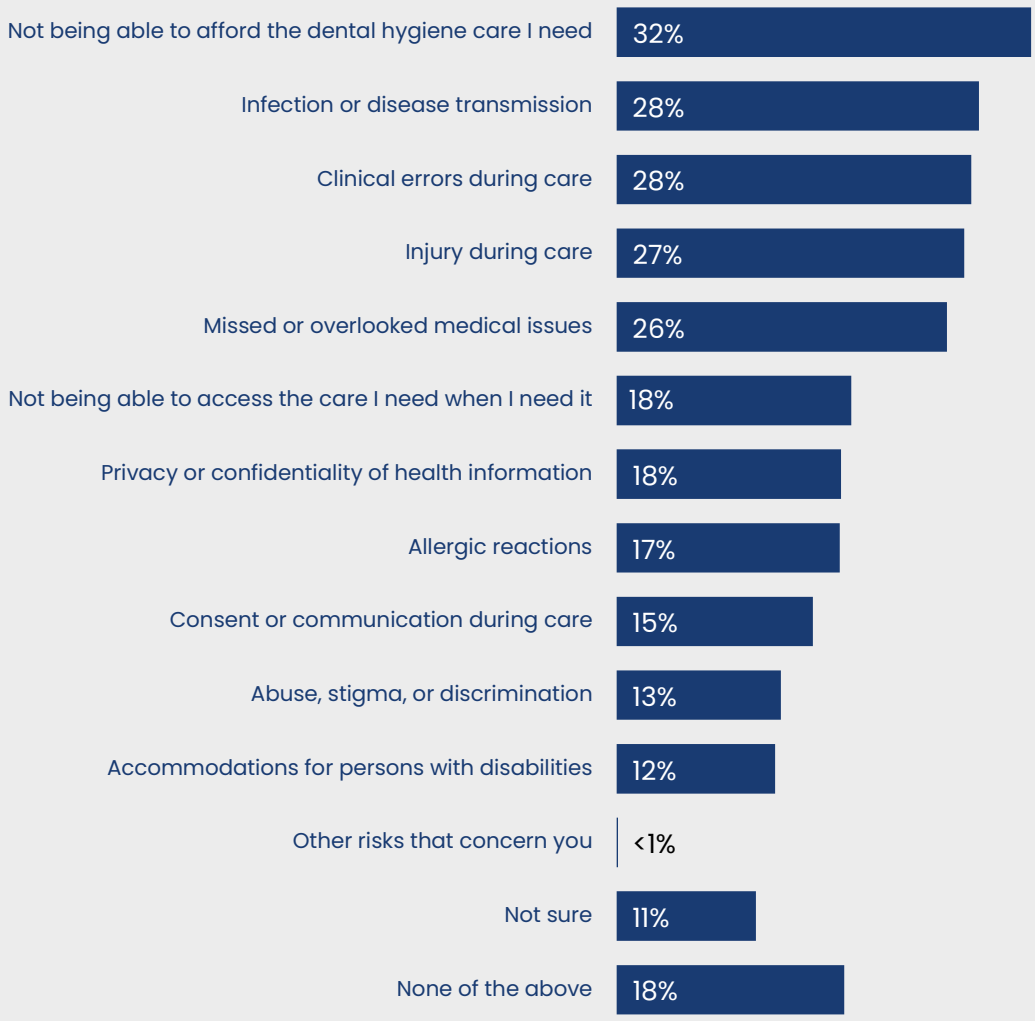
Perceived Risks in Accessing and Receiving Dental Hygiene Care

CDHO exists to protect patients and regulate the practice of dental hygiene in Ontario. In the 2025 survey, all respondents were asked about potential risks that concern them when receiving dental hygiene care. For this question, "risk" was defined as any factor that could put their health or safety in danger.

Financial concerns were the most common, with one-third of respondents (32%) reporting worry about not being able to afford dental hygiene care when needed. Access-related risks followed, with 18% expressing concern about not being able to obtain care when they need it.

Clinical and safety-related risks were also prominent. Just over one-quarter of respondents identified concerns about infection or disease transmission (28%), clinical errors (28%), injuries occurring during care (27%), and missed or overlooked medical issues (26%).

Potential Risks Associated With Receiving Dental Hygiene Care
(Select all that apply)
n=2,000

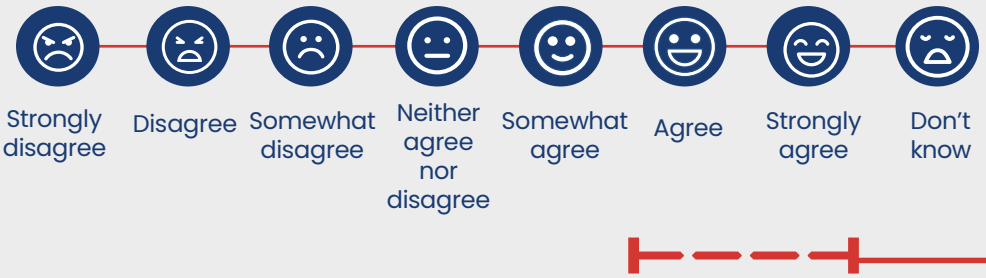


PERCEPTIONS OF DENTAL HYGIENE CARE IN ONTARIO

Both recent and non-recent were asked to rate their level of agreement with several statements pertaining to their perceptions of dental hygiene care in Ontario across the following categories:

- Access and perceptions of dental hygiene care services;
- Patient agency;
- Discrimination; and
- Regulation.

For each statement, respondents were presented with a seven-point scale (or agreement continuum) ranging from strongly agree to strongly disagree as shown in the graphic below.



Overall Perceptions and Access of Dental Hygiene Care

Recent patients continued to report stronger perceptions of dental hygiene care compared to non-recent patients. In 2025, two-thirds of recent patients (67%) agreed that the quality of dental hygiene care in Ontario is high, compared with 37% of non-recent patients..

A similar pattern was observed regarding access. In 2025, 72% of recent patients agreed that they can find suitable dental hygiene care in their community, compared with 36% of non-recent patients. Among recent patients, this level of agreement remained stable year-over-year.

Access and Perception of Dental Hygiene Care in Ontario
n=2,000



Newcomers to Canada were less likely to agree with both statements, while Indigenous respondents and individuals with a disability were more likely to report difficulty finding suitable dental hygiene services in their community.

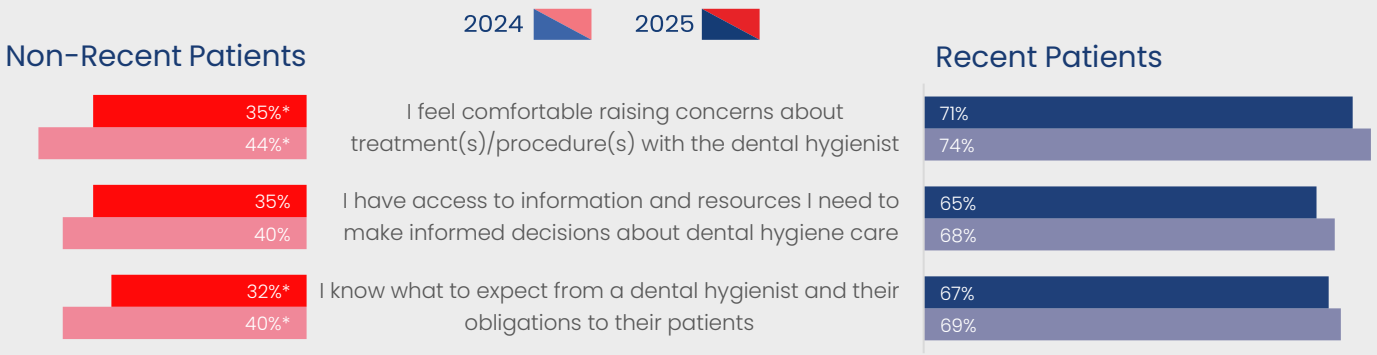
PERCEPTIONS OF DENTAL HYGIENE CARE IN ONTARIO

Patient Agency

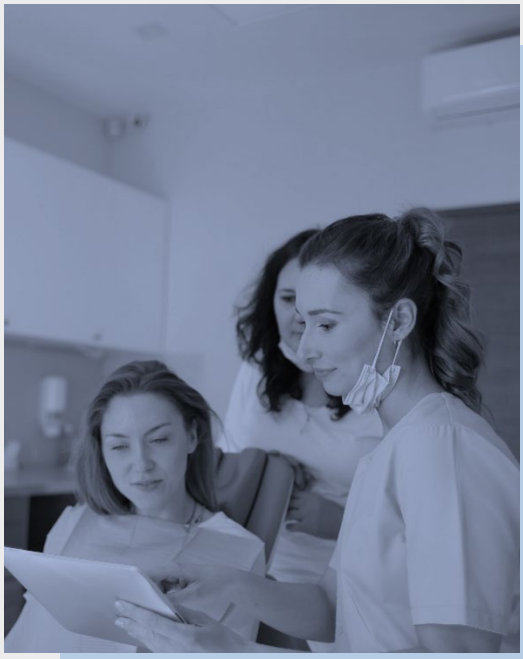
Respondents were asked to rate their level of agreement with a series of statements pertaining to their ability to ask questions and be informed about their or their dependant's dental hygiene care. Overall, perceptions of patient agency have become more negative in 2025, particularly among non-recent patients compared to the previous year

Seven in ten recent patients (71%) reported feeling comfortable raising concerns about treatments or procedures with their dental hygienist. In contrast, 35% of non-recent patients felt the same, a 9 percentage-point decrease from 2024 (44%). Two-thirds of recent patients said they felt informed (65%) and knew what to expect from a dental hygienist (67%). Among non-recent patients, 32% reported knowing what to expect, reflecting an 8 percentage-point decrease from 2024.

Patient Agency
n=2,000



Unemployed respondents, newcomers to Canada, and those under the age of 25 years were less likely to report agreement with all patient agency statements.





PERCEPTIONS OF ORAL HEALTH CARE IN ONTARIO

Discrimination

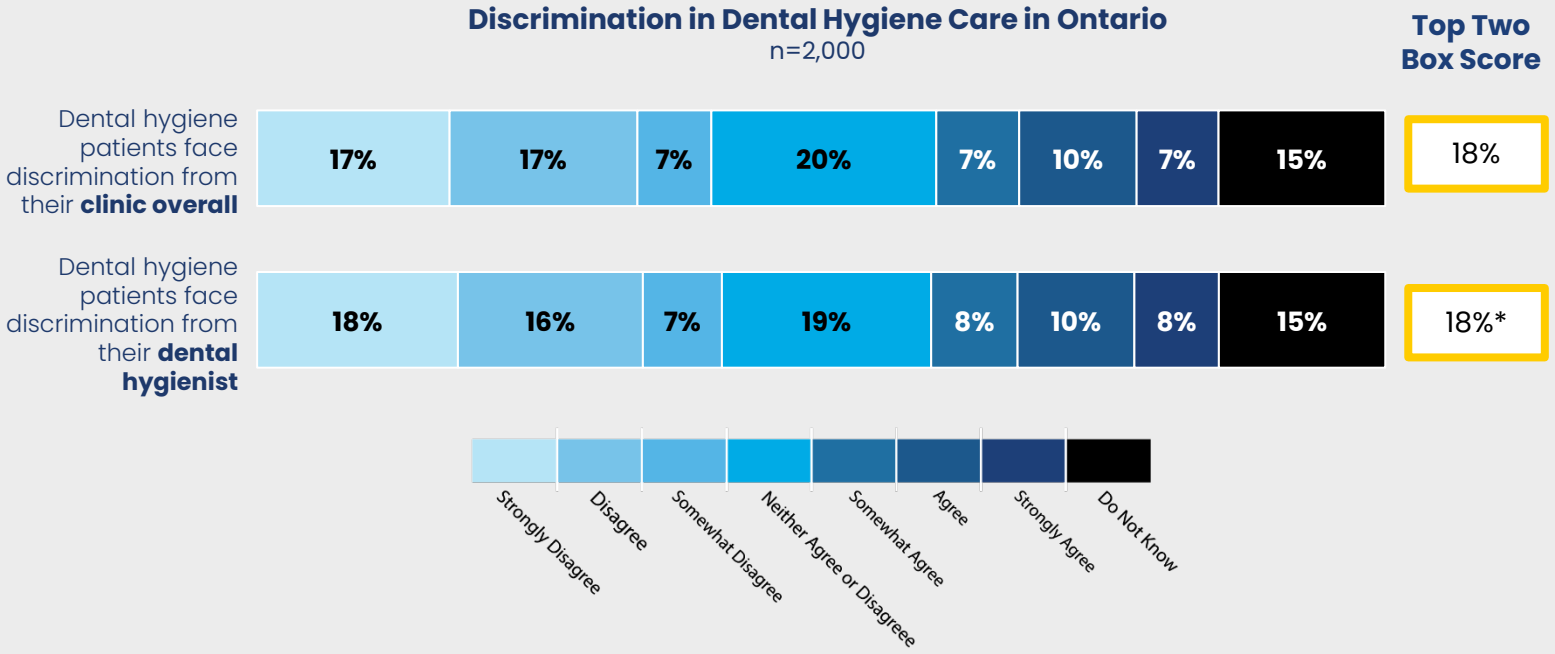
Perceptions of discrimination remain low overall, with a modest but statistically significant increase observed in 2025.

Respondents were asked to indicate their level of agreement with two statements about discrimination in oral health care: "Dental hygiene patients in Ontario face discrimination, such as racial discrimination, from their dental office or dental hygiene clinic overall," and "Dental hygiene patients in Ontario face discrimination, such as racial discrimination, from their dental hygienist."

While recent patients were more likely than non-recent patients to indicate agreement, the full distribution across the seven-point scale is presented to reflect the range of perceptions. Overall, 18% of respondents agreed or strongly agreed that discrimination exists in either context, and perceptions of discrimination from dental hygienists increased by 3 percentage points compared to 2024.

One-third (34%) disagreed or strongly disagreed, while 15% selected "don't know." About one-fifth remained neutral (20% for discrimination from the clinic overall and 19% for discrimination from the dental hygienist).

Discrimination in Dental Hygiene Care in Ontario
n=2,000



Perceptions of discrimination in dental hygiene care varied across several demographic groups. Younger adults aged 18–35 were more likely to perceive discrimination than older respondents. Indigenous respondents were also more likely than other groups to indicate agreement with the discrimination statements.

PERCEPTIONS OF DENTAL HYGIENE CARE IN ONTARIO

KEY TAKEAWAYS

1. Half of respondents (52%) rated their overall health as good or excellent, and a strong majority (73%) recognized the importance of oral health to their well-being. Fewer (68%) viewed regular dental hygiene visits as essential, pointing to a gap between valuing oral health and engaging in routine preventive care.

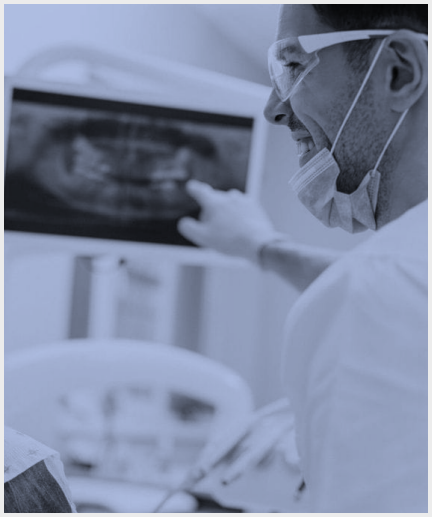
2. Positive perceptions of dental hygiene care were stronger among recent patients, particularly related to access and patient agency. Newcomers, Indigenous respondents, and individuals with disabilities were more likely to report difficulty finding suitable dental hygiene services in their community.

3. Nearly one in five respondents (18%) agreed that dental hygiene patients experience discrimination in Ontario, a statistically significant increase from last year's results. Agreement was higher among younger adults (18–35) and Indigenous respondents, indicating greater sensitivity to or perception of discrimination within these groups.

4. **Cost and access concerns outweigh clinical or safety risks.** One-third of respondents (32%) worried about being able to afford dental hygiene care, and nearly one-fifth (18%) were concerned about accessing care when needed, higher than any clinical risks such as infection, errors, or injuries.









PERCEPTIONS OF THE REGULATOR



PERCEPTIONS OF REGULATIONS & CDHO'S ROLE

Awareness of Regulator

All respondents were asked if they were aware that there is a regulatory body that oversees dental hygienists in Ontario. Overall, 41% of respondents reported awareness, including 46% of recent patients and 29% of non-recent patients. These results are consistent with 2024 outcomes.

46% OF RECENT PATIENT
2024: 46%

29% OF NON-RECENT PATIENT
2024: 29%

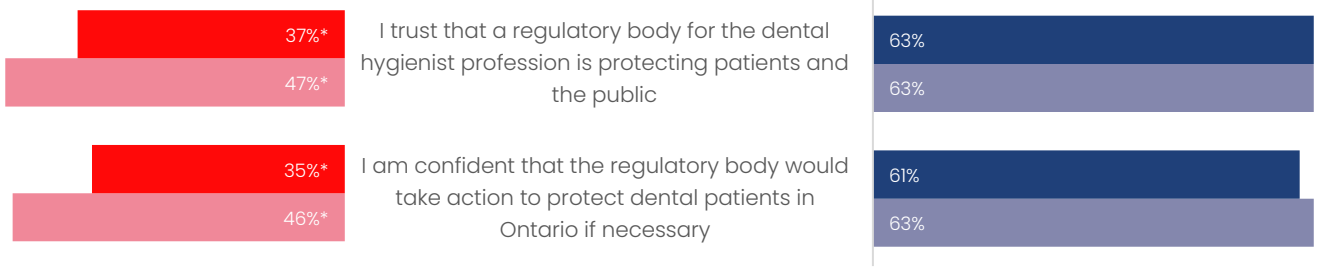
ARE AWARE THERE IS AN ENTITY THAT OVERSEES DENTAL HYGIENE CARE PROVIDERS

Trust of Regulator Functions

Approximately six in ten recent patients expressed trust that the regulatory body for the dental hygiene profession is protecting patients and the public (63%), and a similar share believed the regulator would take action to protect dental patients (61%).

Trust among non-recent patients remained low, with fewer than four in ten agreeing with either statement. Trust in the regulator's role in protecting patients declined by 10 percentage points since 2024, and confidence that the regulator would take action if necessary decreased by 11 percentage points..

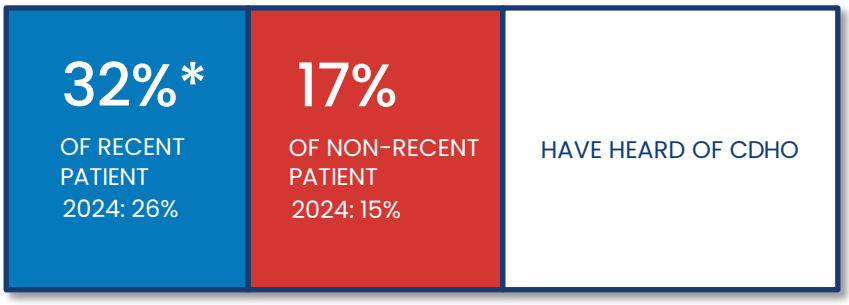
Trust of Regulator Functions
n=2,000



PERCEPTIONS OF REGULATIONS & CDHO'S ROLE

Awareness of CDHO

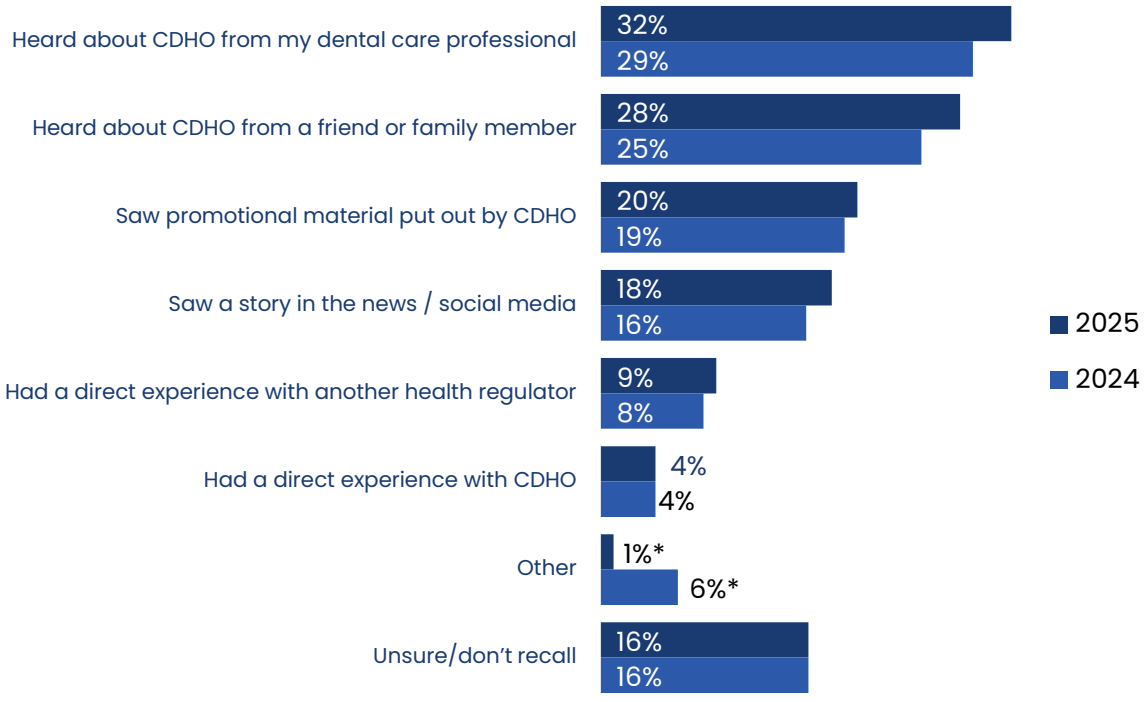
Respondents who were aware that a regulatory body exists were asked whether they had ever heard of CDHO. Awareness among recent patients increased in 2025, with one-third (32%) reporting familiarity with CDHO—a six-percentage-point rise from 2024 (26%). Awareness among non-recent patients was lower (17%) and consistent with 2024 results.



Among those aware of CDHO, 32% first learned about it from their dental care professional, and 28% heard about it from a friend or family member, highlighting the continued importance of word-of-mouth communication. These patterns are consistent with last year's results.

Direct experience with CDHO was uncommon, with only 4% reporting personal interaction. Among those who did have direct experience, 61% attributed it to accessing the College's website.

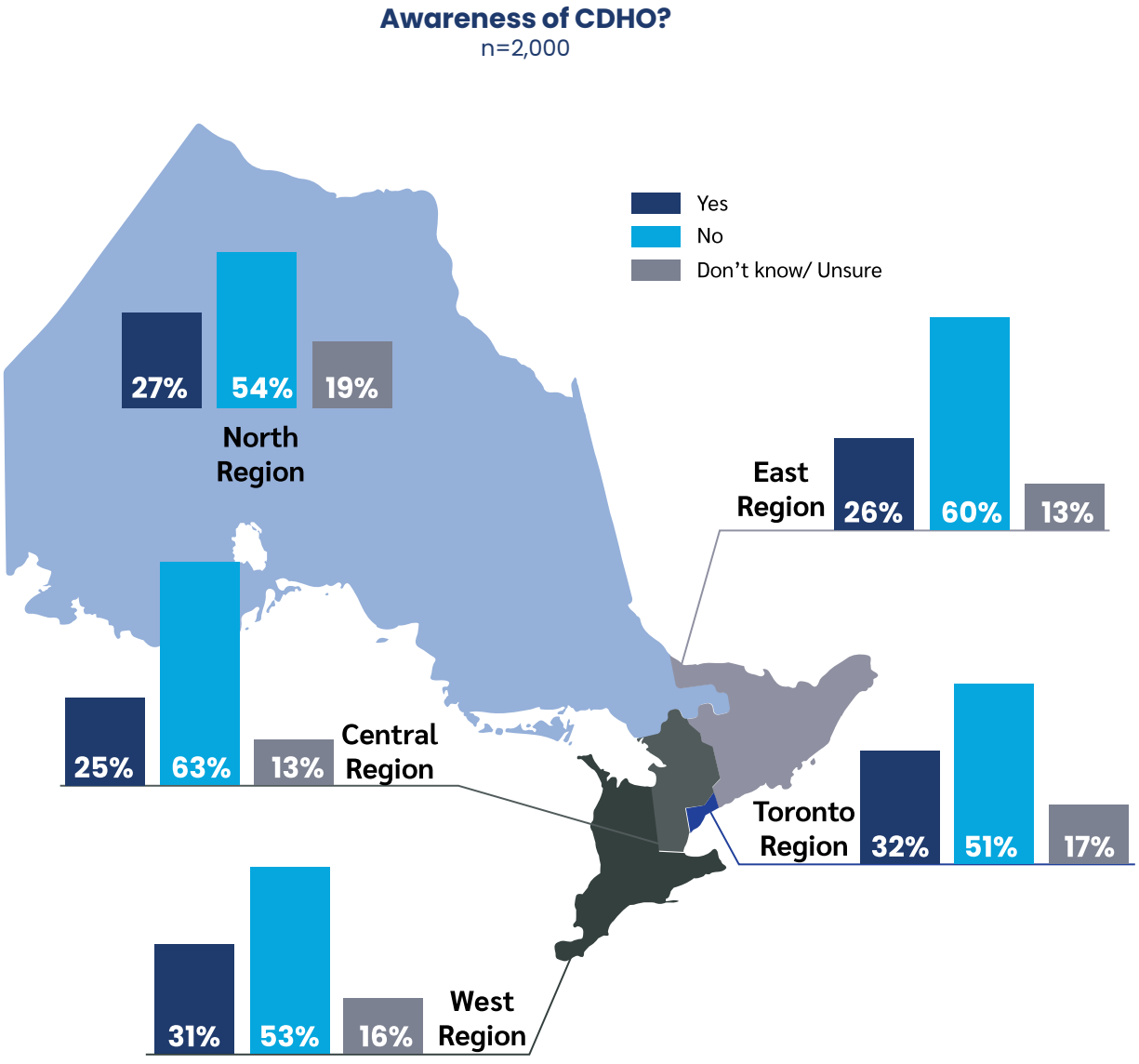
Sources of Initial Awareness of the CDHO
(Select all that apply)
n=562



PERCEPTIONS OF REGULATIONS & CDHO'S ROLE

Awareness of CDHO by Geographic Region

Overall, regional awareness levels of CDHO were relatively similar across Ontario, with Toronto showing the highest awareness. The lowest awareness was observed in the Central region in 2025, a shift from 2024 when the North region reported the lowest levels.



PERCEPTIONS OF REGULATIONS & CDHO'S ROLE

Perceptions of Effectiveness of CDHO

Respondents who had heard of CDHO were asked to rate how effective they perceive the College to be in carrying out its public protection mandate. Three-quarters of recent patients (74%) reported that CDHO is effective, an eight-percentage-point increase from 2024 (66%). Among non-recent patients, half (50%) shared this view, consistent with 2024 levels (54%).

74%* OF "AWARE" RECENT PATIENTS

50% OF "AWARE" NON-RECENT PATIENTS

BELIEVE CDHO IS EFFECTIVE IN CARRYING OUT ITS PUBLIC PROTECTION MANDATE

CDHO's performance as it pertains to various aspects of the College's public protection mandate were evaluated by respondents using a seven-point scale, where (7) is "extremely effective" and (1) is "extremely ineffective".

Most recent patients viewed CDHO as effective across all areas assessed. Perceptions of CDHO's effectiveness in investigating and resolving complaints increased by 11 percentage points in 2025 compared with 2024.

Non-recent patients were less likely to provide high ratings of effectiveness. For example, perceptions of CDHO's effectiveness in ensuring dental hygienists maintain competence throughout their career declined from 64% in 2024 to 47% in 2025, a 17-percentage-point decrease.

Perceptions of Effectiveness of CDHO
n=2,000



COMMUNICATION WITH THE PUBLIC

Respondents were asked which types of media CDHO should use to engage with the public. Public awareness and advertising campaigns were the top preference, selected by 55% of respondents, consistent with previous years. Printed materials in dental offices or dental hygiene clinics were also highly preferred (49%).

A new leading preference emerged in 2025, with 51% of respondents indicating interest in greater engagement through the CDHO's website. Online advertising and social media were also frequently selected, chosen by 46% of respondents. Multi-lingual informational materials were selected by 27%.



55%*

Public awareness/ advertising campaigns



46%*

Online advertising/social media



51%

Regulator website



27%*

Multi-lingual informational materials



49%*

Printed materials in dental offices/dental hygiene clinics

KEY TAKEAWAYS

1. **Awareness of CDHO remains limited overall but increased notably among recent patients**. A third of recent patients (32%) are now aware of CDHO, a six-percentage-point rise from 2024. Awareness remains lowest in the Central region and highest in Toronto.

2. **Recent patients continue to hold stronger perceptions of CDHO's effectiveness, but trust among non-recent patients declined.** Recent patients rated CDHO positively across all mandate areas, including an 11-point increase in perceptions of effective complaint resolution.

3. **Preferred communication channels continue to evolve, with growing interest in the CDHO website.** The CDHO's website emerged as a new leading preference in 2025 (51%), alongside strong interest in online advertising and social media (46%).

KEY CONSIDERATIONS

Pivotal Research has identified several recommendations for the College to consider as it continues to enhance public confidence and trust in the dental hygiene profession.

1

Strengthen Communication and Cost-Transparency Expectations Across the Patient Journey

Clear, respectful communication shapes the patient experience at every stage—from understanding procedures to managing discomfort and receiving clear cost information. Cost transparency remains the strongest driver of overall satisfaction, and concerns about affordability and access weigh more heavily on patients than clinical risks.

CDHO may wish to reinforce expectations within standards and guidance related to plain-language communication, clear verbal and written cost explanations before treatment, and routine comfort check-ins during procedures. Enhancing expectations around explaining payment processes and coverage acceptance can support more consistent, patient-centered care across practice settings.

2

Enhance Public Awareness of the Value, Outcomes, and Purpose of Preventive Dental Hygiene Care

While most Ontarians recognize oral health as important, fewer view regular visits as essential, and perceived outcomes of care declined modestly in 2025.

CDHO may wish to expand its public-facing communication to clarify the benefits of preventive hygiene care, what patients can expect during routine visits, and the role dental hygienists play in supporting oral and overall health. Reinforcing preventive-care literacy, especially for groups more likely to delay care, may help address gaps identified in both quantitative and qualitative findings.

