CDHO

COLLEGE OF DENTAL
HYGIENISTS OF ONTARIO

Council Meeting Agenda

Friday, March 27, 2026
9:00 a.m. – 4:30 p.m.

Location: Hybrid Meeting

CDHO
COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Council Meeting Agenda — March 27, 2026

Hybrid Meeting

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

Item	Topic	Action	Lead if not Chair	Est. Time
1.0	**CALL TO ORDER**			9:00
1.1	Opening Remarks	Council Is Addressed	M. Atkinson	9:00
1.2	Council Code of Conduct	For Information	M. Atkinson	9:05
1.3	Council Policy Manual Update	For Information	M. Atkinson	9:05
2.0	**APPROVAL OF AGENDA**			9:10
2.1	Review and Approval of Agenda	For Approval	M. Atkinson	9:10
3.0	**DECLARATIONS OF POTENTIAL CONFLICT OF INTEREST**			9:10
3.1	Declarations of Conflict of Interest	Declare Conflicts	M. Atkinson	9:10
4.0	**MEETING MINUTES APPROVAL**			9:10
4.1	Meeting Minutes – December 12, 2025	For Approval	M. Atkinson	9:10
4.2	Meeting Minutes – January 9, 2026	For Approval	M. Atkinson	9:10
5.0	**INFORMATION REQUESTED BY THE COUNCIL**			
5.1	**Statutory Committee Reports**			
5.1.1	Executive Committee	For Information	M. Atkinson	9:15
5.1.2	Discipline Committee	For Information	V. Pereira	9:15
5.1.3	Fitness to Practise Committee	For Information	TBD	9:15
5.1.4	Inquiries, Complaints and Reports Committee	For Information	M. Atkinson	9:15
5.1.5	Patient Relations Committee	For Information	C. Adebar	9:15
5.1.6	Quality Assurance Committee	For Information	B. Sohi	9:15
5.1.7	Registration Committee	For Information	TBD	9:15

5.2	**Incidental Briefing Reports**			
5.2.1	Council Chair's Report	For Information	M. Atkinson	9:15
5.2.2	Registrar's Administrative Report	For Information	Dr. G. Pettifer	9:20
6.0	**GOVERNANCE PROCESS ITEMS**			9:30
6.1	Mentorship Reports	For Information	N. Chiappetta, C. Adebar, and J. Jovanov	9:30
6.2	Governance Committee Update	For Information	M. Atkinson	9:45
7.0	**COUNCIL EDUCATION**			10:00
7.1	Office of the Fairness Commissioner (OFC) *Presentation and Question and Answer period regarding the OFC and initiatives for 2026*	For Information	Commissioner Glasberg	10:00
	BREAK			**10:45**
6.0	**GOVERNANCE PROCESS ITEMS CONTINUED**			11:00
6.3	Strategic Planning	For Information	K. McCarthy, G. Pettifer, and P. Benbow	11:00
6.4	Council Performance Evaluation Framework (CPEF)	For Approval	Kevin McCarthy and M. Atkinson	11:15
6.5	CEO/Registrar Performance Evaluation Policy	For Approval	Kevin McCarthy and M. Atkinson	11:45
	LUNCH			**12:15**
6.6	Policy Framework Revisions	For Information	P. Benbow	1:15
7.0	**COUNCIL EDUCATION CONTINUED**			1:45
7.2	Upskilling AI	For Information	A. Sethi	1:45
8.0	**EXECUTIVE LIMITATIONS ITEMS FOR CONSIDERATION**			
8.1	Policy Content Review: EL General Executive Constraint	For Consideration	M. Atkinson	2:45
8.2	Policy Content Review: EL-2 Treatment of Staff	For Consideration	M. Atkinson	2:45
8.3	Policy Content Review: EL-3 Planning	For Consideration	M. Atkinson	2:50
8.4	Policy Content Review: EL-7 Compensation and Benefits	For Consideration	M. Atkinson	2:50

8.5	Policy Content Review: EL-8 Communication and Support to the Board	For Consideration	M. Atkinson	2:50
—	**COUNCIL MOVES IN CAMERA (ITEM 9.1-9.7)** To discuss personnel matters. Monitoring Reports on Ends and Executive Limitations form part of the Registrar's Performance Evaluation			
9.0	**MONITORING CEO PERFORMANCE**			
9.1	Internal Monitoring: Global End	For Approval	G. Pettifer	2:55
9.2	Internal Monitoring: E-1	For Approval	G. Pettifer	3:00
9.3	Internal Monitoring: E-2	For Approval	G. Pettifer	3:10
9.4	Internal Monitoring: E-3	For Approval	G. Pettifer	3:20
9.5	Internal Monitoring: E-4	For Approval	G. Pettifer	3:30
9.6	Internal Monitoring: EL 4(1)	For Approval	G. Pettifer	3:40
9.7	Internal Monitoring: EL 7	For Approval	G. Pettifer	3:50
—	**COUNCIL MOVES OUT OF CAMERA**			
10.0	**SELF-EVALUATION OF GOVERNANCE PROCESS**			
10.1	Council Meeting Evaluation	For Evaluation and Discussion	M. Atkinson	4:00
11.0	**NEXT MEETING DATE — June 12, 2026**			
12.0	**ADJOURNMENT**			4:00

Code of Conduct

Excerpt from Policy Manual:

GP-8 CODE OF CONDUCT

Council Members shall conduct themselves in accordance with the bylaws.

Please refer to Bylaws section 3.7 for more details.

CDHO

Briefing Note

To: Council

From: Chair

Date: March 27, 2026

Topic: Policy Manual Update

The following policies were updated at the December 12, 2025 Council meeting:

- GP-7 Council and Committee Stipend and Expenses

CDHO

Suggested Motion – Friday, March 27, 2026

2.1 ADOPTION OF AGENDA

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

Moved:

Seconded:

VOTE:

Conflict of Interest Declarations- 2026

Council Member	Conflict(s) of Interest Declared
Michelle Atkinson Professional Member- District 6- Chair	• Program Coordinator- Algonquin College • Clinical Rater- CPEDH
Tiffany Murray Professional Member- District 8	None declared
Carmen Adebar Professional Member- District 4	• RDH educator/Oxford College 2008-2022/ Aplus Institute 2023-present
Juli Kreutner Professional Member- District 3	None declared
Vanessa Pereira Professional Member- District 4- Vice-Chair	None declared
Balbir Sohi Professional Member- District 2	• CADH teacher
Krystal Afzalzada Professional Member- District 5	• RDHU- Continuing Education Geriatric Care • George Brown College- Educator- Pre-Clinical • Durham College- Educator-Theory and Rad Lab
Kylie McElrea Professional Member- District 1	• Fanshawe College- Professor of Dental Hygiene
Liisa Moore Professional Member- District 7	None declared
Anne-Marie Conaghan Professional Member- Academic	• Program Coordinator at Georgian College •
Jennifer Cooper Professional Member- Academic	• Fanshawe College Faculty • CDAC Site Surveyor • CDAC Dental Assisting Review Committee Member • NDAEB CPE Evaluator
Loree Beniuk Public Member	None declared
Erin Betts Public Member	None declared

Pella Giabanis Public Member	None declared
Derek Gartshore Public Member	None declared
Nella Chiappetta Public Member	None declared
Jeny Jovanov Public Member	None declared
Christina Lee-Rotstein Public Member	None declared
Amit Sethi Public Member	None declared
Margaret Wade Public Member	None declared

CDHO

Suggested Motion – Friday, March 27, 2026

4.0 MEETING MINUTES APPROVAL

MOTION: **THAT** Council moves to approve the December 12, 2025 and January 9, 2026 meeting minutes as presented.

Moved:

Seconded:

VOTE:

Council Meeting Minutes

Hybrid Zoom Meeting – Livestreamed to the CDHO YouTube Channel
Friday, December 12, 2025 – 9:00 a.m. to 4:30 p.m.

COUNCIL MEMBERS PRESENT

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

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

Regrets: Derek Gartshore, Krista Dufour

Administration: Dr. Glenn Pettifer (Registrar and CEO), Eric Bruce (Deputy Registrar/Director of Registration and Professional Conduct), Paula Benbow (Director, Policy and Strategic Initiatives), Suzanne Fox (Director, Corporate Services), Ryan Pestana (Director, Communications), Anita Arzoomanian (Director, Professional Practice), Keisha Simpson (Manager, Registration), Veronica Douglas (Executive Administrator)

Guests: Julie Maciura, SML, CDHO Legal Counsel, Doha Melhem, Pivotal Research (1:00 p.m.- 2:00p.m.), Hafsah Ali, Pivotal Research (1:00p.m.-2:00p.m.) Kylie McElrea, Krystal Afzalzada

1.0 CALL TO ORDER

1.1 Opening Remarks

The Chair, Michelle Atkinson, called the meeting to order at 9:01 a.m. She welcomed Council and guests to the December Council meeting.

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

1.2 Council Code of Conduct

Council was reminded of the Code of Conduct.

1.3 Council Policy Manual Update

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

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

2.0 APPROVAL OF AGENDA

2.1 Review and Approval of Agenda

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

MOVED: Terri Strawn
SECONDED: Balbir Sohi
VOTE: **CARRIED**

3.0 DECLARATIONS OF POTENTIAL CONFLICTS OF INTEREST

3.1 Declarations of Conflict of Interest

No conflicts were declared.

4.0 MEETING MINUTES APPROVAL

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

MOVED: Vanessa Pereira
SECONDED: Amit Sethi
VOTE: **CARRIED**

5.0 INFORMATION REQUESTED BY COUNCIL

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

The Chair updated their report to add an additional meeting date: December 9th, 2025 (meeting with Dr. Pettifer).

6.0 GOVERNANCE PROCESS ITEMS

6.1 2026 Budget

The 2026 budget has been attached as Appendix A. Dr. Pettifer presented the budget to Council and Council had the opportunity to discuss and ask questions.

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

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

6.2 Mentorship Reports

As part of the mentorship program, Council invites new members who have finished their mentorship to provide feedback on the program. Tiffany Murray, who was mentored by Krista Dufour, and Liisa Moore, who was mentored by Jennifer Cooper, provided their feedback to

Council. Liisa's checklist has been provided to Council in the meeting package and Tiffany's checklist was recently received by the Chair.

6.3 Strategic Goals

Paula Benbow and Keisha Simpson presented CDHO's Equity and Inclusion initiatives for 2025-2027 to Council. It is a roadmap that will guide the implementation of equity, diversity, and inclusion (EDI) principles into daily activities, policies, and decision making. One of CDHO's strategic goals is to Advance equity and inclusion by embedding principles into organizational and regulatory policy development and implementation, standards, practice support, and decision-making. The initiatives that were presented promote cultural safety, trauma-informed care, and accessible care for diverse communities. Areas of focus include entry into the profession, registrants, staff, and system partners/ecosystems.

Milestones to date include:

- CDHO Bursary for Indigenous Students in Dental Hygiene Programs
- Free PATH Course
- Voice of the Patient Study and Report
- Patient Experiences with Racism and Discrimination Study
- Hosted 1st EDI Network Conference at the HUB in conjunction with the HPRO EDI working Group
- Demographic Data Collection
- Draft Standards of Practice for Cultural Safety and Humility

6.4 Communication Update

Ryan Pestana presented CDHO's draft Communication Strategy for 2025-2027 to Council. He also presented the findings of the Public Awareness Campaign. Council's discussions considered Artificial Intelligence (AI) and the need for a policy around staff, committee, and Council use.

6.5 NVision Path Course Requirement

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

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

Evidence continues to show that Indigenous peoples experience significant oral health disparities compared to their non-Indigenous counterparts. A history of colonialism along with discriminatory practices, such as the establishment of residential schools, have had a detrimental impact of the health of Indigenous Peoples.

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

In 2023, CDHO collaborated with NVision Insight Group Inc. to provide the Path Course at no cost to RDHs. The Path provides a valuable opportunity for participants to enhance their understanding of the history and contemporary realities of Canada's First Nations, Inuit, and Métis peoples. These modules also include information about cultural and historical differences between First Nations, Inuit and Métis, the evolution of the relationship between Canada and Indigenous people from precontact to present day, reconciliation, and resilience. It has been

promoted to registrants through email communications and social media. The course is available in both English and French.

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

On June 17, 2025, the Director of Professional Practice solicited feedback from the Quality Assurance Committee on mandating completion of The Path, rather than leaving it optional. The Committee was supportive of making the course a requirement. In addition, the Cultural Safety Working Group that is tasked with developing standards of practice for cultural safety, humility, and anti-racism expressed support for mandating completion.
Regulators play a critical role in reducing and eliminating discriminatory systems. Mandating Indigenous Cultural Competency courses has been observed in other provinces and with other regulated professions. The completion of the Path course will complement the implementation of the Cultural Safety Practice Standard expected to be published in Q1 of 2027.

Council discussed and had concerns regarding:

- Whether this module is the only acceptable method to demonstrate cultural competency and if alternative courses or equivalencies should be recognized
- How exemptions would be assessed
- Whether a competency test could serve as an alternative, and concerns regarding how such a test would be designed
- Consequences for non-completion

Council also highlighted the rationale for mandatory completion:

- The module is well-regarded nationally, with clear learning hours and evaluation components
- Standardizing education ensures all registrants receive consistent training, and documented completion provides evidence of progress
- Important for public safety: The public want professionals who are educated in cultural safety, with data that shows they have done the course
- This has been identified as a best practice for public protection and aligns with truth and reconciliation commitments
- Risks associated with not making the module mandatory, including reputational concerns
- Barriers have been minimized (e.g., no cost, approximately six hours to complete), reducing reasons for non-participation
- Recognition that cultural competency is an ongoing learning process rather than a one-time requirement

After discussion, Council decided to approve the request.

MOTION: **THAT** Council approves the request to make The Path: Your Journey Through Indigenous Canada mandatory for all dental hygiene registrants in Ontario by December 31, 2027.
MOVED: Balbir Sohi
SECONDED: Vanessa Pereira
VOTE: **CARRIED**

6.6 Risk Register

At Council's September 26, 2025 meeting, Doha Melhem, Vice President of Consulting and Chief Evaluator for Pivotal Research spoke to Council regarding the development of the CDHO's Risk Register over the last year. This process included a comprehensive review of the College's policy framework which yielded elements that were incorporated into the Risk Register. The associated metrics were subsequently collected and that cumulative data used to

create a Risk Dashboard. Such a Dashboard provides the Council and College Staff with an accessible representation of the Risk levels across identified domains. The Dashboard reports on assessed risk in 6 Domains:

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

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

Council were provided with a copy of the Risk Register development document at the September 26, 2025 meeting. An updated version of the Risk Dashboard and the associated summary metrics for Q3 (July – September 2025) were provided to Council in advance of the December meeting.

Council were provided time to:

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

- Discuss the potential for public transparency

Council provided the following feedback:

- The risk register is detailed and comprehensive
- They appreciated the green/red indicators in the dashboard
- They valued the "target met yes/no" feature and the additional detail when it was not met. They suggested including more detail in the areas marked red in the dashboard
- There is a need to consider how risk is mitigated through policy and monitoring. They recommended adding a column that highlights what policy mitigates each risk

Dr. Pettifer also advised they would be establishing a working group in 2026 to address technology related risk, develop messaging for registrants regarding engagement with AI, and consider an AI usage policy.

6.7 Council Appreciation

Council Chair, Michelle Atkison, thanked Krista Dufour and Terri Strawn for their invaluable contributions during their time on Council. Both members' terms are coming to an end in 2025.

7.0 COUNCIL EDUCATION

7.1 Voice of the Patient Survey Presentation

Doha Melhem and Hafsah Ali presented research outcomes on patient and registrant experiences with discrimination to inform CDHO strategies for diversity, equity, inclusion, and access to care. They summarized data from the 2025 Voice of the Patient Survey highlighting key insights and considerations. The annual survey included an online survey with diverse

samplings, four focus groups, and 11 one-on-one interviews. Key considerations include strengthening communication and cost-transparency expectations, enhancing public awareness of the value, outcomes, and purpose of preventative dental hygiene care, and supporting equitable access and experience through inclusive, culturally safe communication. A full report is available through the dashboard on the CDHO website.

7.2 CNAR Report

Michelle Atkinson, Terri Strawn, Erin Betts, and Vanessa Pereira presented to Council on their key learnings from the Canadian Network of Agencies of Regulation Conference (CNAR). The conference took place in Calgary from October 20th-22nd, 2025 and common themes throughout the conference were AI and digital forensics in regulation, AI assisted exam content development, gender inclusion in policy, enhancing regulatory Board/Council competencies, and governance modernization.

It brought up questions of how AI is currently used in regulatory processes and system partners and how regulatory colleges can adapt to evolving AI technologies and regulations.

7.3 CDHO Committees Overview

Eric Bruce, Deputy Registrar/Director of Registration and Professional Conduct, provided an overview of CDHO's statutory committees. He included the purpose of the committees, frequency of meetings, and staff support of each committee in order to assist new members of Council assess which committees they are interested in sitting on for 2026.

7.4 Update on "As of Right" Practice Regulation in Ontario

Eric Bruce provided an update on the "As of Right" practice regulations in Ontario.

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

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

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

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

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

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

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

8.0 MONITORING BOARD PERFORMANCE

8.1 Global Council-Registrar/CEO Delegation

The Council Chair advised that the Global Council-Registrar/CEO Delegation policy is the preamble to the policy and can be removed from the monitoring schedule.

8.2 GP-7 Council and Committee Stipend and Expenses

The Council Chair reviewed the GP-7 policy and confirmed Council was in compliance due to the following:

- Approval was sought from the Health Board Secretariat for public members' attendance at the CNAR conference
- No renumeration has been paid to public members (with exception of travel expenses paid to the public member who attended CNAR)
- The Committee Chair rate was only claimed when the members attended the meeting as the Chair
- The supplemental rates for Chair or Vice-Chair have not been claimed for meetings of another committee
- No requests for early reimbursements were made

8.3 GP-8 Code of Conduct

The Council Chair confirmed that all Council members have conducted themselves in accordance with the Bylaws and the Code of Conduct. Therefore, Council is in compliance.

9.0 COUNCIL-REGISTRAR DELEGATION ITEMS FOR CONSIDERATION

9.1 Policy Content Review: Global Council-Registrar/CEO Delegation

There were no changes to the Global Council-Registrar/CEO Delegation policy.

10.0 GOVERNANCE PROCESS ITEMS FOR CONSIDERATION

10.1 Policy Content Review: GP-7

Council reviewed and discussed the proposed changes to the GP-7 policy aimed at improving clarity.

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

MOVED: Terri Strawn
SECONDED: Erin Betts
VOTE: **CARRIED**

10.2 Policy Content Review: GP-8

There were no changes to the GP-8 policy.

11.0 EXECUTIVE LIMITATIONS ITEMS FOR CONSIDERATION

11.1 Policy Content Review: EL-1

There were no changes to the EL-1 policy.

11.2 Policy Content Review: EL-5

There were no changes to the EL-5 policy.

11.3 Policy Content Review: EL-10

There were no changes to the EL-10 policy.

11.4 Policy Content Review: EL-11

There were no changes to the EL-11 policy.

MOTION TO MOVE IN CAMERA

MOTION: **THAT** Council move in Camera as per RHPA, *Schedule 2, Section 7(2)(d)* at 3:20 p.m., for agenda items 12.1–12.5.

MOVED: Margaret Wade
SECONDED: Liisa Moore
VOTE: **CARRIED**

12.0 MONITORING CEO PERFORMANCE

12.1 General Executive Constraint

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

MOVED: Juli Kreutner
SECONDED: Nella Chiappetta
VOTE: **CARRIED**

12.2 EL-2

MOTION: **THAT** council has assessed the monitoring reports for Executive Limitations Policy 2 and determined there is sufficient, verifiable evidence of a reasonable interpretation.

MOVED: Jennifer Cooper
SECONDED: Jeny Jovanov
VOTE: **CARRIED**

12.3 EL-3(3)-EL-3(8)

MOTION: **THAT** That council has assessed the monitoring reports for Executive Limitations Policy 3(3)-3(8) and determined there is sufficient, verifiable evidence of a reasonable interpretation.

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

12.4 EL-4(1)

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

MOVED: Loree Beniuk
SECONDED: Balbir Sohi
VOTE: **CARRIED**

12.5 EL-8

MOTION: **THAT** That council has assessed the monitoring reports for Executive Limitations Policy 8 and determined there is sufficient, verifiable evidence of a reasonable interpretation.

MOVED: Nella Chiappetta
SECONDED: Juli Kreutner
VOTE: **CARRIED**

MOTION TO MOVE OUT OF CAMERA

MOTION: **THAT** Council move out of Camera as per RHPA, *Schedule 2, Section 7(2)(d)* at 3:43 p.m.

MOVED: Margaret Wade
SECONDED: Amit Sethi
VOTE: **CARRIED**

12.0 SELF-EVALUATION OF GOVERNANCE PROCESS

12.1 Council Meeting Evaluation

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

13.0 NEXT MEETING DATE

The next Council meeting is January 9, 2026.

14.0 ADJOURNMENT

The meeting was adjourned at 3:43 p.m.

Approved by:

_____ _____

Signature of Chair, Michelle Atkinson Date

2026 CDHO BUDGET

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

Council Meeting Minutes

Virtual Zoom Meeting – Livestreamed to the CDHO YouTube Channel
Friday, January 9, 2026 – 9:15 a.m. to 11:00 a.m.

DRAFT

COUNCIL MEMBERS PRESENT

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

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

Regrets: Pella Giabanis

Administration: Dr. Glenn Pettifer (Registrar and CEO), Veronica Douglas (Executive Administrator), Suzanne Fox (Director of Corporate Services), Eric Bruce (Deputy Registrar and Director of Registration and Professional Conduct)

Guests: Julie Maciura, SML, CDHO Legal Counsel (9:15a.m. to 11:00a.m.)

1.0 CALL TO ORDER

1.1 Opening Remarks

The Council Chair, Michelle Atkinson, called the meeting to order at 9:16 a.m. She welcomed Council and guests to the January Council meeting. The following land acknowledgment was made:

"I'd like to begin by acknowledging the indigenous peoples of all the lands that we are on today. While we meet today on a virtual platform, I would like to take a moment to acknowledge the importance of the lands which we, Council, Council guests, staff, and those watching on YouTube, each call home."

1.2 Council Code of Conduct

Council was reminded of the Code of Conduct

2.0 APPROVAL OF AGENDA

2.1 Review and Approval of Agenda

MOTION: **THAT** Council moves to approve the January 9, 2026 Council meeting agenda as presented.

MOVED: Jennifer Cooper
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 ELECTION OF 2026 EXECUTIVE COMMITTEE

The elections were presided over by the Registrar, Dr. Glenn Pettifer, and an overview of the nominations and voting process for all eligible positions on the 2026 Executive Committee was provided.

5.1 Appointment of Scrutineers

As provided under Schedule II of the Bylaws, the Registrar appointed Eric Bruce and Suzanne Fox as Scrutineers for the 2026 Executive Committee elections.

5.2 Nominations and Election of Chair

The floor was opened for the position of Council Chair. The term for Chair shall commence on January 9, 2026, and end at the first meeting in 2027 when a new election for Chair is held.

The following nominations were made:

Nominated:	**Nominator:**
Michelle Atkinson	Vanessa Pereira

Michelle Atkinson accepted the nomination.

There were no additional nominees from the floor for the position of Chair after a second and third call by the Registrar.

Michelle Atkinson was acclaimed to the position of Chair.

5.3 Nominations and Election of Vice-Chair

The Registrar called for nominations for the position of Vice-Chair. The term for Vice-Chair shall commence on January 9, 2026, and end at the first meeting in 2027 where a new election for Vice-Chair is held.

The following nominations were made:

Nominated: Vanessa Pereira **Nominator:** Jennifer Cooper

Vanessa Pereira accepted the nomination. There were no additional nominees from the floor for the position of Vice-Chair after a second and third call by the Registrar.

Vanessa Pereira was acclaimed to the position of Vice-Chair and addressed Council.

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5.4 Nominations and Election of Three Remaining Executive Members

Third (3rd) Executive Position – Professional Member

The floor was opened for nominations for the third Executive Committee position. The following nominations were made:

Nominated:	**Nominator:**
Jennifer Cooper	Vanessa Pereira

Jennifer Cooper accepted the nomination. There were no additional nominees from the floor for the third Executive Committee position after a second and third call by the Registrar.

Jennifer Cooper was acclaimed to the third Executive Committee position.

Fourth (4th) Executive Position – Public Member

The floor was opened for nominations for the fourth Executive Committee position. The following nominations were made:

Nominated:	**Nominator:**
Amit Sethi	Erin Betts

Amit Sethi accepted the nomination. There were no additional nominees from the floor for the fourth Executive Committee position after a second and third call by the Registrar.

Amit Sethi was acclaimed to the fourth Executive Committee position.

Fifth (5th) Executive Position – Public Member

The floor was opened for nominations for the fifth Executive Committee position. The following nominations were made:

Nominated:	**Nominator:**
Erin Betts	Amit Sethi
Jeny Jovanov	Jennifer Cooper

Erin Betts declined the nomination. Jeny Jovanov accepted the nomination. There were no additional nominees from the floor for the fifth Executive Committee position after a second and third call by the Registrar.

Jeny Jovanov was acclaimed to the fifth Executive Committee position.

The 2026 Executive Committee was established as follows:

Member:	**Position:**
Michelle Atkinson	*Chair*
Vanessa Pereira	*Vice-Chair*
Jennifer Cooper	*Professional*
Amit Sethi	*Public*
Jeny Jovanov	*Public*

The Registrar closed the election.

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5.0 BOARD EDUCATION

5.1 Council Orientation

Julie Maciura from Steinecke Maciura LeBlanc presented to Council about Council's roles and responsibilities. Ms. Maciura spoke about legislation, self-regulation, public interest, governance, fiduciary duties of Council members, and conflict of interest.

6.0 SELF-EVALUATION OF GOVERNANCE PROCESS

6.1 Council Meeting Evaluation

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

7.0 NEXT MEETING DATE

The next Council meeting is March 27, 2026.

8.0 ADJOURNMENT

MOTION: **THAT** the Council meeting be adjourned.

MOVED: Loree Beniuk
SECONDED: Jeny Jovanov
VOTE: **CARRIED**

Approved by:

_____ _____

Signature of Chair, Michelle Atkinson Date

DRAFT

Executive Committee Report

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

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

Public Members: Jeny Jovanov, Amit Sethi

INTRODUCTION

Since its last report to Council, the Executive Committee met through videoconference on January 9, 2026 and February 24, 2026. The Executive Committee also met with Hilborn LLP for a pre-audit meeting on February 24, 2026.

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

ITEMS FOR INFORMATION

CDHO Governance

The Executive planned the agendas for the March 26th workshop and the March 27th Council meeting.

The Executive Committee reviewed the CDHO's Q4 Financial report and no issues were raised.

The Executive Committee reviewed the 2026 Council Conflict of Interest Forms, the feedback surveys from the December 12, 2025 and January 9, 2026 meetings, and the Self-Assessment Survey results.

Public Member Appointments

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

Committee Slates for 2026

The committee slates for 2026 were finalized and sent to Council members. The committee appointments were based on the Council Committee preference survey, as well as ensuring some continuity on each committee.

The Executive Committee also approved the reappointment of four Non-Council committee members:

- Siobhan Brennen- Discipline Committee
- Amanda Acker – Discipline Committee
- Rowena Javier- Discipline Committee
- Lisa Frisch – Registration Committee

Rowena Javier resigned from the Discipline Committee effective January 31, 2026.

Orientation and Mentorship for Council Members

Krystal Afzalzada attended an orientation for new Council members on January 5th, 2026. Anne-Marie Conaghan was assigned as her mentor. Derek Gartshore attended an orientation session on January 23rd, 2026. Vanesa Pereira has been assigned as his mentor. Kylie McElrea attended an orientation session on February 3rd, 2026. Jennifer Cooper was assigned as her mentor.

Discipline Committee Report

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

Chair: V. Pereira, Professional Member

Vice-Chair: C. Adebar, Professional Member

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

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

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

INTRODUCTION

Since its last report to Council in December 2025, the Discipline Committee held a plenary meeting on January 9, 2026. Vanessa Peireira and Carmen Adebar were acclaimed as the Chair and Vice-Chair of the Discipline Committee for 2026, respectively.

On January 26, 2026, Rowena Javier resigned her position as a Non-Council member of the Discipline Committee. CDHO thanks Ms. Javier for her service on the Committee during her tenure.

ITEMS FOR INFORMATION – RELATED TO MANDATE

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

- CDHO v. Sahar Sultani (referred on December 5, 2025)
    - The matter was referred by a panel of the Inquiries, Complaints and Reports Committee on December 5, 2025. A Notice of Hearing was issued on January 5, 2026.
- CDHO v. Ferdous Ebrahem Ahmed Al-Matary (referred May 15, 2025)

  - A pre-hearing conference was held on February 5, 2026. Counsel for CDHO and the registrant are working to schedule a joint hearing (Al-Matary, Al-Saidi, Rabab) in the coming months.

- CDHO v. Osama Ahmed Kaid Al-Saidi (referred May 15, 2025)
  - A pre-hearing conference was held on February 11, 2026. Counsel for CDHO and the registrant are working to schedule a joint hearing (Al-Matary, Al-Saidi, Rabab) in the coming months.
- CDHO v. Fakhara Rabab (referred May 15, 2025)
  - A pre-hearing conference was held on December 9, 2025. Counsel for CDHO and the registrant are working to schedule a joint hearing (Al-Matary, Al-Saidi, Rabab) in the coming months.

CONCLUSION

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

Fitness to Practise Committee Report

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

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

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

INTRODUCTION

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

ITEMS FOR INFORMATION – RELATED TO MANDATE

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

CONCLUSION

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

CDHO

Inquiries, Complaints and Reports Committee Report

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

ICRC Chair: Michelle Atkinson

Panel A – Chair: Michelle Atkinson

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

Panel B – Chair: TBD

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

INTRODUCTION

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

Since the last Report to Council on December 12, 2025 (which reported matters up until November 20, 2025) the panels of the ICRC met on the following dates by video conference:

Committee as a Whole	Panel A	Panel B	Panel C
February 6, 2026	December 5, 2025 March 25, 2026 (scheduled)	December 16, 2025 April 28, 2026 (scheduled)	Did Not Meet

At the first full committee meeting as a whole on February 6, 2026, Michelle Atkinson was selected as chair of the Committee.

ITEMS FOR INFORMATION – RELATED TO MANDATE

The following tables detail, in summary form, the activities of the ICRC since the last Report to Council (which reported information up until November 20, 2025).

Number of investigations carried over from previous period(s)[1]			
	Complaints	**Registrar Reports**	**QA Referrals**
Investigations started before November 20, 2025	**16**	**12**	**3**

Intake of new investigations			
	Complaints	**Registrar's Reports**	**QA Referrals**
November 20, 2025 to March 5, 2026	**13**	**4**	**1**

Decisions made and finalized by ICRC			
	Complaints Outcomes	**Reports Outcomes**	**QAC Outcomes**
November 20, 2025 to March 5, 2026	No Further Action: **2** Guidance and Recommendations: **2**	Guidance and Recommendations: **1** Specified Continuing Education or Remediation Program (SCERP): **1**	**0**

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

	Specified Continuing Education or Remediation Program (SCERP): **1**	Referral of Specified Allegations to Discipline: **1**	

Health Professions Appeal and Review Board Matters			
	Total Matters in progress (including where Decision pending)	**Matters heard, Decision pending**	**Decision(s) Received**
November 20, 2025 to March 5, 2026	**7**	**0**	**1 -** Decision and Reasons upheld by HPARB

Incapacity

The ICRC is currently not dealing with any incapacity matters.

Timelines

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

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

Timeline	**Complaints**	**Registrar's Reports**	**QA Referrals**
150 days or less	2	-	-
151 days to 210 days	1	1	-
211 days to 240 days	1	-	-

More than 240 days	1	2	-

CONCLUSION

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

Patient Relations Committee Report

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

Chair: Carmen Adebar
Professional Members (Council): Juli Kreutner, Carmen Adebar
Public Members (Council): Margaret Wade, Derek Gartshore, Amit Sethi
Professional Members (Non-Council): Devon Bedford

INTRODUCTION

The Patient Relations Committee met once on March 4, 2026, via Zoom video communication. This meeting involved an orientation session outlining the roles, responsibilities, and mandates of the Committee. Carmen Adebar was elected as Chair of the Committee.

ITEMS FOR INFORMATION – RELATED TO MANDATE

Sexual Abuse Prevention Plan Review

The Committee reviewed the Sexual Abuse Prevention Plan. The Committee was satisfied that the plan continues to meet its mandate. No changes or revisions were required at this time.

Funding for Therapy Policy Review

The Committee reviewed the policy on Funding for Therapy. No changes to the present funding were made. The amount meets the maximum amount of what the Ontario Health Insurance Plan (OHIP) would pay for 200 half-hour sessions of individual outpatient psychotherapy with a psychiatrist or counselor on the day they become eligible.

Quality Assurance Committee Report

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

Chair: Balbir Sohi

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

Public Members (Council): Jeny Jovanov, Nella Chiappetta

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

INTRODUCTION

The Quality Assurance Committee met twice since the last report to Council. The Committee met by video conference on December 15, 2025, and February 25, 2026.

ITEMS FOR INFORMATION – RELATED TO MANDATE

The following tables detail, in summary form, the activities of the QA Committee since the last report to Council. The Committee reviewed 12 total matters since the December 12, 2025, report.

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

Areas of Concern Identified During Assessment	
Assessment Tool	**Totals**
Learning Portfolio	0
QA Test (Unsuccessful)	0
Practice Assessment*	
Infection Prevention and Control	1
Emergencies / Oxygen / CPR	2
Equipment	0
Record Keeping	0

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

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

Welcome Emails

'Welcome to the Profession' notices are sent out by automated email at the time of registration. The notice is designed to promote quality practice and to increase awareness of the CDHO resources available, such as the CDHO Knowledge Network, the practice advisors, and the Quality Assurance Program Self-Assessment and educational tools. Since the last report to Council, 168 emails were sent out to those registered between November 20, 2025, and March 5, 2026.

CPD Hours Requirement

On February 25, 2026, the Committee approved a motion to update the *Guidelines for Continuing Competency*. The changes include a revision to the Continuing Professional Development (CPD) requirements, lowering the total required hours from 75 hours over three years to 60 hours over three years. The motion also expanded the list of eligible CPD activities to now include CPR and First Aid certification and recertification, ergonomics-related courses and programs, and mental health–related courses and programs.

Quality Assurance Records Peer Review Statistics (as of February 25, 2026)

2026 Peer Assessment

737 quality assurance records requested[1]

41 have met the assessment guidelines[2]

656 are in the assessment process[3]

0 are participating in direct learning/remediation[4]

40 are on hold[5]

2026 Practice Assessment

0 on-site practice assessments requested[1]

2025 Peer Assessment

759 quality assurance records requested[1]

739 have met the assessment guidelines[2]

11 are in the assessment process[3]

0 are participating in direct learning/remediation[4]

9 are on hold[5]

2025 Practice Assessment

0 on-site practice assessments requested[1]

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

Registration Committee Report

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

Chair: TBD

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

Public Members (Council): Pella Giabanis, Loree Beniuk

Professional Members (Non-Council): Lisa Frisch

INTRODUCTION

This report summarizes the Registration Committee's activities from its last report to Council on December 12, 2025, covering the period from November 1, 2025, to February 28, 2026.

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

ITEMS FOR INFORMATION – RELATED TO MANDATE

Registration Statistics

Since the last reported to Council:

Certificate of Registration	October 30, 2025	February 28, 2026
General	15,114	14,894
Specialty	650	637
Inactive	752	882
Total Registrants	16,516	16, 413

Applications for Registration

Since the last report to Council, the College has received 336 new registration applications. There were three referrals to the Registrar during this period.

Registration Committee Meeting

Since the last report to Council, a panel of the Registration Committee met on December 3, 2025, to review a Restorative Dental Hygiene Program. After reviewing the submissions and considering the information provided, the panel did not approve the Restorative Dental Hygiene Program.

A panel of the Registration Committee also convened on December 11, 2025, and granted an exemption request from a registrant regarding the requirement to complete a refresher course or professional competency assessment within the past 18 months.

A Panel of the Registration Committee is scheduled to meet on March 20, 2026, and March 24, 2026, for an orientation session. A call for nominations of a committee Chair will be made at the March 20, 2026, meeting.

Changes to the Register

Since the last report to Council on December 12, 2025:

- 285 applicants were registered to practise
- 24 previous registrants of the College were re-registered
- 37 registrants reinstated
- 118 registrant was administratively suspended
- 0 registrants were suspended with cause
- 69 registrants were revoked for non-payment of fees
- 0 registrants were revoked with cause
- 314 registrants resigned
- 0 registrant resigned with cause

CDHO

Council Chair's Report to Council

PUBLIC INTEREST RATIONALE

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

CHAIR'S ACTIVITIES

January 20th – Met with Julie Maciura

January 23rd – Met with Veronica Douglas

January 27th – Met with Margaret Wade and Vanessa Pereira

February 3rd – Met with Kylie McElrea

February 10th – Met with Jay Reid

February 24th – Met with Hilborn LLP

February 24th – Met with Executive

EXPENSE POLICY EXCEPTIONS

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

The Chair approved the following expenses:

None

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

COST OF GOOD GOVERNANCE

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

APPENDIX 1

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

✓ *Attended*

✖ *Did not attend*

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

✓ *Attended*

✗ *Did not attend*

APPENDIX 2

Professional Council Members Honorarium and Expense Claim Submissions - Quarterly

For the Year ending December 31, 2025

	Q1 HONORARIUM	Q1 EXPENSES	Q2 HONORARIUM	Q2 EXPENSES	Q3 HONORARIUM	Q3 EXPENSES	Q4 HONORARIUM	Q4 EXPENSES	TOTAL
Michelle Atkinson (chair)	2,304.00	-	3,391.00	948.73	1,399.00	1,142.86	5,278.00	1,442.46	**15,906.05**
Terri Strawn (vice-chair)	1,385.00	-	2,805.00	267.86	1,125.00	-	4,350.00	1,571.22	**11,504.08**
Vanessa Pereira	830.00	-	2,060.00	-	740.00	237.73	3,600.22	-	**7,467.95**
Krista Dufour	-	-	1,505.00	-	0.00	-	765.00	-	**2,270.00**
Anne-Marie Conaghan	740.00	-	2,065.00	-	1,015.00	-	2,095.00	406.99	**6,321.99**
Jennifer Cooper	900.00	-	1,945.00	-	445.00	-	2,325.00	892.93	**6,507.93**
Tiffany Murray	505.00	-	1,345.00	-	185.00	-	1,185.00	-	**3,220.00**
Carmen Adebar	690.00	-	1,665.00	0.00	505.00	-	1,825.00	-	**4,685.00**
Liisa Moore	690.00	-	1,965.00	927.58	260.00	-	1,630.00	-	**5,472.58**
Balbir Sohi	715.00	-	1,505.00	-	345.00	-	2,540.00	983.29	**6,088.29**
Juli Kreutner	530.00	-	1,665.00	0.00	185.00	-	1,025.00	-	**3,405.00**
Krystal Afzalzada							765.00	426.43	**1,191.43**
Kylie Mcelrea							965.00	964.48	**1,929.48**
Non-Council Professional Members (combined)	1,430.00	-	3,380.00	-	2,555.00	-	2,847.52	-	**10,212.52**
TOTAL	**10,719.00**	**0.00**	**25,296.00**	**2,144.17**	**8,759.00**	**1,380.59**	**31,195.74**	**6,687.80**	**86,182.30**

Includes claims for:

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

REGISTRAR'S ADMINISTRATIVE REPORT

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

This report provides Council with a summary update on work that was done in between Council meetings and represents a report of this ongoing work since Council's last general meeting on December 12, 2025.

Risk Identification and Management

Components of the Regulator Risk Register (RRR) are under examination. We have just concluded a consultation session with the Citizen's Advisory Group. This consultation was a facilitated discussion with a focus on patients' perceived and/or experience-informed risks while accessing dental hygiene care. The information contained in the final consultation report, in combination with information gained from our Voice of the Patient Surveys, our RDH focus groups on perceived risks and risks identified in through examination of our complaint taxonomy will all inform the RRR. The RRR will serve as a companion piece to the Enterprise Risk Register and Dashboard.

Registrant Engagement

Practice Advisory Service

The Practice Advisory Service continues to be an accessible, valuable resource for Registered Dental Hygienists. Since the last report to Council in December, the Practice Advisory Service responded to 422 enquiries.

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

	Calls	Email	Total Enquiries	Top Topics
December2025	42	43	85	1. Regulation (records, contraindications) 2. Standards of Practice (process of care) 3. Scope (restorative, lasers, orthodontics, ozone therapy, x-rays) 4. Quality Assurance (self-assessment)
January 2026	116	70	186	
February 2026	98	53	151	

In the area of Interprofessional collaboration, approximately 11% of our enquiries will have an element related to interprofessional collaboration in the question. Of those, approximately 32% will involve interprofessional collaboration with associations; 51% with dentists, family physicians, or specialists; and 17% with other regulators.

In the area of Intra-professional collaboration, approximately 4% of our inquiries will have an element related to intra-professional collaboration in the question, handled with advice and referring to dental hygiene associations.

Program Elements

Communications and System Partner Engagement

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

Website Stats (November 24, 2025 - March 1, 2026)

- 185,100 English Sessions; 6,004 French Sessions (Sessions = # of users who interacted with a page(s) and includes repeat views)
- 12,110 clicks to the Public Register
- Top visited pages (excluding the homepage)
    - Knowledge Network (landing page)

- Hypertension Fact Sheet
- Standards & Resources
- Annual Renewal
- Self-Assessment

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

Social Media Stats (November 24, 2025 - March 1, 2026)

Facebook
- 52 new followers
- Content most engaged with (i.e., clicks, comments, shares): Professional Practice Lead job posting; new AI Practice Guideline; article on receiving gifts

Instagram
- 66 new followers
- Content most engaged with: Thank you to the Cultural Safety & Humility Working Group; "Get the Whole Tooth" carousel (use the Public Register); Fact or Fiction re. RDH identification

LinkedIn
- 101 new followers
- Content most engaged with: Professional Practice Lead job posting; how CDHO protects the public carousel; new AI Practice Guideline

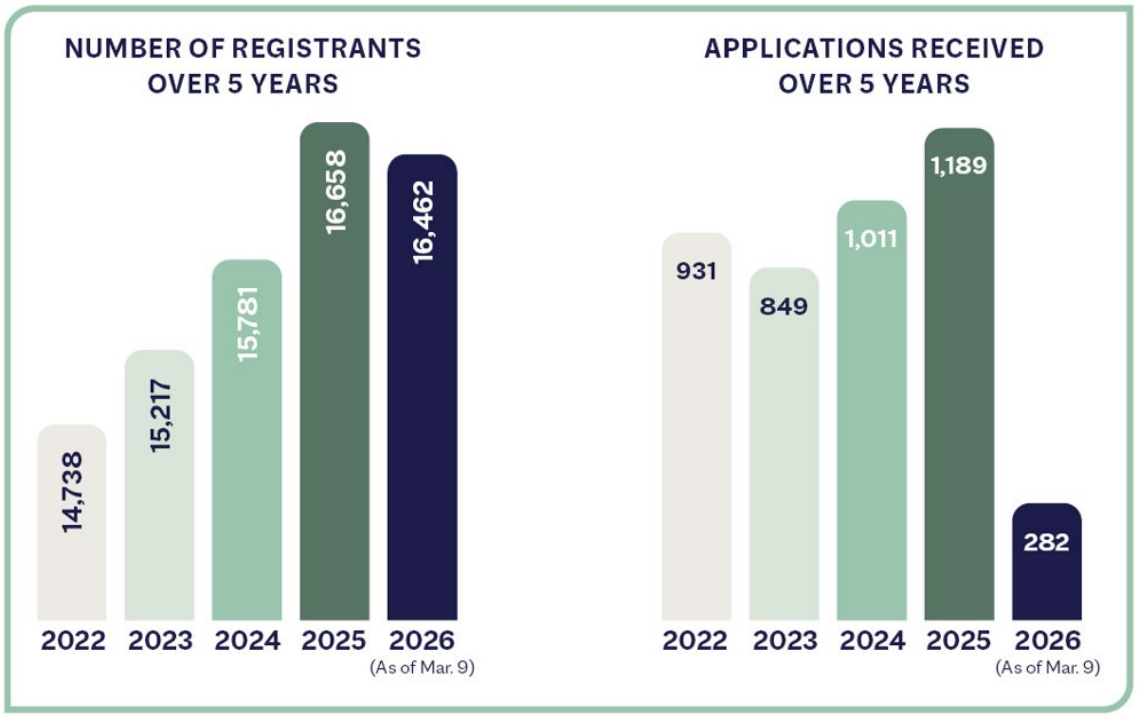
Registration

Annual Registration Renewal

The first annual renewal (October 15 – December 1) and continuing registration processes in CDHO's upgraded registrant portal and database are successful. These registration processes include suspending registrants who do not renew their registration, revoking certificates that had been suspended for over two years, and closing out expired applications. Congratulations to everyone involved in making this transition to the new system smooth!

As of March 9, 2026, the CDHO has 16,462 Registrants (14,944 General, 637 Specialty, and 881 Non-Practising).

Applications received in 2026 (as of March 9, 2026): 282



The CDHO has launched the Application Process Experience Survey for 2026. This year marks the fourth anniversary of the program. The survey provides valuable insights into the experiences of new registrants, helping to improve and enhance the registration process. Additionally, it aims to increase the accessibility and accuracy of the information collected.

The IT team is currently conducting additional testing of administrative functions in the database, in line with recent changes to the General Regulation made under the *Dental Hygiene Act, 1991*, such as the renaming of the "Inactive" class of registration to "Non-Practising" in the database.

Legislative/Regulatory Updates – As of Right Legislation

In 2025, the Ontario Government introduced legislation, "As of Right", allowing regulated health professionals, including Dental Hygienists from other Canadian jurisdictions, to practice in Ontario for up to six months while their registration application is processed. Applicants must be registered in good standing, have no professional conduct issues, hold liability insurance, and sign a declaration. These changes took effect on January 1, 2026. Since coming into effect, the College has received two "As of Right" applications, one of which was subsequently withdrawn.

Equity, Diversity, and Inclusion

CDHO received praise from the Ontario Dental Hygienists Association for taking a leadership role in reconciliation efforts in Ontario and facilitating culturally safe dental hygiene care. Following Council's approval in December 2025, CDHO communicated the new continuing education requirement for registrants: Completion of The Path course by December 31, 2027. This on-demand, self-paced course is designed to enhance understanding of the history and contemporary realities of Canada's First Nations, Inuit, and Métis peoples; foundational knowledge for culturally safe and trauma-informed dental hygiene care.

CDHO staff attended Indspire's President's Reception on February 11, 2026. The event brought together partners, community members, and supporters to celebrate the transition of leadership and reaffirm commitment to Indigenous education. Since 2023, CDHO has partnered with Indspire, an Indigenous national charity that invests in the education of First Nations, Inuit, and Métis people for the long-term benefit of these individuals, their families and communities, to create *The CDHO Bursary for Indigenous Students in Dental Hygiene Programs*. Through this partnership, CDHO supports efforts to increase access to dental hygiene education programs for Indigenous students.

CDHO has signed an agreement with an Indigenous Consulting Group that will assist in the develop the Standard of Practice for Cultural Safety, Humility and Anti-Racism. The next step in this process is the facilitated engagement with Indigenous Community representatives to identify the meaningful elements of a draft Standard. The goal is to have a draft Standard ready for Council review at its December 2026 meeting.

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

Quality Assurance Program and Resource Development

In 2025, 552 volunteers completed Path 4. Ninety-two percent completed the process with no recommendations for further development. Six percent received self-directed development recommendations with targeted resources to support continued growth. Two percent were recommended for peer-supported development, including additional coaching tailored to their needs.

For the **2026 QA assessment**: **13%** of RDHs have selected **Path 1**, **32%** have selected **Path 2**, and **55%** have chosen **Path 4**.

In the last quarter of 2025, refinement of the educational and reflective components of Path 4 was undertaken. Case writers updated the existing Peer Circle discussion cases to include a dedicated section for identifying and discussing risk(s) presented in the case scenarios. The written reflection component was also updated to include additional prompts and guidance intended to facilitate deeper reflection on the risk-based discussions in the Peer Circles and to foster connection of those discussions with participants' individual practices and professional development.

In January and February 2026, Peer Circle Facilitators completed additional training to support the updated risk-informed cases, identify enhanced written reflection expectations, and approaches for facilitating risk-informed discussion during Peer Circles. The training also covered how these elements can be incorporated into one-on-one coaching conversations to support meaningful risk-informed goal setting and action planning.

Our **Communities of Practice (CoPs)** continue to grow, with more than **5,940 RDHs** now connected. We currently host four CoPs: Contraindications and Dental Hygiene, Restorative, Orthodontic, and Public Health.
Engagement has remained strong.

Over the last 90 days:

- *Contraindications and Dental Hygiene* received **769 views**
- *Orthodontic* received **211 views**
- *Restorative* received **277 views**
- *Public Health* received **288 views**

Across all CoPs, the most frequently searched topics include IPAC, CPR, and SMILE Portal. To further support these communities, we continue to host quarterly meetings with CoP leaders to share ideas, explore ways to increase engagement, and strengthen connections. We've also begun highlighting CoP content in the De-Brief and on social media to help more RDHs discover and benefit from these shared learning spaces. A call out for additional Community Leaders will also go out in April.

Staff have developed and designed all remaining educational modules. The module on Record Keeping was announced in the February De-Brief. There are now educational modules on Consent, Confidentiality and Privacy, Mandatory Reporting, Trauma and Violence-Informed Care, Providing Oral Health Care to Clients with Disabilities, and Professionalism, Communication and Boundaries.

Professional Conduct

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

There are currently 25 open complaint matters (four of which are currently being managed in the Alternative Dispute Resolution process), and 17 open report matters (four of which are referrals from the Quality Assurance Committee). There are currently seven open matters before HPARB. In January 2026, HPARB confirmed the decision of the ICRC in one matter.

The CDHO Complaint Rate for 2025 was 1.9 complaints per 1,000 registrants, well below the average complaint rate of 20.7 for all professions under the RHPA.

A review of the complaints received since November 2025 reveals that those complaints fall in the following domains: relational behaviours (interpersonal interactions, boundaries), management and operations (billing, not discussing fees before treatment), and dissatisfaction with clinical care (pain, discomfort, oral tissue trauma).

An external audit of the ICRC processes was completed by Erica Richler, Partner, SML Law in Q4. Ms. Richler found that the ICRC has "strong processes and is operating well" and that the "ICRC processes followed at the CDHO generally meet the legal requirements mandated by the Code and the common law." Ms. Richer made 14 recommendations in the "nature of quality improvement" (rather than to address significant concerns). Some of these recommendations are process oriented and can be managed by staff. Others will require the input of Council and will be presented at a near future date.

HUB 601

The HUB601 continues to be a very successful and welcomed initiative for the CDHO. The four participating organizations not only share the space but are also combining resources in the delivery of common (staff team) initiatives. In total, the financial contributions of our **HUB601** partners for 2025 result in approximately 25% of our lease expenses. While financial gains are important, perhaps one of the greater benefits in sharing space with other

health profession regulators is that this space sharing establishes the framework for the exchange of information and ideas between individuals and organizations that have the common mandate of health profession regulation. We are at, or approaching, renewals for the space-sharing agreements we have with our HUB partners. To date, one of our HUB partners (College of Dieticians of Ontario) has renewed their agreement. The renewals for the College of Denturists of Ontario and the College of Audiologists and Speech Language Pathologists are pending.

Operations

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

System Partner Representation

Federation of Dental Hygiene Regulators of Canada

This national federation is currently undertaking a revision of the National Code of Ethics for Dental Hygienists and the implementation of the updated National Competency Profile for dental hygienists. Following the development of a National Code of Ethics, the development of a set of National Standards of Practice is anticipated. I represent the CDHO at the FDHRC table and am serving as Vice-Chair of the Federation for a one-year term. In this role, I sit on the Executive and Governance Committees. I have recently retired as the FDHRC Director of the Commission on Dental Accreditation of Canada.

Health Profession Regulators of Ontario

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

Ontario Oral Health Professions Registrars

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

Head Office
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50 Generations Drive
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Ohsweken, Ontario, N0A 1M0

1.855.INDSPIRE (463.7747)
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Toronto Office
555 Richmond Street West
Suite 601
Toronto, Ontario, M5V 3B1

1.855.INDSPIRE (463.7747)
fax: 416.926.7554

donate@indspire.ca

March 2, 2026

Veronica Douglas
College of Dental Hygienists of Ontario
601-175 Bloor St E
Toronto, ON M4W 3R8

Ekosi, Meegwetch, Welaliog, Marci, ᖃᓄᐃᑦ

Dear Veronica,

Thank you to College of Dental Hygienists of Ontario for your generous commitment to First Nations, Inuit, and Métis students through support of Indspire's Building Brighter Futures: Bursaries & Scholarships program.

Through the CDHO Bursary for Indigenous Students in Dental Hygiene Programs, College of Dental Hygienists of Ontario is helping Indigenous students across Canada pursue their dreams and build brighter futures for themselves and their communities. Your organization's investment in Indigenous education demonstrates a shared belief that every student should have the opportunity to succeed, and we are deeply grateful for this partnership.

Meegwetch,

Jocelyn W. Formsma, HBSocSci, JD
President and CEO

CDHO
COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

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

Name of New Council Member: Carmen Adebar

Name of Mentor: Anne-Marie Conaghan

Date Report Completed and Submitted to CDHO: March 9, 2026

COMPLETION OF THE PROGRAM

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

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

New Council Member Mentor Program Checklist Attached: ☑ Yes

COUNCIL MENTOR PROGRAM CHECKLIST

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

Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
Phase 1 – Part 1 — First Connection **Timeline: Within First Two Weeks of Announcement of Mentorship** • Initial welcome and introduction made by Mentor. ○ Plan for the first mentor session (i.e., Phase 1 – Part 2).	Zoom Meeting Feb 5, 2 pm	
• Introduction of both parties. ○ Brief backgrounds of each party (professional, governance history and experience, and connection to CDHO if any).	✓	Reviewed access to board effects, where to find polls, council info vs committee info. Discussed conflict of interest.
• Further contact information and how best to contact each other to address any questions which may arise.	Next meeting booked March 5th, 2pm	
• Confirm that the new Council Member has been assigned and has successfully connected with their assigned CDHO email address, which is only for use in CDHO business.	✓	
Date Completed:		
Phase 1 – Part 2 — First Mentor Session	New member attended the	

Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
Timeline: Prior to New Council Member's First Council Meeting • General overview of what to expect at the new Council Member's first Council meeting.	December meeting as a guest to orient herself to the meeting process	
• Answer any top-of-mind questions by the new Council Member.	✓	
• How to find the CDHO offices and Council Room or to connect to virtual Council meetings through the Council Member's designated CDHO email. ○ The Council Member sign-in process upon arrival at office for in-person meetings.	✓ Attending virtual so far.	
• The general flow of Council meetings.	✓	
• Where to find the Council pre-reading package online.	✓ Reviewed organization of documents in Boardeffect	
• Using the CDHO Council portal online (Board Effect).	Feb 5th, 2 pm	
• How to read/follow the Council meeting agenda.	✓	
• How to link the Council meeting agenda to the Annual Integrated Council Strategic Priorities (where to find these documents in the Council materials).	partially	
• How to navigate the Council meeting material package for the upcoming Council meeting.	✓	
• Overview of how motions are made and passed at CDHO Council meetings.	✓	
• Difference between "in camera" and open to the public meetings and rationale.	✓	

Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
• The phases of the New Council Member Mentor Program.	✓	
• Topics for the New Council Member to become familiar with and discuss with the Mentor as needed: ○ Governing legislation: *Regulated Health Professions Act, 1991*, the *Dental Hygiene Act, 1991*, *Fair Access to Regulated Professions and Compulsory Trades Act*, etc. ○ The CDHO Council Mandate, and Responsibilities regarding the Protection of the Public Interest as the most critical decision determinant in Council decision-making. ○ CDHO Regulations and By-laws. ○ CDHO Code of Conduct. ○ The CDHO Strategic Priorities. ○ The CDHO Governance Process. ○ The CDHO Council Policies on Ends (Critical Outcomes) and Executive Limitations. ○ The CDHO Council Policies on Governance Process and Council/Staff Relationship. ○ The CDHO Monitoring process through Policy Governance. ○ Ministry of Health's College Performance Measurement Framework (CPMF). ○ The CDHO Council's work to date on the Ownership Linkage Plan. ○ The CDHO External Assessment Review. ○ The CDHO Governance Review. ○ Key CDHO Stakeholders (i.e., government, provincial & national professional associations, Federation of Dental Hygiene Regulators of Canada, Health Profession Regulators of Ontario). ○ Key acronyms.	✓	
Date Completed:		

Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
New Council Member Observations/Comments:		
<u>Phase 2 – Second Mentor Session</u> **Timeline: Immediately Following New Council Member's Initial Council Meetings** • Answers to any outstanding questions which arose for the new Council Member from their first Council meetings.	**April 2, 2025** Question about COI Technical questions	
• Review of the Council Member Job Description (Policy No. GP IV-70) and Council Member's Code of Conduct (Policy No. GP IV-80).	**CDHO Policy Manual** sent resource to review any questions at next meeting	
• Review of the types and structure of the CDHO Council Policies and the Council Policy Manual Table of Contents.	**Policy manual shared**	
• Description, by Mentor, of the most helpful documents and/or experiences in learning the job of being a CDHO Council Member.	**Reviewed policy governance**	
Date Completed:		
New Council Member Observations/Comments:		
<u>Phase 3 – Third Mentor Session</u> **Timeline: Between New Council Member's First and Second Set of Council Meetings**	Attended HPRO May 5th found very helpful. Slides also sent. Will review	

Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
• Any further questions/topics arising from the first Council meeting for which the new Council Member requires more input or context.	before June meetings	
• Review of the upcoming topics related to Council's Strategic Priorities. ○ Review the topics coming up at the next Council meeting. • A summary by the Mentor of the key strategic and governance issues related to Council's Strategic Priorities.	✓ Discussed Board Effects update and council education survey.	
• Any other outstanding questions by the new Council Member.	N/A	
Date Completed:		
New Council Member Observations/Comments:		
<u>Phase 4 – Fourth Mentor Session</u> **Timeline: Just Prior to the New Council Member's Second Set of Council Meetings** • Any topics, from the Council Meeting pre-reading package, for which the new Member has questions or requires further background or context.	Meeting not required	
• Types of governance questions a Council Member may choose to ask throughout the different components of the Council meeting, including appreciative inquiry evaluation questions for Registrar Monitoring Reports.	Meeting not required	
• Overview of Council and Council Members' role in assessing the Registrar annual Ends Interpretation and monitoring Registrar performance (the process and relevant questions to ask).	Meeting not required	

Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
○ Review and discuss the layout/structure of one of the Registrar Monitoring Reports in the Council Meeting Package.		
Date Completed:		
New Council Member Observations/Comments:		
<u>Phase 5 – Report to Full Council by New Council Member</u> **Timeline: At Least Two Weeks Prior to New Council Member's Third Set of Council Meetings** • Report to Full Council (using the standard template) completed by the new Council Member. ○ Signed off by new Council Member and Mentor and forwarded to CDHO.		
Date Completed:		
Any Final Comments/Observations by New Members:		

Professional Mentor's Signature

Carmen Adebar
New Council Member's Signature

March 10, 2026

March 13, 2026

November 20, 2026
Date Completed

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

CDHO
COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

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

Name of New Council Member: Nella Chiappetta

Name of Mentor: Vanessa Pereira

Date Report Completed and Submitted to CDHO: March 22/2026

COMPLETION OF THE PROGRAM

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

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

New Council Member Mentor Program Checklist Attached: ☑ Yes

COUNCIL MENTOR PROGRAM CHECKLIST

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

Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
Phase 1 – Part 1 — First Connection **Timeline: Within the First Two Weeks of Announcement of Mentorship** • Initial welcome and introduction made by Mentor. ○ Plan for the first mentor session (i.e., Phase 1 – Part 2).	☑	
• Introduction of both parties. ○ Brief backgrounds of each party (professional, governance history and experience, and connection to CDHO if any).	☑	
• Further contact information and how best to contact each other to address any questions which may arise.	☑	
• Confirm that the new Council Member has been assigned and has successfully connected with their assigned CDHO email address, which is only for use in CDHO business.	☑	
Date Completed: September 19, 2025		
Phase 1 – Part 2 — First Mentor Session **Timeline: Prior to New Council Member's First Council Meeting** • General overview of what to expect at the new Council Member's first Council meeting.	☑	
• Answer any top-of-mind questions by the new Council Member.	☑	

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

Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
Public Interest as the most critical decision determinant in Council decision- making. ○ CDHO Regulations and By-laws. ○ CDHO Code of Conduct. ○ The CDHO Strategic Priorities. ○ The CDHO Council Policies on Ends (Critical Outcomes) and Executive Limitations. ○ The CDHO Council Policies on Governance Process and Council/Staff Relationship. ○ The CDHO Monitoring process through the Strategic Plan. ○ Ministry of Health's College Performance Measurement Framework (CPMF). ○ The CDHO Council's work to date on the Ownership Linkage Plan. ○ The CDHO External Assessment Review. ○ The CDHO Governance Review. ○ Key CDHO System Partners (i.e., government, provincial & national professional associations, Federation of Dental Hygiene Regulators of Canada, Health Profession Regulators of Ontario). ○ Key acronyms.	☑	
Date Completed: September 23, 2025		
New Council Member Observations/Comments:		

Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
Phase 2 – Second Mentor Session **Timeline: Immediately Following New Council Member's Initial Council Meetings** • Answers to any outstanding questions which arose for the new Council Member from their first Council meetings.	☑	
• Review of the Council Governing Style (Policy No. GP 1), Council Job Contributions (GP 2), Council Planning Cycle and Agenda Control (GP 3) and Council Member's Code of Conduct (Bylaw No 5, 3.7).	☑	
• Review of the types and structure of the CDHO Council Policies and the Council Policy Manual Table of Contents.	☑	
• Description, by Mentor, of the most helpful documents and/or experiences in learning the job of being a CDHO Council Member.	☑	
Date Completed: December 9, 2025		
New Council Member Observations/Comments:		
Phase 3 – Third Mentor Session **Timeline: Between New Council Member's First and Second Set of Council Meetings** • Any further questions/topics arising from the first Council meeting for which the new Council Member requires more input or context.	☑	
• Review of the upcoming topics related to Council's Strategic Priorities. ○ Review the topics coming up at the next Council meeting.	☑	

Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
• A summary by the Mentor of the key strategic and governance issues related to Council's Strategic Priorities.	☑	
• Any other outstanding questions by the new Council Member.	☑	
Date Completed: December 9, 2025		
New Council Member Observations/Comments: I found the orientation materials comprehensive and informative.		
<u>Phase 4 – Fourth Mentor Session</u> **Timeline: Just Prior to the New Council Member's Second Set of Council Meetings** • Any topics, from the Council Meeting pre-reading package, for which the new Member has questions or requires further background or context.	☑	
• Types of governance questions a Council Member may choose to ask throughout the different components of the Council meeting, including appreciative inquiry evaluation questions for Registrar Monitoring Reports.	☑	
• Overview of Council and Council Members' role in assessing the Registrar annual Ends Interpretation and monitoring Registrar performance (the process and relevant questions to ask). ○ Review and discuss the layout/structure of one of the Registrar Monitoring Reports in the Council Meeting Package.	☑	
Date Completed: December 15, 2025		

Program Activities to Be Completed	Completed At Session "✓"	Requests More Orientation on Topic
New Council Member Observations/Comments: The governance review and system provided valuable context and understanding council's mandate and accountability of structure.		
Phase 5 – Report to Full Council by New Council Member **Timeline: At Least Two Weeks Prior to New Council Member's Third Set of Council Meetings** • Report to Full Council (using the standard template) completed by the new Council Member. ○ Signed off by new Council Member and Mentor and forwarded to CDHO.	☑	
Date Completed: March 2026		
Any Final Comments/Observations by New Members: The orientation provided a clear overview of council governance structure. The material was very helpful in understand roles responsibilities and accountability of my role. Vanessa was a wonderful mentor in explaining all the materials.		

Vanessa Pereira
Mentor's Signature

March 4, 2026
Date Completed

Nella Chiappetta
New Council Member's Signature

March 22, 2026
Date Completed

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

Fair and Innovative Registration Practices and Regulating In the Public Interest

A Presentation to Council of the College of Dental Hygienists of Ontario

Irwin Glasberg, Fairness Commissioner

March 27, 2026

FAIRNESS COMMISSIONER
COMMISSAIRE À L'ÉQUITÉ

Fair Access Legislation in Canada

- Ontario was the first Canadian province to adopt a fair registration practices regime by enacting the *Fair Access to Regulated Professions and Compulsory Trades Act*, *2006* (FARPACTA), many of whose provisions were subsequently extended to the *Regulated Health Professions Act,1991* (RHPA), to which the college is subject.
- Eight other provinces subsequently enacted their own legislation:
  - **Manitoba**: The *Fair Registration Practices in Regulated Professions Act, 2007.*
  - **Nova Scotia**: The *Fair Registration Practices Act, 2008.*
  - **Quebec**: *Code des professions RSQ, Ch. C-26, 2009.*
  - **British Columbia**: The *Professional Governance Act, 2018.*
  - **Alberta**: The *Fair Registration Practices Act, 2019.*
  - **Saskatchewan**: The *Labour Mobility and Fair Registration Practices Act, 2022.*
  - **New Brunswick**: The *Fair Registration Practices in Regulated Professions Act, 2022.*
  - **Newfoundland and Labrador:** *The Fair Registration Practices Act, 2022.*

The Mandate of the OFC

- The OFC is an Ontario government agency, led by the Fairness Commissioner, which plays an important oversight role with respect to the registration practices of Ontario's 26 regulated health colleges. Its authority derives from Schedule 2 of the RHPA.
- Under section 22.5 (1) of Schedule 2, it is the function of the Fairness Commissioner to, among other things:
  - Assess the registration practices of a college based on its obligations under the legislation.
  - Monitor third parties upon which a college relies to assess the qualification of applicants (e.g., those that assess educational qualifications and set and organize examinations).
  - Advise a college or third party on matters related to registration practices under the legislation.
  - Provide advice and recommendations to the Minister of Health relating to what the fairness Commissioner considers to be contraventions of the legislation.
- The OFC's primary compliance tool is its risk-informed compliance policy and framework. (RICF). Through it, the OFC carries out periodic assessments of registration-related risks for regulated health colleges and works with higher risk regulators to develop action plans to address them.

The Obligations of Regulated Health Colleges

- Under the legislation, regulated health colleges are required to, among other things:
  - Develop registration practices that are transparent, objective, impartial and fair.
  - Provide information to applicants about their registration processes.
  - Oversee the work of third-party service providers.
  - Ensure that registration decisions are issued in a timely fashion.
  - Avoid unnecessary Canadian experience requirements.
  - Apply new “as of right” provisions to speed the registration of domestic labour mobility applicants.
  - Work in consultation with the Minister of Health to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals.

Some of Our Current Initiatives

- The 2027– 2030 RICF round commenced recently, with assessments to get underway in the near future.
- Each regulator has until March 31, 2026,t o submit its annual Fair Registration Practices (FRP) report, to provide key statistical information and key accomplishments to the OFC
- The OFC continues to work with higher risk regulators on their compliance action plans.
- For FARPACTA regulators, the OFC Commissioner is in the process of issuing decisions on 30 alternative document policies (ADPs) and parallel processing plans (PPPs)
- The OFC plans to run four regulator-focused webinars this year on: (1) critical success factors to enable effective change management, (2) system-wide FRP date trends and emerging regulatory issues, (3) methods for regulators to assess labour market shortages and (4) familiarizing RHPA regulators on the benefits of recent FARPACTA amendments.
- We are planning to mark the 20th anniversary of our legislation, which will include a regulator-wide event in December 2026 and a contribution to as scholarly journal.
- Our core compliance and advice-giving roles continue, including our work as strategic advisors to regulators and government bodies, thought leaders and disseminators of best practices.

Some CDHO Notable Achievements

- Results from the college's 2025 Registrant Experience Survey indicated that applicants were very satisfied with the CDHO's registration process, with rates increasing from 90% in 2024, to 93% in 2025, with improvements impacting each step of the registration process.
- As part of these surveys, respondents are asked to indicate how they identify themselves along four diversity dimensions to better understand trends in the profession and to advance EDI objectives.
- In March 2025, CDHO successfully upgraded its data management system and registrant / applicant portals, and transitioned to a fully integrated online system, eliminating the need for document hard copies and streamlining both application and renewal processes.
- CDHO partnered with the Accessing Centre for Expertise (ACE) to conduct an imaginative, geospatial analysis of the dental hygienist workforce in Ontario. The college conducted this analysis to better understand workforce distribution and to promote equitable access to oral health care across all communities.
- The college, as the host of HUB 601, forms an integral part of an innovative and evolving collaboration initiative with other regulated health colleges, designed to achieve cost savings and operational efficiencies through sharing of common office resources.

Risk-Informed Compliance Framework

- In April 2021, the OFC launched the first version of its risk-informed compliance framework (RICF).
- Our office adopted this approach to improve upon a statutory framework that had historically focused on monitoring how regulators met procedural requirements
- The objectives of RICF framework are to:
  - Establish a forward-looking process for identifying targeted risk factors that impact a regulator's ability to achieve fair registration practices.
  - Formulate criteria for evaluating the likelihood and potential impact of these risks and, working with regulators, explore ways to appropriately mitigate or eliminate them.
  - Enable regulators to comply with their legal obligations more effectively, to adopt associated best practices, and to achieve better registration outcomes for applicants.
  - Reduce unnecessary burdens on high-performing regulators and better allocate OFC resources, recognizing that all organizations with public interest mandates operate with constrained resources.

Risk-Informed Compliance Framework (Cont'd)

- The updated 2026 iteration considers five forward-looking risk factors that could impact a regulator's ability to achieve better registration outcomes for applicants.
- These risk factors pertain to:
  - The quality, consistency and timeliness of a regulator's assessment practices.
  - Regulator oversight of third-party assessment processes.
  - The impact of major changes to assessment and registration practices.
  - The regulator's ability to monitor and address compliance gaps and to comply with newly introduced legislative and/or regulatory obligations.
  - Public policy considerations involving:
    - The regulator's responsiveness to labour market needs and the efficient processing of domestic labour mobility applicants.
    - The ability to promote inclusion and address anti-racism concerns in registration practices.
- The College of Dental Hygienists of Ontario received a low-risk rating in the first and second assessment cycles, the best classification level available.

Risk-Informed Compliance Framework (Cont'd)

- Our office periodically assesses these regulator specific risk factors according to a traditional risk assessment matrix (i.e., by analyzing the potential impact of the risk and the likelihood of its occurrence).
- We then consolidate these factors to arrive at an aggregate risk rating falling into one of three categories: low, moderately low and moderate to high.
- The risk category will, in turn, determine the degree of attention that the OFC will pay to individual regulators and the associated compliance tools that it will apply.
- The OFC will target its more focused compliance activities on those regulators that it places in the moderately low or moderate to high categories. These risk ratings are then published in our annual reports.
- Our office has found that regulators placed in higher risk categories are concerned about the reputational risks associated with these classifications and have been motivated to proactively address the identified risks.

Recent FARPACTA Amendments of Potential Benefit to RHPA Regulators

- Since 2021, the Ontario legislature has passed annual waves of substantive amendments to FARPACTA. This has been less the case under the RHPA.
- The government introduced these amendments to reduce registration barriers often encountered by internationally trained and domestic labour mobility (i.e., inter-provincial) applicants.
- The changes articulate more specific requirements for regulators designed to improve the fairness of their registration processes, enhance client service and promote the more efficient throughput of candidates in the system. They also address deficiencies in the original legislative scheme.
- The amendments also more clearly define the role of regulators in helping to address current and anticipated shortages of skilled labour.
- Snapshots of three of the most recent legislative amendments follow.

Alternative Documentation Policies

- Some years ago, the OFC conducted a study which explored the time it took for internationally-trained applicants (ITAs) to secure the documentation necessary to move to the next step of the application process for entering a profession.
- The study revealed that, for 24% of the candidates, it took more than six months to obtain these materials and, for an additional 52%, from one to six months. Only 24% of applicants were able to secure their documentation in less than a month.
- This means that there were many candidates routinely stuck in a holding pattern waiting for their documents to arrive.
- The study also concluded that, in 60 to 70% of the cases, the applicant reported a misalignment between the type of document that a regulator or third party required and that which was readily available in the candidate's home jurisdiction.
- While these results have likely improved over time, the embedded issues continue to exist.

Alternative Documentation Policies (Cont'd)

- To address the embedded issues, the province recently legislated provisions requiring that FARPACTA regulators enact alternative documentation policies. The salient requirements are summarized below.
- Section 12.1 obliges each regulated profession to develop an alternative documentation policy that:
  - Requires that it accept reasonable alternatives to the documentation that it normally requires if an applicant cannot obtain the material for reasons beyond an applicant's control.
  - Describes what constitutes a reasonable alternative.
  - Includes the timelines within which the regulated profession will process such alternative documentation and inform the applicant of the next steps.

Alternative Documentation Policies (Cont'd)

- The companion regulatory provisions:
  - Identify the types of situations that will trigger the requirement to consider alternative documents, including wars, natural disasters, situations when the document-issuing institution no longer exists, refuses to provide the documents without justifiable reasons, takes an unreasonable amount of time to respond or when there could be harm to the applicant from seeking the required documents.
  - Provide that, whenever feasible, the regulated profession will accept alternatives, whether or not they are documents that demonstrate an applicant's experience, knowledge and skills (i.e., non-paper-based evidence).
  - Oblige the regulated profession to clearly set out its requirements regarding the translation of alternative documentation, if any.
  - Provide that, within 10 business days after receiving an alternative document or related information, the regulated profession will give the applicant written acknowledgement that it has received the document or information and indicate whether further documents or information are required.

Parallel Processing Plans

- The alternative documentation examples just described have inevitably led to situations where candidate applications cannot proceed until another event occurs. While, in some cases, such sequencing makes logical sense, in others, it constitutes an unnecessarily restrictive approach.
- As of January 1, 2026, FARPACTA regulators are required to review these types of scenarios and to reduce to such rigidity where possible. The scheme works as follows.
- Section 12.2 of FARPACTA requires that a regulator develop a plan addressing how it will enable multiple registration processes to take place concurrently. The plan must:
  - permit applicants who experience a delay in one part of the registration process to proceed with other parts of the registration process wherever possible; and
- Under section 4.2 of the regulation, the plan must include,
  - steps that set out how the regulated profession will enable registration processes to take place concurrently, where feasible, including when there are delays;
  - information about the circumstances in which the regulated profession will allow an applicant to choose whether to have different parts of their registration processes occur sequentially or concurrently; and

Parallel Processing Plans (Cont'd)

- information about how the regulated profession will ensure that an applicant has reasonably sufficient information to allow the applicant to make informed choices on how to proceed, including information about the cost of, and number of permissible attempts on examinations, tests and assessments.

► Both the new alternative documentation policy and parallel processing plan provisions also require that the regulator submit these documents to the Fairness Commissioner for a review and approval.

► The commissioner may the either approve the document, seek additional information from the regulator or make the adjustments necessary to comply with the law.

► In working with regulators to finalize these policies and plans, the OFC has observed that:

- Some used the opportunity to review their end-to-end processes to both identify barriers to registration and to generally enhance efficiencies.
- Notable improvements to traditional approaches to alternative document and concurrent processing have occurred.
- Concurrent opportunities arose to share best practices among regulators with similar processing challenges.

Third Party Accountability Provisions

- Increasingly, regulated professions and regulated health colleges are increasingly delegating important assessment-related functions to third parties.
- The accountability mechanisms necessary to effectively oversee the work of these bodies varies substantially across the sector. Some regulators have negotiated formal agreements with their third parties, while others have not.
- These issues can become even more complex and nuanced when these third-parties bodies take the form of pan-Canadian assessment bodies.
- Section 10 (2) of FARPACTA (which mirrors section 22.4 (2) of Schedule 2 of the RHPA) requires that regulators that rely on a third party to assess applicant qualifications must "take reasonable measures to ensure that the third party makes the assessment in a way that is transparent, objective, impartial and fair."
- Recent FARPACTA amendments add needed specificity to this obligation by clarifying the "reasonable measures" that a regulator must take to ensure that third parties are accountable for the fair assessment of applicant qualifications.

Third Party Accountability Provisions (Cont'd)

- Effective January 1, 2026, section 1.1.2 *of* Ontario Regulation 261/22 (the regulation) made under FARPACTA requires that a regulated profession provide clear, complete and accurate information to applicants about a third party's roles and responsibilities, including:
  - the timelines within which a third party will complete each step of the assessment process,
  - the assessment criteria and methods used by the third party,
  - what alternatives to the documentation of qualifications normally required for an application are acceptable to the third party (like the regulator's new obligation),
  - the fees the third-party charges applicants for making assessments, and
  - a statement that the third party is required to provide reasons for assessment decisions to applicants and information about how to seek an appeal or review of a decision.
- In addition, the regulated profession must establish a process for addressing complaints by applicants about their experiences with third parties and ensure that information pertaining to the above is easily assessable to applicants online.

Third Party Accountability Provisions (Cont'd)

- Under section 1.1..2 (2) of the regulation, regulated professions are also required to enter into agreements with their third parties that address the following items:
  - Assessment criteria and methods that the third party is required to use in assessments and the minimum exam scores for a pass.
  - How frequently exams and other types of assessments are offered and, wherever feasible, indicating that applicants will have access to exams and other types of assessments at least three times in a calendar year.
  - The timelines for completing each step of the assessment process and the knowledge and expertise requirements for assessors.
  - That written decisions be communicated in writing within 10 business days, with reasons and details of competency gaps for unsuccessful applicants.
  - An impartial process by which applicants can request a review or appeal be offered, with applicants notified within 15 business days about whether their appeal will proceed (with reasons or timelines), and
  - Aggregate data on success rates, trends, and the time it takes applicants to complete assessments be provided by third parties to regulators.

Third Party Accountability Provisions (Cont'd)

- In addition, under section 1.1.1 (3) and (4) of the regulation, a regulated profession must separately ensure that its procedures, criteria and methods for making assessments of qualifications are competency-based, non-duplicative and unbiased by, at a minimum, ensuring that:

  (a) all assessment criteria are linked to competencies required for entry to the practice of the profession and

  (b) applicants are not assessed multiple times for the same competencies.

- Collectively, these provisions signal a legislative intent to streamline assessment processes and for regulator - third-party assessment practices to be more integrated.
- While the provisions regarding alternative documentation, parallel processing and third-parties do not apply to regulated health colleges, we strongly endorse them on public policy grounds and encourage health colleges to consider adopting some or all of them as best practices.

Fair Registration Practice Successes in Ontario

- We summarize below some notable successes that regulators and other stakeholders have achieved in the province:
  - There now exists credible baseline registration data for all regulators.
  - Regulators are now substantially more proficient in undertaking their assessment and registration functions.
  - Registration timelines have been reduced but pre-registration assessment processes remain lengthy for many professions
  - Through legislation, Canadian experience requirements have largely been eliminated in the non-health sector.
  - Some regulators have adopted breakthrough registration practices.
  - Through legislation, language proficiency requirements have largely been harmonized with language tests required for immigration purposes.
  - Most regulators now operate online application portals.

Fair Registration Practices Successes (Cont'd)

- FARPACTA regulators are now required to enact alternative documentation policies as well as plans that enable parallel (as distinct from sequential) processing of applications.
- Data collection efforts have gotten underway in the non-health sector to measure the total amount of time that applicants spend in the assessment and registration phases of the licensure process ("stem to stern" measurement).
- There is a growing tendency to migrate to skills-based (as opposed to pure knowledge based) methods to assess the competencies of experienced internationally trained professionals (e.g., the Practice Ready Ontario program for physicians).
- All regulators are now required to consult with their oversight ministers to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified professionals, skilled and competent regulated professions, thereby linking fair registration and labour mobility program considerations.

Further Issues to Address

- Despite these accomplishments, there remain some persistent challenges in improving foreign credential recognition practices across the board:
  - The Ontario system, like others, operates across multiple independent actors, including the federal immigration authority, credential assessment bodies, regulators, post-secondary educational institutions, bridging programs and employers, which complicates accountability for overall newcomer and program successes, including professional licensure.
  - While most regulators have achieved low risk ratings under the OFC's risk assessment program, a small number of large, high-volume professions continue to exhibit assessment and registration challenges.
  - These situations limit the throughput of qualified domestic and internationally trained applicants, which can materially impact workforce capacity and immigration goals.
  - Owing to different data definitions and reliance on third party assessment agencies, it remains difficult to compare regulator performance against certain parameters (e.g., total time that applicants spend in the system prior to registration).
  - Not all FARPACTA amendments have also been adopted in the health sector, creating a lack of symmetry in the system.

Further Issues to Address (Cont'd)

- There are issues around high-stakes licensure examinations involving their reliability, the emphasis they place on technical knowledge (as opposed to skills), incidents of cheating and the extent to which they fail to capture the experience of internationally trained applicants.
- Some regulators need to more firmly embrace their responsibility to help achieve labour market goals and often require assistance (e.g., access to data) to successfully undertake this work.
- There remains a perception among employers in some sectors that licensed internationally trained professionals are less competent than their domestic counterparts.
- There is huge demand for bridge training programs and courses that familiarize internationally trained applicants on how to practice their professions in Ontario, but not enough government resources to fully address this need.
- Too many internationally trained applicants withdraw from registration pathways prior to completion.
- While regulators can improve their assessment and registration practices, they do not control immigration selection, employer hiring decisions, or the number of training and supervised practice positions required to complete licensure, which limits their ability to mitigate workforce shortages without assistance.

Best Practices for Success

- The OFC believes that adopting the following registration approaches and best practices should help regulators achieve more efficient and equitable outcomes:
  - Maintain flexible registration practices that avoid rigid exclusionary rules (e.g., non-exemptible requirements found in health colleges regulations).
  - Presume that qualified applicants should be licensed.
  - Apply LEAN methodologies to drive process efficiencies along with creative registration techniques (e.g., limited licensure and parallel processing of applications).
  - Rely on affidavit materials and statutory declarations rather than forcing applicants to produce original documents in every case.
  - Find ways to assist applicants who have almost completed their licensure requirements (e.g., through mentoring and wraparound supports). Don't leave talented people behind!
  - Pay close attention to the needs of employers who will absorb the supply of new professionals and tradespersons, including the skill sets in demand and any unfounded concerns or stereotypes about the qualifications of internationally trained applicants.
  - Ensure that the collection and analysis of demographic and race-based data form a cornerstone of the regulator's approach to building organizational capacity, making wise decisions, and creating a client-focused approach to registration.

Thank You

Any Questions or Comments?

Briefing Note:
Council Performance Evaluation Framework

Background

This policy establishes a clear and consistent framework for evaluating Council performance as a collective governing body. Its purpose is to strengthen governance effectiveness by supporting Council's accountability for fulfilling its public-interest mandate, reinforcing shared responsibility, and embedding regular reflection on how Council governs, makes decisions, and exercises oversight.

Methods

Development of the policy was informed by a focused environmental scan of publicly available Council evaluation frameworks used by professional regulators across Canada. Building on this foundation, the policy incorporates elements of The Regulator's Practice governance evaluation framework, which has been applied with several Canadian regulators and demonstrated to be both effective and meaningful in practice. The policy was further shaped by relevant accountability requirements, including Ontario's College Performance Measurement Framework, as well as CDHO's bylaws, policies, and internal governance processes, to ensure alignment with CDHO's established structures and practices.

Policy Development Principles

The policy is designed to be public interest-focused, clear and usable, explicit about roles and accountability, transparent and defensible, and capable of evolving over time.

Key Policy Features

- **Standards-aligned** yet individualized, ensuring coherence with Ontario CPMF requirements and existing CDHO governance policies.
- **Outcomes-focused and principle-based**, supporting meaningful reflection on governance effectiveness rather than procedural compliance
- **Flexible**, not prescriptive, by providing a framework that can be operationalized internally and/or by third parties according to the needs and capacity of the CDHO.

Relationship with Existing Policies

The Council evaluation policy is designed to meet and exceed the requirements of College Performance Measurement Framework (CPMF) Measure 1.2, which requires Council to regularly assess its effectiveness and address identified opportunities for improvement through ongoing education. The policy establishes a structured framework for evaluating Council and meeting effectiveness, includes a requirement for a third-party assessment at least once every three years, and evaluates performance against responsibilities set out in bylaws and governance policies, ensuring continuity with existing governance expectations. **Table 1** shows where the evaluation domains cover existing policies.

Table 1: Alignment between Council performance evaluation domains and policies

Evaluation Domain	Alignment with Existing Policies
Role Clarity	GP-1 Governing Style; GP-6 Council Committee Principles; Terms of Reference; GP-8 Code of Conduct (refers to Bylaw 3.7 - Council and Non-Council Committee member Code of Conduct); GP-11 Council Linkage with Owners
People, Culture, Relationships	GP-4 Council Chair's Role GP-6 Council Committee Principles; Terms of Reference; GP-8 Code of Conduct (refers to Bylaw 3.7 - Council and Non-Council Committee member Code of Conduct); GP-9 Investment in Governance
Decision-Making and Meeting Effectiveness	GP-3 Council Planning Cycle and Agenda Control GP-11 Council Linkage with Owners GP-12 Special Rules of Order
Oversight Responsibilities	GP-2 Council Job Contributions; GP-9 Investment in Governance; Other governance policies

In addition to ensuring alignment of the framework with CDHO's existing policies, the proposed Council self-evaluation questions presented in Appendix A were crafted to directly align with the responsibilities and language of key policy documents,

including *the Council and Non-Council Committee Member Code of Conduct, Council Chair's Role, Governing Style*, and more.

Building on this foundation, the policy focuses on key governance outputs that signal effective governance, rather than solely on compliance with roles and processes, facilitating CDHO's move away from the Carver governance model. This approach supports meaningful reflection, targeted development, and continuous improvement, strengthening Council effectiveness and accountability over time.

Policy vs. Process

This policy establishes *what* is to be evaluated, while the evaluation process determines *how* that evaluation is carried out. ***Note that the resources included at the end of the document are not meant to be included in policy, but to enable implementation.***

Council retains discretion to select an approach that reflects its needs and capacity, including conducting an internal self-assessment or engaging a third party to administer the evaluation and facilitate deeper discussion of more complex or sensitive issues.

At least once every three years, third-party involvement strengthens objectivity and provides additional assurance, which may include focused activities such as policy review or meeting observation. Where a third party uses its own self-assessment tool, Council may choose to use that tool for that year in place of its usual annual assessment.

This approach balances flexibility with rigour and supports credible, continuous improvement over time.

Council Input

When reviewing, Council is asked to consider:

- Does the framework adequately reflect Council's governance role and responsibilities?
- Is the balance between structure and flexibility appropriate?
- Are roles, responsibilities, and the evaluation cycle clear and workable?

Policy: Council Performance Evaluation

1. Purpose & Outcomes

The purpose of this framework is to establish a clear and consistent approach to evaluating Council's performance. The evaluation supports Council's accountability for advancing the organization's public-interest mandate by strengthening governance quality, effectiveness, and continuous improvement by achieving the following outcomes:

- **Mandate-Aligned Governance**: Council decisions, behaviours, and practices consistently reflect and advance the organization's public-interest mandate.
- **Effective and Accountable Governance**: Council demonstrates clarity of roles, collective responsibility, and effective oversight in fulfilling its governance responsibilities through consistent enactment of the expectations set out in the *Council and Non-Council Committee Member Code of Conduct*.
- **Evidence-Informed Governance Insight**: Council has access to balanced, evidence-informed insight into its performance, enabling identification of strengths, risks, and opportunities for improvement.
- **Culture of Continuous Improvement**: Council sustains a culture that values reflection, learning, and improvement, supported by the identification and addressing of structural, behavioural, or cultural factors that influence governance effectiveness.

2. Evaluation Principles

The following principles guide how Council undertakes the Council Performance Evaluation process and are intended to support achievement of the desired evaluation outcomes. Council applies these principles in conducting the evaluation:

- **Collective**: The evaluation focuses on Council's performance as a governing body, reinforcing shared responsibility and collective accountability.
- **Role-Appropriate**: The evaluation focuses on governance effectiveness and oversight, and does not extend into operational management or staff performance.
- **Meaningful**: Council approaches the evaluation with intention and care to ensure it generates insight and value, rather than becoming a procedural or checkbox exercise.

- **Respectful**: The evaluation is conducted in a psychologically safe manner that supports respectful candour, encourages honest reflection, and protects confidentiality.
- **Growth-Oriented**: The evaluation is used to support learning and continuous improvement, with a focus on strengthening future governance effectiveness and maturity.

3. Roles & Responsibilities

The Council performance evaluation is a Council responsibility. Council retains overall accountability for the evaluation and delegates leadership of the process to the Governance Committee. Council members participate collectively in the evaluation process, while third-party support may be used to support objectivity, confidentiality, and effective process management.

- **Council** is accountable for the integrity of the evaluation, completes assessment activities, reviews findings, and approves the evaluation framework, inputs, and outcomes. Council assesses the results of the evaluation annually during a debrief session to identify strengths, areas requiring growth, and identify priorities for change.
- **Governance Committee** leads and coordinates the evaluation on Council's behalf, including selection of tools, management of timelines, facilitates the synthesis of inputs, and brings forward findings and recommended areas for improvement to Council. Shares accountability for follow-up actions with the Chair and Vice-Chair.
- **Chair and Vice-Chair** lead quarterly check-ins and share accountability for follow-up actions with the Governance Committee.
- **Registrar/CEO** participates in, but does not lead, the assessment activities and provides any necessary information required to support the evaluation process. Participates in the annual debrief session with Council and collaborates on applicable follow-up actions as needed.
- **Senior staff and other contributors** such as external system partners provide input into the Council's performance assessment in support of the evaluation.
- **Third-Party Support** may be engaged, where appropriate, to support independence, objectivity, and credibility, and is selected by and reports to the Governance Committee and/or Council, as appropriate. The third-party works with the Governance Committee to define the evaluation process and associated tools, collects and synthesizes information, reports results to the Governance Committee and/or Council, facilitates the annual debrief session,

and serves as a resource to the Chair and Vice-Chair to understand and incorporate results into development plans.

4. Evaluation Framework

This section sets out the key aspects of Council's performance that are considered in the Council performance evaluation, organized under the core areas of mandate alignment and governance effectiveness. It also identifies a range of possible inputs that may be used to inform the evaluation.

Council retains discretion to apply this framework in a manner that is reasonable and appropriate to the organization's context, risks, priorities, and circumstances in a given year, including adapting the timing, scope, or inputs of the evaluation where warranted.

Evaluation Domain	Dimensions	Description	Potential Evaluation Inputs
Role Clarity	• Mandate Clarity • Council Role Clarity • Individual Council Member Role Clarity	Council, committee members, and staff consistently demonstrate a shared understanding of the regulator's public interest mandate and their respective roles, resulting in effective decision-making and oversight.	• Council self-assessment or reflection • Registrar/CEO and senior staff assessment of Council • Review of governance documents (mandate, bylaws, policies) • Observation of Council and committee meetings (internal or third party) • Third-party evaluation

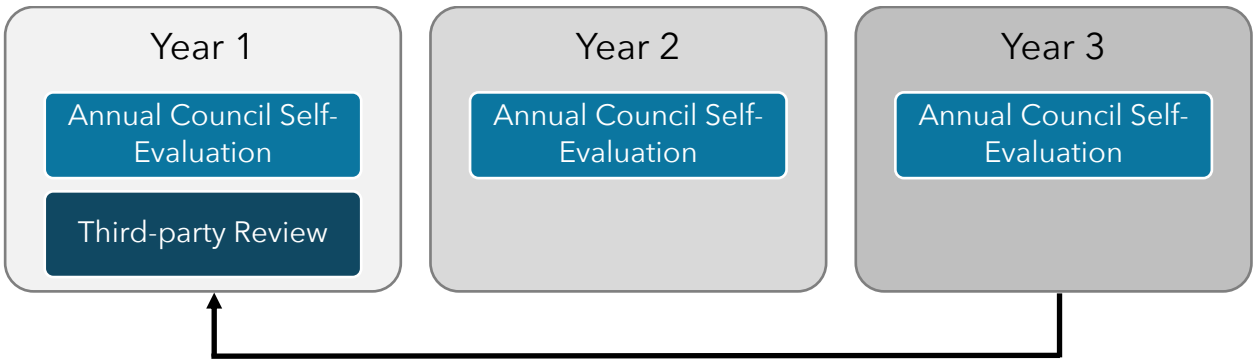
Evaluation Domain	Dimensions	Description	Potential Evaluation Inputs
People, Culture, Relationships	• Council Composition • Council Culture • Relationship with Staff • Chairship	Council and committees are composed of the right mix of skills and perspectives, operate within a respectful, trusting culture that enables robust dialogue, and maintain strong, role-appropriate relationships between Council, committees, and staff.	• Council self-assessment or reflection • Registrar/CEO and senior staff assessment of Council • Staff feedback on governance culture and relationships • Review of governance documents (bylaws, policies, role descriptions) • Observation of Council and committee meetings (internal or third party) • Third-party evaluation
Decision-Making and Meeting Effectiveness	• Materials / Tools • Agendas / Strategic Use of Time • Transparent Decision-Making • Focused Public Interest Decision-Making	Council and committees are well prepared and supported by meaningful information and tools, to hold productive meetings and make and communicate sound public interest-focused decisions.	• Council self-assessment or reflection • Committee self-assessment • Registrar/CEO and senior staff assessment of Council • Review of governance documents (agendas, briefing materials, and decision records)

Evaluation Domain	Dimensions	Description	Potential Evaluation Inputs
			• Observation of Council and committee meetings (internal or third party) • Third-party evaluation
Oversight Responsibilities	• Financial Oversight • Enterprise Risk Oversight • Regulatory Program Oversight • External Partner Oversight • Strategy Oversight • CEO, Organizational Culture, HR Oversight • Reconciliation, Diversity, Equity, and Inclusion Oversight • Governance Oversight	Council has the governance structures, resources, and practices needed to provide effective oversight, ensure sustainability, manage risk, and support the organization's ability to fulfill its mandate and priorities.	• Council self-assessment or reflection • Committee self-assessment • Registrar/CEO and senior staff assessment of Council • Review of governance documents (dashboards, monitoring reports, etc.) • Observation of Council and committee meetings (internal or third party) • Review of prior evaluation follow-up actions • Third-party governance or oversight review

5. Evaluation Cycle

The Council performance evaluation follows a three-year cycle. A formal evaluation occurs annually, with an independent third-party evaluation conducted every three years to provide deeper, external perspective. Third party reviews may be inclusive of all aspects of the framework in Section 4 or focus on specific sections of the framework according to the needs and capacity of Council and the organization. Quarterly Chair-led check-ins support ongoing reflection and continuity between formal evaluation points.

Visual Representation of the Evaluation Cycle



Written Description of the Evaluation Cycle

Cycle Year	Evaluation	Purpose	Potential Evaluation Inputs
Year 1	Annual Council Self-Evaluation + Third-Party Review	Establish a comprehensive baseline and provide independent insight into Council performance	• Council self-assessment • Council and senior staff interviews • Third-party governance evaluation or facilitated assessment • Council and committee meeting observation • Holistic or targeted third party review of governance practices, structures, and/or decision-making • Insights from Chair-led quarterly check-ins
Year 2	Annual Council Self-Evaluation	Track progress, trends, and governance development	• Council self-assessment • Review of follow-up actions and governance learning from prior evaluation

Cycle Year	Evaluation	Purpose	Potential Evaluation Inputs
			• Optional targeted review of selected governance domains or priorities • Insights from Chair-led quarterly check-ins
Year 3	Annual Council Self-Evaluation	Continue tracking progress and prepare for the next independent review cycle	• Same as year 2

6. Documentation & Transparency

Council recognizes that a credible and effective Council performance evaluation process depends on transparency, accountability, and responsible documentation, while allowing for candid internal reflection where appropriate.

- **Open debrief**: Council discussion of the Council performance evaluation will normally occur in open session. In-camera discussion may be used where necessary to support candid reflection or to address sensitive governance matters. This debrief may be supported by a Third-Party as applicable.
- **Records and documentation**: Evaluation materials including surveys, summaries of input, and any third-party reports will be maintained as part of the Council record in accordance with applicable legislation, bylaws, and records-management requirements.
- **Minutes and documentation of outcomes**: Council and committee minutes will document that the evaluation was considered and discussed and will record key outcomes and follow-up actions in accordance with applicable accountability frameworks.

7. Review of Policy

Council will review this policy every three years or as needed to ensure it remains current, effective, and aligned with legislative requirements, bylaws, and governance best practices.

This framework is intended to operate alongside Council's broader governance policies and tools.

Resource A:

Council Performance Evaluation Workplan

This procedure outlines an annual schedule to support timely completion of the Council Performance Evaluation process. It is intended to guide planning and coordination and is not binding; timing may be adjusted by Council as appropriate.

Annual Evaluation Workplan

Quarter	Key Activities
Q4: October – December	• **Council:** confirms evaluation focus areas, domains, and inputs for the upcoming cycle (normally in open session, with in-camera discussion if required). • **Governance Committee:** confirms whether the upcoming year is a third-party evaluation year (Year 1 of the three-year cycle) and the overall evaluation approach. • **Governance Committee:** requests administrative support to identify potential third-party providers (where applicable). • **Administrative Support (at Governance Committee request):** gathers information on potential third-party providers for Committee consideration**.** *Note: Council may choose to retain a third party on a multi-year basis to reduce repetition of this step.*
Q1: January – March	• **Governance Committee:** selects and retains third-party support (where applicable) and/or confirms evaluation tools (e.g., Council self-assessment questionnaire).
Q2: April – June	• **Council**: completes the Council self-assessment. • **Governance Committee or Third-Party:** conducts evaluation activities (e.g., observations, surveys, interviews), compiles and synthesizes evaluation inputs, identifies key themes and performance trends, and prepares materials for Council consideration.
Q3: July – September	• **Chair and Vice-Chair or Third Party:** facilitates a debrief session with all of Council in open session. • **Council:** discusses evaluation results at a Council meeting in open session (where appropriate), including key findings,

	areas of strength, and agreed governance improvement priorities or follow-up actions. • **Governance Committee:** incorporates Council discussion into documented outcomes and confirms follow-up actions and any implications for future evaluation focus areas.
Ongoing (All Quarters)	• **Chair and Vice-Chair**: conducts informal check-ins ("pulse checks") with Council (e.g., through agenda debriefs or reflective check-ins) to support continuous reflection between formal evaluation points. • **Chair and Vice-Chair and Governance Committee**: monitors progress on agreed follow-up actions and integrates learning into governance planning, agendas, and development activities.

Resource B:
Annual Council Self- Evaluation Questions

Application Note:
The proposed questions align with the policy but are not embedded within it. This approach preserves Council's discretion in how the self-assessment is administered.

It is recommended that the Governance Committee review and confirm the questions, and then use an online survey platform to collect and aggregate anonymous responses. Staff may facilitate this process at the direction of the Committee.

It is further recommended that, aside from minor wording refinements as needed, a comprehensive review of the relevance and alignment of the questions be undertaken every three years in conjunction with the broader policy review.

Survey Questions

Rating Scale
All of the evaluation questions use one of the two rating scales below.

- Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree
- All of the time, Most of the time, Some of the time, None of the time

Role Clarity:

1. Council members act in the best interests of the public.
2. Council members' conduct is ethical, business-like, lawful, and upholds the reputation of the CDHO.
3. Council members do not engage in organizational operational details.
4. Council members are adequately prepared for their role following orientation.
5. Council members demonstrate familiarity with applicable legislation, bylaws, and governance policies.
6. Council members demonstrate awareness of the external factors influencing CDHO, the regulated profession, and the public it serves.

People, Culture, Relationships

7. Council members treat one another and staff members with respect.
8. Council members demonstrate inclusion of diverse perspectives.
9. Council members demonstrate openness to engage in difficult conversations.

10. Council members effectively resolve conflicts as they arise.
11. Council members regularly attend meetings or inform appropriate parties of their absence in advance.
12. Council members demonstrate preparedness for meetings.
13. Council members actively participate in deliberations and decision-making.
14. Council members take part in educational activities that support them in their Council role.

Chairship

15. Council Chair facilitates a healthy Council culture.
16. Council Chair maintains the focus and order of Council deliberations.
17. Council Chair maintains a constructive relationship with the Registrar/CEO.

Open-ended

18. What are 2-3 strengths of the Council Chair?
19. What are ways the Council Chair could improve in their role?

Decision-Making and Meeting Effectiveness

20. Council members openly declare and manage conflicts of interest.
21. Council members support the legitimacy and authority of Council decisions regardless of personal position.
22. Council members respect meeting procedures/rules of order.
23. Council members maintain the confidentiality of the information learned in the course of their duties.
24. Council members prioritize the publics' interests in decision-making.
25. Council members ensure appropriate public groups have been consulted on decisions that may impact them.
26. Council members align decision-making with organizational context, priorities, and values.
27. Council members ensure a proportionate decision-making process to support the type of decision being made.
28. Council members are adequately supported by decision-making materials provided by staff.
29. Council members base decisions on evidence rather than personal experience or opinions.
30. Council spends the most amount of time on the most important issues.
31. Council decisions and supporting rationale are clearly reported.

Open-ended

32. What aspects of the Council ’s decision-making processes work well?

33. What aspects of Council's decision-making processes are tricky?
34. What could be done differently to support focused public interest decision-making?

Oversight Responsibilities

35. I am confident in Council's oversight of the organization's progress toward strategic objectives.
36. I am confident in Council's line of sight into how enterprise/organizational risks identified, assessed, and managed.
37. I am confident in Council's line of sight into the outputs, outcomes, and impacts of regulatory programs in managing public risks.
38. I am confident in Council's oversight of the organization's external partnerships.
39. I am confident in Council's oversight of the organization's financial status.
40. I am confident in Council's line of sight into the management and health of the organization's human resources and leadership.
41. I am confident in the Council's approach to reconciliation, diversity, equity, and inclusion as a board, within the organization, and within the regulated profession.
42. Council members demonstrate continuous improvement of governance practice.

Open-ended

43. What are 2-3 key areas of strength or growth in governance practice over the last year?
44. What aspects of Council's role and responsibilities have been tricky?
45. What could be done differently to improve Council's governance practice in the future?

Resource C: Post-Meeting Evaluation

Application Note:
These questions are intended as a guide for the evaluation facilitator (e.g., the Chair or Vice-Chair) and may be used at their discretion.

It is recommended that the post-meeting evaluation occur immediately following the close of each Council meeting to encourage timely, candid, and relevant discussion.

The Chair or Vice-Chair may choose to document key themes or action items arising from the discussion to support appropriate follow-up on identified issues or areas for improvement.

Pulse Check Questions:

1. What worked well at today's meeting?
2. What was tricky?
3. Did everyone have an adequate opportunity to share their perspectives, and did we allow for diverse opinions?
4. Did we make decisions in alignment with our public protection mandate and role as CDHO's Council /Committee?
5. Were the meeting materials and any other provided information clear, comprehensive, and relevant?
6. Is there anything we should to do differently at our next meeting?

CDHO

Briefing Note

To: Council

From: Chair

Date: March 27, 2026

Topic: Council Performance Evaluation Framework (CPEF)

MOTION: **THAT** Council approves the Council Performance Evaluation Framework as presented.

Moved:

Seconded:

VOTE:

Briefing Note:
Registrar / CEO Performance Evaluation

Background

This policy was developed to strengthen CDHO Council's governance practice by establishing a clear, consistent, and evidence-informed approach to evaluating Registrar/CEO performance. It is intended to support Council's oversight role, reinforce alignment with the organization's public-interest mandate, and promote meaningful growth and accountability.

Methods

The policy was informed by a focused environmental scan and targeted research. An initial review of comparator frameworks among professional regulators revealed limited availability and wide variation in practice, prompting broader research across the not-for-profit and corporate governance sectors. This approach ensured the policy reflects evidence-informed governance practice rather than simply replicating existing models.

Policy Development Principles

The policy is designed to be public interest-focused, clear and usable, explicit about roles and accountability, transparent and defensible, and capable of evolving over time.

Key Policy Features

- **Outcomes-focused and principle-based**, facilitating an effective and meaningful evaluation process
- **Evidence-informed,** drawing on relevant research and comparative insight
- **Adaptable and fit for purpose,** allowing Council to exercise judgment and tailor inputs to context, risk, and capacity
- **Cyclical and predictable**, with an annual evaluation supported by a three-year rolling cycle and periodic deeper review
- **Clear and descriptive,** supporting practical and consistent application

Relationship with Compensation

It is best practice for CEO performance evaluation to be separate from compensation decisions, ensuring the evaluation focuses on leadership, performance, and progress against organizational goals rather than pay outcomes, while supporting open performance conversations and Council's judgement regarding compensation. Compensation decisions should be informed by the evaluation alongside considerations such as extraordinary achievements, organizational and financial context, market comparisons, market conditions, leadership effectiveness, risk management, and any material performance or conduct concerns. Council may choose to link evaluation results to an incentive structure; however, doing so effectively requires a clearly defined and approved tool.

Relationship with Existing Policies

The CEO performance evaluation continues to fully assess achievement of Council's Ends and compliance with existing policies, ensuring all current governance requirements are met while moving away from the Carver policy structure in alignment with CDHO's governance reform. **Table 1** shows where the evaluation domains cover existing policies. Building on this foundation, the proposed approach maintains strong accountability while also creating a more constructive and supportive Council–Registrar/CEO relationship, enabling meaningful feedback and more effective leadership development that strengthens organizational performance.

Table 1: Alignment between Registrar/CEO evaluation domains and EL policies

Evaluation Domain	Alignment with Existing Policies
Mandate Alignment	None
System Collaboration and Public Engagement	EL-1 Treatment of Public and Registrants
Regulatory Effectiveness	EL-10 Development of Standards Governing Practice
Operational Performance	EL-3 Planning
Risk and Financial Stewardship	EL-3 Planning; EL-4 Financial Conditions and Activities; EL-5 Protection of Assets; EL-6 Investment; EL-7 Compensation and Benefits
Leadership and Culture	EL-2 Treatment of Staff; EL-7 Compensation and Benefits; EL-9 Ethical Behaviour
Governance Relations and Support	EL-8 Communication and Support to Council; EL-10 Development of Standards Governing Practice; EL-11 Amendments of Act or Bylaws

Required Policy Revisions

Considering the move away from the Carver model, it is important to note that the proposed Registrar/CEO Performance Evaluation framework *no longer aligns* with the following policy statement in CRD-2(3) "*The Council will view Registrar/CEO performance as identical to organizational performance, so that organizational accomplishment of Council stated Ends and compliance with Executive Limitations will be viewed as successful Registrar/CEO performance*….". This line will need to be revised to indicate that organizational performance is now *one of the components* considered as part of the Registrar/CEO's performance evaluation. Further, policy *CRD-4 - Monitoring Registrar/CEO Performance* will require revision or replacement with the proposed policy and correspondingly, *GP-6.1- Executive Committee Charter* will require revisions as well to align with the new policy and process.

Policy vs. Process

This policy defines *what* is to be evaluated and the principles that guide Registrar/CEO performance oversight, providing Council with the foundation to determine *how* the evaluation is carried out through the selection of an appropriate evaluation process. ***Note that the resource included at the end of the document is not meant to be included in policy, but to enable implementation.***

To support objectivity, rigor, and candour, Council is encouraged to engage a qualified third party to design and administer the evaluation process using appropriate methods and tools aligned with this framework.

This separation allows Council to retain oversight and discretion while ensuring the evaluation process is credible, well-structured, and supportive of meaningful feedback and continuous improvement.

Council Input

When reviewing, Council is asked to consider:

1. Does this policy reflect how Council intends to oversee Registrar/CEO performance in support of the public-interest mandate?
2. Is the balance between structure and flexibility appropriate?
3. Are roles, responsibilities, and the evaluation cycle clear and workable?

Policy: Registrar / CEO Performance Evaluation

1. Purpose & Outcomes

The purpose of this policy is to establish a clear and consistent framework for Council's evaluation of the performance of the Registrar / Chief Executive Officer (Registrar/ CEO). This evaluation supports Council's accountability for advancing the organization's public interest mandate by supporting effective executive leadership through the following outcomes:

- **Mandate-Aligned Leadership:** The Registrar/CEO's leadership consistently advances the organization's public-interest mandate and strategic priorities.
- **Clear Accountability and Role Fulfilment:** Expectations of the Registrar/CEO role are well understood and met, supporting transparency, accountability, and confidence in executive performance.
- **Informed Council Decision-Making:** Council has access to balanced, evidence-informed insight into Registrar/CEO performance to support decisions related to development priorities, organizational improvement, and, where applicable, compensation, contract renewal, and succession planning.
- **Constructive and Trusting Relationship:** The evaluation process strengthens trust, clarity, and open dialogue between Council and the Registrar/CEO, supporting ongoing learning and effective governance.
- **Continuous Growth and Learning:** The Registrar/CEO is provided with feedback, guidance, and support to engage in continuous professional developement and leadership effectiveness.

While the Registrar/CEO evaluation may inform compensation-related considerations, it is not determinative of compensation outcomes. This separation supports candid, development-focused evaluation and preserves the integrity of both performance evaluation and compensation decision-making.

2. Evaluation Principles

The following principles guide how Council undertakes the Registrar/CEO evaluation process and are intended to support achievement of the desired evaluation outcomes. Council applies the following principles in conducting the evaluation:

- **Fair:** Council applies a consistent approach year over year and uses independent or third-party input where appropriate to protect against bias.
- **Meaningful:** Council approaches the evaluation with intention to ensure it achieves outcomes rather than becoming a procedural or checkbox exercise.
- **Growth-Oriented:** Council's approach is focused on supporting learning and strengthening future performance.
- **Respectful:** The evaluation is conducted in a psychologically safe manner, supports candid input, and prioritizes confidentiality.

- **Informed:** The evaluation is anchored in evidence of results and performance against agreed goals, drawing on an appropriate mix of qualitative and quantitative information and relevant perspectives, rather than individual perceptions, assumptions, or recollections.
- **Proportionate:** The assessment is designed to be rigorous without being onerous, evaluating at the level and breadth necessary to support effective oversight.

3. Roles & Responsibilities

The Registrar/CEO evaluation is a Council responsibility. Council retains overall accountability for the evaluation and delegates leadership of the process to the Executive Committee. The Registrar/CEO and staff support the evaluation through input and information, but do not lead or administer the process. Independent third-party support is encouraged to support confidentiality, objectivity, and the careful synthesis and framing of feedback, while protecting against bias.

- **Council** is accountable for the integrity of the evaluation, provides input on the Registrar/CEO's performance, and approves the framework, inputs, and outcomes on an annual basis. Council assesses the results of the evaluation annually to identify strengths, areas requiring growth, and key feedback that will be communicated to the Registrar/CEO by the Chair and Vice-Chair.
- **Executive Committee** leads and coordinates the evaluation on Council's behalf, facilitates the synthesis of inputs, and brings forward findings and recommendations to Council. Shares accountability for follow-up actions with the Chair and Vice-Chair.
- **Chair and Vice-Chair** support the evaluation process and delivers consolidated feedback to the Registrar/CEO in a private meeting. Council encourages the use of appropriate guidance or training to support effective and constructive performance feedback. Shares accountability for storage of confidential files and follow-up actions with the Executive Committee.
- **Registrar/CEO** participates through self-assessment and provision of information. Participates in a feedback discussion with the Chair and Vice-Chair and collaborates on applicable follow-up actions and learning plans.
- **Senior leaders and other contributors** such as key external partners provide input on the Registrar/CEO's performance in support of the evaluation.
- **Third-party support** is recommended to support the independence, confidentiality, and credibility of the evaluation and is selected by, and reports to, the Executive Committee. The third-party, if retained, works with the Executive Committee and Registrar/CEO to define the evaluation process and associated tools, collects and synthesizes information, reports results to the Executive Committee and/or Council, serves as a resource to the Council and Vice-Chair to support their discussion with the Registrar/CEO, and may support the Registrar/CEO to understand and incorporate feedback into development plans. If a third-party is not retained, this becomes the work of the Executive Committee.

4. Evaluation Framework

This section sets out the key aspects of the Registrar/CEO's performance that Council considers in its evaluation, organized under the core areas of mandate alignment and organizational performance. It also identifies a range of possible inputs that may be used to inform the evaluation.

Council retains discretion to apply this policy in a manner that is reasonable and appropriate to the organization's context, risks, priorities, and circumstances in a given year, including adapting the timing or scope of the evaluation where warranted.

Evaluation Domain	Purpose/Description	Potential Evaluation Inputs
Mandate Alignment		
Mandate and Strategy	To what extent has the Registrar/CEO advanced the organization's public-interest mandate and strategic priorities over the past year?	• CEO self-assessment • Council and senior staff observations • Progress against strategic plan priorities • Achievement of annual objectives and outcomes • Public outcomes or impact reporting
System Collaboration and Public Engagement	Does the Registrar/CEO engage effectively and appropriately with the public, system partners, and registrants to support public safety, confidence, and organizational legitimacy?	• CEO self-assessment • Council and senior staff observations • Evidence of collaboration with system partners or regulators • Partner and public engagement activities and outcomes • Government or sector relationships • Public trust indicators or feedback
Regulatory Effectiveness	Are regulatory functions being carried out effectively, credibly, and in a way that supports public trust and system outcomes?	• CEO self-assessment • Council and senior staff observations • Regulatory performance metrics • Program outcomes or impact measures • Compliance or quality indicators • Council oversight discussions • Public, registrant, or system-partner feedback related to regulatory programs
Organizational Performance		
Operational Performance	Is the organization operating effectively and delivering expected results under the Registrar/CEO's leadership?	• CEO self-assessment • Council and senior staff observations • Organizational performance indicators • Operational reports and dashboards • Achievement of operational, business, or work plans • Program and service performance indicators • Timeliness and quality of operational outputs • Issue resolution and responsiveness

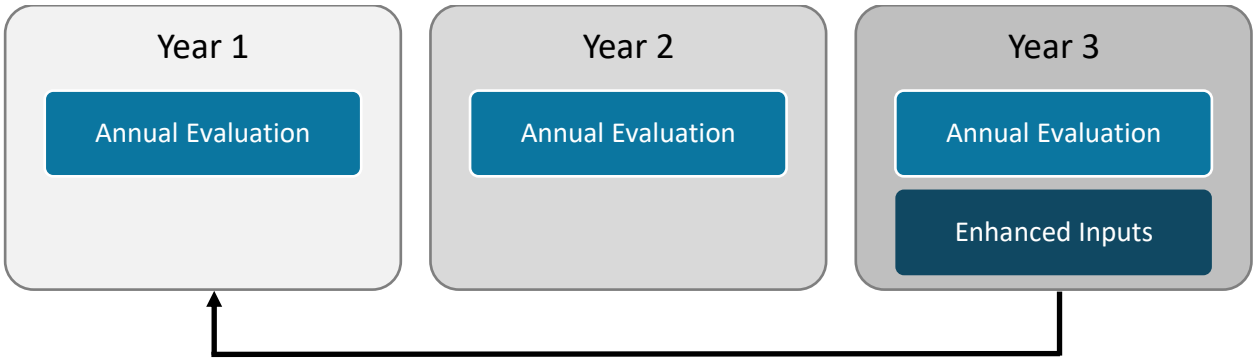
Evaluation Domain	Purpose/Description	Potential Evaluation Inputs
Risk and Financial Stewardship	Are significant risks identified and managed appropriately, and are financial and organizational resources stewarded responsibly and sustainably?	• CEO self-assessment • Council and senior staff observations • Risk registers and mitigation plans • Budget assumptions and forecasts • Financial statements and trends • Audit results and management responses • Resource allocation decisions
Leadership and Culture	Does the Registrar/CEO foster effective leadership, a healthy organizational culture, and a sustainable workforce?	• CEO self-assessment • Council and senior staff observations • 360 inputs • Achievement of annual professional learning goals • Leadership behaviours and values alignment • Workplace culture indicators (satisfaction rates, turnover, etc.)
Governance Relations and Support	Does the Registrar/CEO support effective governance through constructive engagement, clear communication, and appropriate information to Council?	• CEO self-assessment • Council and senior staff observations • Quality, timeliness, and usefulness of information provided to Council

5. Evaluation Cycle

The Registrar/CEO evaluation follows a three-year cycle. A formal evaluation occurs annually, with broader and more in-depth inputs used every third year to provide additional insight into Registrar/CEO performance over time.

Council retains the discretion to conduct a broader and more in-depth process where circumstances warrant, recognizing that leadership oversight and support may occasionally require more timely or targeted input than the standard cycle provides.

Visual Representation of the Evaluation Cycle



Written Description of the Evaluation Cycle

Cycle Year	Evaluation	Purpose	Potential Evaluation Inputs
Year 1	Annual Evaluation	Establish baseline and then track progress, trends, and development	• Registrar/CEO self-assessment • Registrar/CEO professional development goals and progress against those goals • Council and senior staff input on Registrar/CEO performance (e.g., structured survey or 1:1 interviews) • Select performance information related to mandate alignment and organizational performance • Insights from Chair–Registrar/CEO check-ins conducted over the year
Year 2	Annual Evaluation	Track progress, trends, and development	• Same as above
Year 3	Annual Evaluation + Enhanced Inputs	Provide deeper, independent, and external perspective	• Same as above • Expanded inputs from third-party or external sources (e.g., independent observations; 360s; broader registrant, public, or system-partner feedback)

6. Documentation & Confidentiality

Council recognizes that a credible and effective CEO/Registrar evaluation process depends on trust, discretion, and the responsible handling of sensitive information.

- **In-camera deliberations:** Council deliberations regarding the Registrar/CEO evaluation will be held in camera, without staff or the Registrar/CEO present.

- **One Voice:** Council speaks with one voice regarding evaluation outcomes, with feedback conveyed by the Chair and Vice-Chair.
- **Confidential records:** All evaluation materials, including surveys, third-party reports, summaries, and related correspondence will be maintained in a confidential Council file by the Chair, in accordance with Council policy GP-4(2.4) and all other applicable legal and record-retention requirements.
- **Minutes and documentation:** Minutes of Executive Committee meetings and Council in camera sessions will record decisions and outcomes only (e.g., that the evaluation was considered and completed), and will not include detailed discussion, individual views, or evaluative commentary. Detailed analysis and performance themes will be documented separately in the Registrar/CEO Performance Summary.
- **Documented outcomes:** The Executive Committee will prepare, or oversee the preparation of, a consolidated Registrar/CEO Performance Summary that documents key themes, conclusions, and any agreed development priorities or follow-up actions.
- **Feedback delivery:** The Executive Committee is responsible for delivering consolidated feedback to the Registrar/CEO in a private meeting following Council consideration.

7. Review of Policy

Council will review this policy every three years or as needed to ensure it remains current, effective, and aligned with legislative requirements, bylaws, and governance best practices.

Note that this policy is intended to operate alongside Council's compensation, records management, and other governance policies.

Resource A:
Registrar / CEO Performance Evaluation Workplan

This resource outlines an annual schedule to support timely completion of the Registrar/CEO evaluation process. It is intended to guide planning and coordination and is not binding; timing may be adjusted by Council as appropriate.

Annual Evaluation Workplan

Quarter	Key Activities
Q2: April - June	• **Registrar/CEO:** provides Executive Committee with an annual professional development plan. • **Council:** confirms evaluation focus areas and inputs for the upcoming cycle (in camera at a Council meeting). • **Executive Committee:** determines whether third-party support will be used and requests administrative support to identify potential third-party providers.* • **Administrative Support (at Executive Committee request):** gathers information on potential third-party providers. *Note: Council may choose to select a third-party on a multi-year basis, so this part of the process is repeated less frequently.*
Q3: July – September	• **Executive Committee:** selects and retains third-party support (where applicable) and/or prepares evaluation tools (e.g., Registrar/CEO self-assessment, Council and senior staff survey, etc.).
Q4: October – December	• **Registrar/CEO:** completes self-assessment tool, provides the Executive Committee and third-party with reports on the achievement of annual professional development goals and other documentation as requested within the defined scope of the evaluation framework. • **Council:** provides input on Registrar/CEO performance (e.g., structured survey and/or 1:1 interviews). • **Executive Committee or Third-Party:** compiles and synthesizes evaluation inputs, identifies and documents key themes and performance trends, and circulates a draft Registrar Performance Summary to Council for review ahead of Q2 Council meeting.

Q1: January – March	• **Council:** conducts in-camera discussion, led by the Chair of the Executive Committee (may be supported by the Third-Party) at a Council meeting to:
	  ○ Discuss the Registrar Performance Summary
	  ○ Confirm evaluation focus areas and inputs for the upcoming cycle

	• **Executive Committee:** reviews Council feedback and finalizes the Registrar Performance Summary. • **Chair and Vice-Chair:** delivers consolidated feedback to the Registrar/CEO (may be supported by the Third-Party) at the same time as Council's compensation decision. ***Follow-up:*** • **Registrar/CEO:** provides Executive Committee with annual professional development plan following feedback.
Ongoing (All Quarters)	• **Chair and Vice-Chair:** conducts informal check-ins ("pulse checks") with the Registrar/CEO. • **Chair, Vice-Chair, and Executive Committee:** supports identified development priorities and monitors follow-up actions resulting from feedback discussion.

* To support the Committee in implementing the policy, it is recommended that the following third-party CEO evaluation providers be included in the RFP process:

- Watson Board Advisors
  - Rachel O'Connor - rachel.oconnor@watsoninc.ca
- Laulima Consulting
  - Ailsa Forsgren - Ailsa.forsgren@laulimaconsulting.com

CDHO

Briefing Note

To: Council

From: Chair

Date: March 27, 2026

Topic: CEO/Registrar Performance Evaluation Policy

MOTION: **THAT** Council approves the CEO/Registrar Performance Evaluation Policy as presented.

Moved:

Seconded:

VOTE:

CDHO

Briefing Note

To: Council

From: Chair

Date: March 27, 2026

Topic: Policy Content Review: Executive Limitations Policies

No changes proposed. Council will review the General Executive Constraint, EL-2 Treatment of Staff, EL-3 Planning, EL-7 Compensation and Benefits, and EL-8 Communication and Support to Council policies and determine if any changes are needed.

GENERAL EXECUTIVE CONSTRAINT

The Registrar/CEO shall not cause or allow any organizational practice, activity, decision or circumstance which is either unlawful, imprudent, or in violation of commonly accepted business and professional ethics.

EL-2 TREATMENT OF STAFF

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

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

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

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

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

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

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

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

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

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

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

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

EL-3 PLANNING

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

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

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

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

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

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

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

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

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

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

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

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

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

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

EL-7 COMPENSATION AND BENEFITS

With respect to employment, compensation and benefits to employees, consultants, contract workers and volunteers, the Registrar/CEO shall not cause or allow jeopardy to fiscal integrity or public image.

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

1. Change their own compensation and benefits, except as their benefits are consistent with a package for all other employees.

2. Promise or imply guaranteed employment.

3. Create obligations over a longer term than revenues can be safely projected.

4. Allow hiring or advancement practices that result in a real or perceived conflict of interest in any reporting relationship.

5. Develop pay structures and reward programs that do not equitably compensate employees for the value of work provided or that are unresponsive to market conditions.

6. Allow retirement or pension benefit plans that are inconsistent with industry standards in similar organizations.

    6.1. Provide a benefit plan without requiring a defined level of employee contribution.

    6.2. Make changes to current benefits without reasonable notice to employees.

7. Permit employees to lose benefits accrued under previous CDHO plans.

    7.1. Remove existing benefits to retired employees.

EL-8 COMMUNICATION AND SUPPORT TO COUNCIL

The Registrar/CEO shall not permit the Council to be uninformed or unsupported in its work.

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

1. Withhold, impede, or confound information relevant to the Council's informed accomplishment of its job.

    1.1. Allow the Council to be without timely decision information to support informed Council choices, including environmental scanning data and trends, a representative range of staff and external points of view, significant issues and risks, and alternative choices with their respective implications.

    1.2. Neglect to submit timely monitoring data including interpretations of Council policies that provide the observable metrics or conditions that would demonstrate compliance, rationale for why the interpretations are reasonable, and evidence of compliance.

    1.3. Let the Council be unaware of any actual or anticipated non-compliance with any Ends or Executive Limitations policy, regardless of the Council's monitoring schedule.

    1.4. Let the Council be unaware of any incidental information it requires, including anticipated media coverage, actual or anticipated legal actions, and material or publicly visible internal changes or events, including changes in CDHO staff.

        1.4.1. Quarterly financial statement.

        1.4.2. Reports provided to key system partners' meetings.

        1.4.3. Regular progress reports on developmental and regulatory issues.

    1.5. Allow the Council to be unaware that, in the Registrar/CEO's opinion, the Council is not in compliance with its own policies on Governance Process and Council-Registrar Relationship, particularly in the case of Council behaviour which is detrimental to the work relationship between the Council and the Registrar/CEO.

    1.6. Present information in unnecessarily complex or lengthy form, or in a form that does not clearly differentiate among monitoring, decision preparation, and general incidental or other information.

2. Allow the Council to be without reasonable administrative support for Council activities.

    2.1. Allow the Council to be without a workable, user-friendly mechanism for official Council, officer, or Council committee communications.

3. Impede the Council's holism, misrepresent its processes and role, or impede its lawful obligations.

3.1. Interact with the Council in a way that favours or privileges certain Council members over others, except when (a) fulfilling individual requests for information or (b) responding to committees duly charged by the Council.

3.2. Neglect to supply for the Required Approvals agenda all items delegated to the Registrar/CEO, yet required by law, regulation or contract to be Council-approved, along with the applicable monitoring information.

3.3. Allow Council agendas and background material to be posted prior to Executive Council review or Chair confirmation.

Suggested Motion – Friday, March 27, 2026

9.0 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 9.1–9.7.

Moved:

Seconded:

VOTE:

CDHO

Suggested Motion – Friday, March 27, 2026

9.0 MONITORING CEO PERFORMANCE

9.1 Global End

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

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

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

Moved:
Seconded:
VOTE:

9.2 E-1

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

MOTION 2: **THAT** Council has assessed the monitoring report for End 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 End 1 and determined that the interpretation is not reasonable and has asked for a new monitoring report by [date].

Moved:
Seconded:
VOTE:

9.3 E-2

MOTION 1: **THAT** Council has assessed the monitoring report for End 2 and determined there is sufficient, verifiable evidence of a reasonable interpretation; OR

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

Moved:
Seconded:
VOTE:

9.4 E-3

MOTION 1: **THAT** Council has assessed the monitoring report for End 3 and determined there is sufficient, verifiable evidence of a reasonable interpretation; OR

MOTION 2: **THAT** Council has assessed the monitoring report for End 3 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 End 3 and determined that the interpretation is not reasonable and has asked for a new monitoring report by [date].

Moved:
Seconded:
VOTE:

9.5 E-4

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

MOTION 2: **THAT** Council has assessed the monitoring report for End 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 End 4 and

determined that the interpretation is not reasonable and has asked for a new monitoring report by [date].

Moved:
Seconded:
VOTE:

9.6 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:

9.7 EL- 7

MOTION 1: **THAT** Council has assessed the monitoring report for Executive Limitations Policy 7and determined there is sufficient, verifiable evidence of a reasonable interpretation; OR

MOTION 2: **THAT** Council has assessed the monitoring report for Executive Limitations Policy 7 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 7 and determined that the interpretation is not reasonable and has asked for a new monitoring report by [date].

Moved:
Seconded:
VOTE:

CDHO

Suggested Motion – Friday, March 27, 2026

9.0 MOTION TO MOVE OUT OF CAMERA

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

Moved:

Seconded:

VOTE:

Suggested Motion – Friday, Mach 27, 2026

12.0 ADJOURNMENT

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

Moved:

Seconded:

VOTE: