

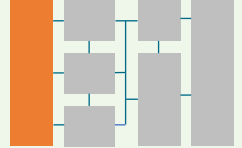
College Performance Measurement Framework (CPMF) Reporting Tool

December 2020

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PART 1: MEASUREMENT DOMAINS

The following tables outline the information that Colleges are being asked to report on for each of the Standards. Colleges are asked to provide **evidence** of decisions, activities, processes, and verifiable results that demonstrate the achievement of relevant standards and encourage Colleges to not only to identify whether they are working on, or are planning to implement, the missing component if the response is “No”, but also to provide information on improvement plans or improvement activities underway if the response is “Yes” or “Partially”.

| DOMAIN 1: GOVERNANCE | |  |
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| Standard 1 Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College. | | |
| Measure | Required evidence | College response |
| 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or of a Statutory Committee. | <p>a. Professional members are eligible to stand for election to Council only after:</p> <ul style="list-style-type: none"> i. meeting pre-defined competency/suitability criteria, and ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities. | <p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • The competency/suitability criteria are public: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i> <p>Council has a policy on governance succession which defines and documents the characteristics, professional expertise and commitment consistent with Council’s commitment to excellence in governance that are to be made known to professional candidates for Council. <u>See Policy GP 4.15 in CDHO Policy Manual at https://www.cdho.org/docs/default-source/pdfs/policies/cdho-policy-manual.pdf</u></p> <ul style="list-style-type: none"> • Duration of orientation training: • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): |

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| | | <ul style="list-style-type: none"> Insert a link to website if training topics are public OR list orientation training topics: <u>See Appendix B: Table 1.1.a.ii.</u> which sets out the orientation training details for all professional members of Council including the duration, format and topics of training. Training currently takes place after the election but prior to attendance at the first Council meeting. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional):</i></p> <p>At the present time, Council members are elected according to CDHO Bylaw 5 found at https://www.cdho.org/docs/default-source/pdfs/reference/bylawno5.pdf which sets out eligibility criteria.</p> <p>The Council has a Committee in place who is currently developing pre-defined competency/suitability criteria for Council members that will ensure that they have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities.</p> |
| | <p>b. Statutory Committee candidates have:</p> <ol style="list-style-type: none"> met pre-defined competency/suitability criteria, and attended an orientation training about the mandate of the Committee and expectations | <p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> The competency/suitability criteria are public: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <p><i>If yes, please insert link to where they can be found, if not please list criteria:</i></p> <p>Statutory Committee members are selected from the slate of Council members with the exception of the Non-Council members who meet the eligibility criteria set out below. All Council members have to meet the requirements as set out in the additional comments for section 1.1</p> |

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| | <p>pertaining to a member’s role and responsibilities.</p> | <p>See Appendix B: Table 1.1 b. i. which sets out the pre-defined competency/suitability criteria for Non-Council members selected to sit on Statutory Committees.</p> <ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training: • Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • Insert link to website if training topics are public OR list orientation training topics for Statutory Committee: <p>See Appendix B: Table 1.1 b. ii. which sets out the training details for all members of Statutory Committees including the duration, format and topics of training. Topics include the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional):</i></p> <p>The Council has a Committee in place that is currently developing pre-defined competency/suitability criteria for Council members.</p> |
| | <p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.</p> | <p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Duration of orientation training: • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • Insert link to website if training topics are public OR list orientation training topics: |

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| | | <p>See Appendix B Table 1.1 c. which sets out the orientation/training details for all public appointees to Council and includes the duration, format and topics of training. Topics include the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional):</i></p> |
| <p>1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.</p> | <p>a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:</p> <ul style="list-style-type: none"> i. Council meetings; ii. Council | <p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Year when Framework was developed OR last updated: Council Effectiveness Framework – 2016 • Insert a link to Framework OR link to Council meeting materials where (updated) Framework is found and was approved: <insert link> <ul style="list-style-type: none"> a. i. Please see additional comments for clarification below. a. ii. Council established a framework for monitoring its effectiveness in 2016 in which Council systematically evaluates its performance against the criteria documented in policies which define expectations of itself. There are two categories of policies – Governance Process policies which specify how Council will do its own job and fulfill accountability to the owners, and Council-Registrar Delegation policies. These comprehensively cover all areas of Council responsibility: <p>See Appendix B Schedule 1.2 a. ii. which sets out the internal monitoring and policy content review for Council.</p> <p>All policies can be viewed in the CDHO Policy Manual at https://www.cdho.org/docs/default-source/pdfs/policies/cdho-policy-manual.pdf</p> |

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| | | <p>Council’s schedule for self-evaluating its performance is established so that all policies in these two categories are monitored over a four-year rotating schedule. (Please see below.) All Council members complete a review of the policy being monitored and identify the evidence that they have acted consistently with the criteria set out in the document.</p> <p>In addition, the Council has a governance coach who has, for the past four years, supported the Council on an ongoing basis, providing feedback to Council about its effectiveness as a governing body.</p> <ul style="list-style-type: none"> • Evaluation and assessment results are discussed at public Council meeting: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> • <i>If yes, insert link to last Council meeting where the most recent evaluation results have been presented and discussed:</i> The evaluation results were presented and discussed at the January 22, 2021 Council meeting and can be found at https://www.cdho.org/docs/default-source/pdfs/council/minutes/minutes_01222021.pdf <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p><i>Additional comments for clarification (optional)</i></p> <p>a. i. The CDHO Council has regularly surveyed Council following each Council meeting and reviewed the survey responses after each meeting. The Council is in the process of developing a framework to assist in the analysis of key factors including meeting results, meeting process, participation/tone and next steps. The Council anticipates developing key questions to address and measure the overall meeting performance with an eye to determining if all key needs and expectations for each meeting have been addressed. The</p> |
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| | | <p>Council anticipates that the outcomes of this assessment will be useful in assisting the Council in improving the way meetings are scheduled, planned, conducted and documented (including the preparation of meeting materials and minutes).</p> |
| | <p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p> | <p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> A third party has been engaged by the College for evaluation of Council effectiveness: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>If yes, how often over the last five years? <insert number></i> <p>An annual Council effectiveness evaluation has been completed since 2016. Rather than using third-party assessment on an intermittent basis, Council has chosen to work on a continuous basis with an external governance coach since the fall of 2016. The coach attends all Council meetings, reviews Council’s and the Registrar’s monitoring reports and is able to provide on-the-spot feedback, as well as summative feedback on a year-to-year basis. This produces a continuous assessment of Council effectiveness, which addresses whether or not the College produces publicly accountable results in an efficient, ethical, lawful manner and uses efficient governance processes.</p> <ul style="list-style-type: none"> Year of last third-party evaluation: <i><insert year></i> n/a See above. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> |

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| | <p>c. Ongoing training provided to Council has been informed by:</p> <p>i. the outcome of relevant evaluation(s), and/or</p> <p>ii. the needs identified by Council members.</p> | <p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Insert a link to documents outlining how outcome evaluations and/or needs identified by members have informed Council training; <p>There is no link to outcome of relevant evaluations. As stated in 1.2.a.ii, there is a continuous evaluation process and the Council’s governance coach identifies areas which merit further training. These are considered as part of the training plan which is prepared for the coming year, or if necessary, becomes part of workshop planning for an upcoming Council meeting.</p> <ul style="list-style-type: none"> • Insert a link to Council meeting materials where this information is found OR • Describe briefly how this has been done for the training provided <u>over the last year</u>. <p>Council develops a plan for training at the beginning of the year and refines the plan prior to each meeting. The training agenda is based on input from Council members, summary of assessments of governance performance through the prior year, suggestions from Council’s governance coach.</p> <p>Council allocates the day prior to the Council meeting for training and education. In the past year the workshops have dealt with:</p> <ul style="list-style-type: none"> ○ The March workshop was cancelled, along with the Council meeting, due to the introduction of COVID-19 restrictions. ○ The June workshop focused on the relationship between the CDHO and FDHRC and how to monitor the achievement of results. ○ The September workshop included a review of the principles of Policy Governance®, presentation of learnings from an international conference (virtual) by three Council |
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| | | <p>members who had attended, training in how to improve monitoring skills all of which had been requested by Council members, and a future-focus presentation that looked at governance modernization in health regulatory organizations.</p> <ul style="list-style-type: none"> ○ The November workshop agenda included education planning for 2021, input to the Council’s plan for public connections in 2021, an overview of Council’s self-monitoring and an overview of the CPMF. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional):</i></p> |
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| <p>Standard 2 Council decisions are made in the public interest.</p> | | |
| Measure | Required evidence | College response |
| <p>2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.</p> | <p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is accessible to the public.</p> | <p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Year when Council Code of Conduct and ‘Conflict of Interest’ Policy was implemented OR last evaluated/updated: Council has had a Code of Conduct / Conflict of Interest policy for several years. In 2016 when Council implemented Policy Governance®, it adopted a Governance Process Code of Conduct that addresses conflict of interest. Adherence to this policy is monitored annually. In 2019, Council amended its bylaws to incorporate new sections, which comprehensively addressed conflict of interest including how complaints would be addressed by an independent Conduct Committee. |

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| | | <ul style="list-style-type: none"> Insert a link to Council Code of Conduct and ‘Conflict or Interest’ Policy OR Council meeting materials where the policy is found and was discussed and approved: The CDHO Council Code of Conduct is contained in CDHO Bylaw 5, Sections 3.6 through 3.9 (last updated 18/09/2020) and can be found on our website at https://www.cdho.org/docs/default-source/pdfs/reference/bylawno5.pdf The CDHO also has a Conduct Committee in place as described in section 4.10 of the Council Policy Manual (last updated 4/12/2020) to assist the Council in enforcing upon itself the self-discipline needed to govern with excellence. The policy can be found in the CDHO Policy Manual on our website at https://www.cdho.org/docs/default-source/pdfs/policies/cdho-policy-manual.pdf. The CDHO Council Conflict of Interest Policy is contained in CDHO Bylaw 5, Section 3.7 (last updated 18/09/2020) and can be found on our website at https://www.cdho.org/docs/default-source/pdfs/reference/bylawno5.pdf <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> |
| | <p>b. The College enforces cooling-off periods¹.</p> | <p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Cooling-off period is enforced through: Conflict of interest policy <input type="checkbox"/> By-law <input checked="" type="checkbox"/> Competency/Suitability criteria <input type="checkbox"/> Other <please specify> |

¹ Cooling-off period refers to the time required before an individual can be elected to Council where an individual holds a position that could create an actual or perceived conflict of interest with respect to his or her role and responsibility at the College.

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| | | <ul style="list-style-type: none"> • The year that the cooling-off period policy was developed OR last evaluated/updated: • How does the College define the cooling-off period? <ul style="list-style-type: none"> – Insert a link to policy/document specifying the cooling-off period, including circumstances where it is enforced; – Insert a link to Council meeting where cooling-off period has been discussed and decided upon; OR – Where not publicly available, please describe briefly cooling-off policy: <ul style="list-style-type: none"> ○ Eligibility criteria for Council and Non-Council members and cooling-off periods are defined in the applicable subsections of Section 3.1 of Bylaw 5 last updated September 18, 2020 after a full review. The bylaw can be found at https://www.cdho.org/docs/default-source/pdfs/reference/bylawno5.pdf. ○ The Council meeting minutes where the bylaw was approved can be found under item 7.1 in the September 18, 2020 Council meeting minutes at https://www.cdho.org/docs/default-source/pdfs/council/minutes/minutes_09182020.pdf and proposed amendments to the bylaw can be found starting on page 112 of the meeting agenda book at https://www.cdho.org/docs/default-source/pdfs/council/agendas/cdho_agenda_09182020.pdf ○ Failure to meet the requirements of the bylaw is monitored through staff review of the declarations of potential Council member's nomination forms. <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> |
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| | <p>c. The College has a conflict of interest questionnaire that all Council members must complete annually.</p> <p><u>Additionally:</u></p> <ul style="list-style-type: none"> i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda.</u> | <p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • The year when conflict of interest the questionnaire was implemented OR last evaluated/updated • Member(s) update his or her questionnaire at each Council meeting based on Council agenda items: Always <input checked="" type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> • Insert a link to most recent Council meeting materials that includes the questionnaire: <p>The annual declaration for Council members can be viewed under item 4.1 on page 17 in the Agenda for the December 4, 2020 meeting at https://www.cdho.org/docs/default-source/pdfs/council/agendas/cdho_agenda_12042020.pdf</p> <p>At the beginning of each Council meeting, members declare any updates to their annual declaration responses and any conflicts of interest specific to the meeting agenda. This can be seen in the minutes for the December 4, 2020 Council meeting under item 3.1 on page 2 at https://www.cdho.org/docs/default-source/pdfs/council/minutes/minutes_01222021.pdf</p> <p>The annual declaration forms for 2020 can be found in the meeting agenda starting on page 17 at https://www.cdho.org/docs/default-source/pdfs/council/agendas/cdho_agenda_12042020.pdf</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Additional comments for clarification (optional)</i></p> <p>As part of its comprehensive approach to conflict of interest, the Council introduced a new Conflict of Interest declaration, which is completed annually at the beginning of the Council</p> |
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| | | <p>year. Prior to completing this declaration at the beginning of the year, Council includes an education session presented by its legal counsel which addresses fiduciary duty and a comprehensive review of the possible conflicts of interest which Council members may experience.</p> <p>Prior to each meeting, Council members are asked to review the declaration and amend if appropriate. Council members' declarations are included as part of every meeting agenda book.</p> <p>The bylaws provide a significant number of conflict of interest examples and definitions. The full conflict of interest section of the Bylaw 5 is printed in the Council meeting package. The declaration requires Council members to acknowledge and confirm that they have read CDHO Bylaw 5, Sections 3.7 to 3.9 and understand their accountability to act in compliance with the bylaws. The bylaw can be found at https://www.cdho.org/docs/default-source/pdfs/reference/bylawno5.pdf.</p> <p>Immediately following the approval of the Council meeting agenda, Council members are also asked at the beginning of each meeting if anyone has a conflict to declare.</p> |
| | <p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale (See Appendix A) and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).</p> | <p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Describe how the College makes public interest rationale for Council decisions accessible for the public: <p>Council's policy, GP-4 Global Governance Process states that, "The government of Ontario has given the profession of dental hygiene the right to self-regulation to protect the public interest. The CDHO considers that while it has legal accountability to the government, it has moral accountability to the people who access dental hygienists in Ontario – its moral owners. The purpose of the Council on behalf of those to whom it is morally and legally accountable is to see to it that the College of Dental Hygienists of Ontario achieves</p> |

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| | | <p>appropriate results for the appropriate people at an appropriate cost as defined in the Council’s Ends policies.</p> <p>It is through acting in compliance with its Governance Process policies and Council-Registrar Delegation policies that Council demonstrates accountability to the public. These policies set out how the Council will enact processes and practices, and how Council delegates its authority and requires accountability to any person or group to whom it delegates authority. The continuing monitoring of compliance with these policies demonstrates transparency of process.</p> <p>Further, the Council’s Global Ends policy states: “The College of Dental Hygienists of Ontario (CDHO) exists so that people who access dental hygiene services in Ontario receive safe, ethical, quality dental hygiene services where the worth of result justifies expenditures of available services.</p> <ul style="list-style-type: none"> • Insert a link to meeting materials that include an example of how the College references a public interest rationale: <p>Items brought to Council for decisions are accompanied by a briefing note in the form of an issue assessment or memorandum for the consideration of Council prior to making a decision that includes issues related to the College’s mandate and/or ends policies. The issue assessments are contained in the agenda book, which is publicly available on the College website. The following example demonstrates this process:</p> <p>On September 18, 2020, an issue assessment was brought to Council regarding sending a proposed revocation of the Examinations regulation out for stakeholder feedback. The issue assessment was publicly on the College website as item 7.2 in the meeting agenda and the associated documents were available in Tab 11 starting on page 130 of the same</p> |
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| | | <p>document at https://www.cdho.org/docs/default-source/pdfs/council/agendas/cdho_agenda_09182020.pdf</p> <p>The issue assessment contained the following relative to the mandate of the College: “This project is in keeping with the regulatory responsibilities delegated by the provincial government to the CDHO to maintain professional standards and ensure public safety by assessing the qualifications and competence of persons applying for the registration and is consistent with Council’s commitment to fair, equitable, and transparent practices.”</p> <p>The associated meeting minutes showing the Council decision to circulate the proposed revocation to stakeholders for a 60-day consultation period can be viewed under item 7.2 of the Council meeting minutes at https://www.cdho.org/docs/default-source/pdfs/council/minutes/minutes_09182020.pdf</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p> |
| <p>Standard 3 The College acts to foster public trust through transparency about decisions made and actions taken.</p> | | |
| <p>Measure</p> | <p>Required evidence</p> | <p>College response</p> |
| <p>3.1 Council decisions are transparent.</p> | <p>a. Council minutes (once approved) are clearly posted on the College’s website. Attached to the minutes is a status update on implementation of Council decisions to date (e.g. indicate whether decisions have been</p> | <p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert link to webpage where Council minutes are posted: <p>Approved Council minutes are clearly posted on the College’s website and status updates of Council decisions to date are provided in subsequent minutes when applicable. The following example demonstrates this process:</p> |

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| | <p>implemented, and if not, the status of the implementation).</p> | <p>On November 7, 2014, Council made a resolution to adopt the option of a ‘Spousal Exception Accompanied by Associated Standards of Practice and Guidelines’ and directed the Registrar to proceed with the development of such a regulation. See Item 3.3 in the meeting minutes at https://www.cdho.org/docs/default-source/pdfs/council/minutes/minutes_11072014.pdf</p> <p>The Acting Registrar’s report included in the December 4, 2020 Council minutes provided an update on the passing of the Regulation on October 8, 2020. The update can be viewed on page 70 of the December 4, 2020 minutes at https://www.cdho.org/docs/default-source/pdfs/council/agendas/cdho_agenda_12042020.pdf</p> |
| | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> |
| | <p>b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information).</p> <ol style="list-style-type: none"> i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or | <p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Insert a link to webpage where Executive Committee minutes / meeting information are posted: <p>The Council’s Governance Process policy GP 4-7 contains the terms of reference for the Executive Committee which opens with the statement, “the Executive Committee will assist the Council in its responsibilities to govern lawfully, effectively, and efficiently”. The terms of reference also state the jobs of Council including, “As provided for in the <i>Regulated Health Professions Act</i> and CDHO Bylaws, decisions on behalf of the Council, only in urgent situations when it is not feasible to convene a quorum of the Council.” The latter statement recognizes the importance of holism in governing – Council as a whole making decisions – and a commitment to support Council’s decision-making rather than making decisions on behalf of Council.</p> |

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| | <p>discusses/deliberates on matters or materials that will be brought forward to or affect Council; and</p> <p>iv. if decisions will be ratified by Council.</p> | <p>In the event that there is an urgent situation which requires the Executive Committee to make a decision on behalf of Council, the policy states that, “[Council will produce] a report to Council at its immediate next meeting of any decision made on behalf of the Council.” In the event that such a decision was made, it would be declared in the report from the Executive Committee to the Council meeting.</p> <p>In the past year, the Executive Committee made no decisions on behalf of Council.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> |
| | <p>c. Colleges that have a strategic plan and/or strategic objectives post them clearly on the College’s website (where a College does not have a strategic plan, the activities or programs it plans to undertake).</p> | <p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to the College’s latest strategic plan and/or strategic objectives: <p>When a governing body uses Policy Governance® as its governance system, it sets strategic direction through Ends policies. Determining the Ends policies is clearly stated as a job of the board. (GP-2 Council Job Contributions).</p> <p>The Ends policies clearly outline the results expected (purpose and mandate) and the beneficiaries (population served). The “mega-End” or largest Ends policy is the broadest statement of mission, which is then further defined by the board in lower-level Ends policies. These policies taken together at all levels describe the public outcomes expected from dental hygiene services (E-1 Ends Policies). The Council re-evaluates its Ends policies (mission) annually, based on information obtained from public consultation, regular environmental scanning, and additional education on future issues for the board. (Reference: Governance Process policy 4.3.2.1) Additionally, every three to five years, the Council undertakes a full review of its Ends policies.</p> |

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| | | <p>In Policy Governance®, the “strategic plan” itself is considered a management document which defines how the results specified in the Ends policies are to be achieved. The strategic plan, as developed by the Registrar, must be based on the board’s “strategic thinking” at the front end. This thinking takes into account community input, external environmental factors, government requirements, possibilities for the future, and results in the board setting clear “Ends” – the benefits to be produced by the College, the designation of beneficiaries (who are the benefits for), and the worth or value of producing those benefits (e.g. how much public resource is it worth to produce certain results for people?)</p> <p>[References: (1) Ends policies. (2) GP policy on Planning Cycle and Agenda Control – Governance Process policy 4.3) The policies can be found here: https://www.cdho.org/docs/default-source/pdfs/policies/cdho-policy-manual.pdf.</p> <p>The Registrar/CEO is charged with making a reasonable interpretation of the board’s Ends policies. This interpretation is expected to include measurable indicators of achievement of the Ends policies. The board’s role in this strategic thinking is clearly a proactive leadership role. It is not simply discussing and approving a recommendation from the CEO.</p> <p>The board has a defined process to update the vision and the Ends annually. The strategic plan follows directly from the Ends. While the board does not develop the plan, it ensures that there is a process in place for the plan to achieve the Ends. It states as unacceptable budgeting for any fiscal period that is not derived from the multi-year plan. Reference policies: (1) Governance Process policy 4.3, Council Planning Cycle and Agenda Control, (2) Executive Limitation policy 2.3 Financial Planning</p> <p>The board not only seeks input from within the organization in the strategic thinking that sets the parameters for the plan, it authorizes the CEO to develop the plan, along with supporting rationale as to why the plan is capable of producing the desired results (Ends). In developing the Ends, the board includes input from the management team.</p> |
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| | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> |
| 3.2 Information provided by the College is accessible and timely. | a. Notice of Council meeting and relevant materials are posted at least one week in advance. | <p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> <p>Council meeting minutes and agendas are posted on our website at least one week in advance at https://www.cdho.org/council/current-council/governing-council.</p> |
| | | <p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> <p>Upcoming Discipline Hearings are posted on our website at least one week in advance at https://selfservice.cdho.org/Pages/en_US/Forms/Public/WebSite/UpcomingHearings.aspx.</p> |
| | b. Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g. allegations referred) | <p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> |
| | | <p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> |

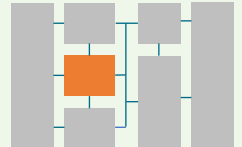
| DOMAIN 2: RESOURCES | | |
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| Standard 4 | | |
| The College is a responsible steward of its (financial and human) resources. | | |
| Measure | Required evidence | College response |
| <p>4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.</p> | <p>a. The College’s strategic plan (or, where a College does not have a strategic plan, the activities or programs it plans to undertake) has been costed and resources have been allocated accordingly.</p> <p><u>Further clarification:</u></p> <p>A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.</p> | <p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to Council meeting materials that include approved budget OR link to most recent approved budget <p>December 4, 2020 Council Agenda: https://www.cdho.org/docs/default-source/pdfs/council/agendas/cdho_agenda_12042020.pdf</p> <p>December 4, 2020 Council Minutes: https://www.cdho.org/docs/default-source/pdfs/council/minutes/minutes_12042020.pdf</p> <p>In Policy Governance®, the “strategic plan” itself is considered a management document. However, it must be based on the board’s “strategic thinking” at the front end. The Registrar/CEO is charged with making a reasonable interpretation of the board’s Ends policies. This interpretation is expected to include measurable indicators of achievement. These interpretations are the basis of the strategic plan. While the Council does not develop the plan, it ensures that there is a process in place for the plan to achieve the Ends.</p> <p>The Ends policies specify the results that are to be achieved, and what resource use it is “worth” to achieve them. The Ends also specify the board’s priorities among Ends.</p> <p>Reference: End (E) requires the use of public resources to be “justifiable.” The CEO is expected to provide monitoring information to show that the use of resources is justifiable.</p> |

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| | | <p>The Council has a policy on Financial Planning (EL-2.3) that requires that the Registrar/CEO allocates resources in alignment with Council-stated Ends and enables the longer-term ability of the College to achieve its Ends. It also requires that the Registrar/CEO produce a budget which is derived from the multi-year plan to achieve the Ends policies, explain and justify assumptions on which the annual budget is based.</p> <p>The Senior Leadership Team (Management) spends a full day prior to developing the budget to discuss the multi-year plan, strategic initiatives, special projects, departmental requirements and any HR needs that would be required to fulfill the directives.</p> <p>When necessary, quotes are gathered prior to the completion of the budget that will be presented to Council for approval to ensure costing is in alignment with the budgeted amount.</p> <p>Within the budget are separate line items that represent salaries, professional development for staff, ongoing initiatives and specific projects that Management has deemed necessary to ensure operational goals are being met.</p> <p>December 4, 2020 Council Agenda: https://www.cdho.org/docs/default-source/pdfs/council/agendas/cdho_agenda_12042020.pdf</p> <p>Reference the below motions:</p> <ul style="list-style-type: none"> 7.0 GOVERNANCE PROCESS ITEMS FOR DECISION (2021 Budget) 7.1 2021 Governance Budget Council Approval C. Ranson TAB 9 7.2 2021 Operations Budget Council Approval C. Ranson TAB 10 <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> |
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| | <p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and furthermore, sets out the criteria for using the reserves;</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p> | <p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <hr/> <p><u>If applicable:</u></p> <ul style="list-style-type: none"> • Insert a link to “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved: The CDHO Council policies (link below) makes note of not making use of long-term reserves, this piece has been reviewed by Council (link below) BUT the level of reserves as well as the allocation of reserves have not been formalized in this policy or a separate financial reserve policy. The CDHO does not have a reserve policy. See CDHO Policy Manual Section 2.4 Financial Conditions and Activities, pages 7–9: https://www.cdho.org/docs/default-source/pdfs/policies/cdho-policy-manual.pdf • Insert most recent date when “financial reserve policy” has been developed OR reviewed/updated: Please see above. • Has the financial reserve policy been validated by a financial auditor? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <hr/> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <hr/> <p><i>Additional comments for clarification (if needed)</i></p> <p>A comprehensive reserve fund is being developed as an operational policy and will be validated by a financial auditor.</p> |
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| | <p>c. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and, in the future (e.g. processes and procedures for succession planning, as well as current staffing levels to support College operations).</p> | <p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Insert a date and link to Council meeting materials where the College’s Human Resource plan, as it relates to the Operational and Financial plan, was discussed. <p>The Global Council-Registrar/CEO Delegation policy was last reviewed on June 26, 2020 with no changes: https://www.cdho.org/docs/default-source/pdfs/council/minutes/minutes_06262020.pdf</p> <p>Council establishes policies which govern all of the operational activities including human resources. Specifically, as it relates to sustainability, the Council’s Executive Limitation on Planning (EL-3/Policy Branch 3) requires that the Registrar/CEO provide evidence that planning addresses the building of organizational capacity to achieve Ends in future years, that succession plans are in place to facilitate smooth operations during the transition of key personnel and competent operation of the organization over the long-term. It also requires evidence that the Registrar/CEO is ensuring sufficient organizational capacity and current information about Council issues and processes that there would be competent operation of the College to continue in the event of the sudden loss of Registrar/CEO services.</p> <p>A succession plan has been developed for operational purposes. This plan addresses the requirements needed such as:</p> <ul style="list-style-type: none"> ○ Ensuring departmental procedure manuals are developed. ○ Assessing current and future needs based on either the strategic plan, goals and objectives, or priority programs and projects and matching these to the capabilities of the existing workforce. ○ Developing a plan to manage the gaps that will arise when individuals in key positions leave or are promoted. |
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| | | <ul style="list-style-type: none"> ○ Training and developing existing staff, and external recruitment. ○ Completing performance evaluations and assisting employees in developing goals that will assist the individual and the College to meet future needs. ○ Allocating resources for staff education and training. ○ Supporting supervisors in coaching and mentoring skills and activities. ○ Including succession planning in the annual strategic planning process. <p>See CDHO Policy Manual Section 3: Global Council-Registrar/CEO Delegation, pages 16–24: https://www.cdho.org/docs/default-source/pdfs/policies/cdho-policy-manual.pdf</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> |
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| DOMAIN 3: SYSTEM PARTNER | |  |
| Standard 5 The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate. | | |
| Standard 6 The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations. | | |
| Standard 7 The College responds in a timely and effective manner to changing public expectations. | | |
| Measure / Required evidence: N/A | College response | |
| | <p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for each of the following three standards. An exhaustive list of interactions with every system partner the College engages is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of that dialogue. For the initial reporting cycle, information may be from the recent past, the reporting period, or is related to an ongoing activity (e.g. planned outcomes).</i></p> | |
| The three standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these three standards. | <p>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice within a health system where the profession it regulates has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practises. In particular, a College is asked to report on:</p> | |

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| <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p> <p>In preparation for their meetings with the ministry, Colleges have been asked to submit the following information:</p> <ul style="list-style-type: none"> Colleges should consider the questions pertaining to each standard and identify examples of initiatives and projects undertaken during the reporting period that demonstrate the three standards, and the dates on which these initiatives were undertaken. | <ul style="list-style-type: none"> <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g. joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website etc.).</i> <p><u>Participation in Joint Meetings:</u></p> <p>The CDHO meets with several system partners throughout the year to discuss matters of mutual interest.</p> <p><u>Collaborative Response to the COVID-19 Pandemic:</u></p> <p>The CDHO worked collaboratively with the three other oral health regulators in Ontario (College of Dental Technologists of Ontario, College of Denturists of Ontario and the Royal College of Dental Surgeons of Ontario) to develop common guiding principles that oral health professionals could refer to when returning to practice in May. The CDHO also worked collaboratively with Public Health Ontario to ensure that the CDHO guidelines were consistent with Public Health Ontario documents. The CDHO will continue to work with the oral health regulators and Public Health Ontario to revise the return to practice guidelines as new and emerging information becomes available. The collaborative response to the COVID-19 pandemic amongst oral health regulators strengthens the CDHO’s ability to protect the public through consistent messaging and best practices, particularly when multi-disciplinary oral health care clinics are common throughout the province.</p> <p><u>Ontario Dental Hygienists Association</u></p> <p>In 2020, the CDHO met with the Ontario Dental Hygienists’ Association to discuss matters of mutual interest. These meetings take place twice annually. The purpose of these joint meetings is to:</p> <ul style="list-style-type: none"> – Share pertinent information at the Executive Committee level, – Further understand the respective organizational workings and mandates, – Collaborate on projects of mutual interest, and – Enhance communication with dental hygienists in Ontario. |
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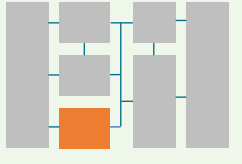
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| | <p>Because of these meetings, ODHA members are informed about current CDHO matters such as regulation changes, practice guidelines and projects that are designed to assist us in meeting our mandate of public protection.</p> <p><u>Dental Hygiene Educators</u></p> <p>In 2020, the CDHO invited dental hygiene educators from all dental hygiene programs in Ontario (12 Colleges of Arts and Technology and 6 private Career Colleges) to discuss matters of mutual interest. These matters included discussions about various topics such as:</p> <ul style="list-style-type: none"> - Modifications to programs as a result of the COVID-19 pandemic - CDHO Jurisprudence Module and Exam - CDHO Quality Assurance Exam - Selection of academic representatives to sit on the CDHO Council - National Dental Hygiene Certification Exam - New National Competencies for Dental Hygiene <p>Both parties agreed that regular meetings would contribute to better communications between the two groups and agreed to meet twice yearly moving forward. The meetings allowed for information sharing between the educators and the CDHO to ensure current issues and best practices affecting services provided to the public.</p> <p><u>Public Health Ontario</u></p> <p>In 2020, the CDHO met with Public Health Ontario to revise the checklists that are used for in-office infection prevention and control inspections. This allowed the CDHO to update dental hygienist’s knowledge about best practices in infection prevention and control, strengthening our ability to protect the public.</p> |
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| | <p><u>Commission on Dental Accreditation of Canada</u></p> <p>In 2020, the CDHO appointed representatives to the Commission on Dental Accreditation of Canada to attend site visits at all of the educational institutions offering dental hygiene programs in Ontario to ensure that the standards of the profession are incorporated in the curriculum and followed in the school programs.</p> <p><u>Federation of Dental Hygiene Regulators of Canada (FDHRC)</u></p> <p>In 2020, the CDHO met with the members of the FDHRC (members include Registrars from Canadian dental hygiene regulators). The FDHRC is a federation of organizations, which have a statutory responsibility to regulate the profession of dental hygiene within their respective provinces. The group provides national leadership on issues concerning the protection of the public interest with respect to the profession of dental hygiene. The group meets several times annually and their mandate is:</p> <ul style="list-style-type: none"> – to provide a forum for networking and information exchange among Canadian dental hygiene regulatory authorities; – to develop quality benchmarks for dental hygiene accreditation standards and processes; – to ensure that valid, reliable examination mechanisms for assessing dental hygiene competencies are available to Canadian dental hygiene regulatory authorities; – to promote and monitor labour mobility and workforce planning for dental hygiene. <p>Two representatives from the FDHRC are appointed to represent the Federation at the Commission on Dental Accreditation of Canada and on their Dental Hygiene Committee that assess individual dental hygiene programs.</p> |
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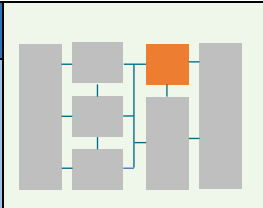
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| | <p>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.</p> <p>The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is “pushed” information by system partners, or where the College proactively seeks information in a timely manner.</p> <ul style="list-style-type: none"> • <i>Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.</i> • <i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able to access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in standard 7).</i> <p>The CDHO regularly meets with the other oral health profession regulators in Ontario to discuss areas of common interest and to identify ways to collaboratively serve the public interest effectively and efficiently. The guiding principles of the Return to Practice</p> | <p>Standard 7: The College responds in a timely and effective manner to changing public expectations.</p> <p>Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner.</p> <ul style="list-style-type: none"> • <i>How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).</i> • <i>The College is asked to provide an example(s) of key successes and achievements from the reporting year.</i> <p>In the past year, the COVID-19 pandemic has created significant changes to public expectations, particularly for oral health care providers with respect to infection prevention and control measures. A dedicated COVID-19 advisory page has been added to the College’s website. Static banners and additional links</p> |
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| | <p>Guidelines were developed collaboratively amongst the 4 oral health regulators, striving for consistent messaging for registrants, their patients and the public. The goal was to strive for consistency in the treatment of mutual patients.</p> <p>The CDHO consulted with the Citizen Advisory Group in review of the Registration Regulation. Participants were asked about the current registration statuses and if it was clear what the statuses meant. As a result of this consultation and the Citizen Advisory Group feedback, changes were proposed to add clarity to the public’s understanding of the different registration classes. The CDHO values the feedback from the Citizen Advisory Group and will continue to engage with them for future consultations.</p> <p>As a member of the Federation of Dental Hygiene Regulators of Canada, the CDHO is able to gain a national perspective on what is happening across the country within the profession, and to discuss areas of common interest such as national credentialing examinations and labour mobility agreements. A representative from the CDHO sits on the Board for the National Dental Hygiene Certification Board to ensure that entry-to-practice examinations reflect current dental hygiene standards and practice.</p> <p>The CDHO staff are members of several working groups (Health Profession Regulators of Ontario, Ontario Regulators for Access Consortium, the Quality Assurance Working Group, Practice Advisors group and the HPRO Investigations and Hearings Network. The</p> | <p>funnel registrants, their patients and the public to the resource page for up-to-date information. The College maintains a “For the Public” section on the website to provide the public with information about matters of interest (i.e. how to use the public register, information about past and current discipline matters, how to make a complaint and about our Public Education Plan etc.).</p> <p>In this reporting period the College also implemented a new notification tool on the Public Register that will allow a member of the public or an employer to monitor changes to a dental hygienist’s information on the Register. Patients can sign up to receive notifications about specific dental hygienists if changes are made to their practice locations or professional conduct. This feature is the first of its kind for a regulator in Ontario to offer to the public. A video will be posted providing information about what the tool is and how to use it. Discussions were held with the Citizen Advisory Group who were interested in the ability to find information about their practitioners. When looking at websites CAG members identified that the information on a website was only current as of the day they accessed the register. The tool was designed to provide updates as a registrant’s information changed if members of the public subscribed to have it pushed to them. Members of the public, employers and others can now sign up for notifications of status changes on the Public Register by selecting the subscribe</p> |
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| | <p>CDHO is able to share experiences with other staff members of other regulators in the province, become aware of system-wide matters and develop collaborative partnerships with other regulators in areas of mutual interest.</p> <p>The CDHO has collaborated in the past with the Ministry of Training, Colleges and Universities (MTCU) in relation to the accreditation of dental hygiene programs in Ontario, particularly in regards to the private Career Colleges. Following the moratorium by the Ministry that all dental hygiene programs must obtain accreditation in order to operate, the CDHO has not communicated with them on a regular basis.</p> <p>With the exception of the MTCU all groups meet on a regular basis. College staff brings relevant information back to their department and uses it to help inform decision-making.</p> <p>Further to the information provided above, the CDHO employs third parties to conduct public opinion and knowledge polling on various topics such as location of receipt of dental hygiene services, practice standards, credentialing, the complaints process and satisfaction ratings. The CDHO uses the feedback solicited from these polls to inform decisions regarding programs such as Quality Assurance and policy development such as practice guidelines and standards of practice. A comparison of results from previous surveys is used to inform the College of changes in public perceptions. A survey was administered in late 2020. The last survey was conducted in 2018.</p> | <p>button and entering their email address. Whoever subscribes for notifications, will be notified by email of:</p> <ul style="list-style-type: none"> - Practice address changes - Registration: <ul style="list-style-type: none"> o Status changes (general, inactive, suspended, revoked, resigned) o Annual renewals o Authorizations (prescribing, self initiation) o Terms, Conditions, Limitations - Conduct: <ul style="list-style-type: none"> o Complaints and investigations o Negligence, malpractice o Discipline findings |
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| DOMAIN 4: INFORMATION MANAGEMENT | | |
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| Standard 8 | |  |
| Information collected by the College is protected from unauthorized disclosure. | | |
| Measure | Required evidence | College response |
| 8.1 The College demonstrates how it protects against unauthorized disclosure of information. | a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds. | The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> |
| | | <ul style="list-style-type: none"> Insert a link to policies and processes OR provide brief description of the respective policies and processes. <p>All personal information provided to CDHO is collected, used and disclosed in accordance with the CDHO Privacy Policy. https://www.cdho.org/about-the-college/transparency-agenda/cdho-privacy-code</p> <p>The protection of information that is personal or sensitive is outlined in the CDHO Retention and Safeguarding Policy for Records Containing Personal Information. https://www.cdho.org/docs/default-source/pdfs/privacy/retentionpolicy.pdf</p> |
| | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> |

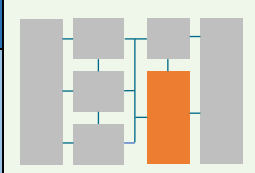
| DOMAIN 5: REGULATORY POLICIES | | |
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| Standard 9 | | |
| Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges. | | |
| Measure | Required evidence | College response |
| 9.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology). | a. The College has processes in place for evaluating its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment. | <div style="text-align: right;"> The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> </div> <ul style="list-style-type: none"> • Insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment <i>OR</i> describe in a few words the College’s evaluation process (e.g. what triggers an evaluation, what steps are being taken, which stakeholders are being engaged in the evaluation and how). <p>College staff regularly monitors changes in dental hygiene practices and technology through various means including review of current evidence-based literature and consultations with our System Partners as described in Standards 5, 6 and 7 above. These include but are not limited to other regulators in Ontario and across Canada, dental hygiene educators, HPRO working groups, dental hygiene associations, the Ministry of Training, College and Universities, the Ministry of Health and Long-Term Care, Public Health Ontario and the Citizen Advisory Group. College policies, Standards of Practice and Practice Guidelines are reviewed every 5 years or more frequently on an as-needed basis.</p> <p>New guidance was provided to registrants in 2020 as a response to the COVID-19 pandemic, including:</p> <ul style="list-style-type: none"> ○ Guiding Principles on Returning to Practice During the Pandemic developed jointly with the RCDSO, CDO and CDTO |



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| | | <ul style="list-style-type: none"> ○ COVID-19: College of Dental Hygienists of Ontario Guidance on Returning to Dental Hygiene Practice ○ College of Dental Hygienists of Ontario Guidance on the Extended Use of N95 Respirators/Masks During a Supply Shortage ○ College of Dental Hygienists of Ontario Guidance on Isolation Gowns <p>Guidance to registrants was also modified as a result of the passing of the Spousal Exception Regulation on October 8, 2020, including changes to the following:</p> <ul style="list-style-type: none"> ○ CDHO Registrants' Handbook ○ CDHO Jurisprudence Module ○ Other guidelines referencing the regulation are currently undergoing updates. |
| <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> | | <p><i>Additional comments for clarification (optional)</i></p> |
| | <p>b. Provide information on when policies, standards, and practice guidelines have been newly developed or updated, and demonstrate how the College took into account the following components:</p> <ul style="list-style-type: none"> i. evidence and data, ii. the risk posed to patients / the public, | <p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • For two recent new policies or amendments, either insert a link to document(s) that demonstrate how those components were taken into account in developing or amending the respective policy, standard or practice guideline (including with whom it engaged and how) <i>OR</i> describe it in a few words. <p>Development of the COVID-19: College of Dental Hygienists of Ontario Guidance on Returning to Dental Hygiene Practice: The College developed these guidelines for registrants following consultation and information released by various groups including Health Canada, CDC, Public Health Ontario, PIDAC, PHAC, other public health</p> |

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| | <ul style="list-style-type: none"> iii. the current practice environment, iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap), v. expectations of the public, and vi. stakeholder views and feedback. | <p>authorities and experts in the field. As new evidence emerges regarding the virus the document is updated accordingly. The guidelines are based on the risk posed to clients and staff during the provision of dental hygiene care. Other provincial and national regulators of the oral health professions were consulted and guidelines and alignment with other Colleges was considered where practice matters overlapped. The document was not sent out for stakeholder feedback due to the time-sensitive nature and the need to get the information out to registrants quickly. The CDHO has monitored stakeholder views and feedback, including that from members of the public, and incorporated changes where indicated since the initial guideline release in May 2020.</p> <p>The passing of the Spousal Exception Regulation on October 8, 2020, required amendments to numerous College documents including the Registrants’ Handbook and Jurisprudence Module and Exam. Guidelines related to this regulation change have been updated and are currently undergoing a legal review. Prior to submitting the regulation for approval by the government, the College carefully reviewed the evidence and data related to the issue, the risk posed to and expectations of the public, the practice environment, and alignment with other health regulatory Colleges. The regulation changes were sent out for stakeholder feedback which was considered prior to submitting the regulation for approval.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> |
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| DOMAIN 6: SUITABILITY TO PRACTISE | | |
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| Standard 10 | | |
| The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers. | | |
| Measure | Required evidence | College response |
| <p>10.1 Applicants meet all College requirements before they are able to practise.</p> | <p>a. Processes are in place to ensure that only those who meet the registration requirements receive a certificate to practise (e.g. how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)².</p> | <p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements OR describe in a few words the processes and checks that are carried out: <p>Application guides for registrants outlines registration requirements, suitable supporting documentation, and the application process: https://www.cdho.org/my-cdho/registration/certificates-of-registration.</p> <p>Online application process contains logic checks to ensure data entered is what is required (i.e. applicants cannot proceed past certain points without entering required info); printed applicant checklist to ensure all supporting documents are included prior to submission.</p> <p>Internal checklists ensure all required documents are received; database logic ensures data is entered in all required areas before an application can be approved.</p> <p>Internal audit performed quarterly on 10% of all new registrants to ensure all requirements were met, all required documents are on file, and information in</p> |



² This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

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| | | <p>database matches submitted documents; any inconsistencies are noted and a plan is put in place to obtain any missing information (if needed) and to correct the process moving forward.</p> <ul style="list-style-type: none"> • Insert a link OR provide an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g. communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.): <p>Applicant must complete and sign a declaration, which is witnessed by Notary Public / Commissioner of Oaths or trained College staff (self-declaration).</p> <p>Supporting documents submitted by the applicant are authenticated by a Notary Public / Commissioner of Oaths or by trained College staff (i.e. applicant ID, name change document).</p> <p>Third-party documentation must come directly from the issuing party (i.e. form C/ transcript directly from institution, certificate of professional conduct directly from regulator). Previously these were only accepted by mail, with return address verified, and must bare institutional seal, but we have been accepting by email directly from issuing body since many institutions have been closed/working off site due to COVID-19. The sender's email address/domain is verified on their website if not otherwise known to us.</p> <p>Police record check is submitted in its original or notarized copy.</p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> |
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| | <p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency).</p> | <p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practise, etc.), link to Council meeting materials where these have been discussed and decided upon OR describe in a few words the process and checks that are carried out. <p>The Registration Committee reviews the application package and required supporting documentation on an annual basis as part of their Committee Policies review at its first meeting of the year (after Council strikes the Committee slate).</p> <p>Particular needs may be brought to the Registration Committee’s attention, potentially based on feedback gathered from the annual New Registrant Survey, feedback from staff processing applications, or industry trends noted at conferences / through discussion with other regulators (e.g. roundtable discussion at Ontario Regulators for Access Consortium meetings).</p> <ul style="list-style-type: none"> • Provide the date when the criteria to assess registration requirements was last reviewed and updated. <p>April 12, 2019 (no changes) – annual Committee Policies review 2020 – as part of proposal to amend registration regulation (ongoing)</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> |
| | | <p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> |

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| <p>10.2 Registrants continuously demonstrate they are competent and practise safely and ethically.</p> | | <ul style="list-style-type: none"> • Insert a link to the regulation and/or internal policy document outlining how checks are carried out and what the currency and other requirements include, link to Council meeting materials where documents are found and have been discussed and decided upon OR provide a brief overview: <ul style="list-style-type: none"> – Under the registration regulation, currency is considered graduation or practise within the previous 3 years, or completion of a refresher course or competency assessment within the previous 18 months; ongoing conditions of registration include conduct, insurance, and authorization to work in Canada. – Registrants self-declare currency on change status applications, reinstatement applications. – Self-declare conduct, insurance, and work authorization on annual renewal and on applications to change status or reinstate. – Annual insurance audit conducted on random 5% of active registrants. • List the experts / stakeholders who were consulted on currency: <ul style="list-style-type: none"> – Stakeholder consultation for regulation change included registrants, other regulators and concerned parties. • Identify the date when currency requirements were last reviewed and updated: <ul style="list-style-type: none"> – Regulation change stakeholder consultation closed November 26, 2020 • Describe how the College monitors that registrants meet currency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done. <ul style="list-style-type: none"> – Self-declaration, as described above. |
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| | <p>a. Checks are carried out to ensure that currency³ and other ongoing requirements are continually met (e.g. good character, etc.).</p> | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p><i>Additional comments for clarification (optional)</i></p> <p>Currency is <i>not</i> addressed for registrants who continue to hold general or specialty registration, though the current proposed regulation change will address this gap.</p> |
| <p>10.3 Registration practices are transparent, objective, impartial, and fair.</p> | <p>a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).</p> | <p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Insert a link to the most recent assessment report by the OFC OR provide summary of outcome assessment report: Every Fair Registration Practices Report and every Registration Practices Assessment Report is posted online at https://www.cdho.org/about-the-college/transparency-agenda/ontario-fairness-commissioner • Where an action plan was issued, is it: Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started <input type="checkbox"/> No Action Plan Issued <input checked="" type="checkbox"/> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Additional comments for clarification (if needed)</i></p> |

³ A ‘currency requirement’ is a requirement for recent experience that demonstrates that a member’s skills or related work experience is up-to-date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g. during renewal of a certificate of registration, or at any other time).

| Standard 11 | | |
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| The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care. | | |
| Measure | Required evidence | College response |
| 11.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice. | a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standards, FAQs, or supporting documents). | The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> |
| | | <ul style="list-style-type: none"> Provide a brief description of a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> Name of Standard: Covid-19 CDHO Guidance on Returning to Dental Hygiene Practice Duration of period that support was provided: Continuous/Ongoing Activities undertaken to support registrants: Webinar, announcements in monthly E-brief, announcement in <i>Milestones</i> journal, announcements on website news feed. Practice advisors available by email and telephone. % of registrants reached/participated by each activity: available to 100% of registrants Evaluation conducted on effectiveness of support provided: We haven't evaluated. When COVID situation is over, we will evaluate. Does the College always provide this level of support: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>If not, please provide a brief explanation:</i> |
| | | <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i> |
| | | <i>Additional comments for clarification (optional)</i> |

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| <p>11.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation⁴.</p> | <p>a. The College has processes and policies in place outlining:</p> <ul style="list-style-type: none"> i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice; ii. details of how the College uses a right touch, evidence-informed approach to determine which registrants will undergo an assessment activity (and which type if multiple assessment activities); and iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary. | <p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • List the College’s priority areas of focus for QA assessment and briefly describe how they have been identified OR link to website where this information can be found: All registrants complete 75 hours of learning for each 3-year cycle. Registrants who are selected for audit (approximately 20% annually, with all active registrants submitting every 5 years), may submit their learning (Learning Portfolio) OR pass a written assessment (QA Test), AND those currently practising may submit a Practice Profile OR choose to participate in an onsite practice review. Registrants with gaps identified in knowledge (Learning Portfolio or QA Test) may be directed to complete remediation. Registrants with deficiencies in the Practice Profile are asked to participate in a telephone interview with the assessor. If the telephone interview does not clear up the deficiency, the registrant is asked to participate in an onsite practice review. Registrants with gaps in skills/judgment (Practice Profile or Onsite Practice Review) may be directed to complete remediation and/or further assessment (onsite practice review and/or chart audit) • Is the process taken above for identifying priority areas codified in a policy: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>If yes, please insert link to policy</i> |
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⁴ “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

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| | | <p>https://www.cdho.org/docs/default-source/pdfs/quality-assurance/qareg_policies.pdf</p> <ul style="list-style-type: none"> • Insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach OR describe right touch approach and evidence used: Onsite practice review (practice assessment) is risk based – only those with deficiencies identified in the practice profile and telephone interview are required to participate in an onsite practice review; where deficiencies are identified in practice, registrants may be required to participate in remediation and/or further assessment. • Provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable): <i>If evaluated/updated, did the College engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> – <i>Public</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Public Opinion Survey 2011) – <i>Employers</i> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> – <i>Registrants</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Registrant Opinion Survey 2013, TQI Survey 2014) – <i>Other stakeholders</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (QA Assessors and QA Committee) • Insert link to document that outlines criteria to inform remediation activities OR list criteria: Remediation activities are based on the deficiencies identified in the assessor’s report. The templates assessors use are included in the QA Policies and Procedures Manual: https://www.cdho.org/docs/default-source/pdfs/quality-assurance/qareg_policies.pdf |
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| | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> |
| <p>11.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.</p> | <p>a. The College tracks the results of remediation activities a registrant is directed to undertake as part of its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgment while practising.</p> | <p><i>Additional comments for clarification (optional)</i></p> <p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Insert a link to the College’s process for monitoring whether registrants complete remediation activities OR describe the process: Registrants directed to complete remediation are required to submit the certificate of completion. The deadline and compliance is manually tracked by staff (in Excel) as well as in the QA database using a status designation “In Remediation”. Both methods are audited regularly, usually about every 4 weeks. • Insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgment following remediation OR describe the process: Depending on the type of deficiency/remediation, a follow-up assessment (either onsite practice review or chart audit, as appropriate) is generally required 3 months following completion of directed remediation to ensure that the registrant has implemented learning into practice and corrected all deficiencies. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p> |

| Standard 12 | | |
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| The complaints process is accessible and supportive. | | |
| Measure | Required evidence | College response |
| 12.1 The College enables and supports anyone who raises a concern about a registrant. | a. The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College’s website and are communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy). | <p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to the College’s website that describes in an accessible manner for the public the College’s complaints process including, options to resolve a complaint and the potential outcomes associated with the respective options and supports available to the complainant: An explanation of the College’s complaint’s process can be found at https://www.cdho.org/for-the-public/complaints-about-a-dental-hygienist/complaints-process Information on understanding boundary violations and sexual abuse can be found at https://www.cdho.org/for-the-public/public-education-program/understanding-boundary-violations-and-sexual-abuse Information on funding for therapy and counselling can be found at https://www.cdho.org/for-the-public/public-education-program/funding-for-therapy-and-counselling Does the College have policies and procedures in place to ensure that all relevant information is received during intake and at each stage of the complaints process: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| | | <ul style="list-style-type: none"> Does the College evaluate whether the information provided is clear and useful: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> |
| | | <p><i>Additional comments for clarification (optional)</i></p> |
| | <p>b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</p> | <p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>) <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> <p>The Professional Conduct department has an administrative policy to respond to all inquiries received within two (2) business days; however, the College does not currently keep a record of all calls received by the department. It is therefore not able to provide data with respect to the number of inquiries received or the average length of time to respond.</p> <p>The College is planning to improve its performance by beginning to track all inquiries received from members of the public and to collect data on the timelines for response.</p> |
| | <p>c. Examples of the activities the College has undertaken in supporting the public during the complaints process.</p> | <ul style="list-style-type: none"> List all the support available for public during complaints process: Supports available for the public during the complaints process include: <ul style="list-style-type: none"> Professional Conduct staff members to respond to questions, provide guidance regarding the complaint process |

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| | | <ul style="list-style-type: none"> - Access to interpretation/translation services, where required - Tailored assistance to complainants with a disability to ensure accessibility <ul style="list-style-type: none"> • Most frequently provided supports in CY 2020: Outside of general advice and guidance from staff, complainants in our process have rarely requested additional supports during the calendar year 2020. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> |
| <p>12.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</p> | <p>a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process.</p> | <p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Insert a link to document(s) outlining how all parties will be kept up to date and support available at the various stages of the process OR provide a brief description: Professional Conduct staff provide regular updates to parties in the proceeding based on milestones in their case. Staff also advise parties of the expected timeframes for completion of the next stage in the process. For example, staff will advise parties when the complaint investigation has completed and of the scheduled date for review by a panel of the ICRC, including the expected timeframe for receipt of the panel’s decision and reasons. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> |

| Standard 13 | | |
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| All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public. | | |
| Measure | Required evidence | College response |
| 13.1 The College addresses complaints in a right touch manner. | a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol). | The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | | <ul style="list-style-type: none"> Insert a link to guidance document OR describe briefly the framework and how it is being applied: The ICRC employs a decision matrix for evaluating risk and determining what action to take in a file; however, this decision matrix is not made available on the College’s website. A copy of the decision matrix is attached. In practice, Professional Conduct staff triage incoming matters and prioritize them based on risk. Matters alleging sexual abuse, infection prevention breaches, or other activities that pose significant concerns or risks to the public are prioritized to ensure prompt investigation. To date, this has been a staff practice rather than a documented policy. Provide the year when it was implemented OR evaluated/updated (if applicable): The decision matrix was most recently updated in 2020. |
| | | <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | | <i>Additional comments for clarification (optional)</i> The College is planning to improve its performance in this area by making its decision matrix available publicly and by formalizing its policy with respect to the triaging of incoming matters. |

| Standard 14 | | |
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| The College complaints process is coordinated and integrated. | | |
| Measure | Required evidence | College response |
| 14.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.). | a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results. | <p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Insert a link to policy OR describe briefly the policy: The College has a written policy to encapsulate its current practice regarding the sharing of information about registrants with other system partners. Where concerns are discovered regarding a registrant, the Registrar evaluates whether disclosure of this information is appropriate and to whom. This is normally informed by legal advice and conforms to s.36 of the RHPA. • Provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). Examples of disclosures during the past year include: <ul style="list-style-type: none"> – Disclosure of concerns regarding a third-party healthcare professional discovered during an investigation to another healthcare regulator in Ontario (e.g. the Royal College of Dental Surgeons of Ontario) – Disclosure of concerns regarding a registrant to another regulatory body inside or outside of Ontario (e.g. a dental hygiene regulator in another province) – Disclosure of concerns regarding risks to a child to child welfare authorities |

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| | | <ul style="list-style-type: none"> - Disclosure of concerns regarding a registrant to the registrant’s employer (e.g. notifications of suspensions or terms, conditions, or limitations on a certificate of registration). <p>Examples of other disclosures not within the past year:</p> <ul style="list-style-type: none"> o Disclosure of concerns regarding illegal activity (e.g. fraud) to the appropriate investigative/regulatory body (e.g. police, insurance agency) o Disclosure of concerns related to infection prevention and control in a clinical setting to public health authorities. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification</i></p> |
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| DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT | | |
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| Standard 15 | | |
| The College monitors, reports on, and improves its performance. | | |
| Measure | Required evidence | College response |
| <p>15.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.</p> | <p>a. Outline the College’s KPI’s, including a clear rationale for why each is important.</p> | <p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), link to Council meeting materials where this information is included OR list KPIs and rationale for selection: <p>KPIs are a tool for identifying measures of progress towards the achievement of strategic goals contained within a strategic plan. As described in 3.1.c, Council uses Ends policies to specify the College’s performance expectations. Ends specify the results expected (purpose and mandate) and the beneficiaries (population served). The “mega-End” or largest Ends policy is the broadest statement of mission, which is then further defined by the board in lower-level Ends policies. These policies taken together at all levels describe the public outcomes expected from dental hygiene services. The lower-level Ends policies further specify the results that are necessary to the achievement of the CDHO’s purpose and mandate, as specified in the highest level Ends policy.</p> <p>Policy Governance® boards also develop policies that identify external and internal risks which could impact the CDHO’s performance and clearly specify means which the board considers unacceptable because they are imprudent or unethical. Environmental</p> |

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| | | <p>scanning is one of the methods typically used to identify potential risks. Executive Limitations policies make clear to the CEO what the board’s risk tolerance is in various internal areas.</p> <p>Risks are systematically addressed in the appropriate policy area. Council has a schedule for reviewing the content of all Executive Limitations policies so that they remain relevant and timely to the College.</p> <ul style="list-style-type: none"> – EL-2.1 Treatment of Public and Registrants – EL-2.2 Treatment of Staff – EL-2.3 Planning – EL-2.4 Financial Conditions and Activities – EL-2.5 Protection of Assets – EL-2.6 Investment – EL-2.7 Compensation and Benefits – EL-2.8 Communication and Support to Council – EL-2.9 Ethical Behaviour – EL-2.10 Development of Standards Governing Practice – EL-2.11 Amendments to Act or Bylaws – GP-4.3 Council Planning Cycle and Agenda Control <p>Additionally, the Executive Limitation policy on Communication and Support to Council specifies that it would be unacceptable if the Registrar allowed Council to be without timely information to support board choices, including environmental scanning data and trends, representative range of staff and external points of view, significant issues and alternative choices with their respective implications (Executive Limitation 2.8.1.1)</p> <p>See Appendix B Table 15.1 a. which sets out the KPI monitoring schedule.</p> |
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| | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> |
| | | <p><i>Additional comments for clarification (if needed)</i></p> |
| | <p>b. Council uses performance and risk information to regularly assess the College’s progress against stated strategic objectives and regulatory outcomes.</p> | <p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Insert a link to last year’s Council meetings materials where Council discussed the College’s progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes: <p>Tracking progress towards achievement of the Ends, i.e., performance expectations, is done through systematic and rigorous monitoring of evidence of Ends achievement.</p> <p>In Policy Governance®, the Registrar/CEO turns the board’s broad policies into measurable goals by including in her reasonable interpretation, the measures that will demonstrate compliance and a defensible rationale for why those measures are reasonable criteria of successful achievement. Monitoring comprises assessment of the specific measurable criteria as determined by the Registrar and verifiable evidence that the criteria have, in fact, been achieved. The source of the data used for evidence and the date when the evidence was collected must be identified. It remains for the Council to decide if the evidence is sufficient proof of the achievement of the performance expectations specified in the Ends policies. This process serves to assure Council of progress toward expected performance.</p> <p>Governing boards, such as the CDHO Council, using Policy Governance® clearly identify the accountability for achieving the Ends as belonging to the Registrar/CEO. Boards may include time frames directly in the Ends. If they are not there, then the CEO should include them in the policy interpretation as part of the measures that will demonstrate</p> |

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| | | <p>compliance. The Council evaluates the achievement of Ends annually by assessing the evidence provided by the Registrar/CEO.</p> <p>Council also monitors whether the achievement of performance expectations have been accomplished within the limitations on the means used to achieve those Ends. The Registrar/CEO again turns the policies into operational definition that specify measurable criteria that demonstrate that the College is operating within the boundaries of risk tolerance specified in the Executive Limitations policies. The Registrar/CEO is also accountable to provide evidence that demonstrate the criteria have been met.</p> <p>Evidence of monitoring of performance and risk information to regularly assess the College’s progress against stated strategic objectives and regulatory outcomes can be found in the Council meeting minutes:</p> <ul style="list-style-type: none"> – January 24, 2020 at https://www.cdho.org/docs/default-source/pdfs/council/minutes/minutes_01242020.pdf – June 5, 2020 at https://www.cdho.org/docs/default-source/pdfs/council/minutes/minutes_06052020.pdf – June 26, 2020 at https://www.cdho.org/docs/default-source/pdfs/council/minutes/minutes_06262020.pdf – September 18, 2020 at https://www.cdho.org/docs/default-source/pdfs/council/minutes/minutes_09182020.pdf – December 4, 2020 at https://www.cdho.org/docs/default-source/pdfs/council/minutes/minutes_12042020.pdf <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p> |
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| <p>15.2 Council directs action in response to College performance on its KPIs and risk reviews.</p> | <p>a. Where relevant, demonstrate how performance and risk review findings have translated into improvement activities.</p> | <p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> |
| | | <ul style="list-style-type: none"> Insert a link to Council meeting materials where relevant changes were discussed and decided upon: <p>If Council determines that either (a) the criteria demonstrating progress towards expected performance lack defensible rationale, or (b) there is insufficient evidence of achievement of Ends or compliance with limitations, Council will identify the timeframe within which it requires that the Registrar produce defensible criteria and/or such evidence by a specified date, unless there is defensible reason for non-achievement.</p> <p>In the past year, there have been no instances where there was insufficient evidence of progress.</p> <p>This process is laid out in the Policy Manual under CRD 3.3 Delegation to the Registrar and CRD 3.4 Monitoring Registrar Performance and can be found at https://www.cdho.org/docs/default-source/pdfs/policies/cdho-policy-manual.pdf</p> <p>Item 13.0–13.8 from June 26, 2020 meeting minutes set out the Motions/Councils assessment of Monitoring reports and can be found at https://www.cdho.org/docs/default-source/pdfs/council/minutes/minutes_06262020.pdf</p> |
| | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| | | <p><i>Additional comments for clarification (if needed)</i></p> |
| | | <p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> |

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| 15.3 The College regularly reports publicly on its performance. | a. Performance results related to a College’s strategic objectives and regulatory activities are made public on the College’s website. | <ul style="list-style-type: none"> Insert a link to College’s dashboard or relevant section of the College’s website: Each year, the College publishes an annual report that is posted on its website at https://www.cdho.org/about-the-college/publications/annual-report/ |
| | | <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i> |
| | | <i>Additional comments for clarification (if needed)</i> |

PART 2: CONTEXT MEASURES

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College’s performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are ‘good’ or ‘bad’ without having a more in-depth understanding of what specifically drives those results.

In order to facilitate consistency in reporting, a recommended methodology to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g. due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

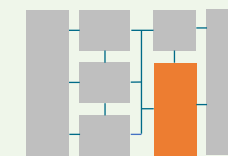
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: ‘Nil’ and indicate any plans to collect the data in the future.

Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using methodology other than outlined in the following Technical Document, the College is asked to provide the methodology in order to understand how the College calculated the information provided.

DOMAIN 6: SUITABILITY TO PRACTISE

Standard 11

The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.



Statistical data collected in accordance with recommended methodology or College own methodology: **Recommended** College methodology

If College methodology, please specify rationale for reporting according to College methodology:

| Context Measure (CM) | | |
|--|------|--|
| CM 1. Type and distribution of QA/QI activities and assessments used in CY 2020* | | <p>What does this information tell us? Quality Assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practise (e.g. changing roles and responsibilities, changing public expectations, legislative changes).</p> <p>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2020. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13(a) of Standard 11.</p> |
| Type of QA/QI activity or assessment | # | |
| i. Learning Portfolio | 1359 | |
| ii. QA Test | 911 | |
| iii. Practice Profile | 1969 | |
| iv. Onsite Practice Review (incl. practice environment + chart audit) | 83 | |
| v. Chart Audit (charts only) | 15 | |
| vi. <Insert QA activity or assessment> | | |
| vii. <Insert QA activity or assessment> | | |
| viii. <Insert QA activity or assessment> | | |
| ix. <Insert QA activity or assessment> | | |
| x. <Insert QA activity or assessment> | | |

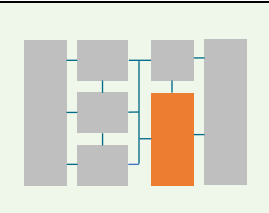
** Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.*

NR = Non-reportable: results are not shown due to < 5 cases

Additional comments for clarification (if needed)

Registrants selected to participate in the CDHO QA Program were active at some point during the assessment cycle (i.e. held general or specialty registration for one or more of the 3 years included in the assessment cycle). They may, however, hold an inactive registration at the time of submission. These registrants are included in our reported numbers since there was no way to exclude them.

| DOMAIN 6: SUITABILITY TO PRACTISE | | |
|--|------|-----|
| Standard 11 | | |
| <p>The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care</p> | | |
| <p>Statistical data collected in accordance with recommended methodology or College own methodology: <input checked="" type="checkbox"/> Recommended <input type="checkbox"/> College methodology</p> <p><i>If College methodology, please specify rationale for reporting according to College methodology:</i></p> | | |
| Context Measure (CM) | # | % |
| CM 2. Total number of registrants who participated in the QA Program in CY 2020 | 2315 | |
| CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation. * | 130 | 5.6 |
| <p><i>What does this information tell us? If a registrant's knowledge, skills and judgment to practise safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer him or her to the College's QA Committee.</i></p> <p><i>The information provided here shows how many registrants who underwent an activity or assessment in CY 2020 as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program.</i></p> | | |
| <p><i>Additional comments for clarification (optional)</i></p> | | |



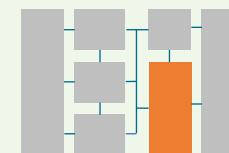
Registrants selected to participate in the CDHO QA Program were active at some point during the assessment cycle (i.e. held general or specialty registration for one or more of the 3 years included in the assessment cycle). They may, however, hold an inactive registration at the time of submission. These registrants are included in our reported numbers since there was no way to exclude them.

** NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)*

DOMAIN 6: SUITABILITY TO PRACTISE

Standard 11

The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.



Statistical data collected in accordance with recommended methodology or College own methodology: **Recommended** College methodology

If College methodology, please specify rationale for reporting according to College methodology:

| Context Measure (CM) | # | % | |
|--|----|----|--|
| CM 4. Outcome of remedial activities in CY 2020*: | | | <p>What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.</p> |
| I. Registrants who demonstrated required knowledge, skills, and judgment following remediation** | 78 | 60 | |
| II. Registrants still undertaking remediation (i.e. remediation in progress) | 52 | 40 | |

Additional comments for clarification (if needed)

Registrants selected to participate in the CDHO QA Program were active at some point during the assessment cycle (i.e. held general or specialty registration for one or more of the 3 years included in the assessment cycle). They may, however, hold an inactive registration at the time of submission. These registrants are included in our reported numbers since there was no way to exclude them.

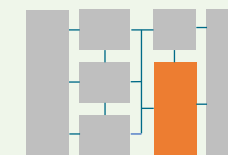
* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)

** This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2020.

DOMAIN 6: SUITABILITY TO PRACTISE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology: Recommended College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 5. Distribution of formal complaints* and Registrar's Investigations by theme in CY 2020

| Formal Complaints received [†] | | Registrar's Investigations initiated [†] | |
|---|------|---|------|
| # | % | # | % |
| NR | NR | NR | NR |
| NR | NR | NR | NR |
| 7 | 24% | NR | NR |
| 10 | 34% | 11 | 39% |
| NR | NR | NR | NR |
| 14 | 48% | 11 | 39% |
| 0 | 0 | NR | NR |
| 0 | 0 | 0 | 0 |
| NR | NR | 6 | 21% |
| NR | NR | 7 | 25% |
| 29 | 100% | 28 | 100% |

Themes:

| Themes: | # | % | # | % |
|--|----|------|----|------|
| I. Advertising | NR | NR | NR | NR |
| II. Billing and Fees | NR | NR | NR | NR |
| III. Communication | 7 | 24% | NR | NR |
| IV. Competence / Patient Care | 10 | 34% | 11 | 39% |
| V. Fraud | NR | NR | NR | NR |
| VI. Professional Conduct & Behaviour | 14 | 48% | 11 | 39% |
| VII. Record keeping | 0 | 0 | NR | NR |
| VIII. Sexual Abuse / Harassment / Boundary Violations | 0 | 0 | 0 | 0 |
| IX. Unauthorized Practice | NR | NR | 6 | 21% |
| X. Other <Breach of Confidentiality, Miscellaneous> | NR | NR | 7 | 25% |
| Total number of formal complaints and Registrar's Investigations** | 29 | 100% | 28 | 100% |

What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar's Investigations undertaken by a College.

* *Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.*

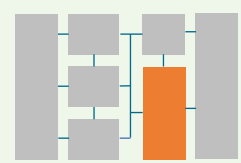
Registrar's Investigation: Where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.

‡ *NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)*

** *The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar's Investigations.*

Additional comments for clarification (if needed)

The numbers above include complaints and Registrar's Reports [s.75(1)(a)] received or initiated during CY 2020; they do not include complaints received and reports initiated in an earlier year but disposed of during CY 2020.

| DOMAIN 6: SUITABILITY TO PRACTISE | | |  |
|--|----|--|---|
| Standard 13 | | | |
| All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public. | | | |
| Statistical data collected in accordance with recommended methodology or College own methodology: | | <input checked="" type="checkbox"/> Recommended | <input type="checkbox"/> College methodology |
| <i>If College methodology, please specify rationale for reporting according to College methodology:</i> | | | |
| Context Measure (CM) | | | |
| CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2020 | 29 | | |
| CM 7. Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2020 | 26 | | |
| CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2020 | 28 | | |
| CM 9. Of the formal complaints* received in CY 2020**: | # | % | <i>What does this information tell us?</i> The information helps the public better understand how formal complaints filed with the College and Registrar's Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College's committee that investigates concerns about its registrants. |
| I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR) [†] | 0 | 0 | |
| II. Formal complaints that were resolved through ADR | 0 | 0 | |
| III. Formal complaints that were disposed** of by ICRC | 29 | | |
| IV. Formal complaints that proceeded to ICRC and are still pending | 0 | 0 | |
| V. Formal complaints withdrawn by Registrar at the request of a complainant ^Δ | 0 | 0 | |
| VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious | NR | NR | |
| VII. Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee | NR | NR | |

- ** Disposal:** *The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).*
- * Formal Complaints:** *A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint.*
- ‡ ADR:** *Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.*
- △** *The Registrar may withdraw a formal complaint prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.*
- #** *May relate to Registrar’s Investigations that were brought to ICRC in the previous year.*
- **** *The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by ICRC.*
- φ Registrar’s Investigation:** *Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.*

NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)

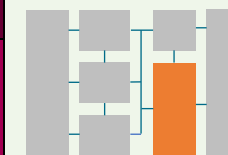
Additional comments for clarification (if needed)

The College does not currently offer an alternative dispute resolution process.

DOMAIN 6: SUITABILITY TO PRACTISE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology: **Recommended** College methodology

If College methodology, please specify rationale for reporting according to College methodology:

| Context Measure (CM) | | | | | | | |
|--|----------------------------------|----------------------------------|------------------------|--|-----------------------|--|--|
| CM 10. Total number of ICRC decisions in 2020 | 55* | | | | | | |
| Distribution of ICRC decisions by theme in 2020* | # of ICRC Decisions [†] | | | | | | |
| Nature of issue | Take no action | Proves advice or recommendations | Issues an oral caution | Orders a specified continuing education or remediation program | Agrees to undertaking | Refers specified allegations to the Discipline Committee | Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws. |
| I. Advertising | 0 | ** | 0 | 0 | 0 | 1 | 0 |
| II. Billing and Fees | NR | ** | 0 | NR | NR | NR | 0 |
| III. Communication | NR | ** | 0 | 0 | 0 | 0 | 0 |
| IV. Competence / Patient Care | NR | ** | 0 | NR | NR | NR | NR |
| V. Fraud | 0 | ** | 0 | 0 | NR | NR | 0 |
| VI. Professional Conduct & Behaviour | NR | ** | NR | NR | NR | NR | NR |
| VII. Record Keeping | 0 | ** | 0 | NR | NR | NR | NR |
| VIII. Sexual Abuse / Harassment / Boundary | 0 | ** | NR | NR | NR | NR | NR |
| IX. Unauthorized Practice | 7 | ** | NR | NR | 0 | NR | NR |
| X. Other <please specify> | NR | ** | 0 | NR | 0 | 0 | NR |

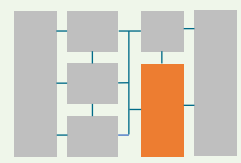
- * *Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and Registrar’s Investigations brought forward prior to 2020.*
- † *NR = Non-reportable: results are not shown due to < 5 cases.*
- ++ *The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar’s Investigations, or findings.*

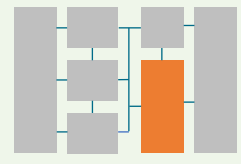
What does this information tell us? *This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigations and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar’s Investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.*

Additional comments for clarification (if needed)

*The totals above do not include matters referred by the Quality Assurance Committee and investigated under s.75(1)(b)

**The College did not track advice and recommendations as a separate category of outcome prior to 2021; these cases were reported under “No further action”.

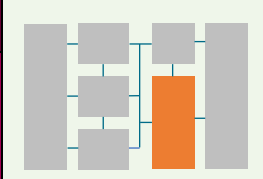
| DOMAIN 6: SUITABILITY TO PRACTISE | |  |
|--|------|---|
| Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public. | | |
| Statistical data collected in accordance with recommended methodology or College own methodology: <input checked="" type="checkbox"/> Recommended <input type="checkbox"/> College methodology | | |
| <i>If College methodology, please specify rationale for reporting according to College methodology:</i> | | |
| Context Measure (CM) | | |
| CM 11. 90 th Percentile disposal* of: | Days | <p>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s Investigations are being disposed of by the College.</p> <p>The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s Investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s Investigation undertaken by, the College.</p> |
| I. A formal complaint in working days in CY 2020 | 195 | |
| II. A Registrar’s Investigation in working days in CY 2020 | 226 | |
| <p>* Disposal Complaint: The day where a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).</p> <p>* Disposal Registrar’s Investigation: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).</p> | | |
| <i>Additional comments for clarification (if needed)</i> These timeframes do not include holidays/weekends. | | |

| DOMAIN 6: SUITABILITY TO PRACTISE | |  |
|--|------|---|
| Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public. | | |
| Statistical data collected in accordance with recommended methodology or College own methodology: <input checked="" type="checkbox"/> Recommended <input type="checkbox"/> College methodology | | |
| <i>If College methodology, please specify rationale for reporting according to College methodology:</i> | | |
| Context Measure (CM) | | |
| CM 12. 90 th Percentile disposal* of: | Days | <p>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.*</p> <p>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</p> |
| I. An uncontested^ discipline hearing in working days in CY 2020 | 99 | |
| II. A contested# discipline hearing in working days in CY 2020 | 245 | |
| <p>* Disposal: Day where all relevant decisions were provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).</p> <p>^ Uncontested Discipline Hearing: In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the respondent.</p> <p># Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.</p> | | |
| <p><i>Additional comments for clarification (if needed)</i></p> <p>The above figures do not include cases where the allegations of professional misconduct were withdrawn by the College.</p> | | |

DOMAIN 6: SUITABILITY TO PRACTISE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology:

Recommended

College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 13. Distribution of Discipline finding by type*

| Type | # |
|--|----|
| I. Sexual abuse | NR |
| II. Incompetence | 0 |
| III. Fail to maintain Standard | 0 |
| IV. Improper use of a controlled act | 0 |
| V. Conduct unbecoming | NR |
| VI. Dishonourable, disgraceful, unprofessional | NR |
| VII. Offence conviction | 0 |
| VIII. Contravene certificate restrictions | 0 |
| IX. Findings in another jurisdiction | 0 |
| X. Breach of orders and/or undertaking | 0 |
| XI. Falsifying records | 0 |
| XII. False or misleading document | 0 |
| XIII. Contravene relevant Acts | 0 |

What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar's Investigation is referred to the Discipline Committee by the ICRC.

* *The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.*

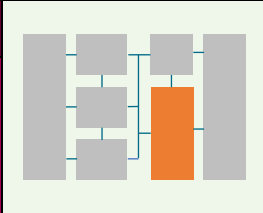
NR = *Non-reportable: results are not shown due to < 5 cases.*

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTISE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology: **Recommended** College methodology

If College methodology, please specify rationale for reporting according to College methodology:

| Context Measure (CM) | | |
|---|----|--|
| CM 14. Distribution of Discipline orders by type* | | <p>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</p> |
| Type | # | |
| I. Revocation ⁺ | NR | |
| II. Suspension [§] | 0 | |
| III. Terms, Conditions and Limitations on a Certificate of | 0 | |
| IV. Reprimand [^] and an Undertaking [#] | 0 | |
| V. Reprimand [^] | NR | |
| <p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not be equal and may not equal the total number of discipline cases.</p> <p>+ Revocation of a registrant's certificate of registration occurs where the discipline or fitness to practise committee of a health regulatory college makes an order to "revoke" the certificate which terminates the registrant's registration with the college and therefore his/her ability to practise the profession.</p> <p>§ A suspension of a registrant's certificate of registration occurs for a set period of time during which the registrant is not permitted to:</p> <ul style="list-style-type: none"> • Hold himself/herself out as a person qualified to practise the profession in Ontario, including using restricted titles (e.g. doctor, nurse), • Practise the profession in Ontario, or • Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991. | | |

****** *Terms, Conditions and Limitations on a Certificate of Registration are restrictions placed on a registrant's practice and are part of the Public Register posted on a health regulatory college's website.*

^ *A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with his or her practice*

*An undertaking is a written promise from a registrant that he/she will carry out certain activities or meet specified conditions requested by the College committee.*

NR = *Non-reportable: results are not shown due to < 5 cases*

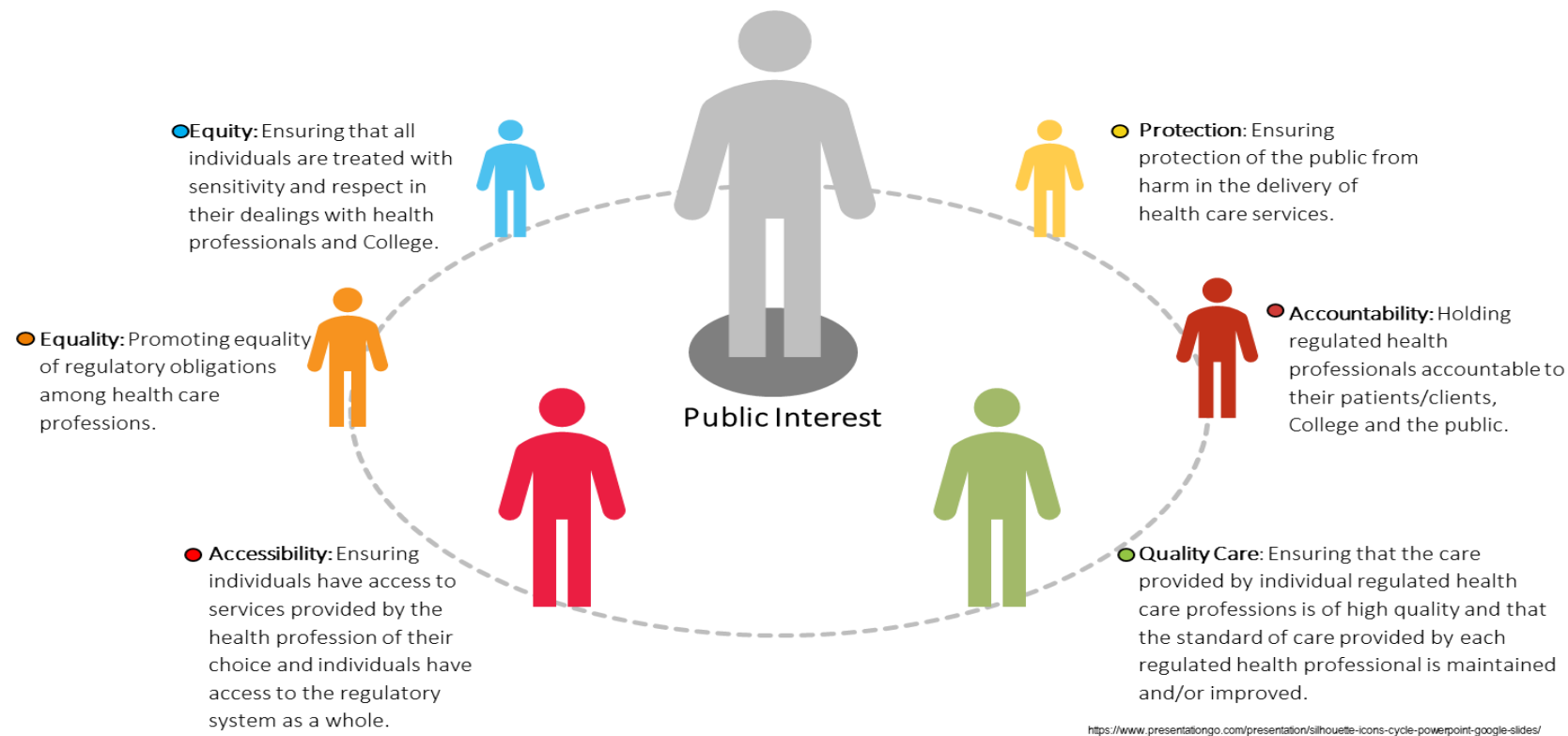
Additional comments for clarification (if needed)

Appendix A: Public Interest

When contemplating public interest for the purposes of the CPMF, Colleges may wish to consider the following (please note that the ministry does not intend for this to define public interest with respect to College operations):

PUBLIC INTEREST

in the context of the College Performance Measurement Framework



CDHO CPMF Appendix B:

| Table 1.1 a. ii. Training details for each new professional member of Council | | | |
|---|----------------------|--|---|
| Council members | Duration of Training | Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end, etc.) | Orientation training topics |
| All new members | 1 Hour | Online facilitated training on the use of OurBoardroom (website with Council policies and documents) | <ul style="list-style-type: none"> • OurBoardroom platform orientation |
| | Half Day (3 hours) | Usually in person – presentation and discussion. Online during pandemic. Facilitated by President/VP of Council and/or Registrar | <ul style="list-style-type: none"> • Introduction to the role of Council and committees • Role of the CDHO • Policy Governance® • Council member responsibilities and expectations • Expense forms |
| | ½ day- full day | Usually in person – presentation and discussion with support person. Online during pandemic. Facilitator (legal counsel) conducts the training with Council | <ul style="list-style-type: none"> • Annual Council orientation refresher on confidentiality and conflict of interest • Additional training is provided as determined by Executive Committee |

Table 1.1 b. i. Details/ eligibility criteria for Non-Council members

Non-Council committee members are appointed to a committee to assist in making decisions that reflect CDHO’s regulatory mandate of protecting the public interest, and to bring to this responsibility their knowledge of the dental hygiene profession and the settings in which it is practised. They participate as full voting members of their committees and work with other Council members in managing committee work in a timely and expeditious manner.

Eligibility

A Registrant is eligible for appointment as a Non-Council member if the following criteria are met:

- In good standing with the College;
- Engaged in the practice of dental hygiene in Ontario;
- Not in default of payment of any fees;
- Not the subject of any disciplinary or incapacity proceeding;
- A period of at least 6 years has elapsed since the registrant complied with all aspects of an order of the Discipline Committee or Fitness to Practise Committee;
- The registrant’s certificate of registration is not subject to a term, condition or limitation imposed by the Registrar on behalf of the Quality Assurance Committee or Fitness to Practise Committee;
- A period of 1 year has elapsed since the registrant has been an officer, director or employee of any association or organization representing the interests of dental hygienists.

Registrants of the College who are not members of Council who are willing to commit time to sit on a committee to assist in making decisions which reflect the College’s mandate to protect public interest. Committees meet on a weekday during regular business hours. Time commitment estimates for the committees in question are provided below.

| Committee | No. of positions | Estimated meetings per year | Experience considered an asset |
|-------------------------------------|------------------|---|--|
| Investigations, Complaints, Reports | 2 | 4–6* Often requires more than average pre-meeting reading | <ul style="list-style-type: none"> • Clinical practice |
| Quality Assurance | 2 | 5–10* Often requires more than average pre-meeting reading | <ul style="list-style-type: none"> • Clinical practice • Education |
| Registration | 1 | 8–10 (majority by teleconference) | <ul style="list-style-type: none"> • Clinical practice |

| Table 1.1 b. ii. Training details for all members of each Statutory Committee (Council, Non-Council and Public Members) | | | |
|---|----------------------|--|---|
| Committee | Duration of Training | Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end, etc.) | Orientation training topics |
| Quality Assurance | ½ day | Usually in person – presentation and discussion with staff support person. Online during pandemic. | <ul style="list-style-type: none"> • Mandate, expectations and role of Committee members • QA Committee Mission/Vision/Values • Role/Authority of the Committee, Composition, Quorum • Confidentiality/Conflicts of Interest/Bias • Overview of the QA Program and its Components • Role and Selection of Assessors • QA Policies and Procedures • Committee Decisions and Scenarios • Role and Election of Committee Chair |
| Patient Relations | 2 hours | Orientation training takes place online with facilitation by the staff support person for the Committee. | <ul style="list-style-type: none"> • Mandate, expectations and role of Committee members • Statutory requirement for Committee • RHPA/requirements for PR Program • Committee role/responsibilities • Committee composition/quorum requirements as per Bylaw • Reporting relationship with Council • Time commitment • Role of HPRAC • Nature of Committee work • Components of Sexual Abuse Prevention Plan • Funding for therapy and counselling • Sources of information to inform Committee decisions • Public Education Plan • Communication with registrants • Updates to legislation/definitions • Mandatory revocation provisions |

| | | | |
|--------------|--------------------|--|--|
| Executive | 1 Hour | Online facilitated training on the use of OurBoardroom (website with Council policies and documents) | <ul style="list-style-type: none"> • OurBoardroom platform orientation |
| | Half Day (3 hours) | Usually in person – presentation and discussion. Online during pandemic. Facilitated by President/VP of Council and/or Registrar | <ul style="list-style-type: none"> • Mandate, expectations and role of Committee members • Introduction to the role of Council and committees • Role of the CDHO • Policy Governance® • Council member responsibilities and expectations • Expense forms |
| | ½ day- full day | Usually in person – presentation and discussion with support person. Online during pandemic. Facilitator (legal counsel) conducts the training with Council | <ul style="list-style-type: none"> • Annual Council orientation refresher on confidentiality and conflict of interest • Fill in additional details |
| | Full day | Usually in person – presentation and discussion with support person. Online during pandemic. Facilitated media training for President and VP | <ul style="list-style-type: none"> • Presentation and mock interview practice and coaching • Distance media interviews • Distance set up/ background and performance • Radio and print interviews. |
| Registration | 2 hours | Usually in person – presentation and discussion with staff support person. Online during pandemic. | <ul style="list-style-type: none"> • Mandate, expectations and role of Committee members • Committee Information (composition, quorum etc.) • Role of Chair and Committee Members • Mandate and Authority • Referral and Registration Process • Confidentiality • Conflict of Interest and Bias • Decision Making including special consideration of exemptions and scenario reviews • CFTA, OFC and other mobility issues • Human rights and anti-discrimination • Accessibility and Accommodation |

| | | | |
|----------------------------|---|---|---|
| <p>ICRC</p> | <p>2-hour presentation plus ½ day mock complaint exercise</p> <p>Additional training provided during course of term at ICRC meetings on selected topics</p> | <p>Online pre-recorded presentation by staff (held online in 2021 due to pandemic)</p> <p>Online live mock complaint exercise with opportunity for Q&A (held online in 2021 due to pandemic)</p> | <ul style="list-style-type: none"> • Mandate, expectations and role of Committee members • Jurisdiction, Mandate, Legislation, Rules of Procedure • Key Principles (Public protection, procedural fairness, conflicts of interest/bias, confidentiality, etc.) • Intake and investigation process • Case file review and principles (e.g. risk-based assessments, credibility vs. evidence, etc.) • Decisions and Reasons • Appeal Process |
| <p>Discipline</p> | <p>2 hour presentation plus ½ day mock hearing exercise</p> <p>Additional training provided to individual members during course of term (e.g. HPRO Discipline Training)</p> | <p>Online pre-recorded presentation by legal counsel and staff (held online in 2020/21 due to pandemic)</p> <p>Online live mock hearing exercise with opportunity for Q&A (held online in 2021 due to pandemic)</p> | <ul style="list-style-type: none"> • Mandate, expectations and role of Committee members • Jurisdiction, Mandate, Legislation, Rules of Procedure • Key Principles (Public protection, procedural fairness, conflicts of interest/bias, confidentiality, etc.) • Roles of Participants • Pre-Hearing Procedures • Hearing Process • Decisions, Findings, Orders and Reasons • Appeal Process |
| <p>Fitness to Practise</p> | <p>Not applicable – The Fitness to Practise Committee has never met; therefore, training will only be provided on an as-needed basis should a matter ever be referred for a hearing</p> | <p>N/A</p> | <p>If training ever became required, it would cover topics such as:</p> <ul style="list-style-type: none"> • Mandate, expectations and role of Committee members • Jurisdiction, Legislation, Rules of Procedure • Key Principles (Public protection, procedural fairness, conflicts of interest/bias, confidentiality, etc.) • Decisions and Reasons • Appeal Process |

| Table 1.1 c. Training details for each new publicly appointed members of Council | | | |
|--|----------------------|---|--|
| Council | Duration of Training | Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end, etc.) | Orientation training topics |
| All new members | 1 Hour | Online facilitated training on the use of OurBoardroom (website with Council policies and documents) | <ul style="list-style-type: none"> • OurBoardroom platform orientation |
| | Half Day (3 hours) | <p>Usually in person – presentation and discussion. Online during pandemic.</p> <p>Facilitated by President/VP of Council and/or Registrar</p> | <ul style="list-style-type: none"> • Introduction to the role and responsibilities of Council and committees • Role of the CDHO • Policy Governance® • Council member responsibilities and expectations • Expense forms |
| | ½ day- full day | <p>Usually in person – presentation and discussion with support person. Online during pandemic.</p> <p>Facilitator (legal counsel) conducts the training with Council</p> | <ul style="list-style-type: none"> • Annual Council orientation refresher on confidentiality and conflict of interest • Additional training is provided as determined by Executive Committee |

Schedule 1.2 a. ii. Internal Monitoring and Policy Content Review

| Policy Number | Schedule of Internal Monitoring and Policy Content Review | Year 4 (2020) | Year 1 (2021) | Year 2 (2022) | Year 3 (2023) | Year 4 (2024) |
|---------------|---|---------------|---------------|---------------|---------------|---------------|
| CRD 3 | Global Council-Registrar Delegation | | Dec. 2021 | | | |
| CRD 3.1 | Unity of Control | June 2020 | | | | June 2024 |
| CRD 3.2 | Accountability of the Registrar/CEO | | | | Dec. 2023 | |
| CRD 3.3 | Delegation to the Registrar/CEO | | | | Dec. 2023 | |
| CRD 3.4 | Monitoring Registrar/CEO Performance | | Sep. 2021 | | Sep. 2023 | |
| CRD 3.5 | Registrar/CEO Compensation | | Sep. 2021 | | Sep. 2023 | |
| CRD 3.6 | Registrar/CEO Succession | | June 2021 | | | |
| CRD 3.7 | Registrar/CEO Termination | | June 2021 | | | |
| GP 4 | Global Governance Commitment | Dec. 2020 | | | | Dec. 2024 |
| GP 4.1 | Governing Style | June 2020 | | | | June 2024 |
| GP 4.2 | Council Job Contributions | | | | Mar. 2023 | |
| GP 4.3 | Council Planning Cycle and Agenda Control | | | Sep. 2022 | | |
| GP 4.4 | President's Role | | Mar. 2021 | | | |
| GP 4.5 | Vice-President's Role | | Mar. 2021 | | | |
| GP 4.6 | Council Committee Principles | Sep. 2020 | | | | Sep. 2024 |
| GP 4.7 | Executive Committee | | Mar. 2021 | | Mar. 2023 | |
| GP 4.8 | Ownership Linkage Committee | | | June 2022 | | |
| GP 4.9 | Registrar/CEO Transition Committee | Sep. 2020 | | | | Sep. 2024 |
| GP 4.10 | Conduct Committee | | | Sep. 2022 | | Sep. 2024 |
| GP 4.11 | Council and Committee Expenses | | Dec. 2021 | | Dec. 2023 | |

| | | | | | | | |
|--|--------------------------------|--------------------------------|-----------|-----------|-----------|-----------|-----------|
| | GP 4.12 | Council Code of Conduct | | Dec. 2021 | | Dec. 2023 | |
| | GP 4.13 | Investment in Governance | Mar. 2020 | | | | Mar. 2024 |
| | GP 4.14 | Governance Succession Planning | Mar. 2020 | | | | Mar. 2024 |
| | GP 4.15 | Council Linkage with Ownership | | | June 2022 | | |
| | GP 4.16 | Special Rules of Order | | | | Sep. 2023 | |
| | GP 4.17 | In-Camera Sessions | Dec. 2020 | | | | Dec. 2024 |
| | Council Education | | Quarterly | Quarterly | Quarterly | Quarterly | Quarterly |
| | CEO Compensation Decision | | June 2020 | June 2021 | June 2022 | June 2023 | June 2024 |
| | Selection of Auditor | | June 2020 | June 2021 | June 2022 | June 2023 | June 2024 |
| | New Council Member Orientation | | Jan. 2020 | Jan. 2021 | Jan. 2022 | Jan. 2023 | Jan. 2024 |

Table 15.1 a. KPI Monitoring Schedule

| | POLICY | POLICY NAME | MONITORING PERIOD (TBC) | TYPE | FREQUENCY | DATE |
|---|--------|--|----------------------------|-------------------|---------------|----------------------------|
| Performance Year 2020 Evaluation of Performance Year takes place in March 2021 | 2.4.1 | Financial Conditions and Activities | Oct 1, 2019 – Dec 31, 2019 | Internal Report | Quarterly | March 2020 |
| | 2.4.1 | Financial Conditions and Activities | Jan 1, 2020 – Mar 31, 2020 | Internal Report | Quarterly | June 2020 |
| | 2.2 | Treatment of Staff | Jun 1, 2019 – May 31, 2020 | Internal Report | Semi-annually | June 2020 December 2020 |
| | 2.2 | Treatment of Staff | | External Report | 2022 | |
| | 2.3 | Planning (2.3, 2.3.1, 2.3.2, 2.3.9) | Jun 1, 2019 – May 31, 2020 | Internal Report | Annually | June 2020 |
| | 2.4 | Financial Conditions and Activities | Jun 1, 2019 – May 31, 2020 | Internal Report | Annually | June 2020 |
| | 2.6 | Investment | Jun 1, 2019 – May 31, 2020 | Internal Report | Annually | June 2020 |
| | 2.7.1 | Compensation & Benefits (Registrar Expense Claims) | Jun 1, 2019 – May 31, 2020 | Direct Inspection | Annually | June 2020 |
| | 2.9 | Ethical Behaviour | Jun 1, 2019 – May 31, 2020 | Internal Report | Annually | June 2020 |
| | 2.4.1 | Financial Conditions and Activities | Apr 1, 2020 – Jun 30, 2020 | Internal Report | Quarterly | September 2020 |
| | 2.1 | Treatment of Public and Registrants | | Internal Report | | n/a |

| | | | | | | | | |
|--|--|-------|--|-----------------------------|-----------------|---------------|----------------|--|
| | | 2.1 | Treatment of Public and Registrants | Sep 1, 2019 – Aug 31, 2020 | External Report | Every Y3 | September 2020 | |
| | | 2.5 | Protection of Assets | Sep 1, 2019 – Aug 31, 2020 | Internal Report | Annually | September 2020 | |
| | | 2.10 | Development of Standards Governing Practice | Sep 1, 2019 – Aug 31, 2020 | Internal Report | Annually | September 2020 | |
| | | 2.11 | Amendments to the Act, the Code, Bylaws | Sep 1, 2019 – Aug 31, 2020 | Internal Report | Annually | September 2020 | |
| | | 2.4.1 | Financial Conditions and Activities | Jul 1, 2020 – Sept 30, 2020 | Internal Report | Quarterly | December 2020 | |
| | | 2 | General Executive Constraint | Dec 1 2019 – Nov 30 2021 | Internal Report | Every Y2 | December 2021 | |
| | | 2.3 | 2.3 to 2.8 Financial Conditions & Activities | Dec 1 2019 – Nov 30 2020 | Internal Report | Annually | December 2020 | |
| | | 2.7 | Compensation and Benefits | Dec 1 2019 – Nov 30 2020 | Internal Report | Annually | December 2020 | |
| | | 2.8 | Communication & Support to the Board | Dec 1 2019 – Nov 30 2020 | Internal Report | Annually | December 2020 | |
| | | 2.2 | Treatment of Staff | Jun 1, 2020 – Nov 30, 2020 | Internal Report | Semi-annually | December 2020 | |
| | | 2.4.1 | Financial Conditions and Activities | Oct 1, 2020 – Dec 31, 2020 | Internal Report | Quarterly | March 2021 | |
| | | 1 | Ends (all policies) | Jan 1, 2020 – Dec 31, 2020 | Internal Report | Annual | March 2021 | |