3

Support Equitable Access and Experience Through Inclusive, Culturally Safe Communication

Consistent disparities in satisfaction and access were observed among newcomers, younger adults, individuals with disabilities, racialized groups, and those with lower English fluency. These groups were also more likely to be non-recent patients, suggesting broader challenges in navigating or feeling comfortable accessing care.

CDHO may consider strengthening expectations and resources related to culturally safe, non-judgmental communication, particularly for patients returning after long gaps or experiencing anxiety, pain, or mobility limitations. Providing clear, accessible public information on how to access care and understand coverage options may further support underserved communities and promote more equitable patient experiences.

APPENDIX: Survey Instrument

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CDHO Voice of the Patient Survey Instrument 2025

Screening Information

1. **Where do you reside? [Drop down list of provinces][Anything other than ON Terminate]**
2. **What are the first three digits of your Postal Code?__ __ __**
3. **Are you a Registered Dental Hygienist?**
   - Yes **[Terminate]**
   - No
4. **In what age category do you fall?**
   - Less than 18 years of age **[Terminate]**
   - 18-25 years
   - 26-35 years
   - 36-45 years
   - 46-55 years
   - 56-65 years
   - 66 years and over
   - Prefer not to answer
5. **Which of the following describe(s) you/your identity? [Select all that apply]**
   - Female
   - Male
   - Transgender
   - Non-binary/agender
   - Two-spirit
   - None of the above **[exclusive]**
   - Prefer not to answer
6. **In the past 12 months, have you or your dependant(s)* accessed the services of a dental hygienist in Ontario? [Select all that apply]**

   *A dependant is a family member who relies on you for financial support.

   - Yes, I visited a dental hygienist as a client in the last 12 months [Go to Q10]
   - Yes, my dependant(s) visited a dental hygienist in the last 12 months [Go to Q10]
   - No, neither my dependant(s) nor I have visited a dental hygienist in the last 12 months [Go to Q7]
   - Don't know/unsure [Go to Q22]

APPENDIX: Survey Instrument

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Introduction

You are invited to participate in a survey to share your perspectives on dental hygiene care in Ontario. The survey will take you approximately 10 to 12 minutes to complete.

Your responses are anonymous and only group data will be reported. If you have any questions about the collection and use of this information or encounter any difficulties, please contact us at feedback@pivotalresearch.ca or toll free at 1-877-421-1199.

If you have any questions about the validity of this research, please search Project 20241007-PI300 on the Canadian Research Insights Council (CRIC) website.

The collection of information through this survey is authorized under Section 33 (c) of the Freedom of Information and Protection of Privacy Act (Ontario). Pivotal Research adheres strictly to all relevant privacy and data security legislation to ensure the highest standards of data protection and confidentiality. If you have any questions about how your information is being collected, used, or protected, please contact the Privacy Officer at feedback@pivotalresearch.ca or toll free at 1-877-421-1199.

Non-recent patients [If Q6=3]

7. **You indicated that you and/or your dependant(s) have not visited a dental hygienist in the last 12 months. Which of the following describe(s) the reasons for that?** [Select all that apply] [Randomize options]
   - Cost
   - Insufficient insurance coverage or do not have dental insurance
   - Dental offices/dental hygiene clinics are not accepting Canadian Dental Care Plan (CDCP) patients
   - Dental offices/dental hygiene clinics are not accepting other government programs (e.g. Healthy Smiles Ontario (HSO), Non-Insured Health Benefits (NIHB) for First Nations and Inuit peoples, etc.)
   - Fear of pain or discomfort
   - Limited number of dental hygienists in my community
   - Dental offices/dental hygiene clinics in the community are not taking new patients
   - Commuting to a dental office or dental hygiene clinic is difficult
   - Difficult to book an appointment time that is convenient with my schedule
   - Have not found a dental hygienist that is a good fit
   - Cannot find a dental hygienist that speaks my native language
   - Concerns regarding discrimination
   - Have not needed dental hygiene care
   - Negative experience(s) in the past: Please share with us the nature of your experience: _____
   - Other: Please specify _____

8. [If selected more than one reason in Q7] **Of the reasons you selected above, which reason impacts your decision the most?** [Select one answer] [Display options selected in Q7]

9. **When was the last time you or your dependant(s) visited a dental hygienist in Ontario?**
   - 1 to 2 years ago [Go to Q22]

APPENDIX: Survey Instrument

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- 2 to 3 years ago [Go to Q22]
- 3 to 4 years ago [Go to Q22]
- 4 to 5 years ago [Go to Q22]
- More than 5 years ago [Go to Q22]
- Neither my dependant(s) nor I have ever visited a dental hygienist in Ontario [Go to Q22]
- Do not know [Go to Q22]

Recent Patients [If Q6 =1 or 2]

When answering the questions below, please think about when you **most recently** accessed the services of a dental hygienist, whether it was your dependant(s) who visited a dental hygienist or whether you were the patient.

10. During your last visit with a dental hygienist, were you.....

- The patient
- Accompanying a minor (under the age of 18)
- Accompanying an adult

11. When did you most recently access the services of a dental hygienist in Ontario?

- Within the last month
- One to three months ago
- Three to six months ago
- Six to twelve months ago

12. Did you have coverage through the Canadian Dental Care Plan (CDCP) when you accessed the services of a dental hygienist?

- Yes
- No
- Don't know / Not sure

13. Did you have dental care insurance through any of the following sources when you accessed the services of a dental hygienist? [Select all that apply]

a. Yes, through another government program (e.g., Social Services, Ontario Works, Ontario Disability Support Plan [ODSP], Healthy Smiles Ontario, Non-Insured Health Benefits [NIHB] for Indigenous Peoples)
b. Yes, through First Nations health insurance
c. Yes, through my employer's health insurance plan
d. Yes, through my partner's health insurance plan
e. Yes, through private health insurance plan I purchased
f. Yes, through a student health insurance plan
g. No, I did not have other dental care insurance [exclusive] [only show to Q12=a]
h. No, I did not have <u>any</u> dental care insurance [exclusive] [hide if Q12=a]
i. Don't know/Not sure [exclusive]

APPENDIX: Survey Instrument

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Dental Hygiene Patient Journey

Thinking of when you most recently accessed the services of a dental hygienist, please use the following scale to rate your level of satisfaction with the following aspects. [Each item will be presented in a grid as shown below] [Randomize items]

	Extremely dissatisfied 1	Dissatisfied 2	Somewhat Dissatisfied 3	Neither satisfied nor dissatisfied 4	Somewhat satisfied 5	Satisfied 6	Extremely satisfied 7	Do not know 8
a. Item A	O	O	O	O	O	O	O	O
b. Item B...	O	O	O	O	O	O	O	O

14. Dental Office/Dental Hygiene Clinic

Ability to book a routine dental hygiene appointment at a convenient time.
Ability to access dental hygiene care for urgent or emergency needs.
Cleanliness and infection control measures.

15. Pre-treatment

a. Taking time to explain the treatment(s)/procedure(s), including the risks and benefits, and answer any questions.
b. The information provided to me about costs of recommended treatments or procedures (including any costs not covered by insurance) when applicable.

16. Treatment/Procedure

a. Feelings of safety and comfort while undergoing treatment(s)/procedure(s).
b. Ensuring comfort by providing options for minimizing pain and discomfort (e.g., topical anesthetic AKA freezing/numbing gel).
c. Dental hygienist checked in on my level of comfort during the procedure.

17. Post-treatment

a. Dental hygiene care treatment(s)/procedure(s) were delivered as expected.

18. Staff interaction/communication

a. Clear and understandable communication (verbal and written).
b. Educating me on how to best take care of my/my dependant's oral health.
c. Taking time to listen to my questions and providing respectful communication

19. Payment

a. Costs were as estimated, and any changes were satisfactorily explained and agreed upon.

20. Consent

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a. Being asked for my (or my dependant's) consent before treatment begins.
b. Having a say in decisions about my (or my dependant's) dental hygiene care.
c. Not pressuring me to choose a particular option.

21. When considering the dental hygiene care you/your dependant(s) receive overall, indicate your level of satisfaction.

Extremely dissatisfied 1	Dissatisfied 2	Somewhat Dissatisfied 3	Neither satisfied nor dissatisfied 4	Somewhat satisfied 5	Satisfied 6	Extremely satisfied 7	Do not know 8
O	O	O	O	O	O	O	O

22. What was/were the outcome(s) of your/your dependant's last experience with a dental hygienist? [Select all that apply] [randomize items]

- O Increased self-confidence
- O Decreased dental anxiety
- O Improved comfort
- O Reduced/eliminated pain
- O Improved dental appearance
- O Other: Please specify:_____
- O None of the above

All Respondents

Value of Oral Health

23. In general, how would you rate your overall health?

- O Very poor
- O Poor
- O Somewhat poor
- O Neither good nor poor
- O Somewhat good
- O Good
- O Excellent

24. When considering your overall health and well-being, how important is your oral health?

- O Not at all important
- O Unimportant
- O Somewhat unimportant
- O Neither important nor unimportant
- O Somewhat important

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- O Important
- O Very important

25. How important is visiting a dental hygienist regularly to your oral health?

- O Not at all important
- O Unimportant
- O Somewhat unimportant
- O Neither important nor unimportant
- O Somewhat important
- O Important
- O Very important

Perceptions of Dental Hygiene Care

The following set of questions will ask you about your perceptions of dental hygiene care services in Ontario as a whole.

26. Indicate your level of agreement with the following statements about <u>dental hygiene care services generally</u>. [Each item will be presented in a grid as shown below using the following scale] [Randomize items]

	Strongly disagree 1	Disagree 2	Somewhat disagree 3	Neither disagree nor agree 4	Somewhat agree 5	Agree 6	Strongly agree 7	Do not know 8
a. Item A	O	O	O	O	O	O	O	O
b. Item B...	O	O	O	O	O	O	O	O

<u>Access and Perceptions of Care</u>

a. I can find a suitable dental hygiene care either in dental hygiene clinic or dental office in my community.
b. The quality of dental hygiene care services in Ontario is high.

