



# **CDHO COUNCIL MEETING**

Friday, September 22, 2023

9:00 a.m. – 4:30 p.m.

**Location:**

Virtual Meeting

## CDHO COUNCIL MEETING AGENDA

**Friday, September 22, 2023**

9:00 a.m. – 4:30 p.m.

Agenda Item	Topic and Relevant Council Policy	Action	Lead if not Chair	Verbal Report/ Attachment	Est. Time
<b>1.0</b>	<b>CALL TO ORDER</b>				<b>9:00</b>
1.1	Roll Call	Council Attendance	T. Strawn	<b>TAB 1</b>	<b>9:00</b>
1.2	Opening Remarks	Council Is Addressed	T. Strawn	--	<b>9:02</b>
1.3	Council Policy Manual Update	For Information	T. Strawn	<b>TAB 2</b>	<b>9:08</b>
1.4	Council Code of Conduct	For Information	T. Strawn	<b>TAB 3</b>	<b>9:09</b>
<b>2.0</b>	<b>APPROVAL OF AGENDA</b>				<b>9:10</b>
2.1	Review and Approval of Agenda	For Approval	T. Strawn	<b>TAB 4</b>	<b>9:10</b>
<b>3.0</b>	<b>DECLARATIONS OF POTENTIAL CONFLICT OF INTEREST</b>				<b>9:12</b>
3.1	Declarations of Conflict of Interest	Declare Conflicts	T. Strawn	<b>TAB 5</b>	<b>9:12</b>
<b>4.0</b>	<b>CONSENT AGENDA</b>				<b>9:15</b>
	<b>CONSENT AGENDA ITEMS (4.1. – 4.1.1)</b> A consent agenda is a bundle of items that is voted on, without discussion, as a package. It differentiates between routine matters not needing explanation and more complex issues needing examination. The Chair will ask if anyone wishes to remove an item from the consent agenda. Any Council member may request an item be removed so it can be discussed. To test whether an item should be included in the consent agenda, ask: <ol style="list-style-type: none"> <li>1. Is this item self-explanatory and uncontroversial? Or does it contain an issue that warrants board discussion?</li> <li>2. Is this item for information only? Or is it needed for another meeting agenda issue?</li> </ol>				
4.1	<b><u>Council Meeting Minutes</u></b>				
4.1.1	Meeting Minutes – June 2, 2023	For Information and Approval	T. Strawn	<b>TAB 6</b>	<b>9:15</b>
<b>5.</b>	<b>INFORMATION REQUESTED BY THE BOARD</b>				
5.1	<b><u>Statutory Committee Reports</u></b>				
5.1.1	Executive Committee	For Information	T. Strawn	<b>TAB 7</b>	<b>9:15</b>
5.1.2	Discipline Committee	For Information	J. White	<b>TAB 7</b>	<b>9:15</b>
5.1.3	Fitness to Practise Committee	For Information	TBD	<b>TAB 7</b>	<b>9:15</b>

5.1.4	Inquiries, Complaints and Reports Committee	For Information	J. Cooper A. Conaghan	<b>TAB 7</b>	<b>9:15</b>
5.1.5	Patient Relations Committee	For Information	TBD	<b>TAB 7</b>	<b>9:15</b>
5.1.6	Quality Assurance Committee	For Information	T. Strawn	<b>TAB 7</b>	<b>9:15</b>
5.1.7	Registration Committee	For Information	M. Atkinson	<b>TAB 7</b>	<b>9:15</b>
5.2	<b><u>Incidental Briefing Reports</u></b>				
5.2.1	Council President's Report	For Information	T. Strawn	<b>TAB 8</b>	<b>9:15</b>
5.2.2	Registrar's Administrative Report	For Information	G. Pettifer	<b>TAB 9</b>	<b>9:20</b>
<b>6.0</b>	<b>OWNERSHIP LINKAGE</b>				<b>9:25</b>
6.1	Status of Ownership Linkage Activities	For Information	C. Grbac	<b>TAB 10</b>	<b>9:25</b>
<b>7.0</b>	<b>GOVERNANCE PROCESS ITEMS</b>				<b>9:30</b>
7.1	Governance Committee Update <i>The Chair will provide an update to Council on the committee's activities.</i>	For Information	M. Atkinson	<b>TAB 11</b>	<b>9:30</b>
7.2	2024 Council Meeting Dates <i>Council will be asked to approve the 2024 meeting dates</i>	For Approval	T. Strawn	<b>TBD</b>	<b>9:40</b>
7.3	Standard for Self-Initiation Briefing Note	For Approval	T. Strawn	<b>TAB 13</b>	<b>9:45</b>
	<b>BREAK</b>				<b>10:15</b>
7.4	Governance Committee: Discussion about Mentorship Program	For Consideration	M. Atkinson	--	<b>10:30</b>
7.5	CDHO Website	For Information	R. Pestana	--	<b>11:00</b>
<b>8.0</b>	<b>MONITORING BOARD PERFORMANCE</b>				
8.1	CRD 4 Monitoring Registrar/CEO Performance	For Approval	T. Strawn	<b>TAB 14</b>	<b>11:30</b>
8.2	CRD 5 Registrar/CEO Compensation	For Approval	T. Strawn	<b>TAB 14</b>	<b>11:40</b>
8.3	GP 12 Special Rules of Order	For Approval	T. Strawn	<b>TAB 14</b>	<b>11:50</b>

	<b>LUNCH</b>				<b>12:00</b>
<b>9.0</b>	<b>BOARD EDUCATION</b>				<b>1:00</b>
9.1	Governance Review: Kick-Off	For Information	Harry Cayton and Deanna Williams	<b>TBD</b>	<b>1:00</b>
9.2	Coaching Advisory	For Information	T. Strawn	<b>TAB 16</b>	<b>2:00</b>
<b>10.0</b>	<b>ENDS ITEMS FOR CONSIDERATION</b>				<b>2:15</b>
	There are no agenda items at this meeting.				
<b>11.0</b>	<b>COUNCIL REGISTRAR DELEGATION ITEMS FOR CONSIDERATION</b>				<b>2:15</b>
11.1	Policy Content Review: CRD 4 Monitoring Registrar/CEO Performance	For Consideration	T. Strawn	<b>TAB 17</b>	<b>2:15</b>
11.2	Policy Content Review: CRD 5 Registrar/CEO Compensation	For Consideration	T. Strawn	<b>TAB 17</b>	<b>2:25</b>
<b>12.0</b>	<b>EXECUTIVE LIMITATIONS ITEMS FOR CONSIDERATION</b>				<b>2:35</b>
12.1	Policy Content Review: EL 3 Planning	For Consideration	T. Strawn	<b>TAB 18</b>	<b>2:35</b>
12.2	Policy Content Review: EL 6 Investment	For Consideration	T. Strawn	<b>TAB 18</b>	<b>2:40</b>
12.3	Policy Content Review: EL 9 Ethical Behaviour	For Consideration	T. Strawn	<b>TAB 18</b>	<b>2:45</b>
<b>13.0</b>	<b>GOVERNANCE PROCESS ITEMS (CONTINUED)</b>				<b>2:50</b>
13.1	Policy Content Review: GP 12 Special Rules of Order	For Consideration	T. Strawn	<b>TAB 19</b>	<b>2:55</b>
<b>14.0</b>	<b>REQUIRED APPROVALS AGENDA</b>				<b>3:00</b>
	There are no agenda items at this meeting.				
--	<b>COUNCIL MOVES IN CAMERA (ITEM 15.1- 15.5)</b> To discuss personnel matters. Monitoring Reports on Ends and Executive Limitations form part of the Registrar's Performance Evaluation				
<b>15.0</b>	<b>MONITORING CEO PERFORMANCE</b>				<b>3:00</b>
15.1	Internal Monitoring: EL 4(1)	For Approval	G. Pettifer	<b>TAB 20</b>	<b>3:00</b>
15.2	Internal Monitoring: EL 5	For Approval	G. Pettifer	<b>TAB 20</b>	<b>3:10</b>
15.3	Internal Monitoring: EL 10	For Approval	G. Pettifer	<b>TAB 20</b>	<b>3:20</b>
15.4	Internal Monitoring: EL 11	For Approval	G. Pettifer	<b>TAB 20</b>	<b>3:30</b>
15.5	External Monitoring: EL 2	For Approval	G. Pettifer	<b>TAB 20</b>	<b>3:40</b>
--	<b>COUNCIL MOVES OUT OF CAMERA</b>				
<b>16.0</b>	<b>SELF-EVALUATION OF GOVERNANCE PROCESS</b>				<b>3:50</b>



16.1	Council Meeting Evaluation	For Evaluation and Discussion	T. Strawn	--	3:50
17.0	NEXT MEETING DATE — December 1, 2023				4:20
18.0	ADJOURNMENT			TAB 21	4:30

## Roll Call

### Council Meeting

Friday, September 22, 2023

*Virtual Meeting*

<input type="checkbox"/>	Michelle Atkinson	Elected	
<input type="checkbox"/>	Loree Beniuk	Public	
<input type="checkbox"/>	Erin Betts	Public	
<input type="checkbox"/>	Maheen Cassim	Elected	<i>Regrets</i>
<input type="checkbox"/>	Anne-Marie Conaghan	Academic	
<input type="checkbox"/>	Jennifer Cooper	Academic	
<input type="checkbox"/>	Krista Dufour	Elected	
<input type="checkbox"/>	Pella Giabanis	Public	
<input type="checkbox"/>	Carla Grbac	Elected	
<input type="checkbox"/>	Alex Greco	Public	
<input type="checkbox"/>	Farzana Hussain	Elected	
<input type="checkbox"/>	Ehizele Martin Iyamabo	Public	
<input type="checkbox"/>	Meghan Leuprecht	Public	
<input type="checkbox"/>	Angelica Palantzas	Public	
<input type="checkbox"/>	Vanessa Pereira	Elected	
<input type="checkbox"/>	Upneet (Sasha) Sidhu	Public	<i>Regrets</i>
<input type="checkbox"/>	Terri Strawn	Elected	
<input type="checkbox"/>	Margaret Wade	Public	
<input type="checkbox"/>	Jacqueline White	Elected	
<input type="checkbox"/>	Mary Yeomans	Elected	
/20 total members			



College of  
**Dental Hygienists**  
of Ontario

*Protecting your health and your smile*

## **BRIEFING NOTE**

**To:** Council

**From:** Chair

**Date:** September 22, 2023

**Topic:** Council Policy Manual Update

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There were no policy updates at the June 2, 2023 Council meeting.

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## COUNCIL CODE OF CONDUCT

### 4. GLOBAL GOVERNANCE PROCESS POLICY

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

#### GP-8 Code of Conduct

Council Members shall conduct themselves in accordance with the bylaws.

#### Excerpt from Bylaw 5

##### 3.7 Council and Non-Council Committee Member Code of Conduct

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

##### Fiduciary Duties

- (2) Council Members shall act in the best interests of the College and of the public of Ontario. They shall perform their duties in accordance with the Act, the bylaw and any policies of the College.
- (3) Council Members shall conduct themselves in a manner which is ethical, business-like and lawful and upholds the reputation of the CDHO. This includes proper use of authority and appropriate decorum when acting as Council Members. Council Members shall treat one another and staff members with respect, co-operation and a willingness to deal openly on all matters.
- (4) Council Members must have loyalty to the College that supersedes any loyalties to staff, other organizations or any personal interest as a consumer.
- (5) Council Members are accountable to exercise the powers and discharge the duties of their office honestly and in good faith. Members shall exercise the degree of care, diligence and skill that a reasonably prudent person would exercise in comparable circumstances.
- (6) Council Members will not attempt to exercise individual authority over the organization.
- (7) When interacting with staff, Council Members must recognize that individual Council Members have no authority to instruct or evaluate employees, and no authority to insert themselves into employee operations.

- (8) Council Members shall recognize that the President or designate is the only person authorized to speak to the media on behalf of the Council. Council Members shall not presume to speak for the Council when interacting with the public. Council Members shall only report actual Council policy decisions when interacting with the public.
- (9) Council Members shall be familiar with the incorporating documents, relevant legislation and regulations, bylaws, and policies of the organization as well as the rules of procedure and proper conduct of a meeting so that any decision of the Council may be made in an efficient, knowledgeable and expeditious fashion.
- (10) Council Members will be properly prepared for, and actively participate in Council deliberation.
- (11) Council Members will support the legitimacy and authority of Council decisions, regardless of the member's personal position on the issue.
- (12) Council Members shall regularly take part in educational activities that will assist them in carrying out their responsibilities.
- (13) Council Members are expected to attend all meetings and to be punctual.
- (14) Council Members who are unable to attend a meeting shall inform the President and the Registrar/CEO of their expected absence and the reason for it.
- (15) Council Members shall be prepared **to serve on** committees and complete individual tasks as assigned by the Council from time to time.

#### **Conflict of Interest**

- (16) The terms "conflict of interest" and "appearance of bias" are often used interchangeably. The term "conflict of interest" generally applies to policy or administrative decisions while the term "appearance of bias" generally applies to an adjudicative type of decision. For the purpose of this bylaw, they mean the same thing.
- (17) Council Members must not carry out their duties when they are in a conflict of interest. A conflict of interest exists where a reasonable person could conclude that the personal interests of the individual or a related person or company could improperly influence the individual's judgment in performing his or her duties as a Council Member.
- (18) There must be no self-dealing or any conduct of private business or personal services between any Council Member and the organization, except as procedurally controlled to assure openness, competitive opportunity, and equal access to otherwise "inside" information. Council Members will annually disclose their involvements with other organizations, with vendors, or any associations that might be or might reasonably be seen as being a conflict.
- (19) Council Members may not accept an employment or administrative position with the College, including that of the Registrar, unless one year has passed since he or she was a Council Member or Non-Council Member.

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

***Examples of Conflicts of Interest***

- (21) Without limiting the usual and ordinary meaning of “conflict of interest” or “appearance of bias”, some examples of activities or circumstances that would usually constitute a conflict of interest or an appearance of bias for a Council or Non-Council Member include the following:
- (a) Where the decision could confer a more than trivial financial or other benefit or burden to the Council Member or their close relative or friend or affiliated entity;
  - (b) Where the Council Member or their close relative or friend or affiliated entity seeks or accepts more than a nominal gift from a person or entity connected to or affected by the College or its mandate or a gift which could reasonably be viewed as influencing the Council or Committee Member;
  - (c) Where the Council Member or their close relative or friend or affiliated entity uses the Council Member’s position with the College to advance their personal or financial interests;
  - (d) Where the Council Member takes action or counsels another to take action against the College, the reputation of the College or its staff;
  - (e) Where the Council Member is running for national or provincial public office and where the Council or Committee Member has not taken a leave of absence from all Council and committee positions at the College;
  - (f) Where the Council Member agrees to give or gives a presentation on an issue related to the College’s role or activities without prior College approval;
  - (g) Where the Council Member agrees to participate or participates in a committee, working group, task force or other group related to the College’s role or activities without prior College approval;
  - (h) Where the Council Member, who is not the official spokesperson for the College, is in communication with government officials, politicians or the media on any matter related to the College without prior College approval;
  - (i) Where the Council Member publishes, including a posting on social media, a statement that could impair the public’s confidence in the College or compromise the policy or public image of the College or the Council Member’s ability to make transparent, objective, impartial and fair decisions that are in the public interest;
  - (j) Where the Council Member appears to give preferential access to a person or entity that advances the interests of dental hygienists or that has policy-making responsibilities for dental hygienists or that oversees the regulation of dental hygienists without prior College approval;

- (k) Where the Council Member advises or assists anyone in their dealings with the College, including acting as a peer mentor unless the Council Member has prior College approval;
- (l) Where the Council Member demonstrates a closed mind on an issue that is coming up, or is likely to come up, before the College;
- (m) Where the Council Member is the subject of an inquiry or investigation by the College, the police or another authority that impairs the ability of the Council Member to participate in a decision or to continue to serve in his or her position or has the potential to jeopardize public trust in the member, the Council, the Committee or the College;
- (n) Where the Council Member applies for employment with the College without first resigning all Council and committee positions;
- (o) Where the Council Member has a connection with a person or issue to be determined that would reasonably be seen by those who know all of the circumstances as incompatible with his or her responsibilities as an impartial decision-maker; and
- (p) Where the Council Member or their close relative or friend or affiliated entity uses materials developed for the College for commercial purposes without prior College approval.

***Preventing and Addressing Conflicts of Interest***

- (22) Council Members shall avoid, where feasible, situations where they would have conflicting duties of confidentiality and disclosure between their role with the College and with another person or entity.
- (23) Where a Council Member is in doubt as to whether he or she has a conflict of interest, the Council Member shall consult with an appropriate person such as the Chair of the affected committee, the President, the Registrar, or independent legal counsel in a hearing.
- (24) If a Council Member believes that he or she has a conflict of interest in a particular matter, he or she shall,
  - (a) prior to any consideration of the matter, declare to the Council or the committee that he or she has a conflict of interest that prevents him or her from participating;
  - (b) not take part in the discussion of or vote on any question in respect of the matter;
  - (c) leave the room for the portion of the meeting relating to the matter even where the meeting is open to the public; and
  - (d) not attempt in any way to influence the voting or do anything which might be reasonably perceived as an attempt to influence other Council or Committee Members or the decision relating to that matter.
- (25) Where a Council Member declares a conflict of interest, that fact shall be recorded in the minutes of that meeting of Council or the committee.

- (26) Where a Council Member believes that another Council Member has a conflict of interest that has not been declared despite any appropriate informal communications with the other Council Member, the first Council Member shall advise an appropriate person such as the Chair of the affected committee, the President, the Registrar, or independent legal counsel in hearing matters. The person who is suggested as having a conflict of interest is entitled to address the matter before any decision is made regarding the issue under paragraph 28 of this Article.
- (27) Where a Council Member believes that another Council or Committee Member has already acted in a conflict of interest or is in an ongoing conflict of interest, he or she shall advise in writing an appropriate person such as the Chair of the affected committee, the President, the Registrar or independent legal counsel in hearing matters. The person who is suggested as having a conflict of interest is entitled to make submissions about the matter before any decision is made regarding the issue under paragraph 28 of this Article.
- (28) Where the Council or a Committee concludes that one of its members has a conflict of interest that has not been declared, it can, after allowing the affected member to make submissions regarding the issue, direct that the Council or Committee Member not participate in the discussion or decision, leave the room for that portion of the meeting and not try to or otherwise exert influence in the matter.

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

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

#### **Confidentiality**

- (30) The purpose of this part of the bylaw is to provide helpful explanations as how to comply with the confidentiality provisions of the Code of Conduct. These provisions in no way limit the full extent of the duties set out in the Code of Conduct.
- (31) Council Members shall treat all information learned in the course of their duties, whether or not the information is related to an individual, as confidential and shall not disclose it unless a clearly identified exception applies.
- (32) Council Members shall review at least annually and when there are changes, the provisions in the *Regulated Health Professions Act* (especially section 36) and the Health Professions Procedural Code (especially sections 83 and 83.1), relating to confidentiality.
- (33) Council Members shall generally leave to College staff the disclosure of information under the legal exceptions to the duty of confidentiality. However, in appropriate circumstances, Council Members may disclose information directly when performing their duties, such as in rendering a decision and reasons on behalf of a committee, when appropriately discussing information that is public under the legislation and when consulting with their own legal counsel.



- (34) Even for communications within the College, Council Members shall only obtain or disclose information on a need-to-know basis.
- (35) Council Members will not share or post information on social media that compromises the organization or the Council's policy or public image.
- (36) Council Members shall take reasonable measures to safeguard College information including the safe management of paper documents and portable electronic devices and avoiding the use of unsecure electronic forms of communication or the use of social media for such communications.
- (37) Where a Council Member believes that there has been a breach of confidentiality by a Council or Committee Member, whether intentional or unintentional, he or she shall immediately advise the Registrar in writing providing all of the details. The Registrar shall notify the President as soon as possible of any breach of confidentiality by a Council or Committee Member.
- (38) Council Members will sign annually their agreement to abide by the Code of Conduct in its entirety.

### **3.8 Disqualification of Council and Non-Council Members**

- (1) The Council shall disqualify a Registrant from sitting on Council or a Committee or serving as a Non-Council Member if the Registrant:
  - (a) is found by a panel of the Discipline Committee to have committed an act of professional misconduct or to be incompetent;
  - (b) is found by a panel of the Fitness to Practise Committee to be incapacitated;
  - (c) subject to the discretion of Council to excuse the absence, fails, without reasonable cause, to attend two consecutive meetings of the Council or fails, for any reason, to attend three consecutive meetings of the Council;
  - (d) subject to the discretion of Council to excuse the absence, fails to attend two consecutive meetings of a Committee without reasonable cause or fails, for any reason, to attend three consecutive meetings of a Committee of which she or he is a member;
  - (e) fails, without reasonable cause, to attend a hearing of a panel for which he or she has been selected;
  - (f) in the case of an Elected Member, ceases to qualify for election in the electoral district for which the Elected Member was Elected;
  - (g) in the case of an Academic Member, ceases to be Faculty;
  - (h) breaches section 36 of the Act which, in the opinion of Council, is of such a nature that warrants disqualification;
  - (i) ceases to be a Registrant;
  - (j) fails, in the opinion of the Council, to discharge properly or honestly any office to which he or she has been Elected, Selected or Appointed;

- (k) has breached the Code of Conduct or conflict of interest provisions of this bylaw which, in the opinion of the Conduct Committee or its delegate, is of such a nature that warrants disqualification;
  - (l) becomes a member of a Council of any other College regulated under the Act;
  - (m) is found guilty of a criminal offence which, in the opinion of Council, is of such a nature that warrants disqualification;
  - (n) has not complied, within 30 days, or as otherwise specified, of being given notice of the failure, the College's requirements to pay fees, or the College's requirements for the provision of information;
  - (o) has a term, limit or condition imposed by the Quality Assurance Committee, the Discipline Committee or the Fitness to Practise Committee on his or her certificate of registration;
  - (p) is or becomes an officer, director or employee of a Professional Advocacy Association (however, a Council Member shall not be disqualified by reason of serving on an association or organization to which he or she has been appointed by the Council as a representative of the College);
  - (q) initiates, joins, continues or materially contributes to a legal proceeding against the College of any Committee or representatives of the College;
  - (r) has been directed by the Inquiries, Complaints and Reports Committee to complete a specified continuing education or remediation program and/or to appear before a panel of the Committee to be cautioned in the six years prior to the term of such Member, or during the term of such Member; or
  - (s) has given an undertaking to the College in response to a request by a panel of the Inquiries, Complaints and Reports Committee related to a complaint or for a matter in which an investigator is appointed under clause 75(1)(a) or clause 75(1)(b) of the Code, in the six years prior to the term of such Member, or during the term of such Member.
- (2) Jurisdiction for disqualifying a Public Member falls to the Lieutenant Governor in Council. The President on behalf of Council shall report to the Public Appointments Secretariat if a Public Member:
- (a) subject to the discretion of Council to excuse the absence, fails, without reasonable cause, to attend two consecutive regular meetings of the Council or fails, for any reason, to attend three consecutive meetings of the Council;
  - (b) subject to the discretion of Council to excuse the absence, fails, without reasonable cause, to attend two consecutive regular meetings of a Committee of which she or he is a member or fails, for any reason, to attend three consecutive meetings of a Committee of which she or he is a member;
  - (c) fails, without reasonable cause, to attend a hearing of a panel for which she or he has been selected;

- (d) breaches section 36 of the Act which, in the opinion of Council, is of such a nature that warrants disqualification;
  - (e) has breached the Code of Conduct or conflict of interest provisions of this bylaw which, in the opinion of the Conduct Committee or its delegate, is of such a nature that warrants disqualification;
  - (f) ceases to be a resident of Ontario;
  - (g) fails, in the opinion of the Council, to discharge properly or honestly any office to which he or she has been appointed;
  - (h) becomes a member of a Council of any other College regulated under the Act;
  - (i) is found guilty of a criminal offence which, in the opinion of Council, is of such a nature that warrants disqualification;
  - (j) is or becomes an officer, director or employee of a Professional Advocacy Association (however, a Public Member shall not be reported to the Public Appointments Secretariat by reason of serving on an association or organization to which he or she has been appointed by the Council as a representative of the College); or
  - (k) initiates, joins, continues or materially contributes to a legal proceeding against the College or any Committee or representatives of the College.
- (3) A person who has served as a Council or Non-Council Member may not become an employee of the College until one year has passed following the expiration of their term of office.
- (4) A Council Member who has been disqualified from sitting on the Council ceases to be a member of the Council and ceases to be a member of any Committees, including any panel, to which he or she had been Appointed.

## **Suggested Motion – Friday, September 22, 2023**

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### **2.1 ADOPTION OF AGENDA**

**MOTION:**     **THAT** Council moves to approve the September 22, 2023 Council meeting agenda as presented.

Moved:

Seconded:

VOTE:

## 2023 Conflict of Interest Declaration

### Annual Conflict of Interest Declaration

Michelle Atkinson on Monday, 1/16/2023

1.

Please type your full name:

Michelle Atkinson

2.

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

Yes

3.

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

Yes

4.

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

Yes

5.

Having reviewed the examples of conflict of interest [sec 3.7(21), I am declaring:

that I currently have potential conflicts of interest in my role as member of Council.

6.

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

Faculty - Algonquin College

First Name	Last Name	Signature	Completed Date
Michelle	Atkinson	MA	1/16/2023 9:30AM

Signature Page

## 2023 Conflict of Interest Declaration

### Annual Conflict of Interest Declaration

Anne-Marie Conaghan on Monday, 1/16/2023

1.

Please type your full name:

Anne-Marie Conaghan

2.

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

Yes

3.

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

Yes

4.

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

Yes

5.

Having reviewed the examples of conflict of interest [sec 3.7(21), I am declaring:

that I currently have potential conflicts of interest in my role as member of Council.

6.

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

Dental hygiene program coordinator at Georgian College.

First Name	Last Name	Signature	Completed Date
Anne-Marie	Conaghan	AC	1/16/2023 9:45PM

Signature Page



## 2023 Conflict of Interest Declaration

### Annual Conflict of Interest Declaration

Carla Grbac on Thursday, 1/12/2023

1.

Please type your full name:

Carla Grbac

2.

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

Yes

3.

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

Yes

4.

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

Yes

5.

Having reviewed the examples of conflict of interest [sec 3.7(21), I am declaring:

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

6.

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

First Name	Last Name	Signature	Completed Date
Carla	Grbac	CG	1/12/2023 10:20PM

Signature Page

## 2023 Conflict of Interest Declaration

### Annual Conflict of Interest Declaration

Erin Betts on Monday, 1/9/2023

1.

Please type your full name:

erin betts

2.

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

Yes

3.

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

Yes

4.

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

Yes

5.

Having reviewed the examples of conflict of interest [sec 3.7(21), I am declaring:

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

6.

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

First Name	Last Name	Signature	Completed Date
Erin	Betts	eb	1/9/2023 9:14PM

Signature Page

## 2023 Conflict of Interest Declaration

### Annual Conflict of Interest Declaration

Farzana Hussain on Wednesday, 1/11/2023

1.

Please type your full name:

Farzana Hussain

2.

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

Yes

3.

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

Yes

4.

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

Yes

5.

Having reviewed the examples of conflict of interest [sec 3.7(21), I am declaring:

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

6.

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

First Name	Last Name	Signature	Completed Date
Farzana	Hussain	FH	1/11/2023 6:45PM

Signature Page

## 2023 Conflict of Interest Declaration

### Annual Conflict of Interest Declaration

Jennifer Cooper on Wednesday, 1/11/2023

1.

Please type your full name:

Jennifer Cooper

2.

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

Yes

3.

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

Yes

4.

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

Yes

5.

Having reviewed the examples of conflict of interest [sec 3.7(21), I am declaring:

that I currently have potential conflicts of interest in my role as member of Council.

6.

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

Faculty - Fanshawe College and Commission on Dental Accreditation of Canada - Dental Assisting Site Surveyor

First Name	Last Name	Signature	Completed Date
Jennifer	Cooper	JC	1/11/2023 9:57PM

Signature Page



## 2023 Conflict of Interest Declaration

### Annual Conflict of Interest Declaration

Jacqueline White on Monday, 1/9/2023

1.

Please type your full name:

Jacqueline White

2.

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

Yes

3.

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

Yes

4.

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

Yes

5.

Having reviewed the examples of conflict of interest [sec 3.7(21), I am declaring:

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

6.

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

N/A

First Name	Last Name	Signature	Completed Date
Jacqueline	White	JW	1/9/2023 5:50PM

Signature Page

## 2023 Conflict of Interest Declaration

### Annual Conflict of Interest Declaration

Loree Beniuk on Tuesday, 1/17/2023

1.

Please type your full name:

Loree Sue Armstrong Beniuk

2.

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

Yes

3.

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

Yes

4.

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

Yes

5.

Having reviewed the examples of conflict of interest [sec 3.7(21), I am declaring:

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

6.

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

First Name	Last Name	Signature	Completed Date
Loree	Beniuk	LB	1/17/2023 5:45PM

Signature Page

## 2023 Conflict of Interest Declaration

### Annual Conflict of Interest Declaration

Maheen Cassim on Tuesday, 1/10/2023

1.

Please type your full name:

Maheen Cassim

2.

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

Yes

3.

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

Yes

4.

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

Yes

5.

Having reviewed the examples of conflict of interest [sec 3.7(21), I am declaring:

that I currently have potential conflicts of interest in my role as member of Council.

6.

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

Part time faculty member at Confederation College of Dental Hygiene

First Name	Last Name	Signature	Completed Date
Maheen	Cassim	MC	1/10/2023 10:41PM

Signature Page

## 2023 Conflict of Interest Declaration

### Annual Conflict of Interest Declaration

Ehizele Martin Iyamabo on Sunday, 1/15/2023

1.

Please type your full name:

Ehizele Martin Iyamabo

2.

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

Yes

3.

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

Yes

4.

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

Yes

5.

Having reviewed the examples of conflict of interest [sec 3.7(21), I am declaring:

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

6.

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

First Name	Last Name	Signature	Completed Date
Ehizele Martin	Iyamabo	MI	1/15/2023 9:41PM

Signature Page



## 2023 Conflict of Interest Declaration

### Annual Conflict of Interest Declaration

Margaret Wade on Tuesday, 1/10/2023

1.

Please type your full name:

Margaret Wade

2.

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

Yes

3.

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

Yes

4.

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

Yes

5.

Having reviewed the examples of conflict of interest [sec 3.7(21), I am declaring:

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

6.

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

First Name	Last Name	Signature	Completed Date
Margaret	Wade	M.W.	1/10/2023 10:07AM

Signature Page

## 2023 Conflict of Interest Declaration

### Annual Conflict of Interest Declaration

Angelica Palantzas on Friday, 1/13/2023

1.

Please type your full name:

Angelica Palantzas

2.

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

Yes

3.

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

Yes

4.

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

Yes

5.

Having reviewed the examples of conflict of interest [sec 3.7(21), I am declaring:

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

6.

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

First Name	Last Name	Signature	Completed Date
Angelica	Palantzas	AP	1/13/2023 11:46AM

Signature Page

## 2023 Conflict of Interest Annual Conflict of Interest Declaration

Terri Strawn on Tuesday, 9/19/2023

1.

Please type your full name:

Terri Strawn

2.

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

Yes

3.

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

Yes

4.

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

Yes

5.

Having reviewed the examples of conflict of interest [sec 3.7(21), I am declaring:

that I currently have potential conflicts of interest in my role as member of Council.

6.

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

Full time faculty, Durham College; Exam Committee member and item writer for the NDHCB/FDHRC; Site Surveyor periodically - CDAC

First Name	Last Name	Signature	Completed Date
Terri	Strawn	TS	9/19/2023 10:08AM

Signature Page

First Name	Last Name	Signature	Completed Date
Mary	Yeomans	MY	1/13/2023 3:48PM

Signature Page

## 2023 Conflict of Interest Declaration

### Annual Conflict of Interest Declaration

Krista Dufour on Tuesday, 1/17/2023

1.

Please type your full name:

Krista Dufour

2.

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

Yes

3.

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

Yes

4.

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

Yes

5.

Having reviewed the examples of conflict of interest [sec 3.7(21), I am declaring:

that I currently have potential conflicts of interest in my role as member of Council.

6.

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

Clinical Faculty St. Clair College



First Name	Last Name	Signature	Completed Date
Krista	Dufour	KD	1/17/2023 6:33PM

Signature Page

## 2023 Conflict of Interest Declaration

### Annual Conflict of Interest Declaration

Meghan Leuprecht on Friday, 1/20/2023

1.

Please type your full name:

Meghan Leuprecht

2.

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

Yes

3.

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

Yes

4.

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

Yes

5.

Having reviewed the examples of conflict of interest [sec 3.7(21), I am declaring:

that I currently have potential conflicts of interest in my role as member of Council.

6.

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

Member OCSWSSW

First Name	Last Name	Signature	Completed Date
Meghan	Leuprecht	ML	1/20/2023 12:03PM

Signature Page

## 2023 Conflict of Interest Declaration

### Annual Conflict of Interest Declaration

Pella Giabanis on Tuesday, 1/10/2023

1.

Please type your full name:

Pella Giabanis

2.

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

Yes

3.

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

Yes

4.

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

Yes

5.

Having reviewed the examples of conflict of interest [sec 3.7(21), I am declaring:

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

6.

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

First Name	Last Name	Signature	Completed Date
Pella	Giabanis	pg	1/10/2023 9:15PM

Signature Page

## 2023 Conflict of Interest Declaration

### Annual Conflict of Interest Declaration

Vanessa Pereira on Monday, 1/16/2023

1.

Please type your full name:

Vanessa Pereira

2.

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

Yes

3.

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

Yes

4.

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

Yes

5.

Having reviewed the examples of conflict of interest [sec 3.7(21), I am declaring:

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

6.

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

First Name	Last Name	Signature	Completed Date
Vanessa	Pereira	VP	1/16/2023 5:19PM

Signature Page

## 2023 Conflict of Interest Declaration

### Annual Conflict of Interest Declaration

Alessandro Greco on Wednesday, 2/22/2023

1.

Please type your full name:

Alessandro Greco

2.

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

Yes

3.

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

Yes

4.

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

Yes

5.

Having reviewed the examples of conflict of interest [sec 3.7(21), I am declaring:

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

6.

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



First Name	Last Name	Signature	Completed Date
Alessandro	Greco	AgAGAg	2/22/2023 11:40AM

Signature Page

## 2023 Conflict of Interest Declaration

### Annual Conflict of Interest Declaration

Mary Yeomans on Thursday, 3/16/2023

1.

Please type your full name:

Mary Yeomans

2.

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

Yes

3.

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

Yes

4.

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

Yes

5.

Having reviewed the examples of conflict of interest [sec 3.7(21), I am declaring:

that I currently have potential conflicts of interest in my role as member of Council.

6.

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

As I am a full-time faculty member at Cambrian College, I am declaring a potential conflict of interest in matters involving faculty, staff, students, and graduates from Cambrian College.

First Name	Last Name	Signature	Completed Date
Mary	Yeomans	MY	3/16/2023 6:34AM

Signature Page

## **Suggested Motion – Friday, September 22, 2023**

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### **4.0 CONSENT AGENDA ITEMS (4.1)**

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

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

Moved:

Seconded:

VOTE:

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## COUNCIL MEETING MINUTES

Virtual Zoom Meeting

Livestreamed to the CDHO YouTube Channel

**Friday, June 2, 2023**

9:00 a.m. – 4:00 p.m.

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### COUNCIL MEMBERS PRESENT:

Terri Strawn, Professional Member, President  
Michelle Atkinson, Professional Member  
(10:15 a.m.-4:00 p.m.)  
Loree Beniuk, Public Member  
Anne-Marie Conaghan, Academic Member  
Maheen Cassim, Professional Member  
Jennifer Cooper, Academic Member  
Krista Dufour, Professional Member  
Pella Giabanis, Public Member  
(9:00a.m.-12:00p.m., 2:00p.m.-4:00p.m.)  
Alessandro Greco, Public Member  
(9:00a.m.-11:00a.m.)  
Carla Grbac, Professional Member  
Ehizele Martin Iyamabo, Public Member  
(9:00a.m.-12:00p.m.)  
Meghan Leuprecht, Public Member  
Vanessa Pereira, Professional Member,  
Vice-President  
Margaret Wade, Public Member  
Jacqueline White, Professional Member  
(10:30a.m.-4:00p.m.)  
Mary Yeomans, Professional Member

### REGRETS:

Farzana Hussain, Professional Member  
Sasha Sidhu, Public Member  
Angelica Palantzas, Public Member  
Erin Betts, Public Member

### ADMINISTRATION:

Dr. Glenn Pettifer, Registrar and CEO  
Veronica Douglas, Executive Administrator

### GUESTS:

Julie Maciura, SML, CDHO Legal Counsel  
(9:00 a.m.-1:15 p.m.)  
Blair MacKenzie, Hilborn LLP (9:30a.m.-  
10:00a.m.)  
Usman Paracha, Hilborn LLP (9:30a.m.-  
10:00a.m.)  
Doha Melhem, Pivotal Research (11:00a.m.-  
11:45a.m.)  
Rainer Kocsis, Pivotal Research (11:00a.m.-  
11:45 a.m.)  
Hafsah Ali, Pivotal Research (11:00a.m.-  
11:45 a.m.)

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## 1.0 CALL TO ORDER

### 1.1 Roll Call

The Chair, Terri Strawn, called the meeting to order at 9:03 a.m.

## **1.2 Opening Remarks**

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

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

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

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

The President informed those present that Council joined the Councils of the other Oral Health Profession Regulatory Colleges (RCDSO, CDO, CDTO) in an education day “Indigenous Peoples, Reconciliation, and Anti-Bias” on May 26<sup>th</sup>, 2023.

## **1.3 Council Policy Manual Update**

The Chair reported that the following policies had been updated:

- GP- 3(4) Council Planning Cycle and Agenda Control

## **1.4 Council Code of Conduct**

Council was reminded of the Code of Conduct.

## 2.0 APPROVAL OF AGENDA

### 2.1 Review and Approval of Agenda

A typo in Item 14.1 was amended to read policy 3(8) instead of 3(9).

**MOTION:** THAT Council moves to approve the June 2, 2023 Council meeting agenda as amended.

Moved: Carla Grbac

Seconded: Loree Beniuk

VOTE:

**CARRIED**

## 3.0 DECLARATIONS OF POTENTIAL CONFLICTS OF INTEREST

### 3.1 Declarations of Conflict of Interest

No conflicts were declared.

## 4.0 CONSENT AGENDA (4.1-4.1.1)

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

Moved: Maheen Cassim

Seconded: Jennifer Cooper

VOTE:

**CARRIED**

## 5.0 INFORMATION REQUESTED BY THE BOARD

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

The President advised Council that they met with the Registrar regarding operations on May 19<sup>th</sup>, with Michelle Atkinson regarding the June Council meeting on May 26<sup>th</sup>, and with Vanessa Pereira regarding the June Council meeting on May 31<sup>st</sup>.

## 6.0 OWNERSHIP LINKAGE

### 6.1 Status of Ownership Linkage Activities

The Ownership Linkage Committee provided Council with a written report.

## 7.0 GOVERNANCE PROCESS ITEMS

### 7.1 2022 Draft Audited Financial Statements

Blair MacKenzie and Usman Paracha presented the 2022 draft financial

statements to Council.

**MOTION:**       **THAT** Council approves the transfer of \$2,000,000 from unrestricted net assets to net assets internally restricted for strategic initiatives.

**MOVED:**       Carla Grbac

**SECONDED:**   Vanessa Pereira

**VOTE:**

**CARRIED**

**MOTION:**       **THAT** Council moves to accept the 2022 draft audited financial statements as presented by Hilborn LLP.

**MOVED:**       Mary Yeomans

**SECONDED:**   Margaret Wade

**VOTE:**

**CARRIED**

## **7.2     Appointment of Auditor for 2023**

Council considered the public interest by discussing if there was a risk associated with hiring the same auditors year after year. In the regulatory sector it is common to use the same auditors due to the straightforward nature of its financials. The Executive Committee did complete a comprehensive assessment of the auditors and formed a positive assessment of the firm, therefore it was decided to continue using Hilborn LLP in 2023.

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

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

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



**THEREFORE BE IT RESOLVED THAT** the firm of *Hilborn, LLP* be reappointed as auditors of the College of Dental Hygienists of Ontario for the fiscal year of 2023.

**MOVED:** Margaret Wade

**SECONDED:** Vanessa Pereira

**VOTE:**

**CARRIED**

### **7.3 Governance Committee Update**

Terri Strawn provided an update on the Governance Committee activities. The Governance Committee has not met since the last Council meeting, however they are planning to meet to discuss Deanna Williams' external assessment of Council effectiveness report and will provide Council with an update in September.

### **7.4 Dissolution of the Examinations Committee**

Council considered the public interest in access to safe, competent, and ethical care and service when discussing the dissolution of the Examinations Committee. The CDHO no longer administers any entry-to-practice examinations since it delegates that responsibility to the Federation of Dental Hygiene Regulators of Canada (FDHRC) as a third-party provider for the administration of both the written and clinical examinations. The FDHRC also manages the appeal process associated with either exam. Since the work of the CDHO Examinations Committee has been assumed by the FDHRC, Council determined dissolving the Examinations Committee would not put the public at risk.

**MOTION:** **WHEREAS** Council formed an Examinations Committee on January 24, 2014; and

**WHEREAS** the Examinations Committee functions have been transferred to the Federation of Dental Hygiene Regulators of Canada (approved by Council on June 11, 2021);

**THEREFORE, BE IT RESOLVED THAT** the Examinations Committee be dissolved with the appreciation of Council to Committee Members for their contributions.

**MOVED:** Jennifer Cooper

**SECONDED:** Anne-Marie Conaghan

**VOTE:**

**CARRIED**

## **12.0 BOARD EDUCATION**

### **12.1 Voice of Patient Survey Final Report**

Doha Melhem presented the results of Pivotal Research's Voice of the Patient survey to Council. The primary research objective was to understand the landscape of patient and public experiences and perception with dental hygiene care in Ontario. Pivotal Research used an online bulletin board, in-depth interviews, and an online survey to conduct their research. The survey concluded that dental hygiene patients are highly satisfied with their dental hygienists, consent and transparency have a great impact on the dental hygiene experience, and that satisfaction is positively correlated with age, income, and English language fluency. They found that dental hygiene care is perceived to be expensive and cost-prohibitive to many Ontario residents and access to dental hygiene care is correlated with socio-economic factors. Pivotal research also identified several key considerations to further assess when aiming to enhance public trust and confidence in the dental hygiene profession such as increased outreach to marginalized demographics. Next steps include conducting registrant engagement research and a qualitative deep-dive on dental hygiene patient experiences with discrimination and racism.

### **12.2 CDHO Council Coaching Agenda**

Council reviewed the Coaching Advisories for the December and March Council meetings from the Governance Coach.

## **13.0 ENDS ITEMS FOR CONSIDERATION**

### **13.1 Policy Content Review: EL Global End**

Council reviewed the Global End policy and no changes were made.

### **13.2 Policy Content Review: E-1**

Council reviewed the Ends-1 policy and no changes were made.

### **13.3 Policy Content Review: E-2**

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

#### **13.4 Policy Content Review: E-3**

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

#### **13.5 Policy Content Review: E-4**

Council reviewed the Ends- 4 policy and no changes were made.

### **14.0 MONITORING CEO PERFORMANCE**

#### **14.0 MOTION TO MOVE IN CAMERA**

**MOTION:** THAT Council move in Camera as per RHPA, *Schedule 2, Section 7(2)(d)* at 1:12 p.m., for agenda items 14.1–14.4.

**MOVED:** Jacqueline White

**SECONDED:** Carla Grbac

**VOTE:**

**CARRIED**

#### **14.1 Internal Monitoring: E-3**

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

**MOVED:** Jacqueline White

**SECONDED:** Carla Grbac

**VOTE:**

**CARRIED**

#### **14.2 Internal Monitoring: EL-4**

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

**MOVED:** Michelle Atkinson

**SECONDED:** Mary Yeomans

**VOTE:**

**CARRIED**

### **14.3 Internal Monitoring: E-6**

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

**MOVED:**           Maheen Cassim

**SECONDED:**       Jennifer Cooper

**VOTE:**

**CARRIED**

### **14.4 Internal Monitoring: E-9**

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

**MOVED:**           Loree Beniuk

**SECONDED:**       Anne-Marie Conaghan

**VOTE:**

**CARRIED**

### **14.5 Registrar Compensation Appraisal**

Council completed a compensation appraisal in camera.

### **14.0 MOTION TO MOVE OUT OF CAMERA**

**MOTION:**       **THAT** Council move out of Camera as per RHPA, *Schedule 2, Section 7(2)(d)* at 3:42 p.m.

**MOVED:**           Krista Dufour

**SECONDED:**       Carla Grbac

**VOTE:**

**CARRIED**

## **15.0 SELF-EVALUATION OF GOVERNANCE PROCESS**

### **15.1 Council Meeting Evaluation**

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

## **16.0 NEXT MEETING DATE**

The next Council meeting is June 2, 2023.

## 17.0 ADJOURNMENT

**MOTION:**     **THAT** the Council meeting be adjourned at 3:57 p.m.

**MOVED:**       Carla Grbac

**SECONDED:**   Jennifer Cooper

**VOTE:**

**CARRIED**

**Approved by:**

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**Signature of Chair, Terri Strawn**

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**Date**

## EXECUTIVE COMMITTEE REPORT

September 22, 2023

### COMMITTEE MEMBERS

#### Professional Members (Council)

Terri Strawn, President  
Vanessa Pereira, Vice-President  
Michelle Atkinson

#### Public Members (Council)

Erin Betts  
Loree Beniuk

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

### PUBLIC INTEREST RATIONALE

Between the meetings of the Council, the Executive Committee has all the powers of the Council with respect to any matter that, in the Committee's opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or bylaw in accordance with the Act. As such, we are dedicated to upholding transparency by providing insights into the Executive Committee's operations outside of Council meetings, ensuring our decision-making processes are accessible and accountable to all.

### INTRODUCTION

Since its last report to Council, the Executive Committee met through videoconference on August 1, 2023.

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

### ITEMS FOR INFORMATION

#### CDHO Governance

The Executive planned the agenda for the September 15<sup>th</sup> Council workshop and the September 22<sup>nd</sup> Council meeting.

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

The Canadian Network of Agencies of Regulation's (CNAR) annual conference takes place in Vancouver, British Columbia from October 16 – 18<sup>th</sup>, 2023. This year, the President - Terri Strawn, in lieu of the Vice President - Michelle Atkinson, and Public member of Executive -Loree Beniuk, will be attending the conference with staff. A sharing of information to Council on what was learned will take place at the December meeting.

The Canadian Dental Hygienists' Association's 2023 Summit will be held on October 20 – 21<sup>st</sup>, 2023 in Winnipeg, Manitoba. The President and the chair of the Ownership Linkage Committee will be in attendance. A presentation to Council on what was learned will take place at the December meeting.

### **Public Members of Council**

Erin Betts has been reappointed to Council for a period of three years.

## DISCIPLINE COMMITTEE REPORT

September 22, 2023

### COMMITTEE MEMBERS

**Chair:** Jacqueline White, Professional Member

**Vice-Chair:** Maheen Cassim, Professional Member

#### Professional Members (Council)

Michelle Atkinson  
Maheen Cassim  
Anne-Marie Conaghan  
Jennifer Cooper  
Krista Dufour  
Carla Grbac  
Farzana Hussain  
Vanessa Pereira  
Terri Strawn  
Mary Yeomans

#### Public Members (Council)

Loree Beniuk  
Erin Betts  
Pella Giabanis  
Alessandro Greco  
Ehizele Martin Iyamabo  
Meghan Leuprecht  
Angelica Palantzas  
Upneet (Sasha) Sidhu  
Margaret Wade

#### Professional Members (Non-Council)

Amanda Acker  
Siobhan Brennen  
Gillian Dunn  
Rowena Javier  
Paula Malcomson

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

### INTRODUCTION

Since its last report to Council in June 2023, the Discipline Committee has not held a plenary meeting.

### ITEMS FOR INFORMATION – Related to Mandate

- CDHO v. Jessica (“Jessa”) Chaput was heard before a panel of the Discipline Committee on June 22, 2023. On motion by the College, the panel ordered that the hearing be



adjourned indefinitely, due to Ms. Chaput's signing of an undertaking to never reapply to the College. Ms. Chaput had been administratively revoked prior to the commencement of the hearing.

- CDHO v. Angelita Maramag was heard before a panel of the Discipline Committee on July 10, 2023. The matter proceeded via an agreed statement of facts and a joint submission on penalty. Ms. Maramag was found guilty of professional misconduct and was subject to the following order on penalty and costs: a reprimand; a three-month suspension; a six-month period of clinical supervision and a practice audit following her return to practice; costs in the amount of \$5,000. The panel released its reasons for decision on August 14, 2023.

As of the date of writing (August 21, 2023), the following matters are currently pending before the Committee:

- Samantha Wehrle v. CDHO: The registrant, who was revoked by order of the Discipline Committee in July 2018, is applying for reinstatement of her certificate of registration. The matter is currently being scheduled.

## CONCLUSION

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

## FITNESS TO PRACTISE COMMITTEE REPORT

September 22, 2023

### COMMITTEE MEMBERS

**Chair:** Vacant

#### **Professional Members (Council)**

Michelle Atkinson  
Maheen Cassim  
Anne-Marie Conaghan  
Jennifer Cooper  
Krista Dufour  
Carla Grbac  
Farzana Hussain  
Vanessa Pereira  
Terri Strawn  
Jacqueline White  
Mary Yeomans

#### **Public Members (Council)**

Loree Beniuk  
Erin Betts  
Pella Giabanis  
Alessandro Greco  
Ehizele Martin Iyamabo  
Meghan Leuprecht  
Angelica Palantzas  
Margaret Wade  
Upneet (Sasha) Sidhu

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

### INTRODUCTION

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

### ITEMS FOR INFORMATION – Related to Mandate

The Fitness to Practise Committee has not met and panels of the Committee have conducted no hearings since the last report to Council in June 2023.

## INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT

September 22, 2023  
(Reported August 30, 2023)

### COMMITTEE MEMBERS

#### Panel A

**Chair:** Jennifer Cooper

#### Professional Members (Council)

Maheen Cassim  
Jennifer Cooper

#### Public Members (Council)

Loree Beniuk  
Erin Betts

#### Professional Members (Non-Council)

Tonia Peachman-Faust  
Larissa Voytek

#### Panel B

**Chair:** Anne-Marie Conaghan

#### Professional Members (Council)

Anne-Marie Conaghan  
Mary Yeomans

#### Public Members (Council)

Sasha Sidhu  
Margaret Wade

#### Professional Members (Non-Council)

Dorothy Dziunikowski  
Julie Farmer

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

### INTRODUCTION

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

Since the last Report to Council on June 2, 2023, the panels of the ICRC met on the following dates by video conference:

Panel A	Panel B
June 9, 2023 August 24, 2023	July 13, 2023

**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 May 10, 2023).

<b>Number of investigations carried over from previous period(s) <sup>1</sup></b>			
	<b>Complaints</b>	<b>Registrar Reports</b>	<b>QA Referrals</b>
<b>Investigations commenced before May 11, 2023</b>	7	17	3

<b>Intake of new investigations</b>			
	<b>Complaints</b>	<b>Registrar's Reports</b>	<b>QA Referrals</b>
<b>May 11, 2023 to August 30, 2023</b>	4	3	0

<b>Decisions made and finalized by ICRC</b>			
	<b>Complaints Outcomes</b>	<b>Reports and Incapacity Outcomes</b>	<b>QAC Outcomes</b>
<b>May 11, 2023 to August 30, 2023</b>	<p>Specified Continuing Education or Remediation Program (SCERP): 1</p> <p>Specified Continuing Education or Remediation Program (SCERP) + Oral Caution: 2</p> <p>No Further Action with Undertaking: 2</p> <p>No Further Action: 3</p>	<p>Specified Continuing Education or Remediation Program (SCERP): 1</p>	<p>Oral Caution: 1</p> <p>No Further Action with Undertaking: 1</p>

<sup>1</sup> 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, 1 complaint matter and 4 report matters were deliberated by the ICRC, but the Decisions with Reasons have not been finalized. The outcomes and timelines will be reported on the next Report to Council.

Health Professions Appeal and Review Board Matters (HPARB)			
	Total Matters in progress (including where Decision pending)	Matters heard, Decision pending	Decision(s) Received
May 11, 2023 to August 30, 2023	2	1	2 – Decisions and Reasons upheld by HPARB 2- Withdrawn by Appellant

### 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 HPARB 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 May 11, 2023, to August 30, 2023 (time of writing) were as follows:

Timeline	Complaints	Registrar's Reports	QA Referrals
150 days or less	5	-	-
151 days to 210 days	-	4	-
211 days to 240 days	-	1	1
More than 240 days	2	3	1

### CONCLUSION

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

## PATIENT RELATIONS COMMITTEE REPORT

September 22, 2023

### Professional Members (Council)

Farzana Hussain

Maheen Cassim

### Professional Members (Non-Council)

Paula Malcomson

### Public Members (Council)

Sasha Sidhu

Meghan Leuprecht

Alex Greco

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

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### INTRODUCTION

The Patient Relations Committee has not met since the last Council meeting on June 2, 2023.

### ITEMS FOR INFORMATION — Related to Mandate

No further information to report.

## QUALITY ASSURANCE COMMITTEE REPORT

September 22, 2023

**Committee Members:** Terri Strawn, Professional Member (Chair)  
Farzana Hussain, Professional Member  
Vanessa Pereira, Professional Member  
Meghan Leuprecht, Public Member  
Angelica Palantzas, Public Member  
Julie Farmer, Non-Council Member  
Tonia Peachman-Faust, Non-Council Member

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

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### INTRODUCTION

The Quality Assurance Committee met once since the last Report to Council. The Committee met by video conference on July 6, 2023.

### ITEMS FOR INFORMATION – Related to Mandate

#### Welcome Emails

'Welcome to the Profession' notices were sent out by email in July to 128 registrants who were registered between April 1 and June 30, 2023. The notice is designed to promote quality practice and to increase awareness of the CDHO resources available, such as the CDHO Knowledge Network, the practice advisors, and the Quality Assurance Program Self-Assessment and educational tools. This notice is sent by email to all new registrants quarterly.

#### Quality Assurance Program Strategic Planning

A separate QA Strategic Planning Steering Committee was previously struck to move forward with developing a strategic plan for the future of the Quality Assurance program. A draft of the proposed QA Strategic Plan was previously presented to the Quality Assurance Committee at the May meeting.

## **Quality Assurance Records Peer Review Statistics (as of August 30, 2023)**

### 2023 Peer Assessment

Of the 44<sup>1</sup> quality assurance records requested

42 have met the assessment guidelines<sup>2</sup>

1 is in the assessment process<sup>4</sup>

1 is participating in directed learning/remediation

### 2023 Practice Reviews

Of the 0<sup>3</sup> on-site practice assessments requested

0 have met the assessment guidelines<sup>2</sup>

0 are in the assessment process

0 are participating in directed learning/remediation

### 2022 Peer Assessment

Of the 2500<sup>1</sup> quality assurance records requested

2492 have met the assessment guidelines<sup>2</sup>

2 are in the assessment process<sup>4</sup>

6 are participating in directed learning/remediation

### 2022 Practice Reviews

Of the 20<sup>3</sup> on-site practice assessments requested

13 have met the assessment guidelines<sup>2</sup>

2 are in the assessment process

5 are participating in directed learning/remediation

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<sup>1</sup> 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.

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

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

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



## REGISTRATION COMMITTEE REPORT

September 22, 2023

**Committee Members:**      **2023 Committee Slate**  
 Michelle Atkinson, Professional Member, Chair  
 Jacqueline White, Professional Member  
 Maheen Cassim, Professional member  
 Pella Giabanis, Public Member  
 Margaret Wade, Public Member  
 Lisa Frisch, Non-Council Member

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

### INTRODUCTION

The Registration Committee has not met since the last report to Council on May 2, 2023.

### ITEMS FOR INFORMATION – Related to Mandate

#### Registration Statistics

Since last reported to Council:

	May 2, 2023	August 18, 2023
General Certificate of Registration	13,309	13, 608
Specialty Certificate of Registration	627	639
Inactive Certificate of Registration	848	805
Total Registrants	14,784	15, 052
Authorized to Self-Initiate	6,719	6,971

### **Applications for Registration**

Since the last report to Council, the College received 296 new applications for registration. Six applications required detailed review by the Registrar; 6 were granted a Certificate of Registration, including 2 with a warning regarding the professional and ethical obligations that apply as a regulated health professional and member of the CDHO.

### **Registration Committee Meeting**

The Registration Committee is scheduled to convene by videoconference on September 8, 2023.

### **Changes to the Register**

Since last reported to Council on May 2, 2023:

- 283 applicants were registered to practise
- 17 previous registrants of the College were re-registered.
- 2 registrants were reinstated (from suspended)
- 3 registrants were suspended
- 0 registrants were revoked for non-payment of fees
- 15 registrants resigned
- 252 registrants were authorized to self-initiate

# President's Report to Council

September 22, 2023

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## **Public Interest Rationale:**

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

## **President's Activities**

June 27, 2023 – Phone meeting Vanessa Pereira  
June 28, 2023 – Phone meeting Vanessa Pereira  
June 28, 2023 – Phone meeting with Julie Maciura  
August 1, 2023 – Executive Committee meeting  
August 17, 2023 – Phone Meeting Michelle Atkinson - Monitoring

## **Expense Policy Exceptions**

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

There were no expenses approved outside the policy allocation.

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

## **Cost of Good Governance**

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

## Appendix 1

Name	January 19, 2023 New Member Orientation	January 20, 2023 Meeting	March 30, 2023 Workshop	March 31, 2023 Meeting	May 26, 2023 Workshop	June 2, 2023 Meeting	September 15, 2023 Workshop	September 22, 2023 Meeting	November 30, 2023 Workshop	December 1, 2023 Meeting
<b>Professional Members</b>										
Atkinson, Michelle	✗	✓	✓	✓	✓	✓				
Cassim, Maheen	✗	✓	✓	✓	✓	✓				
Conaghan-Anne-Marie	✗	✓	✓	✓	✓	✓				
Cooper, Jennifer	✗	✓	✗	✓	✗	✓				
Grbac, Carla	✗	✓	✓	✓	✓	✓				
Hussain, Farzana	✗	✓	✗	✗	✗	✗				
Dufour, Krista	✓	✓	✓	✓	✓	✓				
Pereira, Vanessa	✓	✓	✓	✓	✓	✓				
Strawn, Terri	✓	✓	✓	✓	✓	✓				
White, Jacqueline	✗	✓	✓	✓	✓	✓				
Yeomans, Mary	✗	✓	✓	✓	✓	✓				
<b>Public Members</b>										
Beniuk, Loree	✗	✓	✓	✓	✗	✓				
Betts, Erin	✗	✓	✓	✓	✗	✗				
Giabanis, Pella	✗	✓	✓	✓	✗	✓				
Greco, Alex	✗	✓	✗	✗	✗	✓				
Iyamabo, Martin	✗	✓	✗	✗	✗	✓				
Leuprecht, Meghan	✗	✓	✗	✓	✓	✓				
Palantzas, Angelica	✗	✓	✗	✓	✗	✗				
Sidhu, Upneet (Sasha)	✗	✗	✗	✗	✗	✗				
Wade, Margaret	✗	✓	✓	✓	✓	✓				

✓ Attended

✗ Did not attend

## Appendix 2

### Professional Council Members Honorarium and Expense Claim Submissions - Quarterly

For the Year ending December 31, 2023

	Q1 HONORARIUM	Q1 EXPENSES	Q2 HONORARIUM	Q2 EXPENSES	Q3 HONORARIUM	Q3 EXPENSES	Q4 HONORARIUM	Q4 EXPENSES	TOTAL
Terri Strawn (president)	2,879.60	0.00	3,404.60	29.50		0.00		0.00	6,313.70
Vanessa Pereira (vice-president)	2,583.20	0.00	2,621.50	6.60		0.00		0.00	5,211.30
Michelle Atkinson	1,819.00	0.00	2,411.50	561.28		0.00		0.00	4,791.78
Krista Dufour	1,103.00	0.00	2,073.00	0.00		0.00		0.00	3,176.00
Anne-Marie Conaghan	1,307.00	0.00	1,749.50	0.00		0.00		0.00	3,056.50
Jennifer Cooper	1,524.50	0.00	1,351.00	0.00		0.00		0.00	2,875.50
Carla Grbac	333.00	0.00	2,227.00	0.00		0.00		0.00	2,560.00
Jacqueline White	1,846.00	733.73	1,303.00	0.00		0.00		0.00	3,882.73
Maheen Cassim	1,461.00	0.00	2,448.00	473.31		0.00		0.00	4,382.31
Farzana Hussain	537.00	0.00	154.00	0.00		0.00		0.00	691.00
Mary Yeomans	1,678.50	1,521.34	1,890.00	0.00		0.00		0.00	5,089.84
Non-Council Professional Members (combined)	4,338.00	732.66	2,790.00	718.22					8,578.88
								TOTAL	50,609.54

Includes claims for:

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

## Registrar's Report

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

This report provides Council with a summary update on work that was done in between Council meetings and represents a report of this ongoing work since Council's last meeting on June 2, 2023.

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### 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 have added a monthly in-office staff meeting to the staff calendar to take advantage of the benefits of in-person, face-to-face meetings. 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 work model.

The space-sharing model of utilization of the CDHO-leased office space under the umbrella of the CDHO hosted **HUB601**, with our current partners, the College of Dieticians of Ontario and the College of Denturists of Ontario is proceeding well. Since all **HUB601** partners have a largely remote work model, there is little demand on the CDHO space at any point in time. We are quite far along in discussions with another Health Profession Regulator that would like to join **HUB601**. As I have previously noted, the **HUB601** continues to be a very successful and welcomed transition where the three participating organizations not only share the space but are also combining resources in the delivery of common (staff team) initiatives.

We look forward to exploring these new relationships and I am happy to position the CDHO as a leader in this innovation in the health profession regulatory sector.

We continue with the examination of the existing **IT infrastructure** with attention to security, efficiency, and future capacity. We have selected a vendor (Deloitte Canada) to take us into the initial phase of modernizing the College's legacy registrant database and moving the database into a current, contemporary member database software program.

The revision of the College's **website** is largely complete. Council will be provided with a preview of the new website and CDHO rebranding at its September 22, 2023 meeting.

### Human Resources

There has been little change in the Human Resources profile since June 2, 2023. We have entered into a secondment agreement with the College of Massage Therapists of Ontario (CMTO) that provides for one of our Complaints Case Managers (Eva Rosenstock) to join the CMTO Conduct Team until the end of 2023,

with the possibility for renewal in 2024. This opportunity was largely provided by the fact that the CDHO's complaint rate has been low as of late and we are able to enter into this secondment agreement without negatively impacting the CDHO Complaint disposition process.

Program Coordinators continue to embrace a **cross-training initiative** that provides for all Program Coordinators to be trained in all Program areas: **Registration, Quality Assurance and Conduct**. This approach will provide Coordinators with some variety in their responsibilities over time, Programs will benefit from the participation of a greater number of individuals, and any Program Coordinator will be able to assist in any area at time of increased workload demand or in times of unplanned absence or planned leave.

## Registrant Engagement

### Practice Advisory Service

The Practice Advisory Service continues to be an accessible, valuable resource for Registered Dental Hygienists. Since the last report to Council, the Practice Advisory Service responded to 691 enquiries.

	Calls	Emails	Total Enquiries	Top Topics
June 2023	126	95	221	IPAC Standards of Practice Independent Practice Self-Initiation
July 2023	120	118	238	
August 2023	139	93	232	

### Program Elements

#### Registration:

As of September 1, 2023, the CDHO has 15, 081 Registrants (13, 647 General, 638 Specialty, and 796 Inactive). In conjunction with Pivotal Research, the applicant **Application Process Experience survey** designed to characterize the experience of applicants as they engage with the CDHO during their initial Registration process has been deployed and we have gather data from 4-5 cohorts. This qualitative data will assist us in identifying opportunities for improvement in our application process. This endeavour supports the good governance principle of **accountability**, and the summary report will be available in the coming months.

#### Professional Conduct

The **Complaint Process Experience feedback survey** has been launched. This survey tool will be used to evaluate the experience of individuals who submit complaints to the CDHO and Registrants respondents at touch points along the Complaint management journey. The College has just completed a review of the complaints data reported by other Health Profession Regulators with a view to characterizing the broader, comparative complaints context.

There are currently 3 open complaint matters and 13 open report matters (that include referrals from the Quality Assurance Committee and matters related to incapacity). There is one pending discipline hearing related to reinstatement. There are currently 2 matters before HPARB.

### **Quality Assurance Program Review / Strategic Planning Process**

Dr. Zubin Austin and his team have completed their interviews with the Key Informants, the Quality Assurance Committee, and the Quality Assurance Strategic Planning Steering Committee. From these conversations, the principles, values and direction of the Quality Assurance strategic plan were drafted. The Registrant Engagement Survey has been distributed to all Registrants. This survey includes questions designed to gather feedback on elements of the Quality Assurance Strategic Plan.

### **Quality Assurance Resource Development**

At the time of writing, a 2-day pilot workshop to pilot test the Peer Circle Discussions is wrapping up. Once the feedback from these pilot sessions is analyzed and any modifications to the Peer Circle Discussion process are made, the College will organize a series of in-person and on-line Peer Circle Discussion events for Registrants.

Kyle Fraser, Manager of Quality Assurance Resources, has attended DH program classes to provide an overview of the role of the CDHO in regulation of the DH profession. Kyle has made 7 presentations and we have 8 more presentations booked for DH academic programs.

### **System Partner Representation**

#### [Federation of Dental Hygiene Regulators of Canada](#)

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

#### [Commission on Dental Accreditation of Canada \(CDAC\)](#)

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

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

#### [Ontario Oral Health Professions Registrars](#)

The Registrars of the CDHO, CDO, RCDSD, and CDTO continue to meet monthly to discuss areas of common interest. As a result of many factors, including increased immunity and high vaccination rates, the risk of COVID-19 diminished earlier this year. On July 19, 2023 the CDHO released an updated IPAC Guideline document that contained elements of the now retired Revised IPAC Guidance: COVID-19



document. The CDHO worked closely with the three other Ontario Oral Health Profession regulators (Dentists, Denturists and Dental Technologists) to align these changes in IPAC guidance.

### 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.

### DEI Programming and Initiatives

Since June 2021, the CDHO staff and Council members (some separately, some together) have engaged in numerous activities that were designed to provide opportunities for discussion, education, increased awareness, and the development for future-focused strategies for equity and inclusivity.

#### **Current Initiatives DEI Initiatives**

The CDHO has committed to funding an initiative that will provide the entire Registrant pool of Registered Dental Hygienists with access to "the Path – Your Journey Through Indigenous Canada" an online program consisting of 5 modules made up of videos and quizzes that focus on the First Nations, Inuit and Métis peoples of Canada. The program serves as an introduction to the history of Indigenous peoples and their relationship with European settlers, the British Crown and the Dominion of Canada.

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

#### **Gathering Dental Hygiene Health Workforce Data**

The CDHO has contracted with Accessing Centre for Expertise (ACE) to engage in the first phase of a project that is designed to foster a more detailed understanding of workforce data for Registered Dental Hygienists in Ontario. This data will be used in support of the CDHO's regulatory role and provision of guidance for the profession, policy makers, and the public. Oral Health Workforce data is essential to our understanding of access to care.

ACE is a one-stop shop for accessing academic health expertise and consulting services. ACE was created in 2017 as a centre initially embedded within the University of Toronto but now operates external to the University of Toronto. All ACE projects are led by a core team of academic faculty, representing three Canadian universities, each who bring different types of methodological and subject matter expertise. ACE is led by Dr. Mark Dobrow. Dr. Dobrow is the Managing Director of ACE and an Associate Professor in the Institute of Health Policy, Management and Evaluation which is situated in the Dalla Lana School of Public Health at the University of Toronto.

20  
22



# ANNUAL REPORT



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

# Who We Are

The College of Dental Hygienists of Ontario (CDHO) is the regulatory body for over 14,000 Registered Dental Hygienists in Ontario.

## The CDHO regulates and protects the public by:

- setting the requirements for becoming a Registered Dental Hygienist so that only qualified individuals are allowed to practise and use the title “Registered Dental Hygienist”;
- maintaining an up-to-date feature on its website, known as the public register, to help clients check if their Dental Hygienist is registered and in good standing;
- developing and enforcing standards and guidance for practice;
- running a Quality Assurance Program that helps Registered Dental Hygienists keep their knowledge and skills up to date; and
- receiving and investigating complaints about Registered Dental Hygienists and taking disciplinary action when necessary.



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# President's Message



**TERRI STRAWN**  
RRDH, BDS<sub>CDH</sub>, MEd

On behalf of Council, I am pleased to share our 2022 Annual Report. This report summarizes the exceptional efforts made by staff and Council in fulfilling our responsibilities to the people of Ontario.

As the COVID-19 pandemic wound down, the CDHO remained vigilant in ensuring that measures were in place to safeguard the well-being of clients and Dental Hygienists. By staying updated on the latest public health guidelines and working closely with our regulatory partners, the CDHO continued to promote safe practice during a challenging time.

Council remained steadfast in its dedication to Truth and Reconciliation and equity, diversity, and inclusion. These vital pillars guide our actions as we strive to create a more inclusive and representative organization that addresses the needs of all Ontarians. We have actively listened, learned and taken decisive steps to integrate these important principles into our operations.

I extend my deepest gratitude to our dedicated Registrar/CEO, Dr. Glenn Pettifer, and the entire CDHO staff and Council for their unwavering commitment and tireless efforts throughout this past year.



# Registrar's Message

**DR. GLENN PETTIFER**  
REGISTRAR/CEO

It's a privilege for me to be writing my first Annual Report message as the CDHO's Registrar/CEO. Reflecting on 2022, I'm struck by the continued commitment of Registered Dental Hygienists to client safety. It was another difficult year as we navigated the challenges presented by the COVID-19 pandemic and adapted to a new way of living as restrictions eased. But through it all, the profession continued to deliver the safest care possible to their clients. I'd like to extend my sincere thanks to Registered Dental Hygienists for their professionalism and diligence.

Even though COVID-19 was still top of mind, the CDHO began laying the foundations to modernize how we regulate dental hygiene in the public interest. We did this by increasing engagement with RDHs and clients; collecting and analyzing data to make decisions; and increasing collaboration with the three other Oral Health Profession regulators.

Throughout the year we asked RDHs for their thoughts on the Quality Assurance Program and how they would like to receive communication from us. We also heard from clients in what we hope will be a regular survey on their experiences with dental hygiene care in the province. Both engagements have given us valuable data that we can use to improve programs and the information we provide. We also increased our collaboration with the three other Oral Health Profession regulators to better coordinate our infection, prevention and control guidance to reduce confusion among registrants and provide a better client experience. I invite you to continue reading this report to learn more about these exciting initiatives.

I would like to thank Council for their leadership in ensuring that everything we do is in the public interest, and the staff team for their work and support as I settled into this role. I'm excited for the opportunities that lie ahead that will position the CDHO as a modern and responsive regulator.

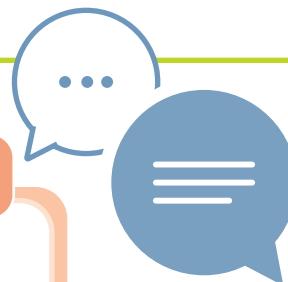
# The Year in Review

## ● Introduction of Alternative ● Dispute Resolution (ADR)

The CDHO began offering Alternative Dispute Resolution (ADR) in complaint matters. ADR is a voluntary and confidential process through which a complainant and Registered Dental Hygienist (RDH) can attempt to resolve a complaint without the need for a formal investigation, in a manner that satisfies both parties and serves the public interest. During ADR, the complainant and RDH meet with an ADR facilitator (a neutral third party who is not a CDHO staff member) who acts as a mediator and attempts to assist the parties come to a negotiated resolution.

## ● Communications Survey to RDHs

In collaboration with Ipsos, the CDHO surveyed RDHs about their communication preferences. The goal was to determine the optimal format, frequency and content for effective communication from the CDHO. The insights gathered through the survey will inform and shape innovative ways to deliver up-to-date information to RDHs.



## ● QA Modernization and ● Strategic Plan

In its commitment to continuous quality improvement and reflection, the CDHO began a comprehensive review of its Quality Assurance (QA) Program. A survey was sent to RDHs to gather valuable insights, which will be used to shape a strategic plan for the Program.

# The Year in Review



## Voice of the Patient Survey

The CDHO engaged Pivotal Research to conduct a Voice of the Patient survey. The survey was administered in four languages – English, French, Mandarin and Punjabi – and 2,000 patients were surveyed. The survey asked about their experiences with Dental Hygiene practice, with a focus on equity, diversity and inclusion. The CDHO will use this data to improve resources for RDHs and to develop patient-focused information.

## Development of Peer Circles

The CDHO began developing peer circles as a new professional development activity. Peer circles are facilitated group discussions using hypothetical cases that highlight challenging and relevant practice issues. The CDHO engaged RDHs to help write content for potential cases and will begin recruiting and training facilitators from among the profession.



## Collaboration on IPAC Guidance

To support the safety of clients and oral health professionals, the CDHO collaborated with the three other oral health regulatory colleges (dentists, denturists and dental technologists), infectious disease experts, oral health subject matter experts, and academic program administrators to examine its existing COVID-19 IPAC guidance through the lens of evolving, evidence-informed best practices.



# Registration



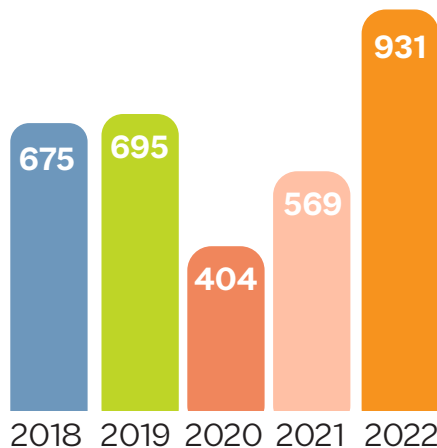
# 931

New Applications  
Received

- 911 Canadian applicants
- 20 International applications
- 9 Requiring review from Registrar
- 2 Reviewed by Registration Committee



## APPLICATIONS RECEIVED



## REGISTRATION PROCESS

The CDHO aims to process and approve completed applications within 10 business days of receipt.

In 2022, **95%** of completed applications were approved within that timeframe. There was an influx of applications received following the release of results for the National Dental Hygiene Certification Examination (NDHCE), which contributed to five percent of applications not being processed within 10 business days.

## APPLICATIONS REQUIRING REVIEW FROM REGISTRAR

In 2022, nine applications were reviewed by the Registrar. Reasons for referral can include a positive result on a criminal record check and academic misconduct.

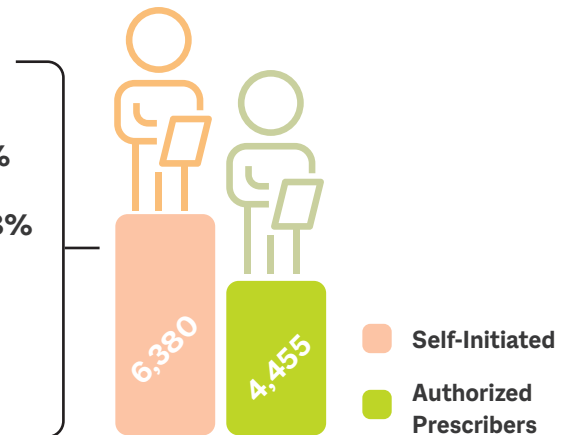
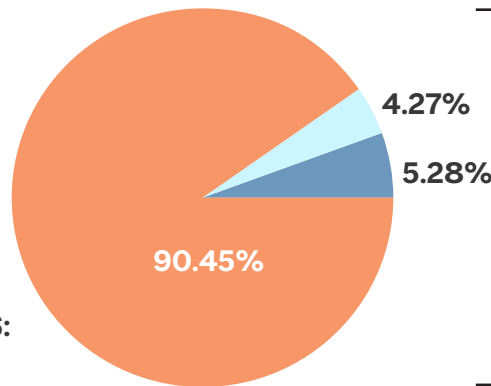
Three applications were referred to the Registration Committee. Two applications were reviewed by Committee and one application was deferred. In the two matters reviewed by Committee, General Certificates of Registration were granted with terms, conditions and limitations.

# Registration by the Numbers

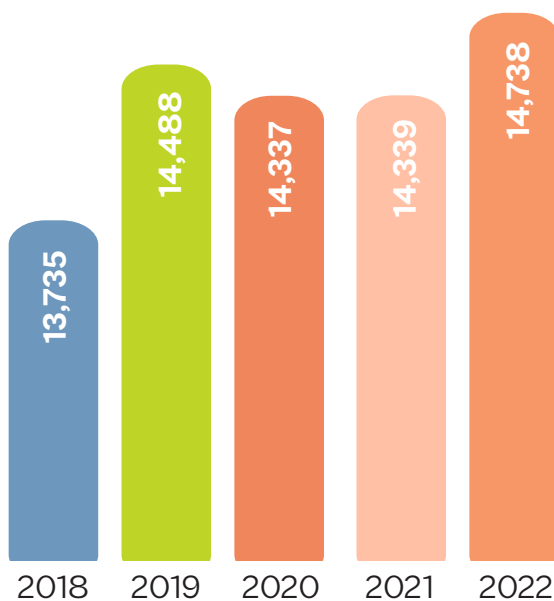
## TOTAL NUMBER OF RDHs

- General (13,330)
- Specialty (630)
- Inactive (778)

**TOTAL CERTIFICATES:**  
**14,738**



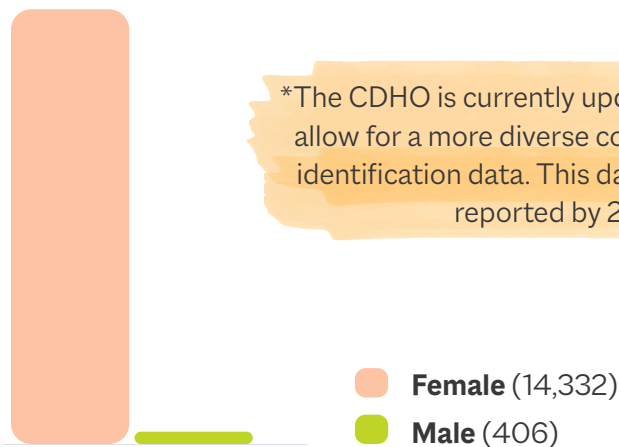
## NUMBER OF REGISTRANTS



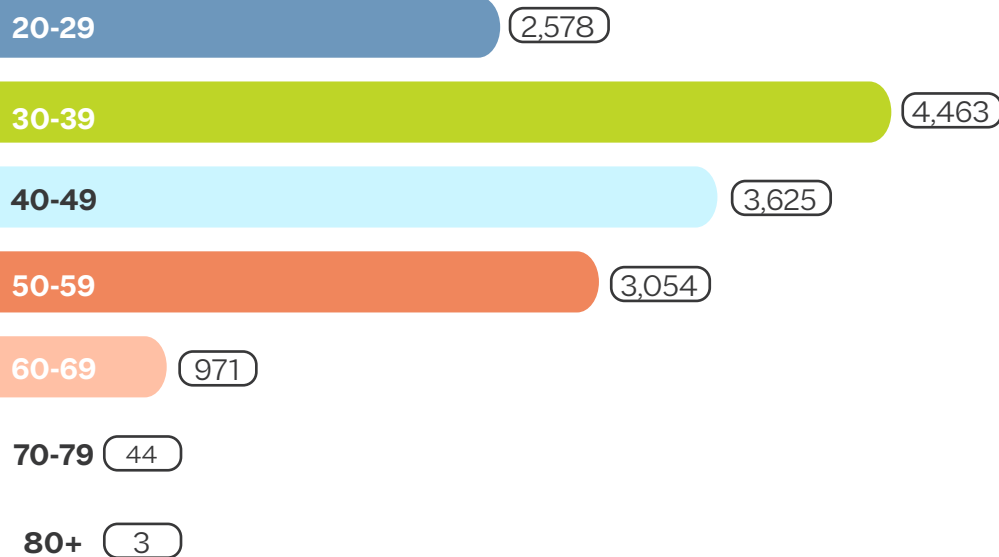
# Registration by the Numbers

## DEMOGRAPHICS

### GENDER\*



### AGE RANGE



# Quality Assurance

The CDHO's Quality Assurance Program helps RDHs maintain their professional competence so that they can provide safe, high quality and evidence-based care to their clients.

## ANNUAL REVIEW OF QA RECORDS

In 2022, **2,524** RDHs were selected to submit their QA records for assessment and **2,315** records were assessed.

When selected for assessment, RDHs must choose one of three possible paths, or the QA Committee can assign a path.

	ASSESSMENT OF KNOWLEDGE	ASSESSMENT OF SKILLS AND JUDGMENT	PERCENTAGE OF RDHs
<b>PATH 1</b>	Completion of a learning portfolio	Completion of a practice profile	<b>40.2%</b>
<b>PATH 2</b>	Completion of the QA written assessment (QA Test)	Completion of a practice profile	<b>59.7%</b>
<b>PATH 3</b>	Completion of the QA written assessment (QA Test)	Completion of an on-site practice assessment	<b>0.1*</b>

As of December 31, 2022, **99.5%** of the 2,315 QA records assessed had met the assessment guidelines. The remaining RDHs are participating in activities to help enhance knowledge and skills, or the review is still in progress.

\*Included those assigned to Path 3 by the Quality Assurance Committee

## ON-SITE PRACTICE ASSESSMENTS

In 2022, **14** on-site practice assessments were completed to assess RDHs' compliance with the Standards of Practice following a review of their QA records, or because the RDH selected or was placed in Path 3. Following the assessments, **8** RDHs had met the assessment guidelines and **6** were directed to complete activities to help enhance their knowledge and skills.

# Complaints and Reports

In 2022, the Inquiries, Complaints and Reports Committee (ICRC) reviewed **81** matters. Of the 81 matters, 54 were new and 27 were carried forward from 2021. The ICRC completed its investigation into **55** matters and 26 cases will be carried into 2023.

TYPE	NUMBER
Formal complaints	<b>42</b>
Registrar Reports	<b>33</b>
Referral from Quality Assurance	<b>4</b>
Incapacity inquiries	<b>2</b>
<b>Total</b>	<b>81</b>

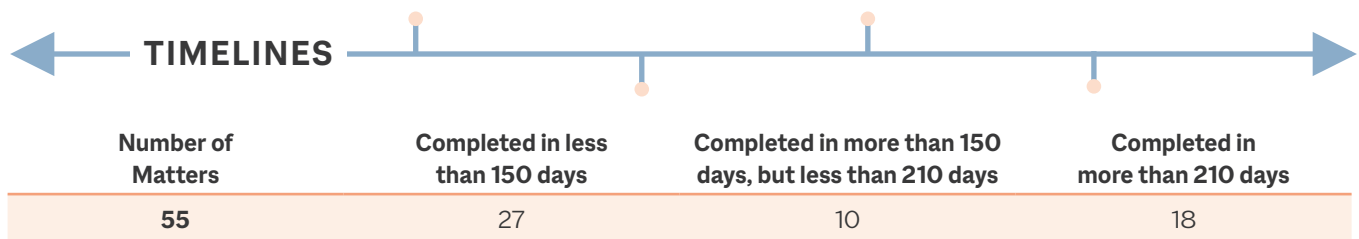
DECISION/OUTCOME OF COMPLETED MATTERS	NUMBER
No further action	<b>18</b>
Guidance/Recommendation	<b>18</b>
Specified Continuing Education/ Remediation Program (SCERP)	<b>12</b>
Resolved through ADR	<b>1</b>
Frivolous/Vexatious	<b>1</b>
Oral caution	<b>2</b>
Referral to Discipline	<b>1</b>
Undertaking	<b>1</b>
Withdrawn	<b>1</b>
<b>Total</b>	<b>55</b>

## TOP 5 CONCERNS

### RAISED BY COMPLAINANTS

- Communication (e.g., rude behaviour, insensitivity)
- Inappropriate or over billing
- Unprofessional conduct (e.g., “off-duty” conduct, refusing to provide name/College information)
- Ethical concerns (e.g., soliciting clients, offensive or discriminatory conduct)
- Practising outside of scope

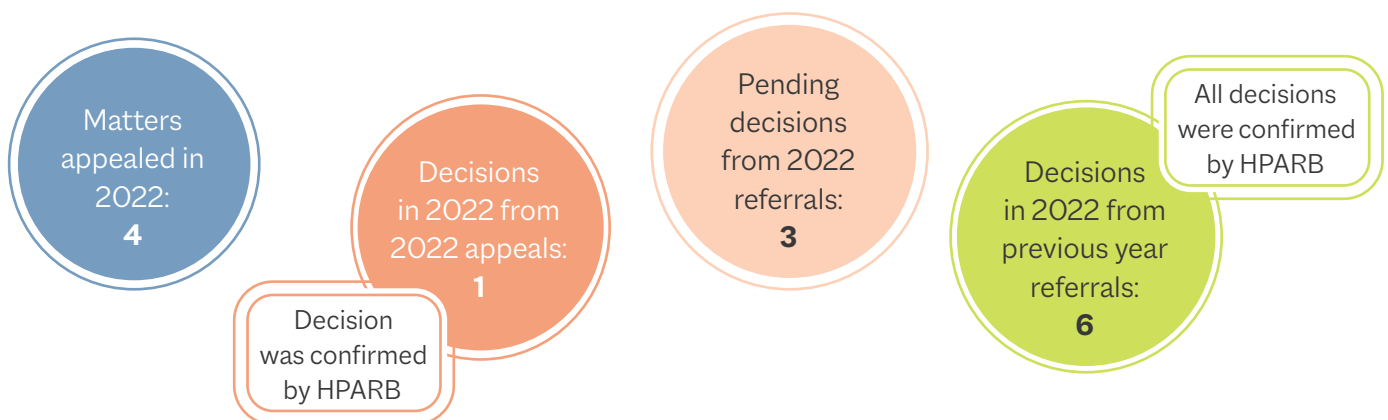
# Complaints and Reports



All colleges are required to complete complaint matters within 150 days. If the investigation exceeds that time and at the 150-day mark, a letter is sent to both parties explaining that the ICRC will not meet the deadline. At 210 days, the CDHO must notify the parties and the [Health Professions Appeal and Review Board \(HPARB\)](#) of the delay, and the reasons for the delay. After 210 days, either party can apply to HPARB seeking relief for the delay. In the interest of fairness and safety, the CDHO aims to complete all matters, not just complaints, within 150 days.

## HPARB REVIEWS

Both the complainant and the RDH who was the subject of the complaint may request a review of the ICRC's decision by (HPARB). Decisions to refer specified allegations to the Discipline Committee or referrals for incapacity inquiries cannot be appealed to HPARB.



# Discipline and Fitness to Practise

The Discipline Committee holds hearings to determine whether a RDH has committed an act of professional misconduct or is incompetent.

The Fitness to Practise Committee holds hearings and makes decisions about allegations of incapacity against an RDH. There were no referrals to the Fitness to Practise Committee in 2022.

As of December 31, 2022, panels of the Discipline Committee engaged in the following business:

	NUMBER OF MATTERS*
Hearings completed	8
Hearing begun, but in progress	2



\*This report covers matters completed by panels of the Discipline Committee from January 1, 2022, to December 31, 2022. A matter is completed on the date the reasons for decision are released, including both liability and penalty decisions, where applicable.

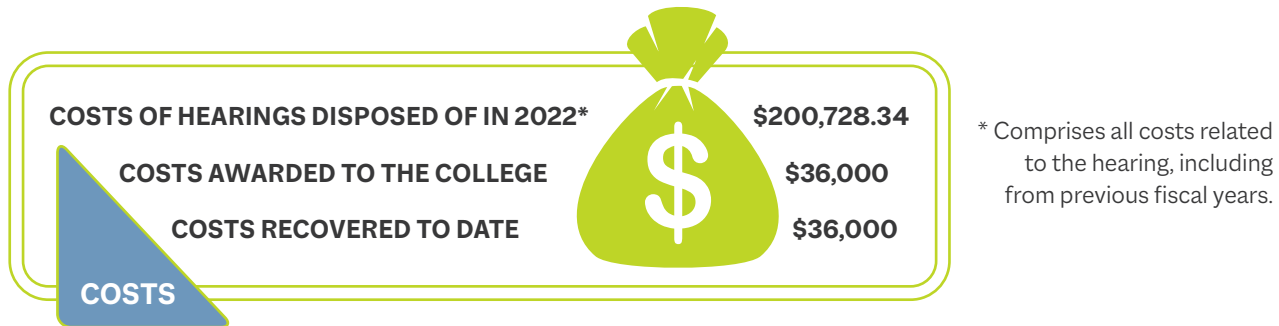
FINDINGS IN CLOSED MATTERS	NUMBER OF CASES*
Dishonourable, disgraceful, or unprofessional conduct	8
Signing a false or misleading document	7
Providing inaccurate information to the College	6
Failure to cooperate with the Quality Assurance Committee	2
Contravening a standard of practice	2
Acting while in a conflict of interest	2
Failing to keep appropriate records	2
Falsifying a record	2
Counselling or assisting another registrant to submit a false account	2
Contravening the Act, RHPA, regulations, or other legislation	2
Failing to cooperate with a College investigator	2
Conduct unbecoming a dental hygienist	2

\*A discipline case may include **multiple findings**, such that the total number of findings may not equal the total number of cases disposed of during the period.

# Discipline and Fitness to Practise

PENALTY ORDERS BY TYPE	NUMBER OF CASES*
Suspension	8
Terms, Conditions, or Limitations	8
Reprimands	8

\*A discipline case may include **multiple penalties**, such that the total number of penalties may not equal the total number of cases disposed of during the period.



## HEARING SUMMARIES

All decisions of the Discipline Committee are available on the [College's website](#). The reasons in the following matters were released in 2022.

CASE	DATE OF REASONS FOR DECISION
CDHO v. Christal Anne Chuback	January 6, 2022
CDHO v. Patricia Lynn Blundon	January 20, 2022
CDHO v. Patricia Maude Sinnott	January 20, 2022
CDHO v. Trina Louise Lewis	January 20, 2022
CDHO v. Elizabeth Diego	February 17, 2022
CDHO v. Jessie Maria Peloso (Kalvaitis)	May 5, 2022
CDHO v. Tara Elizabeth Jeffery	May 5, 2022
CDHO v. Kelly Miranda Lourenco	July 7, 2022



# Patient Relations

The CDHO is required by law to have a Patient Relations Program. The Program must incorporate measures for preventing and dealing with sexual abuse of patients, including:

- educational requirements for RDHs on sexual abuse and boundary issues;
- guidelines for the conduct of RDHs with their patients aimed at preventing and dealing with sexual abuse, such as the [Guideline - Prevention of Sexual Abuse and Maintenance of Professional Boundaries](#);
- training for the CDHO's staff; and
- providing information to the public.

The Program is overseen by the Patient Relations Committee, which also oversees the program to provide funding for therapy and counselling for persons alleging sexual abuse by a RDH. To date, the CDHO has not received any requests for funding.

# College Council

## REGISTERED DENTAL HYGIENISTS

**Terri Strawn - President**

**Vanessa Pereira - Vice-President**

Michelle Atkinson

Maheen Cassim

Anne-Marie Conaghan

Jennifer Cooper

Carla Grbac

Farzana Hussain

Caroline Lotz

Jacqueline White

Mary Yeomans

## PUBLIC APPOINTEES

Loree Beniuk

Erin Betts

Pella Giabanis

Alessandro (Alex) Greco

Ehizele (Martin) Iyamabo

Meghan Leuprecht

Angelica Palantzas

Upneet (Sasha) Sidhu

Margaret Wade

# Committee Composition

## EXECUTIVE

Terri Strawn (Professional) — **President**  
Vanessa Pereira (Professional) — **Vice-President**  
Michelle Atkinson (Professional)  
Alex Greco (Public)  
Margaret Wade (Public)

## REGISTRATION

### Professional Members

Caroline Lotz  
Maheen Cassim  
Jacqueline White

### Public Members

Pella Giabanis  
Loree Beniuk

### Non-Council Member

N/A

## QUALITY ASSURANCE

### Professional Members

Anne-Marie Conaghan  
Farzana Hussain  
Terri Strawn

### Public Members

Angelica Palantzas  
Margaret Wade

### Non-Council Members

Julie Farmer  
Tonia Peachman-Faust

## INQUIRIES, COMPLAINTS, AND REPORTS

### Professional Members

Michelle Atkinson  
Jennifer Cooper  
Caroline Lotz  
Mary Yeomans

### Public Members

Loree Beniuk  
Erin Betts  
Meghan Leuprecht  
Margaret Wade

## Non-Council Members

Julie Farmer  
Kim McNamara  
Tonia Peachman-Faust  
Larissa Voytek

## DISCIPLINE

Jacqueline White (Professional) — **Chair**  
Carla Grbac (Professional) — **Vice-Chair**

### All Council Members

## Non-Council Members

Gillian Dunn  
Paula Malcomson

## PATIENT RELATIONS

### Professional Members

Maheen Cassim  
Farzana Hussain

### Public Members

Alex Greco  
Martin Iyamabo  
Meghan Leuprecht

### Non-Council Member

Paula Malcomson

## FITNESS TO PRACTISE

### All Council Members

## OWNERSHIP LINKAGE

### Professional Members

Jennifer Cooper  
Carla Grbac

### Public Members

Martin Iyamabo  
Margaret Wade

**COLLEGE OF DENTAL HYGIENISTS OF ONTARIO**

**SUMMARY FINANCIAL STATEMENTS**

DECEMBER 31, 2022

## **Report of the Independent Auditor on the Summary Financial Statements**

To the Council of the College of Dental Hygienists of Ontario

### **Opinion**

The summary financial statements, which comprise the summary statement of financial position as at December 31, 2022, and the summary statement of operations for the year then ended, and related note, are derived from the audited financial statements of the College of Dental Hygienists of Ontario (the "College") for the year ended December 31, 2022.

In our opinion, the accompanying summary financial statements are a fair summary of the audited financial statements, in accordance with the criteria described in the note to the summary financial statements.

### **Summary Financial Statements**

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements of the College and the auditor's report thereon.

### **The Audited Financial Statements and Our Report Thereon**

We expressed an unmodified audit opinion on the audited financial statements in our report dated June 2, 2023.

### **Management's Responsibility for the Summary Financial Statements**

Management is responsible for the preparation of the summary financial statements in accordance with the criteria described in the note to the summary financial statements.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on whether the summary financial statements are a fair summary of the audited financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, *Engagements to Report on Summary Financial Statements*.



Toronto, Ontario  
June 2, 2023

Chartered Professional Accountants  
Licensed Public Accountants

# COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

## Summary Statement of Financial Position

December 31	2022 \$	2021 \$
<b>ASSETS</b>		
Current assets		
Cash	7,339,501	6,205,648
Investments	1,891,467	1,708,521
Prepaid expenses	16,130	15,874
	<b>9,247,098</b>	7,930,043
Discipline cost recoverable	128,000	128,000
Investments	8,491,734	8,476,406
Capital assets	1,422,507	1,644,459
Intangible assets	47,972	191,834
	<b>10,090,213</b>	10,440,699
	<b>19,337,311</b>	18,370,742
<b>LIABILITIES</b>		
Current liabilities		
Accounts payable and accrued liabilities	276,578	272,328
Deferred registration fees	5,799,415	5,382,085
	<b>6,075,993</b>	5,654,413
Deferred lease incentives	137,653	159,975
	<b>6,213,646</b>	5,814,388
<b>NET ASSETS</b>		
Invested in capital and intangible assets	1,332,826	1,676,318
Internally restricted for complaints and discipline	2,000,000	2,000,000
Internally restricted for strategic initiatives	2,000,000	-
Unrestricted	7,790,839	8,880,036
	<b>13,123,665</b>	12,556,354
	<b>19,337,311</b>	18,370,742

# COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

## Summary Statement of Operations

Year ended December 31	2022 \$	2021 \$
Revenues		
Registration fees	6,028,410	5,846,055
Examination fees	78,525	262,600
Investment income	299,490	196,309
	<b>6,406,425</b>	<b>6,304,964</b>
Expenses		
Salaries and benefits	3,043,276	2,520,796
Council	413,616	371,188
Premises rent	408,296	402,781
Information technology	349,641	254,852
Amortization - capital assets	261,238	254,397
Quality assurance	232,069	206,830
General and administrative	222,582	111,779
Public and registrant engagement	210,662	98,255
Amortization - intangible assets	143,862	157,874
Merchant banking fees	137,894	131,996
Commission on dental accreditation	120,889	75,515
Professional fees	105,849	67,776
Complaints and discipline	90,270	141,243
Telephone, website and internet	50,485	51,333
Consulting	46,842	32,931
Examinations	1,643	67,306
	<b>5,839,114</b>	<b>4,946,852</b>
Excess of revenues over expenses for year	<b>567,311</b>	<b>1,358,112</b>

# COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

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## Note to Summary Financial Statements

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December 31, 2022

### 1. **Basis of presentation**

These summary financial statements are derived from the audited financial statements of the College of Dental Hygienists of Ontario (the "College") for the year ended December 31, 2022, which were prepared in accordance with Canadian accounting standards for not-for-profit organizations.

Management prepared these summary financial statements using the following criteria:

- (a) the summary financial statements include a statement for each statement included in the audited financial statements, except for the statements of changes in net assets and cash flows;
- (b) information in the summary financial statements agrees with the related information in the audited financial statements; and
- (c) major subtotals, totals and comparative information from the audited financial statements are included.

The audited financial statements of the College are available to members upon request from the College.



# HILBORN

LISTENERS. THINKERS. DOERS.



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## **OWNERSHIP LINKAGE COMMITTEE REPORT**

**September 22, 2023**

### **COMMITTEE MEMBERS**

**Chair:** Carla Grbac, Professional Member

#### **Professional Members (Council)**

Carla Grbac  
Krista Dufour

#### **Public Members (Council)**

Martin Iyamabo  
Margaret Wade

**Mandate of the Committee:** The Ownership Linkage Committee will assist the Council in fulfilling its responsibilities regarding connection with the owners.

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### **INTRODUCTION**

The Ownership Linkage Committee has not met since May 9, 2023. We will be meeting sometime before the next Council meeting.

### **ITEMS FOR INFORMATION**

OLC will be reviewing the results from the second Voice of the Patient report that focused on the point of view of the patient's experience at the dental office, during and after dental treatment. We will be looking at their positive and negative experiences and make recommendations on how we can improve their experience.

## GOVERNANCE COMMITTEE REPORT

September 22, 2023

### COMMITTEE MEMBERS

**Chair :** Michelle Atkinson, Professional Member

#### Professional Members (Council)

Michelle Atkinson  
Terri Strawn

#### Public Members (Council)

Angelica Palantzas

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

### INTRODUCTION

The Governance Committee met once since the last report to Council on July 20, 2023, via videoconference. The purpose of this meeting was to review the external assessment of Council Effectiveness report and recommendations from Dundee Consulting.

### ITEMS FOR INFORMATION

Recommendation	CDHO Progress
5.1 It is recommended that the Council of the CDHO consider undertaking a comprehensive review of its current governance model and practices.	Dundee Consulting will start their review in early September 2023. Finalized report is due February 2024 and will be presented at the March 2024 Council meeting.
5.2 Continue including a 'Public Interest Rationale' paragraph in all policies and reports put before Council for its consideration.	CDHO has been and will continue to include this rationale in briefing notes accompanying policies.
5.2 Further include the 'Public Interest Rationale' in the minutes of Council meetings as evidence that the public interest factored into Council's consideration of a respective matter and how.	The minute taker will include this in all meeting minutes.
5.2 Include the question "Where is the public interest rationale for considering this matter/making this decision?" as a standing item in the President/Chair notes for all matters put before Council for its consideration, to ensure public interest is evidently at the forefront of Council's discussions and decisions.	The President will include this in meeting discussions/scripts.

5.3 Council continue to strengthen its current onboarding processes for new members of council through the establishment of a more consistently delivered and structured mentoring program.	The Governance committee underwent a review of the current mentorship program and will provide further recommendations to Council. This topic will be included in the September Council Workshop.
5.4 It is recommended that Council should publicly consider, identify, and document potential risks of harm to dental hygiene clients and the public that may arise from, and be addressed or mitigated through, its respective deliberations and decisions.	<p>The President will inquire or note if there are any risks for the clients as well.</p> <p>Make note in the briefing notes and meeting minutes wherever possible.</p>
5.5 It is recommended that Council should consider developing an annual performance report, based on common themes arising from a collation of feedback collected from the Council Evaluation surveys from the previous year's meetings and that an agreed action plan should be established by Council to address identified opportunities for improvement over the coming year.	<p>The Governance committee recommends a calendar year review (January – December). This would then be presented and discussed at the March meeting annually.</p> <p>The Executive committee will collate the information into a report format and include it as an agenda item at the March Council meetings.</p>

## BRIEFING NOTE WITH MOTION

**To:** Council  
**From:** Executive Committee  
**Date:** September 22, 2023  
**Topic:** Proposed Council Meeting Schedule 2024

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### Recommended Motion:

**THAT** Council approves the proposed 2024 meeting dates.

	DATE	MEETING
	<b>January: Virtual</b>	
1	Thursday, January 18, 2024	New Member Orientation <ul style="list-style-type: none"> <li>• For new members</li> </ul>
2	Friday, January 19, 2024	January Council Meeting
	<b>March: Virtual</b>	
3	Friday, March 1, 2024	Workshop
4	Friday, March 8, 2024	March Council Meeting
	<b>June: In Person</b>	
5	Thursday, June 6, 2024	Workshop
6	Friday, June 7, 2024	June Council Meeting
	<b>September: Virtual</b>	
7	Friday, September 20, 2024	Workshop
8	Friday, September 27, 2024	September Council Meeting
	<b>December: In Person</b>	
9	Thursday, December 5, 2024	Workshop
10	Friday, December 6, 2024	December Council Meeting

**MOVED:**

**SECONDED:**



College of  
**Dental Hygienists**  
of Ontario

*Protecting your health and your smile*

**CARRIED:**

**DEFEATED:**

## Council BRIEFING NOTE

<b>Meeting date:</b>	September 22, 2023
<b>Agenda item:</b>	Standard for Self-Initiation
<b>Appendices:</b>	N/A
<b>References:</b>	<a href="#"><u>Regulated Health Professions Act, 1991</u></a> <a href="#"><u>Dental Hygiene Act, 1991</u></a> <a href="#"><u>Standard for Authorization to Self-Initiate Profession-Specific Acts</u></a>
<b>Owner:</b>	Council
<b>Staff support:</b>	Jane Kier, Deputy Registrar & Director of Professional Practice, Eric Bruce, Director of Professional Conduct and Registration, Glenn Pettifer, Registrar & CEO

### Issue:

Council is being asked to rescind the document entitled *Standard for Authorization to Self-Initiate Profession-Specific Acts* (the “Standard”). This Standard sets out the requirements for registrants who wish to perform the controlled act of “scaling and root planing” (i.e., scaling teeth and root planing, including curetting of surrounding tissue) without an order from a dentist. Under the current Standard, only registrants who have met certain requirements and applied for and been granted specific authorization by the CDHO are permitted to “self-initiate” scaling and root planing in the absence of an order.

If the Standard is rescinded, the CDHO would no longer distinguish between registrants who “self-initiate” and those who do not. All registrants would be authorized to perform scaling and root planing on their own initiative, subject to the contraindications already set out in the *Contraindications Regulation*<sup>1</sup> (or if the registrant is in doubt as to the status or accuracy of the medical or oral health history of the client). The CDHO would continue to support all registrants in understanding the limits on self-initiation and foster confidence in practice through ongoing education and other resources.

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<sup>1</sup> O. Reg. 218/94, General, Part III, Prescribed Contraindications to Scaling Teeth and Root Planing, Including Curetting Surrounding Tissue, On Member’s Own Initiative



## Background:

### *Legislative Context*

Under the *Dental Hygiene Act*<sup>2</sup>, a registrant may perform scaling and root planing in two circumstances:

- On their own initiative, if
  - none of the contraindications set out in the Contraindications Regulation are present or become present during the procedure, and
  - the registrant is not in doubt as to the status or accuracy of the medical or oral health history of the client; or
- When ordered by a dentist.

A scaling and root planing order from a dentist may be verbal or written and may be client-specific or a “standing order” applicable to all existing and potential future clients. Prior to the introduction of self-initiation (2007) noted above, when the *Dental Hygiene Act* first came into force in 1991, all dental hygienists required an order from a dentist to provide scaling and root planing. In these circumstances, dentists were the gatekeepers to dental hygiene care. From a practical standpoint, at that time, standing orders were necessary as dentists could not reasonably be present for every dental hygiene appointment to provide a client-specific order.

The Contraindications Regulation<sup>3</sup> sets out the contraindications that prohibit a registrant from performing scaling and root planing on their own initiative (unless clearance has been obtained from a dentist or physician.) The listed contraindications include medical concerns such as: cardiac conditions for which antibiotic prophylaxis is recommended; active chemotherapy or radiation therapy; blood disorders; and any other condition or drug therapy with which the registrant is unfamiliar and that could affect the appropriateness, efficacy, or safety of the treatment.

Registrants are also prohibited from self-initiating scaling and root planing if they are in doubt as to the status or accuracy of the medical or oral health history of the client.

### *The Current Standard*

The original Standard was established by Council and came into effect in August 2007 in advance of amendments to the *Dental Hygiene Act* that would permit self-initiation

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<sup>2</sup> Dental Hygiene Act, 1991, s. 5(1)

<sup>3</sup> O. Reg. 218/94, General, Part III, Prescribed Contraindications to Scaling Teeth and Root Planing, Including Curetting Surrounding Tissue, On Member’s Own Initiative

by registrants. The current Standard (the original was revised on August 1, 2013) creates additional requirements (beyond those set out in the *Act* and Regulation) for registrants who wish to perform scaling or root planing on their own initiative.

Currently, to be granted authorization for self-initiation, a registrant must satisfy the requirements of one of three “streams” set out in the Standard. In general, these streams require a registrant to satisfy one of the following:

- Clinical practice in Ontario under an approved standing order from a dentist for a period of at least two years or 3200 hours prior to application;
- Clinical practice for a period of at least two years or 3200 hours and completion of the CDHA’s self-initiation course or an approved refresher course;
- Clinical practice in another Canadian jurisdiction that authorizes self-initiation or a similar status for a period of at least two years or 3200 hours; or
- Completion of a mentorship program and conditional authorization to self-initiate for a period of at least six months.

As of the date of writing, 6662 registrants out of a total of 14061 active registrants (47%) are authorized to self-initiate scaling and root planing.

#### **Source of Authority:**

The *Dental Hygiene Act* authorizes the Council to make regulations, subject to review by the Minister and approval by the Lieutenant Governor in Council, setting out requirements for registrants to perform scaling and root planing on their own initiative<sup>4</sup>. It also authorizes the Council to make regulations setting out contraindications to a registrant performing scaling and root planing on their own initiative<sup>5</sup>. It was under this authority that the Contraindications Regulation was enacted.

Importantly, the Standard is not a regulation. It was established by Council as a guideline for the profession pursuant to its general authority to regulate the profession in the public interest. Failing to comply with a standard of practice of the profession constitutes professional misconduct under the CDHO’s Professional Misconduct Regulation. Council may, on motion, rescind or modify the Standard on the same basis.

#### **Public protection rationale:**

The CDHO regulates the profession of dental hygiene in the public interest, including by ensuring that the people of Ontario have access to adequate numbers of qualified,

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<sup>4</sup> Dental Hygiene Act, 1991, s. 12(1)(b)

<sup>5</sup> Dental Hygiene Act, 1991, s. 12(1)(c)

skilled, and competent registered dental hygienists<sup>6</sup>. The stated purpose of the Standard is to “provide assurance to Ontarians who choose to have a dental hygienist clean their teeth without an ‘order’ from a dentist that the dental hygienist is fully competent to do so”. However, the requirements in the Standard are not necessary to achieve this goal and may serve as a barrier to access to care in some current circumstances and in some future circumstances as the Canada Dental Care Plan supports the increased access to Oral Health care for an additional 9 million uninsured Canadians.

The following factors support rescinding the Standard.

1. *Registrants are expected to be able to identify and comply with contraindications to scaling and root planing upon registration with CDHO.*

Dental hygiene educational programs and the National Dental Hygiene Certification Examination (NDHCE) are currently based on the 2010 Entry-to-Practice Competencies and Standards for Canadian Dental Hygienists. These competencies include the ability to “identify clients for whom the initiation or continuation of treatment is contraindicated based on the interpretation of health history and clinical data.” The recently updated (June 2022) entry-to-practice competencies, which will form the basis for future dental hygiene program revisions, also specify that a dental hygienist must “determine contraindications to dental hygiene care.”

Dental hygiene educational programs map their curricula onto Entry-to-Practice Competency Profiles. Consequently, students are trained to identify contraindications to treatment when considering a client’s health history and to follow existing regulations prior to performing scaling and root planing. Competency in this area of clinical judgement is confirmed when a student successfully attempts the NDHCE (a non-exemptible requirement for registration with the CDHO).

The CDHO’s jurisprudence module and examination educate and assess applicants’ knowledge of the laws applicable to dental hygiene practice in Ontario, including the Contraindications Regulation. This module and associated examination must be successfully completed by individuals applying for registration with the CDHO. The CDHO supports registrants’ knowledge of the Contraindications Regulation and their confidence in practice through educational resources, the assessment of continuing competence in this area through the CDHO’s Quality Assurance Program, and the College’s Practice Advisor service.

2. *Other Canadian jurisdictions permit self-initiation by new registrants.*

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<sup>6</sup> Regulated Health Professions Act, 1991, ss. 2.1, 3

British Columbia, Alberta, and Quebec permit new registrants to perform the controlled act of scaling and root planing without an order or direction by a dentist, subject to certain limitations. Manitoba and Nova Scotia permit registrants to self-initiate scaling and root planing who meet certain experiential or educational requirements, similar to the existing CDHO Standard. Other Canadian jurisdictions have varying standards with respect to the requirement for an order or direct supervision by a dentist.

Notably, a registrant in Ontario who transfers to British Columbia, Alberta, or Quebec, is permitted to perform scaling and root planing without requiring an order, regardless of whether they are authorized to self-initiate in Ontario.

3. *Existing regulations provide adequate safeguards for the public without the additional requirements of the Standard.*

The Contraindications Regulation provides clear direction to registrants as to the circumstances in which they must seek clearance from a dentist or physician before initiating scaling or root planing. It also clarifies that registrants must seek clearance in circumstances where they are unsure of or unfamiliar with a client's medical condition and its potential impact on the appropriateness or safety of care. All registrants are expected to understand and abide by the regulations applicable to dental hygiene practice.

This expectation extends to all registrants, even those who practise exclusively under an order from a dentist. The template language used by the CDHO to confirm a standing order states the following:

“If there are no conditions in the medical history that contraindicate scaling and root planing, including curetting surrounding tissue, I [the dentist] authorize the dental hygienist(s) listed below to initiate these procedures.”

This language demonstrates that the dental hygienist, even when operating under a standing order, is expected to evaluate the client's medical history for the presence of contraindications, in the same fashion as if the dental hygienist was self-initiating the procedure. Given that all registrants are held to the same standards of practice of the profession and are expected to be able to identify and comply with contraindications to treatment upon initial registration with CDHO, the Standard could be seen as unnecessary.

4. *The Standard may act as a barrier to access to care.*

The ability to self-initiate scaling and root planing in compliance with the Act and regulations may increase access to dental hygiene care, particularly in underserved or remote communities where a dentist may not be present to provide an order for routine client care. Such barriers to accessing dental hygiene care have been identified

by dental hygienists practising in remote, northern, and Indigenous communities. Additionally, the creation of the Canada Dental Care Plan is expected to promote and support access to Oral Health care for an additional 9 million uninsured Canadians. Providing unfettered access to safe, competent Oral Hygiene care by rescinding this Standard and its associated requirements will facilitate the incorporation of this additional client population into the Oral Healthcare system.

Notably, less than half of registrants in active practice are authorized by the CDHO to self-initiate, even though the vast majority would satisfy the current practice hours requirement to be able to apply to do so. This may be because the existing administrative process under the Standard is complex and requires a registrant to have practised for at least two years or completed a six-month mentorship program before being able to apply for self-initiation. In many cases, applicants who cannot provide copies of written standing orders that satisfy the CDHO's requirements for all their places of practice in the preceding two years are not approved. Up until April 2023, there was also a fee charged for an application. This may have discouraged registrants from applying for authorization to self-initiate.

Upon rescinding of the Standard, all registrants would be able to self-initiate scaling and root planing without needing prior administrative approval from the CDHO. It is important to note that if the Standard were rescinded, current registrants are not placed in a situation where they are forced to self-initiate without an order. Registrants **may elect** to continue with such an approval process even if it is no longer a CDHO requirement. It is also important to note that individual employers could still require registrants to scale and root plane pursuant to an authorization process. Rescinding the current Standard would not impact the protocols that individual employers may establish.

5. *Public protection is better served by supporting the knowledge and confidence of registrants.*

Since 2007, dental hygienists have primarily been working under standing orders or held the authorization to self-initiate (whether fully or conditionally.) The CDHO is not aware of any cases since that time in which a dental hygienist knowingly provided treatment in the presence of a contraindication that resulted in harm to a client.

The public is protected when registrants, both self-initiated and those working under an order, have a firm grasp of the circumstances in which clearance from a dentist or physician is needed before initiating scaling or root planing. Supporting all registrants to fully understand the contraindications to scaling and root planing and to develop confidence in their exercise of professional judgement can be seen as the best way to achieve this goal.

To support this confidence in practice, the CDHO has the following resources available for registrants:

- CDHO Knowledge Network
- CDHO Registrant Handbook
- CDHO Online Webinar: The Contraindications Regulation and Dental Hygiene Practice
- CDHO Community of Practice regarding the Contraindications Regulation in Dental Hygiene Practice (online discussion groups moderated by either CDHO Practice Advisors or experienced practitioners)
- CDHO Monograph: The Contraindications Regulation and Dental Hygiene Practice (same content as the webinar)
- CDHO Practice Advisory Service

**Next steps:**

Council may take any of the following actions:

- Rescind the Standard in its entirety. (Recommended)
- Retain the Standard either in its existing or in a modified form.
- Direct further analysis to be conducted or further information to be obtained by CDHO staff to be brought to a future meeting of Council.
- Such other actions as Council may direct.

**Decision:**

If Council chooses to rescind the Standard, the following draft motion may be considered.

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

**WHEREAS** Council recognizes that removing barriers to the ability of registrants to practice to their full scope will increase access to dental hygiene care; and

**WHEREAS** the current *Standard for Authorization to Self-Initiate Profession-Specific Acts* is not necessary in order to balance the public's right to access to dental hygiene care and the risk of harm posed by that care; now,

**THEREFORE** the Council directs that the *Standard for Authorization to Self-Initiate Profession-Specific Acts* be rescinded effective September 22, 2023

**MOVED:**

**SECONDED:**

**CARRIED:**

**DEFEATED:**

## Suggested Motions – Friday, September 22, 2023

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### 8.0 MONITORING BOARD PERFORMANCE

#### 8.1 CRD 4 Monitoring Registrar/CEO Performance

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

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

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

Moved:

Seconded:

VOTE:

#### 8.2 CRD 5 Monitoring Registrar/CEO Performance

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

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

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

Moved:

Seconded:

VOTE:

**8.3     GP-12 Special Rules of Order**

**MOTION 1:**     **THAT** Council has assessed the monitoring report for Governance Process policy 12 and determined there is sufficient, verifiable evidence of a reasonable interpretation; OR

**MOTION 2:**     **THAT** Council has assessed the monitoring report for Governance Process policy 12 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 Governance Process policy 12 and determined that the interpretation is not reasonable and has asked for a new monitoring report by [date].

Moved:

Seconded:

VOTE:





THE GOVERNANCE COACH'S ADVISORY

## CDHO Council Coaching Advisory – June 2023

Meeting Date	06/22	09/22	12/22	01/23	03/23	06/23
Ownership	✓	✓	✓	✓	✓	✓
Governance Position	✓	✓	✓	✓	✓	✓
Council Holism	○	✓	✓	✓	✓	✓
Ends Policies	✓	○	○	○	○	✓
Council Means Policies	○	○	✓	✓	✓	✓
Executive Limitations Policies	○	○	✓	✓	✓	✓
Policy Sizes	○	✗	○	○	○	○
Delegation to Management	✓	✓	✗	✓	✓	✓
Any Reasonable Interpretation	○	○	○	○	○	○
Monitoring	✓	○	○	○	○	○

Key:

- No activity this meeting on which to assess model consistency
- ✓ Model consistent, based on minutes of this meeting
- Not contravening principle, but opportunity for improvement
- ✗ Not consistent with principle

## College of Dental Hygienists of Ontario Council June 2, 2023

### Ownership

**Policy Governance® Principle:** The Council governs on behalf of the government to whom it has a legal accountability and the people who access dental hygienists in Ontario – to whom it has moral accountability its “moral owners.” The Council has an obligation to be the informed voice of the owners. The Council provides leadership by first serving, seeking to put the interests of the owners ahead of any personal interests Council Members may have.

The data collected by Pivotal Research has some interesting perspectives about “those who (currently) use dental hygiene services” – identified in the Council’s Ends policies as the beneficiaries of the College.

Of note, the Ownership Linkage Committee report stated: “*CDHO has a moral accountability to the people who live in Ontario – its “moral Owners.” The public are the owners to whom the College is accountable.* This contrasts with the Global Governance Process policy which states: “*while it has legal accountability to the government, it has moral accountability to the people who access dental hygienists in Ontario – its moral owners.*” I suggest that Council decide which of these statements reflects its value about moral ownership and ensure its policy is consistent with this statement.

### Governance Position

**Policy Governance® Principle:** The Council forms the middle link in a chain of moral authority between the owners and the Registrar. The Council’s role is to set direction for the organization on behalf of the owners, and properly empower the Registrar to manage. The Council is accountable for its own work and how it does that work. The Council is also accountable for what it has delegated to the Registrar. All authority in the staff organization and in Council committees and Officers flows from the Council.

There are no issues with this principle.

### Council Holism

**Policy Governance® Principle:** The Council has authority only as a group. Individual Council Members do not have any authority. Committees do not have any authority other than that specifically authorized by the Council. When the Council speaks with authority it has only one voice.

There are no issues with this principle.

## Ends Policies

**Policy Governance® Principle: The Council defines in writing policies which describe the outcomes or effects that the organization is to produce, the recipients of those outcomes, and what it is worth to produce them. These are Ends policies. All decisions that are *not* about outcomes, recipients, or worth are means decisions.**

Council follows its schedule for content review of Ends policies. The information that it is being collected through the Voice of the Patient and developed through a deepening of its understanding of other issues affecting regulation of health professionals, the Council will be prepared when it decides to undertake a more comprehensive review or redevelopment of its Ends policies. I remind Council that its Ends policies were developed in 2017 and it would be reasonable to set a timeframe for a more in depth look at these policies.

## Council Means Policies

**Policy Governance® Principle: The Council defines in writing the job results, practices, and discipline that make up its own job. These policies are about the Council's means. To distinguish them from the means used by the staff, they are called Governance Process policies. The Council also defines in writing the details of how it will delegate to and hold the Registrar accountable. These means policies are called Council – Registrar Delegation policies.**

I noticed that the Council is publishing attendance as a means of demonstrating accountability. Demonstrating accountability is supported by acting with integrity which can take many forms:

- Developing skills and knowledge to excel in policy development, to engage with those on whose behalf you govern, to work as an effective team, and to enhance understanding of governance.
- Planning and oversight of succession.
- Orientation of new Council members to facilitate effective leadership succession, enable immediate contribution and avoid unnecessary conflict.
- Evaluating its own performance.

Council has done a good job of planning to incorporate all of the above. I noticed in the attendance record that there were several absences from New Member Orientation and Workshops. It is valuable to have this data. Its value is compounded by reflecting on what the data tells you.

I also wanted to applaud the thorough review of the comprehensive assessment of the external auditor. This detailed review is valuable in educating Council members about the audit process, given that oversight of the audit is Council job.

## Executive Limitations Policies

**Policy Governance® Principle: The Council makes decisions about the means of the operational organization. However, rather than prescribing Council-chosen means -- which would enable the Registrar to escape accountability for attaining Ends, these policies define limits on operational means, thereby placing boundaries on the authority granted to the Registrar. These means would be unacceptable because they are unlawful, imprudent, or unethical, even if they worked to achieve Ends. Written policies describing these limits are called Executive Limitations.**

You continue to be diligent in ensuring your Executive Limitations are relevant and current. Good job.

## **Policy Sizes**

**Policy Governance® Principle:** Council policies in every category are developed one level at a time, from the broadest, most inclusive level to succeeding levels of detail. Each level of detail added further limits the range of interpretation that is delegated. The policies in Ends, Governance Process, Council – Registrar Delegation, and Executive Limitations categories are comprehensive, and there are no Council policies outside of these four categories. They replace, at the Council level, more traditional documents such as mission statements, strategic plans and budgets.

There are no issues with this principle.

## **Clarity and Coherence of Delegation**

**Policy Governance® Principle:** The Council delegates operational matters only to the CEO. The Council does not delegate to anyone who reports to the CEO. The Council does not give Council officers or committees jobs that interfere with, duplicate, or obscure the job given to the Registrar. The Registrar is accountable to the Council for everything that happens in the operations of the organization.

Council continues to demonstrate role clarity, one of the critical objectives of exemplary governance.

## **Any Reasonable Interpretation**

**Policy Governance® Principle:** The Registrar is given the right to make more detailed decisions about Ends and operational means, using any reasonable interpretation of Ends and Executive Limitations policies. (If there is no Registrar, the Council must delegate to two or more individuals, avoiding overlapping expectations or causing confusion about the authority of various managers.) The Council President is given the right to use any reasonable interpretation of Governance Process and Council – Registrar Delegation policies unless the Council has explicitly given that right to another Council member or Council Committee.

There are no issues with this principle.

## **Monitoring**

**Policy Governance® Principle:** The Council monitors the performance of the organization by fairly, systematically and thoroughly assessing whether the Registrar has made a reasonable interpretation of the policies it has delegated to the Registrar (Ends and Executive Limitations) and provided data demonstrating accomplishment of that interpretation. The Registrar's evaluation is simply the cumulative summary of these assessments.

I am providing redline reviews of the monitoring reports, primarily for the use of the Registrar/CEO. In general the reports are well done. There is still room for improvement, primarily in reducing the amount of narrative from the reports and focusing on distilling the essential details in the interpretations and evidence.

These are the areas to which I continue to pay attention in reviewing monitoring reports:

1. Limit the monitoring report to the essentials required by an interpretation or evidence.
  - a. Minimize narrative content.
  - b. Avoid adding “nice to know” information which is not essential to the interpretation or evidence.
  - c. Information about plans for the coming monitoring period is not part of an interpretation.

2. Ensure that each interpretation includes the following four elements:
  - a. A standard of measurement
  - b. The level of achievement of the standard
  - c. Defensible rationale for the standard of measurement where defensible is an opinion of external unbiased expertise, comparison to similar situations or organizations, or consistent with current research or regulations.
  - d. Defensible rationale for the level of achievement of the standard.

While interpretations might seem ‘common sense’ and not require defensible rationale, you want rationale that go beyond “trust me” statements.

3. Watch for evidence that should be part of the interpretation. A well-constructed interpretation results in a succinct report of data that correlates with interpretation and cites the source of data and date collected.

### **Celebrate Your Progress**

Council is doing excellent work in maintaining the discipline of monitoring its own performance and making sound policy amendments. Self-monitoring is one of the ways in which Council demonstrates its accountability for how it does its work.

### **Keep Getting Better (One area we recommend you address as soon as possible)**

Review the global Governance Process policy and ensure that the stated ‘moral ownership’ is consistent with point of view of the OLC review of the recent Voice of the Patient research by Pivotal Research.

## SUMMARY OF SUGGESTIONS FOR FURTHER ACTION

	Action Item	Coaching Report meeting date	Decision re Action	Date Action Completed
	<b>General</b>			
	<b>Linkage</b>			
1	Proceed with planning and implementing ownership linkage activities.	March 2022		
	<b>Council-Management Delegation</b>			
	<b>Ends</b>			
1	Prepare a plan of specific activities intentionally leading to a full review of Ends policies.	March 2022		
	<b>EL Policies</b>			
	<b>Finances</b>			
	<b>GP Policies</b>			
1	Describe the end products of a committee's work rather than its activities. Ensure the committee is acting as servant to the board.			
2	Reconcile the difference between the statement about moral owners in the OLC report and the global Governance Process policy	June 2023		
	<b>Agenda, Minutes and Meetings</b>			
1	Consider separate agenda items for Consent Agenda and Incidental Information	March 2022		
2	Ensure that motions amending policies state precisely the change that the Council has approved.	September 2022		
3	Approve the budget as part of the Required Approvals Agenda with prior assessment of special monitoring of pertinent policy items.			
	<b>Monitoring</b>			
1	Ensure that an interpretation identifies the rationale for both the measure/standard of measurement in the interpretation.	June 2022 March 2023		
2	Avoid including non-essential content: narrative, nice-to-know or plans for next monitoring period.	March 2023		
	<b>Completed – to be removed from next list</b>			

## BRIEFING NOTE

**To:** Council

**From:** Chair

**Date:** September 22, 2023

**Topic:** Policy Content Review: CRD 4 and CRD 5

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Council will review and discuss the proposed changes to the CRD- 4 Monitoring Registrar/CEO Performance and CRD- 5 Registrar/CEO Compensation policies:

1. Removal of gendered language and minor grammatical error in CRD- 4.
2. Renumbering of the policies in the annual monitoring schedule to align with the correct policy numbers.
3. Removal of CRD-5(2) to reduce redundancy.
4. Moving CRD-5(1) to policy CRD-4 for better organization within the policies.

**MOTION:** **THAT** Council approve the changes to the CRD 4 Monitoring Registrar/CEO Performance and CRD 5 Registrar/CEO Compensation policies to remove gendered language, correct grammatical error, remove CRD-5(2) and move CRD-5(1) into policy CRD-4.

**Moved:**

**Seconded:**

**VOTE:**

## CRD-4 Monitoring Registrar/CEO Performance

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

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

ANNUAL SCHEDULE OF MONITORING OF ENDS AND EXECUTIVE LIMITATIONS				
Policy No.	Policy	Method	Frequency	Date
	GLOBAL END	Internal Report	Annually	Mar.
E-1	Safe, High Quality, Professional Practice	Internal Report	Annually	Mar.
E-2	Engagement with Other Professionals	Internal Report	Annually	Mar.
E-3	Health System and Public Policy Influence	Internal Report	Annually	Mar.
E-4	Public Awareness and Access to Benefits	Internal Report	Annually	Mar.
	GENERAL EXECUTIVE CONSTRAINT	Internal Report	Annually	Dec.
EL-1	Treatment of Public and Registrants	Internal Report	Annually	Sep.



ANNUAL SCHEDULE OF MONITORING OF ENDS AND EXECUTIVE LIMITATIONS				
Policy No.	Policy	Method	Frequency	Date
EL-1	Treatment of Public and Registrants	External Report	Every 3 years	Sep. 2021
EL-2	Treatment of Staff	Internal Report	Annually	Dec.
	Treatment of Staff	External Report	Every 3 years	Jun. 2022
EL-3	Planning ( <del>2.3.3 to 2.3.8</del> ) 3(3)-3(8)	Direct Inspection	Annually	Dec.
	Planning ( <del>2.3, 2.3.1-2.3.2; 2.3.9</del> ) (3, 3.1)	Internal Report	Annually	Jun.
EL-4	Financial Conditions and Activities	Internal Report	Annually	Jun.
EL-4(1)	Fund Management Standards	Internal Report	Quarterly	Mar., May, Sep., Dec.
EL-5	Protection of Assets	Internal Report	Annually	Sep.
EL-6	Investment	Internal Report	Annually	Jun.
EL-7	Compensation and Benefits	Internal Report	Annually	March
EL-7(1)	Limits to Power (Registrar Expense Claims)	Direct Inspection	Annually	Jun.
EL-8	Communication and Support to Council	Internal Report	Annually	Dec.
EL-9	Ethical Behaviour	Internal Report	Annually	Jun.
EL-10	Development of Standards Governing Practice	Internal Report	Annually	Sep.
EL-11	Amendments to the Act or Bylaws	Internal Report	Annually	Sep.

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

## CRD-5 Registrar/CEO Compensation

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

- ~~1. Organization performance will be only that performance revealed by the monitoring system to be directly related to criteria given by the Council in policy. (moved to CRD-4)~~
- ~~2. Compensation will cover the entire range of salary, benefits, and all other forms of compensation.~~
1. Total compensation is to be competitive with the executive market. The executive marketplace to be considered is Ontario regulatory colleges of comparable scope, size (budget and staff complement), challenges and complexity. Total compensation includes salary, benefits, pension, perquisites and incentives.
  - 1.1. Every three years the Council will commission a formal review of compensation to ensure total compensation is aligned with the market. In each of the intervening two years, the base salary is adjusted by a percentage equivalent to a cost-of-living increase.
2. Annually in December, the Council will approve, with due consideration of the organization's financial capacity, a budget for the salary and benefits package for the coming fiscal year, including provision for any incentive pay to be made available.
  - 2.1. The Executive Committee may gather information and provide options and their implications to the full Council for its decision.
3. The Registrar/CEO's base salary is adjusted annually. Council will decide on compensation at its June meeting. Any adjustment will be effective retroactively to January 1<sup>st</sup>. A lump sum payment representing the difference in prior year and current year compensation will be made on June 30<sup>th</sup>.
4. Compensation may include an Ends-related performance-based incentive.
5. The President will confirm the Council's decision about compensation to the Registrar/CEO in a letter after the Executive Committee has presented to Council the results of its annual performance review meeting with the Registrar/CEO and Council has approved the compensation adjustment.

## **BRIEFING NOTE**

**To:** Council

**From:** Chair

**Date:** September 22, 2023

**Topic:** Policy Content Review: Executive Limitations Policies

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Council will review and discuss if any changes should be made to Executive Limitations policies EL-3, EL-6, or EL-9.

## EL-3 Planning

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

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

1. Operate without a documented, multi-year strategy that can be expected to achieve a reasonable interpretation of the Ends.
  - 1.1. Permit planning that does not explain and justify assumptions, and identify relevant environmental factors.
2. Permit budgeting for any fiscal period or the remaining part of any fiscal period that is not derived from the multi-year plan.
3. Permit budgeting that does not provide for the incremental cost of implementing the multi-year strategy.
  - 3.1. Project revenue from fees on any basis other than current Council- authorized fees.
4. Permit budgeting that does not provide for the incremental cost of implementing the multi-year strategy.
5. Permit budgeting that does not maintain, or provide for an amount to increase, reserves to the Council-approved target level.
6. Permit budgeting that projects a year-end operating deficit.
7. Permit financial planning that risks incurring any situation or condition described as unacceptable in the “Financial Condition and Activities” policy.
8. Permit financial planning that does not provide the amount determined annually by the Council for the Council’s direct use during the year, such as costs of fiscal audit, Council development, Council and Council committee meetings, Council legal fees, and ownership linkage.
9. Permit planning that endangers the fiscal soundness of future years or ignores the building of organizational capability sufficient to achieve Ends in future years.
  - 9.1. Operate without succession plans to facilitate smooth operations during key personnel transitions and ensure competent operation of the organization over the long term.
  - 9.2. Permit the organization to be without sufficient organizational capacity and current information about Registrar/CEO and Board issues and processes for the competent operation of the organization to continue in the event of sudden loss of Registrar/CEO services.

## EL-6 Investment

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

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

- 1 Permit investments to be managed without the active involvement of a well- qualified Investment Professional who is independent of any investment fund.
  - 1.1 Permit the Investment Professional to take title to any assets.
  - 1.2 Permit the Investment Professional to withdraw any funds from the accounts except to cover payment of previously agreed fees, or at the CDHO's specific direction.
  - 1.3 Neglect the regular review of Investment Professional's performance.
- 2 Permit investments which are exposed to greater than a low level of risk and insufficiently diversified and staged to maximize return while protecting the principal.
  - 2.1 Permit investments outside the Fixed Income Investment categories defined in Article 8.3(2) of the CDHO bylaws, more specifically defined below:
    - Bonds, debentures or other evidences of indebtedness, a) of or guaranteed by the government of Canada, b) of or guaranteed by the government of any province/territory of Canada.
    - Bank commercial paper and Bankers' Acceptances of Schedule 1 Banks..
    - Corporate Commercial Paper with an R1 rating or equivalent by the Dominion Bond Rating Service at the time of purchase.
    - Guaranteed Investment Certificates of any trust corporation registered under the *Loan and Trust Corporations Act* of a province of Canada or the government of Canada and trust corporation CDIC insured term deposits.
    - Corporate Debt instruments with a credit rating at the time of purchase of not less than BBB as determined by Dominion Bond Rating Service.
    - High rate savings account.
  - 2.2 Allow the maturity of any individual security to exceed 12 years.
- 3 Permit investments that are inconsistent with the liquidity requirements of the College.

## EL-9 Ethical Behaviour

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

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

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

## **BRIEFING NOTE**

**To:** Council

**From:** Chair

**Date:** September 22, 2023

**Topic:** Policy Content Review: GP 12 Special Rules of Order

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No changes proposed. Council will review and discuss if any changes should be made to the GP 12 Special Rules of Order policy.

## GP-12 Special Rules of Order

Council meetings will be conducted in an orderly, effective process, led and defined by the chair.

1. All by-law obligations respecting Council meetings must be satisfied.
2. Council meetings shall be called to order at the time specified in the notice of meeting and upon satisfaction of quorum.
3. Meeting order and decorum shall be maintained and all members treated with dignity, respect, courtesy, and fairness during discussion and debate and in all other respects.
  - 3.1. When Council meetings are held virtually, Council members will treat others with respect and courtesy by mitigating potential sources of distraction in their personal workspace created by background, lighting, external sound, interruption or appearance.
4. Council members must keep their comments relevant to the issue under consideration.
5. Council meetings will be conducted at a level of informality considered appropriate by the chair, including that discussion of a matter may not occur prior to a proposal that action be taken on any given subject.
6. Proposals that the Council take action, or decide a particular matter, shall (unless otherwise agreed to by unanimous consent) be made by main motion of a Council member, discussed, and then voted on. Motions require a second to proceed to discussion and subsequent vote.
  - 6.1. The chair of the Council may not to the same extent as any Council member, make motions, engage in debate, except to offer brief comments at the close of the debate, or vote on any matter to be decided, except in the case of a tie.
  - 6.2. A motion to amend a main motion may be amended but third level amendments are out of order.
  - 6.3. A motion to refer to a committee, postpone, or table, may be made with respect to a pending main motion, and if carried shall set the main motion (the initial proposal) aside accordingly.
7. Council members may speak to a pending motion on as many occasions, and at such length, as the chair may reasonably allow.
8. A vote on a motion shall be taken when discussion ends but any Council member may, during the course of debate, move for an immediate vote (close debate) which, if carried, shall end discussion and the vote on the main motion shall then be taken.
9. A majority vote will decide all motions before the Council excepting those matters in the by-laws which oblige a higher level of approval.
10. A motion to adjourn a Council meeting may be offered by any Council member or, on the conclusion of all business, adjournment of the meeting may be declared by the chair.
11. A Council member may request to have his or her vote on the record.
  - 11.1. When further rules of order are to be developed by the Council, the Council will consider the [Robert's Rules of Order Newly Revised or Standard code of Parliamentary Procedure or other authority] as a resource guide.



## **Suggested Motion – Friday, September 22, 2023**

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### **15.0      MOTION TO MOVE IN CAMERA**

**MOTION:**      **THAT** Council move in Camera as per RHPA, *Schedule 2, Section 7(2)(d)* at \_\_\_\_ : \_\_\_\_ p.m., for agenda items 15.1–15.5.

Moved:

Seconded:

VOTE:

## Suggested Motions – Friday, September 22, 2023

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### 15.0 MONITORING CEO PERFORMANCE

#### 15.1 EL- 4 (1)

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

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

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

Moved:

Seconded:

VOTE:

#### 15.2 EL- 5

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

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

**MOTION 3:** **THAT** Council has assessed the monitoring report for Executive Limitations Policy 5 and determined that the interpretation is not

reasonable and has asked for a new monitoring report by [date].

Moved:

Seconded:

VOTE:

**15.3 EL- 10**

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

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

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

Moved:

Seconded:

VOTE:

**15.4 EL- 11**

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

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

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

Moved:

Seconded:

VOTE:

**15.5 EL- 2**

**MOTION 1:** **THAT** Council has assessed the monitoring report for 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 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 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:

## **Suggested Motion – Friday, September 22, 2023**

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### **15.0 MOTION TO MOVE OUT OF CAMERA**

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

Moved:

Seconded:

VOTE:

## **Suggested Motions – Friday, September 22, 2023**

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### **18.0 ADJOURNMENT**

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

Moved:

Seconded:

VOTE: