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

College Performance Measurement Framework (CPMF) Reporting Tool

November 2021 – FINAL

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Introduction

The College Performance Measurement Framework (CPMF)

The CPMF has been developed by the Ontario Ministry of Health (the Ministry) in close collaboration with Ontario's health regulatory Colleges (Colleges), subject matter experts and the public with the aim of answering the question "how well are Colleges executing their mandate which is to act in the public interest?" This information will:

1. strengthen accountability and oversight of Ontario's health regulatory Colleges; and

2. help Colleges improve their performance.

Each College will report on seven Domains with the support of six components, as illustrated in Table 1.

Table 1: CPMF Measurement Domains and Components

1	Measurement domains	→	Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	Standards	→	Performance-based activities that a College is expected to achieve and against which a College will be measured.
3	Measures	→	More specific requirements to demonstrate and enable the assessment of how a College achieves a Standard.
4	Evidence	→	Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College's achievement of a standard.
5	Context measures	→	Statistical data Colleges report that will provide helpful context about a College's performance related to a standard.
6	Planned improvement actions	→	Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

CPMF Model

The seven measurement domains shown in Figure 1 are the critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to key statutory functions and organizational aspects that enable a College to carry out its functions well. The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator.

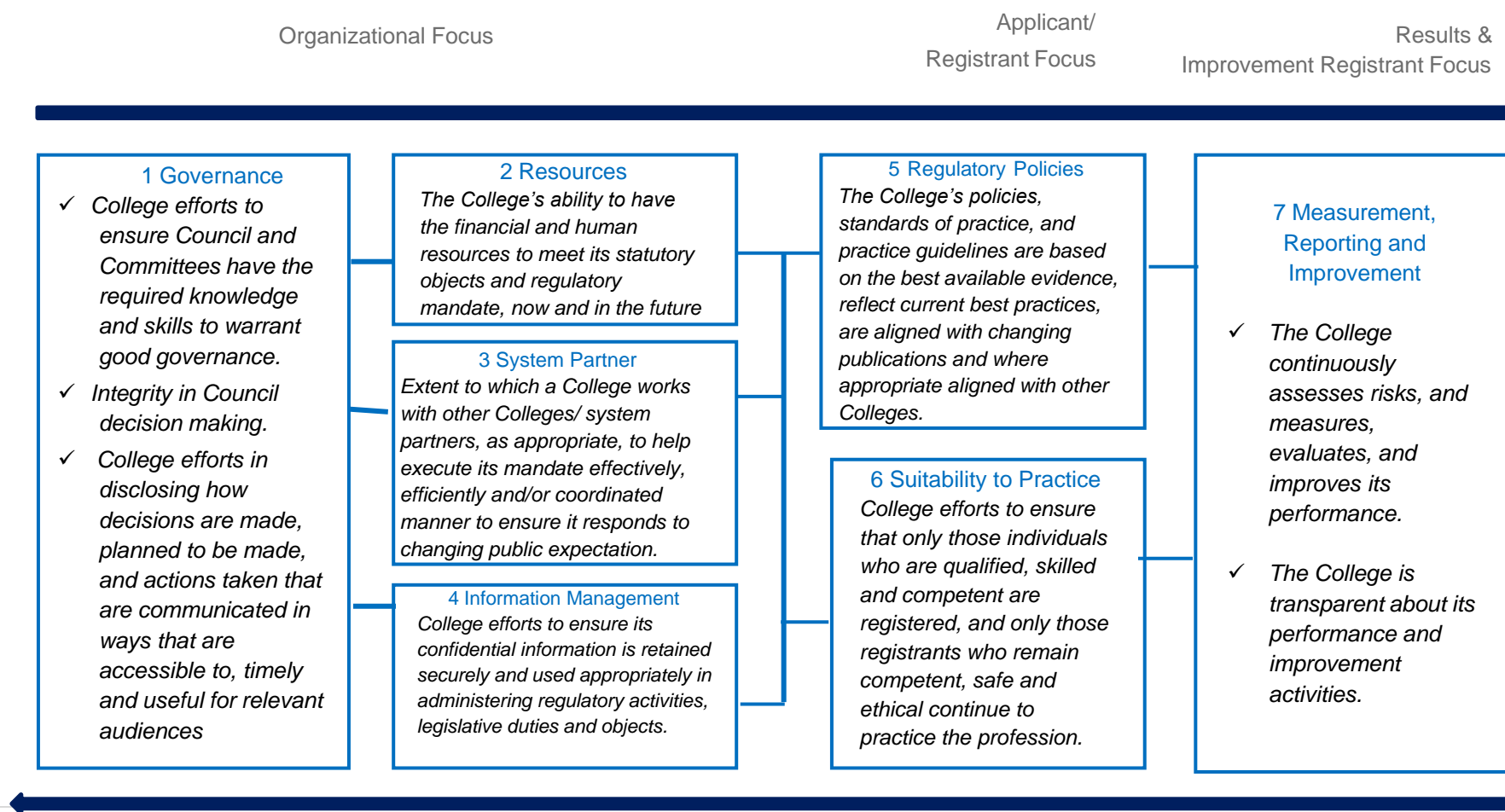**Figure 1:** CPMF Model for Measuring Regulatory Excellence

Organizational Focus   Applicant/ Registrant Focus   Results & Improvement Registrant Focus

1 Governance
- ✓ College efforts to ensure Council and Committees have the required knowledge and skills to warrant good governance.
- ✓ Integrity in Council decision making.
- ✓ College efforts in disclosing how decisions are made, planned to be made, and actions taken that are communicated in ways that are accessible to, timely and useful for relevant audiences

2 Resources
The College's ability to have the financial and human resources to meet its statutory objects and regulatory mandate, now and in the future

3 System Partner
Extent to which a College works with other Colleges/ system partners, as appropriate, to help execute its mandate effectively, efficiently and/or coordinated manner to ensure it responds to changing public expectation.

4 Information Management
College efforts to ensure its confidential information is retained securely and used appropriately in administering regulatory activities, legislative duties and objects.

5 Regulatory Policies
The College's policies, standards of practice, and practice guidelines are based on the best available evidence, reflect current best practices, are aligned with changing publications and where appropriate aligned with other Colleges.

6 Suitability to Practice
College efforts to ensure that only those individuals who are qualified, skilled and competent are registered, and only those registrants who remain competent, safe and ethical continue to practice the profession.

7 Measurement, Reporting and Improvement
- ✓ The College continuously assesses risks, and measures, evaluates, and improves its performance.
- ✓ The College is transparent about its performance and improvement activities.

Figure 2: CPMF Domains and Standards

Domains	Standards
Governance	1. Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.
	2. Council decisions are made in the public interest.
	3. The College acts to foster public trust through transparency about decisions made and actions taken.
Resources	4. The College is a responsible steward of its (financial and human) resources.
System Partner	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.
	6. The College maintains cooperative and collaborative relationships responds in a timely and effective manner to changing public expectations.
Information Management	7. Information collected by the College is protected from unauthorized disclosure.
Regulatory Policies	8. 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.
Suitability to Practice	9. The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.
	10. 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.
	11. The complaints process is accessible and supportive.
	12. All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public
	13. The College complaints process is coordinated and integrated.
Measurement, Reporting and Improvement	14. The College monitors, reports on, and improves its performance.

The CPMF Reporting Tool

The second iteration of the CPMF Reporting Tool (along with the companion Technical Specifications for Quantitative CPMF Measures document) will continue to provide comprehensive and consistent information to the public, the ministry and other stakeholders by each of Ontario's health regulatory Colleges (Colleges). In providing this information each College will:

1. meet with the ministry to discuss the system partner domain and their progress on improvement commitments identified in the 2020 CPMF Report;

2. complete the self-assessment;

3. post the completed CPMF Report on its website; and

4. submit the CPMF Report to the ministry.

The purpose of the first and second iterations of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. At this time, the ministry will not assess whether a College meets or does not meet the Standards.

The information reported through the completed CPMF Reporting Tools may help to identify areas of improvement that warrant closer attention and potential follow-up. Furthermore, the reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved. Finally, the results of the first and second iterations may stimulate discussions about regulatory excellence and performance improvement among Council members and staff within a College, as well as between Colleges, the public, the ministry, college registrants/members, and other stakeholders.

Additionally, in 2021 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2020 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for colleges to learn from each other.

The ministry's Summary Report is available:
In English: health.gov.on.ca/en/pro/programs/hwrob/regulated_professions.aspx, and
In French: health.gov.on.ca/fr/pro/programs/hwrob/regulated_professions.aspx

As this will be the second time that Colleges will be reporting on their performance against the CPMF standards, the Colleges will be asked to report on:

- Improvements a College committed to undertake in the previous CPMF Report;

- Changes in comparison to baseline reporting from the 2020 CPMF Report; and

- Changes resulting from new or refined standards, measures, and evidence.[1]

Completing the CPMF Reporting Tool

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.

In the spirit of continuous improvement, if the College plans to improve its activities or processes related to the respective Measure or Evidence, it is encouraged to highlight these planned improvement activities.

What has changed in 2021?
Based on feedback from the Colleges, the ministry made improvements to the current CPMF Reporting Tool, making it easier to complete.

- In Part 1 – These changes include drop-down menus, bookmarks to Measures, and additional information for clarification. Where a question remained unchanged from the 2020 CPMF reporting tool and a College fully met the Standard or Evidence, a College may opt to respond with 'Meets Standard' to illustrate that the current response is consistent with last year's response for the same Evidence. However, if there were changes between 2020 and 2021, the College is required to provide this updated information, including supporting information (i.e. provision of relevant links). Please note that this option is limited to only certain Evidence and is not available for all Evidence. Colleges will be asked to provide information in the right-hand column of each table indicating the degree to which they fulfill the "required Evidence" set out in Column Two.

- In Part 2 – Colleges are requested to refer to the Technical Specifications Document for detailed guidance on how to complete the section on Context Measures. Additionally, the ministry has also applied a drop-down menu where appropriate and has hyperlinked the definitions to a glossary of terms for easier navigation.

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[1] Informed by the results from the first reporting iteration, the standards, measures, and evidence were evaluated by a second CPMF Working Group and where appropriate were further refined for the second reporting cycle. Additionally, Colleges will also be asked to report on Measures where it was identified that further information is required to establish baseline information relevant to the intent of the requested Evidence.

Part 1: Measurement Domains

<table>
<tr>
<td rowspan="2"></td>
<td colspan="3">Measure
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 a Statutory Committee.</td>
</tr>
<tr>
<td>Required Evidence</td>
<td colspan="2">College Response</td>
</tr>
<tr>
<td rowspan="5">DOMAIN 1: GOVERNANCE</td>
<td rowspan="5">STANDARD 1</td>
<td rowspan="3">a. Professional members are eligible to stand for election to Council only after:

i. meeting pre-defined competency and suitability criteria; and</td>
<td>The College fulfills this requirement:</td>
<td>Partially</td>
</tr>
<tr>
<td colspan="2">
• The competency and suitability criteria are public: Yes
If yes, please insert a link to where they can be found, if not please list criteria.

Council directed the Competency Profile Committee to lead the development and adoption of a competency framework that included descriptions and options for professional, public, and non-Council member competencies. The Council Competency Profile is available publicly on page 119 of the June 11, 2021, Council Agenda Book found at:
https://www.cdho.org/docs/default-source/pdfs/council/agendas/cdho_agenda_06112021.pdf#page=117

The Council adopted the Competency Profile at their June 11, 2021 Council meeting. The motion to adopt the Competency Profile can be viewed on page 4 of the Council meeting minutes at:
https://www.cdho.org/docs/default-source/pdfs/council/minutes/minutes_06112021.pdf#page=4

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

All Council members completed a self-assessment of their level of expertise in the competencies profile in October 2021. Professional members interested in standing for election will complete the self-assessment prior to standing for election. As new Council members join and others retire from Council, a living document is maintained that articulates the competencies possessed by the Council at any point in time.</td>
</tr>
<tr>
<td>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</td>
<td>Yes</td>
</tr>
<tr>
<td colspan="3">Starting in 2022, prospective Council members will self-assess against the competencies and their results will be used to upskill those members along with other members of Council and to enable them to address the identified gaps in knowledge, skills, and attributes considered essential to becoming competent Council members.</td>
</tr>
</table>

		ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement:	Partially
			• Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link to the website if training topics are public **OR** list orientation training topics. The curriculum for the training of eligible Council members is currently under development. The duration of the orientation training will be 4 hours. The aim of the training is to provide those seeking election with education related to the expectations pertaining to the member's role and responsibilities. The training will take place prior to elections and will take place online with College staff. Training topics will include: • College's mandate • Role of Council and Committees • Council member responsibilities and expectations • Confidentiality, privacy, and conflict of interest	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional):	
		b. Statutory Committee candidates i. Met pre-defined competency and suitability criteria; and	The College fulfills this requirement:	Partially
			• The competency and suitability criteria are public: Yes *If yes, please insert a link to where they can be found, if not please list criteria.* Council directed the Competency Profile Committee to lead the development and adoption of a competency framework that included Committee Composition Profiles for each of the Statutory Committees. Each committee must be comprised as to provide the needed mix of experience and skills to fulfill its mandate as described in the Committee Composition Profile. Specific knowledge, skills and attributes required of members appointed to statutory and non-statutory standing committees can be found starting on pages 128 to 139 of the June 11, 2021, Council Agenda Book found at: https://www.cdho.org/docs/default-source/pdfs/council/agendas/cdho_agenda_06112021.pdf#page=128 Moving forward, Statutory Committees will be populated according to the Committee Composition Profile.	

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional):	
		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.	The College fulfills this requirement: • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link to the website if training topics are public **OR** list orientation training topics for Statutory Committee. See Appendix A 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. The orientation training takes place during the first committee meeting and prior to decision making regarding specific cases.	Yes
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional):	

		c.	Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	The College fulfills this requirement: • Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link to the website if training topics are public **OR** list orientation training topics. See Appendix B 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 and takes place prior to their first Council meeting.	Yes met in 2020, continues to meet in 2021
				If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
				Additional comments for clarification (optional):	

Measure 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.		
Required Evidence	**College Response**	

a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:
 	
  i. Council meetings; and
 	
  ii. Council.
	The College fulfills this requirement:	Yes

	• Please provide the year when Framework was developed **OR** last updated.	
	• Please insert a link to Framework **OR** link to Council meeting materials where (updated) Framework is found and was approved.	
	• Evaluation and assessment results are discussed at public Council meetings: Yes	
	• *If yes, please insert a link to the last Council meeting where the most recent evaluation results have been presented and discussed.*	
	The framework to evaluate Council meetings and Council is undergoing regular development and refinement and includes both an evaluation of each Council meeting as well as evaluation of the effectiveness of Council through regular monitoring of Board performance. Council has regularly evaluated their Council meetings for many years. Cumulative results of the meeting evaluations are reviewed by both Council and Executive and the results are discussed at Council meetings.	
	• March 4, 2022 agenda included Item 13.1: Council Meeting Evaluation (for completion and discussion): *https://www.cdho.org/docs/default-source/pdfs/council/agendas/cdho_agenda_03042022.pdf*	
	Council also monitored Board performance through monitoring of the following policies: GP 6.1 (formerly GP 4.7) – Executive Committee Item 7.5 in March 2021 Meeting minutes can be found at https://www.cdho.org/docs/default-source/pdfs/council/minutes/minutes_03052021.pdf GP 4 (formerly GP 4.4) – President's Role Item 6.11 in June 2021 Meeting minutes can be found at : https://www.cdho.org/docs/default-source/pdfs/council/minutes/minutes_06112021.pdf GP5 (formerly GP 4.5) – Vice-President's role Item 6.12 in June 2021 Meeting minutes can be found at: https://www.cdho.org/docs/default-source/pdfs/council/minutes/minutes_06112021.pdf CRD 6 (formerly CRD 3.6) – Registrar CEO/Succession Item 11.3 in June 2021 Meeting minutes can be found at: https://www.cdho.org/docs/default-source/pdfs/council/minutes/minutes_06112021.pdf	

CRD-7 (formerly CRD 3.7) – Registrar CEO/Termination
Item 11.4 from June 2021 Meeting minutes can be found at: https://www.cdho.org/docs/default-source/pdfs/council/minutes/minutes_06112021.pdf

**Note that policy numbering was changed in 2021 and changes are reflected in CDHO Policy Manual at
https://www.cdho.org/docs/default-source/pdfs/policies/cdho-policy-manual.pdf

Council's complete schedule for monitoring policies and evaluating their effectiveness can be found on pages 19 and 45 of the Policy Manual.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (optional)	

		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	Partially
			• A third party has been engaged by the College for evaluation of Council effectiveness: Yes • *If yes, how often over the last five years?* • Year of last third-party evaluation. A third party will be engaged by the College to evaluate Council effectiveness in the third year of the CPMF cycle in 2022.	
	Yes		*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?*	Yes
			A full evaluation of Council effectiveness will be completed in 2022.	

		c. Ongoing training provided to Council and Committee members has been informed by:
		
		    i. the outcome of relevant evaluation(s);
		
		    ii. the needs identified by Council and Committee members; and/or
			The College fulfills this requirement:	Yes

			• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training.
			
			• Please insert a link to Council meeting materials where this information is found **OR**
			
			• Please briefly describe how this has been done for the training provided <u>over the last year</u>.
			
			• 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 by way of a survey and a summary of assessments of governance performance through the prior year. Council allocates the day prior to the Council meeting for training and education.
			
			• In a survey of Council members in November 2020, Council members identified their need for training in the following areas for 2021:
			
			    o Current Regulatory Issues and Trends – 73%
			    o RHPA and other regulated legislation – 46%
			    o Policy Development – 46%
			    o Reading Financial Statements – 46%
			    o Assessing Monitoring Reports – 40%
			    o Core Regulatory Activities of the College – 33%
			    o Specific Duties and Functions of the College – 33%
			    o Role of a Council Member – 26%
			    o Robert's Rules of Order – 26%
			    o Dental Hygiene Practice – 26%
			    o Foundational Concepts of Self-Regulation – 26%
			    o Ten Principles of Policy Governance – 20%
			    o Fiduciary Duty – 13%	

- This information was used in the planning for the following workshops/training which were held in 2021:

2021 Council Workshops/Meetings	Topic	Facilitator
January 21 Workshop	Council Orientation (Foundational Concepts, Governance, Roles, Fiduciary Duties, Confidentiality)	Julie Maciura, SML
January 22 Workshop/Meeting	Conflict of Interest, Bias, Off-Duty Conduct	Julie Maciura, SML
March 4 Workshop	Regulatory Modernization Stakeholder Roles and Relationships	Caroline Lotz Jane Keir
March 5 Meeting	Risk-Based, Right-Touch Regulation	Deborah Adams
June 4 Workshop	Financial Literacy Diversity & Inclusion	Hilborn LLP Canadian Centre for Diversity and Inclusion
September 17 Workshop	Facilitative Chair Workshop Part 1	Facilitation First Inc.
September 24 Meeting	Learnings From the Pandemic	Rebecca Durcan, SML
November 26 Workshop	Facilitative Chair Workshop Part 2	Facilitation First Inc.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (optional):	

		iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion. Further clarification: Colleges are encouraged to define public expectations based on input from the public, their members and stakeholders. Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.	The College fulfills this requirement: • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training. • Please insert a link to Council meeting materials where this information is found **OR** • Please briefly describe how this has been done for the training provided <u>over the last year</u>. CDHO staff and Council completed a DEI Training/Awareness Workshop in 2021 facilitated by the Canadian Centre for Diversity and Inclusion. A DEI Committee has been established at staff level to develop a framework for DEI initiatives at the College. The Council also completed training in risk management in 2021. Ongoing development and refinement of both risk management and Diversity, Equity, and Inclusion initiatives is currently underway.	Yes
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional):	

DOMAIN 1: GOVERNANCE	STANDARD 2	**Measure** **2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.**		
		Required Evidence	**College Response**	
		a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is: i. reviewed at least every threeyears to ensure it reflects current legislation, practices,public expectations, issues, and emerging initiatives (e.g. Diversity, Equity and Inclusion); and Further clarification: Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders and the public. While there will be similarities across Colleges such as Diversity, Equity and Inclusion, this is also an opportunity to reflect additional issues, expectations and emerging initiatives unique to a College or profession.	The College fulfills this requirement:	Yes
			• Please provide the year when Council Code of Conduct and 'Conflict of Interest' Policy was last evaluated/updated. • Please briefly describe any changes made to the Council Code of Conduct and 'Conflict of Interest Policy' resulting from the review. The CDHO Council Code of Conduct is contained in CDHO Bylaw 5, Sections 3.7 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 GP 6.4 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 (16.) (last updated 18/09/2020) and can be found on our website at https://www.cdho.org/docs/default-source/pdfs/reference/bylawno5.pdf	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		ii. accessible to the public.	The College fulfills this requirement:	Yes
			• Please insert a link to the 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 3.7 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	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e. cooling off Further clarification: Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			• Cooling off period is enforced through: By-law • Please provide the year that the cooling off period policy was developed **OR** last evaluated/updated. • Please provide the length of the cooling off period. • How does the college define the cooling off period? − 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 of period has been discussed and decided upon; **OR** − Where not publicly available, please describe briefly cooling off policy. 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/agendas/cdho_agenda_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#page=112	

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		c. The College has a conflict of interest questionnaire that all Council members must complete annually. Additionally: 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	The College fulfills this requirement: • Please provide the year when conflict of interest the questionnaire was implemented *OR* last evaluated/updated. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes The annual declaration for 2021 for Council members can be viewed under item 3.1 on page 16 in the Agenda for the March 5, 2021 meeting at https://www.cdho.org/docs/default-source/pdfs/council/agendas/cdho_agenda_03052021.pdf#page=16 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 3, 2021 Council meeting under item 3.1 on page 3 at https://www.cdho.org/docs/default-source/pdfs/council/minutes/minutes_12032021.pdf#page=3	Yes
		iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest specific to the meeting agenda.	*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?*	Choose an item.
			Additional comments for clarification (optional)	

		d. Meeting materials for Council enable the public to clearly identify the public interest rationale 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).	The College fulfills this requirement: • Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale. Items brought to Council for decisions continue to be 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. Included in each briefing note is the public protection rationale related to the issue. The briefing notes are contained in the agenda book, which is publicly available on the College website. The following example on page 71 of the December 3, 2021 Council Agenda book demonstrates this process: https://www.cdho.org/docs/default-source/pdfs/council/agendas/cdho_agenda_12032021.pdf#page=71	Yes met in 2020, continues to meet in 2021
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

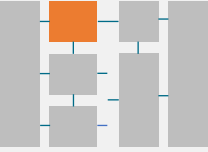|				
		e. The College has and regularly reviews a formal approach to identify, assess and manage internal and external risks. This approach is integrated into the College's strategic planning and operations. Further clarification: Formal approach refers to the documented method or which a College undertakes to identify, assess and manage risk. Thismethod or process should be regularly reviewed and appropriate. Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations. Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.	The College fulfills this requirement: • Please provide the year the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College **OR** Council meeting materials where the risks were discussed and integrated into the College's strategic planning activities. The Council completed training in risk management in 2021. Ongoing development and refinement of a formal approach to identify, assess and manage risk is underway. The goal is to move toward developing a risk profile that can be used both internally and externally. Our QA, Registration and ICRC internal processes mitigate risk to the public by ensuring that only qualified professionals practise and that they provide safe, ethical dental hygiene care.	Partially
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (if needed)	

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

		Measure		
		3.1 Council decisions are transparent.		
		Required Evidence	**College Response**	
DOMAIN 1: GOVERNANCE	**STANDARD 3**	a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College's website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement: • Please insert a link to the webpage where Council minutes are posted. • Please insert a link to where the status updates on implementation of Council decisions to date are posted **OR** where the process for requesting these materials is posted.	Yes met in 2020, continues to meet in 2021
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		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).
		   i. the meeting date;
		   ii. the rationale for the meeting;
		   iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and
		   iv. if decisions will be ratified by Council.
			The College fulfills this requirement:
			
			• Please insert a link to the webpage where Executive Committee minutes / meeting information are posted.
			
			The Council's Governance Process policy GP 6.1 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 Regulated Health Professions Act 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. Policy GP 6.1 can be found at:
			
			https://www.cdho.org/docs/default-source/pdfs/policies/cdho-policy-manual.pdf
			
			If 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." If such a decision was made, it would be declared in the report from the Executive Committee to the Council meeting.
			
			In 2021, the Executive Committee made no such decisions on behalf of Council.
				Yes

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

Measure	
3.2 Information provided by the College is accessible and timely.	

Required Evidence	College Response	
a. With respect to Council meetings: 　i. Notice of Council meeting and relevant materials are posted at least one week in advance; and 　ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Yes
	• Please insert a link to where past Council meeting materials can be accessed **OR** where the process for requesting these materials is clearly posted. 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 Council meeting agendas from September 30, 2016 forward and meeting minutes from January 20, 2009 forward are currently available and accessible on the College's website.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:	Yes
	• Please insert a link to the College's Notice of Discipline Hearings. Upcoming Discipline Hearings are posted on our website at least one month in advance at https://selfservice.cdho.org/Pages/en_US/Forms/Public/WebSite/UpcomingHearings.aspx	

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

Measure
3.3 The College has a Diversity, Equity and Inclusion (DEI) Plan.

Required Evidence	College Response	
a. The DEI plan is reflected in the Council's strategic planning activities and appropriately resourced within theorganization to support relevant operational initiatives (e.g. DEI training for staff).	The College fulfills this requirement: • Please insert a link to the College's DEI plan. • Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved. CDHO staff and Council completed a DEI Training/Awareness Workshop in 2021 facilitated by the Canadian Centre for Diversity and Inclusion. A DEI Committee has been established at staff level to develop a framework for DEI initiatives at the College. There is ongoing discussion and development of a plan to support operational and Council initiatives.	Partially
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
	Additional comments for clarification (optional)	

		b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. Further clarification: Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders and patients it serves.	The College fulfills this requirement: • Please insert a link to the Equity Impact Assessments conducted by the College **OR** please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program or process) in which Equity Impact Assessments were conducted. The CDHO is currently developing their approach to ensure that decisions are fair and that all policies or program in place at the College are not discriminatory. Council training and education on the issue is ongoing. It is expected that informed discussions will lead to the development of an appropriate equity Impact Assessment tool.	Partially
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional)	

		Measure
		4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.

		Required Evidence	**College Response**	
DOMAIN 2: RESOURCES	**STANDARD 4**	a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated. Further clarification: 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.	The College fulfills this requirement: • Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan **AND** a link to most recent approved budget. • Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. The Senior Leadership Team (Management) spend a full day prior to developing the annual 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. When necessary, quotes are gathered prior to the completion of the annual budget that will be presented to Council for approval to ensure costing is in alignment with the budgeted amount. 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. The Council approved the 2022 budget at the December 3, 2021 meeting. Reference motions: 6.0 Governance Process Items for Decision 6.1 Motion to approve the 2022 Operations budget (page 3 of 8) CDHO Meeting Minutes December 3, 2021	Yes
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		b. The College:
		    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
		    ii. possesses the level of reserve set out in its "financial reserve policy".
			The College fulfills this requirement:	Yes

- Please insert a link to the "financial reserve policy" **OR** Council meeting materials where financial reserve policy has been discussed and approved.

- Please insert the most recent date when the "financial reserve policy" has been developed **OR** reviewed/updated.

- Has the financial reserve policy been validated by a financial auditor? Yes

The CDHO Council policies (link) 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.

CDHO Policy Manual FINANCIAL CONDITIONS AND ACTIVITIES (pages 7 – 10)
    EL-3 Planning
    EL-4 Financial Conditions and Activities
    EL-5 Protection of Assets

Policy	Evidence in Minutes	Last reviewed/updated
EL-3	September 24, 2021 Meeting Minutes	Last reviewed in September 2021 – no updates (evidence in meeting minutes) *
EL 3 #5	September 24, 2021 Meeting Minutes	Last reviewed in September 2021 – no updates (evidence in meeting minutes) *
EL 4 #4	September 18, 2020 Meeting Minutes	Last reviewed in September 2020 – no updates (evidence in meeting minutes)
EL 4 #4.5	September 18, 2020 Meeting Minutes	Last reviewed in September 2020 – no updates (evidence in meeting minutes)
EL 5	December 4, 2020 Meeting Minutes	Last reviewed December 2020 – no updates (section 9.1 – pg. 6 of the minutes)

* Last reviewed March 4, 2022 – no updates. Meeting minutes have not been approved yet, but the policies are listed on the March agenda here:

March 4, 2022 Council Meeting Agenda

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?   Choose an item.

			Additional comments for clarification (if needed)

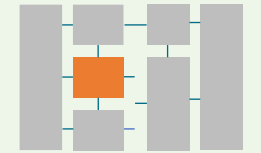|				
		c. Council is accountable for the success and sustainability of the organization it governs. This includes: i. regularly reviewing and updating written operational policies to ensure that the organizationhas the staffing complementit needs to be successful now and, in the future (e.g. processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).	The College fulfills this requirement: • Please insert a link to the College's written operational policies which address staffing complement to address current and future needs. • Please insert a link to Council meeting materials where the operational policy was last reviewed. **Note:** Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success. CDHO Policy Manual EL-2 Treatment of Staff (page 6) COUNCIL-REGISTRAR/CEO DELEGATION (pages 17 – 24) Council Registrar/CEO Succession Policy: As outlined in the CDHO Policy Manual CRD-6 Registrar/CEO Succession (pages 21 – 22) Operational Succession Policy summary: A succession plan has been developed for operational purposes. This plan addresses the following: • 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. • Training and developing existing staff, and external recruitment. • Completion of 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.	Yes
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

			The College fulfills this requirement:	Yes
		ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	• Please insert a link to the College's data and technology plan which speaks to improving College processes **OR** please briefly describe the plan. CDHO's IT department meets weekly with its external IT provider. Areas that are addressed: 1. Data security/cyber security 2. Best practices 3. New technology 4. Staff training – cyber security/software 5. IT infrastructure improvements CDHO's IT department works closely with all departments on a regular basis to discuss departmental needs with respect to: 1. Database capabilities 2. Database improvements e.g., automating processes, registrant/stakeholder experience 3. Frequent meetings prior to annual registrant renewals – updates and testing included in these meetings 4. Debrief sessions post-IT deployment/renewal process/new IT developments 5. Reporting/analytics tools 6. Training When budgeting for the College's annual technology plan, the following is considered: 1. Departmental database upgrades 2. CDHO's IT Infrastructure – upgrades/replacements 3. Unforeseeable projects 4. IT staffing and support requirements	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

DOMAIN 3: SYSTEM PARTNER	
STANDARD 5 and STANDARD 6	

Measure / Required evidence: N/A	**College response**
	Colleges are requested to provide a narrative that highlights their organization's best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.
	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 dialogue.
The two 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 two standards.

Instead, Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health.

Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners. | **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.**

Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession 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 practices. In particular, a College is asked to report on:

- *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.).*

The CDHO regularly engages with our System Partners to execute our mandate to regulate the practice of dental hygiene in the interest of the overall health and safety of the public of Ontario. Monitoring changes in dental hygiene practice and technology includes consultation with many System Partners that 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, Colleges and Universities, the Ministry of Health and Long-Term Care, Public Health Ontario and the Citizen Advisory Group. Consultation and collaboration with our System Partners are integral to informing the policies and programs put in place by the College aimed at aligning the practices of our registrants across all areas where the profession practices. The following examples illustrate how engagement with System Partners has influenced and helped to guide our work. |

1. The [COVID-19: College of Dental Hygienists of Ontario Guidance on Returning to Dental Hygiene Practice:](#) guidelines were originally developed in 2020 for registrants by the College following consultation and information released by various groups including Health Canada, CDC, Public Health Ontario, PIDAC, PHAC, other public health authorities and experts in the field. Current research and evidence as well as inquiries from members of the public, were regularly monitored by the practice advisory service and as new evidence emerged regarding the virus, the document was updated accordingly. The guidelines were 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 has not been 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 when indicated since the initial guideline release in May 2020.

    In April, 2021 the Ontario Oral Health Colleges joined together in an effort to align the guidance provided to our respective professions as a response to changing evidence related to COVID-19. The guidance provided by the individual colleges was carefully reviewed by working group members from the four colleges in an effort to identify areas where the guidance was unclear or misaligned with an eye to bringing the guidance into line. Revised guidance was provided to registrants of the four Colleges in a coordinated release in July 2021.

2. The CDHO is a member of the FDHRC (Federation of Dental Hygiene Regulators of Canada). In 2021, the Federation recognized the need to update the [Entry-to-Practice Canadian Competencies for Dental Hygienists](#) that were developed in 2010. In 2021, a number of System Partners including the national regulatory colleges, educators from across Canada, a project consulting team with expertise in competency profile development, representatives of the professional associations and a national accrediting body worked together to update the competencies. As stated in the competency document, "The dental hygienist competencies listed in this document provide a single, pan-Canadian entry-level benchmark for practitioners, educators, regulators, assessment and accreditation providers, other stakeholders, and the public." The NDHCE (National Dental Hygiene Certification Exam) is administered by the NDHCB (National Dental Hygiene Certification Board) and is based on the National Competencies. Successful completion of this exam is an entry-to-practice level requirement for registration to practise dental hygiene in all Canadian jurisdictions including Ontario. The new competencies will be incorporated in Canadian Dental Hygiene programs and the NDHCE over the next few years. This important initiative will help to ensure that the public will receive the safest, most up-to-date and current evidence-based treatment from competent practitioners.

Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.

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 asked to provide information by system partners, or where the College proactively seeks information in a timely manner.
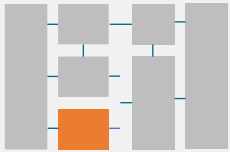
- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*

- *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 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).*

The CDHO regularly engages with a number of system partners such as other regulators, educators and other provincial and national organizations involved in the practice of dental hygiene. The relationships between all system partners is collegial and collaborative and provide valuable information that is used to assist the College in responding to and identifying changing public/societal expectations. These relationships are maintained through regular correspondence and meetings with the various partners. The following is an example of how a system partner has helped to inform College initiatives.

In late 2020, the College surveyed members of the public to gauge their perception of the treatment they have received from their dental hygienist. The results were received in March 2021. This survey was a follow-up to a similar survey conducted in 2018. 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 purpose of these surveys is to understand, from a representative sample of Ontarians, their views of the services provided and received from dental hygienists. The service attributes asked about in the questionnaires largely corresponded to practice standards for dental hygienists. This study, conducted in late 2020, compared data to that collected in 2018. Data collection for this study occurred between December 21, 2020 and January 6, 2021, and involved individuals who had accessed dental hygiene services in the last two years. Note that the two-year timeframe was chosen to minimize the impact of COVID-19, as it was anticipated that some individuals may have put-off a yearly visit to their hygienist as a result of the global pandemic, and in fact, results showed that about a quarter of respondents did indeed postpone a visit due to COVID-19. While the previous 2018 study used a one-year time frame for respondents to have seen a dental hygienist, the CDHO had not significantly changed practice standards within the previous year, and it was an assumption that combining two years' worth of visits in this survey would not significantly impact results.

The CDHO continues to use 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 and is used by various departments of the College to help inform their activities. In 2021, the College initiated a comprehensive evaluation of the Quality Assurance Program, and the results of this survey will be considered in the review. All College programs and initiatives undergo regular evaluations to help inform decisions regarding changes to programs and policy development such as practice guidelines and Standards of Practice.
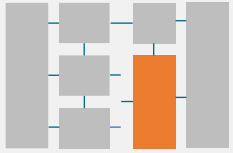
		Measure
		7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.

		Required Evidence	**College Response**	
DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement: • Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information. All personal information provided to CDHO will be collected, used and disclosed in accordance with the CDHO Privacy Policy. https://www.cdho.org/about-the-college/transparency-agenda/cdho-privacy-code 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	Yes
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		ii.	uses cybersecurity measures to protect against unauthorized disclosure of information; and iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.	The College fulfills this requirement:	Yes
				• Please insert a link to policies and processes **OR** please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. • Cyber Security measures: CDHO risks related to IT have been further mitigated through 2021 with the transition to an external IT provider who monitor CDHO's IT infrastructure 24/7. CDHO reviewed and enhanced the Backup and Disaster Recovery system that provides full on-site and off-site failover and recovery options. Advanced Threat protection is in place on CDHO's in-office firewall including content and web filtering. End points are protected via a DNS (Domain Name System) filter agent that prevents access to malicious sites and other content-related sites. Security violations are monitored 24/7 by Security Operations Center via EDR (Endpoint Detection and Response), SIEM (Security Information and Event Management) and DNS agents. Alerts for incidents are generated and sent to the Security Team where they are reviewed, triaged, and actioned based on existing policies and procedures. Monthly cyber education and training via KnowB4 is mandatory for all CDHO staff. Fall of 2020, CDHO commissioned a full IT security assessment through a third-party provider; as of December 2021, all recommendations have been implemented from the assessment. • Accidental or Unauthorized disclosure of information: All personal information provided to CDHO will be collected, used and disclosed in accordance with the CDHO Privacy Policy. https://www.cdho.org/about-the-college/transparency-agenda/cdho-privacy-code 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 CDHO has developed educational material that is available for staff. 'Quick Guide: Steps to Deal with a Privacy Breach'. This document outlines the 3-step process that must be taken when a suspected breach has occurred: STEP 1: Immediately Alert Your Manager / Senior Management Team STEP 2: Identify the Scope of the Breach and Take Steps to Contain It STEP 3: Investigate and Remediate	
				If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

			Additional comments for clarification (optional)

	Measure
	8.1 **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).**

<table>
<tr>
<td rowspan="5" style="writing-mode: vertical-lr">DOMAIN 5: REGULATORY POLICIES</td>
<td rowspan="5" style="writing-mode: vertical-lr">STANDARD 8</td>
<td>Required Evidence</td>
<td colspan="2">College Response</td>
</tr>
<tr>
<td rowspan="2">a. The College regularly evaluates 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.</td>
<td>The College fulfills this requirement:</td>
<td>Yes met in 2020, continues to meet in 2021</td>
</tr>
<tr>
<td colspan="2">

Please 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 OR please briefly describe the College's evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved).

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. 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, Colleges 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.
</td>
</tr>
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<td></td>
<td>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</td>
<td>Choose an item.</td>
</tr>
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<td colspan="2">Additional comments for clarification (optional)</td>
</tr>
</table>

		b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines: i. evidence and data; ii. the risk posed to patients / the public; 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.	The College fulfills this requirement:	Yes
			• Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components **OR** please briefly describe the College's development and amendment process. The COVID-19: College of Dental Hygienists of Ontario Guidance on Returning to Dental Hygiene Practice: guidelines were developed for registrants by the College following consultation and information released by various groups including Health Canada, CDC, Public Health Ontario, PIDAC, PHAC, other public health authorities and experts in the field. Current research and evidence as well as inquiries from members of the public were regularly monitored by the practice advisory service and as new evidence emerged regarding the virus, the document was updated accordingly. The guidelines were 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 has not been 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 when indicated since the initial guideline release in May 2020. Revised guidance was provided to registrants in 2021 as a response to changing evidence related to COVID-19: o COVID-19: College of Dental Hygienists of Ontario Guidance on Returning to Dental Hygiene Practice: developed jointly with the RCDSO, CDO and CDTO updated July 29, 2021 o College of Dental Hygienists of Ontario: Guidance on the Extended Use of N95 Respirators/Masks During a Supply Shortage was rescinded as the supply shortage is not currently an issue	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.	The College fulfills this requirement: • Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. CDHO staff and Council completed a DEI Training/Awareness Workshop in 2021 facilitated by the Canadian Centre for Diversity and Inclusion. A DEI Committee has been established at staff level to develop a framework for DEI initiatives at the College. Ongoing development and refinement of Diversity, Equity, and Inclusion initiatives is currently underway and will inform revisions to the College's policies, guidelines, standards and the CDHO Code of Ethics so that these principles and values are reflected in the care provided by the registrants of the College.	Partially
	Yes		*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?*	Yes
			Additional comments for clarification (optional)	

		Measure 9.1 Applicants meet all College requirements before they are able to practice.	

		Required Evidence	**College Response**	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (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].	The College fulfills this requirement: • Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements **OR** please briefly describe in a few words the processes and checks that are carried out. • Please insert a link **OR** please briefly describe 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.). No changes have been made to the registration process in 2021.	Yes met in 2020, continues to meet in 2021

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[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.

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		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, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).	The College fulfills this requirement:	Yes
			• Please 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 practice etc.), a link to Council meeting materials where these have been discussed and decided upon **OR** please briefly describe the process and checks that are carried out.	
			• Please provide the date when the criteria to assess registration requirements was last reviewed and updated.	
			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). 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).	
			The criteria to assess registration requirements was last reviewed and updated as part of our proposal to amend registration regulation which was submitted to government in November 2021.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		Measure 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
		a. A risk-based approach is used to ensure that currency[3] and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:	Yes
			• Please briefly describe the currency and competency requirements registrants are required to meet.	
			• Please briefly describe how the College identified currency and competency requirements.	
			• Please provide the date when currency and competency requirements were last reviewed and updated.	
			• Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done.	
			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.	
			On their annual registration renewal: • Registrants self-declare currency on change status applications, reinstatement applications. • Registrants self-declare conduct, insurance, and work authorization on annual renewal and on applications to change status or reinstate.	
			An annual insurance audit is conducted on random 5% of active registrants.	
			Currency is not addressed for registrants who continue to hold general or specialty registration, though the current proposed regulation change will address this gap. Currency requirements were last reviewed in preparation for the proposed changes to the regulation.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

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[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).

		Measure		
		9.3 Registration practices are transparent, objective, impartial, and fair.		
		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).	The College fulfills this requirement: • Please insert a link to the most recent assessment report by the OFC **OR** please provide a summary of outcome assessment report. • Where an action plan was issued, is it: No Action Plan Issued 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?practice-rptspage=1 The College was informed by the OFC that as they fully transition to their new framework, and work towards implementing the FARPACTA regulations, they have decided to revisit the questions that they pose in their annual Fair Registration Practices (FRP) report to make sure that they properly align with these two initiatives. As a result, they have notified the CDHO of their decision to delay the filing of their 2021 FRP reports until the Fall of 2022, when an updated set of questions will be circulated.	Yes
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

DOMAIN 6: SUITABILITY TO PRACTICE	**STANDARD 10**	**Measure** **10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.**

Required Evidence	**College Response**	
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 standard, FAQs, or supporting documents). Further clarification: Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.	The College fulfills this requirement: • Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: − Name of Standard − Duration of period that support was provided − Activities undertaken to support registrants − % of registrants reached/participated by each activity − Evaluation conducted on effectiveness of support provided 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 Milestones 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: Minor revisions were made to the *Covid-19 CDHO Guidance of IPAC in Dental Hygiene Practice*, which provided greater clarity on particular measures, rather than changed them (ex. standardizing terminology and alignment of PPE requirements with other oral health regulators). 100% of registrants were notified by email announcements, an update was posted to website news feed, and Practice Advisors continued to be available for questions/clarification. No further activities were undertaken to inform or follow up with registrants due to the limited scope of the revision. We haven't evaluated. When COVID situation is over, we will evaluate. • Does the College always provide this level of support: Yes *If not, please provide a brief explanation:*	Yes met in 2020, continues to meet in 2021
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

		Measure:		
		10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation[4].		
		a. The College has processes and policies in place outlining: 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;	The College fulfills this requirement: • Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified **OR** please insert a link to the website where this information can be found. • Is the process taken above for identifying priority areas codified in a policy: Choose an item. *If yes, please insert link to policy:*	Yes met in 2020, continues to meet in 2021
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

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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).

		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 of multiple assessment activities); and	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021

			• Please 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** please briefly describe right touch approach and evidence used.
			• Please provide the year the right touch approach was implemented **OR** when it was evaluated/updated (if applicable).
			If evaluated/updated, did the college engage the following stakeholders in the evaluation:
			   − *Public* Yes
			   − *Employers* No
			   − *Registrants* Yes
			   − *other stakeholders* Yes	

Yes			*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?*	Yes
			In addition to measures reported in 2020, a new TQI Survey was conducted in late 2020 / early 2021, a registrant survey is scheduled for 2022 (in progress), and a full QA Program evaluation is scheduled for 2022 (in progress).	
		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			• Please insert a link to the document that outlines criteria to inform remediation activities **OR** list criteria.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

		Additional comments for clarification (optional)		

Measure:
10.3   The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.

a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.	The College fulfills this requirement:		Yes	
	• Please insert a link to the College's process for monitoring whether registrant's complete remediation activities **OR** please briefly 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. • Please insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation **OR** please briefly 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.			
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?		Choose an item.	
	Additional comments for clarification (if needed)			

		Measure
		11.1 The College enables and supports anyone who raises a concern about a registrant.

<table>
<tr>
<td rowspan="3" style="writing-mode:vertical">DOMAIN 6: SUITABILITY TO PRACTICE</td>
<td rowspan="3" style="writing-mode:vertical">STANDARD 11</td>
<td>Required Evidence</td>
<td colspan="2">College Response</td>
</tr>
<tr>
<td rowspan="2">a.   The different stages of the complaints process and all relevant supports available to complainants are:
i.   supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up;
ii.   clearly 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); and</td>
<td>The College fulfills this requirement:</td>
<td>Yes</td>
</tr>
<tr>
<td colspan="2">

• Please insert a link to the College's website that clearly describes the College's complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant.

• Please insert a link to the polices/procedures for ensuring all relevant information is received during intake **OR** please briefly describe the policies and procedures if the documents are not publicly accessible.

Overview of complaints process:

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 here
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 here
https://www.cdho.org/for-the-public/public-education-program/funding-for-therapy-and-counselling

Policy / Procedure Overview:

The College's complaint intake protocol includes acknowledging receipt of the complaint; contacting the complainant to discuss the process; verifying the concerns identified to ensure all relevant information has been received; and having the complainant sign a confirmation of issues form to ensure that the College has understood their complaint or concerns correctly. All correspondence sent to the parties informs of the next steps in the process.

</td>
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</table>

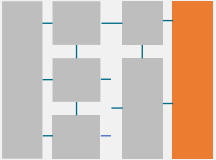| *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?*	Choose an item.
Additional comments for clarification (optional)	

		iii.	evaluated by the College to ensure the information provided to complainants is clear and useful.	The College fulfills this requirement:	Yes
				• Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. The College uses standardized correspondence during the complaints process to ensure that information provided to complainants is consistent and useful. These templates are reviewed regularly by staff and updated as needed. The College conducts a full audit of its complaint process every five years by external legal counsel. Legal counsel reviews all templates to ensure that the information is clear and accurate. Additionally, the College sends all complainants a voluntary feedback survey near the end of the complaints process that invites them to provide comments on their experience, including on whether the information provided by the College was clear and helpful. Feedback received from these surveys is reviewed and incorporated into the College's protocols as appropriate.	
				If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
				Additional comments for clarification (optional)	
		b.	The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:	Yes
				The College's Professional Conduct department has an administrative policy to respond to all inquiries within two (2) business days. The Professional Conduct department responded to 100% of inquiries during 2021 within five business days.	
				If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
				Additional comments for clarification (optional)	

		c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g. translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement: • Please list supports available for public during complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. Supports available to the public during the complaints process include: • Access to interpretation / translation services • A dedicated Case Manager to serve as a central point of contact to respond to questions, to provide guidance about the process, and to give updates on progress of the complaint • Staff availability outside of regular business hours where required • Tailored assistance to complainants with a disability to ensure accessibility Complainants are made aware of the supports available upon initial intake of their complaint, and, where needed, by College staff during the course of the complaints process.	Yes
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		Measure
		11.2 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.

	a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	The College fulfills this requirement:	Yes
		• Please insert a link to document(s) outlining how complainants can contact the College during the complaints process **OR** please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process **OR** please provide a brief description. Complainants are assigned a dedicated Case Manager to serve as a central point of contact to respond to questions, to provide guidance about the process, and to give update on the progress of the complaint. Complainants can contact their Case Manager by phone, e-mail, fax, or post. All correspondence contains the contact details of the Case Manager and an invitation to contact them if there are any questions. 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.	
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

			Additional comments for clarification (optional)	

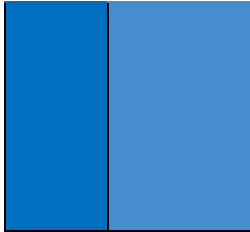|		**Measure** **12.1 The College addresses complaints in a right touch manner.**		
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement: • Please insert a link to guidance document **OR** please briefly describe the framework and how it is being applied. • Please provide the year when it was implemented **OR** evaluated/updated (if applicable). Risk Matrix for Evaluating Complaints The College's ICRC employs the following risk matrix when determining how to address complaints: https://www.cdho.org/docs/default-source/pdfs/icrc/icrc-risk-assessment-dm-tool.pdf. This risk matrix was last updated in 2020. Complaint Triage Protocol The College formalized its complaint triage protocol in 2021; a numeric value is assigned to complaints upon intake, based on factors such as: the nature of the alleged conduct; the registrant's prior history; risk to other clients (e.g. infection prevention and control). This value is assigned in the College's case tracking database and used to prioritize complaints based on their assessed risk.	Yes
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		Measure
		13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 13	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.	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021

The College fulfills this requirement:

- Please insert a link to the policy **OR** please briefly describe the policy.

- Please 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').

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.

The College has participated with other colleges through Health Professions Regulators Ontario in the development of a policy for disclosure of information to third parties.

Over the past year, the College has shared information regarding the following matters:
- Information related to potential professional conduct concerns about a regulated health professional with their regulatory college (e.g., RCDSO)
- Information related to potential infection prevention and control concerns about a clinic with the local public health unit
- Information related to concerns regarding a registrant to the registrant's employer (e.g., notifications of suspensions or terms, conditions, or limitations on a certificate of registration)
- Examples of other disclosures not within the past year include:
  - 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
  - Disclosure of concerns regarding illegal activity (e.g. fraud) to the appropriate investigative/regulatory body (e.g. police, insurance agency)

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (if needed)	

		Measure 14.1 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.	
DOMAIN 7: MEASUREMENT, REPORTING AND IMPROVEMENT	**STANDARD 14**	**Required Evidence**	**College Response**
		a. Outline the College's KPI's, including a clear rationale for why each is important.	The College fulfills this requirement: • Please insert a link to a 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), a link to Council meeting materials where this information is included **OR** list KPIs and rationale for selection.
			Yes met in 2020, continues to meet in 2021
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

			Additional comments for clarification (if needed)	
		b. The College regularly reports to Council on its performance and risk review against: i. stated strategic objectives (i.e. the objectives set out in a College's strategic plan); ii. regulatory outcomes (i.e. operational indicators/ targets withreference to the goals weare expected to achieveunder the RHPA); and iii. its risk management approach.	The College fulfills this requirement: • Please insert a link to Council meetings materials where the College reported to Council on its 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. Evidence of monitoring of performance and risk information to assess the College's progress against stated strategic objectives and regulatory outcomes can be found in the 2021 Council meeting minutes: – January 22, 2021 at https://www.cdho.org/docs/default-source/pdfs/council/minutes/minutes_01222021.pdf – March 5, 2021 at https://www.cdho.org/docs/default-source/pdfs/council/minutes/minutes_03052021.pdf – June 11, 2021 at https://www.cdho.org/docs/default-source/pdfs/council/minutes/minutes_06112021.pdf – September 24, 2021 at https://www.cdho.org/docs/default-source/pdfs/council/minutes/minutes_09242021.pdf – December 3, 2021 at https://www.cdho.org/docs/default-source/pdfs/council/minutes/minutes_12032021.pdf	Yes met in 2020, continues to meet in 2021
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

		Measure
		14.2 Council directs action in response to College performance on its KPIs and risk reviews.

		The College fulfills this requirement:	Yes
a.	Council uses performance and risk review findings to identify where improvement activities are needed.	• Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities. 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 nonachievement. In the past year, there have been no instances where there was insufficient evidence of progress. 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 on pages 17–19 at https://www.cdho.org/docs/default-source/pdfs/policies/cdho-policy-manual.pdf	
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (if needed)	

		Measure
		14.3 The College regularly reports publicly on its performance.

		The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
a.	Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website.	• Please insert a link to the 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/	
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

Additional comments for clarification (if needed)

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.
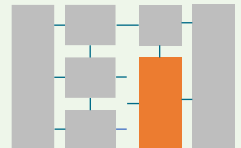
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be 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 a method other than the recommended method outlined in the following Technical Document, the College is asked to provide the method in order to understand how the information provided was calculated.

The ministry has also included hyperlinks of the definitions to a glossary of terms for easier navigation.

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 11		

Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d *If a College method is used, please specify the rationale for its use:*	

Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2021*		
Type of QA/QI activity or assessment:	#	
i. Learning Portfolio	1203	*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 practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).*
ii. QA Test	1133	
iii. Practice Profile	2157	
iv. Onsite Practice Review (incl. practice environment + chart audit)	63	*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 2021. 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 13.1(a) of Standard 11.*
v. Chart Audit (charts only)	40	
vi. Clinical Competency Evaluation	2	

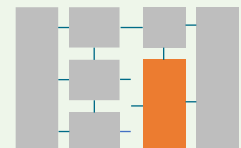|	
* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes 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*	
Additional comments for clarification (if needed) 	

![College of Dental Hygienists of Ontario - Protecting your health and your smile]

Table 2 – Context Measures 2 and 3

DOMAIN 6: SUITABILITY TO PRACTICE	
Standard 11	

Statistical data collected in accordance with the recommended method or the College own method: Choose an item.

If a College method is used, please specify the rationale for its use:

Context Measure (CM)			
	#	%	*What does this information tell us? If a registrant's knowledge, skills and judgement to practice 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 them to the College's QA Committee.*
CM 2. Total number of registrants who participated in the QA Program CY 2021	2393	16.5%	
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation as of the start of CY2021.	142	5.9%	*The information provided here shows how many registrants who underwent an activity or assessment 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 as of the start of CY 2021, understanding that some cases may carry over.*
NR			
Additional comments for clarification (if needed)			

Table 3 – Context Measure 4
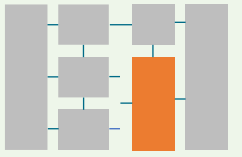
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			

Statistical data collected in accordance with the recommended method or the College's own method: Choose an item.			
If a College method is used, please specify the rationale for its use:			

Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2021:**	#	%	*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.*
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation*	110	77.5	
II. Registrants still undertaking remediation (i.e. remediation in progress)	32	22.5	

NR
* This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2021.
**This number may include any outcomes from the previous year that were carried over into CY 2021.

Additional comments for clarification (if needed)

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE					
Standard 13					

Statistical data is collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d					
If a College method is used, please specify the rationale for its use:					

Context Measure (CM)					
CM 5. Distribution of formal complaints and Registrar's Investigations by theme in CY 2021	Formal Complaints received		Registrar Investigations initiated		
Themes:	#	%	#	%	*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.*
I. Advertising	0	0	0	0	
II. Billing and Fees	NR	NR	NR	NR	
III. Communication	8	25	NR	NR	
IV. Competence / Patient Care	16	52	9	37	
V. Intent to Mislead including Fraud	0	0	NR	NR	
VI. Professional Conduct & Behaviour	7	23	15	63	
VII. Record keeping	0	0	NR	NR	
VIII. Sexual Abuse	0	0	NR	NR	
IX. Harassment / Boundary Violations	0	0	NR	NR	
X. Unauthorized Practice	NR	NR	NR	NR	
XI. Other *<please specify>*	NR	NR	NR	NR	
Total number of formal complaints and Registrar's Investigations**	22	**100%**	20	**100%**	

Formal Complaints NR Registrar's Investigation ** 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)	

Table 5 – Context Measures 6, 7, 8 and 9

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			

Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d

If a College method is used, please specify the rationale for its use:

Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2021	25		
CM 7. Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2021	27		
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 2021	20		
CM 9. Of the formal complaints and Registrar's Investigations received in CY 2021**:	#	%	*What does this information tell us? 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.*
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	23	96	
IV. Formal complaints that proceeded to ICRC and are still pending	2	4	
V. Formal complaints withdrawn by Registrar at the request of a complainant	NR	NR	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0	

VII. Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	1	2	

ADR
Disposal
Formal Complaints
Formal Complaints withdrawn by Registrar at the request of a complainant
NR
Registrar's Investigation
\#   *May relate to Registrar's Investigations that were brought to the 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 the 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 the ICRC.

Additional comments for clarification (if needed)

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE	
Standard 13	

Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d

If a College method is used, please specify the rationale for its use:

Context Measure (CM)	
CM 10. Total number of ICRC decisions in 2021	
Distribution of ICRC decisions by theme in 2021*	# of ICRC Decisions++

Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	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	0	0	0
II. Billing and Fees	NR	NR	NR	NR	0	0	0
III. Communication	6	NR	0	0	0	0	0
IV. Competence / Patient Care	12	NR	0	NR	NR	0	NR
V. Intent to Mislead Including Fraud	NR	NR	0	NR	0	0	NR
VI. Professional Conduct & Behaviour	9	10	NR	5	0	NR	0
VII. Record Keeping	NR	0	0	NR	0	0	NR
VIII. Sexual Abuse	NR	0	0	0	0	0	0
IX. Harassment / Boundary Violations	0	0	0	0	0	0	0

	NR	NR	0	NR	0	0	NR
X. Unauthorized Practice	NR	NR	0	NR	0	0	NR
XI. Other *<please specify>*	NR	0	NR	NR	0	NR	0

*   *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 2021.*

++ 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 decisions.

NR

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 Investigation 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 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)

Total number of ICRC Decisions in 2021: 48

Other includes breach of privacy/confidentiality concerns, breach of previous order/undertaking.
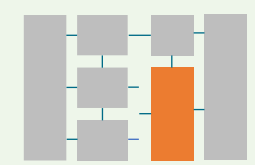
Table 7 – Context Measure 11

DOMAIN 6: SUITABILITY TO PRACTICE	
Standard 13	

Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d

If College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 11. 90th Percentile disposal of:	Days	*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 by the College.*
I. A formal complaint in working days in CY 2021	257	*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.*
II. A Registrar's investigation in working days in CY 2021	277	
Disposal		
Additional comments for clarification (if needed)		

Table 8 – Context Measure 12
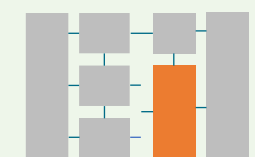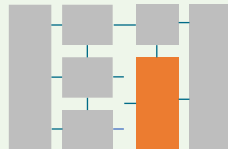
DOMAIN 6: SUITABILITY TO PRACTICE	
Standard 13	

Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d		
If a College method is used, please specify the rationale for its use:		

Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	*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.*
I. An uncontested discipline hearing in working days in CY 2021	637	
II. A contested discipline hearing in working days in CY 2021	376	*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.*

Disposal
Uncontested Discipline Hearing
Contested Discipline Hearing

Additional comments for clarification (if needed)

One discipline matter was adjourned for an extended period on consent pending the outcome of the Court of Appeal's decision in *CDHO v. Tanase*; if this case was excluded, the 90th percentile disposal of an uncontested hearing would be 183 days.
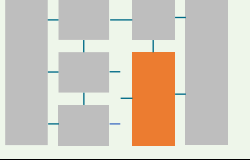
Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE	
Standard 13	

Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d

If College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		
Type	#	
I. Sexual abuse	NR	
II. Incompetence	0	
III. Fail to maintain Standard	NR	
IV. Improper use of a controlled act	0	
V. Conduct unbecoming	NR	
VI. Dishonourable, disgraceful, unprofessional	NR	*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.*
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	NR	
XII. False or misleading document	0	
XIII. Contravene relevant Acts	NR	

*   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

Additional comments for clarification (if needed)

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE	
Standard 13	

Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d
If a College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		
Type	#	
I. Revocation	NR	*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.*
II. Suspension	NR	
III. Terms, Conditions and Limitations on a Certificate of Registration	NR	
IV. Reprimand	NR	
V. Undertaking	0	

* 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 may not equal the total number of discipline cases.
Revocation
Suspension
Terms, Conditions and Limitations
Reprimand
Undertaking
NR

Additional comments for clarification (if needed)

Glossary

Alternative Dispute Resolution (ADR): Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.

Return to: Table 5

Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.

Return to: Table 8

Disposal: The day upon which all relevant decisions were provided to the registrant 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).

Return to: Table 5, Table 7, Table 8

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.

Return to: Table 4, Table 5

Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar 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.

Return to: Table 5

NR: Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases.

Return to: Table 1, Table 2, Table 3, Table 4, Table 5, Table 6, Table 9, Table 10

Registrar's Investigation: Under s.75(1)(a) of the *Regulated Health Professionals Act, 1991* (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 which must be approved by the Inquiries, Complaints and Reports Committee (ICRC). Section 75(1)(b) of the RHPA, where the ICRC receives information about a member from the Quality Assurance Committee, it may request the Registrar to conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their 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.

Return to:

Revocation: Of a member or registrant's Certificate of Registration occurs where the discipline or fitness to practice committee of a health regulatory College makes an order to "revoke" the certificate which terminates the registrant's registration with the College and therefore their ability to practice the profession.

Return to:

Suspension: A suspension of a registrant's Certificate of Registration occurs for a set period of time during which the registrant is not permitted to:

- Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g. doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

Return to:

Reprimand: 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 their practice.

Return to:

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.

Return to:

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.

Return to:

Undertaking: Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee.

Return to:

Appendix A

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.	• 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.	• 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

	Table 1.1 b. ii. Training details for all members of each Statutory Committee (Council, Non-Council and Public Members)		
Executive	1 Hour	Online facilitated training on the use of OurBoardroom (website with Council policies and documents).	• 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.	• 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.	• 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.	• 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.	• 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

ICRC	½ day	New ICRC members attend an orientation session facilitated by staff, currently held online. The orientation includes consideration of a mock complaint.	- Jurisdiction and Mandate - Key Legislation and Principles - Intake and Investigation Procedures - Complaints and Reports Review Protocols - Decisions, Reasons, Appeals
Discipline	2–3 hours 2–3 hours Full day	New Discipline Committee members attend a live orientation session facilitated by staff, currently held online. In addition, all Discipline Committee members (new and returning) attend an annual training session of approximately 2–3 hours facilitated by independent legal counsel, which has included participation in a mock hearing. The College also regularly sends members of the Committee to participate in the full-day discipline hearing training sessions (basic and advanced) offered by Health Professions Regulators Ontario.	- Jurisdiction and Mandate - Key Legislation and Principles - Roles of Participants - Pre-Hearing and Hearing Procedures - Decisions, Findings, Orders, Reasons, Appeals
Fitness to Practise	The Fitness to Practise ("FTP") Committee has not been required to meet in the history of the College	If a panel of the FTP Committee is required to meet in future, a customized training session would be arranged to be provided by external legal counsel to the panel in advance of the hearing. Topics covered would be similar to those covered in the Discipline Committee orientation.	

Appendix B

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).	• OurBoardroom platform orientation
	½ day (3 hours)	Usually in person – presentation and discussion. Online during pandemic. Facilitated by President/VP of Council and/or Registrar.	• 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	Usually in person – presentation and discussion with support person. Online during pandemic. Facilitator (legal counsel) conducts the training with Council.	• Annual Council orientation refresher on confidentiality and conflict of interest • Additional training is provided as determined by Executive Committee