<u>Discrimination</u>

a. Dental hygiene patients in Ontario face discrimination, such as racial discrimination, **from their dental hygienist(s).**
b. Dental hygiene patients in Ontario face discrimination, such as racial discrimination, **from their dental office/dental hygiene clinic overall.**

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Patient Agency

27. Indicate your level of agreement with the following statements about your ability to ask questions and be informed about your/your dependant's dental hygiene care. [Each item will be presented in a grid using an agreement scale] [Randomize items]

Strongly disagree 1	Disagree 2	Somewhat disagree 3	Neither disagree nor agree 4	Somewhat agree 5	Agree 6	Strongly agree 7	Do not know 8

a. I feel comfortable raising concerns about treatment(s)/procedure(s) with the dental hygienist.
b. I have access to information and resources I need to make informed decisions about dental hygiene care.
c. I know what to expect from a dental hygienist and their obligations to their patients.

Regulation

28. Are you aware that there is a regulatory body that oversees dental hygienists in Ontario?

- Yes
- No
- Unsure

29. Indicate your level of agreement with the following statements about the regulation of dental hygienists in Ontario. [Each item will be presented in a grid using an agreement scale] [Randomize items]

Strongly disagree 1	Disagree 2	Somewhat disagree 3	Neither disagree nor agree 4	Somewhat agree 5	Agree 6	Strongly agree 7	Do not know 8

a. I trust that a regulatory body for the dental hygienist profession is protecting patients and the public.
b. I am confident that the regulatory body would take action to protect patients in Ontario if necessary.

30. The College of Dental Hygienists of Ontario (CDHO) is the regulatory body for over 16,000 Registered Dental Hygienists in Ontario. CDHO regulates the profession of dental hygiene in the interest of the overall health and safety of the public of Ontario and sets the requirements for registration as a dental hygienist. While CDHO does not train dental hygienists, it establishes practice standards for safe and ethical care.

Have you heard of CDHO?

- Yes [Go to Q31]
- No [Skip to Q35]

APPENDIX: Survey Instrument

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- Unsure [Skip to Q35]

31. How did you first become aware of CDHO? [Randomize items] [Select all that apply]

- Had a direct experience with CDHO
- Had a direct experience with another health profession regulatory body
- Saw a story involving CDHO in the news or on social media
- Saw promotional material put out by CDHO (social, print, radio advertising, etc.)
- Heard about CDHO from a friend or family member
- Heard about CDHO from my dental care professional
- Other: Please specify_____
- Unsure/don't recall [exclusive]

32. Which of the following reflects your experience with CDHO? [Select all that apply] (show if Q31 = 1)

- Submitted a complaint
- Contacted with a question or concern
- Accessed the website
- Searched for or looked up the qualifications of a dental hygienist
- Researched dental hygiene care policies in Ontario
- Other. Please specify: _____
- None of the above
- Not sure/can't remember [exclusive]

33. To what extent do you believe CDHO is effective in performing the following aspects of its public protection mandate? [Randomize items]

	Extremely ineffective 1	Not effective 2	Somewhat ineffective 3	Neither effective nor ineffective 4	Somewhat effective 5	Effective 6	Extremely effective 7	Do not know 8
a. Ensuring all who enter the profession are qualified	O	O	O	O	O	O	O	O
b. Establishing clinical and ethical standards of practice for dental hygienists	O	O	O	O	O	O	O	O

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c. Ensuring dental hygienists maintain competence throughout their career	O	O	O	O	O	O	O	O
d. Investigating and resolving complaints about dental hygienists	O	O	O	O	O	O	O	O

34. To what extent do you believe that CDHO is effective in carrying out its public protection mandate?

- Extremely ineffective
- Not effective
- Somewhat ineffective
- Neither effective nor ineffective
- Somewhat effective
- Effective
- Extremely effective
- Do not know
-

35. CDHO exists to protect patients and regulate the practice of dental hygiene in the province of Ontario. What potential risks are a concern for you when receiving dental hygiene care, where a risk means a factor that could put your health or safety in danger? [Select all that apply] [randomize items]

- Infection or disease transmission
- Allergic reactions
- Injury during care
- Clinical errors during care
- Missed or overlooked medical issues
- Consent or communication during care
- Privacy or confidentiality of health information
- Accommodations for persons with disabilities
- Abuse, stigma, or discrimination
- Not being able to afford the dental hygiene care I need
- Not being able to access the care I need when I need it
- Other risks that concern you (please specify): _____
- None of the above [exclusive]
- Not sure [exclusive]

36. Which of the following media should CDHO use to communicate with the public? [Select all that apply] [Randomize items]

- Regulator website
- Printed materials in dental offices/dental hygiene clinics

APPENDIX: Survey Instrument

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- Online advertising/social media
- Public awareness advertising campaigns (e.g., television, radio)
- Multi-lingual information materials
- Other: _____

Other Demographics

To ensure we hear from individuals with diverse experiences and perspectives, we are asking a few demographic questions. Ultimately, this information will be used to enhance efforts to promote equitable healthcare experiences. You may select "Prefer not to answer" to any of the following questions.

37. How would you describe your language skills?

- English is my first language
- **Fluent** ability to speak, read, and write in English
- **Intermediate** ability to speak, read, and write in English
- **Basic** ability to speak, read, and write in English
- Prefer not to answer

38. Which of the following represents your total household income per year before taxes?

- Under $20,000
- $20,000 to under $39,999
- $40,000 to under $59,999
- $60,000 to under $79,999
- $80,000 to under $99,999
- $100,000 to under $149,999
- $150,000 or more
- Prefer not to answer

39. Which of the following best describes your employment status?

- Employed full-time, including self-employment (30 hours or more per week)
- Employed part-time, including self-employment (less than 30 hours per week)
- Not currently employed
- Unable to work
- Stay at home parent
- Retired
- Prefer not to answer

40. Are you currently attending school?

- Not currently a student
- Yes, high school student
- Yes, full-time university student
- Yes, part-time university student
- Yes, enrolled in a vocational/technical program
- Prefer not to answer

41. What is the highest level of education that you have achieved?

APPENDIX: Survey Instrument

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- Less than high school
- Graduated high school
- Graduated college, technical or vocational school
- Graduated university
- Prefer not to answer

42. Including yourself, how many people live in your household?

[Drop down menu including numbers through 1 to 10, more than 10, and prefer not to answer]

43. Do you have dependants?

- Yes
- No
- Prefer not to answer

44. Do you identify as any of the following? [Select all that apply]

- Racial or ethnic minority
- Person with a disability (visible and/or invisible disability)
- Indigenous (as defined in Canada as First Nations, Métis or Inuit) [Go to Q45]
- New to Canada (less than 5 years)
- 2SLGBTQIA+
- None of the above [exclusive]
- Prefer not to answer [exclusive]

45. Do you currently live on a First Nations Reserve or Metis or Inuit Settlement? [Show if Q44 = 3]

- Yes
- No
- Prefer not to answer

Qualitative Recruitment [only show to Q21= 1 - 7]

[Show if Q21 = <5] Pivotal Research, an independent research company based in Canada, is hosting focus groups on behalf of the College of Dental Hygienists of Ontario with dental hygiene patients and non-patients to further understand their experiences and learn more about sources of frustration and areas in need of improvement.

[Show if Q21 = 6-7] Pivotal Research, an independent research company based in Canada, is hosting focus groups on behalf of the College of Dental Hygienists of Ontario with dental hygiene patients to further understand their experiences and learn more about the different point in their patient journey.

We are seeking participants for a virtual 90-minute focus group during the last week of October. As a thank-you for your participation, **you will be compensated with $100 CAD** if you are selected to attend. Please note that focus group sizes are limited, so not everyone will be able to participate. We will strive to accommodate everyone who wants to participate but interest in this research may exceed the number of spaces.

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QR1. Are you interested in participating in this *optional* research?

- O Yes
- O No [Skip to end of survey]

QR2. If you are interested in participating, we invite you to please provide your contact information by filling out the forms below. If you are selected, a member of the Pivotal Research team will get in touch with you to make arrangements.

First and last name:
Email address:
Phone number:

Your personal information will only be used to contact you about a focus group and will not be shared or used for any other purposes. The identities of those who participate will not be disclosed to the study's sponsor, CDHO. All personal information collected will be securely destroyed at the end of the study.

QR3. Please select the dates that align with your availability (select all that apply) [List out focus group dates - TBD]

- Wednesday October 29, 5:30 PM – 7:00 PM [ET]
- Wednesday October 29, 7:30 PM – 9:00 PM [ET]
- Thursday October 30, 5:30 PM – 7:00 PM [ET]
- Thursday October 30, 7:30 PM – 9:00 PM [ET]
- None of the above

Qualitative Recruitment [only show to Q6="no"]

Pivotal Research, a market research company based in Edmonton, is conducting virtual interviews on behalf of the College of Dental Hygienists of Ontario to further understand your experiences and learn more about sources of frustration and areas in need of improvement.

We are seeking participants for a 30-minute virtual/telephone one-on-one interview that will take place end of October to early November. As a thank-you for your participation **you will be compensated with $50 CAD** if you are selected to attend. Please note that space in interviews is limited, so not everyone will be able to participate. We will strive to accommodate everyone who wants to participate but interest in this research may exceed the number of spaces.

QR4. Are you interested in participating in this *optional* research?

- O Yes
- O No

QR5. If you are interested in participating, we invite you to please provide your contact information by filling out the forms below. If you are selected a member of the Pivotal Research team may get in touch with you to make arrangements.

First and last name:
Email address:
Phone number:

APPENDIX: Survey Instrument

PIVOTAL RESEARCH Inc.™

Your personal information will only be used to contact you about an interview and will not be shared or used for any other purposes. The identities of those who participate will not be disclosed to the study's sponsor, CDHO. All personal information collected will be securely destroyed at the end of the study.

Thank you for providing your feedback.
Please press the submit button below to complete the survey.

APPENDIX: Focus Group Discussion Guide

Draft Focus Group Moderator Guide – Negative Dental Hygiene Experiences in Ontario

Objective: To explore dissatisfaction in dental hygiene care as experienced by participants, focusing on specific points in the patient journey (e.g., booking, receptionist, treatment/procedure, payment, communication, consent, comfort, and safety).

Participants: 6-8 individuals with low satisfaction scores from the 2025 VoP survey.

Introduction (5 minutes)

Hi everyone, and thank you for joining us today. My name is [Moderator Name], and I'll be guiding this conversation. We're conducting this focus group on behalf of the College of Dental Hygienists of Ontario (CDHO), and we're here to understand your experiences with dental hygiene care. In a recent survey, you shared that you weren't fully satisfied with your care, and today we'd like to learn more about that to help improve dental hygiene services across Ontario.

Everything you share will be kept confidential, and your participation is completely voluntary. We're aiming to create a safe space where you can openly share your thoughts and experiences. There are no right or wrong answers—your perspective is what matters most.

We'll spend about 90 minutes together, and I'll ask a few questions to guide our discussion. If everyone's ready, let's start with a brief introduction.

Participant Introductions (5 minutes)

Let's go around the room. Please introduce yourself by sharing your name, where you're from, or anything else you're comfortable sharing.

Ideal Visit (10 minutes)

To start, let's do a quick exercise. Think about your ideal visit to a dental hygienist. What are three words you'd use to describe that ideal visit?

[The moderator will go around the virtual room and have participants share their words or use a shared board/chat to capture responses. The moderator will highlight common themes briefly before proceeding.]

APPENDIX: Focus Group Discussion Guide

Discussion of Recent Dental Hygiene Experience (20 minutes)

1. Now, let's talk about your most recent visit to a dental hygienist. Can you walk me through what happened, from when you arrived to when you left? Also, where and when did this visit take place?
    a. [Moderator will listen for place of negative experience (dental hygiene clinic or dental clinic)] and areas of dissatisfaction in the journey:
        i. Booking and check-in
        ii. Interaction with the receptionist or other clinic staff
        iii. Communication with the dental hygienist
        iv. The treatment or procedure itself (e.g., comfort, expectations, pain)
        v. Payment and any surprises around costs
        vi. The clinic environment or cleanliness]
    b. **Follow-Up Probes:**
        i. What stood out most during your visit?
        ii. How did this experience compare to the ideal visit you described earlier?
        iii. Were there moments when you felt particularly uncomfortable, unsure, or unsafe?
2. ***[For communication issues]*** For those of you who mentioned there were communication issues during your visit, can you walk me through what was unclear or missing for you?
    a. **Follow-Up Probes:**
        i. What specific points during your visit you felt you didn't receive enough information?
        ii. Was there anything about risks, options, or the process that you wanted more clarity on?
3. ***[For treatment or procedure issues]*** For those of you who mentioned concerns about the treatment or procedure from the dental hygienist, could you describe what didn't meet your expectations?
    a. **Follow-Up Probes:**
        i. How was the treatment or procedure explained to you before the dental hygienist started?
        ii. Were there any points during the treatment when you felt unsafe, unsure, or uncomfortable?

APPENDIX: Focus Group Discussion Guide

Exploring How Experiences Could Have Been Improved (20 minutes)

4. Reflecting on that visit, what specific changes or improvements would have made your experience more positive?
    a. **Follow-Up Probes:**
        i. What could have been done to make you feel more comfortable during your visit?
        ii. How could the treatment or procedure have been explained differently to help you feel more confident or informed?
5. Let's do a quick show of hands—how many of you feel that clearer communication would have improved your experience?

[The moderator will use this exercise to generate interaction and discussion about communication gaps and encourage participants to build on each other's comments and share how communication issues affected their experience.]

    a. **Follow-Up Probe:**
        i. What kind of communication would have made the experience clearer or easier for you to understand?

Actions Taken After Negative Experiences (10 minutes)

6. After your visit, did you take any steps to address your concerns? For example, did you speak to the clinic or leave feedback?
    a. **Follow-Up Probes:**
        i. If you took action, what response did you receive?
        ii. If you didn't take action, can you share why?

Awareness of Regulator and Future Intentions Regarding Dental Hygiene Care (15 minutes)

7. Did you know that dental hygienists are regulated by the College of Dental Hygienists of Ontario, and that you can file a complaint if you're unhappy with your care?
    a. **Follow-Up Probe:** Would knowing more about this have changed how you handled your experience? Why or why not?
8. How has your recent experience affected your feelings about seeking dental hygiene care again in the future?
    a. **Follow-Up Probe:** What would need to change for you to feel more confident about returning?

APPENDIX: Focus Group Discussion Guide

Final Thoughts and Closing Remarks (5 minutes)

9. Is there anything else you'd like to share that we haven't discussed today?

Thank you all so much for your time and insights. Your feedback is incredibly valuable, and we'll be using this information to help improve dental hygiene care in Ontario.

Draft Focus Group Moderator Guide – Positive Dental Hygiene Experiences in Ontario

Objective: To explore satisfaction in dental hygiene care as experienced by participants, focusing on specific points in the patient journey (e.g., booking, receptionist, treatment/procedure, payment, communication, consent, comfort, and safety).

Participants: 6-8 individuals with high satisfaction scores from the 2025 VoP survey.

Introduction (5 minutes)

Hi everyone, and thank you for joining us today. My name is [Moderator Name], and I'll be guiding this conversation. We're conducting this focus group on behalf of the College of Dental Hygienists of Ontario (CDHO), and we're here to understand your experiences with dental hygiene care. In a recent survey, you shared that you were satisfied with your care, and today we'd like to learn more about your experiences with dental hygiene services across Ontario.

Everything you share will be kept confidential, and your participation is completely voluntary. We're aiming to create a safe space where you can openly share your thoughts and experiences. There are no right or wrong answers—your perspective is what matters most.

We'll spend about 90 minutes together, and I'll ask a few questions to guide our discussion. If everyone's ready, let's start with a brief introduction.

Participant Introductions (5 minutes)

Let's go around the room. Please introduce yourself by sharing your name, where you're from, or anything else you're comfortable sharing.

Ideal Visit (10 minutes)

To start, let's do a quick exercise. Think about your ideal visit to a dental hygienist. What are three words you'd use to describe that ideal visit?

[The moderator will go around the virtual room and have participants share their words or use a shared board/chat to capture responses. The moderator will highlight common themes briefly before proceeding.]

APPENDIX: Focus Group Discussion Guide

Discussion of Recent Dental Hygiene Experience (20 minutes)

1. Now, let's talk about your most recent visit to a dental hygienist. Can you walk me through what happened, from when you arrived to when you left? Also, where and when did this visit take place?
    - **a.** [Moderator will listen for place of positive experience (dental hygiene clinic or dental clinic) and areas of satisfaction in the journey:
        - **i.** Booking and check-in
        - **ii.** Interaction with the receptionist or other clinic staff
        - **iii.** Communication with the dental hygienist
        - **iv.** The treatment or procedure itself (e.g., comfort, expectations, pain)
        - **v.** Payment and any surprises around costs
        - **vi.** The clinic environment or cleanliness]
    - **b. Follow-Up Probes:**
        - **i.** What stood out most during your visit?
        - **ii.** How did this experience compare to the ideal visit you described earlier?
        - **iii.** Were there moments when you felt particularly comfortable, safe, informed, or content?
2. ***[For communication satisfaction]*** For those of you who mentioned that you were satisfied with the communication during your visit, can you walk me through what you were specifically satisfied with?
    - a. **Follow-Up Probes:**
        - i. What specific points during your visit you felt you received enough information?
        - ii. Was there anything about the risks, options, or process that felt especially clear or helpful to you?
3. ***[For treatment or procedure satisfaction]*** For those of you who were satisfied with the treatment or procedure from the dental hygienist, could you describe what did specifically meet your expectations and make your experience more positive?
    - a. **Follow-Up Probes:**
        - i. How was the treatment or procedure explained to you before the dental hygienist started?
        - ii. At what points during the treatment did you feel safe, comfortable, informed, or content? How did the dental hygienist reinforce this?

APPENDIX: Focus Group Discussion Guide

iii. Was there anything about how the treatment or procedure was explained that helped you feel confident or well-informed?

Exploring The Influence of Clear Communication (20 minutes)

4. Reflecting on that visit, what specific changes or improvements would have made your experience even more positive?
    a. **Follow-Up Probes:**
        i. What could have been done to make you feel even more comfortable during your visit?
        ii. How could the treatment or procedure have been explained differently to help you feel even more confident or informed?
5. Let's do a quick show of hands—how many of you feel that you had a clear communication in the dental hygienist's office?

[The moderator will use this exercise to generate interaction and discussion about the benefits of good communication and encourage participants to build on each other's comments and share how a good communication affected their experience.]

6. Can anyone share any specific improvements that can be made to the communications you received?

Actions Taken After Positive Experiences (10 minutes)

7. After your visit, did you speak to the clinic staff, leave positive feedback online, or recommend the clinic to others?

Awareness of Regulator and Future Intentions Regarding Dental Hygiene Care (15 minutes)

8. Did you know that dental hygienists are regulated by the College of Dental Hygienists of Ontario, and that you can share feedback—positive or otherwise—about your care experience?

Final Thoughts and Closing Remarks (5 minutes)

9. Is there anything else you'd like to share that we haven't discussed today?

Thank you all so much for your time and insights. Your feedback is incredibly valuable, and we'll be using this information to help improve dental hygiene care in Ontario.

APPENDIX: Interview Guide

Draft Interview Guide

Objective - To understand the reasons why participants have not accessed dental hygiene care in the last 12 months, explore their perceptions of dental hygiene care services, and identify barriers and solutions to improve access.

Sample - 15 one-on-one interviews with participants recruited through the 2025 VoP survey, where they indicated they had not accessed dental hygiene care in the last 12 months.

Introduction and Who You Are (5 minutes)

Hi [Participant Name], thank you for joining us today. I'm [Interviewer Name], and I'm conducting this interview on behalf of the College of Dental Hygienists of Ontario (CDHO). We're interested in understanding why some people haven't visited a dental hygienist recently and how we can improve access to dental hygiene care.

Your responses will be kept confidential, and this conversation will last around 30 minutes. There are no right or wrong answers—your insights are very valuable. Shall we get started?

1. To start, could you tell me a little bit about yourself—such as your age, where you live, what you do, or anything else you'd like to share?"

Last Visit to a Dental Hygienist (10 minutes)

2. When was the last time you visited a dental hygienist, if at all? Was this visit in Ontario or somewhere else?
3. Can you tell me more about why you haven't visited a dental hygienist in [add timeframe based on response to Q2]?
    a. **Listen for and record reasons:**
        i. Cost
        ii. Lack of insurance
        iii. Fear of discomfort
        iv. Negative past experiences
        v. Difficulty with scheduling
        vi. Feeling it wasn't necessary
        vii. Other

APPENDIX: Interview Guide

Perceptions of Dental Hygiene Care (7 minutes)

4. What do you think about dental hygiene care services in Ontario? Why do you feel that way?
    a. **Listen for and record perceptions:**
        i. Quality of care
        ii. Communication
        iii. Comfort
        iv. Respect
        v. Patient involvement in decision-making
        vi. Overall trust in dental hygiene services
        vii. Other

Challenges in Accessing Dental Hygiene Services (10 minutes)

5. What has stopped you from visiting a dental hygienist in your community in Ontario? Why is that?
    a. **Listen for and record barriers and reasons:**
        i. Cost
        ii. Insurance coverage
        iii. Location
        iv. Availability
        v. Language
        vi. Transportation
        vii. Accessibility issues
        viii. Other
6. ***For location/proximity barriers***: How easy or difficult is it to find a dental hygienist or dental office near your home or work?
7. ***For appointment availability barriers:*** Have you found it hard to book an appointment at a time that works for you? Why is that?
8. ***For cost/insurance coverage barriers***: How has the cost of dental hygiene care been a factor in your decision not to visit? Does having or not having insurance affect your decision to seek care?

APPENDIX: Interview Guide

9. ***For language barriers if applicable:*** How important is it for you to have a dental hygienist who speaks your native language?
    a. If the dental hygienist only speaks English, do you rely on family members or friends for translation?"

Solution Generation: Improving Access (7 minutes)

10. What would make it easier or more appealing for you to visit a dental hygienist in Ontario in the future? Why?

Closing and Final Thoughts (3 minutes)

11. That brings us to the end of our conversation. Thank you so much for sharing your thoughts today. Is there anything else you'd like to add or any thoughts we haven't covered?

Thank you again for your time. Your insights will help us understand how to improve access to dental hygiene care in Ontario.



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T5N 3W1

PIVOTAL RESEARCH Inc.™

Briefing Note

To: Council

From: Eric Bruce, Deputy Registrar and Director of Registration and Professional Conduct

Date: December 12, 2025

Topic: Update on "As of Right" Practice Regulations in Ontario

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Issue: Bill 56 received Royal Assent on November 3, 2025. The Bill amends various legislation, including the *Regulated Health Professions Act, 1991* and the *Dental Hygiene Act, 1991*. Among other changes, the amendments grant the Minister of Health the authority to make regulations permitting prescribed individuals to use the title "dental hygienist" and to practise dental hygiene in Ontario without being registered with CDHO.

The Ministry of Health has advised that new Ministerial regulations will be enacted effective January 1, 2026, to permit dental hygienists who are currently registered in another Canadian jurisdiction to practise in Ontario "as of right" for up to six months while their application to CDHO is under review. Currently, similar "as of right" regulations exist for physicians, nurses, medical laboratory technologists, and respiratory therapists; sixteen additional health professions, including dental hygienists, will have "as of right" provisions come into effect on January 1, 2026.

CDHO is ready to comply with the new "as of right" regulations. Updates to CDHO's website and application processes will be in place for the expected date of enactment.

No action by Council is required because all regulatory changes are being implemented by the Ministry of Health directly. CDHO is required to comply with all Ministerial regulations once they are implemented.

Background: In previous consultations, the Ministry of Health advised that the "as of right" regulations applicable to dental hygiene will mirror those currently in effect for other professions.

In summary, the expected conditions for an individual to practise dental hygiene in Ontario "as of right" are as follows:

- The individual is registered as a dental hygienist in another Canadian jurisdiction and holds an equivalent certificate of registration to one in the General or Specialty class.
- The individual has applied for registration with CDHO.
- The individual has not been refused registration by another regulatory authority within the past two (2) years.

- The individual has had no findings of professional misconduct, incompetence, or incapacity made against them.
- The individual is not currently under investigation for alleged professional misconduct, incompetence, or incapacity.
- The individual holds professional liability insurance.
- The individual has submitted an attestation to CDHO confirming that they meet the above conditions. (NB: CDHO independently verifies these conditions are met as part of the subsequent registration process.)
- The individual can only use professional titles recognized in Ontario.
- The individual can only provide services to residents of Ontario if they are physically present in Ontario (i.e., no telehealth / online services).

An individual's ability to practise "as of right" ends when any of the following occurs:

- The individual no longer meets the conditions set out above.
- The individual's application for registration with CDHO is rejected.
- The individual has not received a certificate of registration from CDHO within six (6) months of applying.

Importantly, the Ministry has clarified that the "as of right" regulations are intended for individuals looking to practise in Ontario on a permanent basis. They are not to be used for temporary practice in the province and are only available to an applicant on one occasion.

Applicants who are registered in another Canadian jurisdiction are not required to practice "as of right" and may choose to wait until they are registered with CDHO before practising. CDHO processes all applications within ten (10) business days of receiving the completed application. In 2025, CDHO received less than thirty (30) applications for registration from individuals registered as a dental hygienist in another Canadian jurisdiction.

Beginning in 2026, CDHO will monitor the number of "as of right" applications it receives and the timeframes for the processing of these applications. CDHO expects that the Ministry will require detailed reporting regarding "as of right" applications and processing timeframes going forward.

CDHO

Briefing Note

To: Council

From: Chair

Date: December 12, 2025

Topic: Policy Content Review: Council-Registrar Delegation Policies

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No changes proposed. Council will review and discuss if changes need to be made to the Global Council -Registrar/CEO Delegation policy.

COUNCIL-REGISTRAR/CEO DELEGATION

Council's sole official connection to the operational organization, its organization, its achievements and conduct will be through a chief executive officer, titled Registrar and CEO.

Briefing Note

To: Council

From: Chair

Date: December 12, 2025

Topic: Policy Content Review: Governance Process Policies

Council will review and discuss the changes proposed to the GP-7 policy. Council will review the GP-8 policy and determine if any changes are needed.

GP-7

- Adjust wording to make the policy clearer

MOTION: **THAT** Council approves the changes to the GP-7 policy as proposed.

Moved:
Seconded:
VOTE:

GP-7 COUNCIL AND COMMITTEE STIPEND AND EXPENSES

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

1. All remunerations for public members on CDHO's Council will be governed by the guidelines issued by the Health Board Secretariat and are not covered in this policy.

    1.1. The Chair of Council or Committee Chairs must identify work that may be required of public members outside properly constituted meetings. The Chair is responsible for advising staff of the expected frequency and duration of this work so that they can seek approval from the Secretariat prior to any claims being made by public members.

2. The stipulations that follow apply to those persons who are: (a) Dental Hygienists duly elected to Council by the registrants of the College, and (b) Dental Hygienists selected to serve on Council according to the bylaws.

    2.1. Remunerations for persons not covered above, or whose remuneration is to be calculated differently, will ~~either~~ have their remuneration outlined in the enabling motion passed by Council.~~ or through decision by the Executive Committee or at the discretion of the Registrar.~~

3. A per diem is an honorarium in recognition of the contribution to CDHO and its registrants. This per diem is not a salary nor is it to be considered salary replacement. A T4A is issued for taxation purposes.

4. Daily per diem rates are reviewed annually and may be adjusted to reflect significant changes in the Cost of Living index. As per March 8, 2024, per diem rates are set as follows:
    - Member of Council or Committee $320.00
    - Chair of Committee + 25%
    - Chair of Council + 40%
    - Vice-Chair of Council + 25%

    4.1. The maximum claim for any one calendar day is one day's per diem.

    4.2. The supplemented rate for the Committee Chair can only be claimed when the individual is assuming the role of Chair at a committee meeting; it cannot be claimed when attending a meeting as a member of another committee or attending a Council meeting.

    4.3. The supplemented rate for the Chair and Vice-Chair roles is recognition for the extra responsibilities inherent in these roles including preparing the agenda, chairing the meeting, writing reports to Council and preparing information for the Annual Report. The Chair and Vice-Chair are reimbursed at the supplemented rate for Council and Executive Meetings and any other occasion when they act as an official representative of the College; it cannot be claimed when attending a meeting as a member of another committee.

    4.4. For ad hoc meetings with the CEO, Council members, or other system partners, the Chair or their designate will receive honoraria at an hourly rate of $72, rounded up to the hour. If more than one meeting is held on the same day, the Chair or their designate will be reimbursed on an hourly basis or receive a half-day per diem plus additional hours at the hourly rate – whichever is less.

5. Per Diem is paid for attendance at any face-to-face meeting to conduct Council or Committee business. It is also paid for participating in properly constituted telephone or electronic meetings. With prior notice to staff, per diem can also be paid for working sessions that may not take place as preparation for or within a properly constituted meeting. For the purpose of calculating Per Diem, a meeting scheduled for or lasting up to three hours will be deemed to be a half-day and a meeting scheduled for or lasting more than three hours will be deemed to be a full day. Extenuating circumstances will be referred to the Chair for resolution.

    5.1. A "day" means within a calendar date (12:01 a.m. – midnight).

    5.2. The minutes of any meeting wherein a per diem may be claimed must record those in attendance and the times of Call to Order and Adjournment. These records will be the official base for per diem claims.

    5.3. When a scheduled meeting is cancelled within five (5) business days of the meeting, a claim for one day's per diem may be allowed at the discretion of the Chair.

6. When a member is so authorized by Council or pre-approved by the Chair to represent the College, the regular per diem and expense stipulation will apply. Any additional honorarium, if offered, must be declined or endorsed over to CDHO; small non-monetary tokens of appreciation are exempted.

7. An honorarium for approved preparation time, when approved, shall be paid on the following basis: ¼ day = $25.00; ½ day = $50.00; 1 day = $100.00

    7.1. Committee Chairs must poll Committee members as to the time spent preparing for their meeting and come to a consensus. Following the meeting, the Chair must request approval from the Chair of Council for preparation time. The Chair is responsible to advise Committee members of the approved amount of preparation time that may be claimed.

        7.1.1. Preparation time is paid at the discretion of the Chair of Council. The Chair of Council will inform the Director of Corporate Services of any amounts approved at the time of approval.

8. Travel time of $200.00 will be paid per meeting for a round-trip to conduct Council business, when a Council member must travel more than two (2) hours, one-way, regardless of when the travel is undertaken.

9. Travel expenses eligible to be reimbursed:

    - Air**:** Economy class round trip by the most direct route or most feasible under the circumstances, including ground transportation from home or office to and from the airport.
    - Train**:** VIA 1 class round trip by the most direct route including ground transportation from home or office, to and from the railway station.
    - Mileage**:** Mileage will be paid at the current provincial government rate as long as the total mileage to be claimed does not exceed the cost of Air or Train travel as described in the preceding two bulleted statements, without prior approval of the Chair.
    - Parking and taxi expenses are reimbursed as per receipt. Receipt for taxi can include gratuity.
    - Public Transportation will be reimbursed as per standard fare. Receipts must include documentation showing route and cost associated with it.

10. Expenses for hotel accommodation will be reimbursed when the distance from the home residence to the meeting location exceeds 45 km. Council members are expected to make their own reservations and secure the best rate possible. Reimbursement is based on single room rate to $350.00 per night (excluding taxes) maximum.
    10.1. The Chair may authorize reimbursement of hotel expense in the event of consecutive days of required meeting attendance regardless of the distance to the meeting from home residence.
    10.2. Hotel accommodation will not be reimbursed for the night before an afternoon meeting unless pre-authorized by the Chair.
    10.3. The Chair may pre-approve reimbursement of hotel accommodation in excess of the $350 per night maximum in the event accommodation is unavailable at less than the maximum, or in the event of special circumstances, e.g., meetings held in cities where hotel rates exceed those in Toronto.
11. Expenses for meals will be reimbursed at the actual cost to a daily maximum of $90 where the maximum total amount for breakfast and lunch is $40.00, and the maximum amount for dinner is $50.00. Receipts inclusive of tax and tip must be submitted with the expense claim form. Expenses for alcoholic beverages will not be reimbursed.
12. Expenses incurred for gratuities will be reimbursed to a maximum of $10.00 per day for expenses other than gratuities included in receipts for meals and taxis. Examples for gratuities are hotel room, valet parking, bell person gratuities.
13. Incidental receipted expenses for telephone, fax, postage, photocopying, courier, etc. and costs for related College business are eligible for reimbursement.
14. Non-refundable expenses incurred in advance of a cancelled meeting may be claimed for reimbursement but must be accompanied by receipts and a detailed explanation.
15. Individually purchased travel insurance is not eligible to be reimbursed. The College carries travel insurance that covers those traveling on CDHO official business including loss of life and disability insurance.
16. Expenses being reimbursed by another source shall not be eligible for reimbursement by the College.
17. Receipts are required in support of all expense claims. Claimants are expected to be cost conscious at all times.
18. Claims are to be submitted within 30 days following the dates of the events upon which the claims are based. All claims for a fiscal year must be received for processing within 15 days of the close of that fiscal year, i.e., December 15th.
19. Claims will be processed within 30 days; same day payment is not to be expected. Direct deposit is available if ~~i~~individuals submit a voided cheque.
20. A member may apply to the Chair for consideration of early reimbursement or an advance of funds to be used towards travel. Per diems will not be paid in advance. The Chair's decision will be at her/his/their discretion.

GP-8 CODE OF CONDUCT

Council Members shall conduct themselves in accordance with the bylaws.

CDHO

Briefing Note

To: Council

From: Chair

Date: December 12, 2025

Topic: Policy Content Review: Executive Limitations Policies

No changes proposed. Council will review the EL-1, EL-5, EL-10 and EL-11 policies and determine if any changes are needed.

EL-1 TREATMENT OF PUBLIC AND REGISTRANTS

The Registrar/CEO shall not cause or allow conditions, procedures or decisions related to the public, registrants, or those applying to be registrants, that are unsafe, disrespectful, or unnecessarily intrusive, or that are inconsistent with enforcement and application of the *Regulated Health Professions Act* and Code, the *Dental Hygiene Act*, Regulations under the Act, and any further Council interpretation of the Act in its Bylaws or Policies.

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

1. Permit the public and registrants to be without easy access to clear information about the requirements and responsibilities of registrants.
2. Permit violation of public or registrant confidentiality and privacy, except where specific disclosure is required by legislation.
    2.1. Use forms or procedures that elicit information for which there is no clear necessity.
    2.2. Use methods of collecting, reviewing, storing or transmitting applicant, public or registrant information that inadequately protect against improper access to the information elicited.
3. Permit unfair, inconsistent, disrespectful, or untimely response to individual or group comments or complaints.
4. Allow registrants to be without easily accessible, understandable information regarding what may be expected and what may not be expected from the services, standards and guidelines offered.
5. Allow the organization to be without all Statutory Committees required in legislation or permit those Committees to operate inconsistently with requirements of the legislation and the organization’s bylaws.
6. Apply the legislation in a manner inconsistent with due process and the duty of procedural fairness.
7. Allow registrants to be without a process for effectively handling appeals.
    7.1. Allow registrants to be unaware of the process for registering an appeal.

EL-5 PROTECTION OF ASSETS

The Registrar/CEO shall not allow assets to be unprotected, inadequately maintained or unnecessarily risked.

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

1. Permit the organization to be without adequate insurance against theft and damage losses.
2. Permit the Council members, staff and individuals engaged in activities on behalf of the organization, or the organization itself to be without adequate liability insurance.
3. Unnecessarily expose the organization, its Council members or staff to claims of liability.
4. Allow uninsured personnel or unauthorized persons access to material amounts of funds.
5. Receive, process or disburse funds under controls that are insufficient to meet the Council-appointed auditor's standards.
    5.1. Receive, process or disburse the organization's assets under internal controls insufficient to detect, deter and prevent fraud or insufficient to prevent and detect significant deficiencies or material weaknesses.
6. Cause or allow buildings and equipment to be subjected to improper wear and tear or insufficient maintenance.
7. Allow the organization to be without a disaster plan and fire safety policies, which are readily available to all staff, and reviewed at least annually with all staff.
8. Make purchases that do not result in appropriate level of quality, after- purchase service and value for dollar, or do not provide opportunity for fair competition.
    8.1. Make any purchase wherein normally prudent protection has not been given against conflict of interest.
    8.2. Make a purchase of budgeted services over $50,000 or purchase of budgeted goods over $25,000 without a stringent method of assuring the balance of long-term quality and cost and protection of confidential and proprietary vendor information. Purchases must not be divided into smaller amounts or separate transactions to avoid meeting the financial thresholds outlined in this policy.
        8.2.1. Renew a supply or service contract in place for three consecutive years without first obtaining a comparative review of quality and cost.
9. Compromise the independence of the Council's audit or other external monitoring or advice.
    9.1. Engage parties already chosen by the Council as consultants or advisers.
10. Allow intellectual property, information and files to be exposed to loss or significant damage.

11. Endanger the College's public image, credibility, or its ability to accomplish Ends.

    11.1. Develop or continue collaborative relationships with, or authorize use of the College name or identity by organizations whose principles or practices are incompatible with achievement of the Council's Ends.

        11.1.1. Allow relationships with system partners that are inconsistent with the productive cooperation necessary to the achievement of Council's Ends.

    11.2. Permit inconsistent, disrespectful or untimely response to system partner concerns.

        11.2.1. Publish material or information that endangers the College's credibility or public image.

12. Change the College's name or substantially alter its corporate identity.

EL-10 DEVELOPMENT OF STANDARDS GOVERNING PRACTICE

The Registrar/CEO shall not develop or change standards governing the practice of Dental Hygiene that cannot be adequately defended, or are inconsistent with the legislated mandate of the organization.

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

1. Require a decision of Council without at the same time providing evidence that the proposed change(s) meets the following criteria reasonably interpreted:
    - Develop standards that are inconsistent with evidence-based practices.
    - Develop standards without a broad scope of system partner consultation.
    - Develop standards that would interfere with the ability of the profession to work with other professions with which it is important to maintain productive relations, unless it is necessary to protect public interest.
    - Let Council be unaware of issues arising from system partner consultation on a proposed change of standards.
2. Release new or amended standards prior to Council's formal approval on the Required Approvals Agenda.

EL-11 AMENDMENTS TO ACT OR BYLAWS

When preparing options for Council's decisions regarding Regulations under the Act regulating Dental Hygiene, or Council Bylaws, the Registrar/CEO shall not interfere with the Council's legislated responsibilities.

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

1. Develop Bylaws, or propose amendments to the Act or Regulations prior to involving Council in an initial discussion of options, nor develop amendments that are inconsistent with the direction indicated by Council.
2. Allow Council to be without appropriate legal advice where required.
3. Develop content inconsistent with any legislated requirement.
4. Let Council be unaware if there are any changes in the assumptions under which the initial position was developed, or if there are legal or governmental obstacles to proceeding with that position.
5. Allow Council to be without a current cumulative record of Council decisions regarding positions during development or amendment of the Act, Regulations, or Bylaws.
6. Submit the final version of proposed amendments to Acts or Regulations to the government, nor proposed amendments to Bylaws to membership, prior to Council approval.

CDHO

Suggested Motion – Friday, December 12, 2025

12.0 MOTION TO MOVE IN CAMERA

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

Moved:

Seconded:

VOTE:

Suggested Motion – Friday, December 12, 2025

12.0 MONITORING CEO PERFORMANCE

12.1 General Executive Constraint

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

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

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

Moved:
Seconded:
VOTE:

12.2 EL-2

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

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

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

Moved:
Seconded:
VOTE:

12.3 EL-3(3)-3(8)

MOTION 1: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy 3(3)-3(8) and determined there is sufficient, verifiable evidence of a reasonable interpretation; OR

MOTION 2: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy 3(3)-3(8) and determined that the interpretation is reasonable but there is insufficient verifiable evidence and has asked for a new monitoring report by [date]; OR

MOTION 3: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy 3(3)-3(8) and determined that the interpretation is not reasonable and has asked for a new monitoring report by [date].

Moved:
Seconded:
VOTE:

12.4 EL-4(1)

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

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

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

Moved:
Seconded:
VOTE:

12.5 EL-8

MOTION 1: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy 8 and determined there is sufficient, verifiable evidence of a reasonable interpretation; OR

MOTION 2: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy 8 and determined that the interpretation is reasonable but there is insufficient verifiable evidence and has asked for a new monitoring report by [date]; OR

MOTION 3: **THAT** Council has 8 and determined that the interpretation is not reasonable and has asked for a new monitoring report by [date].

Moved:
Seconded:

CDHO

Suggested Motion – Friday, December 12, 2025

12.0 MOTION TO MOVE OUT OF CAMERA

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

Moved:

Seconded:

VOTE:

Suggested Motion – Friday, December 12, 2025

15.0 ADJOURNMENT

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

Moved:

Seconded:

VOTE: