



Report to CDHO Council

EXTERNAL ASSESSMENT OF COUNCIL EFFECTIVENESS

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Table of Contents

	Page
1. Introduction	2
2. Executive Summary	3
3. Emerging Themes and Analysis	5
a. Demonstrating a clear focus on public interest	
b. Assuring appropriate blend of skills and competency	
c. Working well together for greater effectiveness	
d. A sound process for identifying and reviewing risk	
e. Striving to improve Council's own effectiveness	
f. Commitment to principles of transparency and DEI	
4. Concluding Remarks	14
5. Recommendations	16
6. Appendices	
1. List of Council Education and Training, 2022	17
2. Council meeting evaluation survey template	19
3. Criteria for effectiveness guiding this assessment	23
4. Individuals who contributed to this review	24
5. About the reviewer	25

1. Introduction

1.1 This third-party assessment of the CDHO Council's effectiveness was contracted by the College to fulfill expectations set out under Measure 1.2.b of the College Performance Measurement Framework (CPMF).¹ The CPMF, which was established by the Ontario government's Ministry of Health in 2020, is the first such system-wide regulatory reporting tool of its kind in Canada, and requires all Ontario health regulatory Colleges to annually provide evidence as to how the set expectations across various domains are either met, or partially met- and their proposed plans to meet any unmet expectations going forward. The overarching aim noted in the introduction to the CPMF Reporting Tool is to help answer the following key question: *"How well are Colleges executing their mandate which is to act in the public interest?"* and this, in my view, creates a link between a regulatory Council's focus and commitment to the public interest and its overall effectiveness as a regulatory governing board.

1.2 The CPMF sets out the following expectation that *"the framework includes a third-party assessment of Council's effectiveness at a minimum of every three years, yet what constitutes 'effectiveness' of a Council has been left largely open to interpretation.* My approach in this Review process reflects my personal understanding that the expected third party assessments are not meant to constitute full blown governance reviews, but rather to more appropriately focus on how effectiveness is demonstrated at Council and Council meetings and on identifying areas where opportunities for improvement may exist.

1.3 This is an assessment of the CDHO Council, and accordingly, the Council's input and agreement on both the approach taken, and on the criteria against which its effectiveness would be assessed, was an important first step in this process.

1.4 In addition to my personal observation of two Council meetings, on September 16th and December 2nd respectively, this process was guided by regular touch point discussions, and by my review of documents and other materials provided to me by staff. Special thanks to Veronica Douglas, Terri Strawn, and Dr. Glenn Pettifer for timely responses to my questions and to all members of the CDHO Council, and staff leadership team who took the time out of their busy schedules to meet with me and share their invaluable perspectives- their collective contribution to this assessment process is acknowledged, and much appreciated.

Deanna L. Williams

1

https://www.google.ca/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKewjjiZi25678AhVKjYkEHed6BSkQFnoECAwQAw&url=https%3A%2F%2Fhealth.gov.on.ca%2Fen%2Fpro%2Fprograms%2Fhwrob%2FCPMF_summary_report.aspx&usg=AOvVaw01EGq2BGQRyypG0v_Ce9yp

2. Executive Summary

2.1 The College of Dental Hygienists of ON (CDHO) commissioned this external third-party assessment of its Council's effectiveness, to be conducted between September 2022 and February 2023. The assessment process included a review of documents, including supporting materials for the September 16th and December 2nd, 2022, Council meetings, which were personally observed; the College's Governance Manual; and copies of Council evaluation surveys conducted after each Council meeting in 2022. Considerable insights were gained through the observation of the two noted meetings, but also through 24 personal interviews conducted with individual members of CDHO Council, and with the Registrar/CEO and members of the staff leadership team, between September and November 2022.

2.2 The assessment finds that Council meetings are currently led by a President who is, and is widely seen to be, a strong and capable Chair. The observed Council meetings were well run, with timelines generally adhered to; appropriate time was allotted for discussions or debate; and Council members interacted positively with one another. Council follows several identified good practices through its noted commitment to ongoing education and training (generally occurring in conjunction with regularly scheduled Council meetings); its commitment to embrace diversity, equity and inclusion; its inclusion of a 'public interest rationale' in many of the policies and reports that are brought forward to the Council; and its efforts to facilitate the onboarding of all new Council members through its established mentoring program.

2.3 The Council demonstrates a strong commitment to improving itself through regular engagement in education and training sessions, and these are generally held in conjunction with scheduled Council meetings. A list of the Council education and training sessions held in 2022 is included in Appendix 1. Council's commitment to improving its own performance and effectiveness is further evident in its 'Council evaluation' process which, since March 2022, is publicly conducted, analyzed, and discussed at the end of each Council meeting. A copy of the survey questions used in the evaluation process can be found in Appendix 2.

2.4 Overall, Council members were observed to take their roles on Council seriously and most of Council believe that they come prepared for meetings and ready to engage in questions and discussion. Some Council members, however, said that there are a few members of Council who do not generally participate in any discussions and questioned whether this is due to a lack of preparedness on their parts, or a lack of understanding about Council's Policy Governance model and how it works.

2.5 A majority of respondents describe the current Registrar and CEO, who has been in the role for a year, as an approachable and effective regulatory leader. Many individuals referred to past issues of concern due to strained relationships between the Registrar and CEO and Council, and between the CDHO and the Dental Hygiene profession. The Registrar's efforts to build more positive relationships through better communication and embrace more open-ness and

transparency are acknowledged and appreciated by most Council members, who believe this also contributes to their own collective effectiveness.

2.6 Council meeting materials are generally provided to Council ten days to two weeks in advance which most informants say provides them sufficient time for review in advance of the upcoming meeting(s).

2.7 All informants believe that in camera meetings are used by Council appropriately and occur only in adherence with the criteria set out in legislation and policy.

2.8 The assessment reveals some concern in an observed failure of Council to collectively demonstrate a clear and unremitting focus on the public interest during its meetings. Notwithstanding that a 'Public Interest Rationale' is included in a number of monitoring reports or policies put before the Council, it was observed that the words 'public', or 'the public interest' were not articulated in the Council meeting observed on September 16th. While not evidently a primary focus for most of Council's discussions on December 2nd, 'the public' was however discussed during Council's consideration of the "Voice of the Patient Study", conducted by Pivotal Research, at the direction of the College's Ownership Linkages Committee.

2.9 A number of respondents said that the College, under its new leadership, is making considerable efforts to address and improve its overall relations with the dental hygiene profession, which were widely seen as "antagonistic" in the past. While its appropriate to consider how any Council-approved initiatives might impact key stakeholders, including both the public and the profession, the public outreach discussions were observed to be more focused on potential impacts to registered dental hygienists than to the public. These discussions, described in more detail in the section below, presented a good opportunity for Council to collectively reflect on the important principle that 'elevating' the RDH profession in the public's minds aligns more with the role of the association and not the CDHO.

2.10 Several individuals believe Council is challenged by a 'high turnover' rate-which they consider is due in part to the Government's recent tendency to appoint public members for one-year terms, but also to a declining interest amongst the profession in running for Council. In regard to high turnover concerns, it was noted that 12 of the first 17 individuals I interviewed- which included the Registrar and CEO- said they have been with the CDHO for three years or less.

2.11 Notwithstanding, many respondents say that Council is doing well, and has demonstrated resilience through the 'turmoil and instability' brought on in part by three leadership (Registrar) changes in the past three years.

2.12 Finally, CDHO Council demonstrates a strong commitment to following the model of Policy Governance which has been implemented in the past five years. Some individuals offered that the switch to Policy Governance was initially adopted to address previous issues of concern

arising from ‘blurred lines’ between operations and governance, and to ensure that going forward, the respective roles and lines of authority between the Registrar/CEO and Council remained clear and respected by all. However, many Council members describe the current policy governance model as too ‘rigid’, onerous, difficult to learn, and express concern that it gives rise to an ‘inordinate’ amount of Council’s time and energy being put towards monitoring operations and specifically the Registrar and CEO’s performance and compliance- rather than on matters that truly relate to public interest.

2.13 In response to further questioning, individuals identified ‘matters that relate to public interest’ as those things that assist in ensuring that the public consistently receives safe, competent, and quality care from their dental hygienists; example given included reviewing and revising the entry to practice and continuing competency requirements as needed (it is noted that the continuing competency program and process is already undergoing changes); maintaining and enforcing ethical and practice standards, including infection control; improving access to care, and assisting the profession in better facilitating positive collaborative relationships with those oral health care practitioners providing care to their same clients.

3. Emerging Themes and Analysis

The following findings are set out under some commonly emerging themes that align with the key assessment criteria for effectiveness used in this review. A list of the criteria applied in this assessment of Council’s effectiveness are included in Appendix 3.

a. Demonstrating an unremitting focus on the public and public interest

3.1 Most Council members believe Council does maintain a clear focus on the public interest and considers public interest when making its decisions; however, as noted above in the Executive Summary, this was not always evident in the two observed meetings of Council on September 16, 2022, or December 2, 2022.

3.2 During discussion about plans for a public outreach campaign at the December meeting, a professional member of Council expressed the view that letting the public know dental hygienists are registered is a good thing, as this “elevates us” in the minds of clients; it was observed that this view was not questioned at the time, even though it is clearly not the College’s role to promote or elevate the profession. Further discussion on this matter gave rise to additional concerns that relations between the CDHO and the dental hygiene profession (which by all accounts are starting to improve) could be negatively affected if enhanced public outreach gave rise to an increased number of complaints against dental hygienists. In my view, this was a missed opportunity for Council to collectively reflect on the role of the College, and to consider how pursuing a public outreach campaign does align with the College’s mandate to put public interests first.

3.3 Many respondents referred to past tensions between the previous College leadership and Council, as well as very challenging relations with the profession- these are widely seen to have resulted in considerable turbulence and instability for both Council and the College. Many informants told me that things are in a good place now; that the new Registrar and CEO's efforts in embracing more open-ness and transparency has rebuilt trust with Council and is seen to already be shifting the CDHO's relationship with the dental hygiene profession to a more respectful and mutually supportive one.

3.4 Notwithstanding a collective desire to maintain the general respect of the profession, a commitment going forward to *always* asking 'where does the public/ public interest factor into this matter/discussion', for all matters coming to Council for consideration and decision, can help re-set its discussions in the appropriate direction.

3.5 Since 2020, the College has included a "Public Interest Rationale" paragraph in reports and policies that are brought forward to the Council for consideration or decision. This practice aligns with identified good regulatory practices internationally and presents a great opportunity for the Council to keep public interest at the forefront of its discussion and decisions. Council could further consider advising the public *how* 'public interest' factored into its decisions or actions, by including a "Public Interest factors and considerations" section in its minutes going forward. In doing so, Council would clearly demonstrate that it considered, and was guided by public interest when discussing matters and making its respective decisions.

3.6 The minutes of Council meetings, which are included on the College's public facing website once they are approved by Council, are noted to lack details respecting the nature of the Council's discussions, and the considerations leading to its final decisions- see minutes of the meeting on September 16, 2022, below². It is suggested that going forward, Council minutes should provide more information to the public regarding the nature of Council's discussion; the public interest rationale as considered by Council, and why Council believes that a respective decision appropriately serves the public interest.

b. Assuring a blend of skills and competence on Council

3.7 All Council members said they had received some orientation training upon joining Council, and while it is CDHO's intent to provide such orientation before any individual attends their first meeting, some members said that because of timing, they did not receive much education or training before attending their first meeting. The College's lack of control over timing of appointments for public members of Council is acknowledged, but there is a strong agreement that no one should attend their first meeting without comprehensive orientation training.

3.8 The College has established a mentoring program to assist in the onboarding of new professional and public members of Council, and this aligns with good practice. The majority of

² https://www.cdho.org/docs/default-source/pdfs/council/minutes/minutes_09162022.pdf?sfvrsn=87b296a0_6

informants said the mentoring process is helpful, but some described their own experience with mentoring as 'hit or miss'. Some individuals said that apart from an initial contact they did not have any engagement with their assigned mentors, while others found their mentors to be readily available. Some who have acted as mentors said they did not feel that their efforts to reach out to their assigned 'mentees' were very successful. Notwithstanding, most individuals said they are in favor of maintaining a more consistently delivered, and structured mentoring program.

3.9 There is general agreement that the onboarding of new Council members could be improved; several members said that the orientation they received did not fully prepare them for their role on Council, or in understanding Policy Governance. Most respondents said that the Council's comprehensive orientation training should continue to provide information about the College and professional regulation of Dental Hygiene in Ontario but that it also needs to include more training on Policy Governance.

3.10 The College has articulated competency and skills profiles for both Council and Committee members, and these were approved by CDHO Council at its meeting on June 11, 2021. The Competency Profile for Council is not used to screen interested individuals out of consideration, but rather to communicate the general competencies or behaviors that are seen as desirable for all members of Council, as well as more specific competencies that Council believes would also be beneficial on Council. The eventual goal is to have all prospective professional members of Council complete a self-assessment of their level of expertise in areas included in the competency profile, beginning in the 2022 elections. As of October 2021, the current members of the Council had completed their own self assessments of their individual expertise in areas included within the competency profile.

3.11 The Council's approved competency profiles were publicly posted as part of the June 2021 meeting materials and are publicly available on the CDHO website under the following links for Council Competency Profile³ and Committee Composition Profile⁴.

3.12 The Council demonstrates a strong commitment to improving itself through its regular engagement in education and training sessions, and these are generally held in conjunction with the scheduled Council meetings. A list of the Council education and training sessions held in 2022 is included in Appendix 1.

3.13 The College has developed a pre-election orientation and training module, which includes two PowerPoint presentations for professional members who are interested in seeking election onto Council. The Registrar and CEO leads the first session focused on the regulatory framework in which the CDHO operates, and information about the College's organizational

³ https://www.cdho.org/docs/default-source/pdfs/elections/council-competency-profile.pdf?sfvrsn=69ee96a0_2

⁴ <https://www.cdho.org/docs/default-source/pdfs/council/committee-composition-profile.pdf>

and governance structure. It includes such topics as: expectations, roles, and responsibilities of Council members; the College's mandate; role of the Council and its committees; confidentiality, privacy, and conflicts of interest. The President or Vice-President leads the second session which focuses on current issues and initiatives. The planned 4-hour session is a requirement for all members of the profession who are interested in seeking election onto Council and is intended to ensure prospective Council members understand what will be expected of them as members of a regulatory Council.

c. Working well collectively for greater effectiveness

What makes Council effective now?

3.14 All respondents said that on the whole, members of Council work well together and that the Council collectively shares a commitment, and desire to be effective at regulating the dental hygiene profession in Ontario.

3.15 At both observed meetings of Council- September 16th which was a virtual meeting and December 2nd, which was a hybrid meeting including both in-person and virtual attendees, the Council members in attendance were observed to be fully engaged- and it was noted that all video cameras remained on at all times, except for breaks. No conflicts due to differences in opinions or views were observed in either meeting, and a mutual respect between Council, individually and collectively, and the Registrar/CEO was also apparent. The impression left after observing the two meetings is that individuals on Council feel comfortable- and are encouraged- to share their views, and that they treat one other with courtesy and respect.

3.16 The current President of Council is widely seen and described as a strong leader, and an effective Council Chair. The President also chairs the Executive Committee, which many Council members say is very effective and efficient at reviewing and vetting matters, reports, and policy revisions before they are put before Council for final decisions and approval.

3.17 Many Council members said they are satisfied that they receive the information they need in advance of their meetings, and in a timely manner that allows them to sufficiently prepare.

3.18 Council members acknowledge that there is almost too much information to pore through in preparation for upcoming meetings, but most respondents said they feel comfortable in knowing they can call the President, the Registrar/CEO, or his Executive Assistant if they need more information or any questions answered- and some said they do so often. All individuals I spoke to rate the new Board Effect portal favorably, and say that it works well.

3.19 With a few exceptions, both Council and staff consider that in-camera meetings are currently used appropriately, and in accordance with criteria set out in legislation and policy. A few individuals cited a tendency in the past for Council to go in-camera for discussion of

matters that some, or all of Council did not want to discuss publicly, which at times, led to much of the Council agenda being discussed in-camera. The current Registrar and CEO is widely viewed as a champion for greater open-ness and transparency and is credited for the Council's current practice of following appropriate guidelines when there is a proposal to go in-camera.

3.20 Council demonstrates a collective commitment to improving its own performance and effectiveness, as is evident in its 'Council evaluation' process which occurs at the end of each Council meeting. Before the meeting is adjourned, the President calls on each Council member to take the time to complete the approved Council effectiveness survey, the results of which are collated and reported back on to all of Council- and since March 2022, the surveying of Council members is conducted, and the collated results are discussed- in public- at the end of each Council meeting. A copy of the survey questions used in the Council's evaluation process can be found in Appendix 2.

What would make Council more effective going forward?

3.21 It was noted, in the first observed meeting on September 16th, that six Council members had not met expectations for completion of their monitoring assessment at the time of this Council meeting, giving rise to some discussion as to whether this lack of compliance would have a negative impact on Council's effectiveness re its monitoring and oversight role. Council may wish to further consider what steps, if any, it should take to address ongoing concerns with non-compliance in this regard.

3.22 While many Council members say that they believe things are generally working well, several suggest that Council's effectiveness would be improved if *everyone* came to meetings fully prepared. They noted that there are some Council members who routinely do not speak up or openly participate in discussions at Council, raising some uncertainty as to whether all members of Council have read- and/or understood- the materials.

3.23 Some individuals mentioned the current mentoring program established to help in onboarding new members of Council. They said that while the intent is commendable, their own experience with mentoring was 'hit or miss'- a few indicated that except for an initial introduction they had received no contact from their assigned mentor(s). There was some speculation as to whether the mentoring program may be impaired by the relatively high turnover rate on the Council. Reviewing the mentorship program with a view to ensure the program works as intended is an identified opportunity for improvement going forward.

3.24 A number of respondents expressed concerns about questions that are asked, that frequently end up taking Council's discussion 'off on a tangent'. It was noted that some of these questions are not directly related to an issue at hand or aligned with the College's mandate- and that this challenges the Council in getting through its work efficiently and effectively. The current President and Vice-President were acknowledged for their attempts to guide such discussions back on track, but some individuals suggested that specific education and training on how Council members can best fulfil their oversight and governance roles through the asking

of good and relevant questions- and what appropriate questions look like- would be helpful for all.

3.25 Respecting the amount of information included in the Council materials and the time allotted for preparation, many Council members said there can be too much information requiring their review and attention. Several individuals suggested that when one has competing work and home commitments, two weeks prior is not enough time and that Council's overall effectiveness would be improved by either increasing the advance preparation time, or by changing the current governance model altogether, and eliminating the copious number of monitoring reports.

3.26 As noted in the Executive Summary, since 2017 Council has strictly followed a Policy Governance model. Some individuals said that the switch to Policy Governance was adopted to address previous concerns arising from 'blurred lines' between operations and governance, and to ensure that going forward, respective roles and lines of authority between the Registrar/CEO and Council remain clear and respected by all.

3.27 Not all Council members like or are supportive of the Policy Governance model, however. Several members said they see the current governance model as too 'rigid' and said that it 'goes too far' in establishing such strict limits as to what can be discussed at any given time on the agenda and by whom. One member described this as follows: "if the policy doesn't include it, we can't 'go there'".

3.28 As noted in the Executive Summary, some individuals also expressed concerns that Council's strict interpretation of Policy Governance has led to the Council becoming more of a 'rubber-stamp' board. Many Council members, even those who say they agree in principle with Policy Governance, question whether too much time is devoted to monitoring reports. A number of individuals described the Policy Governance model as onerous and difficult to learn, and further expressed concern that it gives rise to an 'inordinate' amount of Council's time and energy being spent on monitoring operations and the Registrar/CEO's performance - rather than on 'things that truly relate to public interest'.

3.29 In response to further questioning, these respondents identified 'things that relate to public interest' as those matters which help to ensure that the public consistently receives safe, competent, and quality care from their registered dental hygienists. Some examples provided included reviewing and revising the entry to practice, and continuing competency requirements as needed (it is noted that the continuing competency program and process is already undergoing changes); maintaining and enforcing ethical and practice standards, including infection control; addressing access to care, and assisting the profession in better facilitating positive collaborative relationships with other oral health care practitioners providing care to the same clients.

3.30 A majority of those I spoke with suggested that a review of the current governance model is warranted going forward.

d. A sound process for identifying and reviewing risk

3.31 Without exception, Council members were challenged in answering my question about whether the Council has a sound process for identifying and reviewing risk(s). Most individuals said that risk is not something that comes up at Council, or that they believe risk is more a focus of consideration at the committee level; several mentioned the Inquiries, Complaints and Reports Committee (ICRC) which follows a risk-based framework to help guide respective deliberations and decisions.

3.32 A majority of individuals said that they believe that it is up to the President and Registrar/CEO to identify those issues that need to be brought to the Council's attention, including risks.

3.33 Several individuals suggested that risks are handled in different ways, with most risks being identified and reviewed at the committee level rather than at Council. Respecting the Council's oversight role in evaluating risk, some Council members said they believe that potential risks, once identified by the Registrar/CEO, are brought to the Executive Committee for review and that if deemed appropriate, Council would be informed, in either a special meeting or an in-camera session.

3.34 Some Council members think that with all the monitoring they do, they must be reviewing some risks, but most are not sure which specific risks are captured through monitoring. It is my observation that the CDHO Council does oversee some financial and operational risks in its monitoring of the operational policies, or when considering whether the Registrar/CEO has correctly interpreted and carried out Council's directions, as set out in the policies.

3.35 At the two Council meetings observed, there was no evident consideration of potential risk(s) of harm to clients of dental hygienists or to the public. The management and mitigation of the risk of harms that could be caused by a profession is a primary function of a regulator, however, and a 'failure to protect the public' poses a high-level regulatory risk for a regulator.

3.36 Council should consider publicly identifying and documenting potential risks of harm that it believes could arise from, or be addressed/mitigated through, its respective decisions as an identified opportunity for improvement going forward.

e. Striving to improve Council's own effectiveness

3.37 The CDHO Council has, for several years, self-assessed its collective performance through the completion of Council evaluation surveys at the end of each Council meeting.

3.38 Since March 2022 the Council Evaluation process has been conducted in public, after Council comes to the end of its agenda but before the Council meeting is officially adjourned. The President advises observers that Council members will take about ten minutes to complete their assessments of the Council meeting and invites them to remain online. Council members are then requested to complete the surveys in real time and approximately 15 minutes later, the President publicly shares the collated results with Council and observers. A copy of the current Council Meeting Feedback survey, which was last modified in June 2022, is attached as Appendix 2.

3.39 In the observed meetings, the President effectively led Council through the survey results, and Council members appeared comfortable asking questions or providing comments based on the feedback shared. It was not clear to the observer how or whether the feedback received from the Council meeting evaluations is used or analyzed with a view to identify opportunities for improvement going forward. Council should consider developing an annual performance report, setting out the common or emerging themes arising from a collation of feedback collected from the previous year's meetings and an agreed action plan should be established to address these over the coming year.

3.40 Most of the respondents consider that this assessment of Council effectiveness is being conducted to meet expectations set out under the College Performance Measurement Framework (CPMF). While many acknowledged that the Council sees the College's final CPMF report before it is annually submitted to the Ministry, most believe that the CPMF falls primarily within the role and responsibility of the Registrar and CEO and not Council.

f. Embracing principles of transparency, diversity, equity, and inclusion

3.41 There is a strong consensus amongst informants that the Council has made, and continues to make, appropriate strides in demonstrating its commitment to transparency, and to diversity, equity, and inclusion (DEI).

3.42 Many individuals consider that the College, and the Council, are forward thinking in the current approach to DEI and that principles of diversity, equity and inclusion are integrated into virtually everything considered by Council—indeed the President was observed in her opening remarks, to remind Council members of their obligations to keep diversity, equity and inclusion in mind as they consider matters before them. It was also noted that considerable training and education on DEI has recently been provided to Council, a testament, most say, to Council's commitment to embrace these principles.

3.43 With regard to transparency, some members who have been on Council for at least a few years, say they have come a long way in being more transparent, and largely attribute their progress to the current Registrar and CEO who role models open-ness and transparency

through his own leadership style and encourages greater transparency about the Council and its work.

3.44 Notwithstanding the above, there is an identified opportunity for Council minutes to reflect Council's commitment to greater open-ness and transparency by including more information on the nature of the Council's discussions and its rationale for decisions and actions (including demonstrating how Council's considerations of public interest and risk factored into both).

4. Concluding Remarks

4.1 It was a pleasure to work with the CDHO Council, and CDHO's staff leadership team on this external assessment of Council's effectiveness.

4.2 As noted in the introduction, an external third-party assessment of each College Council's effectiveness is expected at a minimum every three years under the CPMF, but there is no definition of 'Council effectiveness' to help Colleges guide these assessments. This lack of clarity has given rise to some confusion amongst the health regulatory Councils; some consider the expectation to be for a high(er) level assessment respecting how a given Council demonstrates it works effectively to regulate its given profession(s) while keeping a clear and unremitting focus on the public and public interest. Others believe the CPMF expects the Colleges to undertake full blown governance reviews and have expressed concerns about time and resources that would need to be committed to such an undertaking.

4.3 In proposing my approach to this assessment, I found myself returning to the overarching question posed in the Introduction to the CPMF Reporting Tool: *"How well are Colleges executing their mandate which is to act in the public interest?"*. In my view, this question serves to confirm a clear and compelling link between a Council's focus and commitment to the public interest and its overall effectiveness as a regulatory governing board.

4.4 I find overall that the CDHO Council members take their roles on Council seriously and that there is a collective desire to ensure the CDHO is an effective regulator. Meetings are competently chaired, and generally start and finish within the appointed times. Relationships amongst members of Council, and between Council and the Registrar/CEO are widely viewed as positive and founded on principles of courtesy and respect, and the recent return to in-person meetings, with a hybrid option, is viewed by all as a positive move which will facilitate better engagement at meetings, thereby improving effectiveness.

4.5 This assessment identified several opportunities for improvement and these are set out as recommendations under Section 5.

4.6 The assessment did however, give rise to two main issues of concern that in my view, significantly impact Council's ability to be as effective as it could be. The first is the observed failure on Council's part to demonstrate that it puts public interest above all other interests, and how. The findings giving rise to these concerns are described in detail in section 3 a. on pages 5 and 6 of this report. The second concern relates to a commonly expressed lack of support for the Policy Governance model currently followed by Council. As noted in 3.27 and 3.28, many members say the current governance model is rigid, onerous, difficult to understand and work with and that it contributes to a sense that Council is a 'rubber stamp' board. Further comments that Policy Governance gives rise to an 'inordinate' amount of Council's time and energy being spent on monitoring operations and the Registrar/CEO's performance - rather than on 'things that truly relate to public interest' were also expressed. A majority of

respondents said that, after five years, they believe that a comprehensive review of the current governance model is warranted.

4.7 In conducting this external assessment of the CDHO Board's effectiveness, I was guided by the criteria set out by Harry Cayton in "A Checklist for Regulatory Boards"⁵, which is included as Annex 1, in his report to the Law Society of British Columbia, December 2021. I would like to acknowledge and express my appreciation to Harry Cayton for permitting me to use these criteria as a guide for my own assessments.

4.8 Finally, my special thanks to Veronica Douglas, and Dr. Glenn Pettifer who were the staff leads through this assessment, and to President Terri Strawn and all members of the CDHO Council who took time out of their busy schedules to meet with me and share their invaluable perspectives- their collective contribution to this assessment process is acknowledged, and much appreciated.

⁵ see *Annex 1, Cayton Report to the Law Society of British Columbia, December 2021*

5. Recommendations

5.1 It is recommended that the Council of the CDHO consider undertaking a comprehensive review of its current governance model and practices

5.2 To better ensure that the Council demonstrates its clear and unremitting focus on the public interest, the following steps are recommended:

- Continue including a 'Public Interest Rationale' paragraph in all policies and reports put before Council for its consideration.
- Further include the 'Public Interest Rationale' in the minutes of Council meetings as evidence that the public interest factored into Council's consideration of a respective matter and how.
- Include the question "*Where is the public interest rationale for considering this matter/making this decision?*" as a standing item in the President/Chair notes for all matters put before Council for its consideration, to ensure public interest is evidently at the forefront of Council's discussions and decisions.

5.3 It is recommended that Council continue to strengthen its current onboarding processes for new members of Council through the establishment of a more consistently delivered, and structured mentoring program.

5.4 It is recommended that Council should publicly consider, identify, and document potential risks of harm to dental hygiene clients and the public that may arise from, and be addressed or mitigated through, its respective deliberations and decisions.

5.5 It is recommended that Council should consider developing an annual performance report, based on common themes arising from a collation of feedback collected from the Council Evaluation surveys from the previous year's meetings and that an agreed action plan should be established by Council to address identified opportunities for improvement over the coming year.

Appendix 1

CDHO Council Training Sessions, 2022

Date	Topic	Presenter
January 14, 2022	New Member Orientation (only new members attended)	Dr. Glenn Pettifer and Caroline Lotz (Council President)
January 21, 2022	Conflict of Interest and Confidentiality	Rebecca Durcan, SML
	Regulation/RHPA	Richard Steinecke, SML
February 25 th 2022 Workshop	Current, Important Topics in Professional Regulation	Rebecca Durcan, SML
	Diversity and Inclusion (Unconscious Bias)	Canadian Centre for Diversity and Inclusion (CCDI)
	Governance Reform and Regulatory Modernization: Ministry of Health Consultation	Dr. G. Pettifer and Julie Maciura, SML
March 4 ^h , 2022 Meeting	Risk-Based Regulation	Rebecca Durcan, SML
June 2, 2022	New Member Orientation (only 1 new member attended)	Dr. Glenn Pettifer and Terri Strawn (Council President)
June 9, 2022 Workshop	Ownership Linkage Committee Overview	T. Strawn (Council President) and C. Grbac
	Guidelines for Reviewing Policies with an Inclusion Focus	Michael Bach, CCDI
	Reconciliation and Indigenous Inclusion within Health Care Profession Regulatory Bodies	Harmony Johnson
June 10, 2022 Meeting	Third-Party Assessment	Deanna Williams
September 9, 2022 Workshop	Third-Party Assessment	Deanna Williams
	Indigenous Inclusion	Roy Pogorzelski, CCDI
September 16, 2022 Meeting	No Board Education on the agenda	
December 1, 2022 Workshop	Land Acknowledgment	Christine Luckasavitch
	Bias and Noise	Rebecca Durcan, SML

	<p>Roles and Responsibilities of Council Members</p> <p>CDHA and CNAR Conference Reports from Council Members who attended</p>	<p>Rebecca Durcan, SML</p> <p>Terri Strawn and Carla Grbac (CDHA Summit)</p> <p>Terri Strawn and Vanessa Pereira (CNAR)</p>
December 2, 2022 Meeting	<p>Inequality in Access to Oral Health Care</p> <p>Quality Assurance Strategic Planning</p>	<p>Dr. Catherine Carstairs</p> <p>Dr. Zubin Austin</p>

Appendix 2

March 4, 2022 Council Meeting Feedback - Copy

Last Modified: Tuesday, June 7, 2022, 3:12 PM

+ Add Question

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

Public Member

Elected/Selected

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

Agree

Disagree

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

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

Agree

Disagree

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

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

Agree

Disagree

N/A

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

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

Agree

Disagree

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



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



- Agree
- Disagree

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



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



- Agree
- Disagree

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



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



- Agree
- Disagree

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



☰ 16. All items identified on the agenda were addressed.



- Agree
- Disagree

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



☰ 18. The Chair encouraged expression of all Council members.



- Agree
- Disagree

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

☰ 20. The Chair recognized and addressed issues of potential conflict of interest. ⋮
 Agree
 Disagree

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

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

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

☰ 24. Time was used effectively and discussions were focused. ⋮
 Agree
 Disagree

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

☰ 26. As a Council member, I felt comfortable expressing my opinions. ⋮
 Agree
 Disagree

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

☰ 28. Items discussed fell within the roles and responsibilities of Council. ⋮
 Agree
 Disagree

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

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

- Agree
- Disagree

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

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

- Agree
- Disagree

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

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

- Agree
- Disagree

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

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

- Agree
- Disagree

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

☰ 38. Do you have any additional comments? ⋮

- Abstain

— or —

Criteria for Council effectiveness that guided this assessment:

1. The Council demonstrates a clear commitment to, and focus on, the public interest.
2. The Council works well together and behaves with courtesy and respect.
3. Respective roles and responsibilities are clear and respected, and the Council is confident in its leadership.
4. Meetings are well run and effectively chaired.
5. The Council assures a desired blend of skills and competence in its members.
6. The Council has a sound process for identifying and reviewing risks.
7. The Council demonstrates accountability and strives to improve its own effectiveness.
8. The Council demonstrates a commitment to principles of diversity, equity and inclusion and transparency.

Individuals who participated in this assessment:

Members of CDHO Council:

Michelle Atkinson

Loree Beniuk

Erin Betts

Maheen Cassim

Anne-Marie Conaghan

Jennifer Cooper

Pella Giabanis

Carla Grbac

Alex Greco

Farzana Hussain

Martin Iyamabo

Megan Leuprecht

Caroline Lotz

Angelica Palantzas

Vanessa Pereira

Sasha Sidhu

Terri Strawn

Margaret Wade

Jacqueline White

Mary Yeomans

Members of CDHO Staff:

Dr. Glenn Pettifer

Jane Keir

Suzanne Fox

Eric Bruce

About the Reviewer

Deanna Williams BScPhm, R.Ph, CAE, C.Dir is known nationally and internationally for her work in professional and occupational regulation. Deanna assumed her first regulatory leadership role at the Ontario College of Pharmacists, Canada's largest pharmacy regulatory authority, retiring as its Registrar in 2011. The Minister of Health and Long-Term Care appointed Deanna as Supervisor to the College of Denturists of Ontario during the loss of its regulatory privileges in 2012 and 2013 and she was also appointed as inaugural Risk Officer, for the Retirement Homes Regulatory Authority (RHRA) in 2014, serving in this role through 2018.

Since 2011, Deanna has provided consulting services in areas relating to professional and occupational regulation in Canada, the US and abroad through Dundee Consulting Group Ltd. In 2017-2018 Deanna served as Expert Technical Advisor to Ontario's Minister of Health and Long-Term Care, providing advice on best regulatory practices across professions and international jurisdictions, with a particular focus on processes for complaints, investigations and discipline related to the sexual abuse of patients by regulated health care practitioners.

Deanna has conducted external regulatory performance and governance reviews for both health and non-health regulators, independently and in collaboration with Harry Cayton.

Deanna was recognized by the international regulatory community in 2010 as the recipient of the CLEAR International Award for Regulatory Excellence, and in 2019, as the recipient of the CLEAR Lifetime Achievement Award. Deanna received her designation as a Certified Association Executive (CAE) from the Canadian Society of Association Executives (CSAE) and her Corporate Director (C. Dir.) designation from the Chartered Director program, DeGroot School of Business, McMaster University. She has served on the Finance and Audit Committee of the University of St Michael's College, University of Toronto and the Board of Directors of Haldimand War Memorial Hospital and currently serves as a director on the Board of the Vistana Spas Condominium Association, in Orlando Florida and on the Board of Joseph Brant Hospital in Burlington, ON.